



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 #10
Covering July 1 to December 31, 1998**

**A Report to the Legislative Post Audit Committee
By the Legislative Division of Post Audit
State of Kansas
October 1999**

Legislative Post Audit Committee

Legislative Division of Post Audit

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

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September 27, 1999

To: Members, Legislative Post Audit Committee

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This report contains the findings, conclusions, 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, Monitoring Report #10*.

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

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

Barbara J. Hinton
Legislative Post Auditor

EXECUTIVE SUMMARY
LEGISLATIVE DIVISION OF POST AUDIT

**Is the Department of Social and Rehabilitation Services
Complying with the Terms of the Foster Care Settlement Agreement?
Monitoring Report #10**

This 10th monitoring period generally covers requirements the Department was supposed to comply with from July 1 to December 30, 1998. During this period, 67 requirements stipulated in the settlement agreement were due for an assessment. Of these, only 49 actually were monitored. For the 49 requirements, the Department was in compliance with 17 (35%), and wasn't in compliance with 32 (65%).page 4

The parties to the settlement agreement delayed monitoring of 16 other requirements—2 case management and 14 foster care data and computer system requirements. They also agreed to remove two training requirements for satellite foster homes because such homes were eliminated by privatization.

Our findings are summarized below. The matrix beginning on page 14 shows the Department's compliance over time with each requirement that's been monitored to-date.

This period, the Department was in compliance with 5 of the 12 requirements related to investigating reports of child abuse or neglect (Case Review #1). Formal monitoring of those five requirements will stop because the Department has met compliance with them for one full year. The Department wasn't in compliance with seven requirements related to such things as investigating complaints by the assigned deadline, taking action to obtain medical services for the child, and having an uninvolved supervisor review prior reports of abuse or neglect looking for patterns of "unconfirmed" reports. We'll report on these seven requirements again next period. page 4-5

The Department was in compliance with 11 of the 29 requirements we assessed related to Case Review #2, which covers the management of foster care cases. For the period we reviewed, the Department wasn't in compliance with 18 requirements related to placements, services, visitation, and certain administrative tasks like scheduling and notification of case planning reviews. We'll review all these requirements again next period. Also, two requirements were removed from the settlement agreement, and reporting for two others was delayed.page 5

The Department was in compliance with 2 of 3 adoption requirements—two Case Review #3 requirements and one additional adoption requirement. The Case Review #3 requirements related to sending information to support motions to terminate parental rights to the county of district attorney. The Department was in compliance with one of these requirements, and formal monitoring of it will stop. It wasn't in compliance, however, with the second requirement, so we'll monitor it again next period. page 5-6

This period, the Department was also required to follow the procedures it established to track final orders terminating parental rights. The Department reported it wasn't in compliance with this requirement and will revise its existing corrective action plan to come into compliance in the future.

The Department inappropriately screened out some of the bona fide reports of abuse and neglect it received page 6-8
Beginning in July 1995, the Department was required to properly screen 90% of all alleged abuse and neglect reports it received. This period, the Department made the proper screening decision for 88% of the 424 reports the Internal Monitor reviewed. Early this year, the Department revised some of its assessment and screening policies and began training staff Statewide in an effort to meet compliance in the future.

Recommendation page 8

During this period, Department staff entered only 1 of the 20 foster care providers whose abuse or neglect of a child had been substantiated or validated into its Central Registry database. page 8-9
That person's name wasn't entered on time, however, so the Department's compliance rate for this period was 0%. Having these names in the database is a critical step in ensuring that foster children are safe. For example, the Department of Health and Environment checks this database before issuing licenses to foster parents, workers in foster care facilities, day care providers, and the like. The Department hasn't met this standard in any of the past monitoring periods we've reviewed.

The Department reported it would improve compliance by automating the process of entering names into the Central Registry. In addition, Department officials said they would track all 20 cases that weren't entered into the Registry as required to make sure those names got entered.

Recommendation page 8

The Department wasn't in compliance with one training requirement and delayed monitoring of two other important training requirements for foster parents and adoptive homes. page 9-10
All foster parents must complete annual training before a child in the Department's custody can be placed in their home, and the Department is required to track this training. The Department also must track the initial "MAPP" training completed by foster and adoptive parents. The Department reported it would revise its existing corrective action plan to come into compliance with the annual training requirement. The "MAPP" and foster parent training systems weren't monitored this period because the parties are negotiating issues related to them.

Recommendation page 10

The Department hasn't maintained two required computer systems to accurately track information about the children in foster care. page 10-11
The settlement agreement requires the Department to develop and maintain a timely and accurate automated computer system to provide all the information it needs to manage the foster care system. The Department implemented this system—called the Family and Child Tracking

System (FACTS)—in September 1997. However, until that system is determined to be timely and accurate, the Department is required to maintain two existing systems—an area office data system to track foster home resources and vacancies, and the Family Agenda Monitoring Elements (FAME) system.

Both systems were shut down in August 1997, and we don't know yet if the new FACTS system that replaced them is reliable (monitoring of that system was delayed this period). As a result, we concluded the Department wasn't in compliance with these requirements.

The parties agreed to delay monitoring of the 12 requirements related to its new information system—FACTS. This period, the Department was required to maintain accurate and timely information in FACTS. We didn't assess this system, however, because the parties hadn't yet agreed on how it should be monitored. We'll start monitoring these requirements in July 1999 if the parties have agreed on the criteria to measure compliance by then. page 11

Recommendation page 11

APPENDIX A: Compliance and Reliability Definitions page 22

APPENDIX B: Agency Responses page 25

This audit was conducted by Jennifer Wagner. Barbara Hinton was the audit manager. If you need any additional information about the audit's findings, please contact Ms. Wagner 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 (785) 296-3792, or contact us via the Internet at: LPA@lpa.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 May 1993, the Legislative Post Audit Committee directed the Legislative Division of Post Audit to conduct an ongoing performance audit assessing the Department of Social and Rehabilitation Services' compliance with the settlement agreement. Legislative Post Audit's role was to verify that the information the Department's internal monitor reported on its compliance was accurate and reliable.

This audit addresses the following question:

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

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

For the six-month period generally covered by this audit (July-December 1998), the internal monitor also reviewed hundreds of child abuse and neglect investigation, case planning, and adoption case files. For the requirements subject to these three case reviews, we reviewed small samples of cases to verify that the case readers accurately recorded, analyzed, and drew conclusions about the information in the case files.

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

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

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

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

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

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

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

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

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

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

The Department's Monitoring Unit serves as the frontline monitor reviewing Department-generated data and case files to assess the Department's compliance with each requirement. This Unit prepares a report summarizing the information it reviewed and drawing conclusions about the Department's compliance. Post Audit staff verify the accuracy and reliability of those conclusions by testing a sample of the compliance results generated by the Unit, and by conducting other independent reviews or tests as needed.

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

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

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

When the settlement agreement was signed in 1993, the Department administered the foster care system. In March 1997 it contracted with three nonprofit agencies to manage foster care cases. The foster care system remains relatively unchanged, however. Children the court has placed in the Department's custody who need out-of-home placements are referred to the contractor in their region of the State. The contractor is required to place that child in a home or facility appropriate to his or her needs. A major goal of the program is to provide services that will help reunite children with their families. If that isn't possible, then adoption or other options are considered. Those adoptions are handled by other entities the Department has contracted with.

The Department continues to be responsible for investigating allegations of child abuse or neglect, and for managing the cases of children placed in its custody who remain at home. It also continues to have ultimate responsibility for all children placed in its custody. In addition, the parties have agreed the Department still is responsible for compliance with the terms of the agreement, even though daily case-management activities have been passed on to the contractors.

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

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

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

The requirements being assessed this monitoring period generally were for actions the Department was required to take during July-December 1998. A total of 67 requirements were originally due for assessment. However, for the following reasons only 49 of those requirements were monitored this period:

- two requirements related to Case Review 2 (covering management of foster care cases), were removed from the settlement, and reporting for two others was delayed
- the parties agreed to delay monitoring of 14 other requirements while they negotiate issues related to them

For the 49 requirements monitored this period, the Department was in compliance with 17 requirements (35%), and wasn't in compliance with 32 (65%).

The remainder of this report is divided into two sections. The section below describes our findings in more detail, as well as any corrective actions the Department reported it plans to take to come into compliance. The second section (shown in the matrix beginning on page 13) summarizes the Department's compliance over time with each requirement that's been monitored to-date. Finally, Appendix A contains the definitions of compliance and reliability we use in our monitoring work.

The Department Was in Compliance with About 40% of All the Requirements Related to Investigating Reports of Abuse and Neglect, Managing Foster Care Cases, and Handling Adoption-Related Activities

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

This period, the Department was in compliance with five of the 12 requirements associated with Case Review #1 that are related to investigating the safety and status of children who may have been abused or neglected. Beginning in July 1995, the Department was required to consistently and thoroughly investigate 90% of the bona fide reports of child abuse or neglect it received. It met this standard for five requirements; formal monitoring of them will stop.

The Department wasn't in compliance with seven requirements in the following areas:

- investigating the complaint, including interviewing the appropriate parties, and completing the investigation within 25 days of accepting the original report of abuse

- completing a family service plan and taking action to obtain medical services for the child, if necessary
- having an uninvolved supervisor review any prior reports of abuse or neglect involving the same family or children to determine if there is any pattern of unconfirmed reports of abuse
- requesting that the child be removed from the home only if the child is in imminent danger of serious injury, the alleged abuser has access to that child, and the non-abusing parent can't protect them

We'll report on the Department's compliance with these requirements next period.

The Department was in compliance with 11 of the 29 requirements we assessed related to Case Review #2, which covers the management of foster care cases. The settlement agreement included many requirements for managing a child's case properly. These requirements were designed to ensure that staff closely monitor each child's case to determine the best course of action in a timely manner, provide whatever services are needed to help reunite the family, or move the child on to an adoptive home as quickly as possible.

For the period we reviewed, the Department wasn't in compliance with 18 requirements related to placements, services, visitation, and certain administrative tasks like scheduling and notification of case planning reviews. We'll review all these requirements again next period.

This period the parties also agreed to remove two training requirements related to satellite foster homes because these homes were eliminated by privatization. In addition, the parties agreed to delay reporting of two other requirements dealing with children's placements.

The Department was in compliance with one of two requirements assessed in Case Review #3, which covers adoption-related activities. Beginning in July 1996, the Department was required to send information to support motions to terminate parental rights to the county or district attorney, and to send that information within the required time frame, for at least 90% of all applicable cases.

This period, the Department sent the necessary information 93% of the time and formal monitoring of this requirement will stop. This information, however, wasn't sent by the required deadline 14% of the time. As a result, we'll monitor this requirement again next period.

The Department acknowledged it wasn't in compliance with one additional adoption requirement. The settlement agreement requires the Department to establish

procedures to track final orders issued at hearings where parental rights are terminated. This requirement was designed to ensure that the Department can act quickly to find adoptive homes once a child is legally free for adoption. The Department's tracking procedures involve two steps--entering the hearing date into a tracking log, and recording all contacts made with the court to see if a final order terminating parental rights has been filed.

This period, area office attorneys recorded these termination hearings 90% of the time, but made the required court contacts only 83% of the time. Compliance with the court contact requirement improved significantly (26%) over last period, but is still below the required level.

The Department acknowledged it wasn't in compliance with this requirement and will revise its existing corrective action plan to come into compliance in the future.

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

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

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

Beginning in July 1995, the Department was required to properly screen 90% of all alleged abuse and neglect reports it received. The Department hasn't met this standard in any of the past monitoring periods we've reviewed. This period, the Department properly screened 88% of the 424 reports reviewed by the Internal Monitor. Some examples of reports that were screened out when they shouldn't have been are provided in the box on the next page.

Generally, noncompliance seemed to result from staff's failure to follow the assessment and screening standards required by the Department's policy manual. Those policies require staff to assess all reports of suspected child abuse and neglect unless the report falls under one of 14 policy exceptions. In many cases, these exclusions were misapplied. For example, a report by a non-custodial parent alleging that his or her ex-spouse hit their child was screened out as a "custody dispute." Although the policy manual allows custody disputes to be screened out, this report contains an allegation of

The Department Inappropriately Screened Out Many Bona Fide Reports of Abuse or Neglect

The following are some typical examples of reports of abuse and neglect that were screened out:

Abuse or Neglect Alleged

A report alleged that two teenage boys were strangled by their stepfather, and one of the boys had marks on his neck and a bloody nose following the incident.

A reporter alleged that a seven-year-old child was "whooped" by his mother's boyfriend and thrown against a wall.

A six-week-old infant and a one-year-old child were alleged to be seriously underweight and underdeveloped.

A reporter alleged that a two-year-old was picked up by her arm and struck on the head, arms, legs, and buttocks.

A report alleged that a 13-year-old was abandoned by her mother and left to live alone.

Reason Why Not in Compliance

This report was screened out because staff didn't think it met the definition of abuse.

Staff screened out this report because the child didn't have any marks or bruises, and there wasn't any information that the child was injured. Hitting and throwing a child into a wall, however, is likely to cause harm.

A report may be screened out if the children can't be located after a reasonable effort. However, there was an address listed in the report, and there's no evidence that staff tried to locate the children there.

This report was screened out because staff assessed the incident two months ago. The reporter, however, alleged that the abuse happened "last night."

A report may be screened out if it doesn't allege abuse or neglect and another agency is providing services. This report, however, alleged neglect. In addition, services were being provided by a foster care contractor, rather than another agency.

abuse ("hitting"), and must be investigated unless there's substantial evidence the report wasn't made in good faith.

In addition, Department staff apparently still aren't complying with changes to an applicable Kansas Administrative Regulation that were made in January 1996, more than two years ago. These changes lowered the threshold of abuse and neglect from an "imminent" or immediate risk of harm standard, to a "likelihood" of harm standard.

Finally, it appears as though some staff may be considering bruising to be the standard of harm for accepting reports of abuse. The absence of marks or bruises doesn't mean there wasn't abuse, and it's not an allowable reason to screen out a report. In addition, slapping, hitting, or punching a child without leaving bruises still presents a "likelihood" of harm, and all reports that contain these allegations must be investigated.

The Department concurred with this finding of noncompliance. In January 1999, it revised the applicable sections of its policy manual to conform with the "likelihood" of harm standard mandated by K.A.R. 30-46-10 and began training staff Statewide.

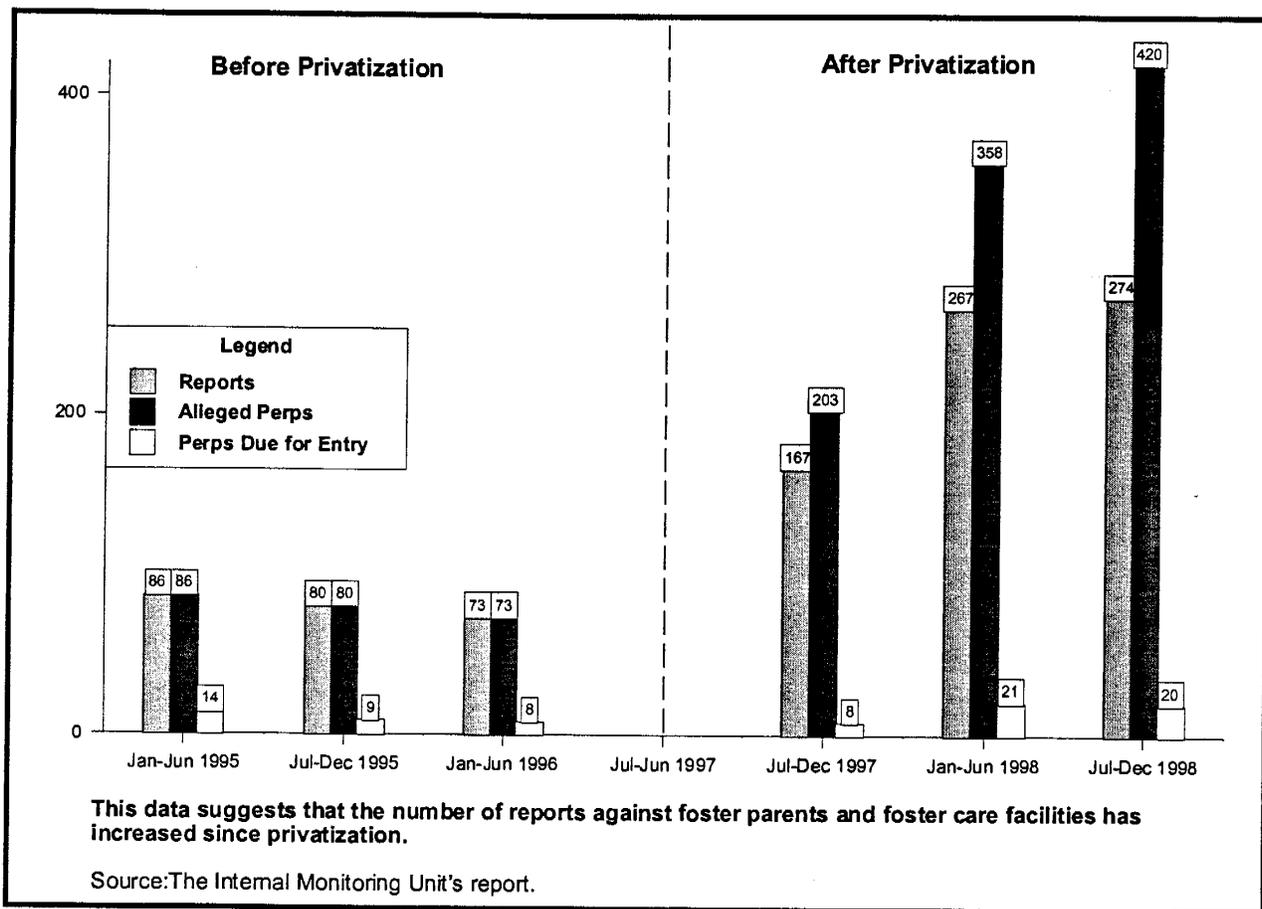
During this period, Department staff entered only one of the 20 names of foster care providers (foster parents or facility workers) whose abuse or neglect of a child had been substantiated or validated into its Central Registry database. Having these names in the database is a critical step in ensuring that foster children are safe. For example, the Department of Health and Environment checks this database before issuing licenses to foster parents, workers in foster care facilities, day care providers, and the like.

The Department hasn't met this standard in any of the past monitoring periods we've reviewed. During this period the Department was required to enter the names of 20 providers into the Central Registry. For nine of these 20 providers, the report of abuse or neglect had been "validated," which meant the names of those providers were required to be entered right away. For the other 11, the report of abuse or neglect had been "substantiated" but none had successfully completed a corrective action plan. At that point, these providers' names also should have been entered. Only one of the 20 providers' names had been entered into the Central Registry, and that provider's name wasn't entered on time. Thus, the Department's compliance rate for this period was 0%. (In its response to the draft copy of this report, the Department said it has since entered 14 of these 20 providers' names into the system.)

To improve compliance in the future, the Department is automating the process of entering names into the Central Registry. Coming into compliance quickly is important because, as the graph on the next page suggests, the number of reports of abuse against foster parents and foster care facilities may continue to increase, and consequently, more providers may need to be entered into the Registry.

**Recommendations Related to
Ensuring the Safety of Children**

1. The Department should review the Internal Monitor's preliminary screening results to identify the Area Offices that aren't following the assessment and screening standards required by its policy manual. Then, it should provide additional training to those areas.
2. The Department should continue to implement its July 13, 1999 corrective action plan--automating the process of entering names into the Central Registry.



The Department Wasn't in Compliance with One and Delayed Monitoring of Two Important Training Requirements For Foster Parents and Adoptive Homes

These requirements are summarized below:

- All foster parents must complete 16 hours of annual training before a child in the Department's custody can be placed in their home. This training provides continuing education to help keep their parenting skills up-to-date.
- To track this training, the Department is required to maintain an accurate and up-to-date computer system.
- In addition, the Department must maintain an accurate and up-to-date computer system to record the initial training (MAPP training) parents must complete before being licensed as a foster parent or approved as an adoptive home.

Having an accurate system to track training is important. Without one, there's an increased risk that foster or adoptive parents won't get the training they're required to have, and won't have the skills and information they need to best meet the child's needs.

The Department acknowledged noncompliance with the annual training requirement and will revise its existing corrective action plan to come into compliance in the future. The MAPP and foster parent training systems, however, weren't monitored this period. The parties agreed to delay monitoring of these requirements because they're actively negotiating issues related to them.

Recommendation for Improving Training

Although the Department maintains the system to track foster and adoptive parent training, it relies on the foster care and adoption contractors to supply the training data it enters. We recommend the Department review the contractors' data collection and submission procedures and identify which procedures are most efficient. Then, it should implement those procedures in each contract region.

None of the Information System Requirements That Track Data About the Children in Foster Care Were Monitored This Period

The Department hasn't maintained two existing computer systems, as required. The settlement agreement requires the Department to develop and maintain an automated computer system to provide all the information it needs to manage the foster care system. Until this system is tested for accuracy, however, the Department is required to maintain two existing systems. One is an area office data system to track foster home resources and vacancies. The other system--FAME (the Family Agenda Monitoring Elements system)--is supposed to track the following information:

- whether staff have assessed the strengths and needs of the child's family before the child is taken into the Department's custody
- what services have been provided for each child, and how long the child has been receiving those services
- how long the child has been in Department custody, and where she or he has been placed
- case specific outcomes
- each child's individual placement history

In August 1997, the Department shut down both the FAME and area office data systems and began working on a new system called FACTS (the Family and Child Tracking System). Because the new system hasn't been monitored yet, however, the Department still must maintain the old systems.

As with last period, since those systems have been shut down, there essentially was nothing for us to monitor. As a result, the only possible finding we can reach is noncompliance.

The parties agreed to delay monitoring of the 12 requirements related to its new information system--FACTS. This period, the Department was required to maintain accurate and timely information in FACTS. In addition to the information that was tracked by the old systems, FACTS must also track:

- all previous reports of abuse or neglect for the child or against the child's family
- the results for each step in an investigation or the reason why a report wasn't investigated
- what placements and services are needed Statewide
- workers' caseloads

The parties agreed to delay monitoring of FACTS, so we didn't monitor it this period. Monitoring was delayed to give the parties time to reach agreement on a methodology to measure compliance. Monitoring of FACTS won't resume until July 1999, so until then we have no way of knowing whether the required management information is being tracked accurately, or at all.

**Recommendations for Improving the Accuracy of
the Department's Foster Care Information System**

The parties should continue working to reach agreement on the outstanding issues associated with the Department's new information system--the Family and Child Tracking System--so we can assess it for the July to December 1998 period. If the system can't be validated by then, the Department should develop a plan for gathering the required management information in the interim.

Summary of Compliance for Monitoring Periods #1 - #10

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

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

MONITORING PERIOD

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

C = Compliance; CR = Case review; D = Monitoring or reporting delayed; N = Not in compliance; R = Removed; Y = Monitoring Stops

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

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

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

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

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

Actions First Required During 4th Monitoring Period											
69	CR2. Develop a written case plan for children in Dept. custody.				N	N	N	N	N	D	C
70	CR2. Develop a written case plan for families of children in Dept. custody.				N	N	N	N	N	D	C
71	CR2. Complete a written case plan within the required timeframe.				N	N	N	N	N	D	N
72	CR2. Update case plans for children in Dept. custody within the required timeframe.				N	N	N	N	N	D	C
73	CR2. Include services to prevent out-of-home placement in the initial case plan.				N	N	N	N	N	D	N
74	CR2. Describe the reason for agency involvement in the initial case plan.				N	N	N	N	N	D	C
75	CR2. Identify a planning goal in the case plan for children in Dept. custody.				N	N	N	N	N	D	C
76	CR2. Include services in the case plan to meet the child's needs, to reinforce family strengths and, where applicable, to reunify the family.				N	N	N	N	N	D	N
77	CR2. Include steps to meet the objectives of the case plan.				N	N	N	N	N	D	C
78	CR2. Identify in the case plan the type of placement, its appropriateness and, if applicable, how recommendations of the court were considered.				N	N	N	N	N	D	N
79	CR2. Include a discussion of compliance with the previous case plan in the administrative review.				N	N	N	N	N	D	C
80	CR2. Specify in the case plan the projected date for achieving the case planning goal.				N	N	N	N	N	D	C
81	CR2. Include in the administrative review a discussion of the continuing need for placement and services.				N	N	N	N	N	D	C
82	CR2. Adhere to Department policies on long-term foster care and independent living plans.				N	N	N	N	N	D	N
83	CR2. Notify parents and appropriate parties of the time, date, and place of the administrative review within the required timeframe.				N	N	N	N	N	D	N
84	CR2. Schedule administrative reviews to maximize participation.				N	N	N	N	N	D	N

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MONITORING PERIOD

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

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MONITORING PERIOD

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104	CR2. Ensure that third parties participating in the case planning process get case planning training.				N	N	N	N	N	R		Y
105	CR2. Specify the time, location, and duration of parent/child visits.				N	N	N	N	N	R		Y
106	CR2. Specify the time, location, and duration of worker/parent contacts.				N	N	N	N	N	R		Y
107	CR2. Specify the time, location, and duration of worker/child contacts.				N	N	N	N	N	R		Y
108	Provide access to adequate preventive services.				D	D	D	D	D	R/CRI		Y
109	Place children in least-restrictive, most family-like placement.				D	D	D	D	D	R/CRI		Y
110	Provide access to services for children in custody.				D	D	D	D	D	R/CRI		Y
111	Provide case planning training to eligible social workers				87% C	94% C						Y
112	Provide pre-service training to eligible staff.				81% C	96% C						Y
113	Provide annual training to eligible staff.				91% C	95% C						Y
114	Develop a competency-based curriculum for pre-service training.				C							Y
115	Develop a competency-based curriculum for annual training.				C							Y
116	Establish a policy requiring staff to provide case planning brochures to parents and other participants in the case planning process.				C							Y
117	Develop a competency-based curriculum for training in case planning.				C							Y

Actions First Required During 5th Monitoring Period													
118	Maintain accurate and up-to-date MAPP training record system.						N	N	N	N	D		
119	Implement and maintain accurate and up-to-date annual foster parent training record system.						N	N	N	N	D		
120	Provide annual child welfare training to all foster parents.						N	N	N	N	25% N		
121	Make diligent efforts to learn promptly of filing of journal entries terminating parental rights.						N	N	N	N	N		
122	CR3. Send information for motion to terminate parental rights, within the required timeframe.						73% N	79% N	91% C	85% N	94% C	86% N	
123	CR3. Send information for motion to terminate parental rights to County/District attorney.						83% C	86% N	93% C	87% N	96% C	93% C	Y
124	Implement the plan for preventive services.						N	D	D	D	C		Y
125	Same as above, for placement needs.						D	D	D	D	C		Y
126	Same as above, for services for children in custody.						N	D	D	D	C		Y
127	CR3. Send complete Adoption Referral Packet to Central Office, where appropriate.						88% C	87% N	100% C	100% C			Y

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MONITORING PERIOD											
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128	CR3. Send complete Adoption Referral Packet to Central Office, within the required timeframe.				56% N	71% N	100% C	97% C			Y
129	CR3. Develop an adoption recruitment strategy, where appropriate.				100% C	100% C					Y
130	CR3. Develop an adoption recruitment strategy, within the required timeframe.				100% C	100% C					Y
131	CR3. Conduct a staffing when a motion to terminate parental rights has been denied.				100% C	100% C					Y
132	CR3. Conduct a staffing when a motion to terminate parental rights has been denied, within the required timeframe.				100% C	100% C					Y
133	CR3. Consider approval for finalization of adoption at all administrative reviews subsequent to placement in a prospective adoptive home.				96% C	98% C					Y
134	CR3. Approve finalization of adoption within the required timeframe.				100% C	100% C					Y
135	CR3. Provide consent to adoption within the required timeframe.				91% C	95% C					Y
136	Provide Family Agenda Practice Handbook training to eligible staff.				83% C	97% C					Y
137	Provide MAPP pre-placement training to foster parents before relicensure.				97% C						Y

Actions First Required During 6th Monitoring Period											
138	Develop a rural interactive training network to provide Statewide training.					N	N	C			Y

Actions First Required During 7th Monitoring Period											
139	Conduct an annual statewide assessment of placement needs.						D	D	R/CRI		Y
140	Same as above, for service needs for children in custody.						D	D	R/CRI		Y
141	Maintain internal monitoring system to provide reliable conclusions on the Dept.'s compliance.						C				Y

Actions First Required During 10th Monitoring Period											
142	Maintain accurate data about needed placements and placement vacancies.									D	
143	Assess and if necessary, modify placement services for children in custody.									D	
144	Maintain accurate data about the availability of and need for services.									D	
145	Assess and if necessary, modify services program for children in custody.									D	
146	Implement and maintain an accurate and up-to-date information system that tracks prior allegations of abuse and neglect.									D	

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MONITORING PERIOD

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147 Same as above for the results of screening decisions, risk assessments, and investigations.										D	
148 Same as above for referrals for services.										D	
149 Same as above for worker caseloads.										D	
150 Same as above for case planning information.										D	
151 Same as above for child specific placement information.										D	
152 Same as above for case specific service information.										D	
153 Same as above for program management and legal compliance information.										D	

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APPENDIX A

Compliance and Reliability Definitions

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

• **Foster Care Settlement Agreement** •

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

COMPLIANCE DEFINITIONS

IN COMPLIANCE

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

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

**FACTORS
PREVENTED
VERIFICATION
OF COMPLIANCE**

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

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

**NOT IN
COMPLIANCE**

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

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

• Foster Care Settlement Agreement •

Rating System for SRS' Compliance with
the Settlement Agreement

RELIABILITY DEFINITIONS

RELIABLE

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

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

FACTORS
PREVENTED
DETERMINATION
OF RELIABILITY

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

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

NOT
RELIABLE

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

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

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

APPENDIX B

Agency Response

On July 6, 1999 we provided copies of the draft audit report to the Department of Social and Rehabilitation Services and to Children's Rights, Inc. Their responses are included in this appendix.

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

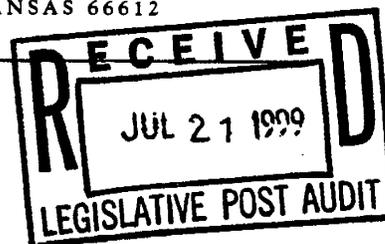


KANSAS DEPARTMENT OF SOCIAL
AND REHABILITATION SERVICES

915 SW HARRISON STREET, TOPEKA, KANSAS 66612

ROCHELLE CHRONISTER, SECRETARY

July 13, 1999



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

RE: Comments to the Draft copy for the Performance Audit Verifying Information Provided by the Department of Social and Rehabilitation Services on its Compliance with the Terms of the Foster Care Lawsuit Settlement Agreement Monitoring Report #10, covering the period of July-December 1998.

Dear Ms. Hinton:

The Department is in receipt of the draft report completed by Legislative Post Audit and distributed for comments. Specific comments are attached to this letter.

We are pleased with the overall progress that has been made with the Settlement Agreement since 1994. This continuing improvement is the result of a number of initiatives. A major accomplishment in this reporting period is that the parties agreed to develop a framework for production of the Needs Assessments and Plans. This Integrated Annual Plan will draw on many resources including results of focus groups conducted statewide by James Bell Associates. Another significant development is the agreement to provide CRI monthly foster care caseloads from the contractors as well as reports on child placement facilities and their capacities. While not available for Report #10, we have just received draft information concerning Case Review 2 (Case Planning) for one period. While compliance for two consecutive periods is required, we are encouraged to note that we were found compliant in eleven of the twenty-nine obligations for this period.

We continue to be concerned about issues such as screening out reports and entering validated providers in the Central Registry. The recent establishment of the Protection Report Center should significantly improve our receipt and screening of allegations of child abuse/neglect statewide. The aggressive corrective action plans we put into place for noncompliant obligations are already impacting our work. In the case of getting facility perpetrators into the Central Registry, I would note our corrective actions were not instituted in time to be reflected in this report since the instances reviewed were for an earlier period.

As reflected in your report, monitoring of FACTS will be our next big challenge. There are many issues yet to be resolved by the parties as we seek agreement on a number of issues.

Thank you for the opportunity to review and comment on this draft report. Please contact us if you have any questions concerning the attached comments.

Sincerely,

A handwritten signature in cursive script that reads "Rochelle Chronister".

Rochelle Chronister
Secretary

Page 6, First paragraph: This section references seven requirements for Case Review 1 with which the Department was not compliant. The Department wishes to note that the seven requirements or elements consist of seventeen specific questions. Compliance of 90% or better was achieved in eight of those seventeen questions. A level of 85% or better was achieved in an additional seven questions. Thus, only two of the seventeen remaining questions are below 85%. We recognize that all questions under any element must meet compliance in order to consider the element compliant, but wish to make note of the achievements thus far in the remaining seven requirements.

Page 6, Fourth paragraph: The first two sentences state that the Department's information system could not identify cases needed for Case Review 2, for the previous and the current reporting period. The Department wishes to clarify that the difficulty was related to the manner in which the case list pull was identified and sorted. The information system itself was operating and functioning properly. The Department requests this paragraph be changed to read, "Last period, reporting for the case review was delayed because of difficulties with identifying the information needed from the Department's information system. The read had to be delayed again this period while validation of the case sample was being completed."

Page 6, Sixth paragraph: Reference is made to the Department being responsible for Case Review 3 requirements even though adoption services have been privatized. The Department wishes to clarify that the two Case Review 3 requirements monitored in this period relate to SRS providing all information to the county/district attorney necessary to file a motion for termination of parental rights. This has always been the responsibility of SRS and was not deferred to a contractor.

Page 8, First paragraph: The Department wishes to clarify the wording of this paragraph. Specifically, the reference to 88% is not for screen-ins but for screen-outs. The issue is that a decision was made appropriately to screen out cases 88% of the time. The reference to 424 reports being received is incorrect. This was a sample case pull. The IQAMU report indicates the actual number of screen outs (not reports) for this time period was 6,841. From that listing IQAMU drew a sample which constituted 424 cases. Thus, of the 424 sample screen out reports, 88% were compliant.

Page 8, "The Department Inappropriately Screened Out Many Bona Fide Reports . . . "Box: The Department continues to request the removal of anecdotal examples used to illustrate noncompliance. Inclusion of these examples is not consistent with the reporting methodology of the Department's compliance with the Settlement Agreement. These five cases are not necessarily typical of those which were considered screened out inappropriately. The Department further wishes to state that screening decisions are made by licensed social workers and supervisors based on information available to them. Professional judgment is used in these very complex situations. This area, more than most in the Settlement, involves a judgement call by a licensed, trained, social worker and his or her supervisor, and, in some instances, noncompliance is based solely on a different judgment by the auditors.

Page 9, First paragraph: Reference is made to Department staff not being aware that changes to a K.A.R. had lowered the threshold of abuse/neglect from imminent to likelihood of harm. This change is covered in the current Policy and Procedure Manual, on which SRS staff statewide have received training.

Page 9, Fourth paragraph: This segment of the report deals with Documentation Project 21, reports of abuse/neglect in facilities. The opening sentence of this paragraph references the entry of provider names into the Central Registry in cases where abuse/neglect "had been substantiated or validated". The Department wishes to strike the word "substantiated" from that sentence. Cases involving only substantiation are not entered in the Central Registry; validation is required prior to entry.

Page 9, Fifth and sixth paragraphs: The Department wishes to clarify that not all twenty (20) people identified in the report belong in the Central Registry. Individuals who are offered a corrective action plan in accordance with the Department's manual, and who complete the plan successfully, are not entered into the registry. Also, of those twenty cases identified in the report, fourteen (14) are now in the registry and the rest are either completing correction action plans which, if completed, will not result in Central Registry entry, or are being reviewed to determine what actions need to occur to resolve the cases. (One individual was indeed in the Central Registry at the time of the review, but the entry was not timely.)

Page 9, Sixth paragraph: The Department requests that the first sentence be modified to read, "To improve compliance in the future, the Department is making changes in its system to create an automatic entry into the Central Registry for all cases where validation has occurred and all appeal options have been resolved." This differs somewhat from the original plan of enabling area offices to enter individuals directly into the registry. Information entered in FACTS by the area office will result in automatic rollover into the registry. The Department further wishes to clarify that there is no form used to enter an individual into the registry, as stated in the report. Various forms collect various information for the overall process, but there is no particular form for Central Registry entry.

Page 10, First Box: While this box reflects an increase in the number of reports between 1995 and 1998, it is worthy of note that the number of cases ultimately required to be entered in the registry has not shown that same dramatic change. The 18-month average in the illustration before privatization is ten (10) and after privatization is thirteen (13). Further, as explained above, the description given as "Perps Due for Entry" is inaccurate. Persons included in the numbers may not ultimately be appropriate for entry because corrective action plans may have been completed. The Department concurs that the number of overall reports is increasing and that the number of investigations is increasing. The increase in investigations by SRS is indicative of the Department's move toward more timely and comprehensive investigations of child abuse and neglect. This was made possible through the Department's contracting for placement services, freeing up agency staff time for these pursuits.

Page 10, Recommendations (Second Box): On the first recommendation, the Department has already completed training statewide and the manual has been updated. Manual revisions and subsequent training are ongoing as laws and regulations impact Department policies and procedures.

Page 11, First bullet: The first sentence of this bullet indicates that "all foster parents must complete 16 hours of annual training before they can be relicensed." The Kansas Department of Health and Environment criteria for relicensure includes completing six hours of annual training. The sixteen-hour requirement is a construct of SRS that relates to homes that can accept SRS children. As in the Department's response to the previous report, the Department requests this sentence read, "All foster parents must complete 16 hours of annual training before a child in the custody of SRS can be placed in the home."

Page 12, First paragraph: The first sentence states, "The Department hasn't maintained two existing computer systems, as required." As in the last two audit reports, the Department requests clarification of this issue. In the Settlement Agreement, the Department agreed to maintain the two systems mentioned **until** the implementation of the new system. While the new system (FACTS) will not be reviewed for compliance until after July 1, 1999, the Department actually implemented the new system in September 1997. As such, the two systems in question are no longer maintained.

Page 12, Fourth paragraph: The second sentence of this paragraph states, "This period, the Department was required to implement FACTS." As stated in the paragraph above, FACTS was actually implemented in September 1997. The Department requests that this sentence read, "This period, monitoring of FACTS was to begin."

General Comment: The Department strongly objects to the use of anecdotal information as placed in boxes in the report. The Child Welfare system in Kansas has taken significant steps to use legitimate data, and the use of anecdotal information undermines the purpose of using actual data.

**DOCUMENTATION PROJECT #21: ENTRY OF VALIDATED PROVIDERS INTO THE CENTRAL REGISTRY
(AMENDED)**

Action	Tasks Needed	Responsibility	Expected Completion	Actual Completion
Monitoring of CFS 2011 in Area Office	Revise the tool to monitor CFS-2011 that includes: date of finding, date entered into FACTS, date of substantiation/validation sent to Central Office, copy of tool to Strategic/Financial Management Unit.	Jerry Nelson	January 15, 1999	January 15, 1999
Clarify Corrective Action requirements	Review requirements of Corrective Action Plans with Chiefs. UPDATE: (1) Issue new Policy Manual, including CAP requirements. (2) Train SRS staff on new manual	Jerry Nelson Policy Unit Jerry Nelson	October 31, 1998 January 1999 March 31, 1999	October 15, 1998 January 28, 1999 March 4, 1999
Specify procedures for updating FACTS	Modify FACTS to reflect and update appeal decisions, CAP status, etc.	Bob Byers	April 1, 1999	April 19, 1999
Authorize local entry into Central Registry	Give selected field staff the ability to enter persons directly into Central Registry. UPDATE: Task amended. FACTS modification will enable area staff to enter findings and appeals into FACTS. FACTS will have an automatic "roll over" into the Central Registry where validation has occurred and appeal time has elapsed.	Bob Byers Bob Byers	April 1, 1999 October 1, 1999	NA (Amended)
Review non-compliant cases	Conduct review of noncompliant cases, determine reason of non-compliance and track steps to get each case into compliance.	Dorothy Tenney	Ongoing	

Joyce Allegretti

Joyce Allegretti, Commissioner

7-13-99

July 13, 1999



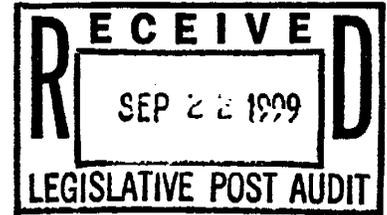
KANSAS DEPARTMENT OF SOCIAL
AND REHABILITATION SERVICES

915 SW HARRISON STREET, TOPEKA, KANSAS 66612

ROCHELLE CHRONISTER, SECRETARY

September 20, 1999

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



RE: Comments to the Revised Draft copy for the Performance Audit Verifying Information Provided by the Department of Social and Rehabilitation Services on its Compliance with the Terms of the Foster Care Lawsuit Settlement Agreement Monitoring Report #10, covering the period of July-December 1998.

Dear Ms. Hinton:

The Department is in receipt of the revised draft report completed by Legislative Post Audit and distributed for comment. This revision addresses the results of Case Review #2.6.

The Case Review #2.6 results are discussed on Page 5 over three paragraphs in the middle of the page. We request that, for clarity, the final sentence of the third Case Review #2 paragraph read as follows:

In addition, the parties agreed that the reporting on two placement requirements be delayed until the field work to determine compliance was completed.

The Department has no additional comments or corrections to offer on this new information.

Thank you for the opportunity to review and comment on the revised draft report.

Sincerely,

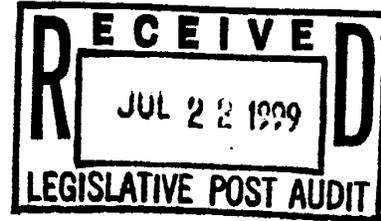
Rochelle Chronister

Rochelle Chronister
Secretary

cc: Deputy Secretary Schalansky
Joyce Allegrucci, CFS Commissioner



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July 21, 1999

BY FAX AND OVERNIGHT MAIL

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

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

Dear Ms. Hinton:

Thank you for inviting our comments to Legislative Post Audit's 10th Report of the Department of Social and Rehabilitation Services' Compliance with the Settlement Agreement entered into by the Department and the class of children, currently represented by Children's Rights, Inc. and Rene Netherton, Esq.

Several of the problems that were identified in this report are tied to the Department's FACTS system. The delay in completing Case Review 2, which pertains to case planning, for example, was due to the Department's inability to use FACTS to select a focused and accurate sample. Because of this inability, a dramatically over-inclusive sample had to be drawn. IQAMU was then forced to discard 54% of the cases which they ultimately determined did not belong in the sample. This naturally led to a substantial delay in completing Case Review 2.

This delay not only affected Case Review 2.6 (or the period reflecting compliance between January and June, 1998), but also threatened to delay the commencement of Case Review 2.7 and every subsequent case record review. This would also mean that the delayed results would be a less and less reliable means of measuring current practice.

To address the problems with Case Review 2.6 and the consequent delay it would have on future case reads, the parties decided to accept the results of Case Review 2.6 on fewer than 500 cases and to combine what would have been the next two six month periods into one period. Specifically, rather than read 500 cases from the period of July, 1998 through December, 1998 for the next monitoring period, IQAMU will combine 250 cases from the period of July, 1998 through December, 1998 and 250 cases from the period of January, 1999 through June, 1999 into one one-year period. The parties agreed to this based upon assurances from LPA that such

an approach would not affect the statistical validity of the results. It was the goal of the parties in reaching this agreement to move Case Review 2 into a more current time period.

While the parties were able to reach this reasonable agreement and hope that this will address the delays with Case Review 2, the cause of the problems experienced with Case Review 2 remains troubling. The inability of FACTS to select a focused sample is further compounded by the inability of FACTS to select a complete sample for Case Review 1 (IQAMU reported that the FACTS selection failed to include facility reports which then had to be added to the sample later) and raises concerns about the automated information system's current capabilities. The parties will not have a sense of whether these problems have been worked out until FACTS is revalidated.

As the automated integrated information system is the one extensive area to be monitored under the Settlement Agreement, we hope that the Department will focus its implementation efforts in this area. Because the FAME system was taken down before FACTS was fully implemented, we believe that any additional delays in full implementation poses real risks to children in care.

We are furthermore concerned about the fall in compliance levels in Case Review 1. While the Department reached compliance levels with 10 of the 12 requirements during the previous monitoring period (Case Review 1.7), only 5 requirements met compliance levels this period. As Case Review 1 pertains to investigations of reports of abuse and neglect, the reported decline in compliance is troubling and we urge the Department to determine the cause.

LPA's report also identifies many persistent problems. For example, the Central Registry is still at 0% compliance. In addition, departmental staff still seem unaware of the changes to thresholds of abuse and neglect made over two years ago, even though LPA has identified this as a problem area several times.

Finally, we are enclosing a copy of the Focus Group Report, which the Department developed to identify areas of service need, for the Committee's review.

Thank you for the opportunity to comment.

Very truly yours,



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