

**Topeka Shawnee County  
Child Welfare Pilot Project  
Prevention, Protection and Preservation  
Final Program Evaluation**

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**Topeka Shawnee County Child Welfare Pilot Project:  
Prevention, Protection and Preservation  
Program Evaluation of First Six Months**

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# Topeka Shawnee County Pilot Project: Prevention, Protection, and Preservation Program Evaluation of First 12 Months

## Evaluation Summary

This report is an independent evaluation of the first twelve months of the Prevention, Protection, and Preservation Pilot Project initiated by Social and Rehabilitation Services' Topeka Area Office (TAO), Children and Family Services. The pilot was implemented in Shawnee County and was undertaken in partnership with Kansas Children's Service League (KCSL), the Region 3 foster care and statewide adoption contractor. The pilot project was authorized in April 2003 and became fully operational on October 1, 2003. Authority to operate the pilot through 6/30/05 has been approved by SRS leadership and Department of Administration.

The TAO Pilot Project ended case-by-case monitoring and supportive case management provided by SRS for cases referred to the foster care and adoption contractor. The pilot shifted various responsibilities to KCSL, including authority to work directly with the court. TAO did not delegate any federal or state mandated requirements for investigations of abuse/neglect, participation in case planning, or acceptance of consents and relinquishments. TAO and KCSL engaged in extensive collaborative planning prior to initiating this pilot. Many different implementation issues were anticipated and addressed in a thoughtful way. Community stakeholder involvement was commendable.

Sixteen Full Time Equivalent staff positions in Shawnee County previously committed to monitoring and providing supportive case management to the contractor were reinvested in enhancing front-end services intended to prevent out-of-home placement, preserve family connections, and protect children. During the pilot project, KCSL also implemented a major program change that created two additional foster care service tracks: Intensive Reunification and Concurrent Case Planning.

This evaluation examined the impact of the pilot by assessing the achievement of client outcomes and other performance indicators (quantitative), and by interviewing approximately 70 staff and key stakeholders to more fully understand lessons learned in implementation (qualitative). Qualitative data were also gathered through client interviews. Quantitative data were analyzed for the twelve-month period of the pilot and compared with data for the same time period in the two preceding years. Following is a summary of the major findings of this evaluation.

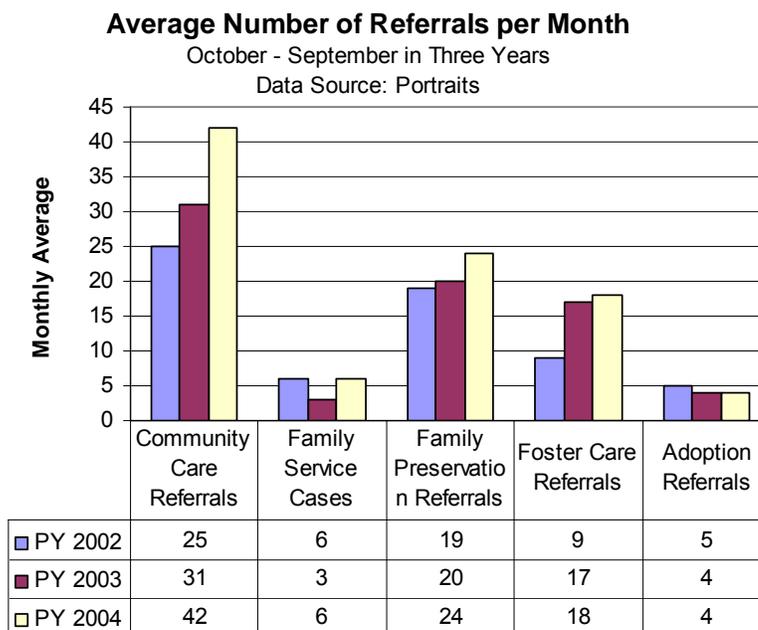
### Quantitative Findings

**Intake and Assessment** - During the pilot project, the number of screened-in reports increased by 2.9% over the same period a year ago—less than the 3.9% increase in the rest of the state. This increase translated into five additional accepted reports per month. The increase was almost entirely due to Abuse/Neglect cases. Efforts to work with Non-Abuse/Neglect (NAN) cases through the Community Care have helped to contain this growth. [Pg. 24-26] The Community Care initiative saw a 37% increase in referrals (largely NAN cases) during the pilot. During the pilot period, NAN cases made up only 14.9% of all screened-in reports, compared to 32% statewide in FY 2004. [Pg. 35]

**Foster Care Referrals** – Fifteen more children entered foster care during the pilot than in PY 2003. The rate of growth in foster care referrals (7.5%) was more than the increase in screened-in reports (2.9%). However, the increase was less than the 11.5% increase in foster care in the rest of the state. Shawnee County has a higher placement rate per 1000 in the child population than the rest of the state: 4.98 compared to 4.03, which is 24% higher than the rest of the state. Given the lower growth rate in Shawnee County, this gap shrunk during the pilot. [Pg. 26-28]

**Family Service and Family Preservation Referrals** - Family Preservation referrals increased by 23% from PY 2003 to PY 2004 (Pilot), an average of 4.5 more referrals per month. In comparison, Family Preservation grew only 2.2% in the rest of the state during this time between SFY 2003 and 2004. The number of Family Service case openings more than doubled during the pilot, from 34 cases in PY 2003 to 74 cases during the pilot, a 117% increase. Comparatively, Family Service cases initiated decreased by 4.9% in the rest of the state. Levels of Family Preservation referrals were higher and Family Service cases initiated were lower during the first six months than the second six months of the pilot, as staff were making the transition and learning new responsibilities. [Pg. 28-30]

**Figure 1**



**Maltreatment Recurrence** – Rates of maltreatment recurrence fell from 7.5% in PY 2003 to 4.9% during the pilot (PY 2004), returning to low levels experienced in PY 2002 (4.5%). This would be considered a low recurrence rate and would seem to be on track to meet the federal performance standard of 6.1% recurrences in six months. [Pg. 31]

**Relative Placement** - Children were more likely to be placed with relatives and less likely to disrupt from these placements during the pilot. In foster care during PY 2004, 34.1% of children (77) were placed with a relative within 30 days, compared to 18.4% in PY 2003 (38) and 14.0% in PY 2002 (19). In addition to more relative placements, a smaller percentage of these placements disrupted within 60 days (39% in PY 2004, 60% in PY 2003 and 37% in PY 2002). Children referred to Adoption were placed with a relative 43% of the time, compared to 28% in FY 2003 and 5% in FY 2002. Also during the pilot, the Kinship Care program located at the Family Resource Center developed Kinship Plans for 16 families with 34 children to prevent out-of-home placement. Only three of those children from two families came into SRS custody. [Pg. 32-24]

**Time to Permanency from Foster Care** - All the indicators of achieving timely permanency from Foster Care (as defined by SRS) improved during the pilot. Following are the major findings:

- Of the children exiting foster care, 82.5% exited positively to permanency during the pilot, compared to 74.1% in PY 2003 and 66.4% in PY 2002. [Pg. 37-38]
- Of those achieving permanency, the percentage of children exiting to reunification increased: from 60% in PY 2002, 57% in PY 2003, to 65% during the pilot (PY 2004). This resulted in a lower rate of adoption referrals. [Pg. 38]
- Of children reunified during the pilot, 69% were reunified in less than 12 months compared to 51% in FY 2003 and 39% in FY 2002. In general, this is the same measure used by the federal government, which set a standard of 76.2% nationally. [Pg. 39]
- The mean days to permanency for those achieving permanency dropped from 595 in PY 2002 and 628 in PY 2003 to 441 in PY 2004, a statistically significant decrease ( $p < .05$ ). The median time (in days) to achieving permanency dropped each year from 515 (PY 2002) and 546 (PY 2003) to 355 days during the pilot. [Pg. 40]
- Achieving permanency within 6 and 12 months are state contract outcome measures. During the pilot, achieving permanency in 6 months decreased somewhat from 18% in PY 2003 to 16% during the pilot (PY 2002 was 16%). Permanency within 12 months, however, improved to 38% during the pilot, compared to 28% in PY 2002 and 32% in PY 2003. [Pg. 40-42]
- Event history analysis, using Program Years as entry cohorts, showed that children achieved permanency more quickly during the pilot. While this is the best method for determining change, not enough time has elapsed for the most accurate analysis. Differences were not statistically significant; however performance between PY 2002 and the pilot approaches levels considered significant. [Pg. 42-43]

**Time to Adoption Permanency** – Time to achieving adoptive placement (APA) and overall time to achieve permanency increased during the pilot. Specific results are as follows:

- The mean number of days from referral to adoption finalization increased each year: from 472 days in FY 2002, to 559 days in FY 2003, to 643 in FY 2004. These differences were not statistically significant, but the trend is clear. [Pg. 44]
- Of the children referred to the contractor 6 months earlier, 19.1% achieved adoptive placement in six months in PY 2004 (Pilot) compared to 29.2% in PY 2003 and 24.3% in PY 2002. Statewide performance was 31% in SFY 2004. [Pg. 45-46]
- The number of children achieving adoptive placement within 12 months declined from 48.3% in PY 2003 to 41.2% during the pilot. Conversely, statewide performance increased from 36.8% 54.1% from SFY 2003 to SFY 2004. [Pg. 45-46]
- The mean number of days from referral to adoptive placement increased to 549 days during the pilot, from 356 in PY 2002 and 436 in PY 2003. [Pg. 46]

**Re-entry into Foster Care** – The re-entry rate remained low during the pilot. Only twelve children re-entered foster care during the pilot year, a re-entry rate of 5.3% of all referrals. This rate was similar to PY 2003 (4.8%) but substantially better than PY 2002 (16.9%). [Pg. 47-48]

**Quality Assurance Case Read Results** – Overall, foster care and adoption case review performance for the Topeka Shawnee County office remained above the state average during the pilot. However, there was a substantial decrease in overall performance during the pilot for foster care (89.3% during the pilot from 81.2% in PY 2003). Indicators that fell by 5% or more from PY 2003 to PY 2004 included: Encounter, Placement, Visits, and Achievement of Goal. Services to family increased by 7%. Adoption case reads showed a modest improvement: from 78.5% in PY 2003 to 80.8% during the pilot. [Pg. 48]

## **Qualitative Findings: Staff and Stakeholders**

This report tells the story of how people experienced both the positives and the negatives related to implementing this new service design. Although a list of very specific criticisms and concerns are identified, the general opinion about the Pilot Project was favorable. Notably, many individuals seemed highly invested in this child welfare system and possessed strong feelings about making it work effectively for children and families. The following is a summary of the interviews and focus groups held four months into program implementation.

**Transitioning to the Pilot Project** - Initial responses to the Pilot Project ranged from excitement and enthusiasm to anxiety and concern that dissipated as staff became more comfortable with their new positions and responsibilities. Likewise, the majority of people interviewed described a mostly smooth transition process with well-prepared staff, clients, and stakeholders. However, SRS and KCSL administrators expressed greater contentment with the early phases of the Pilot Project than supervisors and staff. [Pg. 53-54]

**Reinvestment of SRS Resources** - SRS administrators recognized “tremendous anxiety” among staff, especially about job stability, but generally were pleased with the realignment process. Staff, on the other hand, were generally unhappy about this process. However, this was partially impacted by the unrelated change to a new integrated service model. Differing opinions were expressed about the impact of the realignment process on CPS. The most prevalent theme identified regarding the new structure of SRS’s 3-P Unit was concern about the combination of CPS and family services. Staff also identified positives of the 3-P Unit. Many expressed liking CPS work better than their previous work in foster care or adoption. All levels of SRS staff affirmed the effectiveness of the current specializations. The Community Care Unit was viewed by the vast majority of SRS staff and community stakeholders as an effective frontline approach. [Pg. 58]

**Assessment of the Pilot Project** - In general, the vast majority of those interviewed were supportive of the Pilot Project, and said they would not want to return to the “old” way of doing business. A number of gains and losses were identified. Most KCSL staff reported that the agency went through a learning phase, but is now settled and more competent with its new roles and responsibilities. Nearly all KCSL staff agreed that the benefits outweighed the disadvantages.

Family Meetings resulted in a great number of mostly positive comments, signifying a general affirmation and acceptance of this approach. Both strengths and concerns were identified. Many people remarked on the importance of the facilitators, emphasized their role for mediating effective meetings, and expressed a general view that they are effective at their jobs.

In general, stakeholders assessed the Pilot Project as having minimal impact on their daily work. Areas for improvement included role clarification for their frontline staff and addressing tensions in some community-agency relationships. Overall, stakeholders identified many strengths related to strong communication and collaboration. The leadership provided by SRS was specifically noted as excellent and critical to the success of the Pilot Project.

KCSL staff reported that the pilot project was cost neutral. KCSL caseworkers agreed that paperwork and other responsibilities had increased, but said that the efficiencies gained by not having to go through SRS had balanced this out. Supervisors, however, reported that their workload had increased due to tracking due dates (e.g. court reports, case plans). [Pg. 59-62]

## **Qualitative Findings: Client Interviews**

Phone interviews were conducted with ten clients who were involved in an intake assessment from August 15, 2004 to September 15<sup>th</sup>, 2004. Interview participants were asked six main questions with several follow-up questions. The following is a summary of the findings:

**Appropriateness and Respect** – Most of the participants described the SRS workers as appropriate and respectful. Seven of ten participants described workers positively, using words like pleasant, polite and appropriate. Five also expressed concerns about the workers' appropriateness and respect for family members, with much angst about the first contact (e.g. forceful, disrespectful, rude, not having an open mind). [Pg. 62]

**Understand Family** - Interview participants were split on whether they viewed the SRS worker as having a good understanding of their families. Half of the people said that the worker understood them well (e.g. talked to the entire family, “steered us in the right direction.” The other half of the clients did not feel the SRS worker understood their families (e.g. lack of ability to listen to them). [Pg. 63]

**Connecting Services** - Six of the ten interview participants were connected to new services in a timely manner as a result of the intake assessment. All but one of them felt the services were appropriate and were pleased with the services as well as the process to get them. However, two people described the process as fatiguing and frustrating (e.g. “too many steps,” “too much paperwork” and “too much repetition of giving the same information.”). [Pg. 64]

**Family Strengths** - Eight of the ten interview participants described the SRS worker as identifying both strengths and problems in their families. The two people who did not view the SRS worker as identifying any family strengths said that it was never discussed. One of them felt the SRS worker “saw the negatives much more than the positives.” [Pg. 64]

**Helpful aspects of the Intake** – Most participants identified helpful aspects of the interaction with SRS. These comments fell into the following three categories: concrete information (e.g. house cleaning, disciplining children); services (e.g. getting connected to a good counselor); and rapport and relationship (e.g. worker like one of the family, really listened, and eased my mind). [Pg. 64-65]

**Other Suggestions** – Interview participants had a number of suggestions. Examples of these are: be nice and respectful; have an open mind and ask questions politely; don't “go at” people; and explain clearly and slowly and give parents time to adjust to the fact you are there.

## **Recommendations and Considerations**

This evaluation found positive movement in most outcome indicators examined. Additionally, it found widespread support for the changes implemented during the pilot among SRS and KCSL staff and the community stakeholders in Shawnee County. While the first few months of the project were transitional in nature, the pilot had become business-as-usual by the end of the first year. Based on this evaluation, two major recommendations are being made: 1) the pilot program be adopted in the Topeka -Shawnee County area and 2) SRS should consider expanding the pilot program design to other counties in Kansas. A final recommendation is to continue efforts to evaluate future pilot sites to monitor outcomes and service quality.

**1) Adopt the Program Model in Shawnee County** – This evaluation produced sufficient evidence to recommend institutionalizing the pilot changes into the ongoing program model for children and family services in Shawnee County. The evaluation showed that during the pilot maltreatment recurrence decreased; foster care placement rates grew more slowly than in the rest of the state; alternative services were provided to CINC-NANs; children were more likely to be placed with relatives and remain in these placements; reunifications increased; and time to permanency was reduced (except for adoption).

In adopting the pilot program model, the following are additional recommendations for consideration: [Pg. 67-61]

- Continue quality assurance systems and consider enhancements.

- Continue family meetings.
- Continue involvement with community stakeholders.
- Intensify efforts to prevent placement into foster care.
- Provide additional CPS training.
- KCSL consider additional actions to address issues raised in the evaluation.

**2) Expand the pilot program design to other counties in Kansas** – The pilot was intended to test a change in roles and responsibilities for SRS and its major foster care and adoption service contractors, and enhanced front-end services for children and families. It was also intended to assess the model for possible implementation across the state. Given the results of this evaluation, it would seem that an expansion to other counties would be appropriate. It would be advisable, however, to approach this expansion carefully and to incorporate lessons learned during this pilot.

While it is true that the results were largely positive for this pilot, without conducting a randomized controlled study it is difficult to assert that the outcomes improved because of the pilot. Also, it should be recognized that SRS Children and Family Services in Shawnee County had a number of assets that may not exist in other sites (i.e. high level of community collaboration; experience with family meetings; an experienced and supportive juvenile court judge; an array of co-located community services). These assets may have had considerable impact the success of this pilot. The lessons learned in the pilot lead to the following recommendations for expanding to new sites: [Pg. 72-75]

- Use experienced contractors and staff.
- Gain the involvement and buy-in from community stakeholders.
- Develop a transition plan.
- Finalize procedures and forms for contractor staff prior to implementation.
- Develop a mechanism for mentoring contractor staff.
- Provide training to SRS staff for new responsibilities.
- Increase monitoring capacity.
- Engage staff in organizational change strategies.
- Continue evaluation efforts.
- Consider sharing cost savings with contractors.

**Table 1: Outcome Goal Summary**  
October – September Defined into Program Years

Outcome	PY 2002	PY 2003	PY 2004 - Pilot
<b>Goal: Improve the prevention of abuse/neglect, protection of children, and family preservation through the use of early service interventions to preserve families.</b>			
Reduce removals into Out of Home placement	109	199	214
Maintain Family Preservation referrals	231	237	291
Increase family service cases	73	34	74
Maintain or reduce recurrence of maltreatment in 3 months (number/percent)	19 / 4.5%	40 / 7.5%	22 / 4.9%
Increase number of relative placements			
Placed with relative < 31 days Foster Care (number/percent)	5 / 8.6%	14 / 14.4%	39 / 36.4%
Decrease disruptions	7 36.8%	22 / 57.9%	30 / 39.0%
Adoption referrals with relative resource (number/percent)	3 / 5.2%	14 / 27.5%	21 / 42.9%
Decrease CINC and Ex Parte petitions referred to the DA	74	92	100
Increase the rate of diversions from Emergency Foster Care (Community Care)	298	367	503
<b>Goal: Increase permanency and timeliness to permanency</b>			
No reasonable efforts findings	0	0	0
Time to permanency:			
Number of permanencies (number / percent of exits)	150 / 66.4%	127 / 73.8%	144 / 82.8%
Median time to achieve permanency from Foster Care	595 days	628 days	441 days
Permanency using entry cohort (in 6 / 12 mos.)	15.5% / 28.2%	17.6% / 31.6%	15.6% / 37.7%
Exit reasons Foster Care (Reunification / Adoption)	60.0% / 34.0%	56.7% / 37.0%	62.3% / 33.3%
Increase permanencies achieved:			
Foster Care permanency	150	127	144
Adoption finalization	46	40	41
Maintain or reduce the number of children re-entering foster care	23 / 16.9%	10 / 4.8%	12 / 5.3%

**NOTE:** These are the major outcome objectives. Additional measures are used in the report to provide further explanation or analysis of these outcomes.



## **I. The Pilot Project Program Design**

### **A. Introduction**

This is a report of an independent evaluation of the Prevention, Protection, and Preservation Pilot Project initiated by the Social and Rehabilitation Services (SRS) Topeka Shawnee County (TSC) Office Children and Family Services (referred to in short as the TSC Pilot Project). This pilot was undertaken in partnership with Kansas Children's Service League (KCSL), the foster care and adoption contractor serving the TSC service area. The evaluation was conducted by the University of Kansas School of Social Welfare under contract with SRS.

The pilot project was authorized in April, 2003 and became fully operational on October 1, 2003. The time from April to October, 2003 was used to prepare for the implementation of the pilot. The model for implementation was a task specific transition plan carried out during this 90 day period. A non-financial Memorandum of Agreement between SRS Area Office in Shawnee County and KCSL was negotiated and became effective on July 1, 2003 (See Appendix A). This memorandum set forth the responsibilities of both organizations and timeframes for the project.

The TSC Pilot Project ended case-by-case monitoring and supportive case management provided by SRS for cases that had been referred to KCSL, the foster care and adoption contractor in Shawnee County. The pilot shifted various responsibilities to KCSL and gave them more authority in carrying out various functions (e.g. working directly with the court). It is important to note that TSC did not delegate any federal or state mandated requirements for investigations of abuse/neglect, participation in case planning, or acceptance of consents and relinquishments. SRS staff resources previously committed to monitoring and supportive case management were reinvested to enhance front-end services offered by SRS to families. The family-centered model implemented was intended to prevent out-of-home placement, preserve family connections, and protect children. This service re-design effort was referred to as Prevention, Protection and Preservation. Details of the pilot project are presented in Section I of this report.

In addition to the program design of the pilot project, an overview of the TSC Child and Family Services will be provided. This will provide a context for the pilot and will assist in providing a more complete picture of the program design including administrative organization, community partnerships, and services.

The independent evaluation was initiated in February 2004. The evaluation used both quantitative and qualitative methods. An initial set of outcome indicators was developed upon

which to base the evaluation. Data were analyzed to quantify services provided and examine their impact on the achievement of client outcomes. Both change over time and comparisons with the same time period in 2003 were used to measure the impact of the pilot. A series of interviews was held with staff, key stakeholders, and clients to determine strengths and weakness of the pilot, unintended consequences of the pilot, efficiencies created by the service redesign, and lessons learned in the pilot to inform possible expansion of the pilot to other areas. The evaluation methodology is specified in Section II of this report.

## **B. The Program Context of the Pilot**

The TSC Pilot Project was designed to reallocate SRS resources from case level oversight of contracted foster care and adoption services to strengthening services intended to prevent children entering out-of-home placement and state custody. Responsibilities were realigned within and between SRS and KCSL, the private contractor providing foster care and adoption services. This realignment placed greater responsibility for a range of case activities and accountability for achieving established outcomes onto KCSL. These changes enabled SRS to re-invest its resources in an increased level of front-end services. On another level, the pilot was also designed to implement a family centered approach intended to greatly enhance the involvement of families in decision making about the safety and permanency of their children.

To understand the Pilot it is important to know the context in which the Pilot was implemented. This is particularly true because the Topeka Shawnee County SRS Office had already made a substantial commitment to prevention and early intervention services. Changes implemented under the Pilot were consistent with and helped to fortify previous prevention efforts in place. The following is a description of the services and activities that were already in place when the Pilot Project was implemented in October 2003.

### **1. Prevention Activities Co-Located at FRC**

SRS TSC has been very involved in collaborative efforts in the Topeka community. An important collaboration was with the Children, Youth and Families Resource Center (hereinafter referred to as FRC). FRC is a private, not-for-profit agency located in Topeka. The FRC facility houses staff from around eleven community agencies to create a “one stop shop” family-friendly point of access to multiple social service and health agencies in Shawnee County. It is here that a range of coordinated intake systems for children and youth co-locate. SRS TSC is a major

contributor to the resource center by locating SRS staff units and funding some of the program initiatives, as follows.

- ***SRS Intake Center*** – All calls for abuse/neglect or other potential Children in Need of Care are received by the intake unit. SRS staff members receive calls, record information, and screen the report for investigation. Screened-in reports are referred to social workers for investigation on a rotating basis. These intake functions are coordinated with information available through JIAS and FRC intake processes.
- ***Community Care Information and Assessment (CCIA) Unit*** – The SRS Intake unit refers most CINC non-abuse/neglect (NAN) screened-out intakes (reports) to the CCIA unit located at the Family Resource Center. SRS social workers contact families to offer services. The CCIA unit also receives self referrals as well as referrals from other community agencies. Staff determine the level of services needed according to presenting issues and historical information available. Services provided range from information and referral to community agencies/resources to more involved cases requiring direct services and social work case management that is provided over a period of time (up to 180 days). None of these cases are opened as Family Service cases, nor are recorded in FACTS, the SRS child welfare information system. The unit serves as a major resource for non-abuse/neglect cases and provides mandatory services for children under 12 yrs. with truancy as a presenting problem. This front-end service provides an opportunity to intervene with families on a voluntary basis before concerns escalated to a point of crisis or before an SRS Child Protective Service Worker contacts a family.
- ***Emergency Foster Care (EFC) Unit*** – The EFC unit works with children who have been placed in emergency foster care (Police Protective Custody) by Juvenile Intake and Assessment (also located at the FRC). The major objective of this unit is to divert children from entering state custody by providing services to the family and developing alternatives to foster care placement such as relative care. SRS staff in this unit conduct abuse/neglect investigations, refer families to Family Preservation (carrying the case until closure), and work with the court in whatever way is needed (e.g. file a CINC petition) to prevent out-of-home placement through service plans presented to the court at the Temporary Custody hearing. The EFC unit can also open a Family Service case if case management is needed but transfer that case to another unit upon approval of a case plan. Another resource available to these children and youth is the Crisis

Stabilization program funded by Family Service and Guidance Center (Community Mental Health Center) and SRS TSC (on a fee for service basis). This program offers up to 72 hours of attendant Care at the FRC and mental health assessment services to any child at risk for out-of-home placement due to behaviors (non-homicidal or suicidal). This program offers overnight care and can serve four youth at any one time. Access to the service requires only parental consent. No law enforcement or court orders are needed.

- **School Based Community Care Project (Truancy)** – This project targets high risk ninth grade students in three area high schools. The goal of the project is to lower the need for out-of-home placements and to prevent truancy. The project was initiated in August 2002 and funded by the Economic and Employment Support (EES) division of SRS utilizing TAF special initiative funds. Project staff (two Community Case Managers and one School Support Services Team Leader), provide intensive, targeted case management to identified youth. Flex funds are also available to meet family needs. The staff works closely with the CCIA unit located at the FRC as described above.
- **Lice Eradication Services** – SRS TSC provides funding for another truancy focused prevention service at FRC and is coordinated with Shawnee County Health Agency and school nurses. This service provides in-home assessments by Public Health Nurses for children at risk of being truant due to chronic lice infestations. Special trained “attendants” work in the home with families to eradicate lice. Length and intensity of service is based on individual and family needs.

## 2. Prevention Activities at TSC

Two other major pieces of TSC’s array of prevention services are Family Services and Behavioral Health initiative.

- **Family Services** - Family Services is a standard service type provided by most SRS Children and Family Services offices across the state. These services are provided to resolve the safety concerns that brought the child and family to the attention of SRS Child Protection Services. SRS provide direct services like case management, referral to community agencies, flex funds, and other resources as needed.
- **Behavioral Health Initiative** – Beginning in October 2002 a single one SRS staff position was dedicated to the Behavioral Health Initiative. The need for specialization was identified because of the particular expertise needed to assess these cases and to complete the necessary paperwork for assisting families with obtaining mental health

and behavioral health treatment. Children can receive a range of Medicaid behavioral health services on a voluntary basis without entering state custody. The SRS social worker provides assessment, case management and referral to community agencies and other resources as needed much like a family service case. Additionally behavioral health services provided include in-home treatment, attendant care, or Level V or VI residential treatment. Referrals come from the involved social worker or the family's therapist. The SRS Intake Unit refers non-abuse/neglect cases to a specialized case worker at TSC when the need for behavioral health services is the major presenting problem. Other SRS workers who have completed investigations on cases that need behavioral health services can refer cases to services under this caseload. Behavioral health cases are identified as Family Service cases in FACTS. The caseload ranges from 20-25 family cases.

### **3. SRS Case level monitoring and Supportive Case Management**

Prior to the TSC Pilot SRS provided individual case level monitoring and supportive case management to every foster care and adoption case that had been referred to the private contractor, KCSL. They also provided Family Services to those families who needed this level of assistance. Two staff units were providing this service. The following were the major responsibilities carried out prior to the pilot that have been delegated:

- ***Liaison to the Court*** – SRS was the formal liaison to the court and was involved in all matters related to the court. They attended all hearings, testified, submitted court reports using information from KCSL and their knowledge of the case, submitted all required notices with the court (e.g. notice of placement move), and made recommendations to the court in consultation with KCSL. TSC maintains the responsibility to accept relinquishments and consents to adopt.
- ***Adherence with Policy and Procedures and Court Orders*** – With continuous contact with the case, SRS social workers would insure that KCSL was following policies and procedures as required in the contract, and complying with court orders. SRS staff would often take a more active role than a passive oversight role. For example, SRS staff would track case reviews and permanency hearing timelines and contact KCSL staff to schedule such events. In the new Family Meeting model, SRS maintains an active role in case planning through their role as the Family Meeting Facilitator. Additionally, SRS Social workers who requested the CINC petition that led to out of home placement are required to attend the initial family meeting and sign the case plan.

- **Contact with Family** – SRS staff maintained regular contact with the family and child in care through home visits (alone and jointly with KCSL), participated in case planning and review sessions, and phone contact with bio parents, children, and foster parents.
- **Joint Decision Making** – Major case decisions were staffed by SRS and KCSL social workers assigned to the case. This would involve placement moves, reunification, case plan changes, service changes, and other case decisions. SRS staff were often contacted by the KCSL worker to consult with them on cases as needed.
- **Maintain the official case record** – SRS maintained the official case record and recorded information as required in the FACTS dataset.

COMMENT for above: I think it is important to stress that SRS saw it as their role to monitor the case plan and assure that it was followed by KCSL and the family.

### **C. The Pilot Program Design**

The TSC Pilot Project ended case-by-case monitoring and supportive case management by SRS for foster care and adoption cases referred to KCSL except as noted above (abuse/neglect investigations, relinquishments, consents, and participation and facilitation of family meeting). The pilot transferred various responsibilities to KCSL giving them more authority in carrying out various functions previously handled by or needing approval from SRS. SRS and KCSL entered into a non-financial Memorandum of Agreement (see Attachment A). The agreement specified the realignment of these responsibilities as well as clarified ongoing responsibilities. Below is a summary of the responsibilities addressed in the agreement:

#### **1. SRS Responsibilities**

- **CPS Investigations** - For any allegations of abuse or neglect of children in out-of-home care SRS would:
  - Conduct investigations of abuse and neglect allegations of children in out-of-home care
  - Notify KCSL when an investigation on a foster parent or child in their care and the findings of the investigation
  - Make decisions about the need for emergency removal from a foster care placement and submit all required documents to the court

- **Other responsibilities retained by SRS** - SRS retained responsibility for:
  - Submitting any paperwork to the District Attorney to initiate CINC petitions
  - Submitting copies of journal entries to KCSL within two working days upon receipt
  - Executing child support questionnaires, investigating paternity issues, and notifying KCSL of the results of any investigation or testing
  - Executing the Child Well Being Instrument and management of the KAECSES and FACTS systems
  - Managing children's wards accounts and being the child's Social Security representative payee
  - Negotiating and Monitoring Adoption Subsidies
  - Accepting consents to adopt and relinquishments based on the contractor's recommendations.
  
- **SRS case involvement** - SRS staff would also:
  - Be a voting member of the conference team at the initial Family Group Conference case plan for children in custody and referred to KCSL
  - Provide a neutral (non-voting) person for all subsequent Family Group Conference case plans (facilitator)
  - Have the option of attending any CINC docket or court proceeding

## 2. Responsibilities assumed by KCSL

**a) Court responsibilities** - KCSL assumed responsibility for working directly with the court and the District Attorney. The following is a summary of those responsibilities:

- Provide documentation of the following to the court and all other necessary parties according to applicable CINC code:
  - Notice of Placement Changes, including respite care
  - Notice to Return Home
  - Thirty day Notice of Move
  - Emergency Moves (non abuse or neglect)

- Case Plan Goal Changes
- Submission of Report of Placement violation
- Vacation requests for foster children to leave state
- Submit timely submission of court reports and send copy to SRS two days prior to court.
- Make all necessary and required court appearances.
- Make sure children appear in court when required, or if needed request waiver from court
- Make recommendations to the District Attorney concerning parental rights terminations and guardianship, and submit any and all supporting records to the DA.
- Assure reasonable efforts findings are met, and submit all necessary court orders to the court showing reasonable efforts have been met.

**b) Other KCSL Responsibilities** - In addition to working with the court, KCSL agreed to assume responsibility for a wide range of case activities and record keeping. The following is a summary of these responsibilities:

- Make all foster care and adoption placement decisions subject to any emergency removal by SRS
- KCSL will maintain all original records as of October 1, 2003 in accordance with SRS case maintenance and organization of records policy
  - KCSL will forward requested files to SRS within 3 working days or sooner if required
  - KCSL will remit the original case file to SRS 30 days after the expiration of the after care provisions
  - Should a child come back into SRS custody after the KCSL closure, SRS will submit the case file back to KCSL upon request
  - SRS will not transfer hard copy case records to KCSL (during pilot).
- Determine whether any child referred to them for placement is receiving Social Security benefits and if so submit all necessary documents to enable SRS to

become representative payee for the child. In the event the child is not receiving Social Security benefits, KCSL will refer the child case to Kansas Legal Services for Kansas Legal Services to submit applications for Social Security benefits. KCSL will submit all documentation to SRS necessary for SRS to become the payee.

- Submit to SRS all relinquishments of parental rights along with supporting documentation and recommendation for acceptance or non acceptance and submit to SRS all consents to adopt forms with supporting documentation and recommendation for acceptance.
- Designate a point of contact for SRS for the receipt of complaints or inquiries on any issue regarding a child in the contract and follow prescribed timelines.
- Refer any and all requests for Adoption Subsidies and Adoption Placement Agreements to SRS for finalization and signature.
- Execute outgoing Interstate Compact on the Placement of Children (ICPC) and Regulation 7 Orders are (copy sent to both the SRS ICPC Coordinator and SRS Point of Contact).
- Execute all releases of information and medical consents.
- Make Indian Child Welfare Act (ICWA) referrals, notices, and affidavits as it relates to children in the contract (SRS will retain all other ICWA responsibilities).
- Make referrals to adoption and submit all necessary documents to SRS to ensure financial payment.
- Complete all YA2300's- Genetic Backgrounds and affidavits.
- Provide information requested by SRS as it pertains to children in the contract.
- Ensure that staff are competent and receive necessary training.
- Make all referrals to SRS for SRS related services.
- Attend any requested Kinship, Citizens Review Board, Multi-Disciplinary Team meetings or any other requested meeting.
- Conduct all 15/22 reviews.

- Request Level VI Screens from the Mental Health Consortium for all children placed in adoptive homes.
- Request all necessary Educational Advocates.

### 3. Other Details of Pilot Implementation

- **Caseload Weights** - Foster Care and Adoption cases opened as of 9/30/03 would not be assigned to any caseload. Phantom caseloads were created for FACTS purposes. This decision resulted when it was recognized that the available resources for SRS facilitators for Family Group Conferences could not assume responsibility for existing caseload. Only new referrals to Foster Care on or after 10/01/03 will be assigned to those caseloads. Area Contract Specialists are responsible for monitoring and review of case plans for the caseload established prior to 10/1/2003.
- **CPS Confidentiality** - Protocols had to be developed to share appropriate information with KCSL Social Workers providing case management to children alleged to have been abused or neglected. Information sharing is essential but adequate training was required for KCSL Social Workers to ensure they understand the responsibilities around confidentiality that comes with the privilege of having CPS report information. It is critical that quality of CPS investigations not be jeopardized in the process of sharing information.
- **CPS Investigation Consistency**- With the realignment of SRS Social Workers to front end services, a training curriculum and expectations for quality and consistency have to be strengthened. An increased focus on improving interview documentation, policy references for findings, information gathering from community collaterals, and service components were needed.
- **Redirecting Communication** - Daily education and reminders are necessary to SRS staff and community partners on how to address concerns with Foster Care or Adoption case specific situations and system issues. In addition to this a Customer Service Hotline was established to answer questions as they emerge (see description below).
- **Monitoring Pilot for Evaluation** – Methods for evaluating the pilot were developed and included MOA outcome measures; Community Service Grant outcome measures; FC and Adoption Contractually required case readings; Pilot Specific I&A, FC and Adoption case reads; and customer satisfaction and feedback reports. An independent evaluation was contracted with the University of Kansas School of Social Welfare.

#### 4. Pilot Project Outcomes

Outcome measures were developed and served as a basis for the program evaluation. Permanency outcomes were developed specific to the transfer of delegable tasks, and outcomes were developed specific to SRS's Prevention Protection and Preservation initiative.

##### D. SRS Reorganization and Reinvestment of Resources

SRS staff resources previously dedicated to case level monitoring and supportive case management (including all the procedural responsibilities) of foster care and adoption cases were reinvested in strengthening services intended to prevent out-of-home placement, preserve family connections, and protect children. Nearly sixteen (16) FTE staff positions were reinvested due to the Pilot. The only exception to the net gain in positions reinvested is that some of the SRS Foster Care and Adoption staff carried limited number of Family Service cases prior to the pilot, and continued to serve Family Service cases after the pilot.

This change initiative was referred to as Prevention, Protection and Preservation (3-P). Under the pilot the two field units previously dedicated to foster care and adoption cases and the two units dedicated to CPS investigations were reorganized to provide a similar function. The four reorganized field units, called "3-P Units" (Prevention, Protection, and Preservation) conduct CPS investigations, refer and monitor Family Preservation cases, and provide Family Services to families for whom that service intervention is appropriate. This means that the social workers formerly dedicated to CPS were also staffing Family Service cases and the staff that was dedicated to Foster Care, Adoption and Family Services were now doing CPS investigations.

##### 1. Reinvestment of SRS staff

- **Enhanced Family Services Capacity** - Prior to the pilot there were 10 FTE staff persons on CPS rotation. After the pilot there were 15.75 FTE on rotation. Given staff vacancies, SRS did not achieve full staffing until three months into the pilot. Given the blended responsibilities (CPS and Family Services) of the new 3-P Units, this does not represent a net gain in positions dedicated to CPS. Instead, the change was designed to increase the capacity to provide Family Services. The net gain was approximately 5.75 FTE positions.
- **Kinship Care** - The Kinship Care program was a respected and valued existing community resource in Shawnee County. Prior to the pilot it was used to seek relative placement post CINC adjudication. Under the pilot the program continues to be

administered by the Family Resource Center in Topeka and is jointly funded by SRS and the United Way of Topeka. This voluntary program serves families with children needing to be placed outside the home for whatever reason. These children may or may not be involved in the court system or with SRS as a result of an abuse or neglect allegation or CINC-Nan intake. Referrals for Kinship Care can come from SRS intake as well as from the community (e.g. court, mental health center, Family Resource Center, self-referral). The goal of the program is to prevent placement in the foster care system by placing children with relatives or other kin when possible and appropriate. Program staff members continue to follow-up with cases and support the child's placement provider. SRS and United Way funds were used to contract with FRC to develop this program.

- **Family Case Planning Meetings** - The Family Meetings initiative is administered by SRS staff as part of the TSC Pilot project. Family Meetings are oriented toward developing a case plan for children in foster care with their family. When a child is placed in foster care, the Family Meetings facilitator meets with the family to explain the process and ask if they want to participate. Family Meeting participation is voluntary. The Family Meetings process is undertaken in partnership with the KCSL case worker and is used to develop the initial case plan as well as subsequent case plan reviews. Three TSC social work positions were assigned to this new initiative. Their role is to facilitate the family meetings process.
- **Customer Concerns Line** - SRS initiated a new Customer Concerns Line under the Pilot Project. The Quality Assurance Unit in the TSC provided this new function. The Customer Concern Line was open to anyone to call and express their concerns – Guardian-Ad-Litem (GALs), Court Appointed Child Advocates (CASAs), foster parents, biological parents, the Foster Care and Adoption contractor, other contractors and community agencies, SRS workers, etc. The idea was to monitor what the community was experiencing with the Pilot Project and to help alleviate any concerns at an early point in the process. The Customer Concern Line provided an opportunity to hear from people who have a watcheye on the Pilot Project. Key stakeholders were notified of the Concern Line with variety of approaches including flyers, and regular meeting announcements. As concerns were identified, SRS staff addressed them on a case-by-case basis, convening the relevant parties as necessary. No additional staff person was added to undertake this specific activity.

The Consumer Concerns Line was very useful initially. In the first two months a total of

35 concerns were recorded. By April and May that number had lowered to 10 calls with only three in May. In reviewing the record for these concerns, the vast majority were resolved the same day or by the next day. Only a few of the more involved lasted over three weeks. This resource was viewed as a very useful component of the transition.

- **Contract Monitoring** - SRS supplemented ongoing monitoring efforts required by SRS Central Office to further insure a smooth transition of responsibilities in the Pilot. Prior to the Pilot, TSC staff read 5 cases a month in each program category (Foster Care, Adoption, and Family Preservation). These case readings were conducted using the review criteria provided by SRS Children and Family Policy. The TSC Quality Assurance Unit initiated its own case readings over and above that which was required by Central Office by review of an additional 10 randomly chosen cases a month for Family Services, Foster Care and Adoption. An entirely new review was created for Family Service cases, which included 23 items. The previously used review document for Foster Care and Adoption were enhanced with 25 additional items for Foster Care and 23 additional items for Adoption that were specific to the pilot. The reviews are summarized into a monthly report that identifies trends and concerns and are communicated with KCSL to help resolve any problem areas. Two FTE Social Work positions were added to the Quality Assurance Unit to do these reviews.
- **Sexual abuse specialization** – The investigation of sexual abuse cases was shifted and strengthened in one of the 3-P Units. All reports involving sexual abuse are referred to this one unit. Prior to the pilot, sexual abuse cases were investigated by the EFC unit. The potential impact is increased time provided to EFC cases since this is now handled by one of the 3-P units as well as increased capacity to provide specialized Family Services to these families. No additional FTE's were involved.

To summarize the staff reinvestment, 16 FTE staff positions from the Foster Care and Adoption units were reinvested; 12 social workers, 3 program support workers and 1 driver. Three FTEs were used to coordinate Family Case Planning Meetings. One FTE was shifted to the Community Care unit, co-located at the FRC. Two FTE positions were transferred to the Quality Assurance/Contracts Monitoring unit to assist with additional responsibilities related to contracts monitoring (i.e., case reads). The remaining eleven FTEs were reassigned to the 3-P Unit where they work on rotation conducting CPS investigations, referring to and monitoring Family Preservation, and providing Family Services as appropriate.

**Table 1:** Summary of SRS Staff Reinvestments

FTE's Reinvested	Type of Service
3	Family Meetings
2	Case Reading (quality assurance monitoring)
1	Community Care Information and Assessment
11	Family Services (in CPS rotation and providing Family Services)

Table 2 (next page) summarizes the changes in SRS functions before and after the TSC Pilot Project.

## 2. TSC Case Flow due to Pilot

Figure 1 on the following page provides an overview of how cases flow through the post-pilot system. There are exceptions to this case flow diagram and some arrows do not get drawn due to the complexity it brings. The diagram seeks to put the many pieces together to describe the system in place at the time of this evaluation.

## 3. TSC Training and Transition Planning for Staff

A wide range of training was provided to SRS and KCSL staff during the transition. The training plan can be found in Appendix E. The primary aim of this training was to prepare SRS staff for their new responsibilities, both Social Workers and Program Support Workers. Former CPS staff needed to be prepared to work with Family Service cases, and Foster Care and Adoption staff needed to learn how to conduct Family Based Assessments (Intakes). Training was provided by central office, KU and TSC staff. Training methods included traditional classroom training, shadowing and on-line training methods.

The “IV-E/Case Plans” training targeted contract staff. Given the significance of the Family Conferencing initiative in the Pilot, “Family Conferencing” training was provided to CFS and contract staff. KCSL staff were also informed of all the other training offered and typically sent staff for training.

In addition to the training a mentoring protocol was developed by SRS (Appendix F). This effort was intended to make experienced social work staff available to mentor/coach new contract social work staff in specific areas of case management tasks. The referral process was developed but not formally used by KCSL staff. KCSL social work staff continued to informally use SRS social workers that they knew and that knew the cases for a transition period for

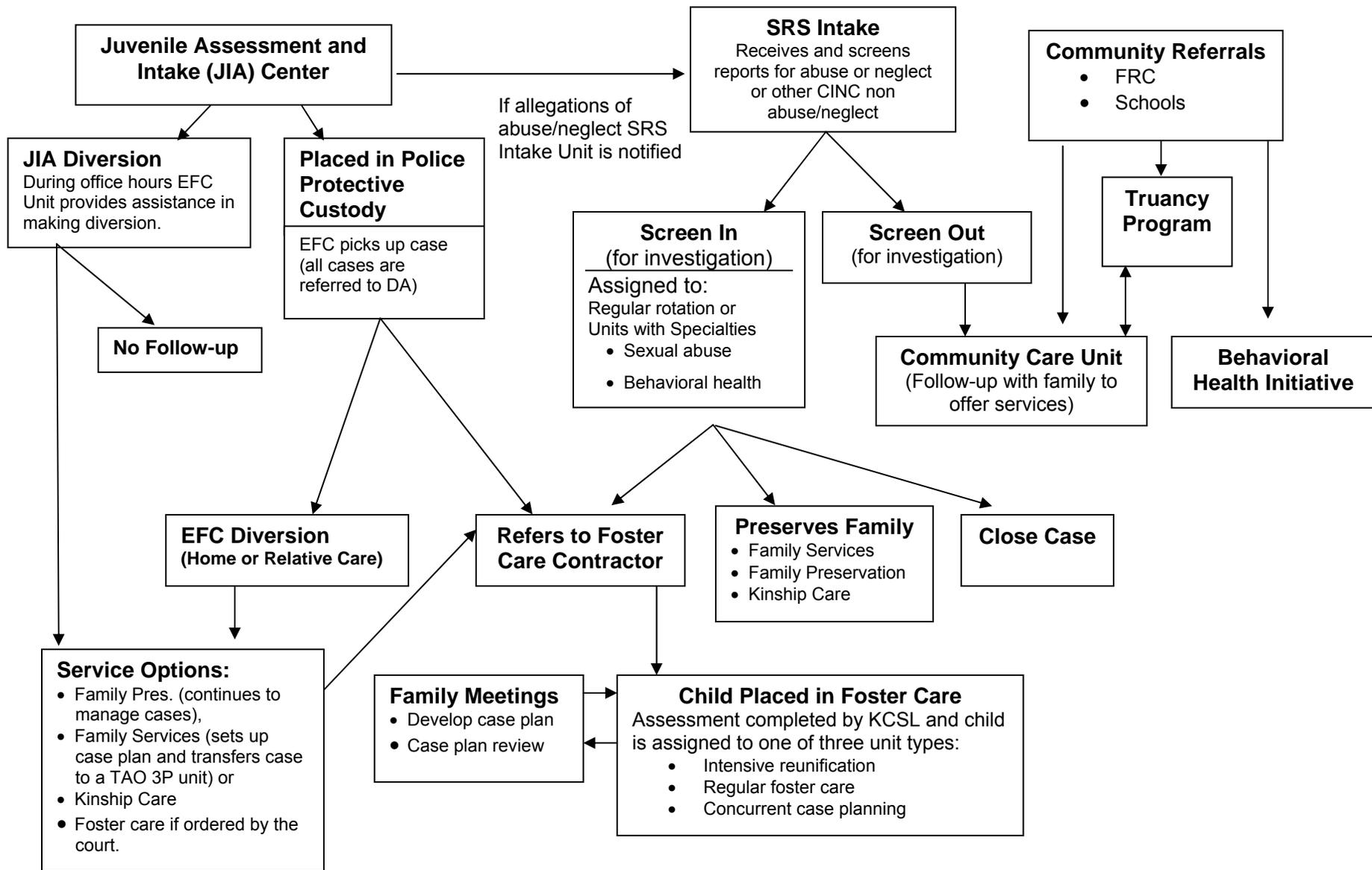
information and mentoring they needed on specific cases. KCSL reported that the supervisors also continued to use the Area Contract Specialist for specific help on an as needed basis.

KCSL also provided training and developed a manual for their staff to help staff with some of the new tasks and responsibilities. The manual was developed during the initial stages of the pilot as need arose. The training occurred in small doses starting with the most critical responsibilities (e.g. court related).

#### **4. Staff Re-organization**

The pilot required some level of reorganization in both SRS and KCSL. This meant that staff were assigned new responsibilities and in many cases workers were assigned to new supervisors. SRS and KCSL reported that they used a similar process to assess the strengths and determine the desires of staff that included both a written survey and interviewing staff individually. This information was used by administrators to make staffing decisions.

# TAO Flow Chart (Post Pilot)



**Table 2: Summary Table of program functions pre and post implementation of the Pilot**

<b>Function</b>	<b>TAO Pre-Pilot</b>	<b>TAO Pilot Implementation</b>
<b>Intake</b>	Screens all reports of abuse and neglect and Non-Abuse/Neglect. Located at the Family Resource Center (part of a 3-P unit).	Continued with no Changes
<b>CPS</b>	CPS investigations were conducted by <u>two</u> units on a rotating basis.	Four 3-P units conduct CPS investigations and provide Family Services. Cases are assigned on a rotating basis except when they involve sexual abuse and behavioral health issues who are handled by units with those specializations Once a referral is made to foster care, the worker does not follow the case further. .
<b>Foster Care &amp; Adoption</b>	<u>Two</u> units monitoring all foster care and adoption cases. Provided family services when appropriate.	
<b>Family Services</b>	A behavioral health specialization was established to work with SED children needing placement or intensive services.	
<b>Emergency Foster Care</b>	Located at the Family Resource Center, works cases with children placed in Police Protective Custody by the Juvenile Intake and Assessment center. Conducts investigations, refers to Family Preservation, and opens Family Service cases (transfers case to another unit after case plan). Specialized in sexual abuse cases.	Still located at the Family Resource Center, receiving cases through general intake or law enforcement. No longer conducting sexual abuse investigations. No changes in working with Family Preservation referrals, Family Service cases, or Crisis Stabilization Services.
<b>Family Preservation</b>	Family Preservation is provided by a contractor (DCCCA).	Continued with no changes. (Note: there were significant increases in Family Preservation referrals)
<b>Community Care Management</b>	Located at the Family Resource Center, receiving <u>screened-out</u> cases through general intake. Cases also come from community referrals or self-referral. Focused on truancy reports <age 13.	Continued with no changes with one additional staff added.
<b>Truancy Project</b>	Targets high risk 9 <sup>th</sup> grade students in three area high schools to prevent foster care placements.	Continued with no changes
<b>Lice Eradication Services</b>	This service provides in-home assessments by Public Health Nurses for children at risk of being truant due to chronic lice infestations.	Continued with no changes.
<b>Kinship Care</b>	Kinship care program worked with families referred from KCSL where relative placement was feasible.	Family group conferences are conducted to develop a relative placement as an alternative to foster care. Increased emphasis on pre-adjudication referrals.
<b>Family Meetings</b>	Did not exist prior to Pilot.	Family group meetings are conducted to develop a case plan for children in foster care. Also used for case plan reviews. Three TAO staff assigned full time to this effort as facilitators.
<b>Case Review</b>	TAO reads five cases a month in Foster Care, Adoption and Family Preservation using criteria developed by Central Office.	No changes to state contract required case reads. TAO read an additional 10 foster care and adoption cases a month with added items. Also, developed and read 10 Family Service cases a month. (Two FTE staff added)

## E. KCSL Service and Organizational Redesign

As described above, KCSL assumed increased responsibility for cases under their care. At the same time of this transition, significant changes were made in their foster care program. Based on evidence-based practices for improving family outcomes, a new service design was developed that was seen as consistent with the family centered practice model SRS was implementing through the family group conferencing strategy.

Both the Pilot and the service re-design prompted KCSL to restructure staffing within their foster care and adoption units. Foster care and adoption staff were reassigned and the new program model began. Staff was reassigned according to a staff assessment process that sought to match social worker's skills and interests with the new service components. No new staff were added to the staffing structure due to the Pilot.

During the months leading up to the implementation of the Pilot, KCSL restructured their foster care units to fit with a three-track program model:

1. Intensive Reunification
2. Regular Foster Care
3. Concurrent Planning

The new service model was implemented on October 1, 2003, the same date as the start of the TSC Pilot. While this new service model is not considered part of the Pilot Project, it will likely affect program outcomes.

### 1. The new Service Model

When KCSL receives a referral from SRS, they conduct an assessment in order to assign families to the most appropriate of the three tracks. KCSL employs an assessment tool that involves a review of indicators associated with reunification and adoption. A predominance of the reunification indicators in the assessment leads to a referral into the Intensive Reunification unit and a predominance of the adoption indicators leads to the Concurrent Planning unit. All other cases are assigned to regular Foster Care, which did not undergo a change in service model beyond the additional case monitoring tasks transferred from SRS and the addition of the Family Group meeting.

- **Intensive Reunification** – This program unit provides up to 20 families with at least 5-½ hours a week of social worker contact. This includes a weekly 1-½ hour home visit and a twice-a-week group meeting for 2 hours each. The group meeting brings together

parents and children at a community church where they eat dinner, socialize and participate in educational and peer support group activities. KCSL staffs the Intensive Reunification program with two social workers who carry up to 10 cases each. Additional staffing resources included a driver, volunteer co-facilitators, and other volunteers with a variety of responsibilities related to the twice-a-week group meetings. An independent evaluator from the University of Kansas was evaluating this new program.

- **Concurrent Case Planning** – This program unit initially targeted 66 children referred to foster care whose assessment determined that they were unlikely to reintegrate with their families. The social worker works with children and families toward reintegration while at the same time identifying potential adoptive resources. Thus, case planning activities were simultaneously directed at both case plan goals – reintegration and adoption.

In summary, KCSL viewed the TSC Pilot Project as a catalyst for additional organizational changes. Thus, foster care was changed to a three-track model. While the Pilot Project only encompassed KCSL's expanded case monitoring responsibilities, it was influenced by the introduction of a new service model within KCSL.

## **F. The Planning and Implementation Process**

In order to create a smooth transition the Pilot was phased in over time. The following were key planning dates in the implementation process:

June 6, 2003 - Completion of the Memorandum of Agreement between SRS and KCSL

June 20, 2003- SRS Social Worker Strengths Assessment process completed

July 12, 2003 - SRS/TSC CFS Reorganization Model completed

July 18, 2003 - Key Stakeholders Meeting and Public Kickoff of redesign plans

August 1, 2003 - Customer Service System (Buck Stops Here) operational

August 15, 2003 - Single Points of Contact identified for delegated tasks

August 19, 2003 - Pilot Evaluation Plan drafted

August 25, 2003 - MOA signed and approved by Department of Administration

September 15, 2003 - Court Reports and Appearances transferred solely to KCSL

September 19, 2003 - Completed all physical moves of staff; transfer of supervision; and new position descriptions

September 29, 2003 - Stakeholder Feedback meetings scheduled for duration of pilot

October 1, 2003 - SRS PPP rotation fully implemented

KCSL initiated transition activities over the three month period prior to the start of the pilot. These activities were spread out over time to provide adequate training and the development of manuals to assist the KCSL worker, particularly with procedural matters previously undertaken by SRS.

#### **a. Stakeholder Collaboration**

There were numerous efforts made to engage community stakeholders in the development and implementation of the pilot project. The Social Services Chief met with most of the stakeholder organizations to inform them of the project and to gain their input and support. A Stakeholder advisory group was formed that began meeting the July prior to implementation. The purpose of the group is to provide an avenue for input and to resolve any problems that arise in the pilot. This Stakeholder group has continued to meet on an every other month basis and is coordinated with other regular meetings held that involve child welfare community stakeholders. The following are the organizations represented or persons involved: KCSL, Family Resource Center, Court Services, Juvenile Court (Judge), District Attorney, family attorneys, guardians *ad-litem*s, DCCCA, Court Services, Family Service and Guidance (CMHC), Citizen Review Board, and CASA (Court Appointed Special Advocate).

## **II. Evaluation Methodology**

The evaluation of the Shawnee County Pilot Project pilot project employed both quantitative and qualitative methodology. The quantitative analysis evaluated outcomes and other management indicators from datasets and aggregate reports provided by the agency. Qualitative data was gathered through focus groups and individual interviews. This section provides a detailed description of the procedures and methods used.

### **A. Quantitative Methods Overview**

This report evaluates the impact of the Topeka Shawnee County (TSC) Pilot Project for the first twelve months of implementation, October 1, 2003, through September 30, 2004. Time series analysis is used in this report to compare performance in the two years prior to the pilot with performance during the pilot. Given the seasonal variations in child welfare, the same twelve month time period (October through September) was compared in each of three years.

Throughout the report these years will be called Program Years. These Program Year periods are as follows:

- PY 2004 (Pilot Year) – October 1, 2003 through September 30, 2004
- PY 2003 – October 1, 2002 through September 30, 2003 (the year before the Pilot)
- PY 2002 – October 1, 2001 through September 30, 2002 (two years before the Pilot)

Throughout the report an average (mean) monthly number is commonly used to compare years. For example, an average for foster care referrals per month is provided for the Pilot Program Year (PY 2004) and the two comparison Program Years (PY 2002 and PY 2003). This was done to facilitate understanding of these data.

The largest problem with any applied methodological approach is the potential for unmeasured variables to impact performance. For example, a new Assistant District Attorney was hired in Shawnee County shortly before the pilot was implemented. Another example is the service redesign conducted by KCSL. These factors will be identified and discussed.

## **1. Data Used for Analysis**

Data for this evaluation came from several different data sets and data sources. The data source is indicated for all the graphs and tables. One source of aggregate data was the CFS Manager's Monthly Report generated by TSC staff. Staff fed information into this report that seeks to provide an overview of performance and service activity for child welfare in Shawnee County. The report provides aggregate data by month over a specific fiscal year. Data were pulled from the three fiscal years covered by this report.

Case level datasets were used to compute many of the indicators provided in this report. These files included a variety of information, such as client ID's, family ID's, case open data, service start dates. SRS Central Office provided all but the foster care and adoption case level files as extracts from FACTS. KCSL provided extracts from their administrative dataset. Data provided included all cases from October 1, 2001 through September 30, 2004.

This report also used data from aggregate reports from the Topeka Shawnee County office (CFS Managers Monthly Report), and from SRS Children and Family Services (Portraits). The six month evaluation used the CFS Managers Monthly Report as a major source of data. This final report used Portraits instead. There were minor discrepancies between the two data sources. The Portraits report was largely used for this report because data were missing for two

months in the CFS Managers Monthly Report and Portraits is the official data publication of SRS.

The following is a list of the data used with the source of the data indicated in parenthesis:

- Abuse Neglect Intakes – providing information on all accepted reports of abuse or neglect by event and individual family member (SRS Children and Family Services data extract and Portraits)
- Non Abuse Neglect (NAN) Intakes – all accepted CINC-NAN referrals by event and individual family member (SRS Children and Family Services data extract and CFS Portraits)
- Family Services – all families and individual family members who received Family Services (CFS Portraits)
- Family Preservation – all families and individual family members who were referred to Family Preservation services (CFS Portraits)
- Foster Care – all children referred to foster and receiving foster care services at anytime including information about relative placements (KCSL extract and Portraits)
- Adoption – all children referred to adoption or receiving adoption services at anytime during the three year period of interest in this report (KCSL extract and CFS Portraits)

## **2. Measures used in analysis**

A set of measurable indicators were developed by SRS TSC and KCSL staff during the design phases of the project. These indicators were both outcome and process indicators. Some of these indicators were modified and supplemented by the project evaluators to provide a more complete picture of the impact of the pilot. The evaluation used the following goals and measures:

**Goal:** Promote prevention of abuse/neglect and provide early service interventions to preserve families

1. Reduce removals into Out of Home placement
2. Maintain Family Preservation referrals
3. Increase family service cases
6. Maintain or reduce recurrence of maltreatment in 3 months

7. Increase number of relative placements
8. Other indicators examined
  - Number of CINC petitions referred to the DA (including *Ex Parte* petitions)

**Goal:** Increase permanency and timeliness to permanency

2. No reasonable efforts findings
3. Time to permanency
  - Number of children achieving permanency
  - Median time to achieve permanency for those achieving permanency (foster care and adoption)
  - Time to permanency using entry cohort measure
  - Time to permanency using exit cohort measure (like the federal outcome measure except using the date of reunification rather than the custody end date)
  - Compare exit reasons pre and post
4. Increase permanency (foster care and adoption)
5. Maintain or reduce the number and rate of children re-entering foster care
6. Other indicators examined
  - Case reading results for both Foster Care and Adoption.

### **3. Measurement methods**

A number of measurement methods were used in the evaluation. Counts and averages (means) do not require explanation. Rates (percentages) were often used as explained in the body of the report.

In measuring timely permanency from foster care and adoption, several methods were used to provide a more complete account of performance. An exit cohort measure examines a group of children who leave care (discharged) within the three time periods covered in this evaluation. This method is used by the federal government for outcome measurement. This method has been criticized by researchers because children who do not achieve an outcome (e.g. permanency) are not counted until they leave care. An entry cohort measure focuses on the children who enter care during the time periods of interest. An entry cohort method is used

in this report to measure time to permanency in the foster care contract. This measure type is much preferred by researchers and is more precise when measuring a specific intervention or change. The short period of time covered in this report, however, limits the utility of an entry cohort measure. Therefore, both entry and exit cohort measures are used to provide a more complete picture of performance within the time constraints imposed by the evaluation.

The entry cohort outcome measures used in this evaluation are of two varieties. The state outcome measures for measuring contractor's performance (both foster care and adoption) are used. This method tracks entry cohorts for the specified time and reports the proportion achieving the outcome before the end of the observation period. For example, the analysis of achieving permanency in 6 months includes children who entered care six months ago and computes the percentage of those children who achieved permanency within six months of entering care. A limitation of this measure is that it includes children who were in care prior to the pilot program period.

The second method of measuring time to permanency is Event History Analysis (also called Survival Analysis). This methodological approach includes children entering care during the time periods of interest and tracks them over time. A limitation of this measure is that children entering care during the pilot project time period (October 2003 – September 2004) have been in care for a relatively short time. . This mixture of measures will provide about the best possible statistical description of the impact of the pilot project on achieving permanency given the constraints of available data and short period of time. It should also be noted that the term permanency has been defined as SRS defines it. Permanency includes reunification, referral to an adoption contractor, guardianship, and independent living. Permanency does not account for the additional period of time that that state maintains custody as is done in federal measures such as timely reunification.

## **B. Qualitative Methods Overview**

### **1. Staff and Stakeholders**

A process evaluation was conducted through a series of interviews were with SRS and KCSL staff and community stakeholders. The general purpose of these interviews was to learn more the strengths and weaknesses of the Pilot Project, its unintended consequences, efficiencies created by the redistribution of responsibilities, and lessons learned that could inform future implementation. The meetings occurred during the 5<sup>th</sup> and 6<sup>th</sup> month of the project (February and March 2004). In all, eighteen meetings were conducted that included both

individual interviews and focus groups with approximately 70 people who represented seven organizations, including:

- SRS
- KCSL
- Juvenile Court Judge
- District Attorney
- CASA
- Court Services
- DCCA

Interview and focus group participants included frontline workers, managers and administrators. Within SRS and KCSL, separate groups will held with each level of staff so no one participated in a group with a supervisor. The meetings were audio taped and transcribed into more than 60 pages of single-spaced notes. These notes were coded for themes, which are listed and described in the findings section.

Both quantitative findings from the examination of data for selected outcomes and other indicators selected, and qualitative findings from the focus groups and interviews are presented in this section. Section V: Summary and Conclusions will provide a discussion of findings from the use of both methodologies.

## **2. Client Interviews**

Telephone interviews were conducted using a semi-structured format of open-ended questions. Clients were informed of a potential phone call in a letter sent from SRS. The sample population was randomly drawn from a list of all clients who were involved in an intake assessment from August 15, 2004 to September 15, 2004. A total of ten clients voluntarily participated in the interviews. While approximately 60 phone calls were made to achieve successful contact with ten clients, only one individual declined to participate in the interview. As understood by the interviewer, none of the clients interviewed had children placed in out-of-home care.

### III. Quantitative Findings

The outcome measures used to evaluate this pilot project should be examined within the context of the number of Child In Need of Care (CINC) reports received, an expression of community need. Any increase or decrease in the number of children placed in foster care, for example, should be examined in relation to changes in the number of reports received. This section begins with an analysis of report levels.

Overall, the number of intakes (reports) grew from a monthly average of 306 in PY 2002 and 304 in PY 2003, to 365 during the pilot (PY 2004), a 19.3% increase (See Table 1).<sup>1</sup> However, it is likely that some of the observed increase can be attributed to changes in how the SRS Topeka Shawnee County office recorded reports beginning October 1, 2004.<sup>2</sup> Given this change in recording practices, changes in the overall number of reports and in the number of screened out reports must be viewed with caution.

Since the criteria for screened-in reports did not change, the number of screened-in (accepted) reports provides the most valid and reliable measure of community need that is comparable across years. Figure 1 provides the monthly average of intakes (reports) by whether the report was screened-in or screened-out for investigation. Table 1 shows a 2.9% increase in the number of screened-in reports during the pilot project year (PY 2004) over the same period of time the previous year (PY 2003). This represents a relatively small increase of four reports per month on average requiring agency response. In comparison, there was a 3.9% increase in screened-in reports between the same two years for the rest of the state (excluding Shawnee County).

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<sup>1</sup> The term Program Year (PY) refers to the time period October 1<sup>st</sup> – September 30<sup>th</sup> of the pilot year and each of the comparison years. For example, the pilot period (PY 2004) was from October 2003 – September 2004.

<sup>2</sup> Changes in recording practices were due to personnel changes in the intake and assessment unit and the policies they implemented for recording reports.

**Table 1**

Total Reports (Intakes) by Screening Decision D  
October – September for Years 2002, 2003, 2004

	<b>PY 2002</b>	<b>PY 2003</b>	<b>PY 2004 (Pilot)</b>
Total Intakes	3,676	3,656	4,376
Average Intakes Per Month	306	304	365
Total Screened-Out	1,624	1,729	2,393
Total Screened-In I	2,052	1,927	1,983
Average Screen-In Per Mo.	171	160	165
Percent Change in Screened-In Reports from Previous Year		-6.1%	2.9%

**Figure 1**

**Average Number of Intakes (Reports) per Month**  
October - September in Three Years  
Data Source: Portraits

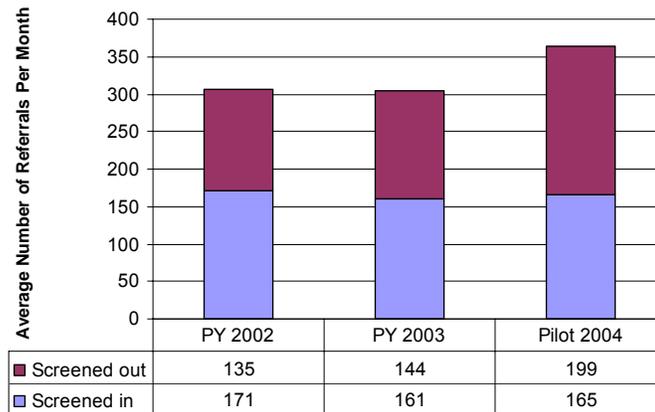
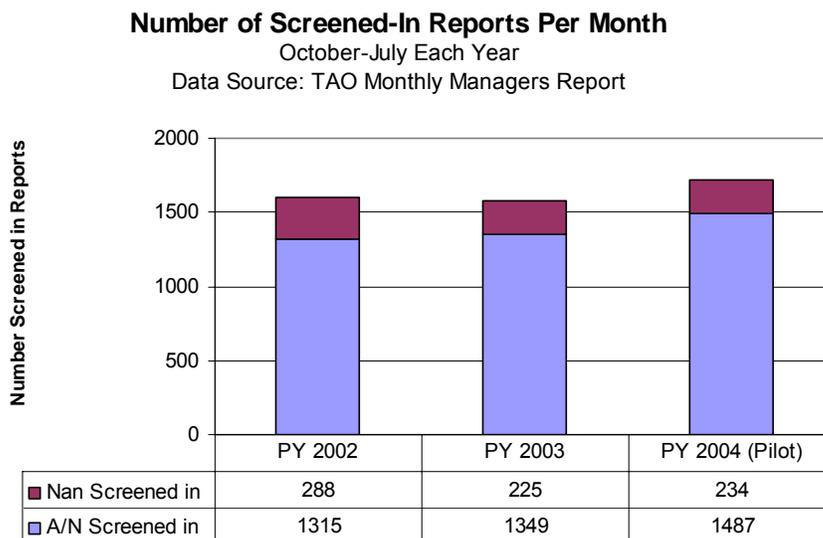


Figure 2 shows the number of screened-in reports for Abuse/Neglect (A/N) cases and Non Abuse/Neglect (NAN) for the 10 month period of October – July of each year.<sup>3</sup> Between PY 2003 and 2004, A/N screened-in reports grew more than NAN referrals. NAN reports increased by nearly 4% (from 225 in PY 2003 to 234 in PY 2004), whereas A/N referrals grew by 10.2% (from 1349 in PY 2003 to 1487 in PY 2004). These data demonstrate that the increase in screened-in reports from PY 2003 to PY 2004 was largely attributable to an increase

<sup>3</sup> All of the case type data (abuse/neglect or non-abuse/neglect) is based on October through July of each year due to missing data in August and September 2003. These data come from the CFS Monthly Managers Report generated by the Topeka office rather than Portraits. These two data sources show some discrepancies.

in A/N cases. The Community Care Project diverted cases from being screened in for investigation, thus reducing the total number of NAN cases. The impact of the Community Care Project will be discussed later in the report.

**Figure 2**



NAN cases represented 14.9% of all the screened-in reports in Shawnee County during PY 2004<sup>4</sup>. This is well below the state average of 32% in FY 2004<sup>5</sup>. The Topeka Shawnee County office has by far the lowest level of NAN screen-in reports in the state.

Following are findings for each of the outcome indicators developed for the evaluation.

**Goal: Promote prevention of abuse/neglect  
and provide early service interventions to preserve families.**

**1. Reduce removals into out-of-home placement.**

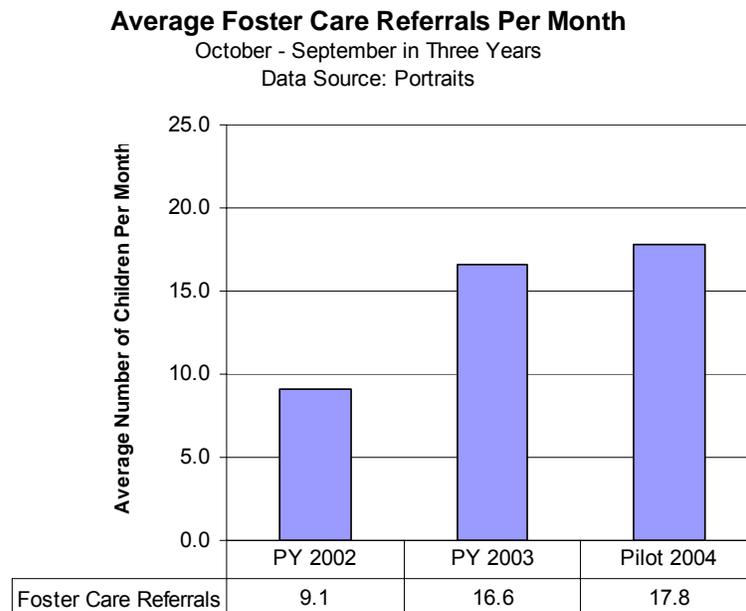
Foster care referrals increased during the pilot by an average of 1.2 referrals per month (see Figure 3) over levels experienced in the previous year, PY 2003. Table 2 provides the actual number of referrals for each of the last three years and the monthly averages. A total of 15 more foster care referrals were made during the pilot year (PY 2004) compared to the previous year PY2003, a 7.5% increase. The data show that foster care referrals increased by 82.5% between PY 2002 and PY 2003 (109 in 2002 and 199 in 2003). Reasons for this growth

<sup>4</sup> From CFS Monthly Manager's Report (NAN screened-in reports divided by total screened-in reports for year).

<sup>5</sup> Portraits FY 2004 Year End report, Page 1.4

are beyond the scope of this evaluation; however, changes in the community (e.g. District Attorney's office) were thought to contribute. It is likely that this growth prompted the development of the pilot project, as well as new approaches to front-end services such as the Community Care initiative.

**Figure 3**



**Table 2:**

**Foster Care Referrals**  
By Program Year of October – September  
Data Source: Portraits

	<b>PY 2002</b>	<b>PY 2003</b>	<b>PY 2004 Pilot</b>
Foster Care Referrals CR	109	199	214
Average Referrals Per Month	9.1	16.6	17.8
Percent Increase Over Previous Year	NA	82.6%	7.5%

Unlike data reported in the six month evaluation report, the overall growth in foster care referrals was higher than the rate of growth of screened-in referrals. Table 1 shows that there was a 7.5% increase in foster care referrals between PY 2003 and PY 2004, while there was a 2.9% increase in screened-in referrals for the same time period. The 7.5% increase in foster

care referrals in Shawnee County; however, was less than the 11.5% growth in foster care in the rest of the state (see Table 3).

**Table 3**

Foster Care Referrals  
By Program Year, October – September  
Data Source: Portraits

	<b>PY 2003</b>	<b>PY 2004</b>	<b>% Change</b>
Topeka	199	214	7.54%
Statewide w/o Topeka	2418	2697	11.54%

Shawnee County has a higher placement rate per 1,000 children in the population than the rest of the state. Using PY 2004 foster care referral numbers, there were 4.98 foster care referrals per 1,000 in the population in Shawnee County compared to 4.03 per 1,000 in the rest of the state. Shawnee County has a placement rate per 1000 in child population that is about 23.6% higher than the rest of the state for the pilot year. While Shawnee County has a higher placement rate per 1,000 in comparison with the rest of the state, that rate decreased during the pilot.

**2. Maintain Family Preservation referrals.**

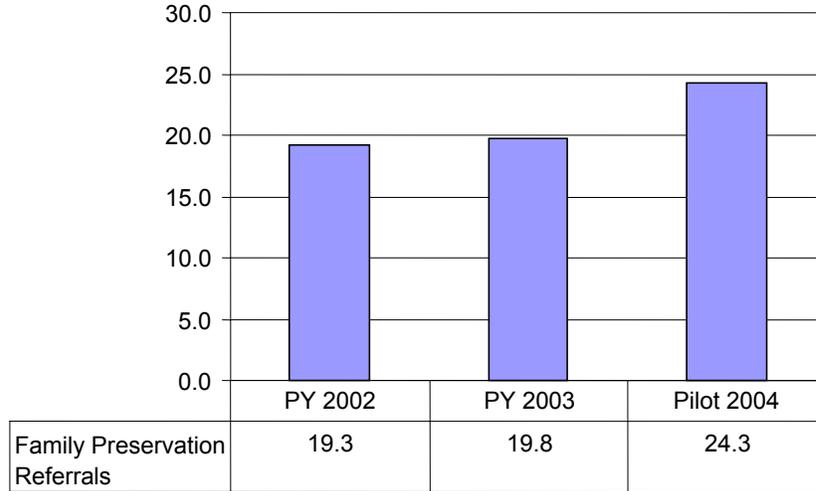
The number of Family Preservation referrals increased substantially during the pilot over the levels in the two comparison years (see Figure 4). Family Preservation referrals increased by 22.8% during the pilot from the prior year (see Table 4). In comparison, Family Preservation grew only 2.2% between SFY 2003 and 2004 in the rest of the state. On average, an additional 4.5 Family Preservation referrals per month were made in Shawnee County. Upon further review of the data, this increase was largely due to increased referrals in the first six months of the pilot. In the first six months, an average of 28 referrals per month were made, a 46.3% increase compared to the same time period in the prior year. In the second six months of the pilot, this average declined slightly, to an average of 21 referrals a month.

**Figure 4**

**Average Family Preservation Cases Opened Per Month**

October - September in Each of the Last Three Program Years

Data Source: Portraits



**Table 4**

Family Preservation Referrals  
By Program Year of October – September  
Data Source: Portraits

	PY 2002	PY 2003	PY 2004 (Pilot)
Family Preservation Referrals R	231	237	291
Average Referrals Per Month	19.3	19.8	24.3
Percent Increase Over Previous Year	NA	2.6%	22.8%

**3. Increase Family Service cases.**

During the Pilot, the number of Family Service cases initiated more than doubled over the previous year (PY 2003), returning to the levels experienced in PY 2002. Table 5 demonstrates that 74 cases were initiated in the pilot year, compared to only 34 cases initiated the previous year. On average, six (6.2) Family Service cases were initiated each month during the pilot, compared to nearly three (2.8) per month in the previous year (see Figure 5). Additionally, more cases were opened in the second six month period of the pilot. The average number of initiated cases grew from five cases per month in the first six months to seven cases per month in the second six months.

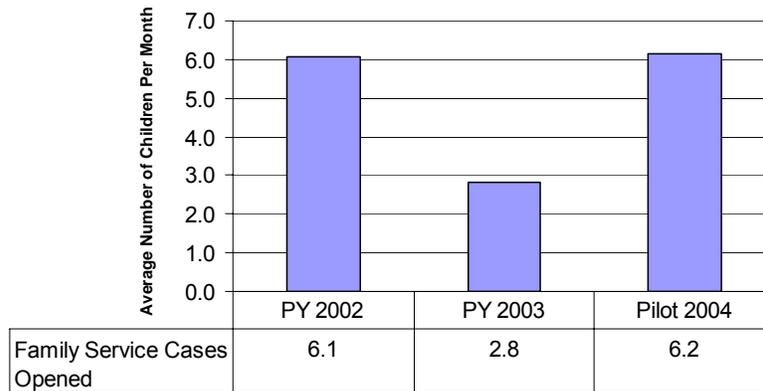
Family Service cases represent about 20% of in-home service cases (Family Preservation and Family Services). That is, there are four times as many Family Preservation referrals as there were Family Service cases initiated.

**Figure 5**

**Average Family Service Cases Opened Per Month**

October - September in Three Years

Data Source: Portraits



**Table 5**

**Family Service Cases Initiated  
By Program Year, October – September  
Data Source: Portraits**

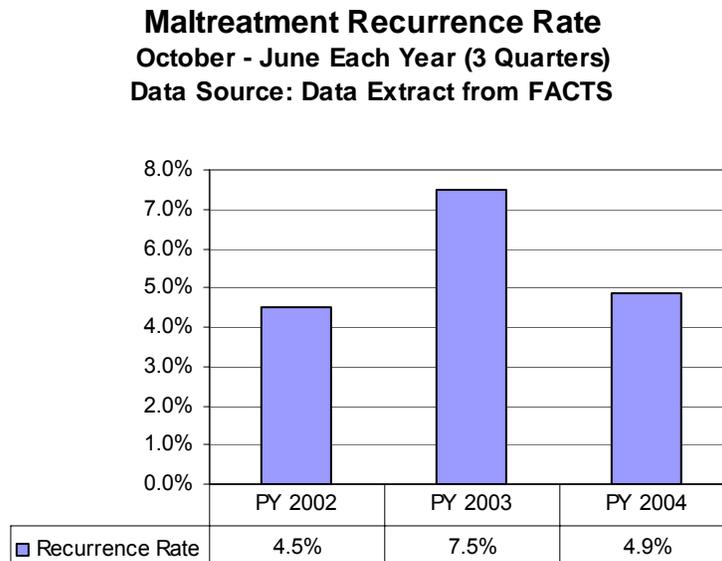
	SFY 2002	SFY 2003	SFY 2004
Family Services Referrals	73	34	74
Average Referrals Per Month	6.1	2.8	6.2
Percent Increase Over Previous Year	NA	-53.4%	117.6%

During the period in which Shawnee County increased Family Service cases, the remainder of the state decreased the level of Family Services initiated. While Family Service cases increased by 117% in Shawnee County, there was a concomitant 4.9% decrease in Family Services cases in the rest of the state.

**4. Maintain or reduce recurrence of maltreatment in 3 months (number and rate).**

The rate of maltreatment recurrence in three months fell from 7.5% in PY 2003 to 4.9% in PY 2004<sup>6</sup> (see Figure 6 and Table 6). In other words, 95.1% of families with substantiated reports during the pilot did not have another substantiated report within three months. This rate was computed using an entry cohort method similar to the federal outcome for maltreatment recurrence. Given the short follow-up time period available for this first evaluation, a three-month time period was used rather than the six months used in the federal outcome measure. The federal standard for recurrence is 6.1% or below.

**Figure 6**



**Table 6**

**Maltreatment Recurrence Rates**  
**Totals from October – June for Each Fiscal Year**  
**Data Source: FACTS Data Extract**

	<b>PY 2002</b>	<b>PY 2003</b>	<b>PY 2004 (Pilot)</b>
Victims in Cohort	421	535	451
Recurrence in 3 Mos.	19	40	22
Recurrence Rate	4.5%	7.5%	4.9%

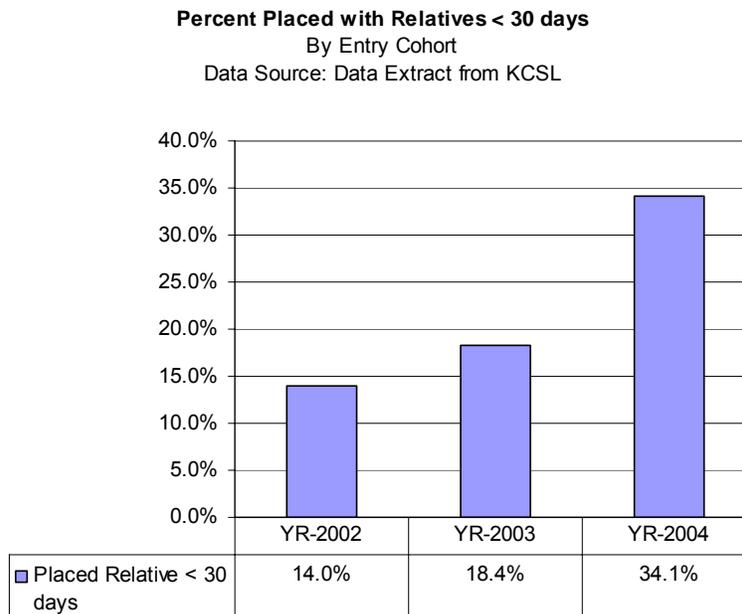
<sup>6</sup> This measure uses an entry cohort based on a substantiated report for abuse or neglect. The analysis only used substantiated reports that occurred during the first 9 months of each of the years compared. This allowed time for a recurrence to occur.

#### 4. Increase the number of relative placements.

##### a. Foster-Care Relative Placement

Children were much more likely to be placed with relatives within 30 days from referral to foster care during the pilot period than during previous years. While relative placements increased in each of the three years, the largest growth occurred between PY2003 and PY2004: from 18.4% to 34.1% (see Figure 7 and accompanying Table 7). The actual number of children placed with relatives during the pilot was nearly four times the number from PY 2002 (from 19 in PY 2002 to 77 in PY 2004).

**Figure 7**



**Table 7**

**Relative Placement in < 30 Days from Referral to Foster Care<sup>7</sup>**  
By Entry Cohort  
Data Source: KCSL Data Extract

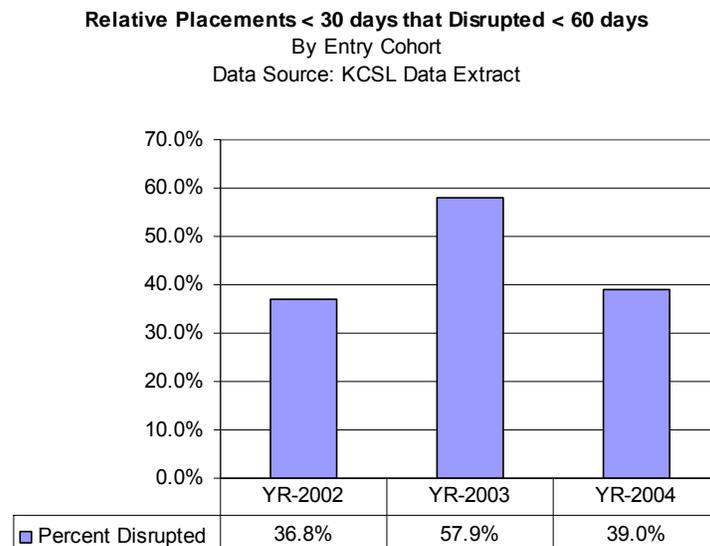
	YR-2002	YR-2003	YR-2004
Placed with Relative in 30 Days or Less	19	38	77
Total Entering Care	136	207	226
% Relative 30 Days or Less	14.0%	18.4%	34.1%

<sup>7</sup> The numbers in Total Entering Care are slightly different from the Foster Care Referral numbers reported earlier in the report. These data come from the KCSL Data Extract; referral; data come from Portraits.

**b. Relative Placement Stability**

The increase in relative placements raises the question, How stable are these placements? Figure 8 shows relative placements by entry cohort year that disrupted in 60 days or less. The rate of relative placement disruption decreased during the pilot, from 39.0% in PY 2003 to 57.9% in PY 2004 (see Table 8). Although the percentage of early disruptions was slightly lower in PY 2002 than during the pilot, the number of relative placements grew from 19 to 77 placements.

**Figure 8**



**Table 8**

**Relative Placements in 30 Days Disrupting in 60 Days or Less**  
Data Source: KCSL Data Extract

	YR-2002	YR-2003	YR-2004
Placed with Relatives in 30 days or Less	19	38	77
Disrupted < 60 days	7	22	30
Disrupted 60 days or Less	36.8%	57.9%	39.0%

**c. Relative Adoption Resource at Referral**

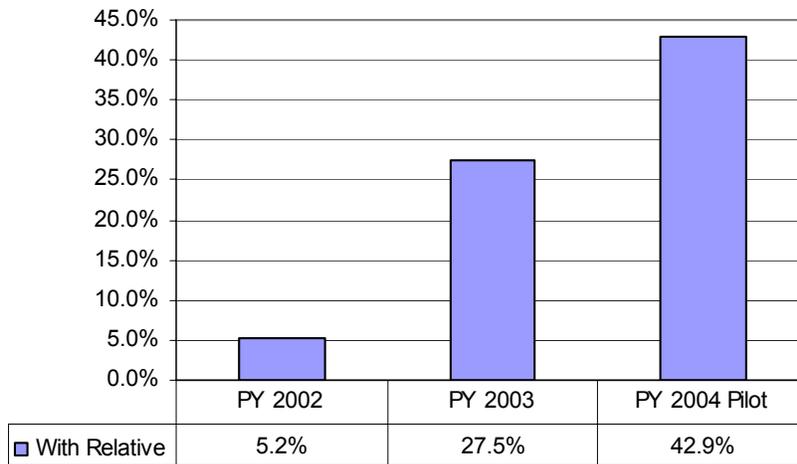
The percentage of adoption referrals with a relative resource grew substantially during the pilot. Figure 9 shows that the percentage of children placed with relatives upon referral to the state’s adoption contractor jumped from 5.2% in PY 2002 to 42.9% during the 2004 pilot. This rate grew from 27.5% in PY 2003 to 42.9% in PY 2004 (see Table 9).

**Figure 9**

**Percent Adoption Referrals w/ Relative Resource**

October - September of Each Year

Data Source: KCSL Data Extract



**Table 9:**

**Adoption Referrals with Relative Resource**

Data Source: KCSL Data Extract

	PY 2002	PY 2003	PY 2004 Pilot
Adoption Referrals	58	51	49
Placed with Relative at Referral R	3	14	21
Relative Placement Rate	5.2%	27.5%	42.9%

**d. Custody Prevention**

One of the objectives of this pilot was to increase relative placements to prevent children from entering state custody. This task was undertaken by the Family Resource Center’s Kinship Care Program. The program is jointly funded by SRS and Topeka Shawnee County United Way. The placement prevention effort was not fully implemented until January 2004 due to the

start-up activities required for the Family Meetings Project. Until the pilot, efforts to place children with relatives were focused on children already in foster care.

From December 2003 through the end of September 2004, kinship plans were developed for 16 families with 34 children. Of the 34 children, only three children (from two families) came into state custody. Referrals to the Kinship Care program can come from a variety of community agencies in Shawnee County (e.g. Court Services). The Kinship Care initiative is increasingly being used to develop contingency plans for families being served by Family Preservation who are higher risk for out-of-home care. During the pilot period, 55 children from families served by the Family Preservation contractor (DCCCA) in Shawnee County were referred to the Kinship Project to develop kinship resources in the event their home situation deteriorated further.

**5. Other Measures**

**a. CINC Petitions Referred to DA**

The number of petitions referred to the District Attorney has shown small growth in each year.<sup>8</sup> An average of 10 referrals per month was made during the pilot as compared with 9.2 per month in PY 2003 and 7.4 in PY 2002 (see Table 10). Consistent *Ex-Parte* Petition data were not available.

**Table 10**

CINC and Referrals

Data Source: CFS Managers Monthly Report

	<b>PY 2002</b>	<b>PY 2003</b>	<b>PY 2004 Pilot</b>
CINC Petitions Referred	74	92	100
Avg. Per Month	7.4	9.2	10.0

**b. Community Care Project**

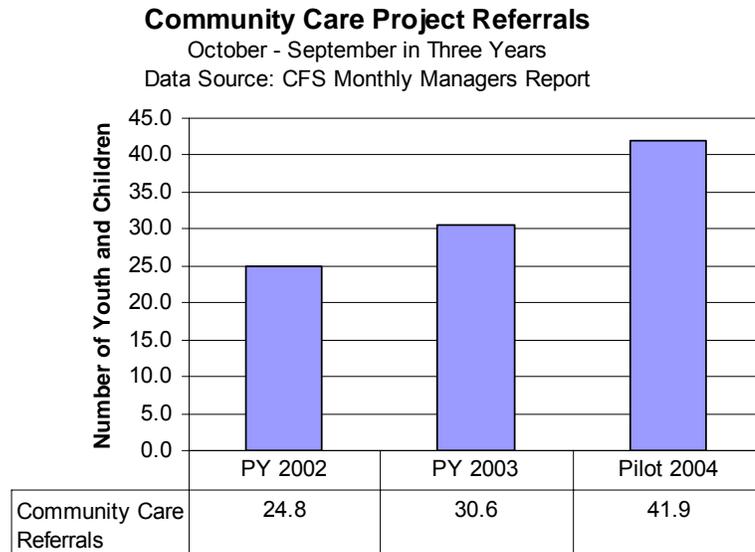
Referrals to the Community Care Project increased by 37.1% during the pilot over referral levels in PY 2003 (see Table 11). An average of 41.9 referrals An average of 41.9 referrals was made each month during the pilot period (see Figure 10). Community Care

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<sup>8</sup> A ten month period was used

referrals have increased each year since the program began: from a monthly average of 24.8 in PY 2002, to 30.6 in PY 2003, to 41.9 during the pilot in PY 2004.

**Figure 10**



**Table 11**

Community Care Project Referrals  
Data Source: CFS Managers Monthly Report

	SFY 2002	SFY 2003	SFY 2004
Community Care Referrals	298	367	503
Community Care Referrals per Month on average	24.8	30.6	41.9
Percent Increase from Prior Year	NA	68.8%	37.1%

**Goal: Increase permanency and timeliness to permanency.**

**1. No reasonable efforts findings.**

During the pilot, the court made no finding that reasonable efforts had not been made. Very few “no reasonable efforts” findings are made across the state; none were made during the pilot or during the two prior years.

## 2. Reduce time to permanency.

### a. Foster Care

The number of children exiting foster care remained about the same from PY 2003 to the pilot year (PY 2004). Table 12 shows that on average, 14.3 children exited foster care each month in PY 2003, compared to 14.5 exits in PY 2004. Both of these levels were lower than 18.8, the number of children who exited foster care each month during PY 2002.

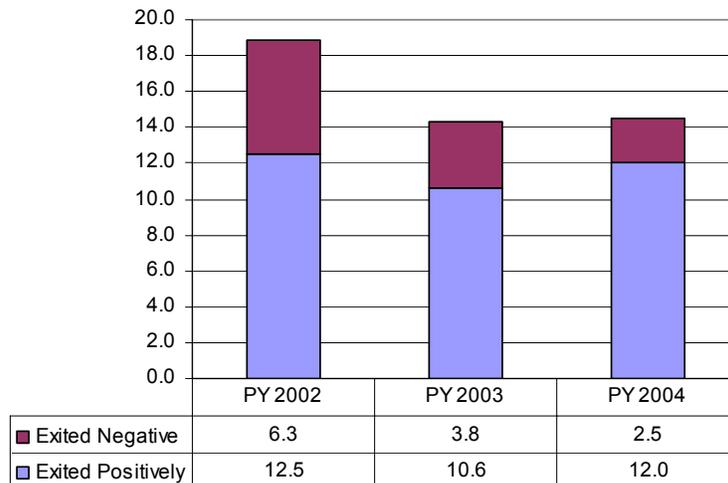
Although the number of children exiting care in PY 2004 was about the same as PY 2003, the proportion of children exiting foster care with a positive outcome grew from 10.6 in an average month in PY 2003 to 12.0 in PY 2004 (see Figure 11).<sup>9</sup> During the pilot, 82.8% of children had positive foster care exits, compared to 74.1% of children with positive exits in PY 2003 and 66.5% in PY 2002 (see Table 12).

**Figure 11**

#### Average Children Exiting Foster Care Per Month

October - September each Year

Data Source: Data Extract from KCSL



<sup>9</sup> Positive exits indicate that permanency has been achieved. Positive exits include exits to reunification, adoption referral, and guardianship. Negative exits are aging out, referral to JJA, and court-released with no reintegration. Change of venue and referral to Tribal Court were not counted as either positive or negative.

**Table 12**

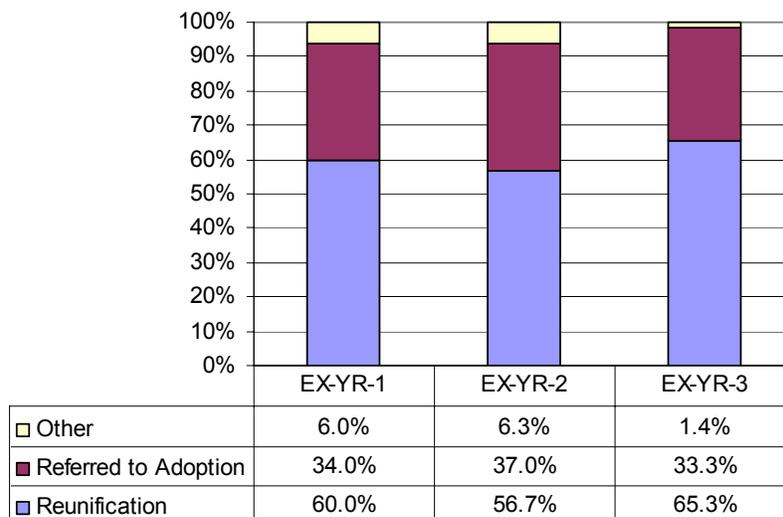
**Children Exiting Foster Care**  
 October - September in Average Month  
 Data Source: KCSL Foster Care Dataset

Monthly Averages	PY 2002	PY 2003	PY 2004 Pilot
Achieving Permanency (Exited Positively)	12.5	10.6	12.0
Not Achieving Permanency (Exited Negative)	6.3	3.8	2.5
Total Exiting Care Per Month	18.8	14.3	14.5
Percent Exiting Positively	66.5%	74.1%	82.8%

Of those children achieving permanency, a higher proportion of children exited to reunification during the pilot (see Figure 12). During the pilot, 65.3% exited to reunification versus 56.7% in PY 2003, and 60% in PY 2002. With an increase in reunifications, a smaller proportion of children were referred for adoption and other permanency statuses during the pilot (e.g. guardianship and independent living with release of custody, private adoption).

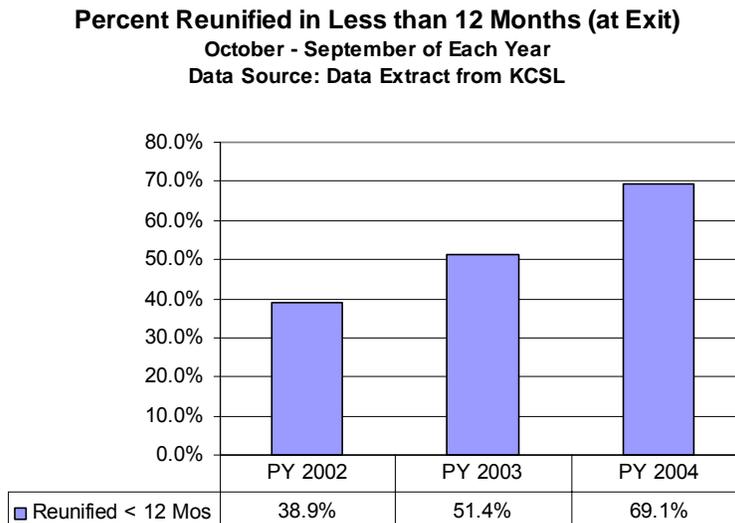
**Figure 12**

**Type of Permanency Achieved**  
 October - September of Each Year  
 Data Source: Data Extract from KCSL



Reunification in Less than 12 months (Exit Cohort). The percentage of children reunified in less than 12 months improved substantially during the pilot: from 51.4% in PY 2003 and 38.9% in PY 2002 to 69.1% in PY 2004 (see Figure 13). While it is important to examine the rate of reunification, it is equally important to examine the timeliness of these reunifications. As part of the Child and Family Services Reviews (CFSR), the federal government computes time to reunification. The method used to compute time to reunification for this evaluation was the same as that used by the feds, except that the federal measure looks at time to end of custody rather than time to positive exit. While this measure shows improvement, the performance level still does not meet the federal standard of 76.2%. Table 13 provides the number of children exiting care during each of the time periods.

**Figure 13**



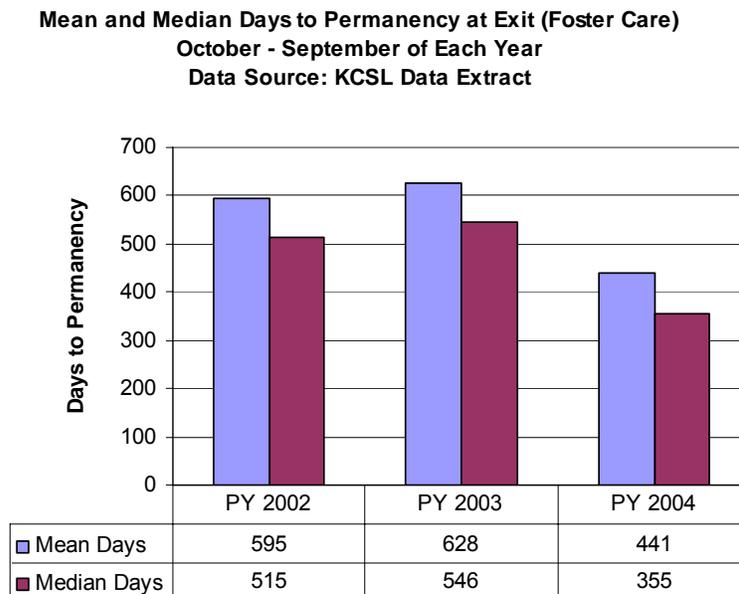
**Table 13**

Exiting to Reunification in Less than 12 Months (Federal Outcome Measure)  
 October - September  
 Data Source: KCSL Data Extract Foster Care

	<b>PY 2002</b>	<b>PY 2003</b>	<b>PY 2004 Pilot</b>
Reunified < 12 Mos.	35	37	65
Reunified ≥ 12 Mos.	55	35	29
Total Exiting to Reunification	90	72	94
Percent Reunified in < 12 mos.	38.90%	51.40%	69.10%

Mean and median time to permanency at exit. For those children who achieved permanency, the average time to do so dropped substantially during the pilot (see Figure 14). The mean to positive exit from foster care was 595 days in PY 2002, 628 days in PY 2003, and 441 days in PY 2004. There were statistically significant differences between the pilot year and both of the comparison years ( $p < .05$ ). No statistically significant difference exists between PY 2002 and PY 2003 ( $p = .777$ ). Likewise, the median time to achieve permanency was 355 days during the pilot, compared to 515 days in PY 2002 and 546 days in PY 2003. However, the set measures are based on children achieving permanency during the pilot and comparison years. Many of these children entered foster care and were served in other program years. Therefore, changes in performance levels during the pilot year cannot be attributed solely to the pilot. Both mean and median are reported for each program year in Figure 14 below.

**Figure 14**



**NOTE: Statistical Significance of Mean**

- Between PY 2002 and PY 2003  $p = .777$
- Between PY 2002 and PY 2004  $p = .003$
- Between PY 2003 and PY 2004  $p = .000$

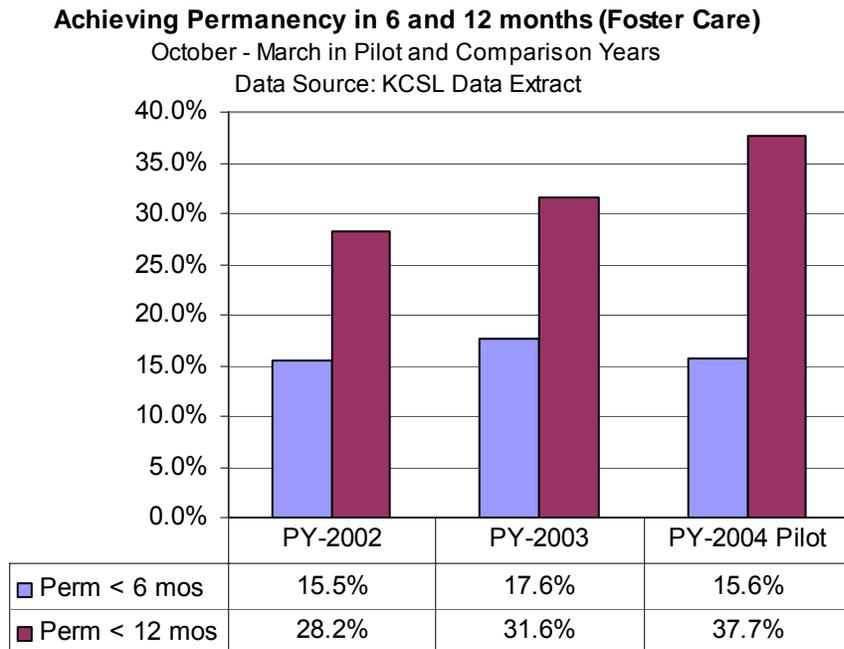
Permanency in Less than 6 and 12 Months (Entry Cohort). Another way to measure time to permanency is to examine the behavior of entry cohorts, or groups children entering care within a certain period of time. The Permanency in 6 and 12 Month measures used in this evaluation are the same as those used by SRS for its foster care contracts. These data provide a perspective on how well permanency was achieved for children who entered foster care six and twelve months ago. At six and 12 month intervals, the anniversaries of children's placement

in out-of-home care, a child’s permanency status is assessed. Therefore, some of the children reported in the pilot year actually entered care prior to the start of the pilot.

During the pilot, no improvement in achieving permanency within 6 months was noted. Figure 15 shows that there was a small decrease in the percentage of children achieving permanency in less than 6 months during the pilot (15.5% in PY 2002, 17.6% in PY 2003, and 15.6% in PY 2004). This performance is well below statewide performance levels for permanency in 6 months for the previous years: 24.9% in PY 2003 and 27.4% in PY 2004 (see Table 14).

However, significant improvement was noted among the population of children achieving permanency within 12 months. The percentage of children achieving permanency within 12 months increased from 28.8% in PY 2002 and 31.6% in PY 2003 to 37.7% during the pilot. Again, these performance levels are below statewide performance of 50.6% in SFY 2003 and 43.6% in SFY 2004.

**Figure 15**



**Table 14**

**Achieving Permanency in 6 and 12 months (Foster Care)**

October – March in Pilot and Comparison Years

Data Source: KCSL Data Extract

	<b>PY-2002</b>	<b>PY-2003</b>	<b>PY-2004</b>
Permanency < 6 mos.	15.5%	17.6%	15.6%
Achieved Permanency < 6 months	22	30	34
Reaching 6 Mo. Anniversary of Referral	142	170	218
Placement < 12 mos.	28.2%	31.6%	37.7%
Achieved Permanency < 12 months	61	43	78
Reaching 12 Mo. Anniversary of Referral	216	136	207

Event History Analysis. The last method used to examine time to achieve permanency was event history analysis (also called Survival Analysis). This analytic approach compared the behavior of entry cohorts during the pilot period with similar periods from the previous two years. Annual cohorts were constructed based on the date of entry into foster care and grouped by the October – September program years used in this evaluation. This is the preferred method with which to measure timely permanency; however, the follow-up period for this evaluation was not long enough to provide the most accurate measurement for the pilot year.

Total time from removal to permanency by annual entry cohorts (children who entered care during from October through September each year) is shown by month in Figure 16. The proportion of an entry cohort reaching permanency (vertical axis) over 12 months (horizontal axis) is shown in the graph below. The steeper the slope, the more quickly children are moving toward permanency.

In general, this analysis shows that children entering care during the pilot year achieved permanency more quickly than in the two comparison years. See Table 15 for the comparisons between various time periods during the year. The difference between years does not rise to the level of statistical significance ( $p=.1159$ ). However, performance during the pilot year is certainly in the right direction. The difference between PY 2002 and PY 2004 approaches statistical significance ( $p=.0782$ ).<sup>10</sup> More children entering care during the pilot project year (PY

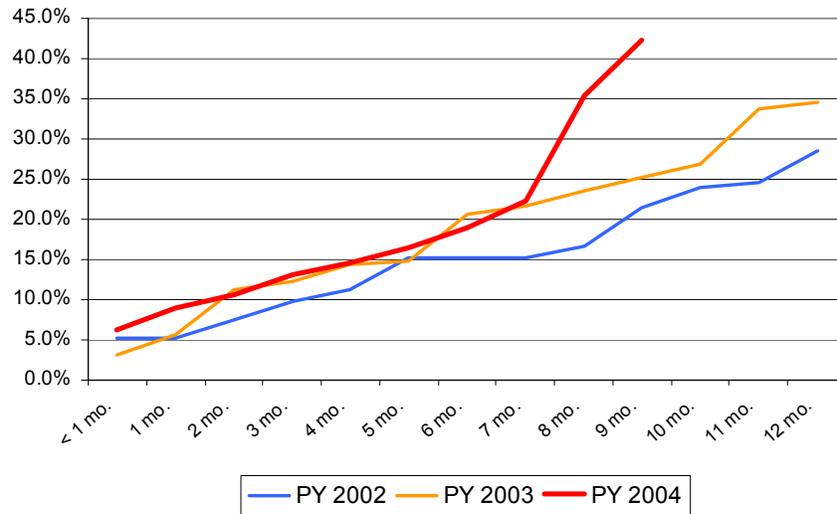
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<sup>10</sup>  $p<.05$  is generally accepted as being statistically significant.

2004) achieved permanency within the first 30 days than children in the two earlier entry cohorts. The large difference between cohorts at the nine month period is questionable since the number of cases that reached the nine--month mark from referral was quite small.

**Figure 16**

**Achieving Permanency Event History Analysis by Entry Cohort**  
 October - September in Pilot and Comparison Years  
 Data Source: KCSL Data Extract



**Table 15**

**Time to Permanency by Entry Cohort - Event History Analysis**  
 Entering care October – September of each year  
 Data Source: KCSL Data Extract Foster Care

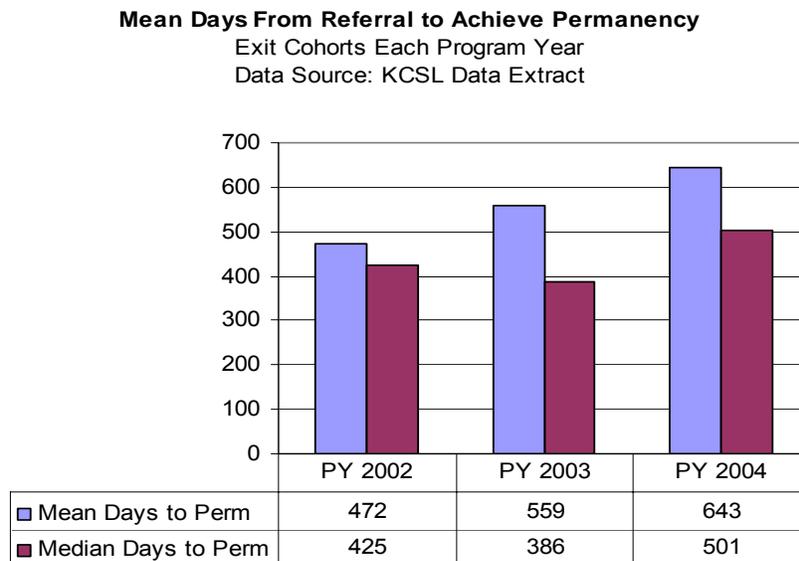
Days in Care	SFY 2002	SFY 2003	SFY 2004
1 month or less	5.2%	3.0%	6.2%
3 months or less	9.8%	12.3%	13.1%
6 months or less	15.2%	20.5%	18.9%
9 months or less	21.5%	25.2%	42.3% <sup>11</sup>
12 months or less	28.5%	34.6%	NA

<sup>11</sup> Since few children reached nine months of care during the pilot year (shorter follow-up period than previous years), this percentage is questionable. Numbers of children with 12 months or less in care were so few they were not reported.

**b. Adoption Permanency**

The overall number of adoptions was about the same during the pilot year as in previous years: 41 adoptions in PY 2003 and 40 adoptions in 2004. The number of adoptions was lower than the number in PY 2002, 46 adoptions (see Table 16). For children achieving permanency,<sup>12</sup> the average (mean) number of days to adoption finalization from referral has increased each year from 472 days in PY 2002, to 559 days in PY 2003 and 643 during PY 2004 (see Figure 17). These differences were not statistically significant (p=.145). Nonetheless, the trend is clear. Median days to achieve permanency also increased during the pilot year.

**Figure 17**



**Table 16**

Mean Days to Achieving Permanency  
Data Source: KCSL Data Extract Adoption

	PY 2002	PY 2003	PY 2004
Mean Days to Perm	472	559	643
Median Days to Perm	425	386	501
Number Achieving Permanency	50	41	42
Adoptions	46	40	41

<sup>12</sup> Permanency includes adoption, guardianship, and reunification.

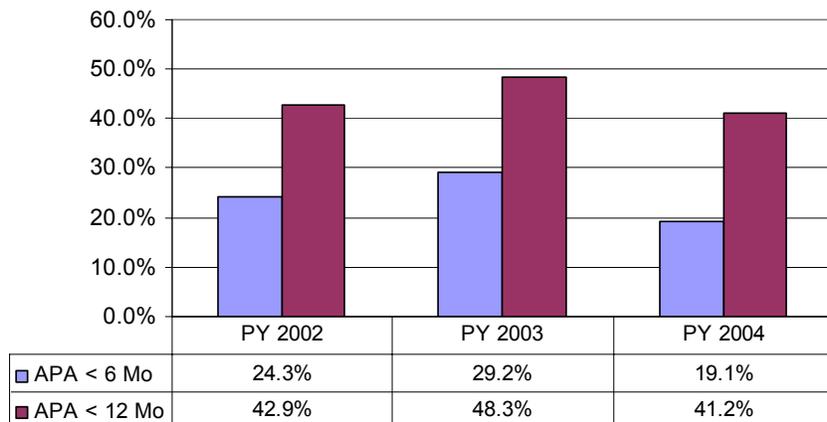
Adoptive Placement in Less than 6 and 12 months (Entry Cohort). The signed Adoption Placement Agreement (APA) is a major step toward adoption. The rate of achieving adoptive placement is measured at six and twelve months by SRS as a contract outcome.

Performance on both these outcome measures (6 and 12 months) declined during the pilot (see Figure 18). During the period of interest, APA was achieved within 6 months for 24.3% of children in PY 2002, 29.2% in PY 2003, and 19.1% in PY 2004. Conversely, statewide performance improved from 21% to 30.9% in PY 2003 and PY 2004, respectively. Of the children referred in the previous 12 months, the number who achieved within 12 months declined during the pilot. APA in 12 months went from 42.9% in PY 2002 and 48.3% in PY 2003 to 41.2% in PY 2004 (see Table 17).

Performance on these outcome measures declined in Shawnee County during 2004 while substantially improving in the state as a whole. Statewide adoptive placement (APA) within 6 months in PY 2003 and 2004 improved from 21% to 31%, and placement within 12 months improved from 36.8% to 54.1%.<sup>13</sup>

**Figure 18**

**APA within 6 or 12 months (Entry Cohort)**  
By year in which 6 or 12 month anniversary from referral  
Data Source: KCSL Data Extract



<sup>13</sup> Data found in Portraits 2003 and 2004 Year End reports.

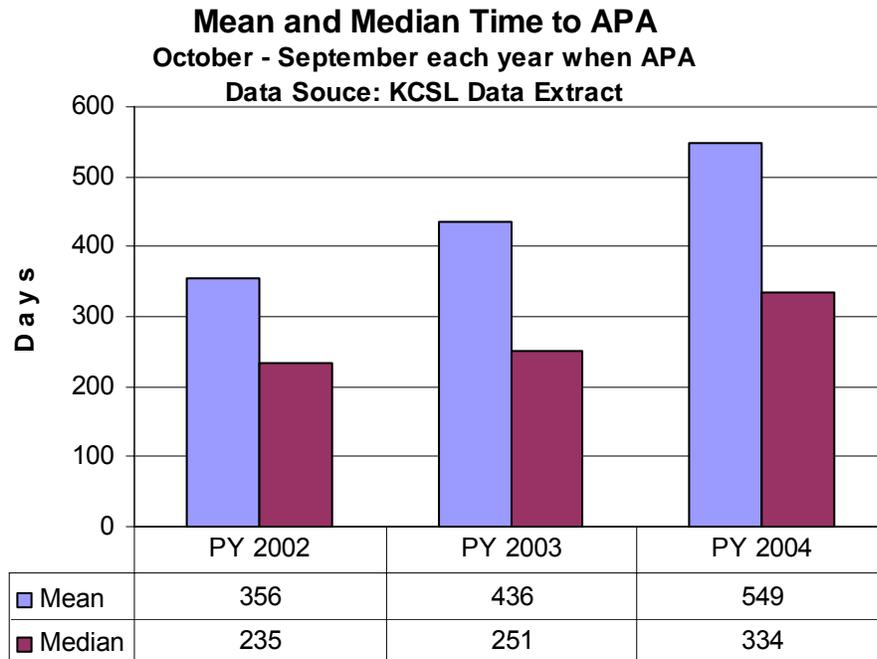
**Table 17**

APA Within 6 or 12 Months (Entry Cohorts)  
 By Year in Which 6 or 12 Month Anniversary Occurred  
 Data Source KCSL Data Extract

	PY 2002	PY 2003	PY 2004
APA Completed < 6 Months	17	14	9
Reached 6 Months	70	48	47
APA < 6 Months	24.3%	29.2%	19.1%
APA Completed < 12 Months	18	28	21
Reached 12 Months	42	58	51
APA < 12 Months	42.9%	48.3%	41.2%

Mean days to adoptive placement (APA). The average (mean) number of days from referral (to the adoption contractor) to adoptive placement was 356 in PY 2002, 436 in PY 2003, and 549 in PY 2004 (see Figure 19). These differences were not statistically significant ( $p=.058$ ) but were very close to the  $p<.05$  level. The median time to APA shows the same trend as the mean. The number of children placed in adoptive placements was about the same in PY 2002 (56) and PY 2004 (57), but was lower in PY 2003 (36) as shown in Table 18.

**Figure 19**



**Table 18**  
 Mean Days to Adoptive Placement  
 Data Source: KCSL Data Extract Adoption

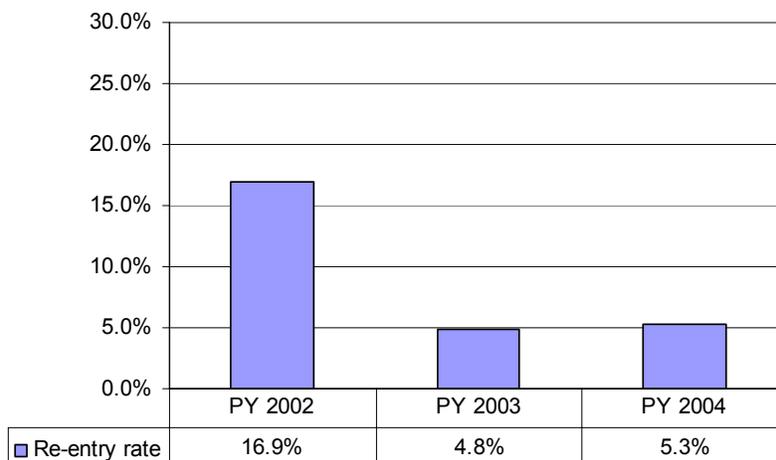
	<b>PY 2002</b>	<b>PY 2003</b>	<b>PY 2004</b>
Mean	356	436	549
Median	235	251	334
Number Achieved APA	56	36	57

**3. Maintain or reduce the number of children re-entering foster care.**

The number of children re-entering foster care within 12 months has substantially improved and is by federal standards quite low (see Figure 20). Figure 20 shows the number of children re-entering foster care as a percentage of the total number of children entering foster care during each six month period. The re-entry outcome measure was computed using the method used to compute reentry for the CFSR. For PY 2002, 2003, and 2004, re-entry rates were 16.9%, 4.8% and 5.3%, respectively. In the most recent two years, performance exceeded the 8.6% federal standard of re-entries. The actual number of children re-entering foster care (see Table 19) during each time period is ten and twelve for PY 2003 and 2004, respectively. In PY 2002, 23 children re-entered care.

**Figure 20**

**Re-entry Rate (Federal Re-entry Rate)**  
 By Entry Cohort October - September each year  
 Data Source: KCSL Data Extract



**Table 19**

Children Re-Entering Foster Care (Less than 12 Months)  
Data Source: Data Extract from KCSL

	<b>PY 2002</b>	<b>PY 2003</b>	<b>PY 2004</b>
Re-entry	23	10	12
Total entering care	136	207	226
Re-entry rate	16.9%	4.8%	5.3%

#### **4. Case Read Results**

Overall, foster care and adoption case review performance for the Topeka Shawnee County office remains above the state average. Results of these case reads are reported below by Foster Care and Adoption.

##### **a. Foster Care Case Read Review Results**

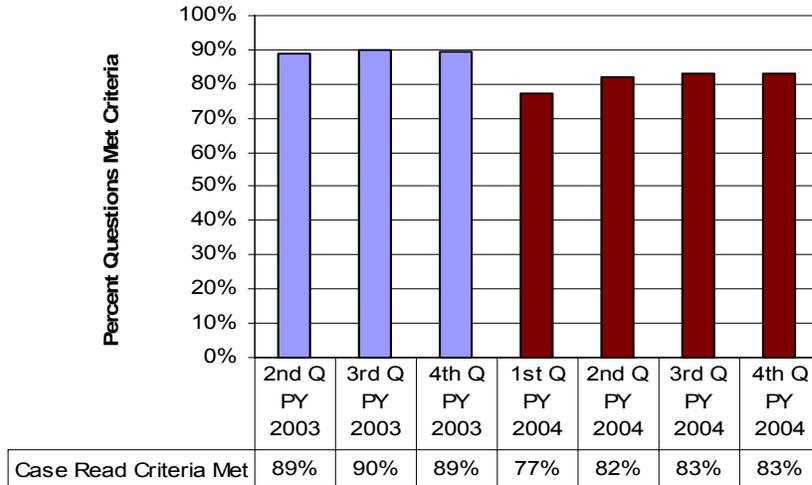
Foster Care and adoption contractors are held accountable for achieving both outcome and process indicators. SRS conducts case file reviews for quality assurance purposes. Each case review follows a 60 question protocol grouped into twelve criteria (see Appendix C).

There was a substantial decrease in overall foster care performance during the pilot. The overall performance level during the pilot was 81.2%, compared to 89.3% during PY 2003. Figure 21 shows overall performance on the case reads by quarter, and Figure 22 shows performance in PY 2003 and PY 2004 by major indicators in the case review. Indicators that fell by 5% or more from PY 2003 to PY 2004 (Pilot) included: Encounter, Placement, Visits, and Achievement of Goal. Services to family increased by 7%. However, despite this downturn in performance, overall results were above the state average for three of the four quarters during the pilot year (see Table 20).

Performance on case reads depends on two things: a) whether certain services were provided (e.g. visits made); and b) whether these services were documented. Which of these factors played a role in declining performance is not known.

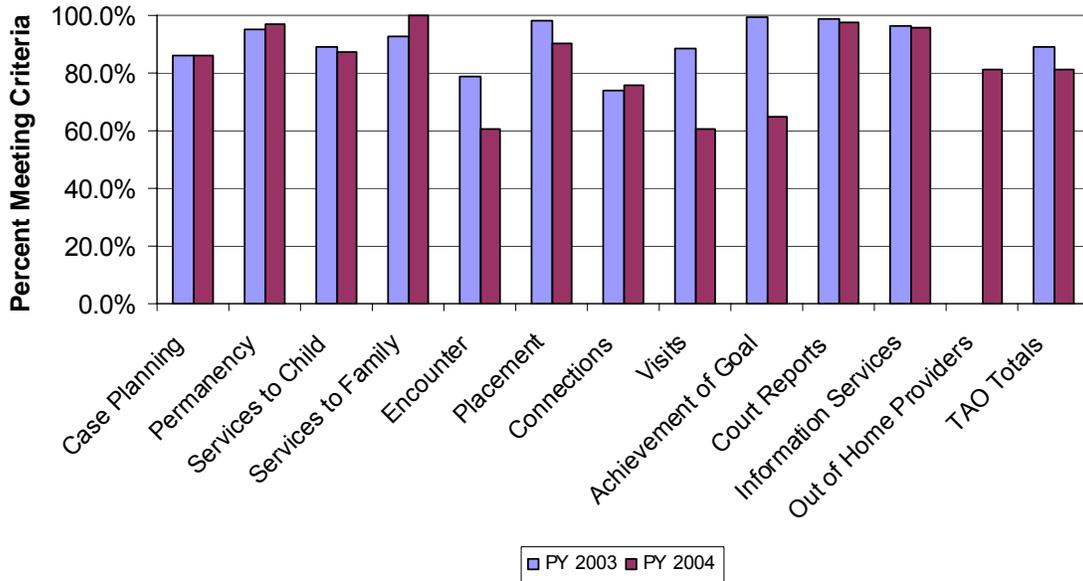
**Figure 21**

**Foster Care Case Read Totals By Quarter**  
 Data Source: Case Read Review Report by County



**Figure 22**

**Foster Care Case Read Results by Category**  
 State Fiscal Year 2003 - 4th Quarter is when the Pilot began  
 Data Source: Case Read Review Report by County



**Table 20**

**Foster Care Case Read Results Overall Compared to State Performance**

Data Source: SRS Case Read Results

	PY 2003 - Baseline			PY 2004 - Pilot			
	2nd Q PY 2003	3rd Q PY 2003	4th Q PY 2003	1st Q PY 2004	2nd Q PY 2004	3rd Q PY 2004	4th Q PY 2004
Shawnee County Totals	89%	90%	89%	82%	77%	83%	83%
State Totals	76%	76%	81%	80%	79%	81%	81%
Difference	13%	14%	8%	2%	-2%	2%	2%

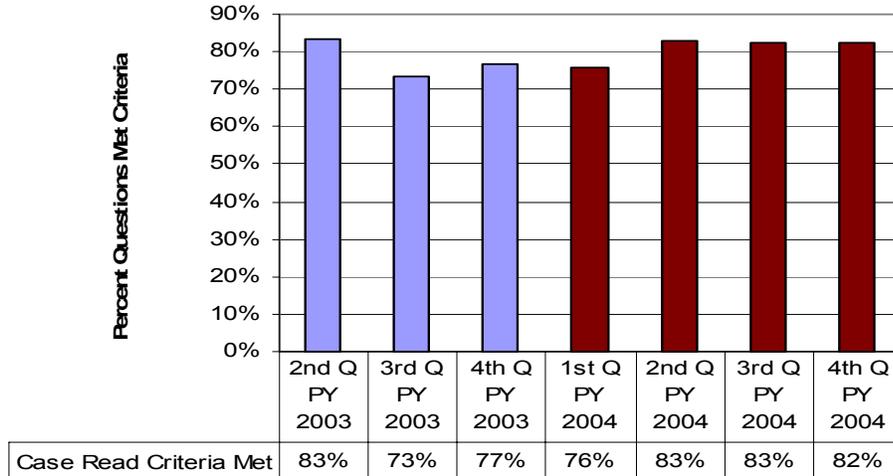
**b. Case Read Results for Adoption Contract**

The state’s adoption contractor is also held accountable for achieving both outcome and process indicators through the case review quality assurance process. The adoption case review protocol has 53 questions for each case review grouped into eleven criteria (see Appendix D). A twelfth indicator was added in the last quarter for “Out-of-Home Providers.”

Overall performance in the adoption case reads improved to 80.8% during the pilot from 78.5% in PY 2003. Figure 23 indicates that performance for the adoption contractor during the pilot was more consistent than in PY 2003; further, it was consistently higher than the state average (see Table 21). The indicator that showed the largest drop was Court Reports. Indicators that increased by over 5% included: Permanency, Encounter, and Connections. The indicator for Connections (worker child visits and sibling child visits) increased by 21% during the Pilot.

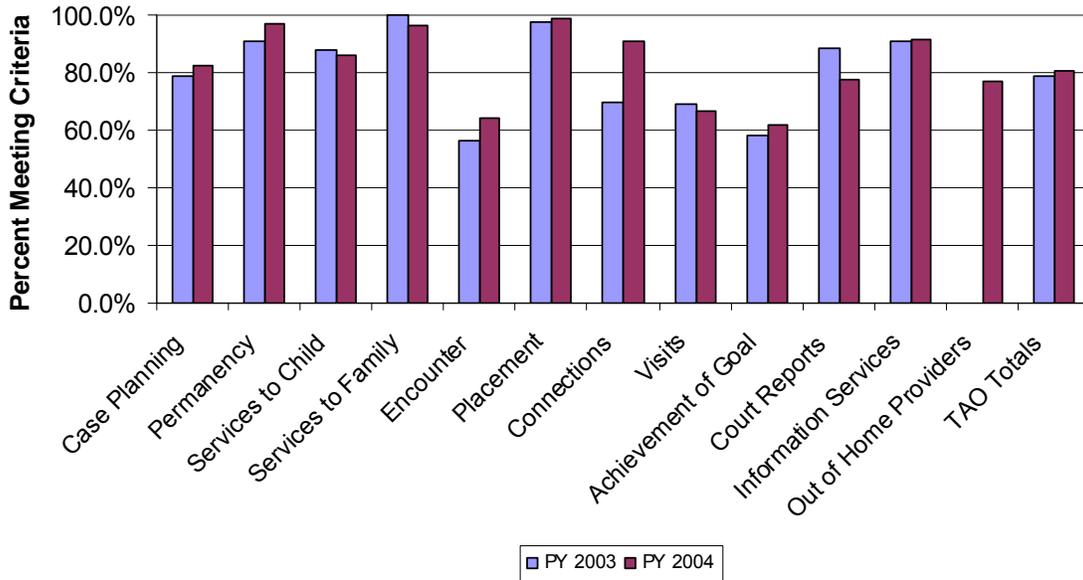
**Figure 23**

**Adoption Case Read Totals By Quarter**  
 Data Source: Case Read Review Report by County



**Figure 24**

**Adoption Case Read Results by Category**  
 Pre - Post Pilot  
 Data Source: SRS Case Read Review Report by County



**Table 21**

Adoption Case Read Results Overall Compared to State Performance

Data Source: SRS Case Read Results

	PY 2003 - Baseline			PY 2004 - Pilot			
	2nd Q PY 2003	3rd Q PY 2003	4th Q PY 2003	1st Q PY 2004	2nd Q PY 2004	3rd Q PY 2004	4th Q PY 2004
TAO Totals	83%	73%	77%	76%	83%	83%	82%
State Totals	70%	74%	72%	72%	78%	77%	76%
Difference	13%	-1%	5%	4%	5%	6%	6%

#### **IV. Qualitative Findings: Staff and Stakeholders**

The table below entitled “Summary of Strengths and Concerns” outlines the strengths and concerns that were identified through qualitative interviews and focus groups. Overall, the interviews indicated support for the Pilot Project by both SRS and KCSL staff, and community stakeholders. The interviews asked individuals to identify both strengths and weaknesses, and to use a critical eye. Accordingly, respondents were critical as well as approving in their comments. Although some very specific criticisms and concerns are identified, the dominant message was that general opinion about the Pilot Project was mostly favorable.

As with many major changes, individuals and organizations experienced anxiety as they were learning new job skills, developing new ways of doing business, and new supervisory assignments. Still, these struggles do not overshadow the fact that individuals and organizations also discovered new competencies and experienced successes. Notably, many individuals seemed highly invested in this child welfare system and possessed strong feelings about making it work effectively for children and families. Most of the criticisms seemed genuinely aimed at improving services and outcomes for children and families.

It should be noted that interviews with SRS staff were held during a time when another transition in the agency was being introduced that involved a reorganization to implement a new agency wide integrated service delivery model. While SRS staff had begun to settle into their new roles and responsibilities under the pilot project, the impending reorganization seemed to rekindle the anxiety and uncertainty recently experienced during the pilot. It was sometimes difficult for the evaluators separate the concerns and lessons of the pilot from the anxiety provoked by the integrated services reorganization that was being discussed.

Likewise, KCSL staff experienced additional stress and anxiety over a new service delivery design. Evaluators had to help the staff separate their thoughts about the pilot with the reorganization that occurred at the same time due to implementing a new service design.

#### **Transitioning to the Pilot Project**

***Initial Responses*** - The most prevalent initial responses to the Pilot Project were excitement and anxiety, though for a variety of reasons. SRS staff were eager to enhance front end services while at the same time they worried about the families they served. KCSL was enthusiastic about reducing the hassles they perceived in having to acquire SRS buy-in and approval, but also experienced anxiety about significantly increasing their responsibilities. The initial anxiety experienced by staff in both organizations subsided as they gradually became

more comfortable with their new positions and responsibilities. Stakeholders expressed a variety of responses that ranged from enthusiasm to concern. Many were optimistic about the opportunities presented by the Pilot Project, but also expressed concerns about the impact the Pilot would have on quality of services.

**Preparation** - The majority of people interviewed described a mostly smooth transition process with well-prepared staff, clients and stakeholders. Respondents showed a high level of consensus about client and stakeholder preparation. Stakeholders were particularly happy with an inclusive planning process and the community collaboration that was exhibited. An area that reflected less agreement was staff preparation.

While administrators of SRS and KCSL were generally pleased with the early phases of the Pilot, supervisors and staff were less content. SRS staff expressed feeling very under-prepared and described what they perceived as an “inadequate training” process. KCSL staff were mostly positive about the training they received, with negative comments related to forms and procedures. They were frustrated that forms and procedures were missing during the early months of the Pilot Project, and that they received minimal training on how to use forms. Another group that identified feeling under-prepared was the frontline staff of stakeholder organizations.

Several respondents identified mentoring as a strategy. Some of these people saw the Pilot Project as missing an opportunity to utilize SRS experienced staff as mentors that would have facilitated a smoother transition process for KCSL staff learning new responsibilities. These comments were made despite such a strategy being developed by SRS administrators. Most KCSL and SRS staff reported no knowledge or, consequently, use of any specific procedures that were set up for a mentoring purpose. KCSL administrators noted that a great deal of mentoring took place informally since staff were more comfortable seeking help from SRS staff that were knowledgeable about the specific case with which they needed.

## Summary of Strengths and Concerns

Subtopic	Strengths	Concerns or suggestions
<b>Transitioning to the Pilot Project</b>		
<b>Initial Response</b>	<ul style="list-style-type: none"> <li>Initial support, optimism and excitement for project by many</li> <li>Anxiety experienced at SRS and KCSL was followed by settling and comfort with new positions/responsibilities</li> </ul>	<ul style="list-style-type: none"> <li>Stakeholders and some SRS staff expressed concerns for families and the child welfare system related to KCSL's ability to assume additional responsibilities</li> </ul>
<b>SRS Preparation</b>	<ul style="list-style-type: none"> <li>SRS administrators generally pleased with preparation, but recognized improvements for transition timeline</li> </ul>	<ul style="list-style-type: none"> <li>SRS staff feeling under-prepared even with CPS training</li> </ul>
<b>KCSL Preparation</b>	<ul style="list-style-type: none"> <li>KCSL administrators generally pleased with preparation</li> <li>KCSL staff generally happy with training</li> </ul>	<ul style="list-style-type: none"> <li>KCSL staff frustrated by lacking forms/procedures</li> <li>Lost opportunity to use SRS experienced staff as mentors</li> </ul>
<b>Client Preparation</b>	<ul style="list-style-type: none"> <li>Excellent preparation of clients</li> <li>Clients clearer understanding of SRS and KCSL roles</li> </ul>	<ul style="list-style-type: none"> <li>One group possibly not well prepared: out-of-state adoptive parents</li> </ul>
<b>Stakeholder Preparation</b>	<ul style="list-style-type: none"> <li>Excellent preparation of stakeholders, especially managers</li> <li>Outstanding community collaboration</li> </ul>	<ul style="list-style-type: none"> <li>Stakeholders' frontline staff may need more preparation/information</li> </ul>
<b>Reinvestment of SRS Resources</b>		
<b>Realignment Process</b>	<ul style="list-style-type: none"> <li>SRS administrators generally pleased with realignment/transition, but suggested timing of transitioning from foster care/adoption to new CPS positions could be improved</li> </ul>	<ul style="list-style-type: none"> <li>Many SRS staff very unhappy about realignment process; Felt their input in the decision making was minimal and meaningless</li> <li>Staff strengths assessment perceived as not useful or not understood</li> <li>High anxiety and frustration remained, particularly due to upcoming, unrelated SRS changes</li> </ul>
<b>New Structure of SRS 3-P Unit</b>	<ul style="list-style-type: none"> <li>Impact on CPS – enhanced because of additional staff and higher expectations</li> <li>Court pleased with reinvestment of SRS resources into front-end services – “catching” cases not caught before</li> <li>Many like doing CPS more than foster care</li> <li>Affirmed specialized caseloads, want more</li> </ul>	<ul style="list-style-type: none"> <li>Impact on CPS – temporarily reduced CPS quality due to learning curve of staff new to doing CPS</li> <li>Strong concern for combining functions of CPS and family services – makes it difficult to do family services</li> <li>Suggestion for additional specialized caseloads for sexual abuse cases</li> </ul>
<b>Community Care</b>	<ul style="list-style-type: none"> <li>Community Care viewed as effective frontline, preventive approach</li> </ul>	<ul style="list-style-type: none"> <li>Concerns about overlap and interface with Community Care, due to lack of integrated computer system</li> </ul>

Subtopic	Strengths	Concerns or suggestions
<b>Assessment of the Pilot Project</b>		
<b>Gains &amp; Losses</b>	<ul style="list-style-type: none"> <li>• Loss of SRS/KCSL duplication viewed as positive, particularly administrative duplication</li> <li>• Gained by reducing triangulation in court</li> <li>• Gained ability to get information directly from KCSL</li> <li>• Gained idealism/enthusiasm of young KCSL workers</li> <li>• Gained efficiencies and reduced duplication</li> <li>• Gained more solid community partnerships</li> <li>• Gained responsibility, confidence, credit &amp; accountability (KCSL)</li> <li>• Gains for clients (eg, clearer relationship with KCSL)</li> </ul>	<ul style="list-style-type: none"> <li>• Loss of SRS/KCSL viewed as negative</li> <li>• Loss good SRS workers involvement with families; provided experience &amp; history</li> <li>• Loss SRS as mediator with community stakeholders</li> <li>• Loss of legal oversight by SRS</li> <li>• Loss of quality documentation in limited case record areas</li> <li>• Loss of SRS control and authority over day-to-day tasks</li> <li>• Checks and balances diminished – CASA may have larger role</li> </ul>
<b>Implementation at KCSL</b>	<ul style="list-style-type: none"> <li>• General response – working well</li> <li>• Learning phase followed by caseworkers feeling more settled, more competent and confident</li> <li>• Increase time in paperwork was offset by reduction in time spent informing and negotiating with SRS</li> <li>• KCSL administrators identified increased attention to legal matters and gained legal knowledge among staff; felt quality services had been maintained</li> <li>• KCSL staff welcomed expanded role in court</li> <li>• New programs at KCSL mostly viewed positively</li> </ul>	<ul style="list-style-type: none"> <li>• KCSL supervisors experienced significant increase in tracking responsibilities</li> <li>• Legal concerns for KCSL, internally staff identified issues with the PPRD; externally, stakeholders commented on caseworker preparation regarding legal issues and role in court</li> <li>• Few KCSL staff feeling new programs were too much in addition to the Pilot Project</li> <li>• Quality concerns for KCSL (e.g., high caseloads, staff turnover, worker training, worker burnout, continuity for children)</li> <li>• Suggestions for strategies to address concerns, especially mentoring</li> </ul>
<b>Family Meetings</b>	<ul style="list-style-type: none"> <li>• Viewed positively by many, signifying a general affirmation and acceptance for Family Meetings</li> <li>• Empowering for families, and increases family responsibility</li> <li>• Inclusion of extended family and natural supports</li> <li>• Increased relative placement options</li> <li>• Improved case plans – more creative &amp; individualized; quicker completion of tasks due to family ownership</li> <li>• Families identify their strengths and hold one another accountable</li> <li>• Facilitators' role very important; in general, doing good work</li> <li>• Facilitators' pre-meeting responsibilities are very valuable</li> </ul>	<ul style="list-style-type: none"> <li>• Length of meeting concern for some; defended by others</li> <li>• Eating at meeting problematic for a few</li> <li>• CPS worker involvement questioned in certain situations &amp; in phase 3 of meeting</li> <li>• Child involvement – questioned by some and supported by others</li> <li>• Concerns about professional roles &amp; boundaries</li> <li>• Good facilitators very important for safe, productive meetings</li> </ul>

<b>Subtopic</b>	<b>Strengths</b>	<b>Concerns or suggestions</b>
<b>Stakeholders</b>	<ul style="list-style-type: none"> <li>• Pilot Project minimal impact on daily work of stakeholders</li> <li>• Stakeholders demonstrated open communication, commitment to building relationships, effective planning and collaboration</li> <li>• SRS provided excellent leadership, critical to success of project</li> </ul>	<ul style="list-style-type: none"> <li>• Suggestion to clarify roles among stakeholders</li> <li>• Heightened importance of contractor’s relationships with stakeholders</li> <li>• Some tensions in relationships to address</li> </ul>
<b>Expanding Pilot Project</b>	<ul style="list-style-type: none"> <li>• Most people would not change back to the previous arrangement</li> <li>• Many KCSL staff would support expansion to other areas</li> </ul>	<ul style="list-style-type: none"> <li>• Waiting for 12-month outcomes</li> <li>• Desire to work out glitches and assure “doability” of project</li> <li>• Difficult to replicate without leader, vision and community resources</li> </ul>

## **Reinvestment of SRS Resources**

**Realignment Process** - SRS administrators recognized “tremendous anxiety” among staff, especially about job stability, but were generally pleased with the realignment process that included a staff strengths assessment. They suggested the transition of staff from foster care/adoption positions to new CPS positions could be improved. Many SRS staff were quite unhappy about the realignment process. They felt “left in the dark” about their jobs and the new structure of the 3-P Unit. They perceived having minimal input in the decision-making process and that the input they did give was meaningless (i.e., decisions were made prior to their input). They depicted very high levels of anxiety and frustration that was yet unresolved, seemingly due to a lack of opportunity to vent their feelings as well as ongoing worries about upcoming SRS reorganization (i.e. integrated service delivery model).

**New Structure of SRS 3-P Unit** - A variety of opinions were expressed about the impact of the realignment process on CPS. Some SRS staff felt CPS was enhanced because of the addition of staff and higher expectations (e.g., increased thoroughness, more contacts during investigation). Other staff felt that the quality of CPS was at least temporarily reduced because of the learning curve they experienced in moving staff into these positions. However, the Court was pleased with the reinvestment of SRS resources and described the expansion of SRS prevention services as “catching cases” that were not caught before the Pilot Project.

The most prevalent theme identified regarding the new structure of SRS’s 3-P Unit was strong concern and displeasure among staff about the combination of CPS and family services. Many SRS staff who had high expectations for SRS reinvesting into front end services felt it was seriously compromised by combining CPS and family services. They described feeling like their “hands were tied” by having to try to manage the daily crises of CPS work with the ongoing, chronic problems of family service work. Despite the predominance of these concerns, most staff also identified positives of the 3-P Unit. Many expressed liking CPS work better than their previous work in foster care or adoption and were generally quite pleased with this aspect of the Pilot Project. All levels of SRS staff affirmed the effectiveness of the current use of specialized caseloads (i.e., Emergency Foster Care, Sexual Abuse, Behavioral Health). Staff also noted a need for more caseworkers to handle a specialized sexual abuse caseload.

**Community Care** - The Community Care Unit was viewed favorably by the vast majority of SRS staff and stakeholders. People commented on Community Care as an effective, frontline preventive approach that has matured since its implementation a couple of years ago. SRS staff identified concerns with occasional overlapping caseload. These issues were mainly

related to differences in the units' computer tracking systems, but also concerned procedures for making referrals to and from Community Care.

### **Assessment of the Pilot Project**

In general, the vast majority of interview respondents was supportive of the pilot project, and said that they would not want to return to the "old" way of doing business. Many SRS and KCSL workers voiced greater satisfaction with their work for a variety of reasons.

**Gains & Losses** - Interview and focus group respondents listed a number of gains and losses related to the Pilot Project. A gain identified by one group was also seen as a loss by another group. For example, many people recognized a gain in efficiencies by reducing duplication among SRS and KCSL. Still, people also noted that the SRS/KCSL combination would be missed in some ways. Other gains included reducing triangulation in court; reducing triangulation among SRS, KCSL and families; getting information directly from KCSL; idealism and enthusiasm of young KCSL workers; more solid community partnerships; increased responsibility, confidence and accountability for KCSL; and various gains for clients (i.e., upfront services, improved client/worker relationships and faster reunifications). On the flip side people were also able to identify several losses. These losses included: the combination of SRS/KCSL that sometimes worked as an effective team; multiple perspectives in court; good SRS workers who provided experience and history; level of legal oversight by SRS; quality documentation in limited case record areas; SRS control and authority over day-to-day tasks; and checks and balances diminished. Given the loss of case level oversight of the contractors, one stakeholder group saw the need for more case level advocacy, a role CASA has traditionally filled.

**Implementation at KCSL** - In light of both gains and losses, the majority of people interviewed judged the Pilot Project as working well, although they reserved final judgment for when outcomes were available. Even among critical comments about the early phase of implementing the Pilot Project, most KCSL staff reported that the Pilot Project was now working well. They noted that the agency went through a learning phase, but is now settled, more competent with its new roles and responsibilities, and more confident.

KCSL caseworkers reported that the increase in paperwork from acquiring new responsibilities was offset by a reduction in time spent informing and negotiating with SRS. However, KCSL supervisors did experience a significant increase in time required by tracking due dates for certain responsibilities, a role SRS had provided previously.

Discussions about legal issues elicited a variety of opinions. KCSL administrators described the Pilot Project as increasing the agency's attention to legal matters and resulting in caseworkers gaining legal knowledge, particularly as it relates to permanency planning. In contrast, several stakeholders noted concerns about legal knowledge and preparation among KCSL staff. While pointing out legal concerns, most stakeholders also expressed a willingness to work with KCSL to improve relationships and increase knowledge in the legal arena of child welfare.

New programs at KCSL were mostly viewed as positive by KCSL staff. A few felt that it was too much to undertake a program re-design at the same time new responsibilities were added with the Pilot Project.

While SRS administrators believed the quality of services to children and families had been maintained during the Pilot Project implementation, they identified a possible need for additional administrative support for KCSL social workers and supervisors. Stakeholders continued to express concerns about quality services. They identified a list of issues that included the following: high caseloads; staff turnover; young, inexperienced caseworkers; worker burnout; inadequate preparation of caseworkers; inadequate supervision and/or management support; too few family support workers and drivers; lack of continuity and stability for children and families; and poor decision-making. Despite serious concerns, many stakeholders felt there are workable strategies for dealing with them and volunteered to work with KCSL as a community partner. A prominent strategy mentioned was the use of mentors as an ongoing tactic that would address concerns related to staff turnover and young, inexperienced workers at KCSL.

**Family Meetings** - Comments made about Family Meetings were largely positive, signifying a general affirmation and acceptance for this approach. Regardless of organization, most respondents indicated a favorable assessment of Family Meetings. Above all, Family Meetings were identified as empowering for families, while at the same time holding them responsible for the case plan. Another commonly recognized strength of Family Meetings was the way relatives and other natural supports were included. This broader participation increased relative placement options. Many people mentioned eliminating the "cookie-cutter case plan" and described case plans coming out of Family Meetings as more creative and individualized. Another benefit identified about family-developed case plans was family ownership and quicker completion of tasks. Although some people continued to worry about family "denial," the experience of those involved in Family Meetings was that families could be

trusted to identify their resources and address their problems. The role of Family Meeting facilitators was emphasized as highly important to the success of Family Meetings. Many people remarked on the importance of their pre-meeting responsibilities, particularly that these tasks would not get done without the facilitators. Finally, the facilitators were generally viewed as being effective at their job.

Family Meetings, being a “major cultural change,” was not surprisingly met with some concerns and suggestions. By far and above, the most frequent concern about Family Meetings was the length of the meeting and the demands on staff time. Still, some thought the time was well worth it because of the meetings empowering nature and the improved outcomes (e.g., more creative case plans, quicker completion of tasks, etc.). Eating at Family Meetings turned out to be problematic for a few people, but was widely accepted by most people. Another topic of concern was the involvement of SRS staff in Family Meetings. Many people agreed that it might work better to consider SRS caseworker involvement on a case-by-case basis. Child involvement in Family Meetings was another area that brought out many strong emotions. In sum, people on both sides of the issue seem to agree that the decision to include children could be made on a case-by-case basis with the stipulation that children be fully prepared for the meeting and have a support person with them. Family Meetings also elicited strong feelings about professional roles and boundaries. The bottom line to this discussion again underscored the importance of the facilitators’ role in assuring that meetings are safe and productive for families.

**Stakeholders** - A variety of comments were made about stakeholders and the Pilot Project. In general, stakeholders assessed the Pilot Project as having minimal impact on their daily work. However, frontline staff of stakeholder organizations expressed the need for role clarification. The impact of the Pilot Project seemed to be felt in shifted relationships among community partners. One lesson was a heightened importance of the contractor’s relationships with community stakeholders. Although tensions in relationships were identified, stakeholders also recognized the strength of this community’s partnerships. The Pilot Project highlighted all of the organizations’ ability openly communicate, plan effectively and work collaboratively. The leadership provided by SRS was specifically noted as excellent and critical to the success of the Pilot Project. Several people noted that having the support of the juvenile count judge was essential.

**Expanding the Pilot Project** – Evaluators asked respondents their opinions about expanding the Pilot Project to other areas. Most people seemed to feel that the Topeka

Shawnee County Office should not change back to the previous arrangement. The majority of KCSL staff suggested that the Pilot should be expanded to other areas, although a few people still reserved judgment until at least 12-month outcomes are available for review. Most people expressed a desire to work out the “glitches” and assure the “doability” of the project. They also reiterated the importance of the leadership and vision provided by SRS and the collaboration achieved by community agencies. These elements were seen as possibly unique to this community, but critical to its success.

### V. Qualitative Findings: Clients

Interview participants were asked six main questions with several follow-up questions. The typical interview lasted approximately fifteen minutes. Table 1 shows the aggregate responses in terms of a positive or negative client perception. This is followed by a more detailed description of client feedback.

**Table 1**

<b>Topic</b>	<b>Summary of aggregate responses</b>
Appropriate & Respectful	<ul style="list-style-type: none"> <li>7 of 10 participants said the worker was appropriate &amp; respectful</li> </ul>
Understand Family	<ul style="list-style-type: none"> <li>5 of 10 participants said the worker had a good understanding of his or her family</li> </ul>
Connecting Services	<ul style="list-style-type: none"> <li>6 of 10 participants reported receiving new services</li> <li>All 6 participants said they were connected to services in a timely manner</li> </ul>
Family Strengths	<ul style="list-style-type: none"> <li>8 of 10 interview participants perceived the worker as identifying both family strengths and concerns</li> </ul>

#### **Appropriateness & Respect**

Most individuals described SRS intake workers as being appropriate and respectful. Seven out of ten people interviewed described workers in a positive light. They described the worker as being pleasant, polite and very appropriate. One person expressed her gratitude for a worker with empathy, whom she said “knows what I’m going through.” These individuals said they felt respected, listened to and that they received clear explanations. They liked it when the worker told them what was going to happen, finding this helpful and comforting during a stressful situation.

Five of the ten interview participants expressed concerns about the SRS worker’s appropriateness and respect for family members. Three people described being alarmed by the

SRS worker contacting them. They were initially dismayed and/or angered with the SRS worker. One person said that the worker did not accept this parent being startled and angered; that it was a “horrible first contact” in which the worker was “almost trashy, very inappropriate and unprofessional.” Another client who also described the worker as respectful contrasted this with feeling that the worker “came *at* you and is not completely forthcoming with information.” The following are example client statements that partly explain the clients’ perceptions of being disrespected. Interview participants said the worker was:

- Not listening; wouldn’t let me get a word in edgewise
- Bombarding the parent with demands instead of asking questions politely
- Being forceful and seeming to forget that they are talking to parents not children
- Being disrespectful and rude, not even introducing themselves
- Not having an open mind; Not being willing to hear all sides of the story
- Not providing any explanations, much less clear explanations – only handing out a pamphlet
- Having inaccurate information in her report
- Being angry with this individual and wanting to “get back” at her/him

Two participants identified a concern related to intake procedures with children and youth in school. These individuals were particularly angry because their children had been taken out of school without the parent’s consent. Their concerns about this were twofold. First, they felt disrespected by not being contacted prior to the intake interview with the children. They thought that the children did not need to miss classes for the interview and would have been better off with an after school appointment. The second concern involved confidentiality and respect for the children. Both individuals expressed significant concern that the interviews with their children were not confidential. They said that other children could easily know that their children were being pulled out of classes and that the interviews occurred in a “glass room” where they could be seen by others. The children were described as feeling embarrassed and humiliated.

### **Understanding of Family**

Interview participants were split on whether they viewed the SRS worker as having a good understanding of their families. Half of the people said that the worker understood them well. One person said that she liked that the worker talked to the entire family. Another person felt that the worker had done such a good job at understanding them that “she steered us in the right direction.”

The other half of the clients did not feel the SRS worker understood their families. Notably, some of these clients were the same individuals who said they felt respected by the SRS worker. Individuals viewed a lack of understanding as being related to the worker's ability to listen to them. They also suggested the worker "take time to understand" and get the "full story" by talking to everyone in the family.

### **Connecting to Services**

Six of the ten interview participants were connected to new services as a result of the intake assessment. All but one of them felt the services were appropriate. These six participants unanimously described being connected to new services in a timely manner, most saying it was within a week or two. Participants mainly sounded pleased with these services and the process to get them. However, a couple of people described the process as fatiguing and frustrating. They identified "too many steps," "too much paperwork" and "too much repetition of giving the same information over and over." One person questioned, "Why can't they pass this information on?"

### **Family Strengths**

Eight of the ten interview participants described the SRS worker as identifying both strengths and problems in their families. One person saw the worker as identifying strengths, but still feeling uneasy because she didn't "know what [the worker] was writing down." The two people who did not view the SRS worker as identifying any family strengths said that it was never discussed. One of them felt the SRS worker "saw the negatives much more than the positives."

### **Summary of Helpful Aspects of the Intake**

All interview participants were asked about the most helpful aspects of their interaction with the SRS intake worker. Some people claimed that there was nothing helpful about this interaction. Still, most people could identify a benefit. The following is a list of what they noted as helpful:

#### **Concrete Information**

- Learning about my family needs (e.g., how to keep my house clean and how to keep my kids fed)
- Learning different ways of doing things with my kids (i.e, discipline & communication)

## **Services**

- Getting connected to a good counselor

## **Rapport & Relationship**

- The worker was like one of the family
- The worker treated me as an equal
- I felt really listened to
- The worker helped to ease my mind regarding the investigation
- The worker knew how to talk to my daughter so she was not scared
- The worker helped me get strength

## **Summary of Suggestions**

The following is a list of suggestions from all the interview participants:

- Be nice, respectful
- Have an open mind and ask questions politely; get to know the situation before passing judgment
- Use empathy; don't "go at" people
- Honor parents
- Introduce yourselves
- Explain clearly and slowly; give parents time to adjust to the fact that you're there
- Schedule kids' interviews through the parents and during after school hours whenever possible
- Provide a private, confidential place for kids to interview at school
- Reduce the paperwork
- Share client information among agencies so parents don't have to repeat the same thing over and over again
- Understand the negative impact that the investigation/assessment has on children
- Gather background information before accusing someone; check to see if there is a civil case that prompted a report that may be used as a vendetta
- Hold people accountable for false reports; don't let them use SRS as a power play
- Make the system more flexible in terms of understanding and supporting men/fathers
- Always follow up on reports of child maltreatment

## **Conclusion**

This client feedback survey involved a small number of clients; yet, provided valuable information about client perceptions of SRS intake workers. Overall, most clients relayed generally positive information about the intake worker. Notably, SRS was viewed in a positive light by more than half the interview participants on these topics:

- Appropriate & respectful
- Connected to services
- Connected to services in timely manner
- Family strengths

The one area that showed only one half of interview participants having a positive perception was the worker's understanding of the family.

This survey permitted clients to share valid concerns and make useful suggestions for improving services. While many of the recommendations are commonly known best practices (i.e., empathy, respectfulness, honesty, nonjudgmental attitude, etc.), clients reiterated and confirmed the universal and enduring importance of these practices. SRS intake workers face a unique challenge in integrating these values and best practices with their child protection responsibilities. Importantly, clients emphasized that families are most readily helped by a social worker who is compassionate, clear and respectful. Most of them felt that the Topeka Area Office SRS intake workers were able to achieve this a majority of the time.

## **VI. Recommendations and Considerations**

This evaluation found positive movement in most outcome indicators examined as well as widespread support for the pilot in the community among agency staff and community stakeholders. While the first few months of the project were transitional in nature, the pilot had become business-as-usual by the end of the first year. Recommendations are provided below based on the evaluation findings.

The two major recommendations are: 1) Adopt the Program Model in Shawnee County, and 2) Expand the pilot program to other counties in Kansas. A rationale for each recommendation is provided below, as well as detailed suggestions to achieve each of these recommendations.

### **1) Adopt the Program Model in Shawnee County**

There is sufficient evidence of the pilot's success to recommend institutionalizing the changes into the ongoing program model for Shawnee County Children and Family Services. The purpose of pilot programs is to test out new ideas to see if they work. This pilot project demonstrated that there are a number of benefits to continuing the changes implemented:

- More SRS staff resources are available for direct services to families.
- Increased levels of early intervention services (i.e. Family Services, Family Preservation, and Community Care) may improve child safety. During the pilot, this was evidenced by lower rates of recurrence of child maltreatment. Children and families had greater access to services to prevent placement, address family problems, and improve child safety.
- Containing or lowering the number of foster care referrals can be achieved. During the pilot, there were fewer foster care referrals than in the rest of the state.
- CINC-NAN cases may receive services tailored specifically to their needs. While not officially part of the pilot, an increased number of CINC-NAN cases were served by the Community Care initiative. The Community Care initiative thus provided an alternative service response to standard investigation and placement for this population.
- The continuity of family relationships and connections can be improved through such initiatives as Family Meetings. During the pilot, this was evidenced by a substantial increase in relative care and fewer kinship care placement disruptions.

- The pilot changes may improve timely permanency. This was suggested by increased levels of reunification, reduced time to permanency, and lower levels of children re-entering care during the pilot.

SRS staff, KCSL staff, and community stakeholders voiced unanimous support for the pilot. While some concerns about various aspects of the pilot were voiced during the transition, staff and community consensus was that more was gained by the pilot than lost in services to families and children served by the child welfare system. The early intervention and family focus emphasis of the pilot and the streamlining of foster care and adoption cases made sense to everyone involved, including evaluators.

While improvements were noted in many areas, some concerns were raised. The most pertinent are as follows:

- Loss of experience provided by SRS staff. Many members of the SRS line staff had a number of years of experience and were quite helpful to KCSL social workers when SRS was involved in providing supportive case management. This loss was noted by a number of people during the focus groups and interviews. While a formal process was set up to continue some of this assistance, KCSL did not avail themselves of this offer. While some informal contact occurred between staff, the level of this contact was unknown. Supporting new and more inexperienced social workers will be an ongoing responsibility of the foster care contractor.
- Lower scores on case reads for foster care contractor. Case read scores were lower for the foster care contract during the pilot. It is not known whether this indicates a reduction in the quality of services, or merely less documentation. KCSL assumed many new responsibilities and indicated that they were in need of developing systems to help maintain good documentation. Enhanced levels of monitoring continue to be indicated.
- Lower performance for adoption. Outcomes for children achieving timely adoption were lower during the pilot. The reason for this is not apparent; however, the trend for lower performance started prior to the pilot.

### ***Recommendations for Adopting and Continuing the Model***

Following are recommendations for adopting the pilot program model in ongoing program operations.

**Continue quality assurance systems and consider enhancements.** Initially, something that concerned people was the end of case level oversight provided by SRS. In response, SRS administrators in Shawnee County developed and maintained a number of ways of providing oversight and accountability. The major mechanism was the expansion of the system for conducting case reads. By adding two staff positions to this endeavor, additional case reads were and continue to be conducted. Roughly three times the number of case reads were conducted on foster care and adoption cases during this transitional time (around 30 per month) over and above case reads done by the normal state quality assurance mechanism (10 per month: 5 foster care and 5 adoption). These case reads used the state case read protocol and added supplemental questions specific to concerns raised about the pilot.

It is recommended that these quality assurance efforts continue and be incorporated with findings from the case reads required by Children and Family Services Central Office. Shawnee County should also consider enhancing its quality assurance efforts by going beyond case reads to review quality of services in more depth. These reviews could include interviews with clients (child and family members) and others involved in the case (e.g. CASA, therapist, judge, foster parent), as appropriate. This type of case review is conducted by the Federal Child and Family Services Review (CFSR), which may provide a model for this expansion. The review provides a more in-depth review of service quality while also considering the quality of case documentation.

There are several other ways SRS provided oversight during the pilot. It is recommended that the following continue:

- **Family Meetings.** Through family meetings, SRS staff facilitate the process of case plan development and revisions. Family meetings provide a forum in which concerns about practice can be identified and addressed.
- **Case Plan Approval.** SRS staff continue to sign off on case plans. As a result, SRS provides a level, albeit minimal, of oversight on the quality of case plans.
- **SRS staff attending court docket.** SRS staff continue to attend the court docket held two days a week. Attendance in court provides staff an opportunity to identify problems and needs for assistance.

**Continue the Family Meetings.** The Family Meetings initiative received high marks by everyone and should continue. Skilled facilitation is crucial to the success of this initiative. Following are suggestions for fine-tuning Family Meetings:

- a. Continue with ongoing and updated training for all caseworkers (SRS & KCSL) and continue to clarify the approach, purpose, and methods of Family Meetings.
- b. Find ways of turning waiting time into productive time for caseworkers, or find ways of conducting meetings as efficiently as possible (e.g., eat and work at the same time).
- c. Carefully consider each child's participation on a case-by-case basis, continue to fully prepare children for the possibility of high-emotion meetings, and always provide children with a support person at the meeting,

**Continue involvement with community stakeholders.** The way SRS has engaged other community stakeholders and service providers is truly exemplary. Work done in collaboration with the Family Resource Center is noteworthy and provides a model of collaboration for other communities. This level of community cooperation existed prior to the pilot; however, the engagement of major stakeholders in the community for the pilot was outstanding. While some reservations were expressed in the initial stages of the pilot, there was a consensus to move forward due in large part to the effort made to keep stakeholders informed. The specialized stakeholder meetings held during the pilot were useful for transition; however, given the status of the project, these have likely outlived their usefulness. The value of these meetings should be evaluated by those who attend. It is possible that this same group of stakeholders can deal with concerns in other forums.

**Intensify efforts to prevent placement into foster care.** One of the goals of the pilot was to reduce foster care placements. While the increase in foster care referrals was smaller than in the rest of the state, more children nonetheless entered foster care during the pilot than in either of the comparison years. Shawnee County also has a higher placement rate per 1000 children in the population than the rest of the state: 4.98 per 1000 compared to 4.03 per 1000. The placement rate is 24% higher than the rest of the state. While this gap shrunk during the pilot, there may be room for improvement in lowering the number of children placed in out-of-home care. Topeka Shawnee County staff have clearly been focused on this goal for some time. Special initiatives to reduce the number of children entering foster care have been undertaken previously, including this pilot. Further evaluation of foster care referrals is warranted. For example, one might examine the risk levels computed in the Family-Based Assessment on children who entered foster care. Are there children with lower or moderate risk levels entering care? One might then conduct in-depth case reviews of those children in the lower to moderate risk for future maltreatment to explore ways that placement could have been averted. This could be helpful in informing any needed changes or future plan of action.

**Continue CPS staff training efforts.** The client interviews conducted during the pilot evaluation indicate room for improvement in initiating investigations and engaging families. While these interviews revealed many positive attributes of staff performance, several areas perhaps require ongoing skill development. At minimum, it is recommended that the results of client interviews be shared with staff and that in-service training be provided on initiating CPS investigations. Consideration should be given to appropriately involving clients in this training. There are several ways to achieve this.

**Other recommendations identified for KCSL.** During the focus groups held early in the pilot, a number of ideas to improve service delivery were generated. These matters may have already been addressed; however, they are provided below for additional consideration.

- Consider ways to support the contractor’s supervisors. With increased responsibilities for tracking timelines, supervisors may require additional help from an administrative assistant. SRS may play an important role by consulting and sharing forms, procedures, and helpful hints that assist with this responsibility. The contractor may also consider building “ticklers” into their computerized information system.
- Consider strategies for improving legal supports in the contractor agency. Address staff concerns regarding the agency’s PPRD process, especially as it relates to ease-of-use and efficiency. Provide caseworkers with easy-to-access legal supports that allow legal questions to be asked and answered in a streamlined, non-bureaucratic process. In addition, the contractor and the district attorney’s office might consider ways of building their relationship, which changed with the implementation of the pilot project. A partner/technical assistance relationship with DAs may help address stakeholder concerns about legal preparation of caseworkers.
- Identify ways to integrate mentoring procedures into the daily routine of the contractor agency. Concerns about new and inexperienced workers were voiced a number of times. While this is nothing new for child welfare, the loss of contact with experienced caseworkers at SRS due to the pilot is noteworthy. Although SRS administrators created mentoring procedures, they were not known or implemented by KCSL line staff. SRS. KCSL should consider ways to provide enhanced mentoring for new workers. Both a transition period strategy and an ongoing mentoring strategy should be considered. Ultimately, any ongoing mentoring strategy would be the responsibility of the contractor. However, there may be a way to tap into the experience of SRS workers for a longer period of time or to create in-house mentors for new workers within KCSL.

## **2) Expand the pilot program to other counties in Kansas.**

The pilot was intended to test a change in roles and responsibilities for SRS and its major service contractors for foster care and adoption as well as build up front-end services. Pending evaluation of the pilot in Shawnee County, this model was to be considered for implementation across the state. Given the results of this evaluation, it would seem that an expansion to other counties would be appropriate. It would be advisable, however, to approach this expansion carefully and to incorporate lessons learned during this pilot.

While it is true that the pilot results were largely positive, it is important to point out that it is difficult to assert that outcomes improved as a direct result of the pilot. Without conducting a randomized controlled study, this attribution will always be beyond the scope of an evaluation. Also, it should be recognized that SRS Children and Family Services in Shawnee County had a number of assets that benefited the pilot. These assets may or may not exist in other sites and may have considerable impact on the success of implementing this program change. These assets included the following:

- High level of community involvement and an established history of collaborative working relationships and co-funding of services;
- Experience conducting family meetings in partnership with the Family Resource Center and a project coordinator with many years of experience in this model;
- An involved and experienced juvenile court judge who was supportive of the change;
- An array of co-located community services (e.g. juvenile assessment and intake, mental health center, family resource center) working together in unprecedented ways; and
- An established Community Care initiative that provided alternative services to less serious intakes, especially to the CINC-NAN population.

There were many lessons learned in this pilot. These lessons lead to the following suggestions for the development of new sites.

**Use Experienced Contractors.** This pilot was initiated with KCSL, a well-established contractor. SRS staff had worked with KCSL staff for several years prior to the pilot to ensure that major policies and practices were properly implemented prior to the transition of new responsibilities under the pilot. With the possibility of new contracts being awarded in the next

fiscal year, it may not be advisable to implement this new model with a contractor just establishing itself in a new area.

**Gain the involvement and buy-in from community stakeholders.** Those involved in the Shawnee County pilot repeatedly expressed that the involvement and buy-in of stakeholders was critical to the success of the pilot. Mechanisms for sharing concerns and working through problems should be developed in future sites such as the advisory council and hotline implemented in the Topeka Shawnee County pilot. While judges and district attorneys may not always agree with a change, experience has taught us that informing them and seeking their involvement in implementing major changes are important.

**Develop a transition plan.** To transition to this new program design successfully, a plan outlining the many tasks to be done is suggested. A transition plan developed for the pilot in Shawnee County specified tasks, responsibilities, and timelines. This plan included a Memorandum of Agreement, as well as a schedule for a wide range of transition activities (e.g. training). The plan provided guidance for all those involved and helped smooth the transition. The plan developed by SRS Topeka and KCSL can serve as a model and starting point for other sites implementing this change

**Finalize procedures and forms for contractor agencies prior to implementation.** The contractor staff must have a detailed understanding—prior to implementation—of how to execute the many program policies, procedures, and practices for which they become responsible. A manual was developed during the Topeka Shawnee County pilot that could be used as a starting point for new sites. In addition, training on these responsibilities is important for contractor staff.

**Develop a mechanism for mentoring contractor staff.** A method for mentoring contractor staff in carrying out these new responsibilities would be useful. This was not done in the Topeka pilot. However, several staff persons have reported that this would have been useful.

**Provide training to SRS staff for new responsibilities.** The Topeka SRS staff suggested that in addition to the initial training provided for those just starting to do CPS investigations, concrete training should be made available about one month after they have been in the new position. They also suggested a one- to two-week training period that permits them to learn the job prior to conducting intakes and assessments and managing a CPS caseload. Other creative approaches that provide an opportunity for seasoned caseworkers to

consult with new CPS caseworkers may also be helpful (e.g., staff forums for sharing “the secrets to dealing with CPS timelines,” and procedures for technical assistance on a daily basis, etc.). Preparing staff for jobs other than CPS would be helpful as well.

**Increase monitoring capacity.** Ending SRS supportive case management substantially reduces oversight of cases for which SRS is ultimately responsible and legally liable. The decision made by SRS Topeka Shawnee County leadership to intensify monitoring efforts was prudent. Prior levels of case reads completed were statistically inadequate to determine performance on these indicators. As a general rule, a sample of 300 is needed for each unit of analysis (county, area or region) to have a statistically valid sample. It is recommended that a portion of the savings in SRS staff resources be dedicated to intensifying monitoring efforts. The Topeka pilot created separate monitoring staff; however, integrating this with state monitoring efforts is advisable. It is also suggested that monitoring efforts go beyond case reads to include face-to-face interviews, which would be held regularly with parents, children, judges, and other relevant stakeholders.

**Engage staff in organizational change strategies.** During the evaluation process, it became clear that SRS staff initially had difficulty adjusting to this organizational change. Staff faced loss of control, loss with their cases, and uncertainty with re-defined jobs. While the change was largely welcomed by the contractor staff, they soon started missing the consultation they once received from SRS staff. Organizational change literature affirms that the anxiety and uncertainty surrounding changes can create stress and resistance to change. Managers may want to think about the concept of coaching staff through the organizational change process. Clearly, some staff will resist change while others adapt. Those who resist may need some one-on-one time with supervisors. Other important points for coaching and supporting staff during organizational changes include:

- Acknowledging staff feelings.
- Providing opportunity for staff to vent and ask questions.
- Being supportive of the idea that change is difficult, rather than telling staff why this change is for the best.
- Continuous communication helps staff feel as though they are in-the-know.

**Continue evaluation efforts.** It is recommended that new sites be evaluated. Evaluations need not be as comprehensive as this initial evaluation; however, measuring changes in outcome attainment and service levels should inform future expansion of this new organizational arrangement (potentially statewide), as well ongoing program improvement efforts in new pilot sites.

**Consider sharing cost savings with contractors.** The only direct information provided to evaluators about costs was that changes made during the pilot were cost neutral for the contractor. This was surprising to the evaluators since KCSL accepted a number of new responsibilities. However, KCSL staff repeatedly stated that the time required to carry out the new set of responsibilities was offset by eliminating the time required to inform, involve, and gain approvals from SRS. While KCSL would be a better judge of this, it is clear that there are areas in which more resources would be useful to undertake such tasks as tracking timelines, ensuring proper documentation, tending to increased legal issues raised by caseworkers, and increasing efforts to mentor/supervise inexperienced caseworkers.

On the other side of the equation, it was not evident from this review that the gains in SRS staff resources available for other work resulted in corresponding levels of productivity. For example, 5.75 staff positions were added to the CPS staff rotation. This resource was used for an additional 3.3 family service cases initiated per month and 5 more intakes per month. It is possible that staff had more time to conduct better investigations and were more available to work with families to address problems brought to their attention. In any case, when implementing the program design piloted in Shawnee County in new areas of the state, there should be a discussion about providing at least minimal additional funding for the contractor, at minimum to assist with the transition.

For many of the reasons stated above, full statewide implementation of the pilot is not recommended at this time. Rather, adding sites incrementally provides time to undertake many of the tasks outlined above, such as creating buy-in, developing community resources, preparing both contractor and SRS staff, developing memoranda of agreement, and expanding monitoring capacity.

In closing, the Topeka Shawnee County Pilot project has been very successful in making progress toward its initial goals. The experience gained from this endeavor will undoubtedly be invaluable to other SRS offices if the program design pilot is expanded to other parts of the state.