



May 2018

FOSTER CARE

Additional Actions Could Help HHS Better Support States' Use of Private Providers to Recruit and Retain Foster Families

GAO Highlights

Highlights of [GAO-18-376](#), a report to congressional requesters

Why GAO Did This Study

Foster care caseloads have increased in recent years due, in part, to the national opioid epidemic. States have struggled to find foster families for children who can no longer live with their parents, including those who need TFC services. States may use private providers, such as non-profit and for-profit organizations, to help recruit and retain foster families. States may also use federal funds provided by HHS for these efforts. GAO was asked to review states' efforts to recruit and retain foster families.

This report examines: (1) how state child welfare agencies recruit foster families, including those who provide TFC services, (2) any challenges in recruiting and retaining foster families, and (3) the extent to which HHS provides support to child welfare agencies in these efforts. GAO reviewed relevant federal laws, regulations, and guidance; interviewed HHS officials; surveyed child welfare agencies in all states and the District of Columbia; held discussion groups with private providers and foster parents who provide TFC services; and conducted interviews with officials in California, Georgia, and Indiana, which were selected for factors such as changes in foster care caseloads, opioid abuse rates, and geographic location.

What GAO Recommends

GAO recommends HHS seek feedback from states on whether information on effective ways to work with private providers to recruit and retain foster families would be useful and if so, provide such information. HHS agreed with GAO's recommendation.

View [GAO-18-376](#). For more information, contact Kathryn Larin at (202) 512-7215 or larink@gao.gov.

May 2018

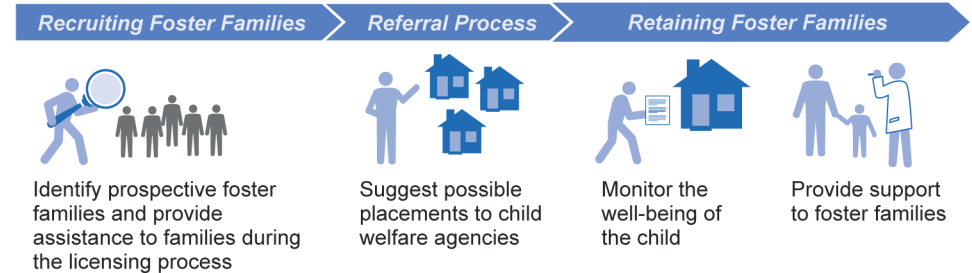
FOSTER CARE

Additional Actions Could Help HHS Better Support States' Use of Private Providers to Recruit and Retain Foster Families

What GAO Found

States employ a range of strategies to recruit foster families and nearly all use private providers to recruit, particularly for therapeutic foster care (TFC) services, in which parents receive training and support to care for children who need a higher level of care. Recruitment strategies include searching for relatives, conducting outreach to the community, targeting certain populations, and obtaining referrals from current foster families. In response to GAO's national survey, 49 states reported using private providers to recruit foster families. In the three selected states where GAO conducted interviews, private providers were responsible for both recruiting and retaining foster families, such as helping families become licensed and providing them with support (see fig.).

Examples of Responsibilities for Private Providers, As Reported in Three States



Source: GAO summary of information provided by child welfare officials and private providers in California, Georgia, and Indiana. | [GAO-18-376](#)

States reported various challenges with recruiting and retaining foster families in response to GAO's survey. In recruiting families, over two-thirds of states reported challenges such as limited funding and staff, which can make prioritizing recruitment efforts difficult; extensive licensing processes; and difficulties finding families willing to care for certain children, such as those with high needs. In retaining families, 29 states reported concerns about inadequate support for foster families, which can include difficulties contacting child welfare agency caseworkers. In addition, 31 states reported limited access to services needed to care for children, such as child care.

The U.S. Department of Health and Human Services (HHS) provides a number of supports to help states recruit and retain foster families, including technical assistance with their recruitment programs, guidance and information, and funding. Most states GAO surveyed found HHS's supports moderately or very helpful. However, several private providers GAO interviewed in three selected states said they have not received guidance or information from child welfare agencies about recruiting and retaining foster families. In addition, 11 of the 14 providers said they were unaware of related HHS supports and all of them described concerns about communication with child welfare agencies. HHS officials said they encourage states to involve all relevant stakeholders in their efforts, though HHS has focused on supporting child welfare agencies. Consistent with internal control standards on communication, determining whether information on working with private providers would be useful to states could help HHS better support states' use of private providers in efforts to recruit and retain foster families.

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Abbreviations

ACF	Administration for Children and Families
HHS	U.S. Department of Health and Human Services

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May 30, 2018

The Honorable Rob Portman
Chairman
Permanent Subcommittee on Investigations
Committee on Homeland Security and Governmental Affairs
United States Senate

The Honorable Tammy Baldwin
Ranking Member
Subcommittee on Employment and Workplace Safety
Committee on Health, Education, Labor and Pensions
United States Senate

After steady declines for more than a decade, foster care caseloads nationwide rose from about 400,000 children in fiscal year 2012 to nearly 440,000 in fiscal year 2016. According to a recent study by the U.S. Department of Health and Human Services (HHS), the national opioid epidemic has contributed to this increase because parents under the influence of opioids are often unable to care for their children.¹ Child welfare officials in many states have noted challenges finding placements for children who can no longer live with their parents, and media reports have described instances in which children were placed in hotel rooms, emergency shelters, and child welfare offices until appropriate placements could be found.

States may place children in a variety of settings depending on a child's needs, including placements with unrelated foster parents, relatives, or in congregate care settings such as group homes and residential treatment centers.² States may use several federal funding sources administered by HHS to assist in these efforts. However, a 2015 HHS study found agreement among multiple child welfare stakeholders that children are

¹ See Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, *Substance Use, the Opioid Epidemic, and the Child Welfare System: Key Findings from a Mixed Methods Study* (Washington, D.C.: March 7, 2018).

² In this report, we focused on the efforts of states, though certain U.S. territories, Indian tribes, and tribal organizations may also have child welfare programs and receive federal support for these programs. We use the term "states" to refer to all 50 states and the District of Columbia. Several states provide child welfare services under county- rather than state-administered agencies.

best served in family settings, and many states have reduced the number of children in congregate care in the last decade.³ The reduction in states' use of congregate care has contributed to the need for foster families, particularly for children who require a higher level of care, such as those who have severe mental health conditions or who are medically fragile.⁴ A potential alternative to congregate care is therapeutic foster care, a family-based model in which children who need a higher level of care are placed with foster parents who are trained, supervised, and supported by qualified program staff to provide services such as crisis support, behavior management, medication monitoring, counseling, and case management. There is no national definition of therapeutic foster care and these programs can vary widely among states.

You asked us to explore issues related to states' efforts to recruit and retain foster families. This report examines (1) how state child welfare agencies recruit foster families, including those who provide therapeutic foster care services; (2) what challenges, if any, there are in recruiting and retaining foster families; and (3) the extent to which HHS provides support to child welfare agencies in their efforts to recruit and retain foster families.⁵

To address all three of our objectives, we conducted a web-based survey of state child welfare agencies in the 50 states and the District of Columbia to obtain national information. The survey was administered in September 2017 and we obtained a 100 percent response rate. We also conducted interviews in three states—California, Georgia, and Indiana—

³ See Department of Health and Human Services, Administration for Children and Families, Children's Bureau, *A National Look at the Use of Congregate Care in Child Welfare* (Washington, D.C.: May 13, 2015). See also GAO, *Foster Care: HHS Could Do More to Support States' Efforts to Keep Children in Family-Based Care*, [GAO-16-85](#) (Washington, D.C.: Oct. 9, 2015).

⁴ Children who are medically fragile can include those with severe medical conditions, such as cerebral palsy or congenital heart disease, who may require long-term, intensive services.

⁵ In this report, "foster families" includes all unrelated foster parents, relatives, and fictive kin (e.g., close family friends who are not relatives) who provide both traditional and therapeutic foster care services. We use the term "fictive kin" to refer to placements in a "kin foster family home," as defined in HHS regulations. A kin foster family home is one in which there is a kin relationship as defined by the child welfare agency, such as one where there is a psychological, cultural, or emotional relationship between the child or the child's family and the foster parent(s) and there is not a legal, biological, or marital connection between the child and foster parent. 45 C.F.R. § 1355.44(e)(3)(vi).

to obtain more in-depth information from officials from state child welfare agencies, representatives from 14 private foster care providers working with these child welfare agencies, and foster parents working with 8 of these providers. The three states were selected for in-person and phone interviews based on factors such as recent changes in foster care caseloads, opioid abuse rates, variation in child welfare administration systems (i.e., state- versus county-administered), and geographic location. In California, the only selected state with a county-administered child welfare system, we selected three counties—Los Angeles, Sacramento, and Sonoma—and interviewed officials from the respective county-level child welfare agencies. These counties were selected based on factors similar to those mentioned above, as well as variation in population density (i.e., rural versus urban). The information gathered in the three selected states is not generalizable to all states.

To obtain perspectives on providing therapeutic foster care services specifically, we conducted two discussion groups with representatives from 17 private providers and one discussion group with eight sets of foster parents. Our discussion groups were held at a conference hosted by the Family Focused Treatment Association, a non-profit organization that aims to develop, promote, and support therapeutic foster care services. The information gathered in our discussion groups is not generalizable, though it provides valuable insights on the recruitment and retention of families who can provide therapeutic foster care services. To develop our methodologies, we reviewed related literature and interviewed child welfare experts. In addition, to examine how HHS supports child welfare agencies in their recruitment and retention efforts, we interviewed HHS officials and reviewed relevant documents obtained in these interviews. We also reviewed relevant federal laws, regulations, and HHS policies, as well as federal internal control standards. See appendix I for additional information on our objectives, scope, and methodology.

We conducted this performance audit from January 2017 to May 2018 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Background

Placements for Children Entering and Exiting Foster Care

Children enter foster care when they have been removed from their parents or guardians and placed under the responsibility of a child welfare agency. Reasons for a child's removal can vary, though 61 percent of nearly 275,000 removals during fiscal year 2016 involved neglect and 34 percent involved drug abuse by the parent(s), according to the most recent available HHS data.⁶ Child welfare agencies most commonly place children with unrelated foster parents, with relatives, or in congregate care settings.⁷ Coordinating placement and support services for these children, such as physical and mental health services, education, child care, and transportation, is typically the responsibility of child welfare agency caseworkers.⁸ Caseworkers may also coordinate placements for children exiting foster care, which most commonly include reunifications with the child's parents or permanent placements through adoption, legal guardianship, or other living arrangements with a relative. Children who age out of the foster care system without a permanent placement with a family may receive transitional supports, such as housing and job search services.⁹

⁶ Children can be removed for multiple reasons that are not mutually exclusive, according to HHS data. For example, a child removed due to neglect may also have been removed for other reasons. See Department of Health and Human Services, Administration for Children and Families, Children's Bureau, *Adoption and Foster Care Analysis and Reporting System Report: Preliminary FY 2016 Estimates as of Oct 20, 2017, No. 24* (Washington, D.C.: Nov. 30, 2017).

⁷ Of about 440,000 children in foster care at the end of fiscal year 2016, 45 percent were placed with unrelated foster parents, 32 percent with relatives, and 12 percent in congregate care settings, such as group homes and institutions, according to HHS data.

⁸ Most children in foster care are eligible for Medicaid. State Medicaid programs are required by federal law to provide coverage to eligible children for certain health services, which may include mental health services, through the Early and Periodic Screening, Diagnostic, and Treatment benefit.

⁹ Of about 250,000 children who exited foster care during fiscal year 2016, 51 percent were reunified with their parents or primary caretakers, 23 percent were adopted, 10 percent were placed with legal guardians, and 7 percent were living with other relatives, according to HHS data. In addition, 8 percent of children aged out of the foster care system (also referred to as "emancipation") after reaching the state's age limit for receiving foster care services (e.g., 18 or 21 years old).

Children placed in foster families—including unrelated foster parents, relatives, and fictive kin (e.g., close family friends who are not relatives)—live in the family’s home and are typically incorporated into an existing family structure. For example, these families may include biological children and other children in foster care. Families may receive a payment from the child welfare agency to help cover the costs of a child’s care, as determined by each state. Families who are trained to provide therapeutic foster care services are supervised and supported by qualified program staff to care for children who need a higher level of care. Therapeutic foster care families may have fewer or no other children in the home, and parents in these families may be required to provide a higher level of care and supervision for the child. In addition, the payment provided to these families may be higher.¹⁰

Responsibilities for Recruiting and Retaining Foster Families

States are primarily responsible for administering their child welfare programs, consistent with applicable federal laws and regulations.¹¹ Their responsibilities include recruiting and retaining foster families and finding other appropriate placements for children. In recruiting foster families, states generally require that families undergo a licensing process that includes a home study to assess the suitability of the prospective parents, including their health, finances, and criminal history, and take pre-service

¹⁰ HHS published a study in April 2018 that outlines distinctions between traditional and therapeutic foster care services provided by states, such as state requirements for caseworkers and foster parents. See Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, *State Practices in Treatment/Therapeutic Foster Care* (Washington, D.C.: Apr. 23, 2018). The study noted that therapeutic foster care services can be a cost-effective alternative to congregate care, though it described challenges that may limit its use. For example, the study found that states typically use Medicaid to fund treatment services, such as mental health services, for children in therapeutic foster care, and have developed a variety of strategies to increase Medicaid funding for these purposes (e.g., by amending state Medicaid plans to define the services covered). However, the study noted that therapeutic foster care can be difficult to administer and fund, in part, because the various services that are provided for children in therapeutic foster care are paid for with different funding sources. For example, states may pay for treatment services with Medicaid, and pay for the day-to-day costs for children in foster care with other federal and state funds.

¹¹ All states are responsible for compliance with applicable federal requirements. However, they may differ in the way child welfare services are operated and delivered. According to HHS, 39 states have a centralized state-administered system, 9 states have a county-administered system, and 3 states have a mix of state and county systems. In county-administered states, the state child welfare agency develops statewide policies and guidance and conducts oversight of county child welfare agencies. In turn, the county child welfare agencies administer their child welfare programs.

training on topics such as the effects of trauma on a child's behavior. In retaining foster families, states may provide support to families, such as through ongoing training classes and regular visits from child welfare agency caseworkers if a child is placed in their home.¹²

State and county child welfare agencies may work with private foster care providers, commonly through contracts, to help them administer child welfare services. Private providers can include non-profit and for-profit organizations that provide a range of public and private services in addition to foster care, such as residential treatment, mental health, and adoption services. For foster care, private providers may be responsible for recruiting foster families, which may involve identifying prospective foster parents, providing information on and helping with the licensing process, and conducting home studies and training. If the child welfare agency places a child with a foster family working with a private provider, the private provider may also be responsible for activities that can help retain foster families, such as conducting regular visits with the family (in addition to visits from child welfare agency caseworkers) and helping them access needed services. Child welfare agencies may pay these providers based on the number of children placed. This payment may include an administrative payment to the private provider, as well as a payment that the private provider passes on to the foster family to help cover the costs of a child's care.

Child welfare agencies and private providers may also work with other entities to recruit and retain foster families. For example, they may collaborate with community partners, such as faith-based organizations and schools, to share information about foster care and recruit families. Child welfare agencies and private providers may also work with direct service providers, such as hospitals and community-based mental health clinics, to obtain services to support children in foster care and their foster families, which can help retain these families.

¹² States that receive federal funds to support their foster care programs must comply with certain minimum federal requirements. For example, federal funding is generally only available for foster care expenses on behalf of children placed in state licensed or approved foster family homes or child care institutions. 42 U.S.C. § 672(a)(2)(C) and (c). States are also required to establish and maintain standards for foster family homes, conduct criminal records checks of prospective foster families, and develop standards for the content and frequency of caseworker visits. 42 U.S.C. §§ 671(a)(10) and (a)(20), 622(a)(17). However, states may exempt relatives from non-safety related foster family standards.

Federal Supports Related to Recruiting and Retaining Foster Families

HHS's Administration for Children and Families (ACF) administers several federal funding sources that states can use to recruit and retain foster families, in addition to state, local, and other funds. For example, funding appropriated for title IV-E of the Social Security Act makes up the large majority of federal funding provided for child welfare, comprising about 89 percent of federal child welfare appropriations in fiscal year 2017 (approximately \$7 billion of nearly \$7.9 billion), according to ACF.¹³ These funds are available to states to help cover the costs of operating their foster care, adoption, and guardianship assistance programs. For example, in their foster care programs, states may use these funds for payments to foster families to help cover the costs of care for eligible children (e.g., food, clothing, and shelter) and for certain administrative expenses, including recruiting and training prospective foster parents. Title IV-E funds appropriated specifically for foster care programs totaled about \$4.3 billion in fiscal year 2017, comprising about 61 percent of title IV-E funding, according to ACF.

In addition, title IV-B of the Social Security Act is the primary source of federal child welfare funding available for child welfare services.¹⁴ States may use these funds for family support and family preservation services to help keep families together and reduce the need to recruit and retain foster families. Such services can include crisis intervention, family counseling, parent support groups, and mentoring. States may also use title IV-B funds to support activities to recruit and retain foster families. Federal appropriations for title IV-B comprised about 8 percent of federal

¹³ Title IV-E is codified at 42 U.S.C. §§ 670-679c.

¹⁴ Title IV-B is codified at 42 U.S.C. §§ 621-629m. For purposes of title IV-B, HHS regulations define child welfare services as public social services directed to accomplish the following purposes: protecting and promoting the welfare and safety of all children; preventing or remedying child neglect, abuse, exploitation, or delinquency; preventing the unnecessary separation of children from their families; restoring children safely to their families; assuring that children are adequately cared for while away from their homes; and placing children in suitable adoptive homes when returning them to their families is not possible. 45 C.F.R. § 1357.10(c).

child welfare appropriations (approximately \$650 million of nearly \$7.9 billion) in fiscal year 2017, according to ACF.¹⁵

ACF is responsible for monitoring states' implementation of these programs. For example, ACF monitors state compliance with title IV-B plan requirements through its review of states' 5-year Child and Family Services Plans and Annual Progress and Services Reports.¹⁶ Child and Family Services Plans set forth a state's vision, goals, and objectives to strengthen its child welfare system, and Annual Progress and Services Reports provide annual updates on the progress made by states toward those goals and objectives. Child and Family Services Plans are required for a state to receive federal funding under title IV-B, and document the state's compliance with federal program requirements. One requirement is that states must describe in their plans how they will "provide for the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed."¹⁷ In addition, ACF conducts Child and Family Services Reviews, generally every 5 years, to assess states' conformity with requirements under these federal programs.¹⁸ These reviews involve case file reviews and stakeholder interviews, and are structured to help states identify strengths and areas needing improvement within their agencies and programs. States found not to be in substantial conformity with federal requirements must develop a program improvement plan and undergo more frequent review.

¹⁵ The Bipartisan Budget Act of 2018, enacted on February 9, 2018, amended certain provisions of title IV-E and IV-B of the Social Security Act. See Pub. L. No. 115-123, div. E, tit. VII, 132 Stat. 64. The purpose of these amendments is to enable states to use federal funds under these titles to provide enhanced support to children and families and prevent foster care placements through the provision of mental health and substance abuse prevention and treatment services, in-home parent skill-based programs, and kinship navigator services. Among other things, the act appropriated \$8 million for competitive grants to states to support the recruitment and retention of high-quality foster families to increase states' capacity to place more children in family settings.

¹⁶ See 45 C.F.R. §§ 1357.15-1357.16.

¹⁷ See 42 U.S.C. § 622(b)(7). This provision was added by the Howard M. Metzenbaum Multiethnic Placement Act of 1994, which also prohibited discrimination in the placement of children on the basis of race, color, or national origin, and authorized child welfare agencies to "consider the cultural, ethnic, or racial background of the child and the capacity of the prospective foster or adoptive parents to meet the needs of a child of this background as one of a number of factors used to determine the best interests of a child." See Pub. L. No. 103-382, §§ 551-554, 108 Stat. 3518, 4056-57.

¹⁸ See 45 C.F.R. §§ 1355.31-1355.37.

States Employ a Range of Strategies to Recruit Foster Families and Nearly All Use Private Providers to Recruit, Particularly for Therapeutic Foster Care

States Recruit Foster Families by Searching for Relatives, Conducting Outreach, Targeting Certain Populations, and Obtaining Referrals

Searching for Relatives or Fictive Kin

In addition to the diligent recruitment requirements under title IV-B of the Social Security Act, states receiving federal foster care funds under title IV-E are generally required to search for relatives when a child enters foster care.¹⁹ In the three selected states—California, Georgia, and Indiana—child welfare officials said their first priority is to recruit relatives or fictive kin to care for children entering foster care, when appropriate. Officials in California and Georgia discussed recent initiatives to expand the search for relatives and fictive kin for children already in foster care. For example, county child welfare officials in California said they contracted with a private provider who they also use to recruit and retain foster families to conduct these searches. This particular private provider told us that they can access the child welfare agency’s case management system to review information about each child to determine which

¹⁹ Specifically, title IV-E requires that states exercise due diligence to identify and notify all grandparents, all parents of a sibling where the parent has legal custody of the sibling, and other adult relatives within 30 days of a child’s removal from their parents’ custody, subject to exceptions due to family or domestic violence. 42 U.S.C. § 671(a)(29).

relatives or fictive kin have already been contacted. The private provider said they may contact these relatives or fictive kin to see whether circumstances have changed such that they would now be able to care for the child. In addition, the private provider said they may use existing contacts, social media, and an identity search program to locate additional relatives or fictive kin for a child. This private provider reported that from July to September 2017, their searches yielded 36 additional relatives or fictive kin, on average, for each of the 23 children in one county for whom the private provider conducted a search. In addition, officials in Georgia said they initiated pilot projects in two regional offices to train staff on how to search for relatives and fictive kin.²⁰

Community Outreach

Community outreach to a broad population of prospective foster families is a moderately or very useful recruitment strategy, according to 36 states that responded to our survey.²¹ In addition, child welfare officials and 11 of the 14 private providers in the three selected states said they engage in community outreach events to recruit prospective foster families.²² For example, they said they attend local events (e.g., state fairs) or visit local organizations (e.g., faith-based organizations or schools) to provide information about becoming a foster parent. One private provider said they attend local markets and summer festivals to talk with prospective families and provide them with informational materials. Another private provider said they hold meetings for prospective foster parents to answer questions and provide additional information about foster care and the role of the private provider.

In addition, 20 states reported in our survey that marketing campaigns, such as mailings and media advertisements, are a moderately or very useful recruitment strategy. In the three selected states, child welfare

²⁰ For additional information on this training model, see <http://www.familyfinding.org/>.

²¹ Though we obtained a 100 percent response rate to our survey, not all states responded to every question or the sub-parts of every question.

²² In the three selected states, we interviewed officials from three state and three county child welfare agencies, representatives from 14 private providers working with these child welfare agencies, and foster parents working with 8 of these providers using semi-structured interview protocols. These protocols included open-ended questions on the strategies and challenges in recruiting and retaining foster families. Because responses provided by those we interviewed were volunteered in response to open-ended questions, not all respondents commented on every strategy or challenge. In addition, because foster parents we interviewed self-selected to participate and were all working with private providers we interviewed, their views do not represent the views of all foster parents, such as those working directly with child welfare agencies.

officials and 12 of the 14 private providers said they use different forms of media, such as newspapers, radio, television, billboards, social media, or printed advertisements, to solicit foster families. Child welfare officials we interviewed in Georgia and Indiana said they have implemented statewide media campaigns that incorporate both traditional and digital media. Officials in Georgia told us the campaigns have successfully increased inquiries through the agency's website and toll-free phone line. A private provider in one county said they worked with a marketing firm to create advertisements that were shown in movie theaters, which also resulted in additional inquiries from prospective families. With regard to therapeutic foster care services, private providers we spoke with in both of our discussion groups said they use strategies such as yard signs, television commercials, and social media to recruit therapeutic foster care families.²³

Targeted Recruitment

In our survey, nearly all states reported having targeted recruitment strategies as part of their recruitment plans or practices, such as strategies that focus on certain populations of prospective foster parents (e.g., those in faith-based communities or of a certain race), families for certain populations of children in foster care (e.g., teenagers and sibling groups), and families living in specific geographic locations. To help inform their recruitment strategies, 39 states reported in our survey that they collect and use information on children awaiting placement, such as their backgrounds and service needs, and 31 states reported that they collect and use information on available foster families, such as their preferences for placements and where they are located. In the three selected states, child welfare officials and 8 of the 14 private providers we interviewed said they use targeted recruitment to identify prospective foster families. In addition, child welfare officials and five private providers said they collect or use demographic data on children needing placement and available foster families to inform their efforts. For example, child welfare officials in one county said they use data to target recruitment

²³ To obtain perspectives on providing therapeutic foster care services specifically, we conducted two discussion groups with representatives from 17 private providers and one discussion group with eight sets of foster parents at a national conference on therapeutic foster care services. We conducted these discussion groups using semi-structured interview protocols that included open-ended questions that encouraged participants to share their thoughts and experiences on recruiting and retaining therapeutic foster care families. Because responses provided by those we spoke with were volunteered in response to open-ended questions, not all respondents commented on every challenge or strategy. Further, participants' responses during the discussions were not necessarily endorsed by everyone in each group.

efforts in the neighborhoods where children entered foster care. Similarly, one private provider told us they use data on the demographics of successful foster families to target recruitment efforts toward those types of families, such as social workers and parents whose children have grown up and left home (i.e., “empty nesters”).

Targeted recruitment can be a particularly useful strategy to identify families who can provide therapeutic foster care services for children who need a higher level of care, such as those who have severe mental health conditions or who are medically fragile. In the three selected states, child welfare officials and four private providers said they use targeted recruitment strategies to search for families who can provide therapeutic foster care services. For example, child welfare officials in one state said they focus on recruiting individuals with specific skillsets, such as doctors and nurses who have experience working with children who need more care. Private providers in both of our discussion groups also said they use targeted recruitment strategies for these purposes.

Referrals from Current Foster Families

When asked in our survey about the usefulness of various recruitment strategies, states most often cited referrals from current foster families as a moderately or very useful recruitment strategy. In the three selected states, child welfare officials and all 14 private providers said they use referrals from current foster families to recruit new families, and the majority of these officials and private providers said such referrals are the most effective recruitment strategy. One private provider emphasized that current foster families are better recruiters than private providers because these families can speak from first-hand experience about the potential benefits and difficulties of caring for a child in foster care. Another private provider said that referrals occur through regular interactions in the community or through information meetings and events facilitated by private providers, such as movie nights. To encourage referrals, 6 of the 14 private providers in the three states said they offer financial incentives to current foster families who help recruit new families. For example, three of these private providers said they offer incentives ranging from \$100 to \$500. In regard to therapeutic foster care services, private providers in both of our discussion groups said referrals are the most effective recruitment strategy. Private providers in one group said they offer financial incentives ranging from \$200 to \$300, which generally are paid after a new family becomes licensed to provide therapeutic foster care services and a child has been placed in their home.

Eight of the 14 private providers in the three selected states said they try, in general, to employ multiple types of recruitment strategies. Further,

many of these private providers explained that prospective foster parents typically hear about foster care through multiple mediums before applying to become a parent. For example, a prospective parent might hear a radio advertisement, then see a billboard, and later talk to a private provider at a state fair before deciding to apply. Foster parents we spoke with in the three states, as well as in discussion groups on therapeutic foster care services, discussed a number of reasons why they became foster parents, including knowing others who had provided foster care, having the desire to give back, and wanting to expand their family by fostering with the intention to adopt a child (see text box).

"We've always had foster children in the home...I can remember being as young as 5 or 6 and having foster siblings in the home. So it came kind of natural for us."

"I took interest in being a foster parent because I've worked in foster care for the past 12 years. So I saw some of the [foster parent] side and wanted to jump in and do my part."

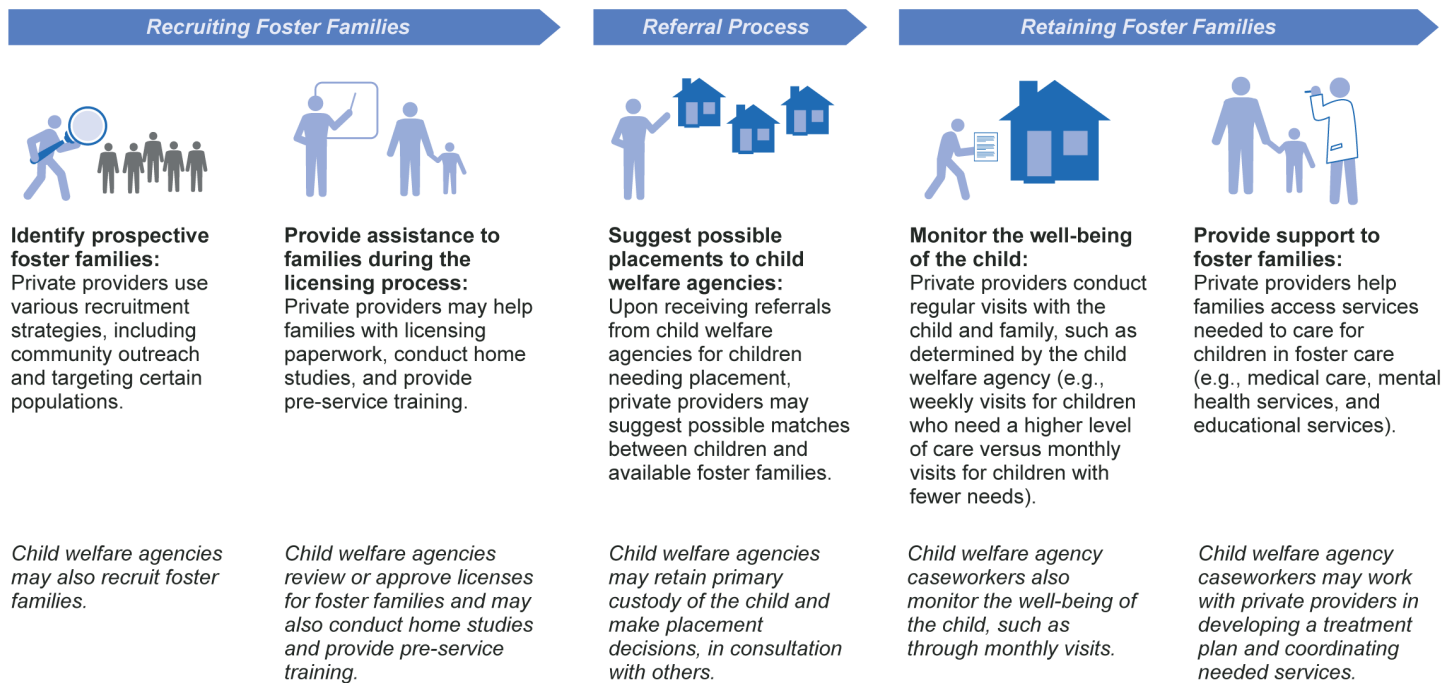
Statements from foster parents during a GAO discussion group

Almost All States Reported Using Private Providers to Recruit Foster Families, Particularly for Therapeutic Foster Care

In our survey, 49 states reported using private providers to recruit foster families, including 44 that use private providers to recruit families who can provide therapeutic foster care services for children who need a higher level of care. Specifically, 30 states reported that they use private providers to recruit both traditional and therapeutic foster care families, 14 reported that they use private providers to recruit therapeutic foster care families exclusively, and the remaining 5 reported that they use private providers to recruit traditional foster families exclusively. In the three selected states, child welfare officials said they initially developed agreements with private providers to recruit families who can provide therapeutic foster care services. However, as state caseloads have risen, these officials said they have also referred children who do not need therapeutic foster care services to private providers.

Child welfare officials and private providers in the three selected states said that private providers in their states are responsible for both recruiting and retaining foster families. They said responsibilities of private providers can include helping families become licensed, suggesting possible matches between children and available families, and providing support to help families access services needed to care for children in foster care (see fig. 1).

Figure 1: Examples of Responsibilities for Private Providers and Child Welfare Agencies in Recruiting and Retaining Foster Families, As Reported in Three States



Source: GAO summary of information provided by child welfare officials and private providers in California, Georgia, and Indiana. | GAO-18-376

Child welfare officials and private providers in the three selected states described ways they have collaborated to recruit foster families, and discussed the benefits of using private providers to recruit and retain these families. For example, child welfare officials in one county said they collaborated with private providers to create common marketing materials that included information about the child welfare agency and each private provider, which helps prospective foster families decide which entity they want to work with. Officials and private providers in this county said collaborative recruitment efforts are an efficient use of resources and reduce competition in recruiting from the same pool of prospective foster families. Nearly all of the 14 private providers we interviewed in the three selected states said they can help child welfare agencies support foster families, particularly those who care for children who need more care than others, because they can maintain lower caseloads and be more accessible to families than child welfare agencies. These private providers explained that they accept placements for children only when they have available foster families and staff, whereas child welfare agencies cannot choose how many children they have in their caseloads.

Specifically, four private providers noted that private providers typically maintain small caseloads, such as 10 children per private provider caseworker. In contrast, seven private providers said child welfare agencies manage larger caseloads—as high as 40 children per caseworker—which can strain their ability to support foster families. In addition, eight private providers said families can contact them 24 hours a day, which may not be the case with child welfare agency caseworkers.

All of the 49 states that reported using private providers in our survey also reported having various oversight mechanisms to monitor them. These mechanisms include periodic audits and site visits, regular calls for information sharing, periodic check-ins with foster families working with private providers, and requirements for providers to develop recruitment plans. Child welfare officials in the three selected states provided detail on a range of oversight activities. For example, child welfare officials in Georgia said their agency conducts comprehensive audits of private providers annually, which include an examination of the facility, case file reviews, and staff interviews. In addition, county child welfare officials in California said their agency requires private providers to attend monthly meetings with agency staff and submit quarterly outcome reports.²⁴

²⁴ A 2017 Senate Finance Committee report identified deficiencies in some states' oversight of private providers, citing cases in which children under the care of one of the largest for-profit private providers in the country had been abused, neglected, or denied services. See Committee on Finance, *An Examination of Foster Care in the United States and the Use of Privatization*, S. Rep. No. 115-118 (2017).

States Reported Various Recruitment and Retention Challenges, Including Difficulties Prioritizing Recruitment Efforts and Supporting Foster Families

In Recruiting Foster Families, States Reported Challenges with Prioritizing Efforts, Extensive Licensing Processes, and Finding Families Who Can Meet the Needs of Children

Difficulties Prioritizing Recruitment Efforts

In response to our survey, 34 states reported that limited resources to focus on foster family recruitment made their recruitment efforts moderately or very challenging. In the three selected states, child welfare officials raised concerns about their ability to prioritize foster family recruitment efforts, given large increases in their foster care caseloads and other demands for resources. Nationwide, caseloads increased by over 10 percent from fiscal years 2012 through 2016, according to HHS data. In addition, 8 of the 14 private providers in the three states told us that a lack of dedicated funding for recruitment from child welfare agencies made recruitment efforts challenging. One private provider said they have recently put recruitment efforts on hold to focus on serving children in existing placements.

States also reported in our survey that eligibility requirements for federal foster care funding have affected their ability to prioritize resources for recruitment. Specifically, of the 34 states that provided a response on this issue, almost half reported that requirements that tie eligibility for receiving federal funds under title IV-E of the Social Security Act to income eligibility standards under the discontinued Aid to Families with Dependent Children program have affected their recruitment efforts to a

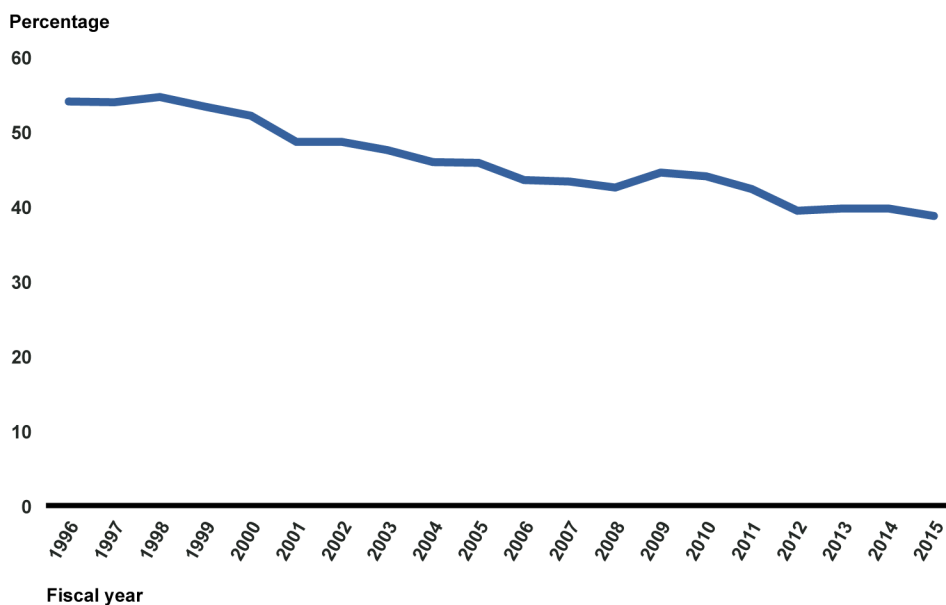
moderate or great extent. States may use title IV-E funds to assist with the costs of operating their foster care programs, and are generally entitled to receive these funds based on the number of eligible children they have in their programs. To be eligible for title IV-E foster care funds, a child must have been removed from a home that meets income eligibility standards under the Aid to Families with Dependent Children program as of July 1996, among other criteria.²⁵ The Aid to Families with Dependent Children program was replaced by the Temporary Assistance for Needy Families program beginning in 1996, and the income eligibility standards for title IV-E foster care funding have not been changed since then. We reported in 2013 that a family of four had to have an annual income below \$15,911 to meet the income eligibility threshold in 1996. If adjusted for inflation, the threshold would have been \$23,550 in 2013. Due, in part, to fewer families meeting these income eligibility standards, we found that the number of children who currently meet title IV-E eligibility requirements has declined. As a result, we reported that states have received less federal funding under title IV-E and have paid an increasingly larger share of funds for their foster care programs.²⁶ The percentage of children eligible for title IV-E foster care funds decreased

²⁵ The amount of a state's federal funding for its foster care expenses under title IV-E is determined by a statutory formula that takes into account the amount the state spent serving eligible children as well as the type of expense. See 42 U.S.C. § 674(a); 45 C.F.R. § 1356.60. For a child to be title IV-E eligible, various requirements must be met in addition to the income eligibility criteria. For example, other title IV-E eligibility criteria require that (1) the child's removal and placement is in accordance with either a voluntary placement agreement or a judicial determination that continuation in the child's home would be contrary to the child's welfare and reasonable efforts were made to prevent the need for removal or that such efforts would be inappropriate; (2) the child's placement and care are the responsibility of the agency or tribe administering an HHS-approved foster care plan; and (3) the child has been placed in a foster family home or child-care institution that meets certain requirements. See 42 U.S.C. § 672. When children in foster care do not meet eligibility requirements under title IV-E, the state bears the full cost of providing their out-of-home care.

²⁶ See GAO, *Summary of Proposals to Address Income Eligibility Requirement for Federal Foster Care Reimbursement*, [GAO-13-323R](#) (Washington, D.C., March 25, 2013). In this report, GAO reviewed several proposals to remove the link between title IV-E funds for foster care and income eligibility standards under the discontinued Aid to Families with Dependent Children program, which were put forward by HHS, members of Congress, and interested organizations. Although this link currently remains unchanged for title IV-E foster care funding, other relevant changes have been made to title IV-E since the repeal of the Aid to Families with Dependent Children program. For example, the Fostering Connections to Success and Increasing Adoptions Act of 2008 removed the link between title IV-E funds and income eligibility standards under the discontinued program for adoption assistance, but not for foster care. Pub. L. No. 110-351, § 102, 122 Stat. 3949, 3975-79 (amending 42 U.S.C. § 673).

from about 54 percent in fiscal year 1996 to nearly 39 percent in fiscal year 2015, according to data published by the Congressional Research Service (see fig. 2).²⁷ Given fiscal constraints, child welfare agencies, like other state agencies, may need to make difficult choices about how to allocate their limited resources.

Figure 2: Percentage of Children in Foster Care Who Are Eligible for Title IV-E Foster Care Funds, Fiscal Years 1996-2015



Source: GAO analysis of data published by the Congressional Research Service. | GAO-18-376

Extensive Licensing Processes

The process for licensing foster families can help ensure that children are placed in safe and stable environments that meet their needs. However, 35 states reported in our survey that lengthy licensing processes made it moderately or very challenging to recruit new foster families. In the three selected states, child welfare officials and 7 of the 14 private providers discussed extensive state licensing processes that may discourage prospective foster families, including delays in getting fingerprints, completing background checks, or reviewing applications. Some private providers said delays are likely caused by competing priorities at state

²⁷ See House Committee on Ways and Means, *Green Book: Background Material and Data on the Programs within the Jurisdiction of the Committee on Ways and Means* (Washington, D.C.: Dec. 7, 2016).

licensing agencies or limited staff in child welfare agencies. One private provider told us that families may wait several months for approval after completing an application. Another private provider told us that in the past year, approval time frames for licenses have, in some cases, increased from 1 to 2 weeks to 3 to 6 months. In regard to therapeutic foster care services, private providers in both discussion groups raised similar concerns (see text box).

“One of the barriers I think we probably all face...is the process is so darn long and it's so darn hard and it's so darn slow to get fingerprint clearances and criminal record checks.”

Statement from a private provider during a GAO discussion group

Child welfare officials in California told us they are in the process of restructuring their licensing process to improve efficiencies and reduce burden for foster families.²⁸ In addition, county child welfare officials in the state told us they are offering families additional support to help them through the licensing process, such as assigning staff to prospective foster families as soon as they initiate the licensing process to help them complete required paperwork and schedule pre-service training.

Finding Families Who Can Meet the Needs of Children and Other Challenges

In response to our survey, states reported difficulties finding families who can meet the needs of children, particularly for therapeutic foster care services. Specifically, 37 states reported that the needs of children entering foster care have increased, and 35 reported that there are not enough foster families willing to care for the types of children needing placement. For example, nearly all states cited difficulties finding families for children with aggressive behaviors and severe mental health needs, as well as for teenagers and sibling groups.²⁹ Consequently, 36 states reported difficulties appropriately matching children with families, and 30

²⁸ Officials told us that this effort aims to streamline and eliminate duplication in the existing licensing process and unify approval standards for all foster families, including relatives or fictive kin. In addition, officials said this effort is part of a larger reform of the state's child welfare system, known as the Continuum of Care Reform. See <http://www.cdss.ca.gov/inforesources/Continuum-of-Care-Reform>.

²⁹ Under title IV-E, states are required to make reasonable efforts to place siblings removed from their home in the same foster care placement, unless it would be contrary to the siblings' safety or well-being. 42 U.S.C. § 671(a)(31).

reported having moderately or significantly too few therapeutic foster care families (see text box).

“Not all prospective families are open to our kids. We need homes for teens. So it’s a barrier as I would say at least 75 percent of our calls are families that prefer [kids] under the age of 10.”

Statement from a private provider during a GAO discussion group

In the three selected states, child welfare officials and 7 of 14 private providers discussed similar challenges finding appropriate families for children needing placement. For example, officials in one state said the increased demand for both traditional and therapeutic foster care families has caused them to place children in the first available home rather than match them with families based on the family’s preferences and ability to provide care. One private provider told us that due to the increasing number of referrals for placements, they are not able to be as selective during the matching process as they have been in the past. Another private provider said child welfare agencies may be so pressed to find placements for children that they may call foster families working with the private provider directly, which can put pressure on the family to agree to the placement even when the family does not believe the child is a good fit. One private provider told us that a foster family accepted a child who had been sleeping in the child welfare agency caseworker’s office, but the placement was not a good fit and was eventually disrupted, which was traumatic for both the child and the foster family. Private providers in both of our discussion groups said finding families willing to provide therapeutic foster care services to children can be difficult. They noted that parents may be required to take on more documentation and supervision responsibilities for a child who requires a higher level of care and complete more intensive training, which may be difficult for working parents.

In addition to challenges finding appropriate families for children, 34 states reported in our survey that a negative perception of foster care made it moderately or very challenging to recruit new families. Child welfare officials in two states and 5 of the 14 private providers we interviewed raised similar concerns. For example, child welfare officials in one county told us that they recruit foster families in an environment where media reports have highlighted challenges with overburdened caseworkers and turnover of agency directors. These officials also said

foster parents may share negative experiences with family and friends, leading to an unfavorable impression of child welfare agencies within the community. In addition, child welfare officials in one state and four private providers said some families who provide foster care services have faced false allegations of child abuse and subsequent investigations. Some private providers said these investigations can be emotionally draining or disruptive to the family, and some said that fear of such allegations and investigations may deter prospective families from becoming a foster family. Other recruitment challenges cited by several child welfare officials, private providers, and foster parents we interviewed included concerns by prospective foster families about caring for children who have high needs or who are certain ages, or that providing foster care will disrupt their nuclear family. While many child welfare officials and private providers we spoke with acknowledged these negative perceptions and fears, parents in all eight foster parent groups we interviewed in the three states also discussed how being a foster family can be a positive experience. For example, several foster parents said providing foster care to different types of children has enhanced their family. Private providers and foster parents also said it is important to share personal experiences to bring understanding about what it is like to be a foster family. For example, one foster parent told us about a blog she writes to describe normal family activities that include children in foster care, such as taking family trips.

In Retaining Foster Families, States Reported Challenges with Inadequate Support for Families and Limited Access to Services for Children

Inadequate Support for Foster Families

In response to our survey, 29 states reported that inadequate support for foster families from the child welfare agency made it moderately or very challenging to retain these families. In the three selected states, all 14 private providers we interviewed and foster parents in all eight of the foster parent groups we spoke with emphasized the importance of supporting families in order to retain them. All 14 private providers discussed concerns about communication with child welfare agencies, which they said can affect the quality of services they provide to foster families. For example, 10 of the private providers said they have difficulty

contacting or receiving a response from child welfare agency caseworkers when they try to obtain information needed to comply with child welfare agency requirements. One private provider explained that they are required to develop a service plan for each child they place with a family, and the plan must be signed by the child welfare agency caseworker within 5 days of placement. However, this private provider said they often cannot reach the caseworker to have plans reviewed and approved within the required time frame. Seven private providers told us that there often is confusion on the part of child welfare agency caseworkers about the role of private providers. For example, these private providers said child welfare agency caseworkers may not know which tasks the private providers are responsible for or may be unfamiliar with the paperwork they need to give to the private provider. Similarly, foster parents in five groups expressed dissatisfaction with the level of support they have received from child welfare agency caseworkers. These foster parents described instances in which they were unable to reach their caseworker during emergencies, such as when they needed permission to administer medications to their foster child. One foster parent told us she had waited approximately 8 weeks for her caseworker to approve her child's medication. This parent said she worked with her private provider to email the child welfare agency caseworker on a daily basis, but received no response. Foster parents in our discussion group raised similar concerns (see text box).

"I know that [child welfare agency caseworkers] are overworked. If the child is acting out, we're supposed to do a phone call but no one returns the call."

Statement from a foster parent during a GAO discussion group

Reasons why child welfare agency caseworkers may be limited in their ability to support foster families can include high caseloads and caseworker turnover. For example, 33 states reported in our survey that having too few staff and inadequate funding made it moderately or very challenging to retain foster families. In the three selected states, child welfare officials, 9 of 14 private providers, and foster parents in five of the eight foster parent groups noted that high caseloads contribute to a lack of support for foster families. Child welfare officials in one state said although their regulations stipulate a maximum caseload of 12 to 17, many caseworkers have caseloads that exceed those levels. In addition, a private provider in this state told us that child welfare agency

caseworkers typically carry about 35 cases. Other private providers explained that the demands on child welfare caseworkers to meet basic paperwork and case planning requirements and conduct visits for a large caseload may prevent them from responding to requests or returning phone calls in a timely manner.³⁰ Child welfare officials in two states, 11 private providers, and foster parents in three foster parent groups also explained that frequent caseworker turnover can affect the level of support foster families receive, particularly when new caseworkers are unfamiliar with a child's history and needs. One foster parent told us that she had worked with eight different child welfare agency caseworkers in a 19-month period. Another foster parent said she maintains all of her foster children's records, since in the past, documents have been lost in transfers between child welfare agency caseworkers.³¹ Child welfare officials in the three selected states acknowledged difficulties supporting foster families due to high caseloads or caseworker turnover. Officials in one state said they recently requested additional state funds to add 500 caseworker positions, and officials in another state said they have made efforts to revisit staffing levels following reductions during the economic recession in 2008.

In addition, many private providers and foster parents we interviewed noted limitations with other supports for foster families. For example, 10 of 14 private providers and foster parents in three of the eight foster parent groups in the three states discussed their concerns about low payment rates for foster families, which some said may not adequately cover the costs of caring for a child. A 2012 study on payment rates for foster families found that basic payment rates (e.g., for traditional foster care services) in the majority of states fell below estimated costs of caring for a child, based on data from the U.S. Department of Agriculture.³² Five

³⁰ States receiving federal funds under titles IV-B and IV-E are subject to certain minimum requirements related to these activities, such as monthly caseworker visits and case plans that meet certain requirements. See 42 U.S.C. §§ 622(a)(17), 671(a)(16), 675, 675a.

³¹ Previous GAO reports have identified similar concerns from child welfare officials about the effect turnover can have on the ability of caseworkers to work effectively and make the necessary decisions to ensure safe and stable permanent placements. See GAO, *Child Welfare: HHS Could Play a Greater Role in Helping Child Welfare Agencies Recruit and Retain Staff*, [GAO-03-357](#) (Washington, D.C.: March 31, 2003) and *Child Welfare: Improving Social Service Program, Training, and Technical Assistance Information Would Help Address Long-standing Service-Level and Workforce Challenges*, [GAO-07-75](#) (Washington, D.C.: Oct. 6, 2006).

³² See K. DeVooght, , Child Trends, and D. Blazey, *Family Foster Care Reimbursement Rates in the U.S.: A Report from a 2012 National Survey on Family Foster Care Provider Classifications and Rates*, Publication #2013-19 (Bethesda, MD: April 9, 2013).

Limited Access to Services for Children and Other Challenges

private providers and foster parents in five foster parent groups also discussed a lack of access to respite care services or a lack of “voice” for foster parents in contributing to decisions regarding children in their care. These private providers and foster parents said these circumstances can be frustrating and cause parents to leave the system.

In response to our survey, 31 states reported that inadequate access to services, such as child care and transportation, made it moderately or very challenging to retain foster families. In the three selected states, child welfare officials, 9 of 14 private providers, and foster parents in six of eight foster parent groups discussed similar difficulties. For example, they discussed difficulties accessing child care services, which some said are particularly needed because of the increasing number of opioid-affected infants coming into care.³³ Some officials, private providers, and foster parents said their state may offer child care subsidies, but waitlists can be long, and foster families may have difficulties finding an approved childcare center, particularly for children who need a higher level of care. Further, child welfare officials, private providers, and foster parents discussed challenges accessing transportation services. For example, child welfare officials said children are sometimes moved to homes outside their original community due to a lack of available homes, which places a burden on foster families to transport children to physical and mental health appointments, regular visits with their biological families, and school.³⁴ A private provider we interviewed said many parents who provide transportation to these various appointments also must go through a burdensome process to claim mileage reimbursement from the child welfare agency, so many parents do not submit a claim. In addition,

³³ GAO has previously reported on states’ efforts to address the needs of infants born with prenatal drug exposure. See GAO, *Substance-Affected Infants: Additional Guidance Would Help States Better Implement Protections for Children*, [GAO-18-196](#) (Washington, D.C.: Jan. 19, 2018).

³⁴ States receiving federal funds under titles IV-B and IV-E are subject to certain minimum requirements related to health, visitation, and education for children in foster care. See, for example, 42 U.S.C §§ 622(b)(15), 671(a)(15) and (a)(31)(B). For example, each child’s case plan must include a plan for ensuring the educational stability of the child while in foster care, including assurances that the placement takes into account the appropriateness of the current educational setting and the proximity to the school in which the child was enrolled at the time of placement. 42 U.S.C. § 675(1)(G). GAO previously reported on challenges states faced in implementing these educational stability requirements. Specifically, 38 states reported in a survey that finding foster placements near a child’s current school was a major challenge. See GAO, *Foster Care: HHS Needs to Improve Oversight of Fostering Connections Act Implementation*, [GAO-14-347](#) (Washington, D.C.: May 29, 2014).

child welfare officials, private providers, and foster parents discussed challenges accessing mental health services. For example, one private provider said they have been unable to find a qualified mental health provider who accepts Medicaid to deliver needed services to an autistic child.³⁵ Further, child welfare officials we interviewed in one county discussed difficulties connecting children with therapists who have an understanding of childhood trauma.

In addition to these challenges, child welfare officials and private providers we interviewed said many foster families leave the foster care system due to family or life changes, including adoptions of children in their care, retirements, health issues, and relocation to a different state.

³⁵ GAO has previously reported on challenges faced by children in foster care and, more generally, by Medicaid enrollees in accessing mental health services. See GAO, *Children's Mental Health: Concerns Remain about Appropriate Services for Children in Medicaid and Foster Care*, [GAO-13-15](#) (Washington, D.C.: Dec. 10, 2012) and *Medicaid: Overview of Key Issues Facing the Program*, [GAO-15-746T](#) (Washington, D.C.: July 8, 2015). The Institute of Medicine reported that a shortage of mental health providers is a major factor affecting access to mental health services, especially for children. Institute of Medicine of the National Academies, *Committee on Crossing the Quality Chasm: Adaptation to Mental Health and Addictive Disorders, Improving the Quality of Health Care for Mental and Substance-Use Conditions: Quality Chasm Series* (Washington, D.C.: 2006).

HHS Supports States' Recruitment and Retention Efforts with Technical Assistance, Guidance, and Funding, though Private Providers Were Unaware of Some Supports

HHS's Administration for Children and Families (ACF) provides a number of supports to help state child welfare agencies in their efforts to recruit and retain foster families, according to ACF officials we interviewed and agency documents we reviewed. These supports include technical assistance, guidance and information, and funding.³⁶

- **Technical assistance.** ACF provided technical assistance through its National Resource Center for Diligent Recruitment (the Center), and subsequently, the Child Welfare Capacity Building Collaborative.³⁷ The Center provided several types of technical assistance to achieve its aim of helping states develop and implement diligent recruitment programs to achieve outcomes such as improving permanency and placement stability for children in foster care. The Center provided on- and off-site coaching to states in a number of areas, such as developing a mix of general and targeted recruitment strategies, using existing data to target recruitment efforts, and developing a recruitment plan. Staff who worked at the Center reported providing direct technical assistance and training to 30 states. The Center also provided toolkits that guide states through the process of developing a comprehensive diligent recruitment plan to meet federal requirements.³⁸ For example, the toolkits include discussion questions about the goals states have for their plans, suggestions on which stakeholders to include, and worksheets to help states analyze existing data. ACF officials told us that they also review states' diligent recruitment plans and may provide feedback to states.

³⁶ In this report, we focused on HHS efforts from fiscal years 2012 through 2016.

³⁷ In September 2017, the National Resource Center for Diligent Recruitment was closed and its primary functions were moved to the Center for States, which is part of the Child Welfare Capacity Building Collaborative, according to ACF officials. The Collaborative aims to help child welfare agencies meet federal standards and requirements, improve child welfare practice and administration, and achieve safety, permanency, and well-being outcomes for children, youth, and families. ACF officials said this move is part of a process to consolidate HHS's child welfare capacity-building functions into one center so that states have a "one-stop shop" for all related supports. In our report, we refer to the National Resource Center for Diligent Recruitment rather than the Child Welfare Capacity Building Collaborative because the supports that ACF officials said were primarily moved under the Collaborative were provided by the Center at the time of our study.

³⁸ One of the requirements under title IV-B is that states describe in their Child and Family Services Plans how they will "provide for the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed." See 42 U.S.C. § 622(b)(7).

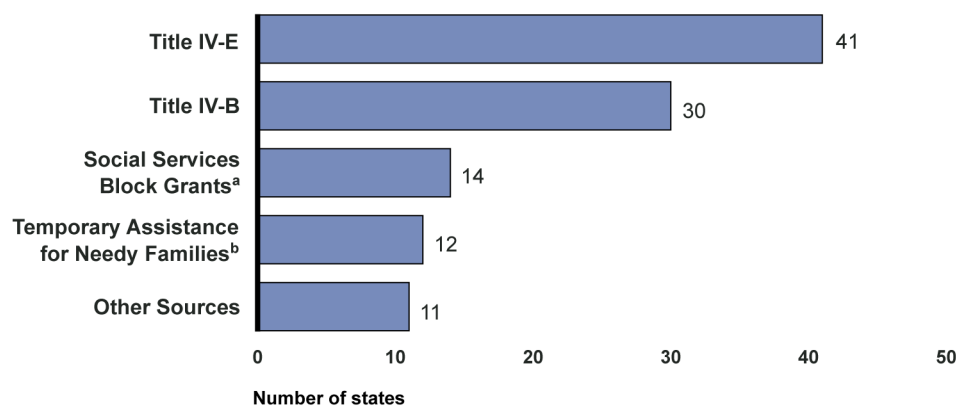
In addition, ACF provides technical assistance to states through its Child and Family Services Reviews. These reviews are generally conducted every 5 years and examine a number of factors in states' foster care programs to assess conformity with federal requirements, including factors related to recruiting and retaining foster families. In its reviews of 24 states in fiscal years 2015 and 2016, ACF reported deficiencies for 18. ACF officials said these deficiencies included a lack of adequate state recruitment plans and data used for recruitment efforts. In addition, they said they will be working with states to address identified deficiencies in subsequent program improvement plans, which are to be developed in consultation with ACF.

- **Guidance and information.** ACF provides a wide range of guidance and information to states to support their recruitment and retention efforts. For example, the Center distributed free monthly electronic newsletters that provided information on new tools, resources, and webinars related to foster family recruitment and retention. The Center also developed or provided links to publications on topics such as using data to inform recruitment efforts, taking a customer service approach in working with current and prospective foster families, and lessons learned from related projects funded by ACF. The Center facilitated information sharing among states by holding webinars, such as one on the benefits of implementing a comprehensive diligent recruitment program, and peer-to-peer networking events on topics such as recruiting, developing, and supporting therapeutic foster care families. In addition, ACF's Child Welfare Information Gateway is a website that provides access to a broad array of electronic publications, websites, databases, and online learning tools for improving child welfare practice.³⁹ For example, its resources related to recruiting and retaining foster families include publications on strategies and tools, as well as examples from state and local child welfare agencies on promising practices.
- **Funding.** HHS administers a number of federal funding sources that states said they used for their foster family recruitment and retention efforts. For example, in our survey, states most often cited using child

³⁹ The Child Welfare Information Gateway is an online resource that aims to promote the safety, permanency, and well-being of children, youth, and families by connecting child welfare, adoption, and related professionals as well as the public to information, resources, and tools covering topics on child welfare, child abuse and neglect, out-of-home care, and adoption.

welfare funds under title IV-E and IV-B of the Social Security Act for these purposes in fiscal year 2016 (see fig. 3).

Figure 3: Federal Funding Sources States Reported Using for Foster Family Recruitment and Retention, Fiscal Year 2016



Source: GAO survey of child welfare agencies in the 50 states and the District of Columbia. | GAO-18-376

Note: In the figure, “Title IV-E” and “Title IV-B” refer to titles IV-E and IV-B of the Social Security Act.

^aSocial Services Block Grants, authorized under title XX of the Social Security Act, provide states with a flexible funding source that allows them to tailor social service programming to their population’s needs. Services must be directed at one or more of five broad statutory goals, such as preventing or remedying neglect, abuse, or exploitation of children and adults, and preserving, rehabilitating, or reuniting families.

^bThe Temporary Assistance for Needy Families program, authorized under title IV-A of the Social Security Act, provides block grants to states to operate programs designed to further one or more of the four broad purposes of the program, including providing assistance to needy families so that children can be cared for in their own homes.

ACF also provided a number of discretionary grants to support state efforts to recruit and retain foster families through the Adoption Opportunities program, which funds projects designed to eliminate barriers to adoption and help find permanent families for children, particularly older children, minority children, and those with special needs.⁴⁰ Specifically, ACF awarded cooperative agreements to 22 states, localities, and non-profit organizations in fiscal years 2008 through 2013 for 5-year projects that aim to enhance recruitment efforts and improve permanency outcomes for children, among other things. For example, ACF awarded a cooperative agreement in 2010 to the county child welfare agency in Los Angeles, California to launch a project that targeted recruitment efforts to prospective foster families in African American, Latino, LGBT, and deaf communities to increase

⁴⁰ See 42 U.S.C. §§ 5111-5115.

permanency outcomes for their foster care population. In addition, it awarded a cooperative agreement in 2013 to Oregon's state child welfare agency to implement a project that focused on developing customer service concepts in working with foster families, increasing community partnerships, and using data to inform recruitment efforts and outcome measures. In addition, ACF also awarded two cooperative agreements to Spaulding for Children to develop training for prospective and current foster and adoptive families.⁴¹ The first, awarded in fiscal year 2016, was for a 3-year project to develop a foster and adoptive parent training program to prepare families who can care for children who have high needs, such as children needing therapeutic foster care services. The second, awarded in fiscal year 2017, was for a 5-year project to develop a foster and adoptive parent training program for all individuals interested in becoming a foster family or adopting a child from foster care or internationally.

In response to our survey, many states reported that they found these federal supports helpful to their recruitment and retention efforts. For example, guidance and information, such as the electronic newsletters, publications, and webinars provided by the Center, were cited most often by states as being moderately or very helpful (31 states). Over half the states reported that networking opportunities, such as peer-to-peer networking events facilitated by the Center, and technical assistance provided by the Center were moderately or very helpful to their efforts (28 and 27 states, respectively).

However, similar to concerns raised by all 14 private providers in the three selected states about communication issues with child welfare agencies, several private providers told us they have not received guidance or information from these agencies about recruiting and retaining foster families, and most were unaware of some of the supports provided by ACF. Specifically, 11 of the 14 private providers said they were unaware of the National Resource Center for Diligent Recruitment, and 7 told us that the information offered by the Center would have been useful to their recruitment efforts had they known about it. For example, one private provider told us they have been trying to use data to more effectively recruit foster families, and the Center's resources on recruitment strategies and tools would have been helpful in these efforts.

⁴¹ Spaulding for Children is a non-profit organization that aims to find permanent homes for children who are in the public child welfare system and support families in maintaining their children safely in their homes.

Another private provider said each private provider in their area conducts recruitment activities based on its own ideas and experiences, and the Center's resources would have been helpful in ensuring that they use the most effective strategies.

ACF officials said they encourage states to involve all relevant stakeholders in their efforts to recruit and retain foster families. They acknowledged that ACF has not provided specific guidance and information to states on working with private providers, but noted that some supports, such as online publications and webinars, are available to private providers working in the public sector. ACF officials explained that their efforts have focused on child welfare agencies because these are the entities that receive federal funds. However, federal internal control standards state that agencies should communicate necessary information, both internally and externally, to achieve their objectives.⁴² The mission statement for ACF's Children's Bureau is to partner with federal, state, tribal, and local agencies to improve the overall health and well-being of the nation's children and families. According to its website, the Children's Bureau carries out a variety of projects to achieve its goals, such as providing guidance on federal law, policy, and program regulations, offering training and technical assistance to improve child welfare service delivery, and sharing research to help child welfare professionals improve their services. Given that almost all states use private providers to help them recruit foster families, and that private providers may be responsible for providing supports to help retain these families, it is important for HHS to determine whether additional information on working more effectively with private providers would be useful to states. This could help HHS better achieve its goals in supporting states' efforts to recruit and retain foster families.

Conclusions

States face challenges recruiting and retaining foster care families and almost all states rely on private providers to help them meet the demand for appropriate foster families, particularly those who can provide therapeutic foster care services. However, private providers used by child welfare agencies in the three states where we conducted interviews raised concerns about the level of communication they have with these agencies. Such communication issues can affect the quality of services

⁴² See GAO, *Standards for Internal Control in the Federal Government*, [GAO-14-704G](#) (Washington, D.C.: Sept. 10, 2014).

provided to support foster families, as well as the level of guidance and information private providers receive from child welfare agencies. Although HHS has provided various supports that states have found useful in their efforts to recruit and retain foster families, many of the private providers we spoke with were unaware of some supports that they said could have helped them. Given the important role private providers play in recruiting and retaining foster families, state feedback to HHS on whether child welfare agencies could benefit from information on how to work more effectively with private providers could help HHS determine whether it needs to take action to better support states' use of private providers.

Recommendation for Executive Action

GAO recommends that the Secretary of Health and Human Services seek feedback from states on whether information on effective ways to work with private providers to recruit and retain foster families would be useful and if so, provide such information. For example, HHS can seek feedback from states through technical assistance and peer-to-peer networking activities. If states determine that information would be useful, examples of HHS actions could include facilitating information sharing among states on successful partnerships between states and private providers and encouraging states to share existing federal guidance and information. (Recommendation 1)

Agency Comments and Our Evaluation

We provided a draft of this report to the Secretary of HHS for review and comment. HHS agreed with our recommendation and said it will explore with states whether additional materials specific to private providers would be useful. While HHS noted that it has no authority over private providers, it provided examples of ways the agency has supported states' efforts to recruit and retain foster families and encouraged them to involve private providers in these efforts. We believe that seeking feedback from states on whether they would like information on effective ways to work with private providers would be a useful first step. With that information, HHS could then determine if additional supports are needed to help states meet the demand for appropriate foster families. A letter conveying HHS's formal comments is reproduced in appendix II.

We are sending copies to the appropriate congressional committees, the Secretary of the Department of Health and Human Services, and other interested parties. The report will also be available at no charge on the GAO website at www.gao.gov.

If you or your staff have any questions about this report, please contact me at (202) 512-7215 or larink@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made key contributions to this report are listed in appendix III.

A handwritten signature in black ink that reads "Kathryn Larin". The signature is written in a cursive, flowing style.

Kathryn Larin, Director
Education, Workforce, and Income Security Issues

Appendix I: Objectives, Scope, and Methodology

Overview

This report examines (1) how state child welfare agencies recruit foster families, including those who provide therapeutic foster care services, (2) challenges, if any, to recruiting and retaining families, and (3) the extent to which the U.S. Department of Health and Human Services (HHS) provides support to child welfare agencies in their efforts to recruit and retain foster families. To address our objectives, we administered a web-based survey of state child welfare agencies in the 50 states and the District of Columbia to obtain national information. To obtain more in-depth information, we interviewed child welfare officials, private providers, and foster parents in three selected states (California, Georgia, and Indiana). To obtain perspectives on providing therapeutic foster care services specifically, we conducted three discussion groups with private providers and foster parents at a national foster care conference.¹ To develop our methodologies, we conducted a literature search related to foster care recruitment and retention, including for therapeutic foster care services, and we interviewed experts with a range of related research, policy, and direct service experience.

To examine how HHS supports child welfare agencies in their efforts to recruit and retain foster families, we interviewed officials from HHS's Administration for Children and Families (ACF), Centers for Medicare & Medicaid Services, Office of the Assistant Secretary for Planning and Evaluation, and Substance Abuse and Mental Health Services Administration. We reviewed relevant documents obtained in these interviews and other information available on HHS's website, such as from the National Resource Center for Diligent Recruitment² and the Child Welfare Information Gateway. We focused on HHS efforts from fiscal years 2012 through 2016. We also reviewed relevant federal laws,

¹ We conducted a content analysis to summarize the information we gathered during our interviews and discussion groups. Specifically, one analyst reviewed summaries of the interviews and discussion groups to identify common themes and code information under these themes. A second analyst also reviewed these summaries and verified that the relevant themes and information were captured.

² According to HHS officials with the Administration for Children and Families, the Center was closed in September 2017 and its primary functions were moved to the Child Welfare Capacity Building Collaborative. In our report, we refer to the National Resource Center for Diligent Recruitment rather than the Child Welfare Capacity Building Collaborative because the supports that ACF officials said were primarily moved under the Collaborative were provided by the Center at the time of our study.

regulations, and HHS policies, as well as federal internal control standards.³

Survey of State Child Welfare Agencies

To obtain nationwide information on our objectives, we surveyed officials from state child welfare agencies in the 50 states and the District of Columbia. The survey was administered in September 2017, and we obtained a 100 percent response rate. The survey used a self-administered, Web-based questionnaire, and state respondents received unique usernames and passwords.

To develop the survey, we performed a number of steps to ensure the accuracy and completeness of the information collected, including an internal peer review by an independent GAO survey expert, a review by an external foster care expert, and pre-testing of the survey instrument. Pre-tests were conducted over the phone with child welfare officials in four states to check the clarity of the question and answer options, as well as the flow and layout of the survey. The states that participated in pre-testing were selected based on recommendations from foster care experts and variation in child welfare administration systems (i.e., state-versus county-administered) and use of private providers. We revised the survey based on the reviews and pre-tests. The survey was designed to gather information from state child welfare agencies rather than county-level child welfare agencies or private providers. As such, we included questions in the survey to ensure that respondents were knowledgeable about foster family recruitment and retention efforts if the state child welfare agency was not directly involved.

Our survey included a range of fixed-choice and open-ended questions related to recruiting and retaining foster families, including those who provide therapeutic foster care services. These questions were grouped into six subsections that covered (1) the states' administrative structure for recruiting and retaining foster families, including the use of private providers; (2) information on states' recruitment and retention plans and the usefulness of various strategies in recruiting and retaining foster families; (3) challenges states face in their efforts; (4) perspectives on various federal supports in this area and any additional supports needed; (5) data collected and used in recruitment and retention efforts; and (6)

³ See GAO, *Standards for Internal Control in the Federal Government*, [GAO-14-704G](#) (Washington, D.C.: Sept. 10, 2014).

oversight of county child welfare agencies and private providers, if applicable.

To obtain our 100 percent response rate, we made multiple follow-up contacts by email and phone in September 2017 with child welfare officials who had not yet completed the survey. While all surveyed officials affirmatively checked “completed” at the end of the web-based survey, not all state child welfare agencies responded to every question or the sub-parts of every question. We conducted additional follow-up with a small number of state child welfare agencies to verify key responses.

Because this was not a sample survey, it has no sampling errors. However, the practical difficulties of conducting any survey may introduce errors, commonly referred to as non-sampling errors. For example, unwanted variability can result from differences in how a particular question is interpreted, the sources of information available to respondents, or how data from respondents are processed and analyzed. We tried to minimize these factors through our reviews, pre-tests, and follow-up efforts. In addition, the web-based survey allowed state child welfare agencies to enter their responses directly into an electronic instrument, which created an automatic record for each state in a data file. By using the electronic instrument, we eliminated the errors associated with a manual data entry process. Lastly, data processing and programming for the analysis of survey results was independently verified to avoid any processing errors and to ensure the accuracy of this work.

Interviews in Selected States

To gather more in-depth information representing a variety of perspectives on our objectives, we interviewed officials from three state and three county child welfare agencies, representatives from 14 private foster care providers working with these agencies, and foster parents working with 8 of these private providers in the three selected states (California, Georgia, and Indiana). The states were selected based on factors such as recent changes in foster care and congregate care caseloads, opioid abuse rates estimated by HHS in June 2016, variation in child welfare administration systems (i.e., state- versus county-administered), and geographic location. Interviews were conducted during in-person site visits in California and Indiana and via phone in Georgia. We used semi-structured interview protocols for child welfare agencies, private providers, and foster parents that included open-ended questions on the strategies and challenges in recruiting and retaining foster families and federal supports in this area, among other topics. We interviewed

officials from state-level child welfare agencies in each of these states. In California, the only selected state with a county-administered child welfare system, we selected three counties— Los Angeles, Sacramento, and Sonoma—and conducted interviews with officials from the respective county-level child welfare agency. These counties were selected based on factors similar to those mentioned above as well as variation in population density (i.e., rural versus urban).

In addition, we interviewed 14 private providers in the three selected states, including 3 private providers in California (1 in each county we visited), 4 in Georgia, and 7 in Indiana. Private providers were chosen for interviews from a list of all private providers working with state child welfare agencies to recruit foster families. This list was provided by child welfare officials from each selected state. We considered factors such as the number of foster families private providers worked with, their involvement in recruiting families who provide therapeutic foster care services, and geographic location.

We interviewed foster parents working with 8 of the private providers mentioned above, including 2 groups of foster parents in California, 1 group in Georgia, and 5 groups in Indiana. Each of these groups included between one and three sets of foster parents (e.g., one foster parent or a couple). Due to the sensitivity of the topics discussed, we worked with private providers to identify foster parents who were able and willing to participate in interviews. We discussed several considerations for selecting foster parents, such as gathering parents with a range of experience providing foster care services to children in both traditional and therapeutic foster care settings. Because foster parents we interviewed self-selected to participate and were all working with private providers we interviewed, their views do not represent the views of all foster parents, such as those working directly with child welfare agencies. We also reviewed relevant documents that corroborated the information obtained in our interviews with child welfare agencies and private providers, such as recruitment plans, marketing materials, and child placement reports.

Because we conducted interviews with a non-generalizable sample of child welfare officials, private providers, and foster parents, the information gathered in the three selected states is not generalizable. Although not generalizable, our selection methodologies provide illustrative examples to support our findings.

Discussion Groups

To obtain information specifically about efforts to recruit and retain families who provide therapeutic foster care services, we conducted three discussion groups at a conference hosted by the Family Focused Treatment Association, a non-profit organization that aims to develop, promote, and support therapeutic foster care services. The conference was held in July 2017 in Chicago, Illinois. We held two discussion groups with representatives from 17 private providers and one discussion group with eight sets of foster parents. To solicit participants, we used email to invite all individuals who registered for the conference to participate in our discussion groups. These emails explained our objectives and potential discussion topics related to recruiting and retaining therapeutic foster care families. Participants who volunteered were sorted into the three groups. Discussion groups for private providers and foster parents were guided by a GAO moderator using semi-structured interview protocols. These protocols included open-ended questions that encouraged participants to share their thoughts and experiences on recruiting and retaining therapeutic foster care families, including strategies and challenges in these efforts, as well as differences in providing therapeutic versus traditional foster care services.

Discussion groups are not designed to (1) demonstrate the extent of a problem or to generalize results to a larger population, (2) develop a consensus to arrive at an agreed-upon plan or make decisions about what actions to take, or (3) provide statistically representative samples or reliable quantitative estimates. Instead, they are intended to generate in-depth information about the reasons for participants' attitudes on specific topics and to offer insights into their concerns about and support for an issue. For these reasons, and because discussion group participants were self-selected volunteers, the results of our discussion groups are not generalizable.

We conducted this performance audit from January 2017 to May 2018 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Appendix II: Comments from the Department of Health and Human Services



DEPARTMENT OF HEALTH & HUMAN SERVICES

OFFICE OF THE SECRETARY

Assistant Secretary for Legislation
Washington, DC 20201

MAY 09 2018

Kathryn A. Larin
Director, Education, Workforce,
and Income Security Issues
U.S. Government Accountability Office
441 G Street NW
Washington, DC 20548

Dear Ms. Larin:

Attached are comments on the U.S. Government Accountability Office's (GAO) report entitled, "*Foster Care: Additional Actions Could Help HHS Better Support States' Use of Private Providers to Recruit and Retain Foster Families*" (GAO-18-376).

The Department appreciates the opportunity to review this report prior to publication.

Sincerely,

A handwritten signature in blue ink that reads "Matthew D. Bassett".

Matthew D. Bassett
Assistant Secretary for Legislation

Attachment

GENERAL COMMENTS FROM THE DEPARTMENT OF HEALTH & HUMAN SERVICES ON THE GOVERNMENT ACCOUNTABILITY OFFICE'S DRAFT REPORT ENTITLED - FOSTER CARE: ADDITIONAL ACTIONS COULD HELP HHS BETTER SUPPORT STATES' USE OF PRIVATE PROVIDERS TO RECRUIT AND RETAIN FOSTER FAMILIES (GAO-18-376)

The U.S. Department of Health & Human Services (HHS) appreciates the opportunity from the Government Accountability Office (GAO) to review and comment on this draft report.

Recommendation 1

GAO recommends that the Secretary of HHS seek feedback from states on whether information on effective ways to work with private providers to recruit and retain foster families would be useful and if so, provide such information. For example, HHS can seek feedback from states through technical assistance and peer-to-peer networking activities. If states determine that information would be useful, example of HHS actions could include facilitating information sharing among states on successful partnerships between states and private providers and encouraging states to share existing federal guidance and information.

HHS Response

HHS concurs with GAO's recommendation and will explore with state foster care managers to determine if additional materials specific to private providers would be useful.

HHS has no authority over private providers and our approach has been to provide a variety of supports to states as our grantees to assist them in the recruitment and retention of foster family homes. This support has included training and technical assistance through the Capacity Building Center for States (the Center) that was established to assist states to build capacity to better serve youth and families and to promote best practices in child welfare, including those that support states' efforts related to foster home recruitment and retention. Until September 30, 2017, the Children's Bureau's National Resource Center for Diligent Recruitment (NRCDR) at AdoptUSKids provided specific diligent recruitment support to states that included tailored training and technical assistance to specific states as well as resources and product development.

In addition to tailored services to specific states, the Children's Bureau helps connect child welfare professionals doing similar work and facing similar challenges through peer networks called Constituency Groups, including those specific to state foster care managers and state managers responsible for recruiting, retaining, developing, and supporting resource families caring for children and youth. Independently and in conjunction with applicable peer networks, resources have also been developed that focus on various aspects of recruitment of foster homes including those specific to private providers' efforts to recruit and retain foster homes. These training and technical assistance services and products encourage states to involve stakeholders, including private providers, in the development and implementation of the state's diligent recruitment plans.

Child Welfare Information Gateway (Information Gateway) develops, disseminates, and maintains publications, website pages, general information, and guidance on a variety of child welfare topics, including those that support states' efforts to recruit and retain foster family homes. The Children's Bureau Express electronic newsletter is issued monthly to more than 20,000 subscribers and regularly highlights information about new products, promising practices, and resources available to the field.

Recognizing the need to support states in the development and implementation of diligent recruitment plans, the Children's Bureau awarded eight cooperative agreements in 2008, seven in

GENERAL COMMENTS FROM THE DEPARTMENT OF HEALTH & HUMAN SERVICES ON THE GOVERNMENT ACCOUNTABILITY OFFICE'S DRAFT REPORT ENTITLED - FOSTER CARE: ADDITIONAL ACTIONS COULD HELP HHS BETTER SUPPORT STATES' USE OF PRIVATE PROVIDERS TO RECRUIT AND RETAIN FOSTER FAMILIES (GAO-18-376)

2010, and seven in 2013 through the Adoption Opportunities program. Each of the diligent recruitment projects is funded for a period of five years and were awarded to states or counties. The Children's Bureau has ongoing, direct involvement, including providing training and technical assistance, with each of the current grantees, both individually and as two clusters (2010 and 2013).

The Children's Bureau's 2017 and 2018 National Foster Care Months comprise a multiyear theme focused on recruitment and retention of caregivers. The Center and Information Gateway support these efforts in a variety of ways, including the development of microsites, producing resources such as real life story narratives and videos, and the development and delivery of virtual knowledge and skill building events.

HHS will continue to encourage states through our training and technical assistance to include private providers as stakeholders in the development and implementation of the state's diligent recruitment plans to recruit and retain foster family homes.

Appendix III: GAO Contact and Staff Acknowledgments

GAO Contact

Kathryn A. Larin, (202) 512-7215 or larink@gao.gov

Staff Acknowledgments

In addition to the contact name above, the following staff members made key contributions to this report: Elizabeth Morrison (Assistant Director); Nhi Nguyen (Analyst-in-Charge); Luqman Abdullah; Laura Gibbons; and Elizabeth Hartjes. Also contributing to this report were Sarah Cornetto; Tiffany Johnson Lapuebla; Cheryl Jones; Kirsten Lauber; Serena Lo; Hannah Locke; Mimi Nguyen; Samuel Portnow; Ronni Schwartz; Almeta Spencer, and Kathleen van Gelder.

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