Highlights of GAO-23-105624, a report congressional requesters

Why GAO Did This Study

When parents cannot care for their children, grandparents or other relatives often step in as primary caregivers, although they may face significant hardships. Congress provided funding to states to support programs that help these kin caregivers navigate programs and services for which they are eligible. States can also access additional federal matching funds if they operate programs determined by HHS to be evidence based. GAO was asked to review how states are investing in these programs.

This report examines (1) elements of kinship navigator programs that HHS and child welfare stakeholders identified as being beneficial for families; (2) how states are using federal funds administered by HHS to invest in their programs; and (3) challenges selected states reported facing in developing programs that meet federal evidence-based requirements, and the extent to which HHS has addressed those challenges.

GAO reviewed relevant federal laws, policies, and HHS guidance, and analyzed reports states submitted to HHS on their use of federal funds. GAO also interviewed HHS officials, child welfare stakeholders from four national organizations, and officials from five states (Arizona, Florida, Mississippi, Nevada, and Ohio), selected for their high numbers of children in kinship care and geographic variation.

View GAO-23-105624. For more information, contact Kathryn A. Larin at (202) 512-7215 or larink@gao.gov.

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CHILD WELFARE

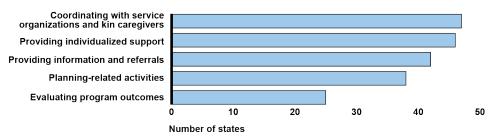
HHS Is Taking Steps to Help States Support Relative Caregivers with Evidence-Based Programs

What GAO Found

Kinship navigator programs provide information to kin caregivers on programs and services to meet their needs and the needs of the children they are raising. The Department of Health and Human Services (HHS) and child welfare stakeholders identified program elements that they saw as particularly beneficial to families. These included providing services tailored to meet the unique needs of individual families and pairing caregivers with mentors with lived experience.

States have not yet accessed federal matching funds for evidence-based kinship navigator programs as of December 2022. HHS has approved three programs—one each in Ohio, Arizona, and Colorado—to qualify for these funds. Ohio officials said they were in the process of starting their program. Arizona and Colorado, whose programs were approved later in 2022, have not yet submitted documentation required by HHS to access the federal matching funds. States have used other federal funds—appropriated annually for kinship navigator programs—primarily to build programs and provide services to kin caregivers, according to reports submitted to HHS for fiscal years 2018 through 2020. For example, states reported efforts to build networks with service organizations and provide individualized support to families, such as case management. Fewer states used these funds to evaluate their program outcomes, which would be necessary if states wanted their program to be approved as evidence based.

Examples of Ways States Used Annually Appropriated Federal Funds for Kinship Navigator Programs, Fiscal Years 2018-2020



Source: GAO analysis of Annual Progress and Services Reports submitted to Dept. of Health and Human Services. | GAO-23-105624

Officials GAO interviewed from five selected states cited various challenges understanding or meeting evidence-based requirements for evaluating program outcomes, and HHS has taken steps to assist states. Officials from three states described difficulties understanding various aspects of the evaluation requirements, such as terminology used in HHS guidance that outlines the requirements. HHS is in the process of updating its guidance using feedback from public comments and experts, among other sources. HHS expects to issue revised guidance for public comment in fiscal year 2023. In addition, officials in three states said meeting the requirements is challenging, for example, because they must evaluate outcomes for programs that provide different services depending on unique family needs. Acknowledging the challenges, HHS has provided opportunities for states to obtain more information about evaluating programs and flexibility with ways states can measure outcomes. HHS officials said states may need more time, resources, and technical assistance to build evidence supporting the effectiveness of kinship navigator programs.

United States Government Accountability Office