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February 2023

CHILD WELFARE

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

Accessible Version

GAO-23-105624

GAO Highlights

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

February 2023

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

Why GAO Did This Study

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

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

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

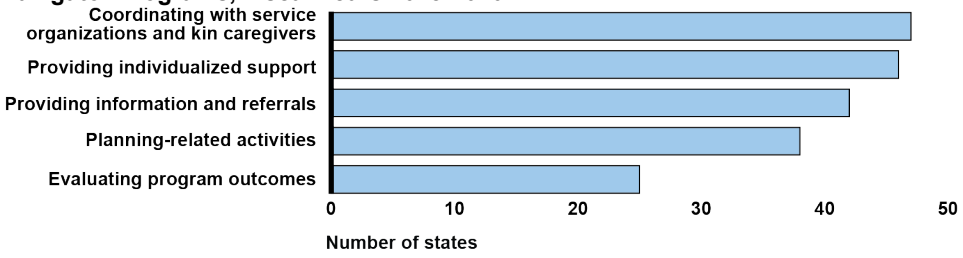
View GAO-23-105624. For more information, contact Kathryn A. Larin at (202) 512-7215 or larink@gao.gov.

What GAO Found

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

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

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



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

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

	Number of states
Coordinating with service organizations and kin caregivers	47
Providing individualized support	46
Providing information and referrals	42
Planning-related activities	38
Evaluating program outcomes	25

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

Officials GAO interviewed from five selected states cited various challenges understanding or meeting evidence-based requirements for evaluating program outcomes, and HHS has taken steps to assist states. Officials from three states

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

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U.S. GOVERNMENT ACCOUNTABILITY OFFICE
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February 6, 2023

The Honorable Danny Davis
House of Representatives
The Honorable Darin LaHood
House of Representatives

In 2022, an estimated 2.2 million children were living with kin caregivers—grandparents, other relatives, or close family friends—because their parents were unable to care for them for a variety of reasons, according to Census Bureau data. Some kin caregivers may take on this role unexpectedly, and this responsibility can lead to significant financial or material hardships, especially for older caregivers. Kinship navigator programs aim to assist kin caregivers by helping them learn about and use programs and services to meet their needs and the needs of the children they are raising. For example, kinship navigator programs may provide information and referrals, case management, or assistance in accessing public benefits. State, county, or community organizations may operate these programs.

Congress has provided multiple sources of federal funding to support kinship navigator programs. Since fiscal year 2018 Congress has appropriated funds annually to help states develop, enhance, or evaluate their kinship navigator programs. In addition, in 2018 the Family First Prevention Services Act provided states the opportunity to receive a 50 percent federal match for their programs.[1] To receive these funds, the Department of Health and Human Services (HHS) must determine that the programs states use meet certain evidence-based requirements.[2] HHS uses a systematic process to ensure that programs states use are proven to be effective in helping kinship families.

You asked us to review how states are investing in kinship navigator programs, including how states have used federal funds to ensure that programs meet evidence-based requirements. This report examines (1) elements of kinship navigator programs that HHS and child welfare

[1]Pub. L. No. 115-123, tit. VII, § 50713, 132 Stat. 64, 245 (codified at 42 U.S.C. § 674(a)(7)).

[2]Under 42 U.S.C. § 674(a)(7), HHS must determine that state programs "are operated in accordance with promising, supported, or well-supported practices that meet the applicable criteria specified" in the law. HHS collectively refers to these requirements as "evidence-based" practices.

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

To identify elements of kinship navigator programs that may be beneficial for families, we interviewed HHS officials and spoke with child welfare stakeholders from four national organizations. We selected these organizations because of their expertise on kinship navigator programs, and to provide a variety of perspectives. For example, these organizations included those that conducted child welfare related advocacy and research on kinship navigator programs that focused on certain populations, such as children, youth, and older adults who may be kin caregivers. We also reviewed relevant federal laws, policies, and HHS guidance, as well as literature on kinship navigator programs.

To examine how states are using federal funds to invest in their programs, we reviewed reports and other documents that states submitted to HHS on their use of funds from fiscal years 2018 through 2020. Specifically, we reviewed state Annual Progress and Services Reports that provide a narrative description of their use of annually appropriated federal funds to develop, enhance, or evaluate kinship navigator programs. Our analysis included reports from all 50 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands; combined, we refer to these as states in our report. We also reviewed reports from 11 tribes that applied for and were provided annually appropriated federal funds. In addition, we examined state applications to HHS for federal funding available during the COVID-19 pandemic for kinship navigator programs that were temporarily not required to be approved by HHS as evidence based.

To understand challenges that selected states reported facing in developing kinship navigator programs, we interviewed officials from state child welfare agencies and others involved in operating and evaluating kinship navigator programs in five states: Arizona, Florida, Mississippi, Nevada, and Ohio. We selected states to include those with high numbers of children in kinship care and to achieve variation in the amounts of federal funding used for kinship navigator programs, child welfare administration systems (e.g., state- versus county-administered), and geographic location, among other factors. We conducted our interviews using semi-structured interview protocols, which included open-ended questions on challenges for states in developing evidence-based programs and HHS's assistance in this area, among other topics.

The information obtained from selected states is not generalizable to all states, and is meant to provide illustrative examples.

We conducted this performance audit from December 2021 to February 2023 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

Kinship Care and Navigator Programs

When parents are absent or unable to care for their children for extended periods of time, grandparents, other relatives, or close family friends often step in as primary caregivers. These caregivers may have an existing relationship with the child that can help promote stability and security during a difficult time, for example, if the parent is struggling with addiction or is incarcerated. We refer to these caregivers collectively as kin caregivers in our report.

Recent data and our 2020 report on kin caregivers provide insights on the characteristics of kin caregivers and potential hardships they may face. Of the 2.2 million children living with kin caregivers in 2022, about 59 percent were living with a grandparent as the head of household, according to Census Bureau data.[3] We found in our 2020 report that grandparent caregivers in 2018 were disproportionately female and more likely to be in poverty compared to the general adult population.[4] In addition, the vast majority of kin caregivers were caring for children outside of foster care arrangements (e.g., the grandparent was not a licensed foster parent). We reported that these informal arrangements can preclude caregivers from being eligible for foster care maintenance payments to help support the children in their care. Consequently, kin caregivers in these

[3]The estimate of 2.2 million has a 95 percent confidence interval that extends from 2.0 million to 2.4 million. The estimate of 59 percent has a 95 percent confidence interval that extends from 55 percent to 63 percent.

[4]GAO, *Child Welfare and Aging Programs: HHS Could Enhance Support for Grandparents and Other Relative Caregivers*, GAO-20-434 (Washington, D.C.: July 10, 2020).

arrangements may particularly face challenges with limited financial resources.

Other potential challenges we reported for kin caregivers included difficulty finding affordable child care, needing legal assistance (e.g., to help establish legal authority to care for and make decisions on behalf of a child), accessing affordable housing, health-related issues including stress and social isolation, and lack of awareness of support services. Some of these challenges can also be more pronounced for kin caregivers not involved in the child welfare or foster care system. For example, we reported that officials from the local child welfare and aging agencies in New York City said the city's child welfare agency administers childcare vouchers, funded by the New York State Child Care Block Grant, but does not prioritize kin caregivers for vouchers unless the child is in foster care.

Kinship navigator programs generally aim to assist kin caregivers, often without regard to child welfare or foster care involvement. Federal law defines kinship navigator programs as services that assist kin caregivers in learning about and accessing programs and resources to meet the needs of the children they are raising, to provide help for the family as a whole to safeguard stability, and to promote partnerships among public and private agencies.[5] These programs have been in existence since at least 2004, and may be operated by state, county, or community organizations. Kinship navigator programs may provide information and referrals, help with accessing public benefits, connections with peers, and other supports.

Federal Funding for Kinship Navigator Programs

The federal government first provided funding to support the development of kinship navigator programs through the Fostering Connections to Success and Increasing Adoptions Act of 2008.[6] HHS provided discretionary grants to support 13 programs beginning in fiscal year 2009, and an additional seven programs beginning in fiscal year 2012. According to HHS, the purpose of these later grants was to determine the

[5]See 42 U.S.C. § 627(a)(1).

[6]This Act appropriated $15 million annually for Family Connection grants in fiscal years 2009 through 2013, reserving $5 million each year for grants to implement kinship navigator programs. Pub. L. No. 110-351, § 102, 122 Stat. 3949, 3953-56 (codified at 42 U.S.C. § 627).

effectiveness of kinship navigator programs in supporting kin caregivers' ability to identify and access appropriate services, among other things.[7]

Congress has since provided additional sources of federal funding to states to support kinship navigator programs.[8] First, the Family First Prevention Services Act provides states the opportunity to access a dedicated federal funding stream for kinship navigator programs. States may receive a 50 percent federal match for their programs, if HHS determines that those programs meet certain requirements.[9] Specifically, HHS must determine that programs states use are operated in accordance with promising, supported, or well-supported practices. HHS guidance outlines how states can meet these requirements, including conducting evaluations that provide sufficient evidence that a program is effective in helping kinship families, or is evidence based.[10] In addition, programs must include certain elements. For example, states must ensure that programs establish information and referral systems that link kin caregivers to each other, public benefits, relevant training, and legal services; are coordinated with other state or local agencies to avoid duplication or fragmentation of services; be planned and operated in consultation with kinship caregivers; and provide outreach to kinship families.[11]

Congress also provided about $20 million in annual appropriations each fiscal year from 2018 through 2022 to help states develop, enhance, or evaluate their programs.[12] The vast majority of these funds were provided

[7]For additional information on the grants awarded beginning in fiscal year 2012, see Department of Health and Human Services, *Children's Bureau Grantee Synthesis: Kinship Navigator Programs* (Washington, D.C.: 2019).

[8]We focused our report on states and territories, though tribes operating programs under Title IV-E of the Social Security Act are also eligible to apply for and receive federal funds for kinship navigator programs.

[9]42 U.S.C. § 674(a)(7).

[10]Department of Health and Human Services, *Title IV-E Prevention Services Clearinghouse Handbook of Standards and Procedures* (Washington, D.C.: Apr. 26, 2019).

[11]See 42 U.S.C. § 627(a)(1)(C).

[12]These amounts were set aside from the annual appropriation for Title IV-B subpart 2. See, for example, Consolidated Appropriations Act, 2021, Pub. L. No. 116-260, 134 Stat. 1182, 1585.

as grants to states.[13] In fiscal year 2022, amounts states received ranged from $200,000 to about $1.8 million, with a median of over $204,000.[14] According to HHS, these funds are intended to help states prepare to access the federal matching funds. Lastly, as part of its COVID-19 relief efforts, Congress provided a temporary opportunity for states to be reimbursed for kinship navigator programs without requiring that they be approved as evidence based.[15] States were able to obtain approval to use this funding for program expenses incurred from April 1, 2020 through September 30, 2021 (see table 1).

Table 1: Federal Funding Available to States for Kinship Navigator Programs, Fiscal Years 2018-2022

Funding	Evidence-based requirements	State actions to receive funds
Federal matching funds (50 percent) for program expenses, authorized under Title IV-E of the Social Security Act	Yes	States must obtain HHS approval and submit claims for expenses
Grants to develop, enhance, or evaluate programs, set aside from the annual appropriation for Title IV-B of the Social Security Act	No	States must apply to HHS, which then distributes funds via formula [a]
Reimbursement (i.e., 100 percent federal matching funds) for program expenses, authorized under Title IV-E of the Social Security Act, enacted as part of COVID-19 relief efforts	No	States must obtain HHS approval and submit claims for expenses incurred from April 1, 2020 through September 30, 2021

Source: GAO summary of information from the Department of Health and Human Services (HHS) and relevant federal laws. | GAO-23-105624

[a]All states are eligible for these funds. State allotments are based on their average monthly number of children receiving Supplemental Nutrition Assistance Program benefits, with a minimum award of $200,000.

To help HHS assess whether certain programs, including kinship navigator programs, have sufficient evidence to demonstrate their effectiveness, or are evidence based, HHS contracted with a research organization to establish the Title IV-E Prevention Services

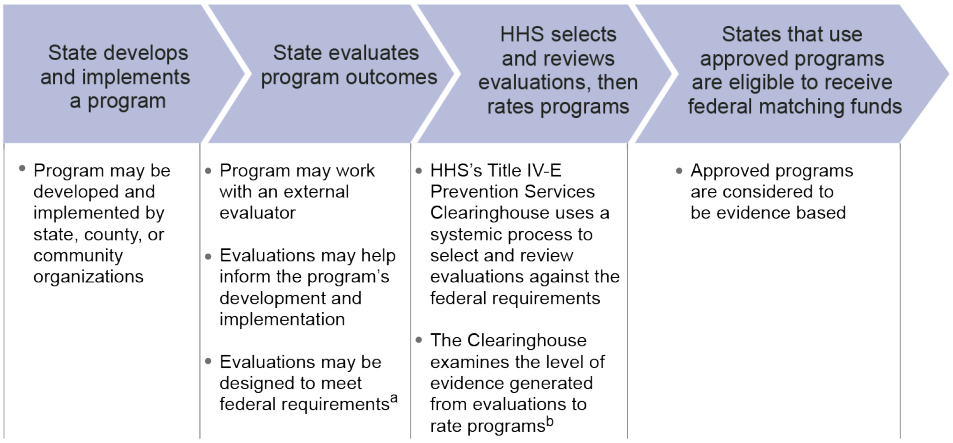
[13]For example, of the $20 million appropriated in fiscal year 2022, about $18.4 million was provided as grants to states and $570,000 was provided as grants to the 11 tribes that applied for funds. HHS reserved the remaining $1 million (5 percent) for federal research, evaluation, and technical assistance activities.

[14]Tennessee did not apply for or receive this funding in fiscal year 2022.

[15]Pub. L. No. 116-260, div. X, § 8, 134 Stat. 1182, 2414. States were required to provide HHS with an assurance that the program will be, or is in the process of being, evaluated for the purpose of building an evidence base to later determine whether the program meets the evidence-based requirements.

Clearinghouse.[16] The Clearinghouse conducts systematic reviews of research on eligible programs. This includes reviewing evaluations of kinship navigator programs, but also of programs and services related to mental health and substance abuse prevention and treatment as well as in-home parenting skills. To be reviewed and approved by the Clearinghouse as an evidence-based program, the Clearinghouse must determine that evaluations of a program meet certain standards based on criteria developed in accordance with the Family First Prevention Services Act, including showing that the program had positive impacts. Figure 1 describes the general process for developing kinship navigator programs that meet federal evidence-based requirements.

Figure 1: General Process for Developing Kinship Navigator Programs That Meet Federal Evidence-Based Requirements



Source: GAO summary of information, including from the Department of Health and Human Services (HHS) and the Family First Prevention Services Act of 2018. | GAO-23-105624

Accessible Data for Figure 1: General Process for Developing Kinship Navigator Programs That Meet Federal Evidence-Based Requirements

1. State develops and implements a program
    a. Program may be developed and implemented by state, county, or community organizations
2. State evaluates program outcomes
    a. Program may work with an external evaluator

[16]HHS was directed to create the Clearinghouse by the Family First Prevention Services Act. See Pub. L. No. 115-123, § 50711(d), 132 Stat. 64, 242-43 (2018) (codified at 42 U.S.C. § 676(d).

   b. Evaluations may help inform the program's development and implementation
   c. Evaluations may be designed to meet federal requirements[a]
3. HHS selects and reviews evaluations, then rates programs
   a. HHS's Title IV-E Prevention Services Clearinghouse uses a systemic process to select and review evaluations against the federal requirements
   b. The Clearinghouse examines the level of evidence generated from evaluations to rate programs[b]
4. States that use approved programs are eligible to receive federal matching funds
   a. Approved programs are considered to be evidence based

Source: GAO summary of information, including from the Department of Health and Human Services (HHS) and the Family First Prevention Services Act of 2018. | GAO-23-105624

[a]To be approved as an evidence-based program, the program's evaluation must be designed and executed according to standards defined by federal law and HHS's Title IV-E Prevention Services Clearinghouse. For example, evaluations must use quantitative methods and have an appropriate control group (i.e., a randomized controlled trial or quasi-experimental design). Evaluations also must show a positive impact on at least one target outcome, such as in the domains of child safety, child permanency, and child and adult well-being. In addition, the program must have a book, manual, or other documentation that describes its practices and administration.

[b]The Clearinghouse examines individual contrasts in each evaluation (i.e., how a treated condition compares to a counterfactual condition on a specific outcome). The Clearinghouse then rates programs based on the strength of evidence as "well supported," "supported," "promising," or "does not currently meet criteria," in accordance with federal law. Programs rated in any category other than "does not currently meet criteria" are eligible for federal matching funds. See also 42 U.S.C. § 671(e)(4)(C).

Kin Caregivers May Benefit from Programs that Include Individualized Support, Such As Case Management

Kinship navigator programs can provide substantial benefits to families by providing information and referral systems linking kin caregivers to each other, public benefits, relevant training, and legal services—all program elements that are required by law. HHS and child welfare stakeholders we spoke with from four organizations identified three additional elements of kinship navigator programs that they saw as particularly beneficial for families, beyond those required under federal law. These elements are

individualized support, staff with specific skills or experiences, and universal access to services for all kin caregivers.[17]

Individualized Support

In a 2019 report summarizing activities and lessons learned from seven kinship navigator programs, HHS described how programs can help provide individualized support to benefit families, beyond information and referrals.[18] Specifically, HHS reported that kinship navigators can help walk families through program applications and requirements, and can hold educational workshops on topics such as child development and effective parenting.

Child welfare stakeholders from all four organizations we interviewed also told us about the importance of providing individualized support to kinship families. For example, stakeholders from two organizations discussed how kinship families can have different resources and needs and thus require different types of supports. Stakeholders from another organization stressed the importance of conducting assessments for each family so all of their needs can be identified and addressed. Examples of needed supports discussed by these stakeholders included case management, legal assistance, and help with obtaining household items. For example, one organization reported that the Washington State Kinship Care program provides an array of services to kin caregivers, depending on their needs. This can include supportive listening and follow-up to ensure that kin caregivers' needs are met, accompanying families to court to help them navigate the legal system, and access to a

[17]In addition to the three elements described in our report, HHS and child welfare stakeholders also identified the following program elements as being beneficial for kinship families: (1) builds or is part of a network of community resources, services, and expertise; (2) includes kin caregiver input in program design and implementation; (3) allows for self-directed information and services; and (4) outreaches to kinship families. We did not detail these elements in our report because they are similar to elements already required under federal law, which we mentioned previously. We conducted our interviews using semi-structured interview protocols, which included open-ended questions on beneficial elements of kinship navigator programs, challenges for states in developing evidence-based programs, and HHS's assistance in this area, among other topics. Those we interviewed volunteered their responses to these open-ended questions, and thus the counts of interviewees citing each response can vary. We followed up with child welfare stakeholders to confirm the list of elements identified, but this list may not be exhaustive. Though child welfare stakeholders identified beneficial elements, stakeholders from one organization noted that including these elements within kinship navigator programs can be costly.

[18]Department of Health and Human Services, *Children's Bureau Grantee Synthesis: Kinship Navigator Programs*.

$1 million state fund to provide short-term support, such as paying for a crib or school supplies.

Staff with Specific Skills or Experiences

HHS's 2019 report also highlighted how having staff with specific skills or experiences can help enhance services to kinship families. For example, HHS reported that staff who have experience as kin caregivers themselves are uniquely equipped to build trust with kin caregivers and can be effective advocates in managing various systems based on their own experience. HHS reported that Michigan's Homes for Black Children identified kin caregivers who had completed the process of becoming licensed foster parents to serve as role models and mentors for other caregivers going through the process. Similarly, Florida's Children's Home Network hired peer navigators to make home visits to kin caregivers and to provide direct assistance with applying for public benefits online, according to HHS.

Child welfare stakeholders from the four organizations we interviewed also agreed with the importance of having staff with specific skills or experiences within kinship navigator programs. For example, stakeholders from two organizations discussed Ohio's Kinship & Adoption Navigator program, which has a designated benefits coordinator. They said this coordinator provides training and technical assistance to kinship navigators working with families to obtain public benefits. In addition, they said the coordinator is responsible for building relationships with state agencies to help troubleshoot any issues navigators may have. Stakeholders from one organization said having knowledgeable staff available to help families navigate public benefits is key to ensuring that families get the support they need, whether this function is provided by a designated benefits coordinator, a kinship navigator, or other staff.

Universal Access to Services for All Kin Caregivers

Child welfare stakeholders from the four organizations we spoke with highlighted the importance of developing programs that serve all kinship families without regard to child welfare or foster care involvement. As mentioned previously, we reported in 2020 that the vast majority of kin caregivers in 2018 were caring for children outside of foster care arrangements (e.g., the grandparent was not a licensed foster parent).[19]

[19]GAO-20-434.

Although kin caregivers who are licensed foster parents may receive supports, including foster care maintenance payments on behalf of eligible children in their care, we reported that those caring for children outside of the child welfare system may not be able to access such supports.[20] By serving all kinship families, programs may reach more families that are in need.

Ohio's Two Kinship Navigator Programs
Ohio previously operated the Kinship Supports Intervention program, which is one of the three kinship navigator programs that HHS approved to qualify for federal matching funds. However, the program only serves kin caregivers within the child welfare system. Consequently, Ohio officials said they are currently operating and expanding a second program—Ohio's Kinship & Adoption Navigator program—to serve all kin caregivers regardless of their involvement in the child welfare system.
Source: GAO summary of information obtained from Ohio officials and documents. | GAO-23-105624

States Have Not Yet Accessed Federal Matching Funds for Evidence-Based Programs, but Have Used Other Federal Funds to Build Programs and Provide Services

No states have accessed federal matching funds for evidence-based kinship navigator programs as of December 2022, according to HHS officials. Since 2018, states have been able to receive a 50 percent federal match for their programs, if HHS determines that those programs meet certain evidence-based requirements.[21] Of the seven kinship navigator programs reviewed by HHS's Clearinghouse, three received ratings that qualified them for federal matching funds.[22] Ohio's Kinship Supports Intervention program was rated and approved as "promising" in

[20]Kin caregivers who are unlicensed foster parents may also be excluded from receiving foster care maintenance payments, according to HHS.

[21]These funds are authorized under Title IV-E of the Social Security Act, which provides funds as open-ended entitlement grants through single-year appropriations.

[22]Of the four kinship navigator programs in California, Florida, and New Jersey that were not approved, the Clearinghouse determined that two were ineligible for review because the required book, manual, or other documentation that describes the programs' practices and administration was not available to the public to download, request, or purchase. The Clearinghouse reviewed and rated the other two programs as "does not currently meet criteria" because the program evaluations were determined to not meet design and execution standards related to the measurement of target outcomes and statistical modeling.

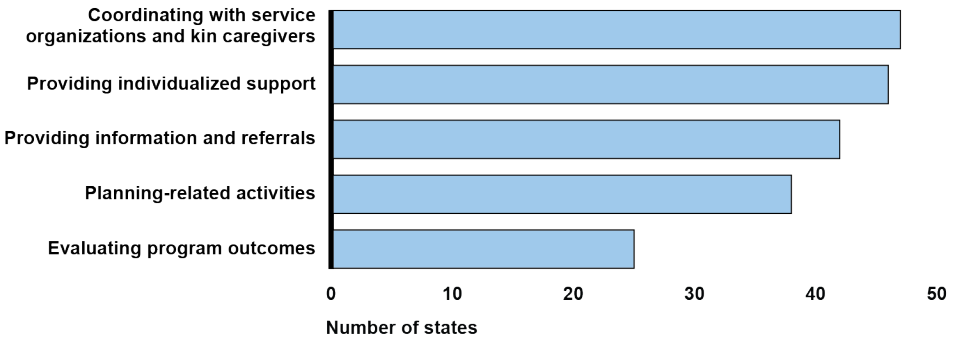
October 2021. Ohio officials said the program was discontinued prior to its approval due to funding constraints, but said they were in the process of restarting it. According to HHS officials, Ohio had obtained approval to access federal matching funds as of July 2022, but had not submitted any claims as of December 2022. In addition, the Arizona Kinship Support Services program was rated and approved as "supported" in September 2022. Arizona officials said they will develop plans to expand the program, which is currently operated by a community organization. The Colorado Kinnected Kinship Navigator Program was rated and approved as "promising" in December 2022. As of the end of 2022, neither Arizona nor Colorado had submitted the documentation needed for HHS's approval to access federal matching funds for a kinship navigator program, according to HHS officials.[23]

Most states have used annually appropriated funds for kinship navigator programs to build programs and provide services to kin caregivers, according to our analysis of reports that states submitted to HHS regarding federal funds for fiscal years 2018 through 2020. Fewer states used these funds to evaluate their program outcomes, which would be necessary if states wanted their program to be approved as evidence based (see fig. 2).[24]

[23]Though other states may choose to adopt these approved programs and access federal matching funds, HHS officials said they were not aware of any plans to do so. HHS officials explained that program models approved thus far targeted kin caregivers in the child welfare system, and states may want to operate programs that can serve all kin caregivers.

[24]We relied on information states reported to HHS. However, states may have additional activities not included in their reports. In addition, we analyzed reports from 11 tribes. We found that these tribes used federal funds in a variety of ways. For example, one tribe used funds to provide supports including clothing, household goods, and items to allow families to engage in traditional cultural practices. Another tribe provided one-time financial assistance to kin caregivers.

Figure 2: Examples of Ways States Used Annually Appropriated Federal Funds for Kinship Navigator Programs, Fiscal Years 2018-2020



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

Accessible Data for Figure 2: Examples of Ways States Used Annually Appropriated Federal Funds for Kinship Navigator Programs, Fiscal Years 2018-2020

	Number of states
Coordinating with service organizations and kin caregivers	47
Providing individualized support	46
Providing information and referrals	42
Planning-related activities	38
Evaluating program outcomes	25

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

Coordinating with service organizations and kin caregivers. Forty-seven states reported using annually appropriated funds for coordination-related activities, including building networks with state, county, and community service organizations and collaborating with kin caregivers. For example, Virginia reported coordinating with school systems and faith-based organizations to reach kinship families. Massachusetts reported collaborating with probate and family court personnel to streamline the process for kin caregivers to obtain legal guardianship. Thirteen states reported coordinating with the states' 211 phone information systems, which are intended to connect callers to relevant services.[25] In addition, 14 states reported having an advisory committee or workgroup that included kin caregivers. For example, South Carolina reported having a Kinship Advisory Panel that includes current and former

[25]According to the Federal Communications Commission, all 50 states have 211 phone information systems that can connect callers that have specific needs to relevant resources, agencies, or organizations that can assist them.

kin caregivers and that meets monthly to provide feedback on initiatives related to kinship caregiving issues.

Providing individualized support. Forty-six states reported providing support that is individualized to each kinship family's needs. Examples of these services included support groups, assistance with obtaining public benefits, and case management. Twenty-three of the 46 states reported providing families with financial support or household items, such as help with expenses for rent, utilities, groceries, gas, and child care, as well as tangible goods including clothing, beds, and cribs.

Providing information and referrals. Forty-two states reported providing information to kin caregivers about finding and using programs and services to meet their families' needs. States described providing information on topics including legal resources, information regarding public benefits, and navigating the child welfare system. They also reported providing information through a variety of modes, including toll-free phone lines, online websites, and physical information folders.

Planning-related activities. Thirty-eight states reported using annually appropriated funds for planning-related activities, including conducting pilot programs and designing tools, program models, or services. For example, New Mexico reported having a pilot program to provide kinship navigator services in three communities, with the goal of expanding statewide. Michigan reported developing a protocol for engaging kin caregivers.

Evaluating program outcomes. Fewer states (25) reported using annually appropriated funds to actively evaluate program outcomes. For example, Connecticut and Massachusetts reported creating evaluation designs in collaboration with contracted evaluators. In addition, Colorado and New Jersey reported ongoing data collection efforts for program evaluations, and Florida reported completing an evaluation.

States' Use of Federal COVID-19 Relief Funds for Kinship Navigator Programs

As part of its COVID-19 relief efforts, Congress provided an additional, temporary opportunity for states to be reimbursed for kinship navigator program expenses. Similar to annually appropriated funds, states could access these funds without requiring that they be used for programs approved as evidence based. To access the funding, states must obtain HHS approval and submit claims for expenses incurred from April 1, 2020 through September 30, 2021. According to HHS, 27 states and one tribe have obtained such approval, and 13 states have claimed about $16.5 million in federal reimbursements as of January 13, 2022. About 91 percent of these funds were used to provide services or support to kinship families, and the remaining 9 percent were used for administrative costs

including evaluation expenses. For example, Ohio officials said they spent $4.6 million of this funding on financial support or household items for families. According to HHS, the approved states and tribe may continue to make adjustments to their claims through fiscal year 2023.

Source: GAO summary of information from Department of Health and Human Services (HHS) and selected state officials. | GAO-23-105624

Selected States Cited Challenges Understanding and Meeting Federal Requirements for Evaluating Programs, and HHS Is Taking Steps to Assist States

Selected States Reported that Understanding Complex Evaluation Requirements Is Challenging, and HHS Has Ongoing Efforts to Clarify Its Guidance

Officials in four of the five selected states and child welfare stakeholders from one of the four organizations we interviewed described difficulties understanding various aspects of the federal evaluation requirements.[26] HHS, through the Clearinghouse, released guidance to states in April 2019 that outlines the requirements, called the *Handbook of Standards and Procedures*. Among other things, the *Handbook* provides specific details on the Clearinghouse's processes and criteria for selecting, reviewing, and rating programs and services to meet federal requirements. However, officials from three states and stakeholders from one organization told us that they lacked clarity on some of the information contained in the *Handbook*. For example, these officials and stakeholders said they did not understand certain terminology, details on the statistical requirements, and required elements of an evaluation. In addition, these officials and stakeholders expressed frustration with their inability to obtain responses to specific, clarifying questions from the Clearinghouse about the requirements. These officials told us they had waited, sometimes for months, before receiving a response to questions, only to be referred back to the *Handbook*. They said their state has moved forward with evaluations without knowing if the evaluations would meet the requirements needed to get their programs approved for federal matching funds.

[26]Officials in the five states included those from state child welfare agencies and others involved in operating and evaluating kinship navigator programs.

HHS, through the Clearinghouse, has made various efforts to provide additional information to supplement the *Handbook*. For example, the Clearinghouse issued supporting materials including a general "frequently asked questions" page on its website, a Reporting Guide for Study Authors in April 2021, and three fact sheets in May 2022 on the Clearinghouse's selection, review, and rating process for evaluations.[27] In addition, according to HHS, the Clearinghouse responds via email to individuals who submit technical questions about evaluation requirements to the Clearinghouse inbox. Further, the Clearinghouse is expected to respond to questions from the public within certain timeframes and with approval from HHS.[28] However, to maintain independence and objectivity, HHS officials said the Clearinghouse cannot provide direct assistance, via email or otherwise, to individuals seeking to align the design, implementation, or analysis of their evaluations with the *Handbook*. Officials said this boundary is intended to uphold the legal requirement that the Clearinghouse conduct independent and systematic reviews.

According to HHS officials, the Clearinghouse is revising the existing *Handbook* to provide updates and clarifications, and HHS expects to release the revised *Handbook* for public comment in fiscal year 2023. HHS officials told us that they are gathering feedback from several sources to understand and address areas needing updates and clarifications. For example, HHS solicited public comments on the *Handbook* in July 2021 and received 104 unique comments, according to HHS officials. Officials said they are also soliciting targeted feedback from experts. In addition, HHS officials said they are reviewing commonly asked questions sent to the Clearinghouse inbox to ensure that these questions are addressed in the revised *Handbook*.

Selected States and Stakeholders Reported that Meeting Evaluation Requirements Is Difficult, Partly Because of

[27]For these materials, see https://preventionservices.acf.hhs.gov/.

[28]According to HHS, the Clearinghouse is required to acknowledge receipt of emails within 3 working days, though response times can vary depending on the complexity of the question and what offices within HHS need to be consulted for an approved response. Once a response is approved, the Clearinghouse is required to provide it within 3 working days. According to HHS, the Clearinghouse received five sets of technical questions to its inbox on kinship navigator programs in fiscal year 2022. Questions pertained to eligibility of certain evaluation designs, baseline equivalence, effect sizes, reliability of outcome measures, target outcomes available for kinship navigator programs, and calculating the end of treatment.

Unique Needs, and HHS Provides Information, Flexibility, and Assistance

Evaluating outcomes for kinship navigator programs is difficult under the federal requirements assessed by the Clearinghouse because programs are designed to serve families with unique needs, according to officials from three of the five selected states and child welfare stakeholders from three of the four organizations. To be approved as an evidence-based program, a program's evaluation must be designed to compare one group of families that received services with another group that did not, to determine whether services led to a positive impact. However, this comparison can be difficult because families receiving services within a single kinship navigator program can have varying types and lengths of services received based on their needs, officials and stakeholders explained. For example, officials from one state said some families may only want to participate in a support group, whereas others may need more intensive services like case management. In addition, families may need support for shorter or longer periods of time, and some may only have a one-time interaction with the program, according to stakeholders. Officials and stakeholders said this variation among families can make it difficult to measure which service or groups of services resulted in positive impacts.

In addition, the limited federal funding available for evaluations and the annual distribution of that funding has made it difficult for states to complete long-term evaluations, according to officials from all five selected states and child welfare stakeholders from two of the four organizations we interviewed. Specifically, officials said evaluations can be costly, particularly under federal requirements. For example, to demonstrate positive outcomes, officials from one state thought they would have to collect data on thousands of families over time to be able to measure outcomes with statistical significance. They said it can be costly to do such an evaluation, particularly to study families not involved in the child welfare system who are not easily reached. Officials from one state said that funding limitations have required them to make difficult choices about whether to continue long-term evaluation efforts versus providing services to certain kinship families, including those in rural areas or not involved in the child welfare system. In addition, stakeholders from one organization said some states may choose not to invest in developing and evaluating a program themselves and instead adopt another state's approved kinship navigator program.

HHS officials acknowledged the challenges states face in conducting rigorous and well-designed evaluations that could meet federal requirements, as outlined in the *Handbook*.[29] They told us about their efforts to help states obtain more information about evaluating kinship navigator programs. For example, HHS has created a peer learning group for states to share information on kinship navigator program efforts. Through this forum, HHS reported holding a webinar in May 2022 that featured officials from Ohio who operated or evaluated the only kinship navigator program approved for federal matching funds at that time so they could share lessons learned from their experience. In addition, in 2020 HHS held a Child Welfare Evidence-Building Academy that provided information about how to design and implement evaluations in child welfare settings. According to HHS officials, kinship navigator programs were heavily represented among the participants, and there were opportunities to discuss methodological issues related to kinship navigator program evaluations. In October 2022 HHS published a list of resources on conducting child welfare evaluations, including a resource specifically on kinship navigator programs.[30] HHS officials also said designated staff are available to answer general questions about building kinship navigator programs and the evaluation process, which officials from four states said was helpful.

HHS has also provided some flexibility to help states meet federal evaluation requirements specifically for kinship navigator programs. Understanding that these programs have goals and objectives to serve families' unique needs, HHS provided additional ways that states can demonstrate that their programs resulted in positive outcomes. Specifically, HHS included three additional target outcome measures in the *Handbook* that are acceptable in evaluations of kinship navigator programs. These measures pertain to how programs help families gain access to services, obtain referrals to services, and families' satisfaction with programs and services. Officials from one state said they appreciate and will be using the three additional measures, which they said acknowledge that kinship navigator programs are a different type of intervention for families (see fig. 3).

[29]An outline of the requirements is reproduced in appendix I. See Jackson, C., Wilson, S. J., & Glenn, M. (2022). How Does the Prevention Services Clearinghouse Rate the Design and Execution of Studies?, OPRE Report 2022-105, Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

[30]For these resources, see https://www.acf.hhs.gov/opre/report/roadmaps-building-child-welfare-evidence.

Figure 3: Measures That Can Be Used to Demonstrate Positive Outcomes in Program Evaluations Reviewed by HHS's Title IV-E Prevention Services Clearinghouse

Outcome measure	Kinship navigator programs	All other programs[a]
Child Safety: whether there is a current condition within a home or family, and an immediate threat of danger to a child	✓	✓
Child Permanency: permanency and stability of a child's living situation, and continuity and preservation of family relationships	✓	✓
Child Well-Being: skills and capacities that enable young people to understand and navigate their world in healthy, positive ways (e.g., behavioral and emotional functioning)	✓	✓
Adult Well-Being: skills and capabilities adults need to navigate their world in healthy, positive ways and provide for themselves and their children (e.g., parent/caregiver mental or emotional health)	✓	✓
Access to Services: parent, caregiver, or family's knowledge of and ability to access or use services to support the family's financial, legal, social, educational, or health needs	✓	
Referral to Services: referrals to any needed financial, legal, social, educational, or health services	✓	
Satisfaction with Programs and Services: parent or caregiver satisfaction with the programs and services to which they are referred or which they receive as part of a kinship navigator program	✓	

Source: GAO summary of information from the Department of Health and Human Services (HHS). | GAO-23-105624

[a]In addition to reviewing evaluations of kinship navigator programs, the Clearinghouse also reviews evaluations of programs and services related to mental health and substance abuse prevention and treatment as well as in-home parenting skills.

Accessible Data for Figure 3: Measures That Can Be Used to Demonstrate Positive Outcomes in Program Evaluations Reviewed by HHS's Title IV-E Prevention Services Clearinghouse

Outcome measure	Kinship navigator programs	All other programs[a]
Child Safety: whether there is a current condition within a home or family, and an immediate threat of danger to a child	yes	yes
Child Permanency: permanency and stability of a child's living situation, and continuity and preservation of family relationships	yes	yes
Child Well-Being: skills and capacities that enable young people to understand and navigate their world in healthy, positive ways (e.g., behavioral and emotional functioning)	yes	yes
Adult Well-Being: skills and capabilities adults need to navigate their world in healthy, positive ways and provide for themselves and their children (e.g., parent/caregiver mental or emotional health)	yes	yes
Access to Services: parent, caregiver, or family's knowledge of and ability to access or use services to support the family's financial, legal, social, educational, or health needs	yes	no

Outcome measure	Kinship navigator programs	All other programs[a]
Referral to Services: referrals to any needed financial, legal, social, educational, or health services	yes	no
Satisfaction with Programs and Services: parent or caregiver satisfaction with the programs and services to which they are referred or which they receive as part of a kinship navigator program	yes	no

Source: GAO summary of information from the Department of Health and Human Services (HHS). | GAO-23-105624

In addition to information and flexibility, HHS officials said some kinship navigator programs will likely need technical assistance, independent of the Clearinghouse, to design evaluations that could meet the federal requirements. They said such assistance could include help with designing evaluations and reviewing evaluation plans to identify flaws that may make the evaluation unlikely to meet federal requirements. HHS officials said although they have limited funding to provide technical assistance to all states, they have awarded discretionary funds to support one kinship navigator program's implementation and evaluation efforts.[31] Specifically, in fiscal year 2021, HHS provided a 3-year competitive, discretionary grant that aims to contribute to the research reviewed by the Clearinghouse and create more evidence-based kinship navigator programs that states can use to access federal matching funds.[32] The grant was awarded to California's Wayfinder Family Services to help strengthen its implementation and evaluation plan to align with federal requirements. According to HHS officials, a contractor has reviewed the program's evaluation plan and has provided other technical assistance on the evaluation design.

State Efforts to Team Up for Technical Assistance

A stakeholder from one national organization said Maine, Montana, Vermont, and Wyoming formed a collaborative to implement similar kinship navigator programs. In addition, the stakeholder said the states used private funds for

[31]As mentioned earlier, of the $20 million appropriated by Congress to help states develop, enhance, or evaluate their kinship navigator programs in fiscal year 2022, HHS reserved $1 million (5 percent) for federal research, evaluation, and technical assistance activities. HHS officials said this funding was used primarily to operate the Clearinghouse, which has resource-intensive review processes. Thus, officials explained that they have limited funding available to provide technical assistance to all states. In December 2022, the Consolidated Appropriations Act, 2023 authorized $6.75 million for the Clearinghouse to support evaluation and technical assistance relating to the evaluation of child and family services, which includes kinship navigator programs. Pub. L. No. 117-378, 136 Stat. 4459, 4874.

[32]HHS officials said they funded this discretionary grant under the Family Connections Grant program and planned to award $600,000 each year on average from fiscal years 2021 through 2023.

technical assistance to help ensure that their program evaluations meet federal evidence-based requirements.
Source: Information obtained from GAO interviews. | GAO-23-105624

HHS officials also told us about their plans to support evaluation efforts for a range of federal programs that could potentially be reviewed by the Clearinghouse, including kinship navigator programs. Specifically, HHS announced its intent to release a Notice of Funding Opportunity aimed at building evidence of effectiveness for mental health, substance use, in-home parent skill-based, and kinship navigator programs. HHS estimates awarding $2.9 million in fiscal year 2023 to support collaborations in conducting well-designed and rigorous evaluations, prioritizing programs that have not been approved or reviewed by the Clearinghouse.

In general, HHS officials said states may need more time, resources, and technical assistance to build evidence supporting the effectiveness of kinship navigator programs. Specifically, officials said many states are in the process of developing and expanding their programs and therefore are not ready to conduct rigorous evaluations that would meet federal requirements. This is consistent with our analysis of how states have primarily used federal funds to build programs and provide services, rather than to evaluate program outcomes, as mentioned previously. In addition, HHS officials said kinship navigator programs have less existing research supporting their effectiveness than other programs and services reviewed by the Clearinghouse. Of the 129 programs and services reviewed by the Clearinghouse as of December 2022, seven were of kinship navigator programs. Three of those programs have been approved, with one approved as recently as December 2022, as mentioned previously. Further, an additional program is scheduled to be reviewed. Thus, officials said more time and resources may allow more research to be completed, potentially resulting in more program options for states to adopt.

Agency Comments

We provided a draft of this report to HHS for review and comment. HHS provided technical comments, which we incorporated as appropriate.

As agreed with your offices, unless you publicly announce the contents of this report earlier, we plan no further distribution until 30 days from the report date. At that time, we will send copies to the appropriate congressional committees, the Secretary of Health and Human Services, and other interested parties. In addition, the report will be available at no charge on the GAO website at https://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 II.

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

Appendix I: Department of Health and Human Services Fact Sheet on Designing and Executing Evaluations to Meet Federal Requirements

Appendix I: Department of Health and Human Services Fact Sheet on Designing and Executing Evaluations to Meet Federal Requirements

Title IV-E Prevention Services CLEARINGHOUSE

OPRE

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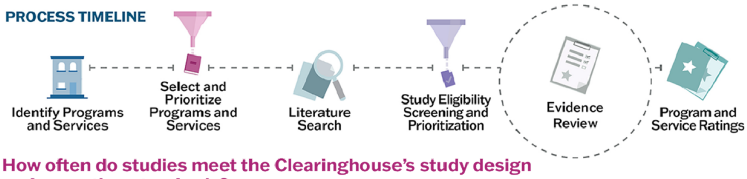
FACT SHEET | MAY 2022 | OPRE REPORT 2022-105

How Does the Prevention Services Clearinghouse Rate the Design and Execution of Studies?

After a study is deemed eligible for review, it is systematically reviewed using the Prevention Services Clearinghouse design and execution standards. Studies are assigned a rating of high, moderate, or low support of causal evidence, based on the extent to which they meet the standards.

The study design and execution standards assess the extent to which a study was designed and executed in a manner that indicates the program or service, and not any other factors, caused the observed outcomes. Chapter 5 of the Handbook provides details on the design and execution standards, and the Reporting Guide for Study Authors provides table shells and guidance on how to report information needed to evaluate studies against the design and execution standards.

PROCESS TIMELINE



How often do studies meet the Clearinghouse's study design and execution standards?

Just under a quarter of studies reviewed by the Clearinghouse receive high ratings (23%) and provide rigorous evidence indicating that the program or service caused the outcomes observed. Nearly a third of studies receive moderate ratings (28%) and provide some evidence that it was the program or service, and not other factors, that caused the outcomes observed. Nearly half of the studies receive low ratings (49%) and do not provide credible evidence that the program or service caused the outcomes observed. **Figure 1** depicts the distribution of study ratings.

Studies that receive moderate or high ratings **and** that have favorable effects in a target outcome domain can contribute to the Clearinghouse's program or service ratings of promising, supported, and well-supported.

Figure 1: Distribution of Study Ratings in the Clearinghouse

Note: data as of February 4, 2022.

What are the most common reasons that studies receive low ratings on the design and execution standards?

Studies may fail to meet design and execution standards for a variety of reasons, and some studies fail for multiple reasons. The most common reasons that studies do not meet design and execution standards are detailed below.

- **The study does not establish baseline equivalence on pre-intervention measures (applicable to QEDs and RCTs with high attrition).** If a study does not use random assignment, or random assignment is compromised due to attrition or other factors, the study must establish that the analytic samples of the intervention and comparison groups were equivalent on baseline measures prior to the implementation of the intervention. If the groups are different at the beginning of a study, it is not clear whether differences observed at the end of a study are due to the program or to pre-existing differences across groups (Handbook Section 5.7).
- **The impact of the intervention is confounded with another factor that is related to the outcome and only aligns with one group.** In such cases, the study cannot isolate the effect of the intervention from the effect of the confounding factor (Handbook section 5.9).

Source: Jackson, C., Wilson, S. J., & Glenn, M. (2022). How Does the Prevention Services Clearinghouse Rate the Design and Execution of Studies?, OPRE Report 2022-105, Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. | GAO-23-105624

- **The study includes participants who are missing some data,** and the analysis does not use an acceptable approach for addressing missing data. Some approaches to missing data may bias the findings in favor of one group over the other, compromising the ability to assess whether the program or service was responsible for the outcomes observed (Handbook section 5.9).

Less frequently, studies fail to meet outcome standards or statistical model standards.

Can design and execution issues be addressed, and if so, how?

- Some design and execution issues cannot be addressed after the completion of a study, such as when there is a design confound. For example, if an intervention is administered by a single therapist who does not also provide services to the control group (n=1 person-provider confound).
- Comprehensive reporting allows the Clearinghouse to assess whether design and execution standards can be met (see the Reporting Guide for Study Authors for advice on how to describe studies completely), or by responding to an author query from the Clearinghouse (e.g., providing internal consistency statistics for study measures).
- **Table 1** presents guidance to address common issues with design and execution standards along with examples of studies that do and do not meet standards.

Table 1. Guidance for Addressing Common Issues with Design and Execution Standards

Design or Execution Standard	Examples of Studies Not Meeting Standards	Approaches to Design and Execute Studies in Alignment with Standards
Baseline Equivalence *Baseline equivalence is the extent to which the analytic intervention and comparison groups appear similar at baseline.*	At baseline (just prior to the intervention), the treatment group's average score on the outcome measure **is more than 0.25 standard deviations above or below** the comparison group's average score.	Use matching techniques to ensure that treatment and comparison groups are similar at baseline. If the difference between the groups at baseline is between 0.05 and 0.25 standard deviations, include the pretest in the statistical model to adjust for these differences. See p. 14 of the Reporting Guide for Study Authors for a table shell example.
Confounds: N=1 Person-Provider *Intervention effects cannot be separated from the skills/abilities of the treatment provider when the treatment group has a single provider, and the comparison group receives no treatment or has a different treatment provider.*	A **single therapist** provides treatment to treatment group; comparison group is waitlisted and receives no treatment. The intervention is delivered in 2-person teams. A single team delivers all treatment; comparison group referred to services in the community.	Use two or more treatment provider units (e.g. therapists) in the treatment and comparison group. If only able to conduct a study with a single provider, have the provider also administer business-as-usual treatment to the comparison group.
Missing Data *Acceptable approaches to missing data on post-tests, pre-tests, or pre-test alternatives include:* • *Complete case analysis* • *Regression imputation* • *Maximum likelihood* • *Non-response weights* • *Constant replacement*	A study author finds that 15% of the sample is missing information on an outcome measure. They decide to impute missing outcome data by **carrying forward baseline data.**	Use an eligible missing data technique: complete case analysis, regression imputation, maximum likelihood, non-response weights, or constant replacement. If missing data are imputed, include sample counts, means, and standard deviations on imputed and complete case samples for the comparison and intervention groups so the Clearinghouse can assess potential imputation bias. See the Appendix of the Reporting Guide for Study Authors for guidance on reporting missing or imputed data.
Outcome Measurement Standards *To satisfy the reliability standards, the measure must have reliability of 0.50 or higher on internal consistency, test-retest reliability, or inter-rater reliability.*	Study authors created their own measure of child well-being by adapting questions from an established measure. The authors **did not report any reliability metrics.**	Ensure that the study includes at least one outcome with internal consistency, test-retest reliability, or inter-rater reliability of 0.50 or greater, either by using measures with known reliability or by checking the reliability of customized measures. Report the reliability metrics of all outcomes in the study.
Statistical Model *Impact models cannot include endogenous measures as covariates.*	Study authors collected data on time spent in therapy sessions during the intervention period and **included this measure in the statistical model** of program impact.	Ensure that the statistical model does not include time-variant variables collected or obtained after baseline that could have been influenced by group status, such as implementation fidelity, attendance, or time spent in therapy sessions. Describe all covariates included in the model.

Sign up for the Clearinghouse's email list to be notified of updates.

Source: Jackson, C., Wilson, S. J., & Glenn, M. (2022). How Does the Prevention Services Clearinghouse Rate the Design and Execution of Studies?, OPRE Report 2022-105, Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. | GAO-23-105624

Accessible Text for Appendix I: Department of Health and Human Services Fact Sheet on Designing and Executing Evaluations to Meet Federal Requirements

Title IV-E Prevention Services Clearinghouse

Fact Sheet | May 2022 | OPRE report 2022-105

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Clearinghouse design and execution standards. Studies are assigned a rating of high, moderate, or low support of causal evidence, based on the extent to which they meet the standards. The study design and execution standards assess the extent to which a study was designed and executed in a manner that indicates the program or service, and not any other factors, caused the observed outcomes. Chapter 5 of the Handbook provides details on the design and execution standards, and the Reporting Guide for Study Authors provides table shells and guidance on how to report information needed to evaluate studies against the design and execution standards.

Process timeline

1. Identify Programs and Services
2. Select and Prioritize Programs and Services
3. Literature Search

4. Study Eligibility Screening Prioritization
5. Evidence Review
6. Program and Service Ratings

How often do studies meet the Clearinghouse's study design and execution standards?

Just under a quarter of studies reviewed by the Clearinghouse receive high ratings (23%) and provide rigorous evidence indicating that the program or service caused the outcomes observed. Nearly a third of studies receive moderate ratings (28%) and provide some evidence that it was the program or service, and not other factors, that caused the outcomes observed. Nearly half of the studies receive low ratings (49%) and do not provide credible evidence that the program or service caused the outcomes observed. Figure 1 depicts the distribution of study ratings.

Figure 1: Distribution of Study Ratings in the Clearinghouse (Note: data as of February 4, 2022)

- High rating: 23%
- Moderate rating: 28%
- Low rating: 49%

What are the most common reasons that studies receive low ratings on the design and execution standards?

Studies may fail to meet design and execution standards for a variety of reasons, and some studies fail for multiple reasons. The most common reasons that studies do not meet design and execution standards are detailed below.

- The study does not establish baseline equivalence on pre-intervention measures (applicable to QEDs and RCTs with high attrition). If a study does not use random assignment, or random assignment is compromised due to attrition or other factors, the study must establish that the analytic samples of the intervention and comparison groups were equivalent on baseline measures prior to the implementation of the intervention. If the groups are different at the beginning of a study, it is not clear whether

differences observed at the end of a study are due to the program or to pre-existing differences across groups (Handbook Section 5.7).

- The impact of the intervention is confounded with another factor that is related to the outcome and only aligns with one group. In such cases, the study cannot isolate the effect of the intervention from the effect of the confounding factor (Handbook section 5.9).

- The study includes participants who are missing some data, and the analysis does not use an acceptable approach for addressing missing data. Some approaches to missing data may bias the findings in favor of one group over the other, compromising the ability to assess whether the program or service was responsible for the outcomes observed (Handbook section 5.9).

Less frequently, studies fail to meet outcome standards or statistical model standards.

Can design and execution issues be addressed, and if so, how?

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- Table 1 presents guidance to address common issues with design and execution standards along with examples of studies that do and do not meet standards.

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Missing Data Acceptable approaches to missing data on post-tests, pre-tests, or pre-test alternatives include: • Complete case analysis • Regression imputation • Maximum likelihood • Non-response weights • Constant replacement	A study author finds that 15% of the sample is missing information on an outcome measure. They decide to impute missing outcome data by carrying forward baseline data.	Use an eligible missing data technique: complete case analysis, regression imputation, maximum likelihood, non-response weights, or constant replacement. If missing data are imputed, include sample counts, means, and standard deviations on imputed and complete case samples for the comparison and intervention groups so the Clearinghouse can assess potential imputation bias. See the Appendix of the Reporting Guide for Study Authors for guidance on reporting missing or imputed data.
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Statistical Model Impact models cannot include endogenous measures as covariates.	Study authors collected data on time spent in therapy sessions during the intervention period and included this measure in the statistical model of program impact.	Ensure that the statistical model does not include time-variant variables collected or obtained after baseline that could have been influenced by group status, such as implementation fidelity, attendance, or time spent in therapy sessions. Describe all covariates included in the model.

Sign up for the Clearinghouse's email list to be notified of updates.

Appendix II: GAO Contact and Staff Acknowledgments

GAO Contact

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

Staff Acknowledgments

In addition to the contact named above, the following staff members made key contributions to this report: Andrea Dawson (Assistant Director), Nhi Nguyen (Analyst in Charge), Ramona Burton, and Anna Cielinski. Also contributing to this report were Pin-En Annie Chou, Linda Collins, Laura Hoffrey, Serena Lo, Mimi Nguyen, Jessica Orr, James Rebbe, and Almeta Spencer.

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