

AUDIT REPORT

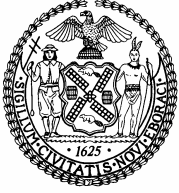


CITY OF NEW YORK
OFFICE OF THE COMPTROLLER
BUREAU OF MANAGEMENT AUDIT
WILLIAM C. THOMPSON, JR., COMPTROLLER

Audit Report on the Compliance of the Child Development Support Corporation With Its Administration for Children's Services Preventive Service Agreements

MH06-129A

March 24, 2008



THE CITY OF NEW YORK
OFFICE OF THE COMPTROLLER
1 CENTRE STREET
NEW YORK, N.Y. 10007-2341

WILLIAM C. THOMPSON, JR.
COMPTROLLER

To the Citizens of the City of New York

Ladies and Gentlemen:

In accordance with the Comptroller's responsibilities contained in Chapter 5, §93, of the New York City Charter, my office has conducted an audit of the compliance of the Child Development Support Corporation (CDSC) with its preventive service agreements with the Administration for Children's Services (ACS).

CDSC provides preventive services to children and their families to avert the placement of a child in foster care or to enable a child in foster care to return to the family as soon as possible. Audits of agencies under agreements with the City such as this provide a means of determining whether they comply with their City agreements to ensure the health and safety of the children and their families, and that they are accountable for the public funds they receive.

The results of our audit, which are presented in this report, have been discussed with ACS and CDSC officials, and their comments have been considered in the preparation of this report. Their complete written response is attached to this report.

I trust that this report contains information that is of interest to you. If you have any questions concerning this report, please e-mail my audit bureau at audit@comptroller.nyc.gov or telephone my office at 212-669-3747.

Very truly yours,

A handwritten signature in cursive script that reads "William C. Thompson, Jr.".

William C. Thompson, Jr.

WCT/ec

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Filed: March 24, 2008

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ADDENDUM ACS Response

*The City of New York
Office of the Comptroller
Bureau of Management Audit*

**Audit Report on the Compliance of the
Child Development Support Corporation with Its
Administration for Children's Services
Preventive Service Agreements**

MH06-129A

AUDIT REPORT IN BRIEF

This audit determined whether the Child Development Support Corporation (CDSC) complied with the provisions of its preventive service agreements with the New York City Administration for Children's Services (ACS) and its own procedures; and has adequate internal controls over the recording and expending of funds received from the preventive service agreements.

Since 1987, CDSC—a not-for-profit, community-based, multi-service organization—has provided preventive services under purchase-of-service agreements with ACS to children under 18 years of age and their families in the Clinton Hill, Fort Greene, Bedford Stuyvesant, and Brownsville communities of Brooklyn. These services are initiated by either ACS referrals or by walk-ins (self-referrals) to (1) avert an impairment or disruption of a family that will or could result in the placement of a child in foster care or (2) enable a child who has been placed in foster care to return to his or her family at an earlier time than would otherwise be possible.

Audit Findings and Conclusions

CDSC did not adequately comply with significant provisions of its preventive service agreements with ACS and its own procedures. As a result, there is no reasonable assurance that CDSC properly helped families to obtain the preventive services needed to become stabilized so that the children are not placed in foster care. Our major findings are as follows:

- CDSC could not provide evidence that the credentials of some of the employees who worked for CDSC were proper. Further, for some of the employees, CDSC could not provide evidence that they were screened by having criminal-history record reviews conducted through the New York State Division of Criminal Justice Services and by making inquiries to and obtaining clearances from the Statewide Central Register (SCR) of Child Abuse and Maltreatment.

- CDSC did not adequately monitor the preventive service cases reviewed in our sample. For example, the required number of minimum casework contacts with the families was not always made. For many of the cases in which parents were engaged in substance abuse, there was no indication in the case records that the Case Planners ensured that the parents were periodically tested for substance abuse.
- While the above-mentioned issues directly impact the health and safety of the children and their families, we also noted other issues that indirectly impact the effectiveness of CDSC in servicing the cases. For example, Family Assessment and Service Plans (FASPs) were not always submitted on time and did not always contain the required three signatures. Also, Casework Supervisors did not always document their review of case records at least once every two weeks in Biweekly Case Record Review forms, as required.
- CDSC did not always ensure the reliability of case data recorded in the two computer systems—CONNECTIONS and the Preventive Organization Management Information System (PROMIS). We were therefore unable to determine whether CDSC maintained at least a 90 percent utilization rate, as required.

We did find, however, that CDSC had adequate internal controls over the recording and expending of funds received under the preventive service agreements. Nevertheless, although CDSC properly documented its expenses, we believe that the City and more importantly, the families, did not receive the full contractual benefit from these preventive service agreements because of problems noted during the audit.

Audit Recommendations

Based on our findings, we make 12 recommendations, including that:

- CDSC should comply with the personnel provisions of its preventive service agreements with ACS. Specifically, it should ensure that: all current and prospective employees have the proper credentials for their positions; criminal-history record reviews are conducted through the State Division of Criminal Justice Services; and inquiries are made to and clearances are obtained from SCR.
- CDSC and ACS should review the cases in our sample that we identified as not having received the preventive services needed, and if warranted, immediately take actions to ensure that the necessary services are provided to the children and their families.
- CDSC should improve its oversight of cases and comply with the case-practice provisions of its agreements to ensure that: the minimum number of casework contacts is made; Biweekly Case Record Reviews are conducted and documented at least once every two weeks, as required, for the duration of cases; and administrative-level reviews are conducted and documented for cases that remain open 24 months or longer.

- ACS should modify the *ACS Preventive Services Quality Assurance Standards & Indicators and FRP Addendum* to define a benchmark for minimum frequency of testing of parents engaged in substance abuse.
- CDSC and ACS should investigate the discrepancies we cite and, if warranted, make the necessary changes in CONNECTIONS and PROMIS.

ACS Response

In their response, ACS officials agreed with 10 and partially agreed with 2 of the audit's 12 recommendations.

INTRODUCTION

Background

The New York City Administration for Children's Services (ACS) was created in January 1996 to protect the children in New York City from abuse and neglect by providing various types of services. The Child Development Support Corporation (CDSC)—a not-for-profit, community-based, multi-service organization—provides preventive services under purchase-of-service agreements with ACS. Since 1987, CDSC has provided preventive services to families of the Clinton Hill, Fort Greene, Bedford Stuyvesant, and Brownsville communities in Brooklyn, initiated by either ACS referrals or by walk-ins (self-referrals).

Preventive services include supportive and rehabilitative services provided to children under 18 years of age and their families for the purpose of: (1) averting an impairment or disruption of a family that will or could result in the placement of a child in foster care and (2) enabling a child who has been placed in foster care to return to his or her family at an earlier time than would otherwise be possible.

The general preventive services provided by CDSC, either directly or by referral, address the following areas: day care, homemaker, parent training, domestic violence, housing, job training, and health coverage. The family rehabilitation services provided by CDSC include both the above-mentioned general preventive and substance abuse (i.e., alcohol and drugs) services.

CDSC has two purchase-of-service agreements with ACS, each for a three-year term, covering the period January 1, 2006, through December 31, 2008, to provide preventive services to families. One totaling \$3,109,832 requires CDSC to provide general preventive services to 75 families. The second totaling \$1,370,613 requires CDSC to provide family rehabilitation services to 30 families. In general, each of the families is not to be served 24 months or longer unless there is a need for continued services; the reasons services are needed for longer periods are to be documented by CDSC on Administrative Review forms. The agreements require that CDSC maintain at least a 90 percent utilization rate (the number of families that CDSC actually serves divided by the maximum number of families that can be served under the two agreements, either 75 or 30 respectively).

CDSC staff members function as Case Planners and are responsible for developing Family Assessment and Service Plans (FASPs), which were previously known as Uniform Case Records. A FASP is the document that is prepared by CDSC to record its assessment of a family's needs, including goals and activities necessary to achieve the goals, as well as updates regarding goal achievements. FASPs must be completed within a certain time period of a Case Initiation Date—the Initial FASP within 30 days; the Comprehensive FASP within 90 days; and the Reassessment FASP within 6 months, and every 6 months thereafter.¹

¹ A Case Initiation Date is the date created by ACS to indicate the date a family initially receives any type of service from ACS.

Progress Notes are prepared by CDSC to document a family's chronological progress and adherence to the FASPs and discuss the current condition of a family. Progress Notes should be prepared by CDSC soon after casework contacts have been made with a family to provide an accurate account of pertinent information and to preserve the integrity of the information discussed during the contacts.

In addition to developing FASPs and preparing Progress Notes, CDSC is responsible for providing the required number of minimum casework contacts with a family consistent with assessed needs; and helping a family who is engaged in substance abuse to participate in a substance abuse treatment program. CDSC is required to maintain adequate documentation in case records to support the services provided.

According to the agreements, ACS staff members function as Case Managers and are responsible for approving eligibility of services; authorizing the provision of services; monitoring casework contacts; and providing review and written approval of the FASPs.

ACS monitors and evaluates the performance of CDSC through two separate computer systems that are not linked—CONNECTIONS, a New York State (State) system of statewide records of child welfare cases, and the Preventive Organization Management Information System (PROMIS), an ACS system of records of preventive service cases.² CDSC is required to record: detailed case information (i.e., FASPs and Progress Notes) in CONNECTIONS and general case information (e.g., dates casework contacts were made with a family and types of casework contacts) in PROMIS. Through PROMIS, ACS is able to track the duration of each case as well as the utilization rate of a preventive service organization. ACS can also generate statistical reports.

ACS makes a two-month advance payment to CDSC prior to the beginning of each fiscal year that is calculated to be 2/12 of the previous fiscal year's budget. This advance, which is later offset against subsequent expenditures, is contingent upon the approval of the budget for the upcoming fiscal year. Then, for each of the months starting from July and ending in June, CDSC is required to submit Child Agency Payment System reports (monthly expense reports) to ACS listing actual expenses incurred. CDSC is then reimbursed on a monthly basis by ACS for the expenses incurred. (Actual expenses cannot exceed budgeted expenses.) It is during each of the months, starting with September and ending with June, that ACS subtracts from its reimbursement to CDSC 10 percent of the two-month advance payment. CDSC is required to maintain adequate fiscal records, such as bills, receipts, and vouchers, as support for expenses incurred. During Fiscal Year 2006, CDSC received funds totaling \$893,383 from ACS under both its agreements—\$495,778 for general preventive services and \$397,605 for family rehabilitation services.

² CDSC has had access to CONNECTIONS since August 2005 and to PROMIS since September 2005.

Objectives

The objectives of the audit were to determine whether CDSC:

- Complied with the provisions of its preventive service agreements with ACS and its own procedures; and
- Has adequate internal controls over the recording and expending of funds received from the preventive service agreements.

Scope and Methodology

The audit scope period was for the period July 2005 through June 2007.

To obtain an understanding of the responsibilities, goals, and regulations governing CDSC, we reviewed and used as criteria:

- The general preventive and family rehabilitation service agreements between ACS and CDSC;
- State Office of Children and Family Services *CONNECTIONS Case Management Step-By-Step Guide*;
- ACS *PROMIS Instructional Guide for Case Planners, Program Directors, and Supervisors*;
- ACS *Preventive Services Quality Assurance Standards & Indicators and FRP Addendum (Standards & Indicators)*;
- CDSC *Fiscal and Administrative Policies and Procedures Manual*;
- CDSC *Program Operating Manual*; and
- ACS *Guide to Payment, Audit for Preventive Services*.

CDSC officials were interviewed, including: the Controller; Program Director; Executive Director; Casework Supervisors; and a Case Planner. ACS officials were also interviewed, including: the Case Manager responsible for CDSC; Special Assistant to the Associate Commissioner of Family Support Services; the Director of Family Support Services; the Supervisor of Agency Program Assistance; the Assistant Director of Payment Services; the Assistant Commissioner of Budget; the Deputy Budget Director; and the Assistant Budget Director. ACS Management Information System (MIS) officials were also interviewed, including: the Director of CONNECTIONS Implementation; the CONNECTIONS Implementation Specialist; the Director of Child Welfare Programs; the Project Manager of PROMIS; and the Analyst of PROMIS.

We queried the City's Vendor Information Exchange System (VENDEX) to verify that both the general preventive and family rehabilitation service agreements were registered with the Comptroller's Office. We also determined whether ACS conducted any performance evaluations of the compliance of CDSC with its preventive service agreements during calendar year 2006 and, if so, we reviewed the performance ratings (Satisfactory, Unsatisfactory, or Needs Improvement).

Reliability of PROMIS and CONNECTIONS Data

PROMIS Data Reliability

ACS provided us two Excel spreadsheets extracted from PROMIS containing monthly data pertaining to the preventive service cases that CDSC had worked on during the period September 2005 through June 2006 as recorded in PROMIS. The first spreadsheet contained data for 132 general preventive service cases, and the second spreadsheet contained data for 44 family rehabilitation service cases.

To test the reliability of the case information in PROMIS, we performed the following tests:

- From the spreadsheet containing general preventive service cases, we randomly selected the month of March 2006 and selected 14 out of the 78 cases. Specifically, we: randomly selected 10 cases—5 identified as “pending engagement” and 5 identified as “active”—and selected all of the 4 cases identified as “closed”. We determined whether the information recorded in PROMIS matched information in the hard-copy case records of CDSC (test of PROMIS data accuracy);
- We randomly selected from the cabinets of CDSC 15 general preventive service case records from the period September 2005 through January 11, 2007, (the day of our sample selection) and determined whether they were recorded in PROMIS and whether the PROMIS information matched that in the hard-copy case records (test of PROMIS data accuracy and completeness);
- From the spreadsheet containing family rehabilitation service cases, we randomly selected a total of 9 cases—3 of the 22 cases identified as “active” from the randomly selected month of November 2005, and 6 of the 21 cases that were identified as “pending engagement” or “closed” from the period September 2005 through June 2006.³ We determined whether the information recorded in PROMIS matched information in the hard-copy case records of CDSC (test of PROMIS data accuracy); and
- We randomly selected from the cabinets of CDSC 11 family rehabilitation service case records from the period September 2005 through June 6, 2007, (the day of our sample selection) and determined whether they were recorded in PROMIS and the information matched that in the hard-copy case records (test of PROMIS data accuracy and completeness).

³ We expanded our sample period to September 2005 through June 2006 in order to obtain a reasonable sample of cases identified as “pending engagement” and “closed.”

CONNECTIONS Data Reliability

ACS provided us with an Excel spreadsheet of 146 preventive service cases that CDSC had worked on during the period August 2005 through June 2006, as recorded in CONNECTIONS. We compared all of the data (case name, case number, and type of preventive service provided) recorded in CONNECTIONS to that recorded in PROMIS to determine whether the data in the two systems matched. We also reviewed the State Comptroller's audit report *Implementation of CONNECTIONS*, issued April 6, 2006 (No. 2004-S-70).

Documentation in Case Records

For all of the 14 general preventive service cases and 9 family rehabilitation service cases randomly selected from PROMIS, we determined whether the case records contained:

- All required documentation necessary for the CDSC Case Planner process (e.g., forms for Admission-History; Conditions for Service; Incoming Referral; FASPs and Progress Notes). For those case records in which FASPs were found, we determined whether the FASPs were completed by the CDSC Case Planners within the required time period. In addition, we determined whether each of the FASPs was appropriately approved.
- Evidence that the needs of the families were assessed at the beginning of the case histories; that the goals of the families were clearly stated; and that diligent attempts were taken by CDSC Case Planners to involve the families to achieve the stated goals; and
- Evidence that CDSC made the required number of minimum casework contacts (based on Progress Notes found in the case records).

For the nine family rehabilitation service cases in which families were engaged in substance abuse, we determined whether the case records contained evidence that CDSC made diligent attempts to ensure that families participated in substance abuse treatment programs and were tested periodically for substance abuse.

Supervision of Cases

For each of the sampled 14 general preventive service cases and 9 family rehabilitation service cases, we determined whether the Casework Supervisors documented their review of the case records at least once every two weeks for the duration of cases in Biweekly Case Record Review forms, as required.

In addition, from the PROMIS spreadsheets containing monthly data for general preventive service cases and family rehabilitation service cases from the period September 2005 through June 2006, we calculated for each case the number of days between the Case Responsibility Dates (the dates CDSC accepted responsibility for providing the services) to the last

day of the particular month. We determined the number of cases remaining active 24 months or longer.

There were 18 cases—14 general preventive service and 4 family rehabilitation service—that remained active 24 months or longer. For these cases, we determined whether the required Administrative Review forms were appropriately prepared.

Qualifications of Case Planners and Their Superiors

We reviewed personnel documentation for 20 employees involved with preventive service cases—the 15 employees who worked for CDSC during Fiscal Year 2006 and the 5 employees who began employment with CDSC during the period July 2006 through January 2007, while the audit was in process. We determined whether: these employees had the necessary credentials for the titles they held; criminal-history record checks were conducted through the State Division of Criminal Justice Services; and inquiries were made to and clearances were obtained from the Statewide Central Register of Child Abuse and Maltreatment.

CDSC Utilization Rate

We reviewed the PROMIS spreadsheets containing the data pertaining to the general preventive service cases and family rehabilitation service cases to determine whether CDSC maintained a utilization rate of at least 90 percent, as required.

Timekeeping

To assess the accuracy and controls of CDSC over its timekeeping functions, we randomly selected the month of May 2006 and reviewed a total of 420 daily entries for the 20 employees who worked for CDSC during this particular month. The daily entries were reviewed for completeness and evidence of employee signatures and appropriate supervisory review.

Deposit of Funds and Expenditures Incurred

We determined whether all funds received from ACS during Fiscal Year 2006 for the general preventive and family rehabilitation service agreements were properly deposited and recorded in the general ledger of CDSC. To do so, we obtained the bank statements for the period July 2005 through August 2006 and traced the payments made by ACS, as reflected on the payment vouchers and the print-outs from the Financial Management System, to the bank statements.

We compared actual expenses incurred by CDSC against the budgeted expenses for the randomly selected month of May 2006 to determine whether expenditure amounts exceeded budgeted amounts. If so, we determined whether there was written approval from ACS for excessive expenditures.

We obtained the monthly expense reports for the randomly selected month of May 2006 and reviewed 44 expenditures from the three Other Than Personal Service Expenditure (OTPS)

categories—Consultant, Rent and Utilities, and Other OTPS—totaling \$11,172.⁴ Our purpose was to determine whether these expenditures were necessary for the operations of CDSC; had supporting documentation such as purchase orders, invoices, and receipts; and were properly approved for payment.

The results of our testing of the above noted samples, while not projected to their respective populations, provided a reasonable basis to satisfy our audit objectives.

This audit was conducted in accordance with generally accepted government auditing standards (GAGAS) and included tests of the records and other auditing procedures considered necessary. This audit was performed in accordance with the audit responsibilities of the City Comptroller as set forth in Chapter 5, §93, of the New York City Charter.

Discussion of Audit Results

The matters covered in this report were discussed with ACS and CDSC officials during and at the conclusion of this audit. A preliminary draft report was sent to ACS and CDSC officials and was discussed at an exit conference held on December 12, 2007. On January 25, 2008, we submitted a draft report to officials with a request for comments from ACS on behalf of both organizations. We received written comments from ACS on February 8, 2008. In their response, ACS officials agreed with 10 and partially agreed with 2 of the audit's 12 recommendations.

The full text of the ACS response is included as an addendum to this report.

⁴ Of the 44 expenditures reviewed, 22, totaling \$5,836, were for general preventive services, and the remaining 22, totaling \$5,336, were for family rehabilitation services.

FINDINGS AND RECOMMENDATIONS

CDSC did not adequately comply with significant provisions of its preventive service agreements with ACS and its own procedures. As a result, there is no reasonable assurance that CDSC properly helped families to obtain the preventive services needed to become stabilized so that the children are not placed into foster care.

We noted that ACS officials also questioned the adequacy of CDSC in providing preventive services. Specifically, ACS gave CDSC a “Needs Improvement” rating in VENDEX for CDSC’s overall quality and performance in providing both general preventive and family rehabilitation services for calendar year 2006. At the exit conference, ACS officials informed us that they are currently working with CDSC officials to address the VENDEX rating and to help improve CDSC’s preventive service operations.

Our major findings are as follows:

- CDSC could not provide evidence that the credentials of some of the employees who worked for CDSC were proper. Further, for some of the employees, CDSC could not provide evidence that they had been screened by having criminal-history record reviews conducted through the New York State Division of Criminal Justice Services and by making inquiries to and obtaining clearances from the Statewide Central Register of Child Abuse and Maltreatment.
- CDSC did not adequately monitor the general preventive service cases and family rehabilitation service cases reviewed in our sample. For example, the required number of minimum casework contacts with the families was not always made. For many of the cases in which parents were engaged in substance abuse, there was no indication in the case records that the Case Planners ensured that the parents were periodically tested for substance abuse.
- While the above-mentioned issues directly impact the health and safety of the children and their families, we also noted other issues that indirectly impact the effectiveness of CDSC in servicing the cases. For example, FASPs were not always submitted on time and did not always contain the required three signatures. Also, Casework Supervisors did not always document their review of case records at least once every two weeks in Biweekly Case Record Review forms, as required.
- CDSC did not always ensure that data recorded in CONNECTIONS and PROMIS for cases assigned to it was reliable. We were therefore unable to determine whether CDSC maintained at least a 90 percent utilization rate as required.

We did find, however, that CDSC had adequate internal controls over the recording and expending of funds received from the preventive service agreements. Funds were properly deposited and recorded; expenditures were generally appropriate, adequately supported, and did not exceed budgeted amounts; and time records generally were complete and contained evidence

of employee signatures and appropriate review. Further, both the general preventive and family rehabilitation service agreements were properly registered with the Comptroller's Office.

Nevertheless, although CDSC properly documented its expenses, we believe that the City and more importantly, the families, did not receive the full contractual benefit from these preventive service agreements because of problems noted during the audit. The major findings are discussed in greater detail in the following sections of the report.

Lack of Evidence of Proper Credentials and Screening of Employees

Based on our testing, we found that CDSC did not adequately comply with the personnel provisions of its preventive service agreements with ACS. CDSC could not provide evidence that it had ensured that the credentials of some of the 20 employees who worked for CDSC during the period July 2005 through January 2007 were proper. Further, for some of the employees, CDSC could not provide evidence that it had requested the State Division of Criminal Justice Services to conduct criminal-history record reviews, and that it had obtained appropriate clearances from the Statewide Central Register of Child Abuse and Maltreatment. The failure of CDSC to comply with these provisions of the agreements presents a potential risk to the safety and well-being of both the parents and children being served. The following are the results of our review:

Lack of Evidence of Proper Credentials

CDSC could not provide us with evidence that 3 (15 percent) of the 20 employees had the proper credentials. One of the employees had been promoted to Casework Supervisor in February 2001. According to Standards & Indicators, a Casework Supervisor must have a Master's Degree in Social Work or an equivalent human services graduate degree approved by ACS, and at least two years of documented satisfactory experience in working with a similar population. ACS approved the Casework Supervisor's promotion based on his experience despite his having only a Bachelor's Degree, contingent upon his obtaining a Master's Degree by May 2001. However, during the employee's five-year tenure (he left in July 2006) as Casework Supervisor, he had never completed the Master's Degree. The remaining two employees were Case Aides, for which a High School or General Equivalency Diploma is required. However, CDSC could not provide us with evidence that they had the required diplomas.

It is important that all employees have the proper credentials for their jobs to ensure that the families receiving preventive services are being cared for by qualified individuals.

Lack of Evidence of Criminal-History Record Reviews For 95 Percent of Employees Reviewed

CDSC could not provide us with evidence that criminal-history record checks were conducted through the State Division of Criminal Justice Services for 19 (95 percent) of the 20 employees, as required by the personnel provisions of its preventive service agreements with ACS.

When we brought this matter to the attention of CDSC officials, the Executive Director told us that it is not the policy of CDSC to conduct criminal-history record checks and directed us to contact ACS officials who she thought might have conducted these checks. However, according to ACS officials, ACS is not responsible for conducting criminal-history record checks for CDSC or any other preventive service organization. Rather, they stated that it is the responsibility of CDSC to ensure that its staff is appropriately screened in accordance with Standards & Indicators.

At the exit conference, the Executive Director of CDSC stated that the Standards & Indicators section regarding screening of employees is not clear as to whether criminal-history record checks are required to be conducted by CDSC. She referred to the statement in Standards & Indicators (dated April 1998), that states: “this section is undergoing review by the [ACS] Office of Legal Affairs with specific regard to the proposed requirement for criminal-history record checks.” It is puzzling to us that after having the section under review for almost 10 years, the Office of Legal Affairs has not yet made a decision.

ACS officials told us that criminal-history record checks are required to be conducted by organizations providing child care services, such as foster care agencies. However, they were uncertain whether preventive service organizations were required to conduct the criminal-history record checks—although they stated that “it is most likely a requirement.” ACS officials stated that they had to consult with the ACS Office of Legal Affairs to get a definitive answer. We do not understand why there is confusion about whether criminal-history record checks are required since the personnel provisions of the preventive service agreements specifically state that these checks are required. Nevertheless, ACS officials agreed that Standards & Indicators needs to be revised to clarify the issue as to whether criminal-history record checks are required. They further added that they are currently in the process of doing so.

Lack of Evidence of Obtaining Clearances from SCR

CDSC could not provide us with any evidence that it made inquiries to and obtained clearances from the Statewide Central Register of Child Abuse and Maltreatment (SCR) for one of the 20 employees, as required by Standards & Indicators.

When we brought this matter to the attention of CDSC officials, the Executive Director told us that since the employee, a Temporary Case Aide, was not an employee of CDSC but rather was an employee of the Welfare Experience Program (WEP), a program for public assistance recipients, CDSC was not required to ensure that credentials were proper, conduct criminal-history record checks, or obtain clearances through SCR. However, according to ACS officials, preventive service organizations such as CDSC are responsible for conducting criminal-history record checks and for obtaining clearances from SCR for temporary employees if they will have direct contact with children.

Case Aides are in direct contact with children as they are responsible for assisting in the initial outreach and engagement of families for acceptance of preventive services, providing in-home parent aid, teaching homemaking skills, and demonstrating appropriate behaviors in

various situations, such as responding to cranky toddlers. Therefore, CDSC should have obtained clearances from SCR.

Screenings such as criminal-history record reviews and clearances from SCR are necessary for CDSC to be able to make informed decisions in authorizing their employees to be in direct contact with children and parents and to help ensure a safe environment.

ACS Response: “The audit misclassified an individual’s status and role. The individual in question was never an employee of CDSC or engaged in any programs under our Preventive Service Agreements. The individual was a volunteer from the Welfare Employment Program and her role was limited to observing the workers, not engaging in the work itself. Said individual never interacted with clients or had access to confidential information.”

Auditor Comment: We did not misclassify this individual’s role. On January 19, 2007, we received an e-mail from the Executive Director of CDSC that specifically identified the individual in question as a CDSC Temporary Case Aide. Thus, screenings such as a criminal-history record review and a clearance from SCR should have been conducted for this Temporary Case Aide.

At the exit conference, ACS officials stated that this matter raised valid issues regarding employees of WEP who are working at CDSC. They plan to seek clarification from WEP officials and find out whether that program makes inquiries to and obtains clearances from SCR for its employees. ACS officials explained that if WEP obtains such clearances, then CDSC would not be responsible for doing so. Nevertheless, we believe that even if it is determined that WEP is responsible for this procedure, CDSC should ensure that the inquiries to and clearances from SCR have been obtained and that CDSC maintains the corresponding supporting documentation in its files. Once clarification on this matter has been obtained, Standards & Indicators should be revised accordingly.

Recommendation

1. CDSC should comply with the personnel provisions of its preventive service agreements with ACS. Specifically, it should ensure that: all current and prospective employees have the proper credentials for their positions; criminal-history record reviews are conducted through the State Division of Criminal Justice Services; and inquiries are made to and clearances are obtained from SCR.

ACS Response: “CDSC will continue to follow the ACS *Preventive Services Quality Assurance Standards & Indicators and FRP Addendum*. CDSC will make any necessary changes once the area of concern regarding the ‘proposed requirement for criminal checks’ which is ‘undergoing review’ is clarified by the ACS Office of Legal Affairs.”

Auditor Comment: We repeat that we do not understand the apparent confusion about whether criminal-history record checks are required to be conducted since the personnel

provisions of the preventive service agreements specifically state that these checks are required for all current and prospective employees. Further, as we pointed out, according to the ACS *Preventive Services Quality Assurance Standards & Indicators and FRP Addendum*, this matter has been under review by the ACS Office of Legal Affairs for almost 10 years. It is baffling to us that after all of this time a decision has yet to be rendered. Since the safety of children and their families is a priority, decisions involving them need to be made without delay.

2. ACS should seek clarification from WEP officials as to whether that program makes inquiries to and obtains clearances from SCR for its employees. Once clarification has been obtained, the ACS *Preventive Services Quality Assurance Standards & Indicators and FRP Addendum* should be modified to include the issue regarding WEP employees working at CDSC and the type of supporting documentation required to be maintained in the files of CDSC.

ACS Response: “Children’s Services will ascertain from the Human Resources Administration the employment clearance requirements for WEP employees. Revisions to the standards will reflect clearance requirements for all employees and the documentation required to be maintained on file.”

Inadequate Monitoring of Preventive Service Cases

CDSC did not adequately comply with significant case-practice provisions of both its general preventive service and family rehabilitation service agreements with ACS. Specifically, FASPs or Progress Notes were sometimes lacking; the required number of minimum casework contacts with the families was not always made; in one general preventive service case, the Case Planner failed to adequately address a family’s housing needs; and for many of the cases in which parents were engaged in substance abuse, there was no indication in the case records that the Case Planners ensured that the parents were periodically tested.

While the above-mentioned issues directly impact the health and safety of the families, there were additional issues that indirectly impact the effectiveness of CDSC in servicing the cases. Specifically, FASPs were not always submitted in a timely manner and did not always contain the required three signatures; Casework Supervisors did not always document their review of the case records at least once every two weeks in Biweekly Case Record Review forms, as required; there was a lack of documentation for family rehabilitation service cases that were rejected; and Administrative Review forms for cases that remained open 24 months or longer were not always prepared.

General Preventive Service Case Issues

In this section, we discuss our concerns regarding our review of the general preventive service cases.

FASPs Not Always in Case Records

Three (25 percent) of the 12 case records in our sample randomly selected from PROMIS did not contain all of the required FASPs.⁵ Specifically, for two of these cases (sample #s G2 and G9), the case records lacked the Initial 30-day FASPs. For the remaining third case (sample # G8), the case record lacked the Initial 30-day, the Comprehensive 90-day, and one of the Reassessment six-month FASPs. Moreover, this case also lacked Progress Notes for the entire period of September 15, 2003, through November 20, 2004—a total of one year and two months.

Without these required documents, CDSC Case Planners cannot demonstrate that they properly serviced these cases by regularly assessing the families' needs and achievement of their goals. In addition, the absence of these documents indicates a failure on the part of the Casework Supervisor (and ACS Case Manager) to properly monitor these cases.

Case Planner Did Not Adequately Address One Family's Housing Needs

One of the 12 cases lacked evidence that the Case Planner made diligent attempts to involve the family to achieve the stated goal in the FASP of obtaining adequate housing. According to the documentation in the case record, the Case Planner indicated that he would assist the family (a single mother and her three children) to obtain ACS Section 8 subsidized housing since the family lived with another family in a crowded one-bedroom apartment that was not an environment conducive to the children's development. However, there was no evidence in the case record that he assisted the family with obtaining and completing an application for Section 8 subsidized housing. We found that other Case Planners in our sample diligently assisted families with inadequate housing.

Based on notes documented in the case record by the Case Planner, it appeared as though an application was submitted and the family was on a waiting list. However, we found no evidence in the case record (such as a copy of a completed application) to support the Case Planner's notes. The Case Planner noted that he "will follow up and advocate for the family to acquire a larger apartment," but we found no evidence that he actually did so.

It was not until more than two years after the Case Planner began working on the case that he finally told the mother to "explore other areas concerning her housing," since she was still on the waiting list. The Case Planner did not suggest other options for the mother regarding housing.

After the Case Planner prepared the case for closing, the case was transferred to another Case Planner. The new Case Planner also questioned the diligence of the prior Case Planner in

⁵ Our sample from PROMIS consisted of 14 general preventive service cases. However, CDSC rejected two of these cases and had no responsibility for them. Since the records for rejected cases would not contain FASPs, Progress Notes, Biweekly Record Review forms, and Administrative Review forms, we reduced our sample to 12 for tests related to these documents.

helping the family obtain adequate housing. She noted in one of the Progress Notes that she was unsure whether a Section 8 application was ever completed for the family since she found no evidence of it in the case record. Nevertheless, the case finally closed after remaining active for three years, and the family was still living in the same overcrowded apartment.

ACS Response: “The issue of housing was identified as an area that the family could benefit from. It was not a part of the written service plan for the family but something that was added later in the life of the case. The worker assisted the client by helping obtain an application for Section 8 housing and assisted in the submission of the form. CDSC cannot guarantee clients housing.” [Emphasis in original.]

ACS further stated that the “Section 8 Application is present in the sample case used.”

Auditor Comment: In its response, ACS states that the issue of housing was added late in the case (which lasted from September 4, 2003, through September 8, 2006). However, this is incorrect. The Incoming Referral form for this case dated August 20, 2003, specifically stated: “single mother is overwhelmed with the care of her . . . children. Additionally, she lives in an overcrowded apartment. Mother has plans to go to school, but cannot do so because she has no day care services for the children.” Since the case record lacked the Initial 30-day and Comprehensive 90-day FASP, we were unable to verify whether housing was identified as a need in these two FASPs. However, the Reassessment six-month FASP and all subsequent FASPs present in the case record clearly identified housing as a need for this family.

ACS further states in its response that an application for Section 8 subsidized housing was present in the case record. However, as we stated, there was no evidence in the case record of a copy of a completed application. Furthermore, after the Case Planner prepared the case for closing, the case was transferred to another Case Planner. The new Case Planner noted that she was unsure whether a Section 8 application was ever completed for the family since she also found no evidence of it in the case record.

Although we understand that housing cannot be guaranteed, Case Planners should nonetheless make diligent attempts to obtain adequate housing for families with this need, which we did not find was done in this case.

Since housing has been and continues to be one of the major problems affecting families, Case Planners need to be adequately monitored to ensure that they work diligently with families and assist them to obtain adequate housing, if this is one of the goals stated in the FASPs.

Minimum Number of Required Casework Contacts Not Always Made

The minimum number of required casework contacts was not made for 3 (25 percent) of the 12 cases. According to Standards & Indicators, CDSC Case Planners are required to make a minimum of 12 face-to-face casework contacts with one or more members of a family, each lasting for at least one hour within each six-month period. In addition, 4 of the 12 contacts must

be individual, and 2 of these contacts must be conducted in the children’s home.⁶ When a preventive service organization has responsibility for a case less than six months, Case Planners are required to make a minimum average of two face-to-face casework contacts for each full month of service (including at least one conducted in the children’s home).

Table I, following, details for each of the three cases the number of face-to-face casework contacts that were made by CDSC Case Planners compared to the number of face-to-face contacts that should have been made. This comparison is only for the periods in which the minimum number of face-to-face contacts was not made.

Table I

Number of Face-to-Face Casework Contacts That Were Conducted
Versus the Number of Face-to-Face Contacts That Should Have Been Conducted

(A) Sample Number	(B) Preventive Service Needed	(C) Period in which the Minimum Number of Contacts Was Not Conducted	(D) Required Number of Contacts That Should Have Been Conducted	(E) Number of Contacts Conducted	(F) Difference (D-E)	(G) Greatest Length of Time between Contacts Conducted (in Calendar Days)
G9	Parent Skills Training for Neglect of Children	11/30/04 through 5/31/05 (6 months)	12	9	3	21
		6/1/05 through 10/22/05 (4 months)	8	7	1	26
G2	Family Counseling for Child Truancy	11/2/05 through 3/31/06 (5 months)	10	7	3	40
G8	Day Care, Housing, and Parent Skills Training for Overwhelmed Single Mothers	12/22/05 through 6/22/06 (6 months)	12	10	2	40
Total			42	33	9	

⁶ Casework contacts are classified as either individual or group—an individual contact is made by a CDSC Case Planner solely with one or more members of a family, and a group contact includes members of a family being served by CDSC along with other families, such as through a parent training or an adolescent socialization group.

As shown in Table I, the greatest length of time between contacts conducted by the Case Planners ranged from 21 to 40 days for the three cited cases. Regular interaction between Case Planners and families receiving preventive services is important to ensure that appropriate living conditions are maintained in the home and to monitor the children's health, safety, and development. Once again, proper oversight by CDSC Casework Supervisors could have ensured that the minimum number of required contacts was conducted by the Case Planners.

While the above-mentioned issues as well as others discussed in the previous section directly impact the health and safety of the families, there were additional problems that indirectly impact the effectiveness of CDSC in servicing the cases, including the following:

- Four (11 percent) of the 38 FASPs reviewed in our sample were not completed in a timely manner. The number of days between the dates that the Case Planners signed the FASPs to the dates that they were due ranged from 9 days to 58 days. In addition, 2 (5 percent) of the 38 FASPs lacked all of the following three required signatures: the CDSC Case Planner, the CDSC Casework Supervisor, and the ACS Case Manager. In the absence of these signatures, neither CDSC nor ACS can demonstrate that the FASPs have been reviewed for the validity and accuracy of the reported assessments and goals achieved.
- There was no documentary evidence that Casework Supervisors prepared 91 (28 percent) of the 325 Biweekly Case Record Review forms required for the cases in our sample. The case records for each of the 12 cases lacked two or more Biweekly Case Record Review forms. Five of the 12 cases lacked at least 11 Biweekly Case Record Review forms. For example, one of the cases (sample # G5) required 46 Biweekly Case Record Review forms, but there was documentary evidence that only 29 were prepared—17 (37 percent) were lacking. Without these documents, CDSC cannot demonstrate that the Casework Supervisors adequately reviewed the case records to ensure that the needs of the families were being addressed by the Case Planners.

Family Rehabilitation Service Case Issues

In this section, we discuss our concerns regarding our review of the family rehabilitation service cases.

Progress Notes Not Always in Case Records

Five (71 percent) of the seven case records reviewed in our sample randomly selected from PROMIS did not contain Progress Notes for all of the casework contacts recorded on the Contact Sheets (a log of the dates and types of contacts made with each of the families).⁷

⁷Our sample from PROMIS consisted of nine family rehabilitation service cases. However, CDSC rejected two of these cases and had no responsibility for them. Since the records for rejected cases would not contain FASPs, Progress Notes, Biweekly Record Review forms, and Administrative Review forms, we reduced our sample to seven for tests related to these documents.

Our review revealed that for five of the seven cases, there were 82 entries recorded on the Contact Sheets for which there were no corresponding Progress Notes. For example, the case record for one of the cases (sample # F15) lacked 32 Progress Notes intermittently during the period May 7, 2005, through November 22, 2005, although the dates were recorded on the Contact Sheets.

Without Progress Notes, an accurate account of pertinent information, as well as the preservation of the integrity of the information discussed during the contacts, is lacking. Further, the absence of these documents indicates a failure of the Casework Supervisor to properly monitor these cases.

Inadequate Testing of Parents Engaged in Substance Abuse

There was no documentary evidence for five (71 percent) of the seven case records that CDSC ensured that the parents engaged in substance abuse were tested periodically. In fact, for these cases the period during which the parents were not tested ranged from eight months to one year and seven months.

According to Standards & Indicators as well as ACS officials, for parents engaged in substance abuse, CDSC is to maintain ongoing communication with a substance abuse treatment program that is responsible for providing supervised testing “at least with a random but agreed upon regular minimum frequency and for reporting results to the PPRS program [CDSC].” However, we found that there was no minimum frequency of testing agreed upon between the substance abuse treatment programs and CDSC. Further, we note that the ACS procedures fail to define a benchmark for the minimum frequency of testing that ACS expects for parents engaged in substance abuse.

Table II, following, details for each of the five cases the period of time in which there was no evidence in the case records that CDSC ensured that the parents who were engaged in substance abuse were tested.

Table II

Summary of the Length of Time Parents Engaged in Substance Abuse Were Not Tested

Sample Number	Type of Substance Abuse	Time Period in which Parents Were not Tested	Number of Months/Years Parents Were Not Tested
F19	Marijuana	8/25/04 through 3/24/06	1 year and 7 months
F21	Marijuana	11/30/04 through 5/26/06	1 year and 6 months
F20	Alcohol	8/31/04 through 1/15/06	1 year and 4 ½ months
F17	Cocaine and Opiate	8/18/05 through 5/31/06	9 ½ months
		6/2/06 through 2/15/07	8 ½ months
F23	Marijuana	4/3/06 through 3/29/07	11 ½ months

As shown in Table II, a minimum of eight months elapsed in which the parents were not tested in the cited cases. For example, CDSC accepted responsibility for one of the cases (sample # F19) on August 25, 2004, and closed the case on March 24, 2006. According to documentation in the case record, the mother refused to be tested for marijuana use throughout the duration of the case—one year and seven months—yet CDSC did not take appropriate action (i.e., obtaining a court order) to resolve this matter.

It is important that parents engaged in substance abuse be periodically tested since chemical dependency can result in child abuse or neglect, which can place a child at imminent risk of removal to foster care. We believe that the lack of substance-abuse testing is a result of the lack of clear definition in ACS procedures and the inadequate supervision of Case Planners and Casework Supervisors.

At the exit conference, the Executive Director of CDSC stated that it is somewhat difficult to ensure that parents engaged in substance abuse are adequately tested, especially when dealing with parents who refuse to be tested. She added that CDSC is unsure how to handle this type of situation. ACS officials agreed that it is challenging to deal with parents engaged in substance abuse and emphasized the importance of making the minimum number of required casework contacts at the children's home to ensure that the children are safe. They further stated that they consider this finding serious. They agreed that Standards & Indicators needs to be revised to define a benchmark for the minimum frequency of testing of parents engaged in substance abuse and to address the actions to be taken when a substance-abusing parent refuses to be tested. They added that they are currently in the process of doing so.

Minimum Number of Required Casework Contacts Not Always Made

The minimum number of required casework contacts was not made for any of the seven cases. According to Standards & Indicators, CDSC Case Planners are required to make a minimum of three visits per week, each lasting at least one hour at the children's home for the initial four weeks after the Case Responsibility Dates or until a baseline of negative (sobriety) test results is obtained. One of the weekly home visits is allowed to be substituted by a visit to a substance abuse treatment program with the substance-abusing parent. The procedures further state that when a baseline of negative test results is obtained, the number of home visits could be reduced to a minimum of one visit each week. If a relapse (positive test result) should occur, then the number of home visits conducted during the week is to be increased.

Although the ACS procedures describe the steps to be taken by Case Planners during the initial four weeks, the procedures are silent on what is to take place after the initial four weeks. Further, the procedures fail to address the actions to be taken when a substance-abusing parent either refuses to be subjected to testing or does not have adequate insurance coverage to pay for the testing. According to ACS officials, the steps to be taken after the initial four weeks are the same as those to be taken during the initial four weeks. The officials also informed us that if a substance-abusing parent refuses to be subjected to testing or does not have adequate insurance coverage either during or after the initial four weeks, then a minimum of three home visits per week must continue to be conducted since it is "often assessed that substance use is continuing."

Table III, following, details for each of the seven cases the number of home visits that were made by CDSC Case Planners compared to the number of home visits that should have been made. This comparison is only for the weeks that the minimum number of home visits was not made.

Table III

Number of Home Visits That Were Actually Conducted
Versus the Number of Home Visits That Should Have Been Conducted

(A)	(B)	(C)	Weeks Minimum Number of Home Visits Not Met			
			(D)	(E)	(F)	(G)
Sample Number	Type of Substance Abuse	Number of Weeks Minimum Number of Home Visits Met	Number of Weeks Minimum Number of Home Visits Not Met	Number of Home Visits That Should Have Been Conducted	Number of Home Visits Conducted	Difference (E – F)
F 23	Marijuana	3	31	91	36	55
F19	Marijuana	2	30	90	38	52
F16	Alcohol, Crack, and Cocaine	18	40	53	8	45
F17	Cocaine and Opiate	18	26	60	16	44
F21	Marijuana	117	29	48	15	33
F15	Alcohol, Crack, Cocaine, and Marijuana	8	11	28	10	18
F20	Alcohol	89	7	11	3	8
Total		255	174	381	126	255

As shown in Table III, there were a total of 174 weeks (41 percent) out of a total of 429 weeks (174 plus 255) in which the minimum number of home visits was not met. During the 174 weeks, the Case Planners were required to conduct 381 home visits. However, they conducted only 126 home visits. Thus, for these weeks they failed to make more than half (67 percent) of the required 381 home visits. Without regular interaction between Case Planners and families receiving preventive services, CDSC cannot ensure that the substance-abusing parents are receiving the proper treatment, that appropriate living conditions are maintained in the home, and that the children’s health, safety, and development are being monitored. We believe that the lack of home visits is primarily a result of the lack of clear definition in ACS procedures and the inadequate supervision of Case Planners and Casework Supervisors.

At the exit conference, ACS officials reiterated that they consider this finding serious. They agreed that Standards & Indicators needs to be revised to clearly define the minimum number of home visits required to be made by the family rehabilitation service Case Planners

both during and after the initial four weeks of the Case Responsibility Dates. They further added that they are currently in the process of doing so.

While the above-mentioned issues directly impact the health and safety of the families, there were additional problems that indirectly impact the effectiveness of CDSC in servicing the cases, as follows:

- One of the 27 FASPs reviewed in our sample of cases was completed by the Case Planner 20 days after it was due. In addition, 5 (19 percent) of the 27 FASPs lacked one or more of the required three signatures: three lacked all signatures, and two lacked only the signature of the ACS Case Manager.
- There was no documentary evidence that Casework Supervisors prepared 113 (35 percent) of the 319 Biweekly Case Record Review forms required for the cases in our sample. The case records for six of the seven cases lacked 5 or more Biweekly Case Record Review forms—ranging from 5 to 54. For one of the cases (sample # F20), none of the 54 required Biweekly Case Record Review forms were on file.
- CDSC failed to maintain any documentation for the two cases in our sample that were rejected. As a result, we were unable to determine whether CDSC actually made an effort in contacting the families before rejecting the cases. According to Standards & Indicators, each preventive service organization should maintain documentation for each referral, such as documented outreach (letters) with the families demonstrating at least two attempts made to engage them for receipt of preventive services. Documenting the referral process ensures that the case is begun by the preventive service organization in a timely fashion, that appropriate outreach is maintained, and that the disposition of the referral is recorded, with all rejections explained.

Administrative Review Forms Not Always Prepared

Administrative Review forms for the 18 cases—14 general preventive service and 4 family rehabilitation service—that remained active 24 months or longer during the period September 2005 through June 2006 were not always prepared as follows:

- For the general preventive service cases, there was no documentary evidence that 54 (92 percent) of the 59 Administrative Review forms required for these cases were ever prepared. The case records for each of the 14 cases lacked 2 to 6 Administrative Review forms.
- For the family rehabilitation service cases, there was no documentary evidence that 14 (88 percent) of the 16 Administrative Review forms required for these cases had been prepared. The case records for each of the four cases lacked 3 to 4 Administrative Review forms.

According to the preventive service agreements, preventive service organizations are to provide an administrative-level review by someone above the immediate supervisor level for preventive cases that remain open 18 months or more and is to be documented on an Administrative Review form and filed in the case records. The review is necessary to assess the progress of each case, determine whether there is a continued need for services, and, if so, identify the services needed to attain the goals and estimate the closure date. In the absence of these Administrative Review forms, CDSC cannot demonstrate that these vital reviews are taking place.

According to ACS officials, they randomly review the existence and quality of Administrative Review forms and articulate their findings to CDSC through both verbal and written communication. They stated that their expectation is that Administrative Review forms are to be prepared at the point when a family has been receiving preventive services for 18 months and every six months thereafter.

We provided ACS officials with a listing of the 18 cases in our sample to determine whether they had randomly reviewed them for administrative-level reviews. They informed us that two of the four family rehabilitation service cases were selected as part of their random review of Administrative Review forms. (None of the 14 general preventive service cases were selected.) For these two cases (sample #s AF3 and AF4), there was no documentary evidence that 7 (78 percent) of the 9 Administrative Review forms required for these cases had been prepared. However, ACS officials were unable to provide us with any correspondence sent to CDSC regarding the absence of these forms for these two cases. As a result, ACS cannot demonstrate that it adequately advised CDSC of the importance of completing these reviews.

At the exit conference, ACS officials stated that they did not send any correspondence to CDSC specifically addressing the absence of the Administrative Review forms for the two cases randomly selected as part of their review. Although they were unable to provide written evidence, they stated that they articulate their findings to CDSC in a general manner, without mentioning specific cases.

In conclusion, CDSC has failed to adhere to significant case-practice provisions of both its general preventive service and family rehabilitation service agreements with ACS. The reasons are primarily that ACS procedures are not clearly defined and secondarily that CDSC management has failed to properly oversee its operations. CDSC management therefore does not ensure that Case Planners and Casework Supervisors follow procedures to identify the needs of the families, help the families to obtain the preventive services needed, or help the families become stabilized so that their children are not placed in foster care.

Recommendations

3. CDSC and ACS should review the cases in our sample that we identified as not having received the preventive services needed, and if warranted, immediately take actions to ensure that the necessary services are provided to the children and their families.

ACS Response: “CDSC will continue to work diligently with each client. CDSC will identify the needs of the clients and ensure that all steps are taken to achieve their service plans.

“ACS Agency Program Assistance (APA) will review the 6 . . . case records of each identified case to determine if services provided are consistent with case circumstances and the goals identified in the family service plan. APA will provide CDSC with immediate feedback and guidance on each case.”

CDSC should:

4. Improve its oversight of cases and comply with the case-practice provisions of its agreements to ensure that:
 - (a) All case records are adequately documented and contain FASPs and Progress Notes;
 - (b) Case Planners reflect in the case records their ongoing and diligent attempts to involve families to achieve the stated goals in the FASPs;
 - (c) The minimum number of casework contacts is made;
 - (d) FASPs are completed and approved in a timely manner; and
 - (e) Documentation is maintained for those ACS-referred cases that have been rejected.

ACS Response: “CDSC has been working with ACS Agency Program Assistance (APA) unit since January 2006 to ensure that there is accountability of case practice processes. With the help of the APA staff CDSC will continue to improve in the areas of timeliness of FASPs, diligence of casework contacts and documentation of the intake process.”

5. Ensure that Biweekly Case Record Reviews are conducted and documented at least once every two weeks, as required, for the duration of cases.

ACS Response: “CDSC has been working with ACS APA unit since January 2006 to ensure that there is accountability of case practice processes. Biweekly Case Record Reviews will continue to be conducted in accordance with the ACS Standards and Indicators.”

6. Ensure that Administrative-level reviews are conducted and documented for cases that remain open 24 months or longer.

ACS Response: “CDSC has been working with ACS APA unit since January 2006 to ensure that there is accountability of case practice processes. CDSC will continue to

ensure that administrative-level reviews are conducted and documented for cases that remain open 18 months or longer.”

7. ACS should modify the ACS *Preventive Services Quality Assurance Standards & Indicators and FRP Addendum* to:

- (a) Clearly define the minimum number of home visits required to be made by the family rehabilitation service Case Planners both during and after the initial four weeks of the Case Responsibility Dates;
- (b) Define a benchmark for minimum frequency of testing of parents engaged in substance abuse;
- (c) Address the actions to be taken when a substance-abusing parent refuses to be tested or does not have adequate insurance coverage to pay for the testing; and
- (d) Require that preventive service organizations submit to ACS for its approval all administrative-level reviews.

ACS Response: “ACS will modify the ACS *Preventive Services Quality Assurance Standards & Indicators and FRP Addendum* as follows:

- “A. Release revised casework contact policy for our family rehabilitation providers that articulate our expectations for program staff who are all responsible and involved in the family’s recovery and case planning. The policy will clearly define expectations for home-based and other visits (in the office or other locations) for case planners and other staff during the first four weeks of service and throughout service provision. The draft is under internal review and is expected to be released to our providers for the customary 30-day comment period in February 2008. . . . this new document will also align ACS’ standards more consistently with the Office of Children and Family Services . . . regulations.
- “B. Children’s Services will engage in a dialogue with our Office of Clinical Policy Substance Abuse staff to understand the current practice of frequency of testing in substance abuse treatment and any barriers to such (i.e., insurance billing) to inform any policy that Children’s Services may decide to issue.
- “C. Release new policy . . . that dictate increased casework contacts when a parent is not baseline. A parent is considered ‘baseline’ in the FRP programs, when she/he is meaningfully engaged in substance abuse treatment, is beginning to take responsibility for her/his actions, is changing patterns of interaction with others – especially children – and is establishing a pattern over time of negative urine tests. Refusal to be tested indicates a lack of engagement in treatment and would require increased monitoring and home-based contacts from the case planner to assess for the safety of the children and to work with the parent to

engage them in the treatment process. . . . if the safety of children were compromised, a SCR report would be made.

“D. Requiring ACS approval of . . . administrative-level reviews would be counter to the direction of Children’s Services’ vision. We are confident that our heightened monitoring will result in reviews of statistically significant samples of administrative-level reviews.”

Auditor Comment: We are pleased that ACS is heightening its monitoring of preventive service organizations, which will result in reviews of statistically significant samples of administrative-level reviews. However, due to the large amount of Administrative Review forms lacking for the cases in our CDSC sample, we believe that preventive service organizations should be required to submit all administrative-level reviews to ACS for its approval.

Data in CONNECTIONS and PROMIS for Preventive Service Cases Is Not Reliable

ACS monitors and evaluates the performance of CDSC through two separate computer systems that are not linked—CONNECTIONS and PROMIS. Initially, for referred cases, ACS is responsible for entering in PROMIS and CONNECTIONS only the following information: case name, case number (if available), and type of preventive service to be provided. Once ACS finds a preventive service organization that will accept the referral, this organization is responsible for entering all other information into PROMIS and CONNECTIONS. The organization then has 30 days from the receipt of the referral to accept or reject the case. For other than ACS referrals, the preventive service organization is fully responsible for entering all case information in PROMIS and CONNECTIONS.⁸ Ultimately, it is the responsibility of CDSC to ensure that all information in the two systems is complete and accurate and to contact ACS for assistance in resolving any discrepancies.

Upon our review, we found that the data in these two systems for general preventive service cases and family rehabilitation service cases is not reliable. We did not conduct a technical review of the features of CONNECTIONS and PROMIS. However, we became concerned about the reliability of the data recorded in these two systems for preventive service cases when we found several discrepancies. Thus, we cannot be assured that we identified the entire population of general preventive service cases and family rehabilitation service cases and are therefore unable to determine whether CDSC maintained at least a 90 percent utilization rate, as required. In addition, we question the effectiveness of ACS in monitoring and evaluating the performance of CDSC since ACS relies on the data in these two systems and that data is not reliable.

The following are examples of the discrepancies we found:

⁸ Information such as FASPs and Progress Notes are not required to be recorded in CONNECTIONS for other than ACS referrals. Rather, they can be found only in the hard-copy case records.

Cases Not Properly Recorded in CONNECTIONS

There were 30 cases that were not recorded in CONNECTIONS as being assigned to CDSC, although they were properly recorded in PROMIS. Of the 30 cases, 18 were recorded for other preventive service organizations or for ACS, and 12 were not recorded at all. For example, ACS referred one case (sample #C15) to two preventive service organizations—on May 25, 2006, to CDSC and on June 19, 2006, to another preventive service organization. During a casework contact made on July 28, 2006, with the mother in the case, the mother informed the CDSC Case Planner that she was also being visited by a Case Planner from another preventive service organization. The CDSC Case Planner then contacted ACS officials, who were unaware of this situation.

Apparently, the case was recorded in both PROMIS and CONNECTIONS for the other preventive service organization and was recorded only in PROMIS for CDSC. The case was finally closed in PROMIS for CDSC on October 6, 2006—more than two months after the discovery of the duplication of services—and remained open with the other preventive service organization.

In addition, we found that there were 16 cases that were incorrectly recorded in CONNECTIONS as being assigned to CDSC, although CDSC never had preventive service responsibility for them, according to its Executive Director. ACS officials stated that one of the 16 cases was recorded in PROMIS as being assigned to another preventive service organization and not to CDSC. They added that PROMIS did not show any record of the remaining 15 cases being assigned to CDSC or any other preventive service organizations.

It is important that all cases be properly recorded in CONNECTIONS since this system is the primary tool by which ACS monitors the progress of its referred cases.

Cases Not Properly Recorded in PROMIS

There were two cases that were not recorded in PROMIS as being assigned to CDSC, although they were properly recorded in CONNECTIONS. ACS and CDSC officials confirmed that indeed these cases were not recorded in PROMIS. One of these two cases (sample #P3) was initially listed with another preventive service organization that eventually closed the case and transferred it to CDSC in March 2006. CDSC officials failed to record the case in PROMIS when they opened it. The second case (sample #P9) was not a transferred case but rather CDSC had the case the entire time since it assumed responsibility in January 2005.

By not properly recording all cases in PROMIS, ACS is hindered in its ability to effectively track the utilization rate of CDSC and generate accurate statistical reports.

Duplicate Cases in PROMIS

There were eight cases that were duplicated in PROMIS for various months during the period September 2005 through June 2006. MIS officials at ACS stated that each of the eight cases was recorded in PROMIS once by an ACS worker and a second time by a CDSC worker,

resulting in duplicate entries for the same case. The officials further stated that the duplication was the result of both ACS and CDSC workers not fully understanding who was responsible for entering specific case data in PROMIS since the system is relatively new. In addition, it appears that the system does not have adequate controls built in to reject duplicate case numbers.

At the exit conference, MIS officials at ACS stated that when a duplicate case number is entered, a prompt appears on the computer screen indicating that a duplicate number has been entered and asking whether to continue or not. The officials said that an individual can choose to continue—thus causing a duplicate entry. Nevertheless, PROMIS needs to be modified to prevent this from occurring.

We were unable to determine whether CDSC failed to maintain a 90 percent or higher utilization rate as required because the data recorded in PROMIS is not reliable. Nevertheless, we believe there is a risk that by duplicating cases in PROMIS, the utilization rate may appear in PROMIS to be higher than it actually is.

Incomplete and Inaccurate Case Information in PROMIS

Case information was either lacking or inaccurate in the PROMIS data that ACS officials initially provided to us. There were:

- Five cases in which information for the “case number” field and three cases in which information for the “disposition” field (i.e., accept or reject a case) was lacking in PROMIS.
- Two cases that appeared in PROMIS as having received both general preventive and family rehabilitation services. (Only family rehabilitation services were provided.)
- Two cases in which information was recorded in the “case status” field as “pending engagement” for many months—for one case as long as 5 months and for the second case as long as 10 months. A case should be identified as “pending engagement” for only 30 days.
- Nine cases that were not recorded in PROMIS each month (there were gaps). These cases were active during the months that they were not recorded and therefore should have been recorded.

In addition, there were 13 cases in which there were discrepancies in case information, such as case name, case number, and type of preventive service provided, that was recorded in PROMIS and case information that was recorded in CONNECTIONS.

Moreover, for 19 (38 percent) of the 49 randomly selected cases in our sample (the 26 preventive service cases selected from the cabinets—tests of data accuracy and completeness—and the 23 we selected from PROMIS—tests of data accuracy) case record information from the

hard-copy case records of CDSC did not always match information recorded in PROMIS.⁹ Discrepancies included the Case Numbers, Referral Dates, Case Initiation Dates, Case Responsibility Dates, or Closing Dates.

According to MIS officials at ACS, CDSC is ultimately responsible for ensuring that all information in PROMIS and in CONNECTIONS is complete and accurate and is responsible for contacting ACS for assistance in resolving any discrepancies. By not ensuring that all case data is complete, accurate, and appears on both systems, ACS and CDSC are not able to effectively track preventive service cases.

At the exit conference, ACS officials stated that they are in the process of linking CONNECTIONS and PROMIS, which should help to alleviate some of the discrepancies cited.

Recommendations

8. CDSC and ACS should investigate the discrepancies we cite and, if warranted, make the necessary changes in CONNECTIONS and PROMIS.

ACS Response: “CDSC will continue to work with ACS and ensure that all necessary changes in CONNECTIONS and PROMIS are implemented in a timely manner.

“ACS will provide CDSC with exception reports from PROMIS identifying discrepancies. And through the help of the PROMIS and CONNECTIONS support desk, provide additional assistance when needed.”

ACS further stated: “The review covered a period that included the transition of the PROMIS system. There were glitches and unclear policies as to how the system should be integrated and utilized. The CONNECTIONS system was therefore, affected because the two systems were not in sync. There is a better understanding at present as changes have been implemented by ACS and clearer policies have been established.”

9. CDSC should ensure that all information regarding preventive service cases that have been assigned to it are recorded in both PROMIS and CONNECTIONS promptly, completely, and accurately. If there are any discrepancies in the data recorded, CDSC should immediately inform ACS so that modifications could be made.

ACS Response: “CDSC will ensure that all information regarding preventive service cases that have been assigned to it are recorded in both PROMIS and CONNECTIONS promptly, completely, and accurately.”

10. ACS and CDSC officials responsible for recording information in PROMIS and CONNECTIONS should be given additional training classes so they are aware of their responsibilities as they relate to these systems.

⁹ The 26 randomly selected cases from the cabinets include the 15 general preventive and 11 family rehabilitation service cases. The 23 randomly selected cases from PROMIS include the 14 general preventive and 9 family rehabilitation service cases.

ACS Response: “PROMIS has and will continue to provide scheduled trainings, for all ACS and preventive agency staff given on a monthly basis, structured for each staff type. PROMIS also provides one-on-one training at the request of agency staff.

“CONNECTIONS training is also ongoing As new developments are made information is provided to all users via trainings, teleconferences, procedural guidance, forums, and bulletins.

“Both CONNECTIONS and PROMIS have help desks that . . . are interrelated; if one is contacted and the problem is with the other system, a referral is made to that system’s help desk.

“CDSC supervisors and case planners will continue to attend all required training on recording information in PROMIS and CONNECTIONS.”

11. ACS should consider trying to link case information between CONNECTIONS and PROMIS for each preventive service organization. If there are discrepancies between the two systems, exception reports should be generated and be given to the organizations to be resolved.

ACS Response: “Since April-07 CONNECTIONS Implementation Team . . . ACS-MIS and the PROMIS team have been working to create a data feed from CONNECTIONS to PROMIS to eliminate the dual data entry into both systems. This is on a phased implementation that began in September-07. The next phase is set to start in March-08. An interim phase includes exception reports for discrepancy resolution.”

12. ACS should modify PROMIS to prevent duplicate case number entries.

ACS Response: “Once the CONNECTIONS/PROMIS feed is completed all preventive cases will launch in CONNECTIONS. Until then PROMIS will be modified to suspense the ability to create duplicate case record entries.”



ADMINISTRATION FOR CHILDREN'S SERVICES
FINANCIAL SERVICES
150 William Street - 10th Floor
New York, NY 10038

JOHN B. MATTINGLY, Ph.D., M.S.W.
Commissioner

SUSAN NUCCIO
*Deputy Commissioner
Financial Services*

MEMORANDUM

February 7, 2008

Mr. John Graham
Deputy Comptroller
Policy, Audits, Accountancy & Contracts
The City of New York Office of the Comptroller
Executive Offices
1 Centre Street, Room 1100
New York, New York 10007-2341

Re: NYC Comptroller's Draft Report MH06-129A Audit on the
Compliance of the Child Development Support Corporation with
its Administration for Children's Services Preventive Services
Agreements

Dear Mr. Graham:

Thank you for sharing with us the Draft Report for the above captioned audit.

Attached is our response to your recommendations and appropriate Audit Implementation Plans (AIPs). ACS looks forward to continue working with your office to improve the delivery of services to the children of the City of New York.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Tom Welsh, Assistant Commissioner
Audit Services

City of New York Office of the Comptroller
Compliance of the Child Development Support Corporation
With its Administration for Children's Services
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Administration for Children's Services
Response to Recommendations
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The Administration for Children's Services (ACS) was pleased the auditors found that the Child Development Support Corporation (CDSC) had adequate internal controls over the recording and expending of funds received under the preventive service agreements. The following are the ACS and CDSC responses to the audit recommendations made by the NYCC.

RECOMMENDATION 1

CDSC will continue to follow the *ACS Preventive Services Quality Assurance Standards and Indicators and FRP Addendum*.

CDSC will make any necessary changes once the area of concern on regarding the "proposed requirement for criminal checks" which is "undergoing review" is clarified by the ACS Office of Legal Affairs.

RECOMMENDATION 2

Children's Services will ascertain from the Human Resources Administration the employment clearance requirements for WEP employees. Revisions to the standards will reflect clearance requirements for all employees and the documentation required to be maintained on file.

RECOMMENDATION 3

CDSC will continue to work diligently with each client. CDSC will identify the needs of the clients and ensure that all steps are taken to achieve their service plans.

ACS' Agency Program Assistance (APA) will review the 6 (six) case records of each identified case to determine if services provided are consistent with case circumstances and the goals identified in the family service plan. APA will provide CDSC with immediate feedback and guidance on each case.

RECOMMENDATION 4

CDSC has been working with ACS Agency Program Assistance (APA) unit since January 2006 to ensure that there is accountability of case practice processes. With the help of the APA staff CDSC will continue to improve in the areas of timeliness of FASPs, diligence of casework contacts and documentation of the intake process.

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RECOMMENDATION 5

CDSC has been working with ACS APA unit since January 2006 to ensure that there is accountability of case practice processes. Bi-weekly Case Record Reviews will continue to be conducted in accordance with the ACS Standards and Indicators.

RECOMMENDATION 6

CDSC has been working with ACS APA unit since January 2006 to ensure that there is accountability of case practice processes. CDSC will continue ensure that administrative level reviews are conducted and documented for cases that remain open 18 months or longer.

RECOMMENDATION 7

ACS will modify the ACS *Preventive Services Quality Assurance Standards & Indicators and FRP Addendum* as follow:

- A. Release revised casework contact policy for our family rehabilitation providers that articulate our expectations for program staff who are all responsible and involved in the family's recovery and case planning. The policy will clearly define expectations for home-based and other visits (in the office or other locations) for case planners and other staff during the first four weeks of service and throughout service provision. The draft is under internal review and is expected to be released to our providers for the customary 30-day comment period in February 2008. The provisions in this new document will also align ACS' standards more consistently with the Office of Children and Family Services (OCFS) regulations as specified in 18 NYCRR 423.4(c)(1)(ii)(d).
- B. Children's Services will engage in a dialogue with our Office of Clinical Policy Substance Abuse staff to understand the current practice around frequency of testing in substance abuse treatment and any barriers to such (i.e., insurance billing) to inform any policy that Children Services may decide to issue.
- C. Release new policy on casework contacts that dictate increased casework contacts when a parent is not baseline. A parent is considered "baseline" in the FRP programs, when she/he is meaningfully engaged in substance abuse treatment, is beginning to take responsibility for her/his actions, is changing patterns of interaction with others--especially children--and is establishing a pattern over time of negative urine tests. Refusal to be tested indicates a lack of engagement in treatment and would require increased monitoring and home-based contacts from the case planner, to assess for safety of the child (ren) and to work with the parent to engage them in the treatment process. As with any family receiving preventive services, if the safety of children were compromised, a SCR report would be made.

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- D. As Children's Services moves toward more autonomy with greater accountability for our providers coupled with increased monitoring and technical assistance from our internal review teams, requiring ACS approval of these administrative reviews would be counter to the direction of Children's Services' vision. We are confident that our heightened monitoring will result in reviews of statistically significant samples of Administrative reviews.

RECOMMENDATION 8

CDSC will continue to work with ACS and ensure that all necessary changes in CONNECTIONS and PROMIS are implemented in a timely manner.

ACS will provide CDSC with exception reports from PROMIS identifying discrepancies. And through the help of the PROMIS and CONNECTIONS support desk, provide additional assistance when needed.

RECOMMENDATION 9

CDSC will ensure that all information regarding preventive service cases that have been assigned to it are recorded in both PROMIS and CONNECTIONS promptly, completely and accurately.

RECOMMENDATION 10

PROMIS has and will continue to provide scheduled trainings, for all ACS and preventive agency staff given on a monthly basis, structured for each staff type. PROMIS also provides one-on-one training at the request of agency staff.

CONNECTIONS training is also ongoing and is provided by NYS-OCFS. As new developments are made information is provided to all users via trainings, teleconferences, procedural guidance, forums and bulletins

Both CONNECTIONS & PROMIS have help desks that can be utilized to resolve any discrepancies in either system or trouble shoot any system errors. These help desks are interrelated; if one is contacted and the problem is with the other system, a referral is made to that system's help desk.

CDSC supervisors and case planners will continue to attend all required training on recording information in PROMIS and CONNECTIONS.

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RECOMMENDATION 11

Since April-07 Connections Implementation Team (Child Welfare Programs), ACS-MIS and the PROMIS team have been working to create a data feed from CONNECTIONS to PROMIS to eliminate the dual data entry into both systems. This is on a phased implementation that began in Sept-07. The next phase is set to start in March-08.
An interim phase includes exception reports for discrepancy resolution.

RECOMMENDATION 12

Once the CONNECTIONS /PROMIS feed is completed all preventive cases will launch in CONNECTIONS. Until then PROMIS will be modified to suspense the ability to create duplicate case record entries.

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RECOMMENDATION # 1: CDSC should comply with the personnel provisions of its preventive service agreements with ACS. Specifically, it should ensure that: all current and prospective employees have the proper credentials for their positions; criminal-history record reviews are conducted through the State Division of Criminal Justice Services; and inquiries are made to and clearances are obtained from SCR.

RESPONSIBLE MANAGER'S NAME: MARCIA ROWE-RIDDICK, EXECUTIVE DIRECTOR

CORRECTIVE ACTIONS TO BE TAKEN	RESPONSIBLE PERSON	DATES START END	DOCUMENTATION	COMMENTS
<p>CDSC will continue to follow the <i>ACS Preventive Services Quality Assurance Standards and Indicators and FRP Addendum</i>. CDSC will make any necessary changes once the area of concern regarding the "proposed requirement for criminal checks" which is "undergoing review" is clarified by the ACS Office of Legal Affairs.</p>	<p>Marcia Rowe-Riddick</p>	<p>December 2007 On-going</p>		<p>The concerns in this area stems from two isolated incidences: A. in which an employee failed to complete their academic studies. The matter was already subjected to necessary corrective action; the employee was terminated in June 2006. B. incident where the Auditor misclassified an individual's status and role. The individual in question was never an employee of CDSC or engaged on any programs under our Preventive Service Agreements. The individual was a volunteer from the Welfare Employment Program and her role was limited to observing the workers, not engaging in the work itself. Said individual never interacted with clients or had access to confidential information.</p>

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RECOMMENDATION # 2: ACS should seek clarification from WEP officials as to whether that program makes inquiries to and obtains clearances from SCR for its employees. Once clarification has been obtained, the *ACS Preventive Services Quality Assurance Standards & Indicators* and *FRP Addendum* should be modified to include the issue regarding WEP employees working for CDSC and the type of supporting documentation required to be maintained in the files of CDSC.

RESPONSIBLE MANAGER'S NAME: LISA O'CONNOR, ASSISTANT COMMISSIONER, PROGRAM ANALYSIS AND DEVELOPMENT, POLICY AND PLANNING

CORRECTIVE ACTIONS TO BE TAKEN	RESPONSIBLE PERSON	DATES START END	DOCUMENTATION	COMMENTS
Children's Services will ascertain from the Human Resources Administration the employment clearance requirements for WEP employees. Revisions to the standards will reflect clearance requirements for all employees and the documentation required to be maintained on file.	Jessica Aaron	February 2008 February 2008	Revised Preventive Service Standards Quality Assurance Standard & Indicators	

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RECOMMENDATION # 3: CDSC & ACS should review the cases in the sample that were identified as not having received the preventive services needed, and if warranted, immediately take actions to ensure that the necessary services are provided to the children and their families.

RESPONSIBLE MANAGER'S NAME: J. MARTIN, DIRECTOR OF ACS- AGENCY PROGRAM ASSISTANCE (APA)
PREVENTIVE SERVICES
MARCIA ROWE-RIDDICK, EXECUTIVE DIRECTOR, CDSC

CORRECTIVE ACTIONS TO BE TAKEN	RESPONSIBLE PERSON	START	END	DOCUMENTATION	CDSC COMMENTS
<p>CDSC will continue to work diligently with each client. CDSC will identify the needs of the clients and ensure that all steps are taken to achieve their service plans.</p> <p>ACS' Agency Program Assistance (APA) will review the 6 (six) case records of each identified case to determine if services provided are consistent with case circumstances and the goals identified in the family service plan. APA will provide CDSC with immediate feedback and guidance on each case.</p>	<p>Marcia Rowe-Riddick</p> <p>Toni Cardenas, Deputy Director- APA Preventive</p>	<p>December 2007</p> <p>February 2008</p>	<p>On-going</p> <p>February 2008</p>	<p>Section 8 Application is present in the sample case used.</p>	<p>The case identified in the sample was closed 8/2006. The issue of housing was identified as an area that the family could benefit from. It was not a part of the written service plan for the family but something that was added later in the life of the case. The worker assisted the client by helping obtain an application for Section 8 housing and assisted in the submission of the form. <u>CDSC cannot guarantee clients housing.</u> With this particular client at the time of the case being closed she had achieved all of the goals in the service plan. The case had been open for over two years along with the ACS case manager a decision was made to close the case.</p>

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RECOMMENDATION # 4: CDSC should improve its oversight of cases and comply with the case-practice provisions of its agreements to ensure that:

- A. all case records are adequately documented and contain FASPs and Progress Notes;
- B. case planners reflect in the case records their ongoing and diligent attempts to involve families to achieve the stated goals in the FASPs;
- C. the minimum number of casework contacts is made;
- D. FASPs are completed and approved in a timely manner; and
- E. documentation is maintained for those ACS-referred cases that have been rejected.

RESPONSIBLE MANAGER'S NAME: MARCIA ROWE-RIDDICK, EXECUTIVE DIRECTOR

CORRECTIVE ACTIONS TO BE TAKEN	RESPONSIBLE PERSON	DATES START END	DOCUMENTATION	COMMENTS
<p>CDSC has been working with ACS Agency Program Assistance (APA) unit since January 2006 to ensure that there is accountability of case practice processes. With the help of the APA staff CDSC will continue to improve in the areas of timeliness of FASPs, diligence of casework contacts and documentation of the intake process.</p>	<p>Marcia Rowe-Riddick</p>	<p>December 2007 On-going</p>		<p>The cases used in this sample have all the required UCR and FASP. The period reviewed involved the transition on CONNECTIONS from UCRS to FASP. The FASP was introduced during the Build 18 roll out in 9/2005, prior to that period UCRs were used.</p>

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RECOMMENDATION # 5: CDSC should ensure that bi-weekly Case Records Reviews are conducted and documented at least once every two weeks, as required, for the duration of cases.

RESPONSIBLE MANAGER'S NAME: MARCIA ROWE-RIDDICK, EXECUTIVE DIRECTOR

CORRECTIVE ACTIONS TO BE TAKEN	RESPONSIBLE PERSON	DATES START END	DOCUMENTATION	COMMENTS
<p>CDSC has been working with ACS APA unit since January 2006 to ensure that there is accountability of case practice processes. Bi-weekly Case Record Reviews will continue to be conducted in accordance with the ACS Standards and Indicators.</p>	<p>Marcia Rowe-Riddick</p>	<p>December 2007 On-going</p>		

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RECOMMENDATION # 6: CDSC should ensure that administrative-level reviews are conducted and documented for cases that remain open 24 months or longer.

RESPONSIBLE MANAGER'S NAME: MARCIA ROWE-RIDDICK, EXECUTIVE DIRECTOR

CORRECTIVE ACTIONS TO BE TAKEN	RESPONSIBLE PERSON	DATES START END	DOCUMENTATION	COMMENTS
<p>CDSC has been working with ACS APA unit since January 2006 to ensure that there is accountability of case practice processes. CDSC will continue to ensure that administrative level reviews are conducted and documented for cases that remain open 18 months or longer.</p>	<p>Marcia Rowe-Riddick</p>	<p>December 2007 On-going</p>		

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RECOMMENDATION # 7: ACS should modify the ACS Preventive Services Quality Assurance Standards & Indicators and FRP Addendum to:

- A. clearly define the minimum number of home visits required to be made by the family rehabilitation services Case Planners both during and after the initial four weeks of the Case Responsibility Dates;

RESPONSIBLE MANAGER'S NAME: ELIZABETH ROBERTS, DEPUTY COMMISSIONER, FAMILY SUPPORT SERVICES

CORRECTIVE ACTIONS TO BE TAKEN	RESPONSIBLE PERSON	DATES START END	DOCUMENTATION	COMMENTS
<p>A. Release revised casework contact policy for our family rehabilitation providers that articulate our expectations for program staff who are all responsible and involved in the family's recovery and case planning. The policy will clearly define expectations for home-based and other visits (in the office or other locations) for case planners and other staff during the first four weeks of service and throughout service provision. The draft is under internal review and is expected to be released to our providers for the customary 30-day comment period in February 2008. The provisions in this new document will also align ACS' standards more consistently with the Office of Children and Family Services (OCFS) regulations as specified in 18 NYCRR 423.4(c)(1)(ii)(d).</p>	<p>Peggy Ellis</p>	<p>February 2008 March 2008</p>	<p>Revised FRP Case Work Practice Policy</p>	

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RECOMMENDATION # 7: ACS should modify the ACS Preventive Services Quality Assurance Standards & Indicators and FRP Addendum to:

B. define a benchmark for minimum frequency of testing of parents engaged in substance abuse;

RESPONSIBLE MANAGER'S NAME: LISA O'CONNOR, ASSISTANT COMMISSIONER, PROGRAM ANALYSIS AND DEVELOPMENT, POLICY AND PLANNING

CORRECTIVE ACTIONS TO BE TAKEN	RESPONSIBLE PERSON	DATES START END	DOCUMENTATION	COMMENTS
<p>B. Children's Services will engage in a dialogue with our Office of Clinical Policy Substance Abuse staff to understand the current practice around frequency of testing in substance abuse treatment and any barriers to such (i.e., insurance billing) to inform any policy that Children Services may decide to issue.</p>	<p>Jessica Aaron</p>	<p>February 2008 February 2008</p>		

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RECOMMENDATION # 7: ACS should modify the ACS Preventive Services Quality Assurance Standards & Indicators and FRP Addendum to:

- C. address the actions to be taken when a substance-abusing parent refuses to be tested or does not have adequate insurance coverage to pay for the testing; and

RESPONSIBLE MANAGER'S NAME: ELIZABETH ROBERTS, DEPUTY COMMISSIONER, FAMILY SUPPORT SERVICES

CORRECTIVE ACTIONS TO BE TAKEN	RESPONSIBLE PERSON	DATES START END	DOCUMENTATION	COMMENTS
<p>C. Release new policy on casework contacts that dictate increased casework contacts when a parent is not baseline. A parent is considered "baseline" in the FRP programs, when she/he is meaningfully engaged in substance abuse treatment, is beginning to take responsibility for her/his actions, is changing patterns of interaction with others--especially children--and is establishing a pattern over time of negative urine tests. Refusal to be tested indicates a lack of engagement in treatment and would require increased monitoring and home-based contacts from the case planner, to assess for safety of the child(ren) and to work with the parent to engage them in the treatment process. As with any family receiving preventive services, if the safety of children were compromised, a SCR report would be made.</p>	<p>Peggy Ellis</p>	<p>N/A</p>		<p>Our current standards indicate that providers are to assist families in securing health insurances. In practice, for families for whom paying for testing poses a challenge, preventive providers typically pay for these services through funds dedicated to miscellaneous "client services" while simultaneously working to secure health insurance for these families. Service provision of families receiving preventive services dictate an assessment of service needs from the outset which would include health insurance. Providers work with families to secure Medicaid or other insurance for which families are eligible.</p>

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RECOMMENDATION # 7: ACS should modify the ACS Preventive Services Quality Assurance Standards & Indicators and FRP Addendum to:

- D. require that preventive service organizations such as CDSC submit to ACS for its approval all administrative-level reviews.

RESPONSIBLE MANAGER'S NAME: N/A

CORRECTIVE ACTIONS TO BE TAKEN	RESPONSIBLE PERSON	DATES START END	DOCUMENTATION	COMMENTS
D. As Children's Services moves toward more autonomy with greater accountability for our providers coupled with increased monitoring and technical assistance from our internal review teams, requiring ACS approval of these administrative reviews would be counter to the direction of Children's Services' vision. We are confident that our heightened monitoring will result in reviews of statistically significant samples of Administrative reviews.	N/A	N/A N/A		

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RECOMMENDATION # 8: CDSC & ACS should investigate the discrepancies the NYCC cited and, if warranted, make the necessary changes in CONNECTIONS and PROMIS.

RESPONSIBLE MANAGER'S NAME: MARCIA ROWE-RIDDICK, EXECUTIVE DIRECTOR, CDSC
 LISA O'CONNOR, ASSISTANT COMMISSIONER, PROGRAM ANALYSIS AND DEVELOPMENT
 SUSAN GRUNDBERG, ASSOCIATE COMMISSIONER, CHILD WELFARE PROGRAMS

CORRECTIVE ACTIONS TO BE TAKEN	RESPONSIBLE PERSON	START	DATES END	DOCUMENTATION	COMMENTS
<p>CDSC will continue to work with ACS and ensure that all necessary changes in CONNECTIONS and PROMIS are implemented in a timely manner.</p> <p>ACS will provide CDSC with exception reports from PROMIS identifying discrepancies. And through the help of the PROMIS and Connections support desk, provide additional assistance when needed.</p>	<p>Marcia Rowe-Riddick</p> <p>Kyrstel Wright</p>	<p>December 2007</p> <p>March 2008</p>	<p>On-going</p> <p>September 2008</p>		<p>The discrepancies identified with CONNECTIONS and PROMIS system could not be fixed by CDSC. The review covered a period that included the transition of the PROMIS system. There were glitches and unclear policies as to how the system should be integrated and utilized. The CONNECTIONS system was therefore, affected because the two systems were not in sync. CDSC staff could not at the time modify areas on the system that was identified. There is a better understanding at present as changes have been implemented by ACS and clearer policies have been established.</p>

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RECOMMENDATION # 9: CDSC should ensure that all information regarding preventive service cases that have been assigned to it are recorded in both PROMIS and CONNECTIONS promptly, completely, and accurately. If there are any discrepancies in the data recorded, CDSC should immediately inform ACS so that modifications could be made.

RESPONSIBLE MANAGER'S NAME: MARCIA ROWE-RIDDICK, EXECUTIVE DIRECTOR

CORRECTIVE ACTIONS TO BE TAKEN	RESPONSIBLE PERSON	DATES START	DATES END	DOCUMENTATION	COMMENTS
CDSC will ensure that all information regarding preventive service cases that have been assigned to it are recorded in both PROMIS and CONNECTIONS promptly, completely and accurately.	Marcia Rowe-Riddick	December 2007	On-going		CDSC has a better working relationship with ACS regarding the update of both systems. As was stated previously in Recommendation # 8, changes to the implementation of the system were relevant to the upkeep of the integrity of the system.

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RECOMMENDATION # 10: ACS & CDSC officials responsible for recording information in PROMIS and CONNECTIONS should be given additional training classes so they are aware of their responsibilities as they relate to these systems.

RESPONSIBLE MANAGER'S NAME: LISA O'CONNOR, ASSISTANT COMMISSIONER, PROGRAM ANALYSIS AND DEVELOPMENT
SUSAN GRUNDBERG, ASSOCIATE COMMISSIONER, CHILD WELFARE PROGRAMS
MARCIA ROWE-RIDDICK, EXECUTIVE DIRECTOR, CDSC

CORRECTIVE ACTIONS TO BE TAKEN	RESPONSIBLE PERSON	START	END	DOCUMENTATION	COMMENTS
<p>PROMIS has and will continue to provide scheduled trainings, for all ACS and preventive agency staff given on a monthly basis, structured for each staff type. PROMIS also provides one-on-one training at the request of agency staff.</p> <p>CONNECTIONS training is also ongoing and is provided by NYS-OCFS. As new developments are made information is provided to all users via trainings, teleconferences, procedural guidance, forums and bulletins Both CONNECTIONS & PROMIS have help desks that can be utilized to resolve any discrepancies in either system or trouble shoot any system errors. These help desks are interrelated; if one is contacted and the problem is with the other system, a referral is made to that system's help desk.</p>	<p>Kyristel Wright</p>	<p>January 2004</p>	<p>On-going</p>		<p>All CDSC Staff have received appropriate training from ACS on these systems as of 11/2007.</p>
<p>CDSC supervisors and case planners will continue to attend all required training on recording information in PROMIS and CONNECTIONS.</p>	<p>Donald Antonetty</p>	<p>January 2005</p>	<p>On-going</p>		
	<p>Marcia Rowe-Riddick</p>	<p>November 2007</p>	<p>On-going</p>		

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RECOMMENDATION # 11: ACS should consider trying to link case information between CONNECTIONS and PROMIS for each preventive service organization. If there are discrepancies between the two systems, exception reports should be generated and given to the organizations to be resolved.

RESPONSIBLE MANAGER'S NAME: LISA O'CONNOR, ASSISTANT COMMISSIONER, PROGRAM ANALYSIS AND DEVELOPMENT
 SUSAN GRUNDBERG, ASSOCIATE COMMISSIONER, CHILD WELFARE PROGRAMS

CORRECTIVE ACTIONS TO BE TAKEN	RESPONSIBLE PERSON	DATES START END	DOCUMENTATION	COMMENTS
Since April-07 Connections Implementation Team (Child Welfare Programs), ACS-MIS and the PROMIS team have been working to create a data feed form CONNECTIONS to PROMIS to eliminate the dual data entry into both systems. This is on a phased implementation that began in Sept-07. The next phase is set to start in March-08. An interim phase includes exception reports for discrepancy resolution.	Kyrstel Wright Donald Antonetty	April 2007 On-going		

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RECOMMENDATION # 12: ACS should modify PROMIS to prevent duplicate case record entries.

RESPONSIBLE MANAGER'S NAME: LISA O'CONNOR, ASSISTANT COMMISSIONER, PROGRAM ANALYSIS AND DEVELOPMENT
 SUSAN GRUNDBERG, ASSOCIATE COMMISSIONER, CHILD WELFARE PROGRAMS

CORRECTIVE ACTIONS TO BE TAKEN	RESPONSIBLE PERSON	DATES START END	DOCUMENTATION	COMMENTS
Once the CONNECTIONS/PROMIS feed is completed all preventive cases will launch in CONNECTIONS. Until then PROMIS will be modified to suspend the ability to create duplicate case record entries.	Kyrstel Wright	March 2008 On-going		