

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 #3
Covering January-June, 1995**

**A Report to the Legislative Post Audit Committee
By the Legislative Division of Post Audit
State of Kansas
July 1996**

Legislative Post Audit Committee

Legislative Division of Post Audit

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July 12, 1996

To: Members, Legislative Post Audit Committee

Senator Lana Oleen, Chair
Senator Anthony Hensley
Senator Phil Martin
Senator Alicia Salisbury
Senator Don Steffes

Representative Jim Lowther, Vice Chair
Representative Tom Bradley
Representative Duane Goossen
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This report contains the findings and recommendations 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*.

The report includes a number of recommendations for improving the Department's compliance in future monitoring periods.

We would be happy to discuss these recommendations or any other items in the report with any legislative committees, individual legislators, or other State officials.

Barbara J. Hinton
Legislative Post Auditor

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

LEGISLATIVE DIVISION OF POST AUDIT

**Question 1: Is the Department of Social and
Rehabilitation Services Accurately Reporting
Its Compliance With the Terms of the
Foster Care Settlement Agreement?**

The third monitoring period covers the six month period from January 1 to June 31, 1995. During this period, we assessed compliance with a total of 45 requirements related to 36 settlement elements. Based on our reviews and testwork, we concluded that the Department was in compliance with 16 and not in compliance with 18 of those requirements.

In addition, the Monitoring Unit reported that the Department wasn't in compliance with six other requirements. However, we concluded the Unit's assessment couldn't be relied on because the case readings, on which the assessments were based, weren't accurate enough to determine whether the Department was in compliance or not.

Finally, we couldn't determine whether the Department was in compliance with five additional requirements. Our findings are summarized below.

The Department didn't comply with 18 requirements in five areas. The five areas of non-compliance we identified were:

Protective services:

- The Department didn't screen abuse or neglect reports it received appropriately. page 22
- Protective services investigations weren't initiated by the assigned deadline. page 23
- Family based assessments weren't completed as required. page 23
- The Department didn't review and document previous unconfirmed reports of abuse or neglect. page 23

Assessment of needs for services and placements:

- The needs assessments submitted by the Department didn't clearly identify Statewide and regional needs for preventive services, placements, and services for children in Department custody or identify strategies to assist area offices and communities in the development of resources. pages 25 - 27
- The Statewide plan submitted by the Department doesn't consider existing and potential resources, list specific steps for developing those resources, set goals for addressing identified needs, enumerate specific steps to achieve those goals, or give a timetable for implementing the plan. pages 27 - 28

Staffing:

- *The Department didn't develop caseload guidelines for determining an appropriate range of cases a worker can handle effectively, but rather developed a formula for determining appropriate workload ranges. This formula doesn't provide a basis for determining what a target caseload should be.* pages 29 - 30

- *The Department's report evaluating the effectiveness of its paraprofessional staff used "time spent" by paraprofessionals on case work as the sole measure of effectiveness. Without additional criteria, the Department can't evaluate the effectiveness of the staff, or have a basis for determining what a target caseload would be.* pages 30 - 31

Training:

- *The Department didn't provide basic core curriculum training and supervisory training to all eligible workers as required.* page 32

Information systems:

- *The Department didn't implement an automated, area office data system.* page 33
- *Reports of suspected abuse or neglect by a foster parent or other placement provider weren't entered into the Child Abuse and Neglect Information System as required.* page 33
- *The Monitoring Unit reported that the study the Department used to test the Family Agenda Monitoring Elements information system was unreliable.* page 33

The Monitoring Unit reported that the Department wasn't in compliance with six additional requirements related to protective services. However, because we determined that the case reading for these requirements was unreliable, we can't tell whether the Department was in compliance with the following requirements:

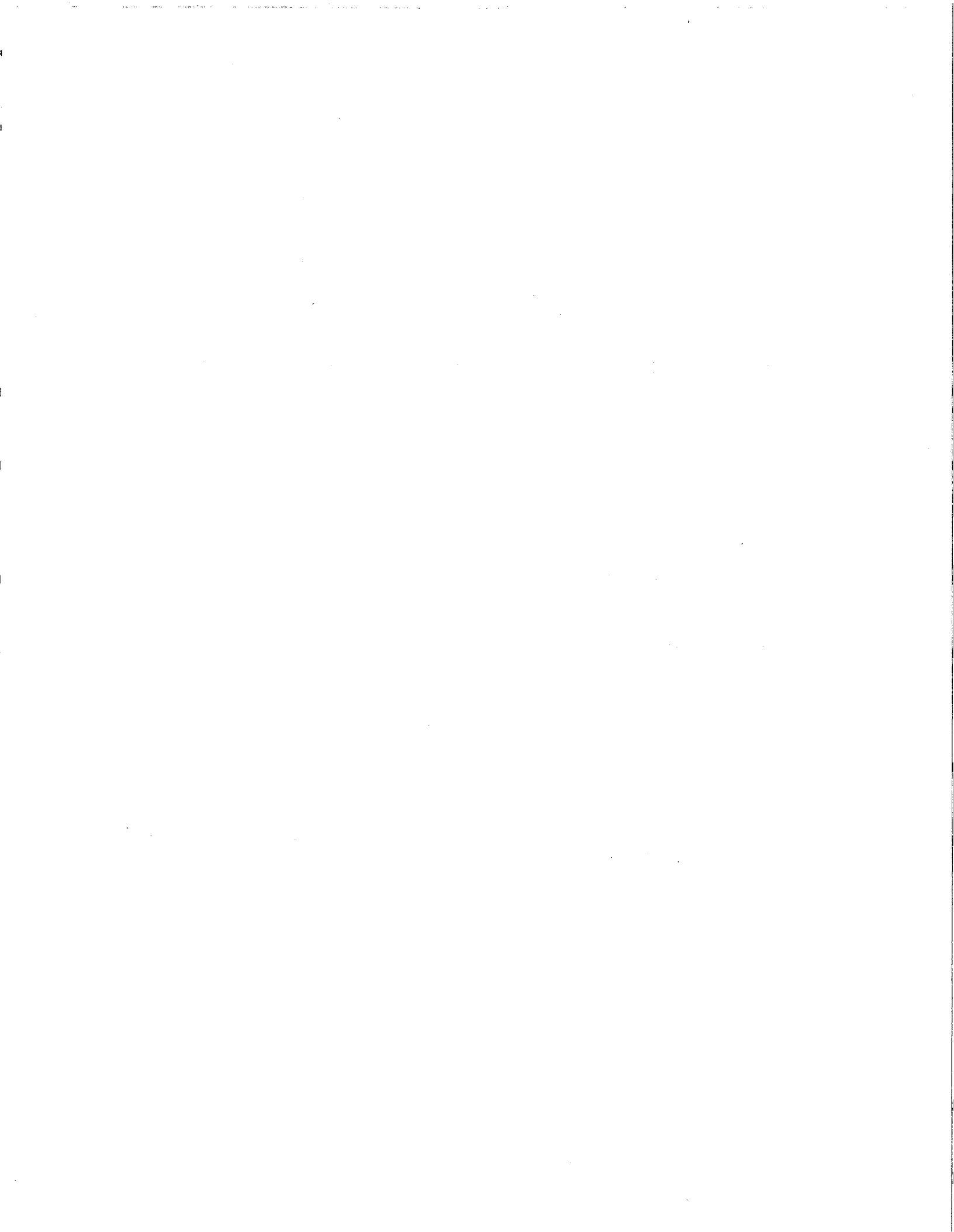
- *Conducting preliminary risk assessments as required.* page 23
- *Completing family service plans as required and by the assigned deadline.* page 23
- *Completing family based assessments within the required timeframe.* page 23
- *Interviewing all the appropriate parties during an investigation.* page 23
- *Completing protective service investigations within the required timeframe.* page 23

Factors prevented us from determining whether the Department had complied with five requirements in three areas. The five requirements related to protective services, preventive services and staffing.

- *For four of those requirements, relating to family emergency assistance, the maintenance of funds for preventive services or family reunification, the equitable distribution of cases among social work staff, and the maintenance of sufficient staff to comply with the Department's caseload guidelines, the Department and Children's Rights, Inc. haven't yet agreed on what the Department must do to comply.* pages 31 - 32
and 34

- *We have concerns with the data analysis methodology the Monitoring Unit used to make its assessment for the fifth requirement relating to the provision of medical services in cases where the Department has determined that those services are necessary.* page 24
- APPENDIX A: Summary of Compliance and Reliability Results for the Department of Social and Rehabilitation Services And Its Internal Quality Assurance Monitoring Unit** page 35
- APPENDIX B: Schedule of Foster Care Settlement Agreement Requirements** page 41
- APPENDIX C: Agency Responses** page 47

This audit was conducted by Scott Claassen, and Jennifer Hudgins. If you need any additional information about the audit's findings, please contact Mr. Claassen at the Division's offices. Our address is: Legislative Division of Post Audit, 800 SW Jackson Street, Suite 1200, Topeka, Kansas 66612. You also may call (913) 296-3792, or contact us via the Internet at: **LPA@PostAudit.ksleg.state.ks.us**.



**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 1989, a Topeka attorney (later joined by the American Civil Liberties Union), filed a lawsuit charging that the Department of Social and Rehabilitation Services was not adequately caring for those children who were or should have been known to the Department as a result of a report of suspected abuse or neglect. In May 1993, the plaintiffs and the Department reached an out-of-court settlement that provided, among other things, that an independent entity would act as a monitor of the Department's compliance with the terms of the agreement.

Both parties to the lawsuit wanted Legislative Post Audit to play a role in this monitoring effort, subject to the concurrence and direction of the Legislative Post Audit Committee. The Department's internal quality assurance group—the Internal Quality Assurance Monitoring Unit—also has a major role in assessing Departmental compliance.

At its May 14, 1993 meeting, the Legislative Post Audit Committee directed the Legislative Division of Post Audit to conduct an ongoing performance audit assessing the Department's compliance with the settlement agreement and the reliability of the Monitoring Unit's conclusions regarding the Department's compliance with the terms of that agreement. The Committee agreed to this commitment with the condition that the Department would pay for Post Audit's costs associated with the project. This audit addresses the following question:

- 1. 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 Quality Assurance Monitoring Unit regarding the Department's compliance, as well as the underlying support documentation developed or provided by the Department. In addition, to the extent we thought necessary we conducted independent record checks to verify the information the Department had provided. In this period, the Monitoring Unit also reviewed hundreds of foster care case files. For the elements subject to the case review, we reviewed a small sample 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.

This monitoring report covers elements due to be in compliance during the period January 1, to June 31, 1995. At the time this report was prepared, the Monitoring Unit had reported the Department's compliance in 38 of the 45 areas that required a compliance assessment during this monitoring period. (The Unit didn't make an assessment in the other seven areas.) The Unit reported the Department was out of compliance in 15 of the 45 areas. Our reviews showed the Department had not complied with all requirements in 18 of the 45 areas subject to review, as follows:

- Screening System
- Initiation of Investigations
- Family Based Assessment/Family Based Plan
- Multiple Unconfirmed Reports
- Needs Assessment/Statewide Plan for Preventive Services
- Needs Assessment/Statewide Plan for Placements
- Foster Homes Resources Information System
- Confirmed Abuse/Neglect by Foster Parents or Other Providers
- Needs Assessment/Statewide Plan for Services to Children in SRS custody
- Caseload Guidelines
- Evaluation of Effectiveness of Paraprofessional Staff
- Core Curriculum Training
- Supervisory Training
- FAME Information System

We also identified five areas where we were unable to determine whether the Department had complied with the requirements of the settlement agreement. Those five areas related to Protective/Medical Services, the Family Emergency Assistance Program, Flexible Dollars, Equitable Workload Distribution, and Staffing Levels.

In 10 areas we concluded that the Monitoring Unit's review couldn't be relied on. Many of these instances related to the accuracy of the first case review to be done under the settlement agreement.

These and other findings are discussed in more detail following a brief overview of the foster care system, the settlement agreement, and the monitoring process.

Overview of the Foster Care System in Kansas

Kansas' Foster Care System is Administered by the Department of Social and Rehabilitation Services' Division of Children and Family Services

The foster care system is charged with protecting children who may be abused or neglected. Under this system, the Department may provide preventive services to families where child abuse is suspected, with the goal of keeping the child in the home. However, if the preventive services aren't successful, or if the danger to the child appears to warrant action, the Department may ask the county attorney to petition the court to place the child in the custody of the Secretary of Social and Rehabilitation Services.

After a court puts a child in the Secretary's custody, the child may be placed with relatives or an approved family with whom the child has strong emotional ties, with a foster family, in a group home, or in an appropriate State-operated facility. A major goal of the program is to provide services that will help reunite a foster child with his or her family. If that isn't possible, then adoption or other options are considered.

The chart on the next page graphically depicts the various components of the foster care system in Kansas, and how a child may move through that system.

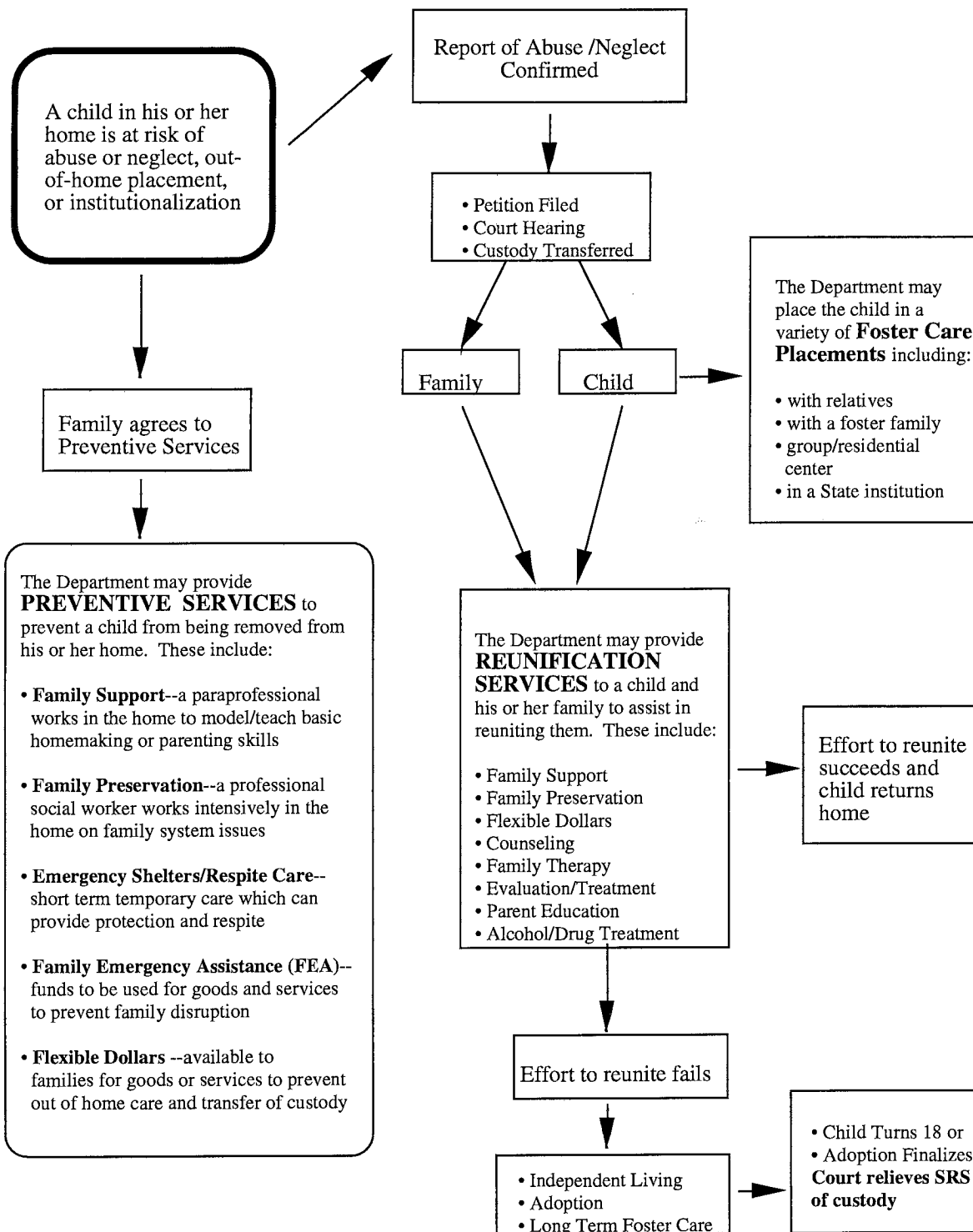
In a Series of Audits Issued in 1990 and 1991, Legislative Post Audit Identified Serious Flaws In the State's Foster Care System

In this series of audits, we identified problems in both the staff support and delivery of services areas of the foster care system. Some of the problems we found included: ineffective case management and supervision at the local level, inappropriate caseload assignments, lack of training and information systems for social workers and management, and inaccurate budget and accounting systems. In addition, we found problems with the delivery of services such as: the lack of a responsive preventive services program, numerous and frequent placements for children in the Department's care, inappropriate placements, and ineffective or incomplete service provision to children and their families. We made numerous recommendations to the Department to address these concerns.

In response to these recommendations, the Department developed a Family Agenda for Children and Youth, which included, among other things, a Statewide family assessment system. The 1992 Legislature also gave the Department over 200 family preservation and intake and assessment staff. In addition, the Department increased its training efforts and began work on a comprehensive automated management information system.

FAMILY SERVICES/FOSTER CARE PROCESS IN KANSAS

This chart shows a simplified version of what should happen when a child enters the family services/foster care program as a result of an abuse and neglect report filed with the Department of Social and Rehabilitation Services.



**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 and Neglect**

Since 1977, the American Civil Liberties Union (ACLU) has filed 13 actions in various states involving child welfare or improving services to children in foster care. Initially the actions targeted a portion of a state or a portion of a program; Kansas became only the second state to face comprehensive allegations designed to place the entire public child welfare system under court control. In 1979, the Children's Rights Project of the ACLU was formed to handle these and other cases related to children's rights.

Sheila A., et.al. v. Joan Finney et.al. originally was filed in January 1989 in Shawnee County District Court by a local attorney seeking additional foster care beds for Shawnee County children. The Children's Rights Project of the ACLU filed an amended petition in February 1990. 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 case was set for trial beginning in April 1993. However, the Department and the Children's Rights Project of the ACLU reached an out-of-court settlement in May 1993. That settlement agreement was approved by the court on June 18, 1993.

The settlement agreement is a 33-page document containing requirements pertaining to placements or services for children, youth, and families, and management of the agreement. The topics covered by the agreement include the following:

- protective services
- preventive services
- case planning and reviews
- placements
- services
- adoption
- named plaintiffs
- financial resources
- staffing
- training
- information systems
- Program Analysis Unit
- monitoring
- compliance
- termination
- enforcement

Appendix B contains a listing of all the specific requirements in the agreement, and the time-line for monitoring compliance with those requirements.

In July 1995, eight attorneys and all of the cases handled by the Children's Rights Project of the ACLU were transferred to Children's Rights, Inc. This new organization, no longer affiliated with the ACLU, carries on the work of the now-defunct Children's Rights Project and represents the plaintiff class in the Kansas lawsuit.

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

As required by the agreement and agreed to by the parties, the Department has developed a monitoring plan for addressing and assessing compliance with the requirements set out in that agreement. Early on, many of the assessments addressed things like whether the Department had completed studies of the placement and service needs of Kansas foster care children and their families, or whether it had maintained programs and funding levels at certain specified levels. Now, these assessments involve reviews of case files to determine whether laws, policies, and procedures have been adhered to, and whether children in foster care are being adequately placed, served, and protected from further abuse or neglect.

The Department and the ACLU both agreed that compliance would be monitored by the Department's internal quality assurance staff and by Legislative Post Audit. The Department's Monitoring Unit serves as the front-line monitor reviewing Department-generated data and case files to assess the Department's compliance with each requirement in the settlement agreement. The Unit prepares a report for each requirement that summarizes the information it reviewed, and that draws conclusions about the Department's compliance.

The agreement calls for Legislative Post Audit to confirm the reliability of those conclusions by testing a sample of the compliance results generated by the Unit, and reporting on our findings. In describing this effort to others, we've used the term "verification" audit work to help explain our role.

In past monitoring periods, our role essentially involved duplicating the Monitoring Unit's work, and drawing our own conclusions about the reliability of the Unit's work and the Department's compliance. If we concluded the Unit's review wasn't reliable in a particular instance, we could reach an independent conclusion about the Department's compliance.

During this monitoring period, however, the Monitoring Unit began reviewing hundreds of foster care case files to determine whether the Department was in compliance with specific elements of the settlement agreement. For the elements subject to the case review, we reviewed a small sample of the cases to provide assurance that the case readers accurately recorded, analyzed, and drew conclusions about the information in the case files. We also reviewed the Unit's methodology for selecting the sample of cases to be read, protecting the data after the case reading, and analyzing the data to determine the compliance percentages.

Based on this testwork, we could determine whether the Unit's conclusion about compliance with a specific element was reliable. However, because our determination was based on only a sample of cases that were read, we couldn't draw our own conclusions about the Department's compliance with the elements subject to the

case review. For these elements, our role was limited to assessing the reliability of the Monitoring Unit's conclusions.

In order to use the monitoring resources more efficiently, the Department and Children's Rights, Inc., agreed that Legislative Post Audit wouldn't review elements where the Department acknowledged it wasn't in compliance. In those cases, the Department formally notifies us of the noncompliance, and reports any corrective action it's taking to come into compliance in the future.

The verification testwork we perform can't ensure that all the problems with the foster care system will be alleviated. The settlement agreement negotiated by the Department and the ACLU doesn't require the Department to achieve certain outcomes; it only requires the Department to perform certain activities. However, the parties agreed to activities which, if carried out, are expected to 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 six-month increments, with reports prepared at the end of each period. For most elements, the Department must maintain the required level of compliance with the requirement in the settlement agreement for one continuous year. At that point, monitoring of an individual requirement can cease. If the Department doesn't comply with a settlement element, however, that requirement "rolls over" into the next six-month period, and the monitoring "clock" starts over for that area.

In November 1994, the parties identified a number of elements that are "one-time" only events. If the Department demonstrates compliance with the requirements of these elements during a monitoring review period, formal monitoring stops.



Summary of Findings Regarding the Department's Compliance With the Settlement Agreement

For ease of reading, the following ten pages summarize our findings for the requirements reviewed during this monitoring period. Those portions of the requirements *not yet due for assessment* appear in italics. Page references are given to subsequent pages in the report that describe those requirements we concluded the Department wasn't in compliance with. This is the first review for all listed elements unless otherwise noted. Appendix A provides a comprehensive listing of the compliance and reliability conclusions made by the Internal Quality Assurance Monitoring Unit and Legislative Post Audit.

Items Related to Protective Services

I.A. [Screening] SRS agrees to maintain a system by which it shall assure that all reports to the Department about suspected abuse or neglect are properly assessed to assure that bona fide reports are not screened out. In doing so, SRS agrees to comply with the provisions of sections 1500, 1600 and 4920 (4) of the SRS Family Agenda Policy Manual. SRS will document the basis for determining the report is not abuse or neglect for purposes of a subsequent protective services investigation.

I.B. [SRS Investigation of All Reports of Abuse or Neglect] When the Department receives a report from law enforcement regarding an investigation of an allegation of abuse or neglect that it is statutorily authorized to investigate, the preliminary risk assessment shall include a review of the reports which have been received and a determination of whether further investigation is required. SRS agrees to document the basis for the determination in the record. The Department shall contact County/District Attorneys throughout the state and direct their attention to K.S.A. 38-1522 (c) and request that they contact law enforcement agencies in their county/district to assure compliance with the statute.

I.C. [After Hours Directory] SRS agrees to provide an After Hours Consultation Directory to law enforcement agencies semi-annually. Said directory will include, but not necessarily be limited to, a description of its intended use and a list of SRS supervisors and their phone numbers who can provide consultation assistance in child protection investigations. For the purposes of this section, the use of an answering service to access available staff shall be considered equivalent to the After Hours Consultation Directory.

- **The Department reported it wasn't in compliance with this element.** It only achieved 71% compliance; 80% compliance was required for this monitoring period. (See discussion on pages 22-23.)

- The Monitoring Unit concluded that the Department was in compliance with this element. The Department achieved 97% compliance with both the first and second requirements of this element; 80% compliance was required for this monitoring period.
- We concluded that the Unit's assessment for this element could be relied on.

- The Monitoring Unit concluded that the Department was in compliance with this element. The Department achieved 92% compliance; 90% compliance was required for this monitoring period.
- We concurred with the Unit's assessment for this element.
- This was the second review of this element to establish one year of continuous compliance. Formal monitoring of this element will stop.

Settlement Element Requirement

Assessment of Compliance

I.D. [Initiation of Investigations] When SRS accepts a report alleging that a child appears to be abused or neglected, SRS agrees to conduct a Preliminary Risk Assessment and initiate a protective services investigation consistent with the Preliminary Risk Assessment criteria and provisions of sections 1610, 1611, 1612, and 4920 (4). SRS agrees to document the actions required by this paragraph in the case file.

I.E. [Completion of Family Based Assessment/Development of Family Service Plan] When SRS accepts a report alleging that a child appears to be a child in need of care, the Department shall complete a Family Based Assessment consistent with the provisions of sections 1000, 1100, and 1200 of the SRS Family Agenda Policy Manual within 45 working days of acceptance of the report. SRS agrees to complete a family services plan, when indicated, within the same period unless exceptional circumstances are documented in the record. (footnote 2: A family service plan is a case plan for the family, whether or not any of the children is in custody, pursuant to the Family Agenda Policy Manual section 2000 and 2100.

I.F. [Content of Investigations] When SRS conducts a protective service investigation, it shall assure that appropriate persons be interviewed as provided in section 1613 of the SRS Family Agenda Policy Manual.

- **The Department reported it wasn't in compliance with this element.** The Department only achieved 77% compliance with the first requirement of this element, and 73% compliance with the second requirement; 80% compliance was required for this monitoring period..
- **We concluded that the Unit's assessment couldn't be relied on for the first requirement of this element.** The Unit's review of case files wasn't accurate enough to assess the Department's level of compliance. (See discussion on pages 22-23.)
- We concluded that the Unit's assessment could be relied on for the second requirement of this element.

- **The Monitoring Unit concluded that the Department wasn't in compliance with this element.** The Department only achieved 73% compliance with the first requirement of this element, 75% compliance with the second requirement, 65% compliance with the third requirement, and 68% compliance with the fourth requirement; 80% compliance was required for this monitoring period.
- **We concluded that the Unit's assessment couldn't be relied on for the second, third, and fourth requirements of this element.** The Unit's review of case files wasn't accurate enough to assess the Department's level of compliance. (See discussion on pages 22-23.)
- We concluded that the Unit's assessment could be relied on for the first requirement of this element.

- **The Monitoring Unit concluded that the Department wasn't in compliance with this element.** The Department only achieved 61% compliance; 80% compliance was required for this monitoring period.
- **We concluded that the Unit's assessment couldn't be relied on for this element.** The Unit's review of case files wasn't accurate enough to assess the Department's level of compliance. (See discussion on page 23.)

Settlement Element Requirement

Assessment of Compliance

I.G. [Provision of Protective Services] When SRS conducts an investigation of a report of suspected child abuse or neglect, if the Department determines medical services are necessary, SRS will take all reasonable action to obtain the same.

- The Monitoring Unit concluded that the Department was in compliance with this element. The Department achieved 100% compliance; 80% compliance was required for this monitoring period.
- **Factors prevented us from determining whether the Units' assessment could be relied on.** (See discussion on pages 24-25.)

I.H. [Completion of Investigations] When SRS conducts a protective service investigation, it shall complete the investigation within 25 working days of the date mandated for the initiation of the investigation unless a delay is requested by law enforcement or a court or for similar exceptional circumstances documented in the case file. For purposes of this provision, an investigation shall be deemed completed when the worker makes a written finding, entered in the record, consistent with the provisions of sections 1620, 1621, 1622, and 1623 of the SRS Family Agenda Policy Manual.

- **The Monitoring Unit concluded that the Department wasn't in compliance with this element.** The Department only achieved 46% compliance; 80% compliance was required for this monitoring period.
- **We concluded that the Unit's assessment couldn't be relied on for this element.** The Unit's review of case files wasn't accurate enough to assess the Department's level of compliance. (See discussion on page 23.)

I.I. [Multiple Unconfirmed Reports] When, after investigating three separate incidents of alleged abuse or neglect within two years on the same family or child, where the Department's findings are unconfirmed on each investigation and there is no clear explanation for the pattern, then all prior reports and investigations will be reviewed by a supervisor not involved in the case. The result of the review will be documented in the case file.

- **The Monitoring Unit concluded that the Department wasn't in compliance with this element.** The Department only achieved 22% compliance with both the first and second requirements of this element; 80% compliance was required for this monitoring period.
- We concluded that the Unit's assessment could be relied on for this element.

Items Related to Preventive Services

II.A. [Needs Assessment/Plan for Preventive Services] The Department shall conduct a formal needs assessment of its statewide and regional needs for preventive services (preventing out of home placement), including intensive family-preservation services. SRS agrees to contract with one of the state universities or another appropriate entity to conduct this assessment. The contractee shall take into consideration any other data already compiled and shall consider the effectiveness of the staffing of the Family Preservation units. The contractee shall identify strategies to assist area offices and communities in the development of resources. Following good-faith consideration and review of this assessment and of current and potential resources, SRS agrees to develop *and implement* a plan by which individual children and families who are eligible for preventive services have access to adequate preventive services. *[Italicized requirements will be assessed at a future date.]*

II.C. [Emergency Shelter Grants] SRS agrees to maintain, at current levels or higher as per Attachment A [\$1.3 million], its Emergency Shelter Grant Program through which it provides funds to emergency shelters with which they provide case-manager services and direct cash or cash-equivalent assistance to children who are at risk of entering the Department's custody, unless the Commissioner reasonably concludes and documents that the program is ineffective. In that case the Commissioner shall notify the plaintiffs in writing of the decision and the basis for it. In such a case, the Department shall dedicate the resources removed from the program to another preventive services or foster care program.

II.D. [Family Emergency Assistance Plan] SRS agrees to implement its Revised Family Emergency Assistance Plan when approved by the federal government. The revised plan includes the provision of preventive services when family disruption is likely due to abuse/neglect, out-of-home placement institutional-

Needs Assessment

- The Monitoring Unit didn't make an assessment of compliance with these requirements during this monitoring period.
- **We concluded that the Department wasn't in compliance.** (See discussion on pages 25-27.)
- This was the second review of these requirements. In the last monitoring period, we concluded that the Department wasn't in compliance with the requirements of this element.

Statewide Plan

- The Monitoring Unit concluded that the Department was in compliance with the requirements of this element.
- **We concluded that the Department wasn't in compliance and that the Unit's assessment couldn't be relied on.** (See discussion on pages 27-28.)

- Based on an agreement with us, the Monitoring Unit didn't make an assessment of compliance with this requirement.
- We concluded that the Department was in compliance with this element.
- This was the second review of this element. In the first monitoring period, we concluded that the Department wasn't in compliance with this element. Formal monitoring of this element will stop.

- The Monitoring Unit concluded that the Department was in compliance with the requirements of this element.
- **Factors prevented us from determining whether the Department was in compliance with this element.** (See discussion on pages 33-

Settlement Element Requirement

ization, eviction and natural disaster. A family assessment will be made and a family services plan developed when appropriate.

II.E. [Maintenance of Flexible Dollars] SRS agrees to not reduce from current levels, as indicated in Attachment A [\$460,000], its Flexible Dollars resources to purchase services that will allow children to remain in their homes instead of entering SRS custody or to return home from out-of-home placement.

II.F. [Ex Parte Orders or Law Enforcement Removal Requested by SRS] SRS staff shall request an ex parte order or removal by law enforcement of children from their homes only when the children are in imminent danger of serious injury and they cannot be protected due to the perpetrator's access to the children and the non-abusing parent's inability to protect them.

Items Related to Foster Care Placements

IV.B. [Needs Assessment/Plan for Placement Needs] The Department shall conduct a formal needs assessment of its statewide and regional placement needs. SRS agrees to contract with one of the state universities or another appropriate entity to conduct this assessment. The contractee shall take into consideration any other data already compiled and shall identify strategies to assist area offices and communities in the development of resources. Following good-faith consideration and review of this assessment and of current and potential resources, SRS agrees to develop *and implement* a plan by which individual children shall be placed in the least-restrictive, most family-like placement in close proximity to their parents' home consistent with their needs. *[Italicized requirements will be assessed at a future date.]*

Assessment of Compliance

34.)

- This was the second review of this element. In the first monitoring period, we concluded that the Department was in compliance with this element.
- Based on an agreement with us, the Monitoring Unit didn't make an assessment of compliance with this requirement.
- **Factors prevented us from determining whether the Department was in compliance with this element.** (See discussion on pages 33-34.)
- This was the third review of this element. In the first monitoring period, we concluded that the Department wasn't in compliance with this element. In the second monitoring period, factors prevented us from determining whether the Department was in compliance with this element.
- The Monitoring Unit concluded that the Department was in compliance with this element. The Department achieved 100% compliance; 80% compliance was required for this monitoring period.
- We concluded that the Unit's assessment could be relied on for this element.

Needs Assessment

- The Monitoring Unit didn't make an assessment of compliance with these requirements during this monitoring period.
- **We concluded that the Department wasn't in compliance.** (See discussion on pages 25-27.)
- This was the second review of these requirements. In the last monitoring period, we concluded that the Department wasn't in compliance with the requirements of this element.

Statewide Plan

- The Monitoring Unit concluded that the Department was in compliance with the requirements of this element.
- **We concluded that the Department wasn't in compliance and that the Unit's assessment couldn't be relied on.** (See

Settlement Element Requirement

Assessment of Compliance

discussion on pages 27-28.)

IV.G. [Area Office Data System] Pending implementation of the integrated information system provided for by section X (A), SRS agrees to implement and maintain an automated, area-office, PC-based data system that will track foster-home resources and vacancies in SRS family foster homes and shall include descriptive information that will be used to place children in available, appropriate homes.

IV.H. [Therapeutic Foster Home Program] SRS agrees to maintain the therapeutic foster home program with at least the number of beds available as of April 1, 1993, as per Attachment A [146]. This does not preclude the right of SRS to cancel any contract.

IV.J. [Confirmed Abuse/Neglect Reports on Providers] When SRS confirms a report of suspected abuse or neglect by a foster parent or other placement provider, SRS agrees, subject to the due process requirements of K.S.A. 65-516, to enter that information into the Central Registry unless it determines that the foster parent or provider should be offered a post confirmation corrective action plan pursuant to section 1624 of the SRS Family Agenda Manual. The Department's decision to offer such a plan shall be governed by section 2351 of the SRS Policy Manual or by the corresponding section of the SRS Family Agenda Manual when it becomes effective.

• **The Department reported it wasn't in compliance with this element.** (See discussion on page 33.)

- The Monitoring Unit concluded that the Department was in compliance with this element.
- We concurred and concluded that the Unit's assessment for this element could be relied on.
- This was the second review of this element to establish one year of continuous compliance. Formal monitoring of this element will stop.

• **The Department reported it wasn't in compliance with this element.** It only achieved 64% compliance; 80% compliance was required for this monitoring period. (See discussion on page 33.)

Items Related to Foster Care Services

V.A. [Needs Assessment/Plan for Services] The Department shall conduct a formal needs assessment of its statewide and regional needs for services for children in Department custody. SRS agrees to contract with one of the state universities or another appropriate entity to conduct this assessment. The contractee shall take into consideration any other data already compiled. The contractee shall identify strategies to assist area offices and communities in the development of resources. Following good-faith consideration and review of this assessment and of current and potential resources, SRS agrees to develop *and implement* a plan by which individual children in Department custody receive adequate services. *[Italicized requirements will be assessed at a future date.]*

Items Related to Adoption

VI.C. [Decentralization of Adoption] SRS agrees to complete a study of the feasibility and utility of decentralizing some or all of the adoption program so as to expedite steps necessary to secure adoptive homes for appropriate children.

Items Related to Staffing

VIII.A. [Caseload Guidelines] SRS agrees to develop guidelines for determining an appropriate workload range individual workers can handle effectively. Reasonable professional standards will guide development of these guidelines.

Needs Assessment

- The Monitoring Unit didn't make an assessment of compliance with these requirements during this monitoring period.
- **We concluded that the Department wasn't in compliance.** (See discussion on pages 25-27.)
- This was the second review of these requirements. In the last monitoring period, we concluded that the Department wasn't in compliance with the requirements of this element.

Statewide Plan

- The Monitoring Unit concluded that the Department was in compliance with the requirements of this element.
- **We concluded that the Department wasn't in compliance and that the Unit's assessment couldn't be relied on.** (See discussion on pages 27-28.)

- The Monitoring Unit concluded that the Department was in compliance with this element.
- We concurred and concluded that the Unit's assessment for this element could be relied on.
- Monitoring for this element was a one-time event and formal monitoring of this element will stop.

- Based on an agreement with us, the Monitoring Unit didn't make an assessment of compliance with this requirement. Therefore, we didn't assess the Monitoring Unit's reliability.
- **We concluded that the Department wasn't in compliance with this element.** (See discussion on pages 29-30.)

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VIII.B. [Annual Study] Until the automated information system provided for by section X(A) is operational with the ability to capture accurate and timely work-load data, SRS will conduct an annual study to determine the actual workloads of each youth service social worker, including any supervisors handling cases.

VIII.C. [Equitable Workload Distribution] Using the annual studies provided for by section VIII (B) and other appropriate sources, SRS agrees to regularly monitor worker caseloads and shall take appropriate steps to achieve an equitable distribution of cases amongst its social-work staff. SRS shall have total discretion to determine how to effect the equitable distribution provided for by this section.

VIII.D. [Evaluation of Paraprofessional Staff] SRS will produce a report evaluating the effectiveness of paraprofessional staff and modify the use of paraprofessionals accordingly.

VIII.E. [Staffing Levels] Consistent with the guidelines developed pursuant to section VIII (A) and with the data collected pursuant to sections VIII (B-D), SRS agrees to maintain sufficient staff to comply with the Department's caseload guidelines and to implement the provisions of this agreement.

- In the last monitoring period, we concluded that the Department wasn't in compliance with this element.

- Based on an agreement with us, the Monitoring Unit didn't make an assessment of compliance with this requirement. Therefore, we didn't assess the Monitoring Unit's reliability.
- We concluded that the Department was in compliance with this element.
- This was the second review of this element. In the last monitoring period, factors prevented us from determining whether the Department was in compliance with this element.

- Based on an agreement with us, the Monitoring Unit didn't make an assessment of compliance with this requirement. Therefore, we didn't assess the Monitoring Unit's reliability.
- **Factors prevented us from determining whether the Department was in compliance with this element.** (See discussion on pages 31-32.)

- Based on an agreement with us, the Monitoring Unit didn't make an assessment of compliance with this requirement. Therefore, we didn't assess the Monitoring Unit's reliability.
- **We concluded that the Department wasn't in compliance with this element.** (See discussion on pages 30-31.)
- This was the second review of this element. In the last monitoring period, we concluded that the Department wasn't in compliance with this element.

- Based on an agreement with us, the Monitoring Unit didn't make an assessment of compliance with this requirement. Therefore, we didn't assess the Monitoring Unit's reliability.
- **Factors prevented us from determining whether the Department was in compliance**

Settlement Element Requirement

Assessment of Compliance

with this element. (See discussion on pages 31-32.)

Items Related to Training

IX.A.2. [Competency-Based Training System] The Department shall develop a competency-based training system in conjunction with a state university or another qualified institution.

- The Monitoring Unit concluded that the Department was in compliance with this element.
- We concurred and concluded that the Unit's assessment for this element could be relied on.
- Monitoring for this element was a one-time event and formal monitoring of this element will stop.

IX.A.4. [Advanced Client-Centered Management Training] The Department has contracted with the University of Kansas to provide client-centered management training, including group supervision and more traditional methods. Department supervisors and managers shall complete advanced training in this area. (Population definition: All SRS SW IVs who supervise Area office youth service workers who were performing that duty as of January, 1994.)

- The Monitoring Unit concluded that the Department was in compliance with this element. The Department achieved 97% compliance; 80% compliance was required for this monitoring period.
- We concurred and concluded that the Unit's assessment for this element could be relied on.

IX.A.5. [Pre-Service Training] The Department will establish, consistent with reasonable, professional social-work standards, a minimum number of hours of competency-based, child welfare training *that staff will complete prior to assuming caseload or supervisory responsibilities.* [*Italicized requirements will be assessed at a future date.*]

- The Monitoring Unit concluded that the Department was in compliance with this element.
- We concurred and concluded that the Unit's assessment for this element could be relied on.
- Monitoring for this requirement was a one-time event and formal monitoring of this requirement will stop. Delivery of this training will be assessed in a future monitoring period.

IX.A.6. [Basic Core Curriculum Training] Every SRS worker shall complete Basic Core Curriculum Training within six months of commencing employment. The Department may modify this training as it implements the competency-based training system. (Population definition: The requirement applies to all Youth and Adult Services SW I, II, and IV having

- **The Department reported it wasn't in compliance with this element.** It only achieved 88% compliance; 90% compliance was required for this monitoring period. (See discussion on page 32.)
- This was the second review of this element. In the last monitoring period, we concluded that the

Settlement Element Requirement

Assessment of Compliance

responsibility to the plaintiff class members who have been employed 6 months as of the compliance date.)

Department was in compliance with this element.

IX.A.7. [Supervisory Training] Every SRS supervisor shall complete Supervisory Training within six months of commencing employment as a supervisor. (Population definition: This requirement applies to all Youth Services SW IVs hired as supervisors after 6/93 who supervise area office youth service workers having responsibility to the plaintiff class members.)

- **The Department reported it wasn't in compliance with this element.** It only achieved 71% compliance; 90% compliance was required for this monitoring period. (See discussion on page 32.)
- This was the second review of this element. In the last monitoring period, we concluded that the Department was in compliance with this element.

IX.A.8. [Annual Training] The Department will establish, consistent with reasonable professional, social-work standards, a minimum number of hours of competency-based, child-welfare training each year, *unless extraordinary circumstances, particular to an individual worker, make the worker unable to complete the training without great hardship, in which case the Commissioner of Youth and Adult Services personally shall approve in advance the extension in person and in writing; the extension shall not exceed 60 days. [Italicized requirements will be assessed at a future date.]*

- The Monitoring Unit concluded that the Department was in compliance with this element.
- We concurred and concluded that the Unit's assessment for this element could be relied on.
- Monitoring for this requirement was a one-time event and formal monitoring of this requirement will stop. Delivery of this training will be assessed in a future monitoring period.

IX.A.11. [Personnel Training Record Keeping System] The Department shall maintain an accurate and up-to-date standardized system for recording the training as provided to all SRS personnel.

- The Monitoring Unit concluded that the Department was in compliance with this element.
- We concurred and concluded that the Unit's assessment for this element could be relied on.
- This was the second review of this element to establish one year of continuous compliance. Formal monitoring of this element will stop.

Items Related to Information System

X.B. [FAME] Pending implementation of the information system provided for by section X(A), [KSSIS], the Department shall implement and maintain the Family Agenda Monitoring Elements (FAME) system in each area office. That system shall accurately

- **The Department reported it wasn't in compliance with this element.** (See discussion on page 33.)
- This was the second review of this element. In the last monitoring period, we concluded that the

Settlement Element Requirement

measure whether a family-based assessment occurred prior to custody; general services provided in specific cases; duration of services, custody, and placement; case-specific outcomes; and children's individual placement histories.

Assessment of Compliance

Department wasn't in compliance with this element.

Items Related to Program Analysis Unit

XI.A. [Program Analysis Unit] SRS agrees to maintain an ongoing system to monitor performance and adherence with SRS policy and applicable state and federal law. The unit responsible for such monitoring will perform periodic analyses of youth service programs and make recommendations to SRS management.

- The Monitoring Unit concluded that the Department was in compliance with this element.
- We concurred and concluded that the Unit's assessment for this element could be relied on.
- This was the second review of this element to establish one year of continuous compliance. Formal monitoring of this element will stop.

Items Related to Financial Resources

XVI.A. [Financial Resources] The Department agrees to use good faith efforts to secure appropriations at the SGF Base Resources Level and the Federal Base Resource Level.

- Based on an agreement with us, the Monitoring Unit didn't make an assessment of compliance with this requirement. Therefore, we didn't assess the Monitoring Unit's reliability.
- We concluded that the Department was in compliance with this element.
- This was the second review of this element. In the last monitoring period, we concluded that the Department wasn't in compliance with this element. Formal monitoring of this element will stop.

Is the Department Complying With the Requirements in the Settlement Agreement?

During this third monitoring period, we assessed a total of 45 requirements related to 36 elements that the Department had to comply with in the settlement agreement. As described earlier, our role as external monitor involves verifying that the work of the Department's Internal Quality Assurance Monitoring Unit can be relied on. This report reflects the Department's compliance during the period January 1 to June 31, 1995.

Based on our reviews and testwork, we verified that the Department was in compliance with 16 of the requirements being assessed during this period (36%). For four of those requirements, the formal monitoring will stop because the Department demonstrated continuous compliance for one full year.

We were able to verify that the Department wasn't in compliance with 18 requirements (40%) related to the following 14 elements:

- I.A. Screening System
- I.D. Initiation of Investigations
- I.E. Family Based Assessment/Family Based Plan
- I.I. Multiple Unconfirmed Reports
- II.A. Needs Assessment/Statewide Plan for Preventive Services
- IV.B. Needs Assessment/Statewide Plan for Placements
- IV.G. Foster Homes Resources Information System
- IV.J. Confirmed Abuse/Neglect by Foster Parents or Other Providers
- V.A. Needs Assessment/Statewide Plan for Services to Children in SRS Custody
- VIII.A. Caseload Guidelines
- VIII.D. Evaluation of Effectiveness of Paraprofessional Staff
- IX.A.6. Core Curriculum Training
- IX.A.7. Supervisory Training
- X.B. FAME Information System

In six of these areas of noncompliance, we didn't perform any monitoring testwork because the Department acknowledged it wasn't in compliance. However, we have reported any corrective actions the Department indicated it would take.

Based on the results of its case readings, the Monitoring Unit also concluded the Department wasn't in compliance with six other requirements (13%) relating to four elements. In these instances, however, we concluded the Unit's assessment couldn't be relied on because the case readings weren't accurate enough to draw reliable conclusions. Because we reviewed only a sample of the hundreds of case files read during this monitoring period, we couldn't reach an independent conclusion about whether the Department was or wasn't in compliance. These areas will be assessed again in future case readings. The four elements in question are listed below:

- I.D. Initiation of Investigations
- I.E. Family Based Assessment/Family Based Plan

- I.F. Content of Investigations
- I.H. Completion of Investigations

Finally, we couldn't tell whether the Department was in compliance with the following five elements, because the Department and Children's Rights, Inc., hadn't yet agreed on what the Department was required to do to comply:

- I.G. Protective/Medical Services
- II.D. Implement the Revised Family Emergency Assistance Program
- II.E. Maintain Flexible Funds
- VIII.C. Equitable Workload Distribution
- VIII.E. Maintain Staffing Levels

Our verification testwork showed that the work of the Monitoring Unit generally could be relied on. However, in 10 areas we concluded the Monitoring Unit's conclusions couldn't be relied on. As noted earlier, many of these instances related to the accuracy of the first case reviews to be done under the settlement agreement. Given the complex task of trying to review hundreds of cases with a large number of staff, first-time inaccuracies probably should have been expected. Based on the work we've already done for the next monitoring period, it appears the accuracy of the case readings is improving with time and experience.

These and other findings are discussed in more detail in the sections that follow. We've grouped our discussion around elements related to protective services, the needs assessments/Statewide plan, staffing, training, information systems, and financial requirements.

The Department Didn't Comply With the Requirements Related to Protective Services in Four Areas

According to the settlement agreement, during this monitoring period the Department was required to do the following at least 80% of the time:

- maintain a system for screening reports of abuse and neglect (element I.A.)
- ascertain the safety of the allegedly abused or neglected children in a timely manner (element I.D.)
- complete a Family Based Assessment and a Family Service Plan within 45 working days of accepting a report of abuse or neglect (element I.E.)
- have an uninvolved supervisor review prior reports and investigations, if there have been three or more unconfirmed reports of abuse or neglect involving the same child or family within two years when there is no clear explanation for the pattern (element I.I.)

As described below, we found the Department hadn't met all the requirements of these elements:

- The Department reported that only 71% of the abuse or neglect reports it received were screened appropriately. However, the Department indicated

it was revising and standardizing its screening procedures to come into compliance in the future.

- The Monitoring Unit's case reading showed the Department initiated a protective services investigation by the assigned deadline only 73% of the time. Based on our testwork, we determined that the Monitoring Unit's review was reliable.
- The Monitoring Unit's case reading showed the Department completed a Family Based Assessment only 73% of the time. We determined the Monitoring Unit's review in this area was reliable.
- The Monitoring Unit's case reading showed the Department reviewed previous unconfirmed reports of abuse or neglect and documented that review only 22% of the time. We determined the Monitoring Unit's review was reliable in this area. The Department achieved such a low rate of compliance with this element because case workers in the area offices don't have direct access to the computer database listing prior reports of alleged abuse or neglect in other area offices besides their own. Case workers could request this information from the database but the procedures for doing so weren't clear.

Although the Monitoring Unit concluded the Department wasn't in compliance with six other requirements relating to protective services, we concluded the review of case files wasn't accurate enough in these areas to assess the Department's level of compliance. The four elements involved, and the results reported by the Monitoring Unit, are summarized below:

- The Monitoring Unit's case reading showed the Department conducted a Preliminary Risk Assessment only 77% of the time (settlement element I.D.)
- The Monitoring Unit's case reading showed the Department completed a Family Based Assessment within the required timeframe only 75% of the time, completed a family service plan only 65% of the time, and completed a family service plan within the required timeframe only 68% of the time (settlement element I.E.)
- The Monitoring Unit's case reading showed the Department interviewed all the appropriate parties during an investigation only 61% of the time (settlement element I.F.)
- The Monitoring Unit's case reading showed the Department completed a protective service investigation within 25 working days only 46% of the time (settlement element I.H.)

The profile on the facing page describes the process the Monitoring Unit went through in reviewing case files during this monitoring period. To verify the reliability of the case reading and the conclusions the Monitoring Unit drew, we tested a sample of the hundreds of case files the case readers reviewed. As described in the profile, if case readers' assessment of compliance with a requirement didn't agree with ours at

Case Review Procedures

The Department contracted for case readers and team leaders through the Hugo Wall School for Urban and Public Affairs at Wichita State University. Each case reader and Post Audit staff received one week of intensive training. All 16 readers who completed the training were selected to read cases.

The University assigned each reader to one of three teams. Each team read cases in four area offices over a period of four weeks. The case reading involved reviewing more than 500 case files and answering a series of questions about whether certain actions had been taken, certain forms had been completed, or certain people had been notified of something, and the like. A member of the Internal Monitoring Unit's staff accompanied each team in the field, and was also responsible for overseeing its work.

To verify the accuracy of the case readers' review, we read a random sample of cases from the Monitoring Unit's sample. We then compared the case readers' conclusions for those cases to our conclusions, and looked for discrepancies. We determined that the case review would be reliable if we agreed with the case readers 95% of the time.

At the conclusion of our review, we met with the Monitoring Unit to discuss any discrepancies we found. If the Unit's staff could convince us that the case reader's answer was right, we changed our answer. Otherwise, we concluded that our answers were correct, and used that information in drawing conclusions about the reliability of the case review.

least 95% of the time, we concluded the review for that particular requirement wasn't reliable.

We held the case readers to a high level of agreement (but not total agreement) because we wanted maximum assurance that their assessments accurately reflected the information in the case files. This was especially important because the readers are only reviewing a sample of cases and those results are to be projected onto the entire population of cases.

In all four areas described above, the case readers' assessment differed from ours from 9% to 12% of the time. Because of the risk that similar inaccuracies persisted throughout the entire case reading for these areas, no one can say with any certainty what the Department's level of compliance really was. These areas will be reassessed in future case readings.

This was the first case review the Monitoring Unit has undertaken in conjunction with the settlement agreement. Based on the experience gained from this case reading, the Monitoring Unit has further defined the questions used to assess compliance, refined the training for the case readers, reduced the number of case readers, and increased the number of its reviews over case readers. These steps should be effective in reducing the level of inaccuracies in future case reviews.

Factors prevented us from determining whether the Monitoring Unit's assessment of compliance with one requirement related to protective services was reliable. We weren't able to determine whether the Department had complied with the requirements of settlement element I.G. [Protective/Medical Services]. This element requires the Department to take reasonable action if it determines that medical services are necessary in the course of investigating a report of abuse or neglect.

During our verification of the case review, we raised a concern about whether the Monitoring Unit should base its compliance determination only on those cases where the Department had determined medical services were necessary, or whether the compliance assessment should include those cases where there was no evidence

the Department made a determination or took any action to provide medical services. At the time this report was written, the Department and Children's Rights, Inc., had not yet reached agreement on the monitoring of this element. We will follow up on this issue in the next monitoring period.

The Department Didn't Meet Six Requirements Related to the Assessment of Its Needs for Services and Placements

Settlement elements II.A., IV.B., and V.A. require the Department to conduct formal needs assessments of its Statewide and regional needs for preventive services (designed to prevent out-of-home placement), for services for children in the Department's custody, and for placements. According to the Monitoring Plan the Department prepared, the needs assessments would do the following to demonstrate compliance:

- clearly identify Statewide and regional needs in these three areas
- consider any data already compiled in this area
- evaluate the effectiveness of the Family Preservation units (element II.A. only)
- identify strategies to assist area offices and communities in developing needed resources

The Department submitted three separate documents that were intended to address the requirements of all three elements.

The documents submitted by the Department didn't clearly identify Statewide and regional service needs. According to the program evaluation literature we reviewed in making our assessment, an effective needs assessment should do the following:

- identify the number and types of services that are available in a given geographic area
- evaluate the accessibility of those services
- identify specific service gaps or deficiencies in a given geographic area
- assign a priority level to the identified needs

In our opinion, the documents the Department submitted to demonstrate compliance didn't meet these criteria. Our conclusion was based on the following:

- One document attempted to identify regional service needs using data from existing databases and information systems in the State. For example, the Department hoped to use already-available information about teen pregnancy rates, children in poverty, out-of-home placement rates, and the like to identify community service needs. However, the report concluded that accurate information about these "indicators" just wasn't available to be used meaningfully.
- Another document was a high-level public policy analysis. This document identified policy barriers to safely maintaining children in the home, but it didn't identify service needs or address any of the other criteria noted above.

- The third document, which was a focus group study, came closest to meeting the above criteria. During focus group interviews held across the State with social workers, clients, and service providers, the Department's consultant asked a number of service related questions. For example, social workers were asked, "Of the services you want to provide, which can you not get for families in your area?" The services the workers could choose from were fairly specific. Their responses should have provided the kind of information the Department needed to identify service gaps and deficiencies.

Unfortunately, that document didn't report participants' responses to questions about specific service needs. For preventive services, it listed the following six service needs as having the highest priority:

- parent support programs in terms of helping parents learn positive discipline and providing a safe, structured environment for the children (Family Preservation)
- assistance (including cash) with obtaining health care services
- counseling
- day care
- training in positive communication
- respite care

For services to children in the Department's custody, the study listed the following three needs as having the highest priority:

- involvement of all concerned parties in case planning
- involvement of birth parents
- information on children

In our opinion, some of the needs listed aren't for services (for example, "involvement of birth parents.") Other listed needs are so general that they're not useful in determining what specific services are needed, by whom, and where. For example, is the type of counseling needed drug/alcohol abuse counseling, psychological evaluations, individual or group therapy for children, sexual offender counseling, in-home family therapy, anger management seminars for parents, or some other type of counseling? Without more specific information about the types and level of services needed and the groups who need those services, the Department can't identify meaningful strategies for developing its available resources or develop a reasonable plan for addressing the Department's service needs.

In the last monitoring period, we concluded the needs assessments identified Statewide and regional needs for preventive services and services for children in Department custody. However, when we reviewed the Statewide plan for this monitoring period, we realized that the Statewide needs for these elements weren't identified adequately enough to develop a meaningful plan based on those needs.

Settlement element II.A. also requires the Department to assess the effectiveness of its Family Preservation units. In the last monitoring period, we concluded the information submitted by the Department didn't demonstrate that it was in compli-

ance with this requirement. The Department submitted an additional document in this monitoring period that demonstrated compliance.

The documents submitted by the Department didn't clearly identify Statewide and regional placement needs. Settlement element IV.B. requires an assessment of the Department's Statewide and regional placement needs. We would have expected the documents submitted by the Department to focus on whether there are sufficient numbers of foster care families, group homes, or residential facilities in any given geographic area. Instead, the focus of the documents was on services needed for children in placements, rather than on the need for specific types of placements.

None of the documents submitted by the Department identified clear and specific strategies to assist area offices and communities in developing resources. Once specific needs have been identified, we would have expected the Department to do the following to meet the requirements of the settlement agreement:

- identify existing and potential resources for providing the needed services or placements (i.e., funding, staffing, and other service providers)
- examine the distribution of those resources, by area
- identify specific methods for developing those resources to provide the needed services

The documents submitted by the Department provide only very general strategies for developing resources. In addition, none of the reports identify additional resources available to the Department. Also, most of the strategies for developing resources are directed at entities other than the Department and include actions that aren't in the Department's control.

Finally, effective strategies for developing needed services and placements in the communities can't be developed until those specific service and placement needs have been identified. As noted above, the Department hasn't yet done this.

The Statewide plan the Department submitted didn't address the needs identified by the needs assessments documents. During this monitoring period, the Department also was required to develop a Statewide plan to meet the needs identified by the needs assessments. We would have expected this Statewide plan to include the following types of information:

- identifiable goals aimed at addressing the needs identified
- specific steps that need to be taken to achieve those goals
- a timetable for implementing the plan

For example, if the Chanute area office identified a need for outpatient drug and alcohol abuse counseling services, we would expect the Statewide plan to include the following types of information:

- Goal: The Department will procure outpatient drug and alcohol counseling services by contracting with a licensed private provider in the Chanute area.

- Action Steps: A contractor will be selected through the RFP (Request for Proposal) process.
- Timetable: The RFP will be developed by January 1, 1996. The RFP responses will be due on February 15, 1996. The contractor will be selected by July 1, 1996. The contract with the provider will be finalized by October 15, 1996.

The plan submitted by the Department doesn't identify any goals for addressing the Department's highest priority service needs. Rather, the plan contains a listing of the Department's existing and proposed projects for providing services. In addition, the plan doesn't have concrete steps for implementing the plan, nor does it have a timetable for achieving the goal of addressing service needs. The Department has provided additional information intended to demonstrate compliance with these requirements. This information will be reviewed in the next monitoring period.

Further, the steps listed in the Monitoring Plan are cumulative, the Department must first be in compliance with the needs assessment step before it can develop a Statewide plan. As noted above, in our opinion the reports the Department submitted didn't demonstrate compliance with the needs assessments requirements.

The Monitoring Unit reviewed the Statewide plan and concluded that it met the requirements of the settlement agreement. As a result, we concluded the Unit's assessment for these requirements couldn't be relied on. The Unit reports that additional information is available to address the concerns we identified. However, it wasn't available to us during our testwork and reviews for this monitoring period. We'll follow up on these elements during the next monitoring period.

Recommendations

1. To comply with the requirements of settlement elements II.A. and V.A., the Department of Social and Rehabilitation Services should assess its Statewide and regional needs for preventive services and for services for children already in the Department's custody. This needs assessment should identify such things as the number and types of services available in a given geographic area, the accessibility of those services, the specific service gaps or deficiencies, and the priority levels assigned to those services. As part of this effort, the Department should consider building on the information already provided by social workers during the focus groups conducted earlier.
2. To comply with the requirements of settlement element IV.B., the Department should assess its placement needs, focusing on whether there are sufficient numbers of placements—such as foster care families, group homes, or residential facilities—in any given area.
3. Once the Department has identified specific service and placement needs that are lacking, Statewide and regionally, it should identify specific strategies to assist area offices and communities in developing those services and placements and the resources needed to

provide them. It should also develop a systematic, comprehensive Statewide plan to meet those needs. At a minimum, this process should consider existing and potential resources for providing needed services and placements, specific steps for developing these resources to address identified needs, identifiable goals for addressing these needs, specific steps to achieve them, and a timetable for implementing the plan.

The Department Didn't Comply With the Requirements Related to Staffing in Two Areas

These two areas involve developing caseload guidelines, and evaluating the effectiveness of the Department's paraprofessional staff. For both areas, this was the second monitoring review.

The Department hasn't developed caseload guidelines as called for by the settlement agreement. Settlement element VIII.A. requires the Department to develop guidelines for determining an appropriate workload range that individual workers can handle effectively. The Department hired consultants to develop these caseload guidelines. Reasonable professional standards were to guide their development.

During the previous monitoring period, we concluded the caseload guidelines hadn't been developed as called for by this element. Based on our interpretation of the language in the settlement agreement, we would have expected guidelines to be developed that reasonably identified a target caseload and appropriate workload range that individuals could handle effectively. We also would have expected those guidelines to provide criteria for determining:

- what a target caseload should be
- what an appropriate range would be
- what size of caseload could be handled effectively

Finally, we would have expected the Department to report on how these factors related to professional standards.

The Department's consultant produced a document that discussed the interrelationships between the volume of cases, number of staff and dollar resources, and scope and level of work performed. The consultant also developed a generic formula—caseloads would be a target number, plus or minus a range of cases (formula = X plus or minus Y). The generic formula developed by the consultant did none of the "expected" things discussed above.

During the third monitoring period, the Department provided supplemental information to try to demonstrate its compliance with this element. In our opinion, that information still didn't satisfy the requirements of this element. The supplemental report noted that the guidelines were based on the results of an annual caseload study performed by the Department. According to the report, the appropriate caseload range that individuals can handle is the caseload they currently are handling. This argument seems to be contrary to the intent of the settlement agreement, which describes the guidelines as a tool to be used to prescribe what caseloads should be, not what they are.

Recommendation

The Department should devise guidelines that, at a minimum, provide criteria for determining what a "target" caseload should be, what an appropriate range would be, and what size of caseload can be handled effectively. It also should report on how these factors relate to professional standards. If the Department continues to develop new caseload standards each year, it will then have a basis for arriving at a target number that relates to the number of cases—and an acceptable workload range—that individuals can handle effectively.

The Department hasn't evaluated the effectiveness of its paraprofessional staff as called for by the settlement agreement. Settlement element VIII.D. requires the Department to complete a study evaluating the effectiveness of paraprofessional staff, and to modify the use of paraprofessional staff accordingly. The Department hired a consultant to perform this study. The apparent concern addressed by this element was that social workers shouldn't be spending their time on non-social-work activities that could be performed by paraprofessional (support) staff.

During the previous monitoring period, we concluded the Department hadn't evaluated the effectiveness of paraprofessional staff as called for in the settlement agreement. Based on our understanding of the settlement agreement, we would have expected the following types of things to have been considered:

- how social workers and paraprofessionals were, in fact, spending their time
- the tasks social workers were performing that could be performed by paraprofessional workers instead
- how the paraprofessional staff had changed over time (in terms of numbers, responsibilities, time spent on activities, etc.)
- whether paraprofessional staff could be assigned or reallocated to handle more of the non-social-work tasks currently being handled by social workers

The Department's consultant prepared a report summarizing the results of a two-week time study, in which the Department's social workers were asked to record the amount of time they spent on cases, and to ensure that support staff working on the same cases recorded the time they spent, as well. Based on the results of this study, it was projected that paraprofessionals would spend nearly one-third of the total hours spent on child/family cases over a one-year period. Because paraprofessionals spent time on cases, the Department concluded they were effective in providing relief to social workers. No changes were recommended in the use of paraprofessional staff.

We concluded that this study didn't evaluate the effectiveness of paraprofessional staff, because it didn't consider any of the factors described above.

During the current monitoring period, the Department provided supplemental information to try to demonstrate its compliance with this element. However, the information provided was basically a restatement of the rationale the Department presented in its initial report. For example, it noted:

- paraprofessionals contribute one-third of the effort involved in providing services to families and children by SRS staff
- paraprofessional position descriptions identify tasks associated with providing support to case-related activities that are appropriate to the position classification

The supplemental report stated that the existence of position descriptions for paraprofessional staff, and the fact that they receive annual performance evaluations, demonstrates that paraprofessional staff must be doing the tasks identified in their position descriptions. As a result, the Department concludes, they must be effective in reducing the workload of social workers. The Department's position is that an evaluation of paraprofessionals in a broader context would go beyond the intent of this settlement element. We continue to disagree with the Department on both counts.

Recommendation

The Department should develop criteria for assessing how and when paraprofessional staff would be used effectively, (i.e., for what types of tasks or activities), and should review the tasks performed by paraprofessionals and social workers to determine whether the current use of paraprofessional staff is effective. If not, the Department should develop a plan for modifying the use of paraprofessional staff accordingly.

Factors prevented us from determining whether the Department had complied with two requirements related to staffing. In the two areas discussed below, the Department and Children's Rights, Inc., haven't yet agreed on definitions or interpretations related to these elements:

- VIII.C. [Equitable Workload Distribution]: The language of the settlement agreement states, in part, "SRS agrees to regularly monitor worker caseloads and shall take appropriate steps to achieve an equitable distribution of cases amongst its social work staff." The Department thinks this language requires it only to take steps to achieve an equitable distribution. Children's Rights, Inc. maintains the Department must demonstrate that it actually has achieved an equitable distribution. This issue is still under discussion by both parties.
- VIII. E. [Staffing Levels]: The language of the settlement agreement states, in part, "Consistent with the guidelines developed...and with the data collected pursuant to sections VIII (B-D), SRS agrees to maintain sufficient staff to comply with the Department's caseload guidelines and to implement the provisions of this agreement." We found the Department to

be out of compliance with elements VIII.A. and VIII.D. At the time of our assessment, the parties hadn't yet agreed whether an assessment can be made when one element is affected by other elements found to be out of compliance. In addition, the parties hadn't agreed which elements are "staff sensitive," and thus relevant to the last portion of the settlement language.

Recommendation

The Department of Social and Rehabilitation Services should continue to work with Children's Rights, Inc., to reach agreements on the interpretation of settlement elements VIII.C. (which addresses the equitable distribution of social workers' workloads), and VIII.E. (which discusses the staffing levels the Department should maintain.)

The Department Didn't Comply With Training Requirements in Two Areas

The settlement agreement requires the Department to provide various training to its staff. According to settlement element IX.A.6., newly hired social workers are to receive basic core curriculum training within six months of beginning employment. In addition, element IX.A.7. requires every Department supervisor to complete supervisory training within six months of beginning employment as a supervisor.

The Department reported that it hadn't provided core curriculum and supervisory training to all the required staff. Of the 50 workers required to receive the core curriculum training, only 44, or 88%, received it. In addition, only five of the seven eligible staff, or 71%, received the required supervisory training. A completion rate of at least 90% was needed for these training elements for the Department to be in compliance.

The Department told us that it would be in compliance with these elements for the next monitoring period.

Recommendations

1. To ensure that it complies with settlement element IX.A.6., the Department of Social and Rehabilitation Services should make sure that at least 90% of the newly hired social workers receive basic core curriculum training within six months of beginning employment.
2. To ensure that it complies with settlement element IX.A.7., the Department should make sure that at least 90% of its supervisors receive the required supervisory training within six months of beginning employment as a supervisor.

The Department Didn't Comply With Three Requirements Related to Information Systems

The settlement agreement requires the Department to maintain a data system to track foster home resources and information regarding children and families in its care. It also requires the Department to enter all information regarding reports of abuse or neglect by providers into another data system.

The Department hadn't implemented an area office data system for family foster homes, as required. Element IV.G. requires the Department to implement and maintain an automated, area office data system that will track foster home resources and vacancies in family foster homes, and will include descriptive information for use in placing children in available, appropriate homes. During this monitoring period, the Department acknowledged that this system wasn't in place in the area offices. However, the Department told us it has since implemented such a system.

The Department reported that many of the reports it receives of abuse and neglect by foster parents or other providers don't get entered into its central database, as required. According to settlement element IV.J., when the Department confirms a report of suspected abuse or neglect by a foster parent or another placement provider, it is required to enter that information into the central registry database, the Child Abuse and Neglect Information System (CANIS).

The Department reported that only 64% of the reports of suspected abuse or neglect by foster parents or other placement providers had been entered into the central registry database. At the time of this report, the Department stated it was reviewing its procedures for ensuring that the names of confirmed perpetrators are entered in the CANIS system.

The Department reported that the study it used to test the FAME information system was unreliable. According to settlement element X.B., the Department is required to implement and maintain the Family Agenda Monitoring Elements (FAME) information system to capture custody, service, and placement information for children and families in its care. In October 1995, the Department's Program Analysis Unit performed a validation study of the FAME system, and concluded the required information was accurately recorded only 83% of the time. The Monitoring Unit expressed reservations that this conclusion was based on a sample that was too small to be valid. At the time of this report, the Department stated it had requested the Monitoring Unit to complete another study on the validation of the FAME system.

We will follow up on these elements during the next monitoring period and report our findings at that time.

Factors Prevented Us from Determining Whether the Department Had Complied With Two Financial Requirements

We weren't able to determine whether the Department had complied with the requirements of the settlement agreement regarding two financial requirements. At the time of our report, the Department and Children's Rights, Inc., hadn't yet agreed

on certain definitions or interpretations related to these elements. Below is a summary of the situations with each element:

- II.D. [Family Emergency Assistance Plan] The parties haven't yet agreed how or whether to monitor compliance with the last sentence of this element. We found the Department to be in compliance with the remaining sections of this element, but without agreement from the parties, we aren't able to determine compliance with the element as a whole.
- II.E. [Maintenance of Flexible Funds] In the information provided by the Department, the funds in one budgetary category were counted towards two elements. The parties are negotiating to determine which portion of the funds in this category, if any, should be counted toward this element, and which portion should count towards element V.F. [Maintenance of Services].

Since we completed our monitoring work, the parties agreed to the definitions or interpretations needed to monitor these elements. We'll follow up on these issues during the next monitoring period and report on our findings.

APPENDIX A

Summary of Compliance and Reliability Results For the Department of Social and Rehabilitation Services and Its Internal Quality Assurance Monitoring Unit

During this audit, we assessed the Department's compliance with the terms of the settlement agreement, in large part by verifying that the conclusions reached by the Monitoring Unit accurately reflected circumstances as they existed and as documented by the Department.

This appendix provides a summary of the results of our assessment as well as the Unit's conclusions about the Department's performance. In addition, it serves as a cross reference by providing the page number where information related to each requirement is presented in the report. Finally, this appendix provides the definitions of compliance and reliability that we used in our assessments.

COMPLIANCE AND RELIABILITY FOR THE SETTLEMENT AGREEMENT REQUIREMENTS

page	SETTLEMENT AGREEMENT REQUIREMENTS	RATING OF SRS' COMPLIANCE		LPA'S RATING OF MU'S FINDINGS	
		In Compliance	Not In Compliance	Reliable	Not Reliable
	I. PROTECTIVE SERVICES				
22-23	I.A. Maintain Screening System		X	(a)	(a)
	I.B. Investigate Law Enforcement Reports	X		X	
	Requirement 1	X		X	
	Requirement 2	X		X	
	I.C. Provide After Hours Directory	X			X
22-23	I.D. Initiate Protective Services Investigations				
	Requirement 1		X		X
	Requirement 2		X	X	
22-23	I.E. Complete Family Based Assessment/Develop Family Services Plan				
	Requirement 1		X	X	
	Requirement 2		X		X
	Requirement 3		X		X
	Requirement 4		X		X
23	I.F. Interview Appropriate Persons for Investigation		X		X
24-25	I.G. Provide Protective Services	(b)	(b)	(b)	(b)
23	I.H. Complete Investigation		X		X
22-23	I.I. Review Multiple Unconfirmed Reports				
	Requirement 1		X	X	
	Requirement 2		X	X	
	II. PREVENTIVE SERVICES				
25-27	II.A.2. Preventive Service Needs Assessment		X	(c)	(c)
27-28	II.A.3. Preventive Services Plan		X		X
	II.C. Maintain Funding Level for Emergency Shelter Grants Program	X		(c)	(c)
33-34	II.D. Implement Revised Family Emergency Assistance Plan	(b)	(b)	(b)	(b)
33-34	II.E. Maintain Funding Level for Flexible Funds	(b)	(b)	(c)	(c)
	II.F. Request Ex Parte Orders	X		X	
	IV. PLACEMENTS				
25-27	IV.B.2. Placement Needs Assessment		X	(c)	(c)
27-28	IV.B.3. Placement Needs Plan		X		X
33	IV.G. Foster Home Resources Information System		X	(a)	(a)
	IV. H. Maintain Number of Therapeutic Foster Care Beds	X		X	
33	IV.J. Confirmed Abuse/neglect by Foster Parents/other Providers		X	(a)	(a)

COMPLIANCE AND RELIABILITY FOR THE SETTLEMENT AGREEMENT REQUIREMENTS

page	SETTLEMENT AGREEMENT REQUIREMENTS	RATING OF SRS' COMPLIANCE		LPA'S RATING OF MU'S FINDINGS	
		In Compliance	Not In Compliance	Reliable	Not Reliable
	V. SERVICES				
25-27	V.A.2. Needs Assessment for Services		X	(c)	(c)
27-28	V.A.3. Service Needs Plan		X		X
	VI. ADOPTION				
	VI.C. Study Decentralizing Adoption Program	X		X	
	VIII. STAFFING				
29-30	VIII.A. Develop Workload Guidelines		X	(c)	(c)
	VIII.B. Conduct Annual Study of Workloads	X		(c)	(c)
	VIII.C. Take Steps to Achieve Equitable Workload Distribution	(b)	(b)	(c)	(c)
31-32	VIII.D. Evaluate Effectiveness of Paraprofessional Staff		X	(c)	(c)
30-31					
31-32	VIII.E. Maintain Sufficient Staff	(b)	(b)	(c)	(c)
	IX. STAFF TRAINING				
	IX.A.2. Develop Competency-Based Training System	X		X	
	IX.A.4. Complete Advanced Training in Client-centered Management	X		X	
	IX.A.5. Establish Minimum Hours for Pre-service Training	X		X	
32	IX.A.6. New Staff Complete Core Curriculum Training		X	(a)	(a)
32	IX.A.7. Supervisors Complete Supervisory Training		X	(a)	(a)
	IX.A.8. Establish Minimum Hours for Annual Training	X		X	
	IX.A.11. Standardized System for Recording Training	X		X	
	X. INFORMATION SYSTEM				
33	X.B. Maintain FAME Pending Automated Information System		X	(a)	(a)
	XI. PAU				
	XI.A. Maintain Program Analysis Unit	X		X	
	XVI. FINANCIAL RESOURCES				
	XVI.A. Appropriations	X		(c)	(c)

- (a) = LPA didn't assess IQAMU's reliability because SRS reported non-compliance
- (b) = Factors prevented us from determining SRS' compliance/IQAMU's reliability
- (c) = The Monitoring Unit did not assess this element during this monitoring period

• 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 required specifications in element 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:

- SRS source documents were not available for review
 - source of SRS data was unreliable
-

**NOT IN
COMPLIANCE**

Not in Compliance--Any of the following problems causes an element to be "Not in Compliance":

- SRS did not 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, did not provide evidence that the Department had complied with the Settlement Agreement

• Foster Care Settlement Agreement •

**Rating System for the Reliability of
the IQAMU's Monitoring Work**

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 were performed correctly
 - IQAMU's conclusions reasonably related to the information in the 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:

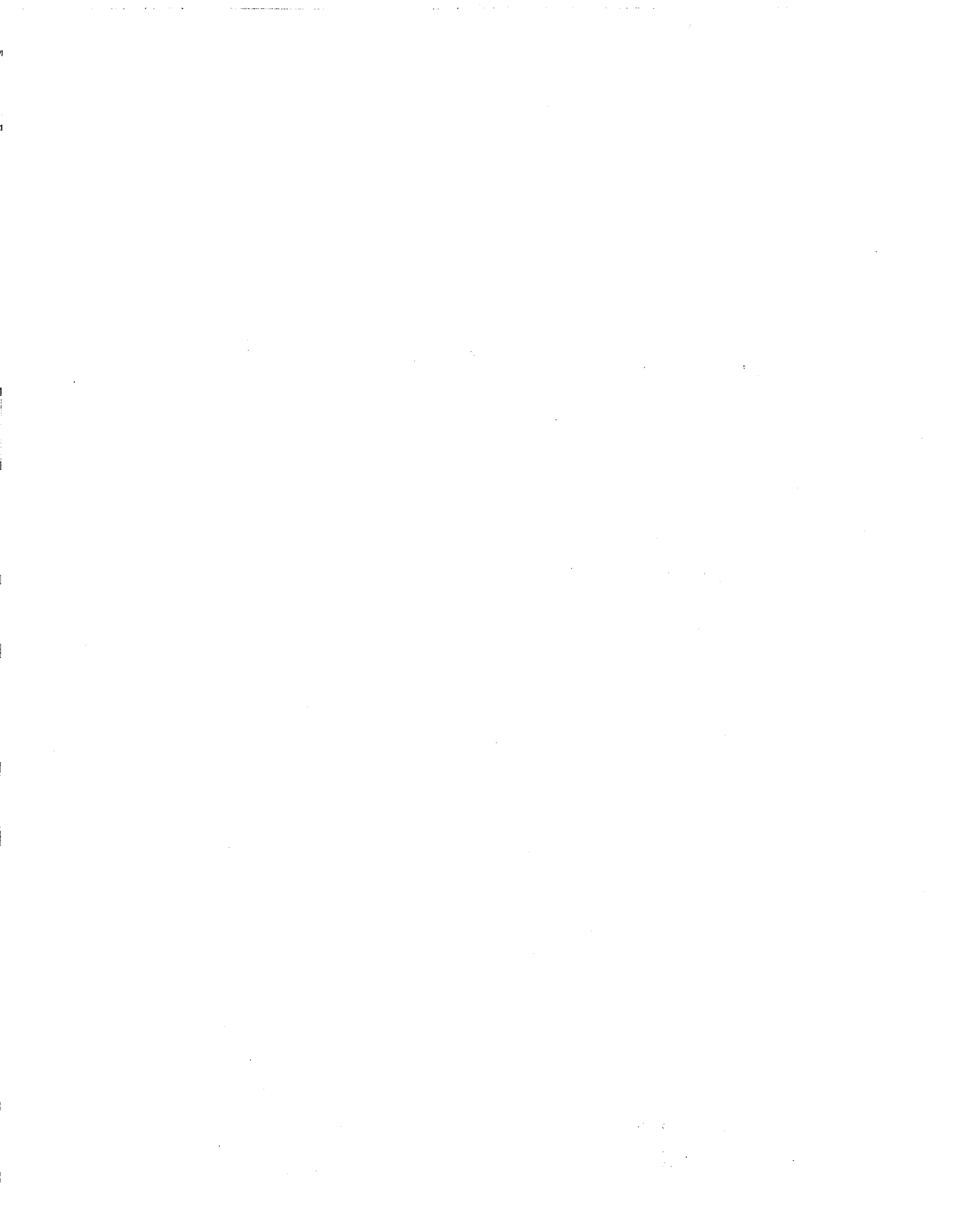
- IQAMU, or other contracted entity, had not performed review work required
 - IQAMU source documents were not available for review
-

**NOT
RELIABLE**

Not Reliable--Any of the following problems causes an element to be "Not Reliable":

- facts/data reported by the IQAMU were not substantiated by source documents or by Legislative Post Audit's reasonable interpretation of the facts in the source document
- Conclusions of the IQAMU regarding compliance were not supported

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



APPENDIX B

Schedule of Foster Care Settlement Agreement Requirements

The settlement agreement specifies requirements the Department must adhere to in several functional areas, such as preventive services and case reviews. For each requirement the Department has devised a plan for monitoring its performance, including the documentation it will provide. These agreement requirements have been scheduled to occur over the next four years.

The monitoring plan approved by both parties includes the dates by which the requirements are to be completed. This schedule is presented in this appendix for informational purposes.

MONITORING OVERVIEW

Monitoring Strategy:

- Doc Documentation (1-48)
- CR Case Review (1-5)
- CL Caseload Study
- TR Training Report (1-8)
- CS Case Study (1-2)

Settlement Agreement Element	80% Comp.Date	Monitoring Strategy
I. PROTECTIVE SERVICES		
A. Screening	1/95	Doc1
B. SRS investigation of law enforcement reports		
1. determination of need for further investigation	1/95	CR1
2. communication with County/District Attorneys re: K.S.A. 38-1522(c)	1/95	Doc2
C. After hours directory	7/94	Doc3
D. Initiation of investigations	1/95	CR1
E. Family Based Assessment/Family Services Plan	1/95	CR1
F. Content of investigation	1/95	CR1
G. Protective/medical services	1/95	CR1
H. Completion of investigation	1/95	CR1
I. Multiple unconfirmed reports	1/95	CR1
II. PREVENTIVE SERVICES		
A. Needs assessment and plan to provide preventive services		
1. Contract for needs assessment	3/94	Doc4
2. Completed needs assessment	10/94	Doc4
3. Plan developed	1/95	Doc4
4. Report on implementation progress	7/95	Doc4
B. Staffing		
1. maintenance of family preservation staffing levels	1/94	Doc5
2. Family Preservation Worker caseload	1/94	Doc5
C. Emergency Shelter Grant Program	1/94	Doc6
D. Family Emergency Assistance Plan	1/94	Doc7
E. Flexible Dollars resources	1/94	Doc8
F. Ex Parte orders or law enforcement removal requested by SRS	1/95	CR1

Settlement Agreement Element	80% Comp. Date	Monitoring Strategy
III. CASE PLANNING & REVIEWS		
A. Case planning policies	7/95	CR2
B. Case plan time lines	7/95	CR2
C. Case review time lines	7/95	CR2
D. Case plan and case review content	7/95	CR2
E. Long term foster care and independent living plans		
1. "reasonable" policies	9/94	Doc9
2. adherence to policies	7/95	CR2
F. Participation in case review		
1. brochure on case planning process	7/94	CR2,Doc10
2. notification	7/95	CR2
G. Training in case planning & permanency planning		
1. case planning training for SRS social workers	7/95	TR1,Doc11
2. case planning training for other SRS participants & third parties	7/95	CR2
3. permanency planning training	7/95	CR2,Doc11
H. CRBs and CASAs	7/94	Doc12
I. Reports to courts	7/95	CR2
IV. PLACEMENTS		
A. Handbook of Services	7/94	Doc13
B. Needs assessment and plan for placement		
1. Contract for needs assessment	3/94	Doc14
2. Completed needs assessment	10/94	Doc14
3. Plan developed	1/95	Doc14
4. Report on implementation progress	7/95	Doc14
C. Annual statewide assessment	1/97	Doc15
D. Placement data in information system	7/98	Doc16
E. Use of information system to modify placement services	7/98	Doc17
F. Supplemental board rate	1/94	Doc18
G. Area office data system	1/95	Doc19
H. Therapeutic foster home program	1/94	Doc20
I. No placements in unlicensed homes	7/95	CR2
J. Confirmed A/N reports on foster parents	1/95	Doc21
V. SERVICES		
A. Needs assessment and plan to provide services		
1. Contract for needs assessment	3/94	Doc22
2. Completed needs assessment	10/94	Doc22
3. Plan developed	1/95	Doc22
4. Report on implementation progress	7/95	Doc22
B. Annual statewide assessment	1/97	Doc23

Settlement Agreement Element	80% Comp.Date	Monitoring Strategy
C. Services data in information system	7/98	Doc24
D. Use of information system to modify service program	7/98	Doc25
E. Community Resource Development Unit	1/94	Doc26
F. Maintenance of services at current level	1/94	Doc27
G. Visitation	7/95	CR2
VI. ADOPTION		
A. Resources		
1. contracting for adoptive home assessments	6/94	Doc28
2. recruitment strategy	6/94	Doc29
B. Area attorneys	1/94	Doc30
C. Study decentralization	1/95	Doc31
D. Consideration of adoption at one year administrative reviews	7/95	CR2
E. Information to attorneys re: termination of parental rights	1/96	CR3
F. Request for approved families	1/96	CR3
G. Specialized recruitment	1/96	CR3
H. Notification of journal entries re: TPR/denial staffings	1/96	CR3, Doc32
I. Post placement/finalization	1/96	CR3
J. Policies and practices re: adoption matching prior to TPR	1/94	Doc33
VII. NAMED PLAINTIFFS		
A. Sheila and Thomas A.	1/94	CS1
B. Darrell and Brooks B.	1/94	CS2
VIII. STAFFING		
A. Guidelines	6/94	Doc34
B. Annual study	7/94	CL
C. Equitable workload distribution	1/95	Doc35
D. Evaluation of paraprofessional staff	9/94	Doc36
E. Staffing levels	1/95	Doc37
IX. TRAINING		
A. Staff Training		
1. Training Development Committee	1/94	Doc38
2. competency-based training system	1/95	Doc39

REVISED 10-6-94

Settlement Agreement Element	80% Comp.Date	Monitoring Strategy
3. rural interactive training network	12/96	Doc40
4. advanced client-centered management training	1/95	TR2
5. pre-service training	7/95	TR3, Doc41
a. Establish number of hours	1/95	Doc41
b. Implement training requirement	7/95	TR3
6. Basic Core Curriculum Training	7/94	TR4
7. Supervisory Training	7/94	TR5
8. annual training		
a. minimum hours	1/95	Doc41
b. staff completion	7/95	TR6
9. Family Agenda training	1/94 (90%)	TR7
10. Family Agenda policy & practice handbook training		
a. policy training	1/94	TR8
b. practice handbook training	1/96	TR9
11. training record keeping system	1/94	Doc42
B. Foster and adoptive parent training		
1. MAPP Pre-Placement Training		
a. completion before receiving child	7/95	CR2
b. information system	1/96	Doc43
2. satellite foster home training	7/95	CR2
3. MAPP training before relicensure	1/96	TR10
4. annual child welfare training for foster parents	1/96	TR10
5. record keeping system	1/96	Doc43
X. INFORMATION SYSTEM		
A. Development of automated information system	7/98	Doc44
B. Maintain FAME	6/94	Doc45
C. Assess need to modify CANIS	1/94	Doc46
D. KU client outcomes pilot project	1/94	Doc47
XI. PROGRAM ANALYSIS UNIT	1/94	Doc48
Sections XII - XVII will be monitored as necessary with documentation.		



APPENDIX C

Agency Responses

On June 19, we provided copies of the draft audit report to the Department of Social and Rehabilitation Services. On June 28, we provided copies of the draft audit report to Children's Rights, Inc. Their responses are included as this appendix.

We carefully reviewed both responses and made a few changes to improve the accuracy and clarity of the report. These changes didn't alter any of the findings or conclusions of the report.

Based on the Department's response, we have comments in the following area:

In three areas where we found the Department not to be in compliance—the needs assessments for services and placements, the development of caseload guidelines, and the evaluation of paraprofessional staff—the Department indicated it wanted us to defer making those assessments because the parties are actively negotiating to determine what the compliance requirements for these elements are. The Department maintains that until the parties have determined what is required to meet compliance, we should report that factors prevent us from determining whether the Department is in compliance in these areas.

We don't agree that factors prevent us from making an assessment, because we apply that finding only to those elements where we have never made an initial assessment due to differences of interpretation in the definition of an element or other process issues. In addition, although the Department has provided us with the Monitoring Unit's reports and supporting documentation required by the Monitoring Plan for these elements, in our opinion, that documentation, or additional testwork we performed, didn't provide evidence that the Department had met the required specifications in the settlement agreement.

It is our understanding that the parties' disagreement concerns our finding of noncompliance, rather than an interpretation of the requirements of the settlement agreement in these areas. In other words, the parties understand and agree to what is required by these elements, but disagree that the documentation submitted demonstrates compliance.

Based on this understanding of the parties' negotiations, we didn't change or defer our compliance assessment. In past monitoring periods, where there is no disagreement with the requirements of an element and we have determined that the Department isn't in compliance, we have reported that determination and reassessed compliance in the following monitoring period. In making our compliance assessments in this report, we followed this same procedure.

Based on Children's Rights, Inc.'s response, we have comments in the following areas:

1. Children's Rights, Inc. expressed concerns that our conclusion that the Department was in compliance with the requirements relating to the therapeutic foster home program was unreliable because the Department doesn't maintain a computerized tracking system of therapeutic foster home providers.

While it's correct that the Department no longer tracks foster care providers by type in either an automated or non-automated format, this deficiency didn't prevent the Department from demonstrating compliance with this element. We acknowledge, however, that this is an issue which should be addressed for management purposes. We have raised the issue in a management letter to the Department.

2. The Department reported that the study it used to test the FAME information system was unreliable, because the sample the Program Analysis Unit used was too small to be reliable. Children's Rights, Inc. asked us whether we agreed with this assessment and to indicate what sample size would be appropriate.

We're unable to comment on the appropriateness of the Program Analysis Unit's methodology, because we didn't monitor this element. When the Department notifies us in writing that it is out of compliance with an element, or when the Monitoring Unit has found noncompliance and the Department agrees with that finding, we don't make an assessment of that element. Noncompliant elements are then reviewed during the next monitoring period, unless otherwise specified by the parties.

3. Children's Rights, Inc. also requested that recommendations be made for the requirements related to information systems and all elements where the Department reported noncompliance. We didn't make recommendations for these elements for the same reason noted above. When the Department formally acknowledges noncompliance we don't make an assessment and, therefore, wouldn't be in a position to determine what the Department must do to come into compliance.



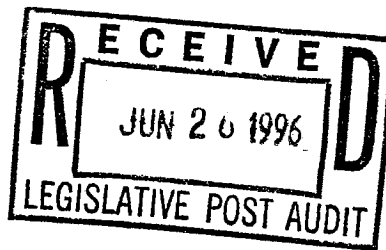
KANSAS DEPARTMENT OF SOCIAL
AND REHABILITATION SERVICES

915 SW HARRISON STREET, TOPEKA, KANSAS 66612

ROCHELLE CHRONISTER, SECRETARY

June 26, 1996

Barbara J. Hinton
Legislative Division of Post Audit
Mercantile Bank Tower
800 Southwest Jackson Street, Suite 1200
Topeka, KS 66612-2212



Dear Ms. Hinton:

We have reviewed the draft report, Verifying Information Provided by the Department of Social and Rehabilitation Services on Its Compliance with the Terms of the Foster Care Settlement Agreement: Monitoring Report #3. As requested, attached are comments, clarifications and corrections.

Given the nature of the monitoring process for the Settlement Agreement, the monitoring reports issued by LPA are historical in that the report represents information at a point in time and does not acknowledge the work that has been completed since that point in time nor does it reflect the current status of compliance at the time the report is issued. Based on the work of the Internal Quality Assurance Monitoring Unit and discussions with LPA staff and representatives of the plaintiff class, the twelve to eighteen months since the monitoring period covered in this report have been very productive and should result in reports of compliance in future reports issued by LPA.

The report notes that the Department and the representatives of the plaintiff class are responsible for determining compliance standards and clarifying these standards to the monitors. Five of the elements discussed at length in the report were previously reported on in LPA Monitoring Report #2 and are currently being resolved between the parties. I want to assure you that we take this responsibility seriously and are making diligent efforts to resolve all outstanding issues in a timely manner. The recommendations in the Verification Audits prepared by Legislative Post Audit are given consideration by both parties in this process.

The Department is currently in the process of many major initiatives which include the privatization of three programs within the Commission of Children and Family Services. While the initiatives are outcome based, all settlement requirements relating to the programs of Family Preservation, Adoption and Foster Care will be incorporated as part of the contracts and mechanisms will be in place to demonstrate compliance with these requirements.

Page Two
SUBJECT: Monitoring Report #3
June 26, 1996

As always, we appreciate the courtesy and professionalism shown by your staff and thank you for the opportunity to comment on this draft report.

Sincerely,



Rochelle Chronister
Secretary

RC:TAM:SAB:hs

cc: Martha Stone, Children's Rights Project, Inc.
Attachment

RESPONSE TO DRAFT LEGISLATIVE POST AUDIT REPORT RE: 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 #3:

Time Frame: The time period covered in the monitoring report may not be clear to the reader and may result in misinterpretations. The information presented is from a time period of twelve and eighteen months ago and does not reflect the current status at the time the report is released.

Monitoring Plan: As requested in earlier reports, the Department again requests that any reference to the Monitoring Plan in the Legislative Post Audit (LPA) report state "the monitoring plan as agreed upon by the parties". As required by the Settlement Agreement, the parties developed and agreed to the Monitoring Plan which details the methodology to be used to determine compliance. For example, the present language on page 5 could lead to misinterpretation.

Children's Rights, Inc.: (Page 5)

1) Clarification is requested regarding the establishment of Children's Rights, Inc. as representatives of the plaintiff class. The Department has been informed that the only difference in case management is that the ACLU is no longer the employer of the representatives of the plaintiff class.

Department Compliance: (Page 7)

1) The report states "the Department must maintain the required level of compliance with each requirement in the settlement agreement for one continuous year". Each element does not require one year continuous compliance. In November 1994, the parties identified which elements are subject to a continuous compliance review and which elements are "one-time" only events.

2) Also on page 7, the report states "the Department must maintain compliance with the agreement for a period of at least four years". The Monitoring Plan, as agreed upon by the parties, requires a staged implementation of the Settlement Agreement. The present language may be interpreted that all requirements of the Settlement Agreement are to be monitored for a period of four years which in fact is not the case.

Assessment of Compliance Sections: (Pages 10-19)

1) Presently, the statements regarding Department noncompliance are in bold print while the statements regarding Department compliance are not. The Department requests both statements be placed in bold print.

2) The inclusion of the compliance percentage the Department was to achieve for a particular requirement and the compliance percentage achieved is sporadic in the report. For clarity, the Department requests both percentages be included.

3) When the reliability of IQAMU is not assessed, the Department requests the report include the reason.

Decentralization of Adoption: (Page 15)

1) The report does not indicate formal monitoring of this element will cease.

Annual Study: (Page 16)

1) In the LPA Report for Monitoring Period #2, factors prevented LPA from making a finding for the 1994 Annual Workload Study and stated it would be included in Monitoring Report #3. This is not clearly stated in the information supplied on page 16.

2) IQAMU did complete an assessment of compliance with this element as per the schedule of the Monitoring Plan.

Equitable Workload Distribution: (Page 16)

1) IQAMU did complete an assessment of compliance with this element as per the schedule of the Monitoring Plan and are awaiting resolution and further direction of the parties.

Staffing Levels: (Page 17)

1) IQAMU did complete an assessment of compliance with this element as per the schedule of the Monitoring Plan and are awaiting resolution and further direction of the parties.

Pre-Service/Annual Training: (Pages 17/18)

1) The Department requests the report clarify the requirement of the Department during the monitoring period under review is the establishment of hours for both of these training elements. Staff completion of training will be assessed in future monitoring reports.

Financial Resources: (Page 19)

1) The Department requests the discussion on page 19 include the finding from the LPA Report of Monitoring Report #2 was a finding of technical noncompliance and the parties provided clarification of compliance requirements.

2) The report does not indicate formal monitoring of this element will cease.

Elements Reviewed in Report that are Currently being Resolved by the Parties:

The following elements were reviewed in a previous monitoring report by LPA (Monitoring Report #2) and are subjects of discussion between the parties:

- 1) **Needs Assessment/Plan for Preventive Services**
- 2) **Needs Assessment/Placements**
- 3) **Needs Assessment/Custody Services**
- 4) **Caseload Guidelines**
- 5) **Evaluation of Paraprofessional Staff**

1) All of the above elements were reviewed in the LPA Report for Monitoring Period #2. As you know, the parties are actively seeking resolution as to the compliance requirements for these elements. Until such determinations are made, and to be consistent with LPA reporting, factors should be preventing LPA from verifying the information regarding these elements.

2) If, however, it is determined that prior to the parties resolution of acceptable compliance standards, LPA will issue findings on these elements as included in the draft report, the Department offers the following comments:

Needs Assessments:

- IQAMU did assess the Needs Assessments as scheduled per the Monitoring Plan and are waiting resolution and further direction by the parties.
- This review is essentially a "re-review" of the same documents as in Monitoring Report #2 and the conclusions contradict the conclusions of the first review (see

Monitoring Report #2, page 15).

- As agreed upon between the parties, the Department clarified the area-specific strategies.
- Based on discussions with LPA staff, the Department understood that the area-specific strategies clarified by the Department for the Needs Assessment/Preventive Services and Custody Services satisfied the concerns expressed in Monitoring Report #2.
- As it is known the parties are determining what is required for compliance, a statement to this effect is requested in the report.

Caseload Guidelines:

- IQAMU did complete an assessment of this element according to the schedule in the Monitoring Plan and are waiting resolution and further direction of the parties.
- The additional information supplied by the Department as mentioned on page 28 related only to providing documentation that the development of the Caseload Guidelines was guided by "reasonable professional judgement". The parties agreed the additional information was supplied to resolve outstanding concerns of the parties.
- As it is known the parties are determining what is required for compliance, a statement to this effect is requested in the report.

Evaluation of Paraprofessional Staff:

- As it is known the parties are determining what is required for compliance, a statement to this effect is requested in the report.

Is the Department Complying with the Requirements of the Settlement Agreement: (Page 20)

1) On page 20, the report states "we were able to verify that the Department wasn't in compliance with 18 requirements related to the following 14 elements...". The list includes the five elements that the parties have yet to agree what is required to comply. These five elements, Needs Assessment for Preventive Services, Placements and Custody Services, Caseload Guidelines and Evaluation of Paraprofessional Staff should be included in the discussion at the top of page 21.

The Department Didn't Comply with the Requirements Related to Protective Services in Four Areas: (Page 21)

1) The current format of the discussion on pages 21 and 22 is confusing. The Department suggests a reordering of the narrative for clarification.

2) The third bullet should include "when there is no clear explanation for the pattern".

3) The Department requests clarification in the discussion regarding the review of multiple unconfirmed reports. The report states low compliance was achieved "because case workers in the area offices don't have access to the computer database listing prior reports". This is not accurate. Case workers do have access to the computer database, but clear procedures were not in place for case workers to follow. The Department has taken steps to rectify this situation.

Case Review Procedures: (Pages 22/23)

The Department requests the narrative include the following clarifications:

1) Eight of the Settlement Elements have been reported separate, however, they were reviewed under a single monitoring procedure. As per the Monitoring Plan, IQAMU submitted to the parties and LPA drafts of a) sampling methodology, b) protocols, c) procedures for selecting and training readers including assessment of inter-reader reliability, which was stated a minimum of 85%, d) data collection and analysis plan and e) final reports.

2) The purpose of this review was to determine that the material developed and procedures used were methodologically correct. Following the case review, LPA assessed how the training and case review was conducted and if the data was handled in a reliable manner. LPA determined IQAMU conducted the study and handled the data in a reliable manner. LPA's determination of "unreliability" is based on differences in how some individual questions were scored by IQAMU and LPA case readers.

3) Following Verification Audit procedures, LPA does not determine compliance on these elements but determines if IQAMU's results could be relied upon based upon the "level of agreement" between LPA case readers and IQAMU's case readers. LPA set this standard at 95%. The report does not include the basis for this standard.

4) Under the LPA standard, IQAMU's work would be determined unreliable if disagreement between the case readers occurs more than twice out of the 50 cases read by LPA. According to information received from LPA, the level of agreement on the elements where an unreliable determination was made are:

	Level of Agreement	
I.E. Requirement #2:	88%	Agreement on 50 cases out of 56
I.E. Requirement #3:	92%	Agreement on 50 cases out of 54
I.E. Requirement #4:	88%	Agreement on 50 cases out of 56
I.F.	91%	Agreement on 49 cases out of 53
I.H.	91%	Agreement on 49 cases out of 53

The Department requests the information on the "level of agreement between case readers" be included in the report for this monitoring period. The last paragraph on page 22 could be misinterpreted by the reader that IQAMU case readers disagreed with LPA 95% of the time, when in fact, agreement ranged from 88-92% on these elements.

5) The discussion in the text box on Case Review Procedures omitted that LPA staff attended the same intensive training.

Settlement Element I.G. Protective/Medical Services: (Page 23)

1) The report states on page 23, "This element requires the Department to take reasonable action **when** it determines that medical services are necessary in the course of investigating a report of abuse or neglect". The Settlement Element requires the Department to take reasonable action **IF** it determines that medical services are necessary. The use of "when" places a burden on the Department that was not intended by the Settlement Agreement and may be misinterpreted by the reader.

2) The report also states that factors prevented LPA from determining IQAMU's reliability. The parties agreed to the methodology to determine compliance with this element. LPA chose to delay their work and have requested the parties to reconsider the prior agreed upon methodology. This is not accurately reflected in the report as presently stated.

Statewide Plan: (Page 26)

1) In November 1996, the Department modified the state plan developed during the monitoring period under review to include specific tasks and timelines. When this document was provided to LPA, the Department was informed that it would not be considered for this report but would be included in Monitoring Report #4. The Department requests the report include a statement to that effect.

2) As you know, the parties are discussing compliance standards on all aspects of the Needs Assessment to include the state plan. The Department requests this report contain a statement to that effect.

Basic Core Curriculum/Basic Supervisory Training: (Page 31)

1) The report includes the statement "The Department told us that it would be in compliance with these elements for the next monitoring period". In the two monitoring periods that have passed since the monitoring period under review for the LPA report, IQAMU has reported 93% and 94% compliance for Basic Core Curriculum and 100% for both periods for Basic Supervisory Training.

Financial Requirements: (Page 32)

1) The report states "at the time of our report, the Department and Children's Rights, Inc., hadn't yet agreed on certain definitions or interpretations related to these elements". The parties hadn't yet agreed on the compliance standard for these elements during the monitoring period under review. At the time of the report, the parties have resolved this issue, informed the monitors and results are expected to be included in Monitoring Report #4.

Table for Compliance/Reliability:

1) In addition to clarifying IQAMU's actions on this table as mentioned in the above comments, the "x's" in each column do not seem to correspond to the numbers in the report.

2) Element I.C., After Hours Directory indicates IQAMU as not reliable. IQAMU was found reliable on this element.



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July 3, 1996

Ms. Barbara J. Hinton
Legislative Post Auditor
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Re: Sheila A. v. Finney
Case No. 95-73288-A

Dear Barbara,

Thank you for sending us the draft of the LPA Report. As always, we appreciate the thoughtful and careful job your office does in performing the Audit. As a result, my comments are limited to the few following:

Transfer of Representation from ACLU Children's Rights Project to Children's Rights, Inc.

You have asked us to write a description of the two entities and the transfer. I have enclosed a paragraph in this regard.

Summary of Non-Compliance

On pages 2 and 21-22, you summarize the numbers of elements both the Monitoring Unit and your office noted were in non-compliance. These numbers are confusing and seem to contradict each other and the rest of the report. It would be helpful to clarify, since the percentage of non-compliance of those elements actually reviewed is extremely important.

Corrective Action Plans

On p.7, you indicate that the Department has agreed to report on any corrective action plan it is taking to come into compliance in the future. On p. 21, you indicate that you have reported any corrective actions the Department indicated it would take. However, it is unclear in the report what these corrective actions are in each of the six areas of non-compliance. We believe these corrective action plans are extremely important to note if they exist, and equally as important to note if they do not exist, as this will be the only way that the Department will move towards compliance in the immediate future.

Therapeutic Foster Home Program

On page 15, you indicate the Department is in compliance. My understanding is that this has not been computerized and there is no computer tracking system. Therefore, the conclusions in this regard may be unreliable.

Case Reading

On page 24 you indicate that there was a 9%-12% difference between case readers and LPA's assessments. We feel it is important to state what variables might have caused these differences, so they can be dealt with appropriately. Also, what was the inter-rater reliability among LPA case readers?

Equitable Workload Distribution

On p.31 you indicate that the Department believes it need only "take steps to achieve an equitable distribution, not to demonstrate that it actually has achieved an equitable distribution." Obviously, plaintiffs strongly disagree with that interpretation, and on numerous occasions have so indicated. (See enclosed) We would like the report to state plaintiffs' position as well. We also understood LPA's position to agree with plaintiffs', and if that is so, would ask that you state that also.

FAME. P. 33

On p. 33 you indicate that the Monitoring Unit admitted their sample size for FAME was too small to be valid. Do you agree with this? What was the sample size and what would be more appropriate?

Recommendations

All of the recommendation sections do not have any time frame attached to them. I believe it would be helpful to indicate, as part of the recommendation, that the Department should take these actions "immediately," or "forthwith" or even "prior to the next monitoring period."

On p.33, one section Headed "The Department Didn't Comply with Three Requirements Related to Information Systems" contains no "recommendations" as did the other sections where you found non-compliance.

On p.33, at the conclusion of the first section, you indicate that you "will follow up on these elements during the next monitoring period and report" your findings at that time. I assume this sentence covers all areas in this section and not just the validation of the FAME system, but it is unclear.

There also is no "recommendation" section for those areas where the Department admitted non-compliance or where you found the Monitoring Unit's review could not be relied upon.

Thank you for your consideration of these issues. Please let me know if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Martha Stone".

Martha Stone
Attorney for Plaintiffs

Encl.

cc: Rene Netherton

MS/wlg

