

PERFORMANCE AUDIT REPORT

**Verifying Information Provided by the
Department of Social and Rehabilitation Services
On Its Compliance with the Terms of the
Foster Care Lawsuit Settlement Agreement**

**Monitoring Report #12
Covering July 1 to December 31, 1999**

**A Report to the Legislative Post Audit Committee
By the Legislative Division of Post Audit
State of Kansas
August 2000**



Legislative Post Audit Committee

Legislative Division of Post Audit

THE LEGISLATIVE POST Audit Committee and its audit agency, the Legislative Division of Post Audit, are the audit arm of Kansas government. The programs and activities of State government now cost about \$8 billion a year. As legislators and administrators try increasingly to allocate tax dollars effectively and make government work more efficiently, they need information to evaluate the work of governmental agencies. The audit work performed by Legislative Post Audit helps provide that information.

We conduct our audit work in accordance with applicable government auditing standards set forth by the U.S. General Accounting Office. These standards pertain to the auditor's professional qualifications, the quality of the audit work, and the characteristics of professional and meaningful reports. The standards also have been endorsed by the American Institute of Certified Public Accountants and adopted by the Legislative Post Audit Committee.

The Legislative Post Audit Committee is a bipartisan committee comprising five senators and five representatives. Of the Senate members, three are appointed by the President of the Senate and two are appointed by the Senate Minority Leader. Of the Representatives, three are appointed by the Speaker of the House and two are appointed by the Minority Leader.

Audits are performed at the direction of the Legislative Post Audit Committee. Legislators or committees should make their requests for performance audits through the Chairman or

any other member of the Committee. Copies of all completed performance audits are available from the Division's office.

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August 4, 2000

To: Members, Legislative Post Audit Committee

Senator Lana Oleen, Chair
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This report contains the findings and conclusions from our completed performance audit, *Verifying Information Provided by the Department of Social and Rehabilitation Services on Its Compliance with the Terms of the Foster Care Lawsuit Settlement Agreement, Monitoring Report #12*.

The report also includes a number of corrective actions the Department plans to take to improve its compliance in future monitoring periods.

We would be happy to discuss the findings presented in this report with any legislative committees, individual legislators, or other State officials.

Barbara J. Hinton
Legislative Post Auditor

EXECUTIVE SUMMARY
LEGISLATIVE DIVISION OF POST AUDIT

***Is the Department of Social and Rehabilitation Services
Complying with the Terms of the Foster Care Settlement Agreement?
Monitoring Report #12***

Only 59 of the original 153 settlement requirements (39%) remain to be monitored. page 5
To-date, 94 have either been found in compliance (78), been removed by party agreement (8), or are monitored directly by Children's Rights, Inc. (8).

For the 6-month period generally covered by this audit (July-December 1999), only 49 requirements were monitored. page 5
The Department was in compliance with 8 (16%) and wasn't in compliance with 41 (84%).

Our findings are summarized below. The matrix beginning on page 16 shows the Department's compliance over time with each requirement that's been monitored to-date.

This period, the Department was in compliance with 1 of the 7 remaining requirements related to investigating reports of child abuse or neglect (Case Review #1). page 5
Department staff interviewed everyone they should have during an investigation. However, they didn't take appropriate actions as often as required. These included completing service plans for the family, taking action to obtain medical services for the child, having an uninvolved supervisor review prior reports of abuse or neglect to look for patterns of "unconfirmed" reports, and meeting certain criteria before emergency court or law enforcement removal is requested.

The Department reported it wasn't in compliance with 25 of the 31 case-management requirements we assessed for Case Review #2. page 6
The family case plans we reviewed this period had appropriate permanency goals and steps to meet those goals. The Department also made specific social workers responsible for making regular visits to children in out-of-home placements. However, the Department didn't come into full compliance for the other 25 requirements.

The Department was in compliance with 1 of 2 adoption requirements due this period. page 6
The Department sent information to support motions to terminate parental rights by the required

deadline 91% of the time, but it didn't track final orders terminating parental rights as often as required.

To come into compliance in the future, the Department will meet monthly with area attorneys to review proper policies and procedures in this area.

The Department inappropriately screened out some of the bona fide reports of abuse and neglect it received page 10
Beginning in July 1995, the Department was required to properly screen 90% of all alleged abuse and neglect reports it received. This period, the Department made the proper screening decision for 86% of the 251 reports the Internal Monitor reviewed.

As with last period, the Department will continue to review compliance reports and train new staff on screening procedures. It will also develop "success" plans for areas that aren't in compliance, using procedures from areas that consistently are.

During this period, Department staff entered into its Central Registry database only 2 of the 7 foster care providers whose abuse or neglect of a child had been validated. page 11
The Department's compliance rate this period was only 29%. Since our review, however, the Department has entered all 7 providers.

To improve compliance, the Department has automated the process of entering names into the Registry. It also plans to implement a system to remind areas to update findings of abuse and neglect in its foster care information system (FACTS).

The Department wasn't in compliance with 3 training requirements for foster parents and adoptive homes. page 12
All foster parents must complete annual training before a child in the Department's custody can be placed in their home, and the Department is required to track this training. The Department also must track the initial "MAPP" training completed by foster and adoptive parents.

The Department acknowledged that only 35% of the foster parents due for annual training this period completed that training. In addition, it reported that none of the systems it uses to track annual and MAPP training met the requirements for being accurate and up-to-date.

To comply with the annual training requirement, the Department will develop a system to remind contractors when foster homes are due for that training.

To improve the accuracy of its training database, the Department made a single person responsible for entering training information. In addition, the Department plans to get direct access to a licensing database maintained by the Kansas Department of Health and Environment and use that link to more quickly update its own system.

The Department wasn't in compliance with 4 foster care information system requirements. page 13
This period, the Department was required to maintain timely information about prior abuse and neglect allegations, screening decisions, risk assessments, and investigations in its new computer system (FACTS). The Department acknowledged that none of these requirements were met.

In addition, the Department hasn't maintained 2 other computer systems—one system that tracks foster home resources and vacancies, and another that tracks specific information about each foster child. These 2 systems are required until FACTS is determined to be fully in compliance. However, the Department shut down both systems when FACTS came on-line and the parties wouldn't agree to suspend monitoring of them. As a result, the only possible finding we could make is noncompliance.

To come into compliance in the future, the Department will have FACTS data entry training and meet every other month with staff to address problem areas. In addition, it will require each area office to submit a corrective action plan to improve compliance.

APPENDIX A: Compliance and Reliability Definitions . . . page 24

APPENDIX B: Agency Responses . . . page 27

Verifying Information Provided by the Department of Social and Rehabilitation Services on Its Compliance with the Terms of the Foster Care Lawsuit Settlement Agreement

In May 1993, the Legislative Post Audit Committee directed the Legislative Division of Post Audit to conduct an ongoing performance audit assessing the Department of Social and Rehabilitation Services' compliance with the settlement agreement. Legislative Post Audit's role was to verify that the information the Department's internal monitor reported on its compliance was accurate and reliable.

This performance audit answers the following question:

Is the Department of Social and Rehabilitation Services accurately reporting its compliance with the terms of the foster care settlement agreement?

To answer this question, we reviewed reports prepared by the internal monitor regarding the Department's compliance, as well as the supporting documentation developed or provided by the Department. In addition, when necessary we conducted independent record checks to verify the information the Department had provided.

For the 6-month period covered by this audit (July-December 1999), the internal monitor also reviewed hundreds of child abuse and neglect investigation, foster care, and adoption case files. For the requirements subject to these 3 case reviews, we reviewed small samples of cases to verify that the case readers accurately recorded, analyzed, and drew conclusions about the information in the case files.

In conducting this audit, we followed all applicable government auditing standards set forth by the U.S. General Accounting Office.

Our findings begin on page 5, after a brief overview discussing the settlement agreement and the State's foster care system.

Overview of the Settlement Agreement and the Foster Care System in Kansas

In 1990, a Lawsuit Was Filed Charging that the Department Wasn't Adequately Caring for Children Placed in Its Care Or At-Risk of Abuse or Neglect

Sheila A., et. al. v. Joan Finney, et. al. originally was filed in January 1989 in Shawnee County District Court by Rene Netherton, a local attorney seeking additional foster care beds for Shawnee County children. In February 1990, the Children's Rights Project of the American Civil Liberties Union filed an amended petition and joined Ms. Netherton in a class action lawsuit. The class action lawsuit contended the Department didn't comply with State and federal law, and was violating the constitutional rights of Kansas children.

The Department and the ACLU Ultimately Reached An Out-of-Court Settlement, Which the Court Approved in June 1993

That settlement agreement is a 33-page document containing 153 requirements the Department had to adhere to by certain deadlines. Each requirement, or "element," was considered to be an important component of an adequate foster care system, and was included to ensure that the needs of foster children in Kansas were being met.

As of July 1995, Children's Rights, Inc., which is no longer affiliated with the ACLU, began to represent the plaintiff class in the Kansas lawsuit.

The Settlement Agreement Required an Independent Entity To Assess the Department's Compliance With that Agreement

The settlement agreement required the Department to establish an internal monitoring unit to assess compliance. In addition, both parties to the lawsuit wanted Legislative Post Audit to play a role in this monitoring effort. Consequently, in May 1993 the Legislative Post Audit Committee directed Legislative Post Audit to conduct an ongoing performance audit assessing the Department's compliance with the settlement agreement, as well as the reliability of the Department's Internal Quality Assurance Monitoring Unit. The Committee agreed to this commitment on the condition that the Department would pay for Post Audit's costs associated with the project.

The Department's Monitoring Unit serves as the frontline monitor reviewing Department-generated data and case files to assess the Department's compliance with each

requirement. This Unit prepares a report summarizing the information it reviewed and drawing conclusions about the Department's compliance. Post Audit staff verify the accuracy and reliability of those conclusions by testing a sample of the compliance results generated by the Unit, and by conducting other independent reviews or tests as needed.

The Monitoring Unit's reviews and the verification test work we perform can't ensure that all the problems with the foster care system will be alleviated. However, the parties have agreed that the required activities, if effectively carried out, should benefit children and improve the foster care system in Kansas.

In general, the schedule for monitoring adherence to the settlement agreement is set up in 6-month increments, with reports prepared at the end of each period. For most requirements, the Department must maintain the required level of compliance for one continuous year. At that point, monitoring for a requirement can stop, although the Department still must stay in compliance. If the Department doesn't comply with a settlement element, that requirement "rolls over" into the next 6-month period, and the monitoring clock starts over for that area.

Kansas' Foster Care System Now Is Administered by Both the Department's Division of Children and Family Policy and by Private Contractors

When the settlement agreement was signed in 1993, the Department administered the foster care system. In March 1997 it contracted with 3 non-profit agencies to manage foster care cases. The foster care system remains relatively unchanged, however.

Children the court has placed in the Department's custody who need out-of-home placements are referred to the contractor in their region of the State. The contractor is required to place that child in a home or facility appropriate to his or her needs. A major goal of the program is to provide services that will help reunite children with their families. If that isn't possible, then adoption or other options are considered. Those adoptions are handled by other entities the Department has contracted with.

The Department continues to be responsible for investigating allegations of child abuse or neglect, and for managing the cases of children placed in its custody who remain at home. It also continues to have ultimate responsibility for all children placed in

its custody. In addition, the parties have agreed the Department still is responsible for compliance with the terms of the agreement, even though daily case-management activities have been passed on to the contractors.

In April 1997 a Special Task Force Was Created To Help Resolve Foster Care Issues in Kansas

This Task Force was formed by Judge James Buchele, the Shawnee County District Court judge originally assigned to the foster care lawsuit. The Task Force's goal was to bring the Department into substantial compliance with the settlement agreement, and to meet the needs of Kansas foster children, within a reasonable period of time. To reach this goal, the Task Force helps mediate disagreements between the Department and Children's Rights, Inc. In addition, the Task Force has examined monitoring procedures in several areas and has made suggestions for streamlining the monitoring process.

Is the Department Complying with the Requirements of the Settlement Agreement?

The settlement includes 153 separate requirements. In all, 94 of those requirements are no longer being monitored: 78 have been found in compliance, 8 were removed by party agreement, and 8 are being monitored directly by Children's Rights, Inc. That means only 59 requirements (39%) are still being monitored.

For the 6-month period covered by this audit (July-December 1999), only 49 requirements were monitored. The parties agreed to delay monitoring of the 10 other requirements while they negotiate issues related to them.

For the 49 requirements monitored this period, the Department was in compliance with 8 (16%), and wasn't in compliance with 41 (84%). Monitoring of 5 requirements will stop because the Department demonstrated compliance with them for 2 consecutive monitoring periods.

The remainder of this report is divided into 2 sections. The section below describes our findings in more detail, as well as any corrective actions the Department reported it plans to take to come into compliance. The second section (shown in the matrix beginning on page 15) summarizes the Department's compliance over time with each requirement that's been monitored to-date. Finally, Appendix A contains the definitions of compliance and reliability we use in our monitoring work.

The Department Was in Compliance with About 20% of All the Requirements Related to Investigating Reports of Abuse and Neglect, Managing Foster Care Cases, and Handling Adoption-Related Activities

As described below, these requirements generally are assessed during the Internal Monitor's review of case files.

This period, the Department was in compliance with 1 of the 7 remaining Case Review #1 requirements that are related to investigating the safety and status of children who may have been abused or neglected. Beginning in July 1995, the Department was required to take actions to consistently and thoroughly investigate 90% of the bona fide reports of child abuse or neglect it received.

This period, Department staff interviewed everyone they should have during an investigation. However, they didn't take appropriate actions as often as required, as shown in the table on page 7. (To be in compliance, every question associated with a requirement has to be at 90% or above.)

The Department reported it wasn't in compliance with 25 of the 31 case-management requirements we assessed for Case Review #2 this period. During this period, we noted that family case plans had appropriate permanency goals and steps to meet those goals, and that the Department had made specific social workers responsible for making regular visits to children who were placed outside the home. As the table on pages 8-10 shows, however, the Department didn't come into full compliance for the other 25 requirements.

The Department was in compliance with 1 of the 2 adoption requirements we reviewed this period. Beginning in July 1996, the Department was required to send information to support motions to terminate parental rights to the county or district attorney within certain time frames. The Department complied with this requirement by meeting the required deadline 91% of the time.

The settlement agreement also requires the Department to establish procedures to track final orders issued at hearings where parental rights are terminated. This requirement was designed to ensure that the Department can act quickly to find adoptive homes once a child is legally free for adoption. The Department's tracking procedures involve 2 steps--entering the hearing date into a tracking log, and recording all contacts made with the court to see if a final order terminating parental rights has been filed. This period, area office attorneys recorded these termination hearings 92% of the time, but made the required court contacts only 82% of the time; 90% compliance was required for both.

***Proposed Corrective
Action for Tracking
Journal Entries***

The Department acknowledged it wasn't in compliance with this requirement. To come into compliance in the future, it will meet monthly with area attorneys to review proper policies and procedures in this area.

Requirements for Case Review #1	Compliance Question(s)	Compliance %	Compliance/ Noncompliance
1. Complete a family service plan, if required.	Was and initial service plan developed?	86%	N
2. Interview all the appropriate parties during a protective services investigation.	Was the caretaker interviewed?	93%	C
	Was the alleged victim(s) interviewed?	95%	
	Was the alleged perpetrator(s) offered an opportunity to be interviewed?	96%	
	Were all other relevant parties interviewed?	94%	
3. Take reasonable action to obtain medical services if they're necessary.	Did SRS determine the child(ren) was in need of medical services?	96%	N
	If SRS determined medical services were necessary, did it take reasonable action to obtain those services?	37%	
4. Complete protective service investigations within the required time frame.	Was the case finding made within 25 days?	92%	N
	Was a finding made for each victim?	88%	
	Does the documentation reasonably support the finding for this case?	95%	
	Did a supervisor sign the finding?	96%	
	Was notice of the finding sent to the family?	96%	
5. Review previous unconfirmed reports when there have been three made on the same family or child within a 2-year period.	Did an "uninvolved" supervisor review all the unconfirmed reports?	60%	N
6. Document the results of that review.	Was the result of the review documented?	60%	N
7. Request emergency court or law enforcement removal only if certain criteria are met.	Was the child(ren) in imminent danger of serious injury, or abandoned?	41%	N
	Did the perpetrator have access, or was the child abandoned?	56%	
	Was the non-abusing parent unable to provide protection, or was the child abandoned?	41%	

Requirements for Case Review #2	Compliance Question(s)	Compliance %	Compliance/ Noncompliance
1. Complete a case plan for the child.	Is there a child's case plan in the file?	92%	C
2. Complete a case plan for the family, if required.	Is there a family case plan in the file?	90%	C
3. Complete case plans within the required time frame.	Was the family's first case plan completed within 20 days of the family assessment or 30 days of custody?	86%	N
	Was the child's first case plan completed within 30 days of custody?	92%	
4. Regularly update case plans.	Was the case plan reviewed every 180 days?	86%	N
5. Describe the services considered to prevent out-of-home placement.	Does the case plan list services to prevent placement?	72%	N
6. Describe the reason(s) for agency involvement.	Does the case plan list the reason(s) the agency is involved?	86%	N
7. Identify a planning goal.	Does the case plan list a planning goal?	92%	C
8. Provide services to meet the needs of the child.	Are services listed to reunite the family?	86%	N
	Are services listed to meet medical needs?	81%	
	Are services listed to meet educational needs?	77%	
	Are services listed to meet mental health needs?	86%	
9. Identify at least one step to meet the goals of the case plan.	Are steps listed to meet the case plan goals?	92%	C
	Is someone named responsible for completing each step?	90%	
10. Identify the current placement and whether it's appropriate.	Does the case plan list the child's current placement?	88%	N
	Is there a discussion about the appropriateness of the placement?	88%	
11. Discuss progress made in meeting case plan goals.	Is there a discussion about compliance with the prior case plan?	87%	N
12. Specify when the case plan goal will be met.	Does the case plan list a date the goal will be met?	88%	N

Requirements for Case Review #2	Compliance Question(s)	Compliance %	Compliance/ Noncompliance
13. Discuss the continuing need for placement and services.	Is there a discussion about the need for out-of-home placement?	88%	N
	Is there a discussion about the need for services?	91%	
14. Follow Department's independent living policies.	If the child is 16 or older, is there an independent living plan?	85%	N
15. Notify the appropriate parties about the case planning conference.	Did the appropriate parties get 10 days advance notice of the conference?	73%	N
16. Schedule conferences to ensure the appropriate parties can attend.	If the child's parents had a conflict, was the meeting re-scheduled?	47%	N
17. Give the court regular updates about the child's placement and progress.	If parental rights are intact, was a progress report sent to the court?	95%	N
	If parental rights are terminated, was a progress report sent to the court?	87%	
18. Update the court within the required time frame.	Was a progress report sent within 30 days of out-of-home placement or 6 months of the prior plan?	89%	N
	Was a progress report sent within 60 days of termination or 6 months of the prior plan?	65%	
19. Only place children in licensed foster homes.	Was the foster home licensed?	92%	C
20. Schedule the required number of parent/child visits.	Is there a parent/child visitation plan in the file?	88%	N
	Are visits scheduled at the required frequency?	85%	
21. Schedule unsupervised visits unless there's good cause not to.	Is the reason why visits should be supervised documented?	80%	N
22. Conduct supervised visits in the most home-like setting possible.	Are the visits scheduled in the most home-like setting available?	81%	N
23. Schedule the required number of child/sibling visits.	Is there a child/sibling visitation plan in the file?	72%	N
	Are visits scheduled at the required frequency?	71%	

Requirements for Case Review #2	Compliance Question(s)	Compliance %	Compliance/ Noncompliance
24. Schedule the required number of worker/parent visits.	Is there a worker/parent visitation plan in the file?	83%	N
	Are visits scheduled at the required frequency?	82%	
25. Schedule the required number of worker/child visits.	Is there a worker/child visitation plan in the file?	89%	N
	Are visits scheduled at the required frequency?	88%	
26. Make specific social workers responsible for visiting children outside of the home.	Did the visitation plan make a specific social worker responsible for worker/child visits.	91%	C
27. Consider adoption when the child has been out of the home for one continuous year.	Was adoption considered after one year in out-of-home placement?	62%	N
28. If applicable, document the reason why adoption wasn't the case plan goal.	Is the reason why adoption wasn't established documented in the case plan?	42%	N
29. Consider relinquishment if adoption is the case plan goal.	Does the case plan document that relinquishment was considered?	41%	N
30. Discuss relinquishment with the parents, if appropriate.	Does the case plan document that relinquishment was discussed with the parents?	41%	N
31. Only place children with providers who've completed MAPP pre-placement training.	Were the foster or adoptive parents MAPP trained?	86%	N

The Department Wasn't in Compliance with 2 Requirements Related to Ensuring the Safety of Children

These requirements relate to deciding which reports of child abuse and neglect should be investigated, and entering the names of foster care providers who are substantiated or validated child abusers into the Central Registry database.

The Department inappropriately screened out some of the bona fide reports of abuse and neglect it received. When the Department receives a report of alleged abuse or neglect, staff must determine whether it needs to be investigated (“screened in”). If it determines that further investigation isn’t warranted, the report is “screened out.”

Beginning in July 1995, the Department was required to properly screen 90% of all alleged abuse and neglect reports it received. The Department hasn’t met this standard in any of the past monitoring periods we’ve reviewed. This period, the Department

properly screened 86% of the 251 reports reviewed by the Internal Monitor.

Of the 34 screen-outs that weren't in compliance, 18 reports alleged abuse, 8 alleged neglect, and 8 alleged both abuse and neglect. The abuse allegations ranged from sexual molestation to physical and emotional abuse—like a 17-year-old stabbing his brother with knives and forks, and a father threatening his children with physical violence. The allegations of neglect ranged from physical neglect to lack of supervision. For example, one person alleged that a 5-year-old child wasn't being fed. Another report alleged that unsupervised children had access to lighters.

Generally, noncompliance seemed to result from staff's failure to follow the assessment and screening standards required by the Department's policy manual. Those policies require staff to assess all reports of suspected child abuse and neglect unless the report falls under 1 of 14 policy exceptions. In some cases, however, it appeared these policies were misapplied.

***Proposed Corrective
Action for Screening
Reports of Abuse and
Neglect***

The Department concurred with this finding of noncompliance. To improve compliance in the future, it will continue to review compliance reports and train new staff on screening procedures. It will also develop "success" plans for areas that aren't in compliance, using procedures from areas that consistently are.

During this period, Department staff entered into its Central Registry database only 2 of the 7 names of foster care providers (foster parents or facility workers) whose abuse or neglect of a child had been validated. Having these names in the database is a critical step in ensuring that foster children are safe. For example, the Department of Health and Environment checks this database before issuing licenses to foster parents, workers in foster care facilities, day care providers, and the like.

This period, the Internal Monitor reviewed 235 reports against a total of 343 foster parents and providers. In all, 336 of the providers weren't required to be entered into the database primarily because the Department determined there was no abuse (269), the provider had successfully completed a corrective action plan or was in the process of doing so (28), or the provider had successfully appealed or was currently appealing a finding of abuse (16).

This left only 7 providers subject to this requirement. Only 2 of those names were entered timely, however, so the Department's compliance rate this period was 29%—down 21% from last period. Since our review, the Department has entered all 7 names in the Registry.

<p><i>Proposed Corrective Action for Entering Names in the Central Registry</i></p>	<p>The Department acknowledged it wasn't in compliance with this requirement. To improve compliance, the Department automated the process of entering names into the Central Registry, and it continues to have quarterly meetings with all the area Settlement Specialists to review and clarify Registry procedures. The Department also plans to implement a system to remind areas to update findings of abuse and neglect in it's foster care information system (FACTS).</p>
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The Department Wasn't in Compliance with 3 Training Requirements For Foster Parents and Adoptive Homes

These requirements are summarized below:

- ! All foster parents must complete 16 hours of annual training before a child in the Department's custody can be placed in their home.
- ! To track this training, the Department is required to maintain an accurate and up-to-date computer system.
- ! The Department also must maintain an accurate and up-to-date system to record the initial training (MAPP training) foster and adoptive parents must complete.

The Department acknowledged that only 84 of the 129 (35%) foster parents who were supposed to receive annual training this period completed that training. In addition, the Department reported that none of the systems it uses to track annual and MAPP training met the requirements for being accurate and up-to-date.

<p><i>Proposed Corrective Action for Annual Foster Parent Training and Training Databases</i></p>	<p>To meet compliance with the annual training requirement, the Department developed a standardized form to record approved training and will develop a system to remind contractors when foster homes are due for that training.</p> <p>To improve the accuracy of its training database, the Department made a single person responsible for entering training information sent in by contractors. It also will review and reprogram problem areas as needed. Finally, the Department plans to get direct access to a licensing database maintained by the Kansas Department of Health and Environment and use that link to more quickly update its own system.</p>
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The Department Wasn't In Compliance with 4 Requirements Related to Information Systems that Track Foster Care Data

The Department wasn't in compliance with 2 requirements related to its new information system--FACTS. The settlement agreement requires the Department to develop and maintain an automated computer system to provide all the information it needs to manage the foster care system. The Department began implementing the FACTS system in August 1997, but only 2 requirements have been tested so far. To be in compliance with these requirements, the information in FACTS about prior allegations of abuse and neglect, screening decisions, risk assessments, and investigations has to be timely 90% of the time.

The Department reported that only 44 of the 307 (14%) prior allegations it reviewed were entered into FACTS on a timely basis. In addition, the screening, risk assessment, and investigation information the internal monitor reviewed this period was timely only 82%, 86%, and 48% of the time, respectively.

When this information doesn't get entered on time or isn't accurate, it increases the likelihood that at-risk families and children won't be identified.

The Department hasn't maintained 2 existing computer systems, as required. As noted above, FACTS hasn't been fully tested for accuracy yet. Until the entire system meets compliance the Department is required to maintain 2 existing data systems: one that tracked track foster home resources and vacancies, and another that tracked specific information about each foster care child.

The Department shut down both systems when FACTS came on-line, but the parties wouldn't agree to delay monitoring of them. As a result, the only possible finding we can reach is noncompliance.

Proposed Corrective Action for the Foster Care Information System

The Department will have FACTS data entry training and will meet every other month with staff to address problem areas. In addition, it will require each area office to submit a corrective action plan to improve compliance.

Summary of Compliance for Monitoring Periods #1-#12

The following pages summarize the Department's compliance over time for each requirements that's been monitored to-date. The legend below provides explanations for the symbols we used in the chart. Requirements that were assessed this period appear in bolded type.

- C = In compliance
- CR = The requirement was monitored in a case review
- D = Reporting or monitoring has been delayed or suspended by agreement of the parties (i.e., the parties have agreed to delay reporting or have agreed to monitor this requirement at a future date)
- N = Not in compliance
- R = This requirement has been removed from the Settlement by agreement of the parties
- Y = Formal Monitoring of this requirement will stop
- /CRI = The parties have agreed that formal monitoring of this requirement will stop, but Children's Rights, Inc. will monitor it in the future

MONITORING PERIOD														Monitoring Stops?
#1 Jan- June 1994	#2 July- Dec 1994	#3 Jan- June 1995	#4 July- Dec 1995	#5 Jan- June 1996	#6 July- Dec 1996	#7 Jan- June 1997	#8 July- Dec 1997	#9 Jan- June 1998	#10 July- Dec 1998	#11 Jan- June 1999	#12 July- Dec 1999			
Actions First Required During 1st Monitoring Period														
1	Maintain the Family Agenda Monitoring Elements (FAME) system until the new information system (FACTS) is implemented.	D	32% N	83% N	86% N	87% N	N	75% N	N	N	N	N	N	
2	Develop caseload guidelines, using reasonable professional standards, which identify a workload workers can handle effectively.	D	N	N	N	N	D	D	D	C				Y
3	Maintain the required level of Flex Funds (\$ for services that help children remain home or return home, rather than enter custody).	N	D	D	C									Y
4	Implement the revised Family Emergency Assistance Plan (provides emergency assistance to needy families with kids under 21).	C		D	C									Y
5	Review current placements and plans for plaintiffs Brooks and Darrell B.	N												Y
6	Maintain funding for emergency shelter grants.	N		C										Y
7	Maintain funding for services at \$6.5 million.	N	C											Y
8	Contract for an assessment of Statewide and regional preventive service needs.	C												Y
9	Same as above, for placement needs.	C												Y
10	Same as above, for service needs for children in custody.	C												Y
11	Maintain the staffing and caseload levels of the Family Preservation Unit.	92% C	93% C											Y
12	Maintain the maximum payment to foster parents caring for children requiring extraordinary care.	C	C											Y
13	Maintain at least 146 therapeutic foster home beds.	C		C										Y
14	Maintain Community Resource Development Unit.	C	C											Y
15	Assign attorneys to every area office.	C	C											Y
16	Complete an assessment of adoption-matching policies and practices.	C												Y
17	Review certain case-handling requirements for the named plaintiffs Sheila and Thomas A., and Brooks and Darrell B.	C												Y
18	Assess current capabilities, future needs, and planned modifications of the Child Abuse/ Neglect Information System (CANIS).	C												Y
19	Continue KU Client Outcomes Project	C												Y
20	Maintain the Program Analysis Unit to provide ongoing management information about Youth and Adult Services programs.	C		C										Y
21	Provide Family Agenda training to social workers, paraprofessionals, and attorneys.	D	93% C											Y
22	Design a new strategy for recruiting prospective adoptive parents.	D	C		C									Y

		MONITORING PERIOD												Moni- toring Stops?
		#1 Jan- June 1994	#2 July- Dec 1994	#3 Jan- June 1995	#4 July- Dec 1995	#5 Jan- June 1996	#6 July- Dec 1996	#7 Jan- June 1997	#8 July- Dec 1997	#9 Jan- June 1998	#10 July- Dec 1998	#11 Jan- June 1999	#12 July- Dec 1999	
23	Maintain Training Development Committee to develop a competency-based training system.	D	C											Y
24	Provide Family Agenda Policy Manual training to social workers, paraprofessionals, and attorneys.	83% C	91% C											Y
25	Use good-faith efforts to obtain State and federal funding at the required levels.	D	N	C										Y
26	Complete the Manhattan pilot project which uses current resources to contract for adoptive-home assessments.	D	C											Y
27	Maintain an accurate and up-to-date personnel training record keeping system.	D	C	C										Y

Actions First Required During 2 nd Monitoring Period														
28	Conduct annual studies to determine the actual caseloads of each Youth Services social worker and supervisor.		D	C	C		C		D	C/CRI				Y
29	Evaluate the effectiveness of paraprofessional staff (are social workers doing non-social-work activities that paraprofessionals could do?)		N	N	N	N	D	D	D	C				Y
30	Maintain up-to-date and accurate Handbook of Services that includes information about placements and services, and make it available to appropriate staff.		93% C	54% N	63% N	64% N	86% N	93% C	100% C					Y
31	Assess Statewide and regional preventive service needs, evaluate effectiveness of Family Preservation Unit staffing, and identify strategies to help area offices develop resources.		N	N	N	N	D	C						Y
32	Same as above, for placement needs.		N	N	N	N	D	C						Y
33	Same as above, for service needs for children in custody.		N	N	N	N	D	C						Y
34	Provide basic core curriculum training to staff within first six months of employment.		80% C	88% N	93% C	94% C								Y
35	Provide training to supervisors within six months of becoming a supervisor.		100% C	71% N	100% C	100% C								Y
36	Don't discourage establishment of Citizen Review Boards or CASAs.		C		C									Y
37	Maintain an internal quality assurance system.		C	C										Y
38	Provide an After Hours Consultation Directory to law enforcement agencies.		C	C										Y
39	Develop written long-term foster care and independent living policies.		C											Y
40	Develop a brochure on the case planning process for parents and other participants.		C											Y

Actions First Required During 3 rd Monitoring Period														
41	Properly assess and screen reports of alleged abuse and neglect.			71% N	66% N	D	83% N	85% N	86% N	88% N	88% N	87% N	86% N	
42	Implement an area office data system for family foster homes.			N		46% N	44% N	N	N	N	N	N	N	

MONITORING PERIOD

		#1 Jan- June 1994	#2 July- Dec 1994	#3 Jan- June 1995	#4 July- Dec 1995	#5 Jan- June 1996	#6 July- Dec 1996	#7 Jan- June 1997	#8 July- Dec 1997	#9 Jan- June 1998	#10 July- Dec 1998	#11 Jan- June 1999	#12 July- Dec 1999	Moni- toring Stops?
43	Enter confirmed reports of abuse/neglect by foster parents or other providers in Central Registry.			64% N	11% N	38% N			38% N	0% N	0% N	50% N	29% N	
44	CR1. Complete a family service plan, if required.			65% N	73% N	81% N			N	C	N	C	N	
45	CR1. Interview all the appropriate parties during a protective services investigation.			61% N	60% N	70% N			N	C	N	N	C	
46	CR1. Complete protective service investigations within the required time frame.			46% N	51% N	60% N			N	C	N	N	N	
47	CR1. Take reasonable action to obtain medical services if they're necessary.			D	D	D			N	C	N	N	N	
48	CR1. Review previous unconfirmed reports when there are 3 unconfirmed reports on the same family or child within a 2-year period.			22% N	19% N	22% N			N	N	N	N	N	
49	CR1. Document the results of the review of 3 unconfirmed reports on the same family or child within a 2-year period.			22% N	19% N	22% N			N	N	N	N	N	
50	CR1. Request ex parte order or law enforcement removal only if children are in imminent danger of serious injury, the perpetrator has access to them, and they can't be protected by the non-abusing parent.			100% C	89% N	100% C			N	N	N	N	N	
51	CR1. Conduct a preliminary risk assessment as part of protective services investigation.			77% N	64% N	67% N			N	C	C			Y
52	CR1. Initiate a protective services investigation by the assigned deadline.			73% N	72% N	75% N			N	C	C			Y
53	CR1. Complete an assessment of the family's strengths and needs.			73% N	83% N	81% N			N	C	C			Y
54	CR1. Complete a family-based assessment within the required time frame.			75% N	80% N	82% N			N	C	C			Y
55	CR1. Complete a family service plan within the required time frame.			68% N	72% N	77% N			N	C	C			Y
56	CR1. Review reports from law enforcement to determine if further SRS investigation is necessary.			97% C	100% C									Y
57	CR1. Document whether further investigation of these reports is necessary.			97% C	100% C									Y
58	Provide advanced, client-centered management training to eligible staff.			97% C	98% C									Y
59	Develop a plan for preventive services that considers existing and potential resources, lists steps to develop them, sets goals to address needs, lists steps to achieve goals, and gives a timetable to implement the plan.			N	N	N			D	D	C			Y
60	Same as above, for placement needs.			N	N	N			D	D	C			Y
61	Same as above, for services for children in custody.			N	N	N			D	D	C			Y
62	Monitor workers' caseloads and take steps to achieve an equitable distribution of cases among social work staff.			D	D	D			D	D	R/CRI			Y
63	Maintain sufficient staff to comply with caseload guidelines and the settlement agreement.			D	D	D			D	D	R/CRI			Y
64	Complete a study of the feasibility of decentralizing the adoption program.			C										Y

MONITORING PERIOD

		#1 Jan- June 1994	#2 July- Dec 1994	#3 Jan- June 1995	#4 July- Dec 1995	#5 Jan- June 1996	#6 July- Dec 1996	#7 Jan- June 1997	#8 July- Dec 1997	#9 Jan- June 1998	#10 July- Dec 1998	#11 Jan- June 1999	#12 July- Dec 1999	Moni- toring Stops?
65	Contact all County/District attorneys and request that they pass on reports of abuse and neglect.			C										Y
66	Establish a minimum number of hours of competency-based pre-service training.			C										Y
67	Establish a minimum number of hours of competency-based annual training.			C										Y
68	Develop a competency-based training system.			C										Y

Actions First Required During 4th Monitoring Period

69	CR2. Develop a written case plan for children in Dept. custody.				N	N	N	N	N	D	C	D	C	Y
70	CR2. Develop a written case plan for families of children in Dept. custody.				N	N	N	N	N	D	C	D	C	Y
71	CR2. Complete a written case plan within the required time frame.				N	N	N	N	N	D	N	D	N	
72	CR2. Update case plans for children in Dept. custody within the required time frame.				N	N	N	N	N	D	C	D	N	
73	CR2. Include services to prevent out-of-home placement in the initial case plan.				N	N	N	N	N	D	N	D	N	
74	CR2. Describe the reason for agency involvement in the initial case plan.				N	N	N	N	N	D	C	D	N	
75	CR2. Identify a planning goal in the case plan for children in Dept. custody.				N	N	N	N	N	D	C	D	C	Y
76	CR2. Include services in the case plan to meet the child's needs, to reinforce family strengths and, where applicable, to reunify the family.				N	N	N	N	N	D	N	D	N	
77	CR2. Include steps to meet the objectives of the case plan.				N	N	N	N	N	D	C	D	C	Y
78	CR2. Identify in the case plan the type of placement, its appropriateness and, if applicable, how recommendations of the court were considered.				N	N	N	N	N	D	N	D	N	
79	CR2. Include a discussion of compliance with the previous case plan in the administrative review.				N	N	N	N	N	D	C	D	N	
80	CR2. Specify in the case plan the projected date for achieving the case planning goal.				N	N	N	N	N	D	C	D	N	
81	CR2. Include in the administrative review a discussion of the continuing need for placement and services.				N	N	N	N	N	D	C	D	N	
82	CR2. Adhere to Department policies on long-term foster care and independent living plans.				N	N	N	N	N	D	N	D	N	
83	CR2. Notify parents and appropriate parties of the time, date, and place of the administrative review within the required time frame.				N	N	N	N	N	D	N	D	N	
84	CR2. Schedule administrative reviews to maximize participation.				N	N	N	N	N	D	N	D	N	

		#1 Jan- June 1994	#2 July- Dec 1994	#3 Jan- June 1995	#4 July- Dec 1995	#5 Jan- June 1996	#6 July- Dec 1996	#7 Jan- June 1997	#8 July- Dec 1997	#9 Jan- June 1998	#10 July- Dec 1998	#11 Jan- June 1999	#12 July- Dec 1999	Moni- toring Stops?
85	CR2. Provide reports to the court on the child's progress and current placement and, if applicable, progress toward adoption or long-term placement.				N	N	N	N	N	D	N	D	N	
86	CR2. Provide reports to the court when the child is removed from the home or parental rights are terminated, within the required time frame.				N	N	N	N	N	D	N	D	N	
87	CR2. Ensure that children are placed only in licensed homes, or homes meeting certain exceptions.				N	N	N	N	N	D	N	D	C	
88	CR2. Develop a written parent/child visitation plan, when appropriate, with visits scheduled at the required frequency.				N	N	N	N	N	D	N	D	N	
89	CR2. Schedule unsupervised visits unless court ordered or for reasonable cause.				N	N	N	N	N	D	N	D	N	
90	CR2. Schedule supervised visits in the most home-like setting possible.				N	N	N	N	N	D	N	D	N	
91	CR2. Develop a written visitation plan for siblings and schedule visits at the required frequency.				N	N	N	N	N	D	N	D	N	
92	CR2. Develop a written visitation plan for worker/parent and schedule visits at the required frequency.				N	N	N	N	N	D	N	D	N	
93	CR2. Develop a written worker/child visitation plan and schedule visits at the required frequency.				N	N	N	N	N	D	C	D	N	
94	CR2. Designate the worker who will be the primary contact for worker/child contacts.				N	N	N	N	N	D	C	D	C	Y
95	CR2. When a child has been in out-of-home placement for one year, consider a plan of adoption.				N	N	N	N	N	D	N	D	N	
96	CR2. If a plan of adoption is not established, document the basis for the decision.				N	N	N	N	N	D	N	D	N	
97	CR2. Determine if relinquishment is appropriate when adoption is established as the permanency plan.				N	N	N	N	N	D	N	D	N	
98	CR2. Discuss relinquishment with parents, if appropriate.				N	N	N	N	N	D	N	D	N	
99	CR2. Only place children in homes where the foster/adoptive parents have been MAPP trained, or where the parents meet Dept. exceptions.				N	N	N	N	N	D	N	D	N	
100	CR2. Only place children in satellite homes where foster parents have completed the required number of hours of child-welfare training prior to placement.				N	N	N	N	N	D	R			Y
101	CR2. Only allow children to remain in satellite homes where foster parents have completed the additional required number of hours of child-welfare training, within the required time frame.				N	N	N	N	N	D	R			Y
102	CR2. Provide case planning brochure to parent's and other participants in the case planning process.				N	N	N	N	N	R				Y
103	CR2. Ensure that all other participants in the case planning process get case planning training.				N	N	N	N	N	R				Y

MONITORING PERIOD

		#1 Jan- June 1994	#2 July- Dec 1994	#3 Jan- June 1995	#4 July- Dec 1995	#5 Jan- June 1996	#6 July- Dec 1996	#7 Jan- June 1997	#8 July- Dec 1997	#9 Jan- June 1998	#10 July- Dec 1998	#11 Jan- June 1999	#12 July- Dec 1999	Moni- toring Stops?
104	CR2. Ensure that third parties participating in the case planning process get case planning training.				N	N	N	N	N	R				Y
105	CR2. Specify the time, location, and duration of parent/child visits.				N	N	N	N	N	R				Y
106	CR2. Specify the time, location, and duration of worker/parent contacts.				N	N	N	N	N	R				Y
107	CR2. Specify the time, location, and duration of worker/child contacts.				N	N	N	N	N	R				Y
108	Provide access to adequate preventive services.				D	D	D	D	D	R/CRI				Y
109	Place children in least-restrictive, most family-like placement.				D	D	D	D	D	R/CRI				Y
110	Provide access to services for children in custody.				D	D	D	D	D	R/CRI				Y
111	Provide case planning training to eligible social workers				87% C	94% C								Y
112	Provide pre-service training to eligible staff.				81% C	96% C								Y
113	Provide annual training to eligible staff.				91% C	95% C								Y
114	Develop a competency-based curriculum for pre-service training.				C									Y
115	Develop a competency-based curriculum for annual training.				C									Y
116	Establish a policy requiring staff to provide case planning brochures to parents and other participants in the case planning process.				C									Y
117	Develop a competency-based curriculum for training in case planning.				C									Y

Actions First Required During 5th Monitoring Period

118	Maintain accurate and up-to-date MAPP training record system.							N	N	N	N	D	D	N	
119	Implement and maintain accurate and up-to-date annual foster parent training record system.							N	N	N	N	D	D	N	
120	Provide annual child welfare training to all foster parents.							N	N	N	N	25% N	39% N	35% N	
121	Make diligent efforts to learn promptly of filing of journal entries terminating parental rights.							N	N	N	N	N	N	N	
122	CR3. Send information for motion to terminate parental rights, within the required time frame.							73% N	79% N	91% C	85% N	94% C	86% N	88% N	91% C
123	CR3. Send information for motion to terminate parental rights to County/District attorney.							83% C	86% N	93% C	87% N	96% C	93% C		Y
124	Implement the plan for preventive services.							N	D	D	D	C			Y
125	Same as above, for placement needs.							D	D	D	D	C			Y
126	Same as above, for services for children in custody.							N	D	D	D	C			Y
127	CR3. Send complete Adoption Referral Packet to Central Office, where appropriate.							88% C	87% N	100% C	100% C				Y

MONITORING PERIOD

		#1 Jan- June 1994	#2 July- Dec 1994	#3 Jan- June 1995	#4 July- Dec 1995	#5 Jan- June 1996	#6 July- Dec 1996	#7 Jan- June 1997	#8 July- Dec 1997	#9 Jan- June 1998	#10 July- Dec 1998	#11 Jan- June 1999	#12 July- Dec 1999	Moni- toring Stops?
128	CR3. Send complete Adoption Referral Packet to Central Office, within the required time frame.					56% N	71% N	100% C	97% C					Y
129	CR3. Develop an adoption recruitment strategy, where appropriate.					100% C	100% C							Y
130	CR3. Develop an adoption recruitment strategy, within the required time frame.					100% C	100% C							Y
131	CR3. Conduct a staffing when a motion to terminate parental rights has been denied.					100% C	100% C							Y
132	CR3. Conduct a staffing when a motion to terminate parental rights has been denied, within the required time frame.					100% C	100% C							Y
133	CR3. Consider approval for finalization of adoption at all administrative reviews subsequent to placement in a prospective adoptive home.					96% C	98% C							Y
134	CR3. Approve finalization of adoption within the required time frame.					100% C	100% C							Y
135	CR3. Provide consent to adoption within the required time frame.					91% C	95% C							Y
136	Provide Family Agenda Practice Handbook training to eligible staff.					83% C	97% C							Y
137	Provide MAPP pre-placement training to foster parents before relicensure.					97% C								Y

Actions First Required During 6th Monitoring Period

138	Develop a rural interactive training network to provide Statewide training.						N	N	C					Y
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Actions First Required During 7th Monitoring Period

139	Conduct an annual statewide assessment of placement needs.							D	D	R/CRI				Y
140	Same as above, for service needs for children in custody.							D	D	R/CRI				Y
141	Maintain internal monitoring system to provide reliable conclusions on the Dept.'s compliance.							C						Y

Actions First Required During 10th Monitoring Period

142	Maintain accurate data about needed placements and placement vacancies.										D	D	D	
143	Assess and if necessary, modify placement services for children in custody.										D	D	D	
144	Maintain accurate data about the availability of and need for services.										D	D	D	
145	Assess and if necessary, modify services program for children in custody.										D	D	D	
146	Implement and maintain an accurate and up-to-date information system that tracks prior allegations of abuse and neglect.										D	D	14% N	

MONITORING PERIOD

		#1 Jan- June 1994	#2 July- Dec 1994	#3 Jan- June 1995	#4 July- Dec 1995	#5 Jan- June 1996	#6 July- Dec 1996	#7 Jan- June 1997	#8 July- Dec 1997	#9 Jan- June 1998	#10 July- Dec 1998	#11 Jan- June 1999	#12 July- Dec 1999	Moni- toring Stops?
147	Same as above for the results of screening decisions, risk assessments, and investigations.										D	D	N	
148	Same as above for referrals for services.										D	D	D	
149	Same as above for worker caseloads.										D	D	D	
150	Same as above for case planning information.										D	D	D	
151	Same as above for child specific placement information.										D	D	D	
152	Same as above for case specific service information.										D	D	D	
153	Same as above for program management and legal compliance information.										D	D	D	

APPENDIX A

Compliance and Reliability Definitions

This appendix provides the definitions of compliance and reliability that we used in our assessments.

• **Foster Care Settlement Agreement** •

**Rating System for SRS' Compliance with
the Settlement Agreement**

COMPLIANCE DEFINITIONS

**In
Compliance**

In Compliance—For an element to be “In Compliance,” all criteria must be met:

- SRS' source documents were accessible
- SRS met the required specifications in the settlement agreement completely

**Factors
Prevented
Verification of
Compliance**

Factors Prevented Verification of Compliance—An element is categorized as “Factors Prevented Verification of Compliance” if either of the following conditions existed:

- the parties haven't agreed on the criteria necessary for compliance and no monitoring has taken place (i.e., the parties are defining settlement language)
- the Internal Monitoring Unit hasn't yet completed its review, and LPA lacks the resources to engage in full, direct monitoring of an element

**Not In
Compliance**

Not in Compliance—Any of the following problems causes an element to be “Not in Compliance”:

- SRS didn't meet the required specifications in the settlement agreement
- SRS provided the documentation/analysis spelled out in the Monitoring Plan which it said showed it had complied with the Settlement Agreement; however, in our opinion, that documentation, or additional testwork we performed, didn't provide evidence that the Department had complied with the Settlement Agreement
- SRS failed to provide the Internal Monitoring Unit with the documentation necessary to complete its review, or otherwise prevented an assessment
- SRS source documents weren't available for review
- source of SRS data was unreliable
- SRS has acknowledged noncompliance (SRS has prepared a corrective action plan for coming into compliance and has set a new monitoring date)

• **Foster Care Settlement Agreement** •

**Rating System for SRS' Compliance with
the Settlement Agreement**

RELIABILITY DEFINITIONS

Reliable

Reliable—For an element to be “Reliable,” all criteria must be met:

- All IQAMU documentation required was completed for review
- IQAMU accurately reflects SRS' performance for the items we verified within sampling constraints
- IQAMU's analyses and/or calculations we verified we performed correctly
- IQAMU's conclusions reasonably related to the information in SRS' files

**Factors Prevented
Determination of
Reliability**

Factors Prevented Determination of Reliability—An element is categorized as “Factors Prevented Determination of Reliability” if either of the following conditions existed:

- IQAMU, or other contracted entity, hadn't performed review work required.
- IQAMU source documents weren't available for review

Not Reliable

Not Reliable—Any of the following problems causes an element to be “Not Reliable”:

- facts/data reported by IQAMU weren't substantiated by source documents or by Legislative Post Audit's reasonable interpretation of the facts in the source documents
- IQAMU's conclusions regarding compliance weren't supported

If interpretation discrepancies arise after IQAMU has completed its work and IQAMU changes its conclusions because of the parties' decisions, our of assessment of IQAMU's reliability won't be affected.

APPENDIX B

Agency Response

On July 25, 2000 we provided copies of the draft audit report to the Department of Social and Rehabilitation Services and to Children's Rights, Inc. Their responses are included in this appendix.

We carefully reviewed both responses. While we didn't make all the changes the parties suggested, we did make a number of changes to improve the accuracy and clarity of the report. These changes didn't alter the reports findings or conclusions.

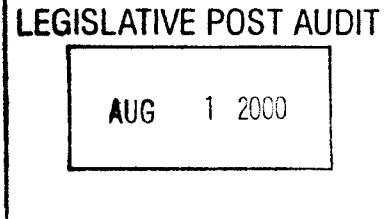


KANSAS DEPARTMENT OF SOCIAL
AND REHABILITATION SERVICES

915 SW HARRISON STREET, TOPEKA, KANSAS 66612

JANET SCHALANSKY, SECRETARY

August 1, 2000



Barbara J. Hinton, Legislative Post Auditor
Legislative Division of Post Audit
800 SW Jackson Street, Suite 1200
Topeka, KS 66612-2212

RE: Comments to the Draft copy for the Performance Audit Verifying Information Provided by the Department of Social and Rehabilitation Services on its Compliance with the Terms of the Foster Care Lawsuit Settlement Agreement Monitoring Report #12, covering the period of July-December 1999

Dear Ms. Hinton:


The department is in receipt of the draft report completed by Legislative Post Audit and distributed for comments. Our specific comments are enclosed.

Overall we continue to see progress on achieving compliance with the settlement agreement. During this reporting period, for example, we came into compliance for a second consecutive time on five elements of Case Review #2 (Case Planning), which will remove them from active monitoring. In addition, compliance of 90% or more was achieved on 9 out of 17 individual questions in Case Review #1 (Intake and Investigation). We have now begun receiving monitoring reports on the FACTS information system, the last major component of the agreement monitoring plan. Our discussions with Children's Rights, Inc., and the Internal Quality Assurance Monitoring Unit (IQAMU) are bringing about greater clarification of the FACTS system and methods by which it may be reviewed for timeliness and accuracy.

With the removal of five requirements this period, a total of 54 requirements remain to be monitored, 35% of the original 153 requirements. Ten of the 54 relate to the information system. We continue to work with our area offices to address case activity and information system elements on which ongoing efforts are needed.

Thank you for this opportunity to respond to the draft report. Please contact us if you have any questions or need clarification on our comments.

Sincerely,


Janet Schalansky
Secretary

Enclosure

cc: Joyce Allegrucci
Daniel L. Lewien
Deborah June Purce

Page 5, Third paragraph: The department wishes to clarify that there was a finding of compliance on one additional element, that of placement only in licensed facilities (Item #19 on the grid on Page 9). Therefore the department was in compliance with 8 requirements monitored this period (16%) and was not in compliance with 41 (84%).

Page 6, Second paragraph: The department wishes to clarify that there was a finding of compliance on one additional element (placement only in licensed facilities) under Case Review #2 for this period. Therefore the department was in compliance with 6 case management requirements and was not in compliance with 25 requirements.

Page 6, Box: The draft corrective action plan referenced for Documentation Project #32, tracking final orders issued at hearings, included an update on a step from the earlier plan (meeting with area attorneys), but added a new step of reviewing draft results of case readings with the area attorneys. This information was included the department's response to the final IQAMU report dated July 11, 2000.

Pages 10 and 11, Discussion of the department's screening out cases: The department wishes to note that a statewide finding of 85% or better has been maintained since LPA Report #7 (for the January-June 1997 period). Through additional training and review of every noncompliant case we continue to work with department staff to achieve compliance on this element. It is important to note that some findings of noncompliance were based on documentation questions rather than decision-making. Furthermore this particular element requires a combination of good social work practice, judgement and documentation. Two or more people reading a case may not draw the same conclusion on the actions that should have occurred and the degree of response that was required. The examples given in the LPA report reflect the variety of situations reviewed under this element, ranging from actual abuse to threats to having a cigarette lighter in the home where there are small children.

Page 11, Last paragraph: In the first sentence there is reference to entering providers for whom abuse has been substantiated or validated. The department wishes to clarify that only providers for whom there has been a validation are entered into the Central Registry. Substantiation does not result in entry into the Registry.

Page 12, Second paragraph: This paragraph describes the number of reports against foster parents and providers during the period and outlines the outcome of the vast majority of those cases (e.g., no finding of abuse, successful completion of a corrective action plan, etc.) The settlement agreement language is such that this element tracks only those cases that rise to the level of entry into the Central Registry. It is important to note that 336 of the 343 parents and providers on whom reports were received did not rise to this level, due in many cases to the work of department staff in resolving the cases or developing corrective plans. Only seven cases statewide, from a 100% pull of cases, rose to the level of Central Registry entry. It is furthermore of interest that this number continues to decline. There were 16 cases requiring entry in LPA Report #11 and 20 in LPA Report. Again, we believe that this is due in part to the increased efforts of area staff to address the cases before they rise to this level.

Page 12, Second paragraph: This paragraph references the department's entering only two of seven required cases into the Central Registry. At the time of the IQAMU reading, two of the five noncompliant cases were already in the Registry, but had failed the timeliness requirement. Since the time of the report, the remaining cases have been entered. Thus, all seven cases are now in the department's Central Registry.

Page 12, Box: Reference is made to the FACTS system as the department's "foster care information system". While foster care information is indeed included, FACTS is a broader information system for all of the cases with which the department is involved. The title is an acronym for "Family and Child Tracking System".

Page 12, Third paragraph, third bullet: Reference is made to MAPP training as a requirement of licensing as a foster parent or an adoptive home. The department wishes to clarify that MAPP is a settlement requirement rather than a licensing requirement. With few exceptions (some relatives, homes for youth age 16+, etc.) families are required to complete MAPP prior to placement of a child who is in the custody of the department. This requirement does not apply generally to homes licensed by the Kansas Department of Health and Environment. We also wish to clarify that non-relative adoptive families receiving children in the department's custody are required to complete MAPP under settlement requirements, but are not required to be licensed. The exception to this would be families that have accepted a "legal risk" child and thus are required to meet all KDHE requirements and be licensed as foster parents.

Page 12, Last paragraph: The first sentence states that "The Department acknowledged that only 84 of the 129 (35%) foster parents who were supposed to receive annual training this period completed that training". The department wishes to clarify that we concurred with the findings of the IQAMU report. We acknowledge that documentation of annual training was not always found in the case files reviewed by the readers, but do not agree that training was not completed.

Page 13, Second paragraph: This paragraph references the department's compliance on specific elements of FACTS in terms of timeliness and accuracy. The department wishes to clarify that the IQAMU report reflected only timeliness and did not address accuracy. Future iterations of the FACTS auditing will include accuracy, but none of the reports referenced in this paragraph included findings on accuracy.

Page 13, Last paragraph: This paragraph makes the observation that information not being entered in FACTS in a timely and accurate manner "increases the likelihood that at-risk families and children won't be identified". The department agrees that timeliness and accuracy are important, but wishes to clarify that FACTS does not replace the paper files or the activities of the social work staff to identify and address at-risk situations. It is important to understand that FACTS is an electronic tool to record the case findings, activities, etc., and does not replace the work of the staff.

Page 14, Second and third paragraphs: The Department was again found noncompliant concerning the old FAME database system and the area offices data-based system for tracking foster home resources and vacancies. The department requests clarification of this issue. Per the settlement agreement, the Department agreed to maintain these two systems until implementation of the new system – FACTS. FACTS was implemented in September 1997 and this system will be monitored for compliance beginning with the next review period. The Department maintains that there is no longer a requirement to maintain these two systems as FACTS has now become fully operational.

Page 20, Grid, Item #87: This grid entry indicates Noncompliance on the Case Review #2 element concerning placement only in licensed homes. The department requests that a correction be made to reflect the compliance finding of 92% for this period.



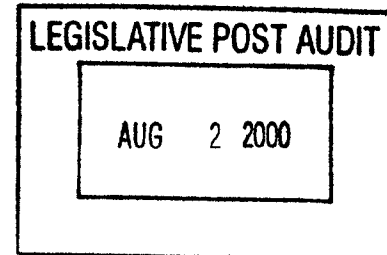
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MARCIA ROBINSON LOWRY
PRESIDENT & EXECUTIVE DIRECTOR

August 2, 2000

BY FAX AND OVERNIGHT MAIL

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Re: **Sheila A. v. Whiteman, Case No. 89-CV-33**

Dear Ms. Hinton:

Thank you for inviting our comments to Legislative Post Audit's 12th Report of the Department of Social and Rehabilitation Services' Compliance with the Settlement Agreement entered into by the Department and the class of children, currently represented by Children's Rights, Inc. and Rene Netherton, Esq.

There are several areas of substantial noncompliance that are of concern to us. The first is the decline in compliance relating to the Central Registry. As the Performance Audit noted, the timely entry of names of foster care providers who has abused or neglected a child is critically important to screening potential caretakers and thereby safeguarding children in placement. However, the Department continues to struggle with this requirement. While it has demonstrated improvement in the past in moving from 0% compliance (none of the required names were entered in the Central Registry for the applicable monitoring period) to 50% compliance (half of the required names were entered into the Central Registry for the applicable monitoring period), performance this past period has fallen to 29%. It is therefore clear that the Department's corrective actions in this area need closer examination and improvement.

Another area of concern pertains to the Department's information system. As we commented in past monitoring periods, the deficiencies of the FACTS system has led to problems and delays in monitoring (particularly with Case Review 2, which addresses case planning). The inability of the Department to enter prior allegations into FACTS (14% performance) as well as other screening, risk assessment and investigation information (82%, 86% and 48% compliance, respectively) is troubling. Because it is both time-consuming and onerous to track down information on individual children by searching through individual case files or talking with the individuals who are responsible for providing services to these children,

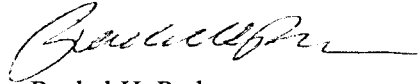
it is crucial that the Department maintain an accurate and reliable information system that can be readily accessed to obtain information about the children it serves. Such an information system is vital to not only monitoring individual children but also to gathering systemic data for management purposes.

Finally, another area of persistent non-compliance is foster parent training. The Audit Report states that only 35% of foster parents who were supposed to receive annual training this period completed that training. Training of foster parents should be a priority with the Department since it provides a means of ensuring that foster parents receive the support and information they need to provide children in their homes with a high quality of care.

We ask that the Department provide us with their corrective action plans that address all the areas that failed to meet compliance.

Thank you for the opportunity to comment.

Very truly yours,



Rachel H. Park
Children's Rights, Inc.
Attorneys for Plaintiffs

