

Section I - General Information

Name of State Agency	
Georgia Department of Human Resources Division of Family and Children Services	
Period Under Review	
Incorrect Dates	
Onsite Review Sample Period: <u>April 2006 – November 2006</u>	
Period of AFCARS Data <u>April 2006 – September 2006</u>	
Period of NCANDS Data (or other approved source; please specify alternative data source) _____	
Contact Person	
Name:	<u>Mary Dean Harvey</u>
Title:	<u>Department of Family and Children Services Division Director</u>
Address:	<u>2 Peachtree St NW 19-490</u>
	<u>Atlanta, Ga. 30303</u>
Phone	<u>(404) 657 - 5112</u> Fax <u>(404) 657 - 5105</u>
E-Mail	<u>mdharvey@dhr.state.ga.us</u>

Georgia
Statewide Assessment for Child and Family Services Review
Section I

The State of Georgia will be participating in its second federal Child and Family Services Review (CFSR) in May 2007. As part of this process, Georgia has prepared a Statewide Assessment of its child welfare services focusing on October 2004 through October 2006. Section I will describe the Georgia child welfare system including the agency mission, vision, and organizational structure. In addition, the action steps involved in the development of this assessment will be described.

Agency Description

Mission: To be a resource for strengthening families, not a substitute:

- Supporting their self-sufficiency
- Helping them protect their vulnerable children and adults

Vision: Stronger families for a stronger Georgia

Organizational Structure

Georgia is comprised of 159 counties. Each County Department of Family and Children Services (DFCS) office operates as a separate entity led by a County Director. The counties are grouped into 14 regional areas each led by a Regional Director. The Regional Director is the advocate for the counties within the region and works as a liaison between the county and the State Office. funds and services are managed on a Regional basis with cooperative agreements between the counties. Additional funding and service approvals require State Office approval. The Deputy Director of Field Management provides direct oversight to the Regional Directors and indirect oversight to the County Directors. The Deputy Director of Field Management is directly responsible to the Division Director who in turn is directly responsible to the Department of Human Resources (DHR) Commissioner.

Background

Georgia has pioneered a performance management approach which shapes practice according to DHR goals and values and utilizes system data in charts and graphs to reveal practice patterns. Once practice patterns are revealed staff is engaged in a facilitated open dialogue designed to yield hypotheses regarding possible root causes. These hypotheses are then tested and practice patterns as evidenced by data are charted to determine whether the “right work the right way” can be discerned. This method is known as the G-Force process and is utilized at the state, regional and county level on a monthly basis

DHR values guide decisions and act as a philosophical framework for operating in the best interest of children. Operating in the best interest of children means:

- Strengthening their connections with their biological families, whenever possible so that children do not have to give up everyone important to them and the things that make them who they are if they have to leave their parents.
- Making sure they have reliable caring adults who will commit to being there for them.
- Doing all that we can to safely prevent children from ever entering the foster care system.
- Keeping children from having to grow up in foster care because we think about permanence from the day they come into state custody.
- Making sure families get appropriate and timely services when they need them because stronger families means children are better off.
- Making sure that young adults leave the care of the state with what they need to live successfully.

The G-Force process has been instrumental in influencing significant improvements in outcomes, honing staff thinking and stimulating creativity. Commissioner B.J. Walker introduced the G process in the spring of 2004. She began by working with the nine counties in Georgia that represented 70% of the child welfare caseload (G-9). At that time four issues were placing unprecedented pressures on Georgia's child welfare system.

- Significant increase in Child Protective Services cases (investigations) causing increased strain on caseworkers and resources
- Investigations not completed on a timely basis
- Over 40% annual turnover in staff
- High caseloads limiting the amount of time caseworkers could devote to families in need

Between July '03 and June '04, the number of families being investigated for child abuse and neglect rose more than 40%. Today by using the G process we are focusing resources to help families when they are first introduced to the system. The number of families being investigated for child abuse and neglect has dropped 42%, the lowest it has been since 2002.

In July of 2004, more than 4,000 investigations each month were exceeding 90 days to complete. Increased staff training and resources have resulted in a 96% decrease in the number of investigations exceeding 90 days, down to less than 200 per month.

In 2004, DHR experienced annualized turnover rates up to 42 %. Today, turnover has been reduced to about 29%, closer to the national average of 22%.

In 2004, the average caseload per caseworkers was about 26. In 2006, average caseloads are down to 17.

As a result of reducing these pressures on the system Georgia has improved practice and turned the tide on key indicators. This means:

- More help for at risk families who come to the attention of DFCS

- Fewer children in foster care
- More children living with relatives
- Progress on federal measure

One of the practice initiatives introduced as a result of the G process is a differentiated response sometimes referred to as Diversion. The initiative involves informed and experienced case managers and their supervisors conducting the following activities:

- Reviewing the facts of the case reported
- Identifying family needs
- Assessing child safety
- Referring families to resources and services when a full investigation does not seem warranted.

Since 2004 more than 33,000 families statewide have been referred to other services and programs. Only 11 % have been referred back for a full investigation and of those receiving a full investigation only 5% have been substantiated.

As of July 2004, foster care (child placement) caseloads in Georgia have been declining for the first time in five years. Today there are 1,000 fewer children in our care than two years ago. The decline is due to:

- Better and timely investigations
- Supporting the safe placement of children with their relatives

Over the last two years, Georgia has slowly but consistently increased the number of children placed with relatives. There are increased services to grandparents raising grandchildren. An enhanced relative care subsidy equivalent to 80% of Foster Care rate has replaced the old rate of \$5-\$10 per day. New policies are in place to support relative and “fictive” kin guardianship for children with longer stays in foster care. We utilize Public Health nurses to support families caring for medically fragile children. In addition, we are moving to a statewide practice of Family Team Meetings (FTM) at initial entry into the foster care system.

Georgia has shown consistent progress on federal measures. Since late 2005 the number of maltreated children who experienced another incidents of maltreatment within six months has been lowered. Ongoing efforts to provide resources to children and families have enabled Georgia to continue meeting the national standard regarding the number of children leaving foster care who do not return within 12 months. Georgia has significantly reduced the number of children maltreated in foster care and is consistently meeting the Program Improvement Plan (PIP) standard while making significant progress toward the national standard.

We are meeting the federal PIP standard for limiting the number of moves children experience in foster care and are gaining ground in meeting the national standard. Georgia continues to fall below the national and PIP standards for re-unification with natural parents or relatives within 12 months.

In 2005 we began meeting the federal PIP standard for completing adoptions of children with 24 months of entering into foster care. However, we are not yet meeting the national standard.

DFCS does not make decisions about children in a vacuum. We work closely with the court system, including Child Advocate State's Attorney and Guardian Ad Litem and Special Assistants to the Attorney General (SAGs), to develop timely resolutions for children who cannot be reunified with their biological parents. By utilizing the FTMs at the beginning of case planning and working more closely with the courts and other partners and providing information about federal time frames we have begun to see improvements.

Self-Assessment Process

Included in the Self-Assessment process was the collection and validation of State data profiles beginning on page eight. Once data was collected, analyzed and confirmed, Regional Directors were invited to discuss plans for gathering information for local and state CFR Self-Assessment.

Information from statewide stakeholders was gathered through community forums and surveys and youth seminars. Over 400 stakeholders including but not limited to foster parents, state representatives and senators, local government representatives, representatives from the court systems and public and private agency service providers were invited to participate in 13 community forums conducted throughout the state during November 2006. The forums were facilitated by executive State Office staff. At each forum, information about DFCS progress, key performance indicators, and agency challenges were presented followed by brainstorming sessions where participants could provide input and feedback on issues concerning safety, permanency and well-being for children. Cumulatively over 300 stakeholders participated in the community forums providing a wealth of information on the perceived strengths and challenges of the agency. A final statewide forum was hosted by DHR Commissioner BJ Walker in December 2006 and all of the attendees from the local forums were invited. This forum was a culmination of the previous 13 community forums. A diverse group of 82 participants contributed to the statewide forum, including stakeholders and DFCS staff.

Overall feedback from the stakeholders who attended the forums was positive. The participants indicated particular appreciation for the opportunity for open dialogue, improved communication and to have direct input to state leadership. Key themes elicited during the forums included the need for better communication and involvement with the faith-based and other community, consistency in administration of department policy, increased education within local communities about DFCS including the mission, goals, and practices and the alignment of DFCS resources with community resources to maximize the effectiveness and efficiency of the funds being spent. Stakeholders indicated the forums provided better understanding of the values, challenges, and strategies of DFCS and that there would be beneficial on a regular basis.

Mail surveys were distributed to foster parents/caregivers, adoptive parents, relative caregivers, and birth parents in an effort to obtain insight into the perception our primary

consumers have regarding perceptions of the agency's values, strategies, effectiveness, and areas needing improvement. Preliminary results indicate that in excess of 4,300 caregivers and over 600 parents responded to the survey. In addition to the surveys with caregivers and parents the state conducted a DHR/DFCS stakeholder survey with an emphasis on obtaining community perceptions of the agency's values, strategies, effectiveness and areas needing improvement. The State conducted a DHR/DFCS stakeholder survey of 2,995 stakeholders (1,753 internal DFCS staff and 1,242 non-DFCS stakeholders).

DHR partnered with the Metropolitan Atlanta Youth Opportunities Initiative (MAYOI) to host several youth empowerment seminars and surveys. Participating youth were current or former state foster care youth. They provided valuable insight about experiences in foster care and strengths and weaknesses of the Georgia foster care system. As a result of several seminars and the survey, the participating youth developed a report discussing significant changes they would recommend to the state's Independent Living Program. An additional outcome of these seminars and initiatives was the youth EmpowerMENT study.

County and regional assessments, modeled after the state format including key outcome areas, were developed in 2006. In January 2007, these assessments were reviewed and incorporated into the Statewide Assessment as regional feedback. Quality Assurance reviews of counties were also compiled and assessed. Information from on-going internal data monitoring, including reports and data analysis, was also used in preparing this self assessment. This internal monitoring is conducted on a continual basis and data is provided to counties, regions, and the state office on a wide variety of measures related to safety, permanency and well-being.

Georgia utilized recommendations of external evaluations from The Office of the Child Advocate. In 2000, the state of Georgia became the twelfth state to create an Office of the Child Advocate (OCA). The OCA is charged with independent oversight of DFCS and others responsible for providing services to or caring for children who are victims of abuse and /or neglect. In this state, the OCA has a three-pronged role:

- 1 Investigations - reviews DFCS investigations and cases subject to intervention
- 2 Advocacy- seeks changes in laws/policy revisions and provides individual support to families and child abuse victims to ensure they receive appropriate services when prosecution of an offender is warranted.
- 3 Education- promotes training for those in the practice of child welfare and the prosecution of offenders of child abuse

During the most recent review period (July 01, 2004 to June 30, 2005) OCA reviewed 270 cases as full investigations and received an additional 254 cases from the Governor's Office of Constituent Services. The 270 cases accepted for investigations were located within 87 different Georgia counties. Of the cases reviewed by the OCA as investigations or in conjunction with the Office of Constituent Services only 29% or 106 of 473 cases reported by OCA were determined to be closed with concerns.

These concerns included:

- High caseloads—In over 50% of the cases where OCA found practice and policy issues, case managers exceeded 20 cases with some rising as high as 60.
- Supervision
- Documentation
- correct response times being assigned
- response times being met
- safety factors not addressed on safety plans
- contacts not being relevant
- contacts not being made per policy or even on a monthly basis
- placement of children with siblings
- visitation with parents/siblings
- permanency decisions

The OCA also conducts on-site DFCS audits in an effort to provide a thorough assessment of local county operations. During the 2005 review period OCA audited 5 DFCS county offices. For the 2004 review period OCA audited 8 DFCS county offices. The counties selected for these audits were chosen either because OCA received a large volume of complaints in these counties or because the complaints received were of such a nature or severity that they warranted closer inspection by OCA. It should be noted that these audits are being driven by counties already identified with problem areas and results should not be generalized. Areas of concerns included:

- High percentage of staff with less than 2 years experience.
- Delays in permanency related to court continuances (Cobb County in particular)
- Delinquent CPS investigations
- Failure to meet response times

Strengths that were identified by the OCA audits included:

- Manageable caseload sizes (with the exception of 1 county)
- Correct identification of response times
- Documentation supporting the review of history
- Positive feedback from stakeholders regarding their relationship with their local DFCS office.

Data from all of the above sources were utilized to develop the State Assessment and provide crucial information to the ongoing monitoring and improvement of the child welfare system within the state of Georgia. In addition, several external factors, such as the Kenny A. Consent Decree, have had an impact on practice and processes within the state with regards to current and potential long-term performance in Georgia for state welfare performance measures.

Like many states, Georgia does not have a unified court system. However, O.C.G.A 15-11-18 requires the appointment of a juvenile court judge in each county is appointed by an elected superior court judge with the exception of Floyd county and do not rotate to other legal jurisdictions. They are required to specialize only in the law of deprivation (referred to as dependency in some states), delinquency, and unruly cases. Georgia's juvenile court judges are required to receive 12 hours of continuing judicial education.

The Council of Juvenile Court Judges updates a “judicial benchbook” annually. Other accountability measures are listed in a GA Court Improvement Project (CIP) report from 2005 entitled “Strengthening Georgia’s Juvenile Courts”.

On October 4, 2006, Georgia’s CIP was renamed The Georgia Supreme Court Committee on Justice for Children (J4C). This name change occurred with the launch of the new Supreme Court Commission on Children, Marriage and Family Law which includes the Committee on J4C. The GA CIP was refunded to continue its work by Congress for an additional five years beginning October 1, 2006. For the last 10 years, the mission of this work has remained constant, which is to improve the legal and court process of Georgia’s child deprivation cases. Justice P. Harris Hines serves as the chair of the Advisory Committee on behalf of the Supreme Court of Georgia. Committee members and advisors representing the judiciary; the state bar; DFCS and others are listed on our website as well as a list of staff. The DFCS Deputy Director of Field Management as well as a county director serves on the CIP advisory board.

See:

www.GaJusticeforChildren.org

CIP priority goals for 2007 were chosen with input from state agency representatives and include: (1) expediting appeals of termination of parental rights cases; (2) improving the placement stability of children in foster care; (3) improving the quality of representation of children, parents and the agency; (4) defining measures for courts in deprivation cases and identifying best practices using those measures and; (5) exploring the judiciary’s role in prevention of unnecessary removal of children from their homes. Improvement goals for the past nine years have included: automation of case plan and other court reports and records; cross-training and education for all child welfare stakeholders; creating practice guidelines for all attorneys in deprivation cases, increasing the representation of parents and children in juvenile court, and obtaining state funding for juvenile court judges. Benchmarks for some of these goals have been reached while others have needed refinement. The CIP annual report for 2005 is located on their website and the 2006 annual report will be posted in April 2007. Previous annual reports are listed on the website.

Going forward, the J4C grant funds will also be used for educational opportunities both at a local level and attendance at national conferences. In particular, the GA CIP will be assisting judges to attend the Child Abuse and Neglect Institute, “The Role of the Judge” on June 3-7, 2007 in Reno Nevada, sponsored by the National Council of Juvenile and Family Court Judges. In addition, the CIP is hosting Justice for Children summits in Georgia’s 48 judicial circuits. These summits will focus on the child outcomes at the county level, permanency hearings and strategic planning for improvement at the circuit level. The state agency is collaborating closely with GA’s CIP on the measures for courts project by sharing the permanency and safety data to make these summits successful. The first summit occurred on February 23, 2007 in the Appalachian Circuit and four more are scheduled.

The Georgia’s Council of Juvenile Court’s (CJCJ) staff provides training, support and technical assistance to juvenile court judges and judicial citizen review panels. During fiscal year 2006, staff assisted with approximately 185 citizen panels in 66 counties.

Case reviews are carried out by judicial citizen review panels minimally every six months. The goal of a judicial citizen review panel is to ensure reunification of the child with the parents, if at all possible. If reunification is not an option, the panels work with the state agency, the court, and other agencies is to identify other permanency options. Approximately 1,200 citizen volunteers served on panels statewide during the past year. Panel members are appointed by their local juvenile court judge and trained by CJCJ staff. There are currently ten CJCJ field representatives who provide technical assistance to the local judicial citizen review panels.

ACF conducted an on-site IV-E review audit of Georgia's foster care population during the week of September 11, 2006. The purpose of the review was to determine if Georgia was in compliance with the child and vendor eligibility requirements for IV-E funding as well as to validate the basis of Georgia's financial claims for IV-E payments. ACF commended Georgia for its efforts to improve the title IV-E foster care process, resulting in a more accurate IV-E foster care eligibility program. ACF reviewed a sample of 80 cases from the State's IV-E population within the aforementioned review period.

Since the last CFSR Georgia has accomplished several major milestones. As will be seen in many of the data sections of the following report, Georgia has instituted a statewide Qualitative Case Review process (QCR) which replicates the federal on-site qualitative review process. The state also instituted the Comprehensive Child and Family Assessment (CCFA) formerly known as First Placement Best Placement (FPBP) which provides structured assessments for all children entering foster care and their families. Georgia's Comprehensive Child and Family Assessment (CCFA) is family centered, child focused and results driven. The components of the CCFA include a psychological assessment, medical assessment, educational assessment and the family assessment. The county department may tailor the CCFA to meet the needs of the child, family and county by requesting that specific components of the CCFA are completed. Whereas a physical exam was required with FPBP, the CCFA requires that a child has a Health Check Screen. The Health Check Screen meets the federal requirements for Early Periodic Screening Diagnosis and Treatment (EPSDT) and provides a more comprehensive health assessment of the child at the time he/she is placed in foster care. In addition, the Health Check Screen includes a dental screen and developmental screen eliminating the need to pay for these services separately as required under FPBP. To increase family engagement and participation in case decisions and planning, the Family Team Meeting (FTM) and Multi-Disciplinary Team (MDT), two family-centered approaches, are used with the CCFA. Finally, the time frame to conduct the FTM, MDT and to complete the CCFA was strengthened to expedite permanency for children and youth; increase the number of children placed with relatives; reduce the length of time children remain in foster care; and improve the child's well-being.

Section II Georgia Child and Family Services Review Data Profile

CHILD SAFETY PROFILE	Fiscal Year 2003						Fiscal Year 2004						Fiscal Year 2005					
	Reports	%	Childn. 2	%	Uniqu e Childn. 2	%	Reports	%	Childn. 2	%	Uniqu e Childn. 2	%	Reports	%	Childn. 2	%	Childn. 2	%
I. Total CA/N Reports Disposed ¹	71,501		121,269				85,817 ^A		203,671				74,165 ^A		174,409		142,098	
II. Disposition of CA/N Reports ³																		
Substantiated & Indicated	26,152	36.6	43,923	36.2			31,655	36.9	52,851	25.9			28,299	38.2	47,158	27.0	43,271	30.5
Unsubstantiated	45,349	63.4	77,346	63.8			54,162	63.1	85,679	42.1			45,866	61.8	71,411	40.9	57,927	40.8
Other									65,141	32					55,840	32	40,900	28.8
III. Child Cases Opened for Services ⁴			26,896	61.2					32,397	61.3					B			
IV. Children Entering Care Based on CA/N Report ⁵			7,104	16.2					7,564	14.3					B			
V. Child Fatalities ⁶					49 ^C												76 ^C	0.2

STATEWIDE AGGREGATE DATA USED TO DETERMINE SUBSTANTIAL CONFORMITY

VI. Absence of Maltreatment Recurrence ⁷ [Standard: 94.6% or more)											D						19,257 of 20,713	93.0
VII. Absence of Child Abuse and/or Neglect in Foster Care ⁸ (12 months) [standard 99.99%]											E						E	Alt. Source See Page 7

Additional Safety Measures For Information Only (no standards are associated with these):																		
	Fiscal Year 2003						Fiscal Year 2004						Fiscal Year 2005					
	Hours				Unique Childn. ²	%	Hours				Unique Childn. ²	%	Hours				Unique Childn. ²	%
VIII. Median Time to Investigation in Hours (Child File) ⁹	N/A						N/A						F					
IX. Mean Time to Investigation in Hours (Child File) ¹⁰	N/A						N/A											
X. Mean Time to Investigation in Hours (Agency File) ¹¹													G					
XI. Children Maltreated by Parents While in Foster Care. ¹²					N/A						N/A							
CFSR Round One Safety Measures to Determine Substantial Conformity (Used primarily by States completing Round One Program Improvement Plans, but States may also review them to compare to prior performance)																		
	Fiscal Year 2003						Fiscal Year 2004						Fiscal Year 2005					
	Reports	%	Duplic. Childn. ²	%	Unique Childn. ²	%	Reports	%	Duplic. Childn. ²	%	Unique Childn. ²	%	Reports	%	Duplic. Childn. ²	%	Unique Childn. ²	%

XII. Recurrence of Maltreatment ¹³ [Standard: 6.1% or less)											Alt source See page 7	8.5					1,456 of 20,713	7.0
XIII. Incidence of Child Abuse and/or Neglect in Foster Care ¹⁴ (9 months) [standard 0.57% or less]											Alt source See page 7	1.04					Not available	

NCANDS data completeness information for the CSFR			
Description of Data Tests	Fiscal Year 2003	Fiscal Year 2004	Fiscal Year 2005
Percent of duplicate victims in the submission [At least 1% of victims should be associated with multiple reports (same CHID). If not, the State would appear to have frequently entered different IDs for the same victim. This affects maltreatment recurrence]	N/A	N/A	8.1
Percent of victims with perpetrator reported [File must have at least 75% to reasonably calculate maltreatment in foster care]	N/A	N/A	Not reported
Percent of perpetrators with relationship to victim reported [File must have at least 75% to reasonably calculate maltreatment in foster care]	N/A	N/A	Not reported
Percent of records with investigation start date reported [Needed to compute mean and median time to investigation]	N/A	N/A	Not reported
Average time to investigation in the Agency file [PART measure]	Not reported	Not reported	Not reported
Percent of records with AFCARS ID reported in the Child File [Needed to calculate maltreatment in foster care by the parents; also, all Child File records should now have an AFCARS ID to allow ACF to link the NCANDS data with AFCARS. This is now an all-purpose unique child identifier and a child does not have to be in foster care to have this ID]	N/A	N/A	Not reported

FOOTNOTES TO DATA ELEMENTS IN CHILD SAFETY PROFILE

Each maltreatment allegation reported to NCANDS is associated with a disposition or finding that is used to derive the counts provided in this safety profile. The safety profile uses three categories. The various terms that are used in NCANDS reporting have been collapsed into these three groups.

Disposition Category	Safety Profile Disposition	NCANDS Maltreatment Level Codes Included
A	Substantiated or Indicated (Maltreatment Victim)	“Substantiated,” “Indicated,” and “Alternative Response Disposition Victim”
B	Unsubstantiated	“Unsubstantiated” and “Unsubstantiated Due to Intentionally False Reporting”
C	Other	“Closed-No Finding,” “Alternative Response Disposition – Not a Victim,” “Other,” “No Alleged Maltreatment,” and “Unknown or Missing”

Alternative Response was added starting with the 2000 data year. The two categories of Unsubstantiated were added starting with the 2000 data year. In earlier years there was only the category of Unsubstantiated. The disposition of “No alleged maltreatment” was added for FY 2003. It primarily refers to children who receive an investigation or assessment because there is an allegation concerning a sibling or other child in the household, but not themselves, AND whom are not found to be a victim of maltreatment. It applies as a Maltreatment Disposition Level but not as a Report Disposition code because the Report Disposition cannot have this value (there must have been a child who was found to be one of the other values.)

Starting with FFY 2003, the data year is the fiscal year.

Starting with FFY2004, the maltreatment levels for each child are used consistently to categorize children. While report dispositions are based on the field of report disposition in NCANDS, the dispositions for duplicate children and unique children are based on the maltreatment levels associated with each child. A child victim has at least one maltreatment level that is coded “substantiated,” “indicated,” or “alternative response victim.” A child classified as unsubstantiated has no maltreatment levels that are considered to be victim levels and at least one maltreatment level that is coded “unsubstantiated” or “unsubstantiated due to intentionally false reporting.” A child classified as “other” has no maltreatment levels that are considered to be victim levels and none that are considered to be unsubstantiated levels. If a child has no maltreatments in the record, and report has a victim disposition, the child is assigned to “other” disposition. If a child has no maltreatments in the record and the report has either an unsubstantiated disposition or an “other” disposition, the child is counted as having the same disposition as the report disposition.

1. The data element, “Total CA/N Reports Disposed,” is based on the reports received in the State that received a disposition in the reporting period under review. The number shown may include reports received during a previous year that received a disposition in the reporting year. Counts based on “reports,” “duplicated counts of children,” and “unique counts of children” are provided.
2. The duplicated count of children (report-child pairs) counts a child each time that (s)he was reported. The unique count of children counts a child only once during the reporting period, regardless of how many times the child was reported.
3. For the column labeled “Reports,” the data element, “Disposition of CA/N Reports,” is based on upon the highest disposition of any child who was the subject of an investigation in a particular report. For example, if a report investigated two children, and one child is found to be neglected and the other child found not to be maltreated, the

report disposition will be substantiated (Group A). The disposition for each child is based on the specific finding related to the maltreatment(s). In other words, of the two children above, one is a victim and is counted under “substantiated” (Group A) and the other is not a victim and is counted under “unsubstantiated” (Group B). In determining the unique counts of children, the highest finding is given priority. If a child is found to be a victim in one report (Group A), but not a victim in a second report (Group B), the unique count of children includes the child only as a victim (Group A). The category of “other” (Group C) includes children whose report may have been “closed without a finding,” children for whom the allegation disposition is “unknown,” and other dispositions that a State is unable to code as substantiated, indicated, alternative response victim, or unsubstantiated.

4. The data element, “Child Cases Opened for Services,” is based on the number of victims (Group A) during the reporting period under review. “Opened for Services” refers to post-investigative services. The duplicated number counts each time a victim’s report is linked to on-going services; the unique number counts a victim only once regardless of the number of times services are linked to reports of substantiated maltreatment.
5. The data element, “Children Entering Care Based on CA/N Report,” is based on the number of victims (Group A) during the reporting period under review. The duplicated number counts each time a victim’s report is linked to a foster care removal date. The unique number counts a victim only once regardless of the number of removals that may be reported.
6. The data element “Child Fatalities” counts the number of children reported to NCANDS as having died as a result of child abuse and/or neglect. Depending upon State practice, this number may count only those children for whom a case record has been opened either prior to or after the death or may include a number of children whose deaths have been investigated as possibly related to child maltreatment. For example, some States include neglect-related deaths such as those caused by motor vehicle or boating accidents, house fires or access to firearms, under certain circumstances. The percentage is based on a count of unique victims of maltreatment for the reporting period.
7. The data element “Absence of Recurrence of Maltreatment” is defined as follows: Of all children who were victims of substantiated or indicated maltreatment allegation during the first 6 months of the reporting period, what percent were not victims of another substantiated or indicated maltreatment allegation within a 6-month period. This data element is used to determine the State’s substantial conformity with Safety Outcome #1.
8. The data element “Absence of Child Abuse/or Neglect in Foster Care” is defined as follows: Of all children in foster care during the reporting period, what percent were not victims of substantiated or indicated maltreatment by foster parent or facility staff member. This data element is used to determine the State’s substantial conformity with

Safety Outcome #2. A child is counted as not having been maltreated in foster care if the perpetrator of the maltreatment was not identified as a foster parent or residential facility staff. Counts of children not maltreated in foster care are derived by subtracting NCANDS count of children maltreated by foster care providers from AFCARS count of children placed in foster care. The observation period for this measure is 12 months. The number of children not found to be maltreated in foster care and the percentage of all children in foster care are provided.

9. Median Time to Investigation in hours is computed from the Child File records using the Report Date and the Investigation Start Date (currently reported in the Child File in mmddyyyy format). The result is converted to hours by multiplying by 24.
10. Mean Time to investigation in hours is computed from the Child File records using the Report Date and the Investigation Start Date (currently reported in the Child File in mmddyyyy format). The result is converted to hours by multiplying by 24. Zero days difference (both dates are on the same day) is reported as “under 24 hours”, one day difference (investigation date is the next day after report date) is reported as “at least 24 hours, but less than 48 hours”, two days difference is reported as “at least 48 hours, but less than 72 hours”, etc.
11. Average response time in hours between maltreatment report and investigation is available through State NCANDS Agency or SDC File aggregate data. “Response time” is defined as the time from the receipt of a report to the time of the initial investigation or assessment. Note that many States calculate the initial investigation date as the first date of contact with the alleged victim, when this is appropriate, or with another person who can provide information essential to the disposition of the investigation or assessment.
12. The data element, “Children Maltreated by Parents while in Foster Care” is defined as follows: Of all children placed in foster care during the reporting period, what percent were victims of substantiated or indicated maltreatment by parent. This data element requires matching NCANDS and AFCARS records by AFCARS IDs. Only unique NCANDS children with substantiated or indicated maltreatments and perpetrator relationship “Parent” are selected for this match. NCANDS report date must fall within the removal period found in the matching AFCARS record.
13. The data element, “Recurrence of Maltreatment,” is defined as follows: Of all children associated with a “substantiated” or “indicated” finding of maltreatment during the first six months of the reporting period, what percentage had another “substantiated” or “indicated” finding of maltreatment within a 6-month period. The number of victims during the first six-month period and the number of these victims who were recurrent victims within six months are provided. This data element was used to determine the State’s substantial conformity with Safety Outcome #1 for CFSR Round One.
14. The data element, “Incidence of Child Abuse and/or Neglect in Foster Care,” is defined as follows: Of all children who were served in foster care during the reporting period, what percentage were found to be victims of “substantiated” or “indicated” maltreatment. A child is counted as having been maltreated in foster care if the

perpetrator of the maltreatment was identified as a foster parent or residential facility staff. Counts of children maltreated in foster care are derived from NCANDS, while counts of children placed in foster care are derived from AFCARS. The observation period for these measures is January-September because this is the reporting period that was jointly addressed by both NCANDS and AFCARS at the time when NCANDS reporting period was a calendar year. The number of children found to be maltreated in foster care and the percentage of all children in foster care are provided. This data element was used to determine the State’s substantial conformity with Safety Outcome #2 for CFSR Round One.

Additional Footnotes

A. In 2004, total number of children screened-in for CPS Investigation or Assessment included all children in the household. In 2005, GA submitted their first Child File.

B. In the FFY2005 Child File, GA did not report on services.

C. Before 2004, only deaths in families with prior DFCS history were reported. As of 2004, all deaths attributed to maltreatment are reported.

D. In 2004, GA provided maltreatment recurrence data based on an alternate data source

	Unique Children	Recurrence	%
FFY 2004	25,883	2,200	8.50%

E. In 2004, GA provided data on maltreatment in foster care based on the alternate data source

	Unique Victims	Children in Care	%
FFY 2004	231	22,220	1.04%

GA did not report on perpetrators in the FFY2005 Child File, but provided data on maltreatment in foster care based on an ACF-approved alternate data source that used the same logic as the standard measure. This is shown below. In the future, comparison data will need to be submitted using exactly the same procedure used to collect the original data.

	Unique Victims	Children in Care	% Abused	% Not Abused
FFY 2005	202	24,927	0.81%	99.19%

F. GA did not report on Investigation Start Date in the FFY2005 Child File.

G. GA did not report average time to investigation in 2003 and 2004 SDC Files and did not report it in the 2005 Agency file.

POINT-IN-TIME PERMANENCY PROFILE	Federal FY 2003 AB		Federal FY 2004 AB		Federal FY 2005 AB	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
I. Foster Care Population Flow						
Children in foster care on first day of year ¹	12,976		13,614		14,163	
Admissions during year	9,848		11,201		10,403	
Discharges during year	9,367		10,241		10,430	
Children discharging from FC in 7 days or less	1,442		1,557		1,496	
Children in care on last day of year	13,458		14,574		14,136	
Net change during year	482		960		-27	
II. Placement Types for Children in Care						
Pre-Adoptive Homes	392	2.9	361	2.5	315	2.2
Foster Family Homes (Relative)	2,125	15.8	1,985	13.6	2,112	14.9
Foster Family Homes (Non-Relative)	8,220	61.1	9,150	62.8	8,435	59.7
Group Homes	1,366	10.2	1,578	10.8	1,567	11.1
Institutions	938	7.0	1,062	7.3	1,255	8.9
Supervised Independent Living	0	0.0	0	0.0	0	0.0
Runaway	82	0.6	73	0.5	80	0.6
Trial Home Visit	335	2.5	365	2.5	372	2.6
Missing Placement Information	0	0.0	0	0.0	0	0.0
Not Applicable (Placement in subsequent year)	0	0.0	0	0.0	0	0.0
III. Permanency Goals for Children in Care						
Reunification	8,755	65.1	9,738	66.8	9,592	67.9
Live with Other Relatives	819	6.1	816	5.6	731	5.2
Adoption	2,315	17.2	2,285	15.7	2,166	15.3
Long Term Foster Care	975	7.2	988	6.8	858	6.1
Emancipation	569	4.2	728	5.0	768	5.4
Guardianship	25	0.2	19	0.1	21	0.1

Case Plan Goal Not Established	0	0.0	0	0.0	0	0.0
Missing Goal Information	0	0.0	0	0.0	0	0.0

POINT-IN-TIME PERMANENCY PROFILE	Federal FY 2003 AB		Federal FY 2004 AB		Federal FY 2005 AB	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
IV. Number of Placement Settings in Current Episode						
One	6,613	49.1	7,011	48.1	6,199	43.9
Two	3,281	24.4	3,577	24.5	3,704	26.2
Three	1,432	10.6	1,603	11.0	1,621	11.5
Four	708	5.3	832	5.7	943	6.7
Five	457	3.4	500	3.4	516	3.7
Six or more	967	7.2	1,051	7.2	1,153	8.2
Missing placement settings	0	0.0	0	0.0	0	0.0
V. Number of Removal Episodes						
One	11,212	83.3	12,064	82.8	11,647	82.4
Two	1,857	13.8	2,091	14.3	2,100	14.9
Three	329	2.4	340	2.3	320	2.3
Four	45	0.3	58	0.4	50	0.4
Five	8	0.1	13	0.1	13	0.1
Six or more	7	0.1	8	0.1	6	0.0
Missing removal episodes	0	0.0	0	0.0	0	0.0
VI. Number of children in care 17 of the most recent 22 months ² (percent based on cases with sufficient information for computation)	3,743	39.9	3,916	36.7	3,985	39.4
VII. Median Length of Stay in Foster Care (of children in care on last day of FY)	14.8		13.4		14.2	

VIII. Length of Time to Achieve Perm. Goal	# of Children Discharged	Median Months to Discharge	# of Children Discharged	Median Months to Discharge	# of Children Discharged	Median Months to Discharge
Reunification	7,300	4.6	7,838	4.0	7,842	5.5
Adoption	1009	35.6	1,207	36.5	1,263	35.0
Guardianship	182	6.0	241	4.8	245	5.2
Other	870	16.7	943	15.7	1,078	15.8
Missing Discharge Reason (footnote 3, page 16)	1	1.7	0	--	0	--
Total discharges (excluding those w/ problematic dates)	9,362	7.6	10,229	6.8	10,428	9.3
Dates are problematic (footnote 4, page 16)	5	N/A	12	N/A	2	N/A

Statewide Aggregate Data Used in Determining Substantial Conformity: Composites 1 through 4			
	Federal FY 2003 AB	Federal FY 2004 AB	Federal FY 2005 AB
IX. Permanency Composite 1: Timeliness and Permanency of Reunification [standard: 122.6 or higher]. Scaled Scores for this composite incorporate two components	NA (Not Applicable)	State Score = 132.3	State Score = 129.1
Component A: Timeliness of Reunification The timeliness component is composed of three timeliness individual measures.			
Measure C1 - 1: Exits to reunification in less than 12 months: Of all children discharged from foster care to reunification in the year shown, who had been in foster care for 8 days or longer, what percent was reunified in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment) [No Standard; FY 04 national median = 69.9%]	NA	72.4%	68.5%
Measure C1 - 2: Exits to reunification, median stay: Of all children discharged from foster care (FC) to reunification in the year shown, who had been in FC for 8 days or longer, what was the median length of stay (in months) from the date of the latest removal from home until the date of discharge to reunification? (This includes trial home visit adjustment) [No Standard; FY 04 national median = 6.5 months]	NA	Median= 5.6 months	Median= 7.3 months
Measure C1 - 3: Entry cohort reunification in < 12 months: Of all children entering	NA	48.9%	51.2%

foster care (FC) for the first time in the 6 month period just prior to the year shown, and who remained in FC for 8 days or longer, what percent was discharged from FC to reunification in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment)[No Standard; national median = 39.4%]			
Component B: Permanency of Reunification The permanency component has one measure.			
Measure C1 - 4: Re-entries to foster care in less than 12 months: Of all children discharged from foster care (FC) to reunification in the 12-month period prior to the one shown, what percent re-entered FC in less than 12 months from the date of discharge? [No Standard; FY 04 national median = 15.0 %]	NA	9.3%	9.5%

	Federal FY 2003 AB	Federal FY 2004 AB	Federal FY 2005 AB
X. Permanency Composite 2: Timeliness of Adoptions [standard: 106.4 or higher]. Scaled Scores for this composite incorporate three components.	NA	State Score = 89.9	State Score= 93.3
Component A: Timeliness of Adoptions of Children Discharged From Foster Care. There are two individual measures of this component. See below.			
Measure C2 - 1: Exits to adoption in less than 24 months: Of all children who were discharged from foster care to a finalized adoption in the year shown, what percent was discharged in less than 24 months from the date of the latest removal from home? [No Standard; FY 04 national median = 26.8%]	NA	17.6%	20.7%
Measure C2 - 2: Exits to adoption, median length of stay: Of all children who were discharged from foster care (FC) to a finalized adoption in the year shown, what was the median length of stay in FC (in months) from the date of latest removal from home to the date of discharge to adoption? [No Standard; FY04 national median = 32.4 months]	NA	Median= 36.5 months	Median= 35.0 Months
Component B: Progress Toward Adoption for Children in Foster Care for 17 Months or Longer. There are two individual measures. See below.			
Measure C2 - 3: Children in care 17+ months, adopted by the end of the year: Of all children in foster care (FC) on the first day of the year shown who were in FC for 17 continuous months or longer (and who, by the last day of the year shown, were not discharged from FC with a discharge reason of live with relative, reunify, or guardianship), what percent was discharged from FC to a finalized adoption by the last day of the year shown? [No Standard; FY04 national median = 20.2%]	NA	20.2%	20.9%
Measure C2 - 4: Children in care 17+ months achieving legal freedom within 6 months: Of all children in foster care (FC) on the first day of the year shown who were in FC for 17 continuous months or longer, and were not legally free for adoption prior to that day, what percent became legally free for adoption during the first 6 months of the year shown? Legally free means that there was a parental rights termination date reported to AFCARS for	NA	10.1%	11.2%

<p>both mother and father. This calculation excludes children who, by the end of the first 6 months of the year shown had discharged from FC to “reunification,” “live with relative,” or “guardianship.” [No Standard; FY 04 national median = 8.8%]</p>			
<p>Component C: Progress Toward Adoption of Children Who Are Legally Free for Adoption. There is one measure for this component. See below.</p>			
<p>Measure C2 - 5: Legally free children adopted in less than 12 months: Of all children who became legally free for adoption in the 12-month period prior to the year shown (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged from foster care to a finalized adoption in less than 12 months of becoming legally free? [No Standard; FY 04 national median = 45.8%]</p>	<p>NA</p>	<p>50.4%</p>	<p>55.0%</p>
	<p>Federal FY 2003 AB</p>	<p>Federal FY 2004 AB</p>	<p>Federal FY 2005 AB</p>
<p>XI. Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time [standard: 121.7 or higher]. Scaled Scores for this composite incorporate two components</p>	<p>NA</p>	<p>State Score = 117.3</p>	<p>State Score = 119.0</p>
<p>Component A: Achieving permanency for Children in Foster Care for Long Periods of Time. This component has two measures.</p>			
<p>Measure C3 - 1: Exits to permanency prior to 18th birthday for children in care for 24 + months. Of all children in foster care for 24 months or longer on the first day of the year shown, what percent was discharged to a permanent home prior to their 18th birthday and by the end of the fiscal year? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with relative). [No Standard; FY 04 national median 25.0%]</p>	<p>NA</p>	<p>29.4%</p>	<p>29.6%</p>
<p>Measure C3 - 2: Exits to permanency for children with TPR: Of all children who were discharged from foster care in the year shown, and who were legally free for adoption at the time of discharge (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged to a permanent home prior to their 18th birthday? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with relative) [No Standard; FY04 national median 96.8%]</p>	<p>NA</p>	<p>95.8%</p>	<p>95.3%</p>
<p>Component B: Growing up in foster care. This component has one measure.</p>			

Measure C3 - 3: Children Emancipated Who Were in Foster Care for 3 Years or More. What percent of children were in care for 3 years or longer who either: 1) exited foster care in the year shown with a discharge reason of emancipation or 2) reached their 18 th birthday while in foster care but had not discharged? [No Standard; FY 04 national median 47.8%]	NA	50.2%	48.3%

	Federal FY 2003 AB	Federal FY 2004 AB	Federal FY 2005 AB
XII. Permanency Composite 4: Placement Stability [national standard: 101.5 or higher]. Scaled score for this composite incorporates no components but three individual measures (below)	NA	State Score = 110.8	State Score = 107.4
Measure C4 - 1) Two or fewer placement settings for children in care for less than 12 months. Of all children served in foster care (FC) during the year shown who were in FC for at least 8 days but less than 12 months, what percent had two or fewer placement settings? [No Standard; FY 04 national median = 83.3%]	NA	87.9%	86.9%
Measure C4 - 2) Two or fewer placement settings for children in care for 12 to 24 months. Of all children served in foster care (FC) during the year shown who were in FC for at least 12 months but less than 24 months, what percent had two or fewer placement settings? [No Standard; FY 04 national median = 59.9%]	NA	72.7%	71.2%
Measure C4 - 3) Two or fewer placement settings for children in care for 24+ months. Of all children served in foster care (FC) during the year shown who were in FC for at least 24 months, what percent had two or fewer placement settings? [No Standard; FY 04 national median = 33.9%]	NA	54.1%	49.7%

Special Footnotes for Composite Measures:

PERMANENCY PROFILE FIRST-TIME ENTRY COHORT GROUP	Federal FY 2003 AB		Federal FY 2004 AB		Federal FY 2005 AB	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
I. Number of children entering care for the first time in cohort group (% = 1 st time entry of all	4,094	85.3	5,116	86.0	4,415	85.0

entering within first 6 months)						
II. Most Recent Placement Types						
Pre-Adoptive Homes	9	0.2	17	0.3	6	0.1
Foster Family Homes (Relative)	660	16.1	830	16.2	767	17.4
Foster Family Homes (Non-Relative)	2,818	68.8	3,420	66.8	2,849	64.5
Group Homes	290	7.1	380	7.4	418	9.5
Institutions	140	3.4	193	3.8	174	3.9
Supervised Independent Living	0	0.0	0	0.0	0	0.0
Runaway	21	0.5	34	0.7	25	0.6
Trial Home Visit	156	3.8	242	4.7	176	4.0
Missing Placement Information	0	0.0	0	0.0	0	0.0
Not Applicable (Placement in subsequent yr)	0	0.0	0	0.0	0	0.0
III. Most Recent Permanency Goal						
Reunification	3,765	92.0	4,735	92.6	4,122	93.4
Live with Other Relatives	196	4.8	210	4.1	154	3.5
Adoption	63	1.5	100	2.0	73	1.7
Long-Term Foster Care	31	0.8	37	0.7	30	0.7
Emancipation	34	0.8	29	0.6	31	0.7
Guardianship	5	0.1	5	0.1	5	0.1
Case Plan Goal Not Established	0	0.0	0	0.0	0	0.0
Missing Goal Information	0	0.0	0	0.0	0	0.0
IV. Number of Placement Settings in Current Episode						
One	2,938	71.8	3,564	69.7	2,767	62.7
Two	747	18.2	1,029	20.1	1,101	24.9
Three	219	5.3	279	5.5	306	6.9
Four	82	2.0	112	2.2	131	3.0
Five	35	0.9	50	1.0	42	1.0
Six or more	73	1.8	82	1.6	68	1.5

PERMANENCY PROFILE FIRST-TIME ENTRY COHORT GROUP (continued)	Federal FY 2003 AB		Federal FY 2004 AB		Federal FY 2005 AB	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
V. Reason for Discharge						
Reunification/Relative Placement	1,965	91.9	2,366	90.9	2,031	90.9
Adoption	3	0.1	5	0.2	4	0.2
Guardianship	39	1.8	70	2.7	50	2.2
Other	130	6.1	163	6.3	150	6.7
Unknown (missing discharge reason or N/A)	1	0.0	0	0.0	0	0.0
	Number of Months		Number of Months		Number of Months	
VI. Median Length of Stay in Foster Care	7.9		8.5		8.5	
Missing placement settings	0	0.0	0	0.0	0	0.0

ACFARS Data Completeness and Quality Information (2% or more is a warning sign):						
	Federal FY 2003 AB		Federal FY 2004 AB		Federal FY 2005 AB	
	N	As a % of Exits Reported	N	As a % of Exits Reported	N	As a % of Exits Reported
File contains children who appear to have been in care less than 24 hours	4	0.0 %	11	0.1 %	2	0.0 %
File contains children who appear to have exited before they entered	0	0.0 %	1	0.0 %	0	0.0 %
Missing dates of latest removal	1	0.0 %	0	0.0 %	0	0.0 %
File contains "Dropped Cases" between report periods with no indication as to discharge	11	0.1 %	6	0.1 %	10	0.1 %
Missing discharge reasons	1	0.0 %	0	0.0 %	0	0.0 %
	N	As a % of adoption exits	N	As a % of adoption exits	N	As a % of adoption exits
File submitted lacks data on Termination of Parental Rights for finalized adoptions	0	0.0 %	0	0.0 %	2	0.0 %

Foster Care file has different count than Adoption File of (public agency) adoptions (N= adoption count disparity).	70	6.5% fewer in adoption file	1	0.1% fewer in foster care file	159	11.2% fewer in foster care file
	N	Percent of cases having missing data	N	As a Percent of cases having missing data	N	As a Percent of cases having missing data
File submitted lacks count of number of placement settings in episode for each child	0	0.0 %	0	0.0 %	0	0.0 %

Note: These are CFRS Round One permanency measures. They are intended to be used primarily by States completing Round One Program Improvement Plans, but could also be useful to States in CFRS Round Two in comparing their current performance to that of prior years:

	Federal FY 2003 AB		Federal FY 2004 AB		Federal FY 2005 AB	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
IX. Of all children who were reunified with their parents or caretakers at the time of discharge from foster care, what percentage was reunified in less than 12 months from the time of the latest removal for home? (4.1) [Standard: 76.2% or more]	5,371	73.5	5,880	74.9	5,562	70.9
X. Of all children who exited care to a finalized adoption, what percentage exited care in less than 24 months from the time of the latest removal from home? (5.1) [Standard: 32.0% or more]	170	16.8	212	17.6	262	20.7
XI. Of all children served who have been in foster care less than 12 months from the time of the latest removal from home, what percentage have had no more than two placement settings? (6.1) [Standard: 86.7% or more]	10,637	91.0	11,651	89.3	11,035	88.5
XII. Of all children who entered care during the year, what percentage re-entered foster care within 12 months of a prior foster care episode? (4.2) [Standard: 8.6% or less]	802	8.1 (85.7% new entry)	879	7.8 (85.5% new entry)	841	8.1 (85.1% new entry)

FOOTNOTES TO DATA ELEMENTS IN THE PERMANENCY PROFILE

¹The FY03, FY04, and FY05 counts of children in care at the start of the year exclude 175 , 170 , and 191 children, respectively. They were excluded to avoid counting them twice. That is, although they were actually in care on the first day, they also qualify as new entries because they left and re-entered again at some point during the same reporting period. To avoid counting them as both “in care on the first day” and “entries,” the Children’s Bureau selects only the most recent record. That means they get counted as “entries,” not “in care on the first day.”

²We designated the indicator, 17 of the most recent 22 months, rather than the statutory time frame for initiating termination of parental rights proceedings at 15 of the most 22 months, since the AFCARS system cannot determine the date the child is considered to have entered foster care as defined in the regulation. We used the outside date for determining the date the child is considered to have entered foster care, which is 60 days from the actual removal date.

³This count only includes case records missing a discharge reason, but which have calculable lengths of stay. Records missing a discharge reason and with non-calculable lengths of stay are included in the cell “Dates are Problematic”.

⁴The dates of removal and exit needed to calculate length of stay are problematic. Such problems include: 1) missing data, 2) faulty data (chronologically impossible), 3) a child was in care less than 1 day (length of stay = 0) so the child should not have been reported in foster care file, or 4) child’s length of stay would equal 21 years or more. These cases are marked N/A = Not Applicable because no length of stay can legitimately be calculated.

⁵This First-Time Entry Cohort median length of stay was 7.9 in FY03. This includes 4 children who entered and exited on the same day (who had a zero length of stay).

⁶This First-Time Entry Cohort median length of stay was 8.5 in FY04. This includes 11 children who entered and exited on the same day (who had a zero length of stay).

⁷This First-Time Entry Cohort median length of stay is 8.5 for FY05. This includes 2 children who entered and exited on the same day (they had a zero length of stay).

Section III- Narrative Assessment of Child and Family Outcomes

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.

Item 1: Timeliness of initiating investigations of reports of child maltreatment

Policy 2103.15 is designed to support the timely initiation of investigations. The response time begins at the moment the report is received. A report receives a response time of either 24-hours or 5 days depending on the seriousness of the reported allegations. Response times are determined with supervisor review.

The agency maintains a tracking log for all referrals received (2103. 21) which includes at a minimum: disposition of the referral, assigned timeframes, ability to meet the time frames, and final case disposition. Per 2104.10 staff are required to interview (or observe if the children are too young to interview) all alleged maltreated children within the assigned response time. Form 453 (Child Abuse/Neglect Intake Worksheet) must be used to justify reasons for not meeting response times.

All counties follow the State guidelines CPS Chapter 2100, Section III, Intake Appendix A (CPS Decision Trees) which dictates the process for intake screening. Intake workers receive reports of alleged maltreatment via telephone, online, in person or FAX document the report on Form 453 (Intake Worksheet) and screen reports through IDS/PSDS, SUCCESS, Sex Offender Registry List, and Georgia Department of Corrections Pardon and Parole Data Base (DOC). The report is then forwarded to a supervisor or designee for review, acceptance and assignment of the appropriate response time based on the allegations as discussed above. Supervisors may choose at this juncture to refer the case for a brief intervention program, intake and referral to a community partner or screen the report out entirely.

If the report is about an active case receiving Family Preservation Services, the referral will be forwarded to an Ongoing Supervisor/Designee and Case Manager. In some smaller counties, the regular investigative units may conduct investigations on currently active Family Preservation Cases. The investigation is completed within 30 days of the report and is expected to include face-to-face contact with all of the household members. If a report is received on a foster home the initial contact with the victim (child) must be made face to face and within 24 hours of the report. Reports received on agency foster homes are frequently investigated by Field Program Specialist, or by neighboring counties to avoid any hint of impropriety.

During the investigation, case managers make initial contact within the designated response time and identify any risk. The case manager then discusses the case with their supervisor within 10 days of report and initial contact and again prior to case disposition. The supervisor is responsible for reviewing the case files prior to disposition and initialing the Form 590 to move the case forward to continued services or close the case. In investigations, case managers must consider individual risk and other factors that may increase or decrease the overall risk to the child. All risk factors and protective capacities are explored by the case manager with the family. Collateral sources are used to validate information obtained from the family.

When a report is received about a family residing in another county, a process begins to immediately alert that county with investigation responsibility and relay any information the county might need for beginning the investigation. Response time is based on the time the report was initially made by the reporter and not the time the county of jurisdiction learned of or received the report. The supervisor in the receiving county facilitates, as needed, transfer of information to the investigating county.

Per policy 2106.1, Georgia county DFCS offices must be prepared to respond to reports of child abuse and neglect in all settings outside of the traditional parent/child relationship in a timely and effective manner. These situations include DFCS foster/adoptive homes (2106.6), private agency or state operated homes (2106.15), residential facilities (2106.23), public and private non-residential schools (2106.29), and non-residential facilities (2106.34).

Strengths

Georgia counties experience excellent teamwork among case managers and supervisors across all areas of fieldwork to continually adhere to the response time requirements. For the process to work effectively, case managers, supervisors, and program administrators must work together, which has improved communication. The process also promotes sharing of resources and case manager skills and developing community relationships.

Supervisor works with the investigator and provides feedback on thoroughness of interviewing skills and investigative skills. In addition, the Risk Assessment Tool is available as a structured decision making tool, which is helpful for inexperienced staff and provides a checklist for indicators.

There are bi-lingual staff members in some county DFCS offices; however there is a need for more bi-lingual staff. Currently the State has 184 staff receiving salary supplements for their ability to speak a second language fluently, 36 of these are within the Social Services program. Staff work together to overcome language barriers regardless of their program assignment. DHR has an approved Interpreter List that case managers can utilize. When approved interpreters are not available or accessible as needed, Language Line is available for translation services.

Issues

- CPS Intake workers state that approximately 70% of reports received alleging maltreatment meets the requirements for a 24 hour response time. The addition of case management staff would assist in the accomplishment of this requirement. Some staff indicate their ability to meet the response time can only be accomplished by soliciting assistance from supervisors, directors and other staff members.
- Some staff report that the Risk Assessment Tool is very time consuming to complete (i.e. having to complete all components for all persons in the household).

- The Georgia General Assembly established a child abuse information system in 1990 to collect information on child maltreatment. In addition to collecting data on a wide range of related issues (e.g., the number of confirmed incidents of abuse, the age, sex, and race of the victims, etc.) it was to maintain a registry of the names of alleged perpetrators. A law passed in 1995 requiring that people named should be notified prior to their names being placed on the registry (then called the Child Protective Services Information System). A Georgia Supreme Court decision of March 20, 1998 determined this registry to be unconstitutional. Perpetrators' names could no longer be collected or retrieved. A new data system was organized. The new system, renamed the Protective Services Data System (PSDS), still collects all relevant information on child maltreatment in the state but, in compliance with the court ruling, has expunged all identifying perpetrator information. Information gathered by PSDS provides data for annual reports to the Georgia general Assembly, the public and the federal government. It also provides information to child abuse investigators, such as whether a family being investigated for child maltreatment has had prior involvement with the state's child protective services (CPS). The data also provides Georgia supervisors, managers and directors with a means for measuring changes in numbers and analyzing trends. All 159 county Departments of Family and Children Services offices enter data into the system using a Form 431.

Promising Developments

- Centralized hiring for the Metro area as well as a pilot for centralized hiring in the southern regions of the state. The central hire process is an efficient hiring process, which includes a comprehensive multi-faceted recruitment effort to attract suitable candidates and a behaviorally based expedited selection process. The process began in the Metro area in February 2005 resulting in approximately 640 hires by January 2006. Central hire staff are selected and allowed to list three counties of preference. Depending on vacancies, they are assigned to one of those counties for their field practice and training. Upon certification they can be assumed into the field county staff or located in one of the other 2 preferred counties. This reduces time on vacant caseloads and prepares an immediately trained workforce for counties with high turnover rates, thus ensuring a continuum of services to families and decreasing the time a family is not receiving direct case management.

Data

Data on state performance in this area is gathered from several sources including the annual Qualitative Case Review (QCR) reports and monthly and annual outcome data reports produced internally. The QCR reports included the review of 847 cases. Based on the trend analysis, in Federal Fiscal Year (FFY) 2004, the agency averaged 84% achievement on the timely initiation of investigations of reports of child maltreatment. The agency experienced a 27% decrease in meeting the standards of promptness for investigations in FFY 2005 resulting in a 57% achievement rating.

During the FFY 05 analysis, 359 cases were reviewed. In these reviews, evaluators found that case management staff did not make contact with the child in a timely manner. This was due to a number of issues. In some cases non-victim children were not seen or interviewed. The agency allowed for abbreviated investigations in some counties, which were to be utilized for cases not having substantiated allegations of abuse or low risk levels. An abbreviated investigation begins as a thorough investigation, but concludes as a shortened but complete investigation when ensuing investigative events determine that the child is safe, abuse or neglect did not occur; information collected leads to no concerns of any level risk at the end of the abbreviated investigation and consideration is given to whether the family will benefit from a referral to available early intervention services. After deciding to abbreviate the investigation, but before closing the investigation, it is determined safety and/or risk factors exist. The focus must change to a thorough investigation with required collaterals, safety plan and risk assessment. Collateral contacts may be waived in unsubstantiated cases when there is clear and convincing evidence that maltreatment did not occur. When all components of the abbreviated investigation have been completed, case documentation is documented on the Case Summary Closure Form, the 431 Child Abuse and Neglect Report is completed, the case is discussed in conference with the supervisor, and the supervisor approves closure of the abbreviated investigation. In these abbreviated investigations there was minimal or no documentation to support critical decisions. Records reflected the use of safety resources without the required safety assessments. Contrary to the state policy, waivers were given beyond the 60-day time frame. In some counties it was noted that the delay in case assignment of investigations impacted the agency's ability to meet appropriate response times.

The State of Georgia has reduced CPS caseloads significantly since 2004. The state experienced a reduction of 24.5% in CPS Caseloads for State Fiscal Year (SFY) 2005. The decline in CPS caseload may be due to the introduction and expansion of the policies concerning Diversion (Deferential Response). Another factor that influenced CPS caseloads was the initiation of the G-force meetings. These intensive meetings involving the regional directors, state staff, and some county directors used data to examine the trends and performance of the agency overall and individual region performance. The initial focus was on caseload review and reduction of long-stay caseloads which may have influenced the dramatic reduction in CPS caseloads discussed above.

Through diversion, case managers are able to provide supportive services via community resources to help stabilize the family, enable the parents to better care for the children, and reduce the number of maltreatment cases. As of August 2005, there were 12,887 cases diverted and only 8.68% (1,118) later had a CPS investigation. Diversion initiatives began in July 2004 as a part of the "G9" process. Each County was charged with developing a protocol unique to their county. Included in the protocol should be targeted case types, available resources, local child abuse protocols as well as skills of their staff. Cases are typically managed by social services staff but may also include staff from the Family Independence program area, Community Resource Specialist or blended case managers who perform both program functions. Because of the need for communities to have an integral role in developing utilizing the diversion

program, there is no state policy governing the process. Custodial issues, poverty issues, cases where the allegations do not indicate a component of abuse are typical cases for the diversion program. Typically the intake supervisor makes the decision to assign a case as diversion after they have considered the allegation and reviewed the case history. Upon inquiry, if a case manager feels the case merits an investigation they immediately begin the process for initiating a CPS Investigation. Fulton, DeKalb, Regions I, II, III, IV, and XII utilize the diversion program at higher levels. Fulton, DeKalb and Region III pioneered the process. Being metro counties their numbers have continued to increase due to access to resources, community education on the programs and the ongoing assessment of the program through the G process. Cases are reviewed by the Quality Control Staff in conjunction with the County's protocol to assess for quality and compliance.

Georgia does not currently collect data in case managers meeting response times for investigations. However, counties often have individual data collection methods to allow for tracking of this information at the county level and steps are being taken to implement a state wide system that would allow for the collection and analysis of this information. Supervisors are required, per policy, to review two case files per worker each month. Investigative supervisors review case files for timeliness of the initiation of investigations based on the dispositional assignment. These averages are reported to the County Director who in turns reports quarterly to the Regional Director. Individual counties or Regional Directors may have developed informal tracking tools related to this information but there is no formal state tracking or consistent county tracking which can be garnered.

Stakeholder surveys indicated that 28.4% of non-DFCS stakeholders rated the State as being very effective in the timely investigation of child abuse and neglect in contrast 51.3% of the DFCS stakeholders rated the State as very effective. Over 75% of both stakeholders rate the State as being somewhat to very effective for timely investigations.

Item 2: Repeat Maltreatment

Policy

Georgia has several policies and practices that are focused on efforts to reduce the recurrence of maltreatment throughout the state. Policy 2103.13 CPS history focuses on the recognition that when a report occurs on a family with a previous history or report, special scrutiny must occur to the case and history to ensure that maltreatment has not been substantiated in prior history. Policy 2104.35a also addresses the importance of continually examining risk factors and conducting investigations when necessary even when an abbreviated investigation is initially deemed acceptable. Policy 2105.18 also requires that case reassessments must be conducted every 90 days after the initial case plan or more often if necessary.

Georgia also recognizes that while every effort is made to ensure children's safety when placed out of the home, that the placement does not automatically ensure safety. Therefore 2104.33 requires that case managers maintain an active case, even when the

children are placed with relatives or safety resources, until the parental home is stabilized or until custody/guardianship is transferred to another resource. There are also policies which provide guidance to case managers on maintaining safety and reducing recurrence even during situations such as family moves (2104.40) and substance abuse relapses (2105.15).

Practice

The State of Georgia began implementing the new Risk Assessment Tool in October 2005 and was fully implemented statewide August 2006. The Risk Assessment Tool is currently being used in all county offices. The tool has 7 areas of concern. The case manager must consider the highest degree of concern that occurred at any time during the investigation in their assessment. The Risk Assessment Tool is designed to help identify risk in every investigation. The case manager uses a casework process to complete the CPS risk assessment. Case managers must identify and balance the elements of individual and family functioning, determine whether a reasonable likelihood exists that children in the home will be abused or neglected in the foreseeable future, as well as identify and provide services to address needs of the family. Staff have experienced some adjustment with utilizing the Risk Assessment Tool. The assessment tool can be lengthy since all 7 concepts must be completed per household member. The tool has been helpful to inexperienced case managers. By taking such a comprehensive assessment of the family in conjunction with the individual vulnerabilities case managers are able to identify needed services and thus reduce the probability of recidivism. The Risk Assessment Tool is required in all Investigations with the exception of abbreviated investigations. The Risk Re-Assessment Tool is used on a minimum of every 90 days in CPS ongoing as a component of risk reassessment and case planning. Areas that are identified as having Concern (and no mitigating safety factors) are required to have case plan goals. The process/tool has not been in place statewide long enough for there to be a substantial impact on recurrence, nor is there adequate data available, at this time, to track the impact on recurrence of maltreatment. This process would need to be evaluated over several years to be able to examine the impact on repeat maltreatment effectively. Recurrence of maltreatment has been decreasing since FFY 2004 (8.5%) to FFY 2005 (7%)

CPS Intake staff receives referrals from the Referral Hotline, phone intake line, online and in person. The intake workers screen and determine if the referral already has an ongoing or recently closed case (ongoing CPS or Placement/Foster care case, or a repeat maltreatment within 6 months of closure). History impacts how CPS responds to a report of child maltreatment. Consideration must be given to the concerns expressed by a reporter and to how alleged incidents might affect the current safety of children. In addition, a new report must always be reviewed with regard to a family's CPS history. This includes completing a diligent search for and a careful review of all history (allegations, findings, ages of children, seriousness of substantiated incidents, maltreater information, responsiveness of parents, etc.) A report that might first appear to require a five-day response or a referral for early intervention services will often take on a new seriousness when history is reviewed. A second referral received on a family requires, prior to screening out, a documented conference with the supervisor, whose

signature on the Intake Worksheet indicates approval of a screen-out disposition. A third referral received on a family requires, prior to screening out, a documented conference with the program administrator or next person in the administrative line of responsibility. This person's signature on the Intake Worksheet indicates approval of a screen-out disposition. A fourth referral received on a family requires, prior to screening out, a documented conference with the social services director or next person in the administrative line of responsibility. This person's signature on the Intake Worksheet indicates approval of a screen-out decision. A fifth or subsequent referral received on a family requires, prior to screening out, a documented conference with the county director, whose signature on the Intake Worksheet indicates approval of screen-out decision. When receiving a report on an existing CPS case, the agency assigns for investigation a referral of a new incident or a different incident (may be similar to an allegation of a previously investigated report, but is a different incident).

- In larger counties, if the case is in ongoing CPS, the referral is forwarded to the Ongoing Supervisor and the Case Manager. The Ongoing Case Manager completes the investigation within 45 days. For many smaller rural counties the second referral is investigated by an investigator.
- If the case is in a Placement/Foster Care setting, the referral is forwarded to the Special Investigations Unit/Field Program Specialist or completed by another county in close proximity. The response time is 24 hours.

Strengths

- Case managers report that they are being very cautious of closing an investigation. Case closures require a face-to-face meeting with the family. The supervisor signs the closure decision Form 590 and/or local county closure form.
- Availability of support services sponsored by the agency and/or community partners such as in-home support services, parent aide services, mental health services, domestic violence services, substance abuse treatment, and counseling.
- Availability of Intensive Family Intervention (IFI) and other crisis intervention services through Medicaid billing in some areas (Fulton, DeKalb, Richmond).

Issues

Georgia met the national standard for repeat maltreatment during the 2001 review. In the 2005 data profile, Georgia is slightly above the national standard for this measure, indicating this is an area needing improvement. The state has taken steps to address these issues including ongoing internal monitoring and examination of the issue at G-force meetings. Staff are still acclimating to the new Risk Assessment Tool which should help the state continue to improve in this area. Georgia has not yet examined this data, however at a G meeting, initial analysis was conducted to examine at what point the second referral was received. This analysis prompted a discussion around recurrence and how to address related issues in counties.

Promising Developments

New practice provides all case managers with the opportunity to engage with the family using the diversion/preventive approach to provide early intervention and supportive services to the family upon initial contact. In addition, the new Risk Assessment Tool is designed to help the case manager address issues with the child and family to more effectively mediate issues rather than addressing only the immediate reported maltreatment. Currently the state is in the process of redefining the Risk Assessment Tool. The two prevalent areas for redesign are the required justification statements in each of the 7 outcomes as well as the log of contacts. Current indicators are that we will require only one concluding justification statement and allow the log of contacts to be a continuous document as opposed to having to end and start at each phase. The Risk Assessment Tool is also being reviewed with the SACWIS/Shines team and may have alterations based on their input before the finalization of the new computer system.

Data

Data to assess performance on the safety data profile elements VI and XI which address maltreatment recurrence and abuse by parents while the child is in foster care. These include the Protective Services Data System (PSDS), Internal Data System (IDS), and the QCR report. The state does not currently monitor abuse by parents while child is in foster care, however internal monitoring will begin tracking and examining this issue to provide data and support to the agency in improving performance.

Based on the trend analysis in the most recent QCR report, in FFY 04, the agency averaged 92% achievement on prevention of repeat child maltreatment and maltreatment of children in foster care. The agency experienced a slight increase to 97% in meeting the standards of prevention of repeat maltreatment in FFY 05. In 820 of the cases reviewed by the State evaluators in FFY 05, as part of the QCR report, the work was deemed to be a strength in the state. This area was considered to be in Substantial Achievement. There are no areas identified as needing improvement. The state continues to only partially achieve some of these items. For FFY 04 children were considered to be protected from abuse and neglect in 84% of the cases. This percentage dropped to 57% in FFY 05. Internal monitoring of this issue indicated that the rate of maltreatment has been steadily decreasing from 7.45% in August 2005 to 6.5% in December 2005.

Stakeholder surveys indicated that 5.4% of non-DFCS stakeholders rated the state as being very effective in the prevention of the recurrence of child abuse and neglect in contrast 15.8% of the DFCS stakeholders rated the State as very effective. Over 60% of both stakeholders rate the State as being somewhat to very effective for timely investigations.

As a component of the previous PIP, Georgia continues tracking of maltreatment in private agency foster homes, reports by placement settings and is able to identify non-child welfare children that are victims of abuse in residential settings. The agency has also developed and implemented new policy and curriculum training which requires assessments and certification before becoming a full time case manager. A new curriculum for foster parents (IMPACT) was also developed and implemented state wide.

Subsequent to the PIP, the agency continues to have CPPC (Community Partnerships for Protecting Children) in eight counties (Brantley, Catoosa, Cobb, DeKalb, Fulton, Jenkins, Muscogee and Peach). Within these CPPC counties 443 family team meetings (FTMs) were conducted in 2006. These meetings included families, their personal support networks and community resource agencies and DFCS staff. Based on the METIS assessment of the CPPC counties there was a decline in recurrence of maltreatment with the greatest decline being in the CPPC targeted areas. CPPC targeted areas reduced the rate of recurrence of maltreatment by 4.5% from calendar year 2004 to 2005.

Promoting Safe and Stable Families Program resources are used to support community and home based family preservation services. PSSF family preservation services are delivered by 43 network agencies with service capacity in 12 service delivery regions (SDR). Primary referral sources for FY 04 included DFCS CPS (427), Law Enforcement (277) and Juvenile/Family Court (160). Services to preserve families where abuse has occurred include therapeutic and crisis intervention services, residential aftercare services and relative caregiver support services to relative placement with a goal of adoption. 3,062 families were served in 2005. Of these families 88% with prior CPS histories remained intact in their home environment with no repeat substantiation of child maltreatment. As of fiscal year 2006, only 19% of those families had a subsequent substantiation.

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

Item 3: Services to family to protect child(ren) in the home and prevent removal or reentry into Foster Care.

Policy

Policy 2104.33 designates the use of relatives, neighbors or other fictive kin as safety resources to prevent the removal of children from parental custody when a safety issue is identified and the child must be removed from the home. A safety resource is identified by the family and can meet the needs of the child while the agency works with the parents to remove or correct the safety issue, allowing the parent to maintain custody.

The referral of both unsubstantiated and low risk cases, prior to closure, to available community resources for early intervention and other preventive services (2104.37) enhances the agency's efforts to protect children in the home and prevent removal. The agency tracks referrals for Early/Brief Intervention via the payment schedules. If a provider is working with the family and the family is non-compliant to the level to which the provider has concerns, they will initiate a new CPS referral to the agency. Once the provider sends a closing summary or final bill the agency completes the file. These cases are not opened in the IDS case files but are keyed as screen outs in the IDS system.

Chapter 2105, Case Management, in its entirety provides direction and guidance to the case manager in making a determination of the service needs of a family. Case management of CPS ongoing cases is directed at ensuring the child's safety, protection, and well-being and at reducing risk of further maltreatment through direct services, provided by the case manager and other services arranged by the case manager.

In addition to case planning, Comprehensive Child and Family Assessment (CCFA)/Wrap-Around (WA) standards provide critical support and services to children and families during court-ordered after-care for up to six months without a waiver. The policies was revised in March 2005 to allow families to receive services to assist with the transition of the child being placed back in the home and the child's stabilization up to six months. The CCFA makes recommendations on types of placement, services needed to maintain the placement and that the state utilizes wraparound funds to pay for in-home therapy and Medicaid benefits for counseling, medical care and other services in an effort to preserve a foster care placement.

Practice

CPS investigators make initial contact with children/families and complete the Safety Assessment, Form 455a, to determine the immediate safety needs. Based on the safety assessment, a Safety Plan, Form 455b, may need to be completed and implemented by the investigator making sure to include the parents in the decision-making process. Depending upon the risk, child(ren) may be placed into care immediately. The investigator is required to complete an assessment of the child's out-of-home placement within 3 work days to determine the appropriateness of the placement. If an appropriate placement/safety resource is not found, the investigator is required to file a deprivation complaint in Juvenile Court to start the process of bringing the child(ren) into DFCS custody.

The case manager completes a risk assessment to determine the potential risk of future maltreatment to the child(ren). Some unsubstantiated or low risk referrals are referred to Early Intervention/Preventive Services and other community resources as needed; Form 590 is completed and case terminated within the appropriate time. If the case is substantiated or unsubstantiated with identified risk, the investigator transfers case to an on-going CPS case manager to work with the family further on the safety/risk of maltreatment issues. This process references an Early Intervention/Brief Intervention program which we utilize for families which have risk factors but would not require an investigation or diversion case. These Early Intervention cases are contracted out to approved providers who make no more than 10 purposeful visits in which to provide services to the family. These services could include behavior management, budgeting, community referrals, counseling referrals etc. DFCS is mandated to refer all children (age birth to 3) who have substantiated maltreatment OR identified as affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure. Each county office refers CAPTA eligible children to their local Public Health Department/Babies Can't Wait (BCW)/Children's First. Counties have formal and informal agreements with their providers on protocols for ensuring all appropriate children are referred. Children are predominately referred to the EI/BCW at the point of

intake. Agency supervisors review for compliance during their case record review process.

All CPS investigations per policy should be completed within 45 days of the report. On-going CPS staff complete the Family Plan process with each family to rectify family issues that relate to the maltreatment of the involved children. The Family Plan must be completed within 90 days after the report. On-going services are provided to assist the family while the goals of the Family Plan are being completed.

Risk must be reassessed at least every 90 days to assure the goals of the plan are being addressed. The on-going case manager will complete the risk reassessment in order to determine if the risk of maltreatment has been reduced.

At the point that the Family Plan goals have been met and risk factors reduced to ensure safety the case will be terminated. The children will be returned to the parents, the family will be referred to the appropriate community services and resources, and the case will be terminated.

Diversion is an alternative response system tailored to the specific needs of the county and community. Diversion is used to identify and address problematic family issues by providing support services to families through community resources when a CPS assessment is not required. The agency may access funds for assisting families with poverty issues through the individual county Diversion Protocol. With diversion, the agency is able to assist the family without the restrictions of a substantiated case of maltreatment. Prior to 2005, there had to be an active and open CPS case or Foster Case in order for the agency to utilize any of the family preservation money. Funds could not be expended more than 12 months; there was a time limit for protective daycare, months of rent or deposit which could be paid. In 2005, diversion cases became eligible to utilize these same fund grants. There are still time and dollar amount restrictions, but these monies can be used to mitigate identified needs in diversion cases without the resulting stigma of having a substantiated, open CPS case. Diversion cases can also be referred for PSSF funds either through the agency or through contracting agencies. Counties may also utilize county funded general assistance monies in support of diversion cases. All counties receive an annual allocation of funds for Family Preservation Services.

This preventive approach is used as a family-centered assessment of neglect reports or suspicion-based allegations that, when addressed differently, could stabilize the family and enable the parents to better care for their child. In most counties cases are assigned directly as a diversion case and are not assigned a response time. Diversion cases are keyed into IDS with suffix 62 under Preventive Services. The case manager completes the diversion process with forms outlined by the county Diversion Protocol. Cases are completed typically within 45 days as outlined by State policy for Investigations. The case manager closes the case and enters a referral to community resources as needed.

Strengths

- Case managers report that through the use of diversion they are actually doing social work and providing supportive services. They establish a different relationship with the family. Supportive services may include things like financial assistance, mental health referrals, alcohol/substance abuse referrals, and intensive family intervention referrals among many others. Cases that can be diverted include situations where support services to the family may remedy the areas of concern and where there is no imminent risk to the children. Cases are typically managed by social services staff but may also include staff from the Family Independence Program area, Community Resource Specialist or blended case managers who perform both program functions. Diversion services are not contracted to private providers. If a case is referred for Early (Brief) Intervention, a private contractor is selected
 - The services and resources through the Family Preservation Program including Early Intervention/Preventive Services, the Parent Aide Program, Prevention of Unnecessary Placement (PUP), and Homestead Services greatly enhance family support to prevent removal.
 - The Intensive Family Intervention (IFI) crisis intervention program through Medicaid billing provides immediate assistance to prevent entry or re-entry into the child welfare system.
 - The services from alcohol and drug treatment programs to assess and provide treatment for alcohol and drug problems; and to provide crisis intervention for those children and families affected by substance abuse. PUP funds may be accessed to cover drug/alcohol screening costs.
 - Services from mental health program to assess and provide treatment for mental health issues.
 - The Division through its PSSF program partners with domestic violence shelters throughout the state to provide support services to mothers with children affected by domestic violence. Services include child, art and play therapy, peer support groups, school advocacy, parent education and case-management services focused on breaking the cycle of abuse and neglect.
 - Issues
 - Continued social services case manager staff turnover diminishes agency effectiveness in protecting children.

Promising Developments

- The initiation of a comprehensive case closure procedure: The case closure process allows for effective discharge planning for foster children and assists in the prevention of children re-entering care. Caseloads are actually decreasing in most counties. As of October 2006 only 60 case managers had more than 30 foster children on their caseload and 49 with more than 30 CPS cases statewide.
- In Georgia, a new program is being piloted to test a new set of guiding principles and beliefs about how services are offered and how support is offered to families who have a CPS report. The Family Preservation

Services Pilot is based on family centered practice utilizing FTMs and relying on involvement by relatives. It is currently being tested in 19 counties around the state including: Clarke, Clayton, Cobb, Colquitt, Forsyth, Fulton, Glascock, Habersham, Macon, Miller, Paulding, Peach, Schley, Seminole, Terrell, Warren, and Walker. Counties are contributing data for evaluation of the pilot program. State policy and best practice is currently being developed and refined for statewide implementation within the next several months.

- The Family Resource Connection Pilot is currently being tested in Bibb, Colquitt, Dougherty, and Peach counties. The FRC pilot connects families at first contact with DFCS for food stamps/TANF to community, family and agency resources. One pilot objective is to demonstrate an effective model of collaboration between TANF and Child Welfare Services and to maximize Title IV-B (PSSF) and Title XX funding to meet the needs of shared at-risk populations. The goal is to strengthen families through early identification risks, family case planning, provision of short-term intervention and community resource connection.
- Formulation of policy for Family Preservation Services Pilot which would include a more broad brush instructions and guidance for program implementation on a wider scale.

Data

To examine state performance on the data profile safety elements III and IV, data from the QCR report and internal monitoring documents are used. The state is constantly evaluating and examining re-entries at the state and local level through a variety of internal data monitoring sources. In the QCR report, there were 590 CPS ongoing cases that were reviewed with data relevant to this issue.

Services for children and families must match the risk factors and individual family needs. Services for families include domestic violence, substance abuse, and mental health. With the reduction of caseloads over time, staff indicates they are able to have more consistent and meaningful contact with children and families. However there are some barriers to providing services in some counties, such as staff turnover and treatment centers not being in close proximity to clients. Based on the trend analysis, in the QCR in FFY 04, the agency averaged 90% achievement in the provision of services to protect children in their home and prevent removal. The agency experienced a 15% decrease in meeting these same standards for FFY 05.

For FFY 05 analysis 75% of the cases reviewed for the delivery of appropriate services to protect children in their home were deemed as strengths. Services that were provided to families and children included Babies Can't Wait, Homestead, anger management, and parenting skills instruction, mental health counseling, PUP funds, parent aide services, drug assessments and drug screens. In the remaining 146 cases it was determined the needs of the family had not been adequately assessed and/or the necessary services were not provided to ensure protection of the children. In some cases the family had been referred for services, however, when additional issues were identified, the agency did not conduct necessary assessments or implement necessary

services to address the identified needs. Providers would make recommendation for services and/or treatment; however, the agency did not follow through to ensure service provision. Poor assessments were also significant issues. Inadequate contacts with families indicated a lack of quality service provision.

According to internal monitoring data, the number of cases diverted has been steadily increasing. In August 2005, 12,887 cases had been diverted, of these only 1,118 (8.68%) of the cases diverted received a new allegation necessitating a CPS Investigation.

Stakeholder surveys indicated that 12.3% of non-DFCS stakeholders rated the state as being very effective in the provision of a range of support services needed by the families with 10.01% of the participants indicating that the agency was very effective in ensuring these services were accessible. DFCS stakeholders rated the agency at being somewhat effective 75% or better in the provision and accessibility to services. Of significant concern however, is that at least 40% of the non-DFCS stakeholders felt DFCS was not effective in the support of families in crisis in order to prevent the removal of children from their home .

DFCS and non-DFCS stakeholders differed significantly in their views of the diversion strategy, with 53% of the DFCS stakeholders saying this is a “very effective” strategy compared to 28% of the non-DFCS stakeholders. Non-DFCS stakeholders were more likely to label this strategy as “not very effective” than DFCS stakeholders (23% vs. 6%). Subsequent to the PIP, the agency continues to have CPPC (Community Partnerships for Protecting Children) in eight counties. Based on the METIS assessment of the CPPC counties there was an increase in the reunification for the CPPC targeted area of 38.6%. Exit rates from the CPPC program reflect that 90% of the target families had children to remain safely in the home and that more than 75% successfully completed case plan goals.

Item 4: Risk assessment and safety management

Policy

Consideration is given to initial and ongoing risk assessment, safety planning, monitoring family participation and progress in services. Policy guides risk assessment and safety assessment throughout the life of the case. Georgia has several policies which provide structure and direction for case managers to assess risk adequately and ensuring safety for all children both those in the general public and children in the foster care system. Chapter 1015 was revised in March 2005 to specifically address the safety and risk of children in the foster care system and to ensure that specific safety issues are addressed.

Policy 2104.24 specifically addresses the casework process involved in assessing risk. It provides specific guidance that the Risk Assessment Tool to be used in every investigation. The process specifies that the case manager will identify and balance the elements of the individual and family functioning to assess the risk that the child will be abused or neglected in the foreseeable future. The 7 key areas of concern that are specified in the risk assessment include child vulnerability, caregiver capability, quality

of care, maltreatment, home environment, social environment, and response to intervention. This section also discusses the scales of concern which includes documentation of the highest degree of concern about the interplay of factors uncovered in the investigation (none, very little, somewhat, considerable, and extreme) and identification of the highest degree of concern during any period of the investigation.

Policy 2104.18 discusses the safety assessment process which includes observation of the child, location, pattern, seriousness, and number of marks. All information related to safety (parent and other caretaker behaviors/actions, home conditions, etc) must be observed and documented. The safety assessment process includes interviews with all relevant parties.

Practice

Case managers must complete the Safety Assessment Tool, which is required at all investigations. The tool is used to identify safety concerns (Assessment of Behaviors and Conditions). The case manager is alerted to indicators that the child is probably unsafe and that development of a plan of action for ensuring the child's safety is required. The Reasonable Efforts Checklist section identifies any available resources that can be assessed to determine whether a child can remain safely in the home. The Safety Plan is the tool used to respond to each identified safety concern and the steps that must be taken to ensure a child's safety (see 2104.20).

Strengths

- The Risk Assessment Tool is available as a structured decision making tool. It is helpful for inexperienced staff and provides a checklist for indicators.
- Services and providers to address domestic violence, mental health, and substance abuse issues are readily available and accessible to families. Transportation can be a barrier for rural areas. Wrap Around Funds can be used to purchase private services for families with children in Foster Care and Family Preservation funds can be utilized to purchase services for ongoing services. Staff may also refer consumers to PSSF programs. Funds can be utilized to provide for transportation services, however in more rural areas there are few providers for that service.
- Community partners include the providers of in-home support services, parent aide services, anger management and parenting programs, parenting skills training, counseling, etc. These services provide tremendous support to children and families.
- Access to the Family Resource Center staff for crisis intervention in Bibb, Colquitt, Dougherty, and Peach.

Issues

- Frequently, the lack of effective communication between families and service providers and among different service providers (including DFCS) is problematic in coordinating efforts to assist families and children.
- Staff report that the Risk Assessment Tool is 48 pages when printed and is very time consuming to complete with duplicative information being captured.

Promising Developments

- SACWIS/GA SHINES reporting system which will be available in January 2008.
- Refinements have been made to the Risk Assessment Tool to eliminate time-consuming duplicity in updating case documentation.

Data

The data used to examine data profile safety elements VII and XIII include data from internal data monitoring and the annual QCR report. Based on the annual QCR report, FFY 05 QA reports reflect the state's compliance with risk assessment and safety management at 96%. The state averaged 83% compliance in FFY 04.

For FFY 05 analysis 227 of the cases reviewed (96%) for the delivery of appropriate removal of children due to risk of harm were deemed as strengths. As this area was considered to be in Substantial Achievement there were no areas identified as needing improvement. For Safety Outcome 2, the state continues to only partially achieve. For FFY 04 children were considered to be safely maintained in their home whenever possible 84% of the cases. This percentage dropped to 81% in FFY 05.

Georgia did not report on perpetrators in the FFY 05 Child File, but analysis and data on maltreatment in foster care was provided using ACF-approved alternate data source with logic consistent to the standard measure. In FFY 05, the percent of children with absence of maltreatment in foster care was 99.19% which is slightly below the national standard of 99.68%. However the state has shown improvement from 2004 to 2005.

Georgia law requires a multi-agency Child Fatality Review Sub-Committee to operate in every county and to review deaths of all children in the county who die unexpectedly, including those where the death is an accident not requiring DFCS investigation. This committee must include a DFCS representative. The State Office conducts a case review on every child death or serious injury for every child known to DFCS through the protective services programs. The review team is comprised of several disciplines inclusive of Public Health, Child Fatality Review Teams, Mental Health Developmental Disabilities and Addictive Diseases, Child Advocates Office, DFCS State and Regional Offices.

Stakeholder surveys 86.1% of the non-DFCS stakeholders rated the agency as somewhat effective to very effective in the provision of services and supports to families that enable them to provide appropriate care for their children so the children are not removed from their home.

PIP outcomes included the development of CPPC programs. Although this was not achieved statewide, nine programs were implemented. The programs were discontinued due to a change in leadership of the agency until 2004 at which time 8 of the former CPPC programs were reinstated. Clarke County was unable to resume the CPPC project due to the absence of a full-time County Director and Family Connections Director. There is a current proposal to expand CPPC programs into eight additional counties and consideration to initiating a statewide implementation of the CPPS process. Training was also provided through the PIP to staff on the requirements for open records request.

Permanency Outcome 1: Children have permanency and stability in their living situations.

Item 5: Foster Care Re-entries

Policy

Georgia policies addressing foster care re-entries include both policies which examine discussing permanency planning and wrap-around services. Policy 1006 provides direction for beginning permanency planning and utilizing Family-Centered Practice and Family Team Meetings (FTMs) to discuss permanency goals and options. Appendix A discusses wrap-around services for families with court ordered after-care services up to 6 months.

Practice

Comprehensive Child and Family Assessments (CCFA) are completed to determine the needs and strengths of the family and are then utilized to develop case plans with the family to support permanency goals.

FTMs are held within 3-9 days of a child entering care, in the 13th and 25th months of a child being in custody, and are also scheduled as needed to address permanency and placement issues. Reasonable efforts must be made to ensure the attendance of the parents, children over the age of 12, relatives, persons significant to the family, and CCFA provider.

Multidisciplinary Team (MDT) Meetings are held within 25 days of placement. Participants include case manager, supervisor, and applicable contract agency case manager. Reasonable efforts to ensure attendance of parents and child are made. Participants may also include CCFA provider, relatives, foster parents, DFCS reps, school representatives, therapists, medical professionals, and judicial reps. Efforts to obtain participant attendance are documented. Participants identify needs of children and parents, goals to meet needs, steps to meet goals, and strengths of family members. Then recommendations are made concerning the case plan, including FTM issues, appropriateness of education, living plans, and permanency goals, reasonable efforts to notify and review goals with parents who do not attend meeting. Key collaborators for this item include wrap-around and aftercare service providers. Aftercare services include in-home support services, parent aide services, mental health services, domestic violence services, substance abuse treatment services, counseling, and assistance with family concrete needs, such as, but not limited to, rent and household goods.

Strengths

- The FTM is effective in identifying, developing, and implementing goals to achieve and maintain permanency.
- Historically, CCFA, FTM, and MDT meetings were not conducted timely on all cases as required by policy; however, with the implementation of the Kenny A. Consent Decree, Fulton has made tremendous strides in tracking and monitoring this process to ensure meetings are held within the required timeframes.

Supervisors review case files for compliance at the county level. All counties have internal tracking systems or review the case files for timeliness of CCFA assessments

- Availability of Relative Care Subsidies, Enhanced Relative Care Subsidies, and post adoption services enhance permanency and stability in placements.
- When utilized, wrap-around and after-care services (in-home support services, parent aide services, mental health services, domestic violence services, substance abuse treatment, counseling, etc.) support permanency and prevent re-entry. The only barriers for utilizing wrap-around funds are the availability of a service provider and availability of the funds toward the end of the State fiscal year.

Issues

- A frequent concern among staff is the depth, reliability, and accuracy of CCFA findings. Staff shares the common complaint that these findings often follow a cookie-cutter approach and only reiterates what the case manager has already documented. MDT meetings are often delayed due to the un-timeliness or incompleteness of the CCFA final reports. If the CCFA is received beyond the due date, the County DFCS may impose a fee reduction of \$10 per day to be deducted from the Family Assessment Component. Counties must exercise due diligence in ensuring that SSCM's are timely in referring assessments and providing necessary information to also ensure a timely assessment completion date. Assessments shall be completed within 30 days of the referral date. A greater emphasis on the importance of family involvement in the case planning process is necessary, particularly in identifying the families' needs.
- Lack of continuing financial resources (or a decreased level of availability) for the family after the agency relinquishes custody is a recurring concern for some families [i.e. some families and children feel the agency is better able to provide for the children's financial needs depending upon the individual families' circumstances].
- The screening process for relative placements provides only a cursory check on the effectiveness of the coping skills of the caregiver to meet the special needs of some children.
- Frequently, the lack of communication between families and service providers and among the different service providers (including DFCS) is problematic in coordinating efforts.
- Lack of consensus between DFCS and the Juvenile Court on permanency plans or the best placement alternatives presents challenges in achieving and maintaining permanency.
- Discharge planning meetings and aftercare visits are not being implemented for all children exiting care as specified in policy and the Kenny A. Consent Decree. Aftercare services are available but are not always accessed by the families.
- Delinquent teens and runaways present unique problems when addressing placement and permanency.

Promising Developments

- The availability of the following services, work to prevent re-entry:

- Services through Intensive Family Intervention (IFI) by the Georgia Parent Support Network are intended to improve family functioning by clinically stabilizing the living arrangement. Services include crisis intervention, intensive case management, individual and/or family counseling/training, and other rehabilitative supports. These services are funded with PSSF money and are generally located in Fulton, DeKalb and Richmond.
- The Georgia Parent Support Network also offers Crisis Intervention Services 24 hours per day, 7 days per week, in any setting. These services are directed towards the support of any individual in crisis and are time-limited (address the immediate crisis and develop alternative services). These services are billable through Medicaid.
- Increased emphasis on guardianship subsidies to assist families who agree to assume custody and care of children in the foster care system. These subsidies and options are described in detail in policy 1004.2.12 (Subsidized Guardianship Payments) and 1004.2.21 (Enhanced Subsidized Guardianship).

Data

The data utilized to examine state performance on permanency element IX; item C1-4 included internal data calculations and the QCR report. There were 247 case reviews that were conducted as part of the annual QCR.

As noted in Item 3, foster care re-entries are below the Federal target. Many of the children who re-enter care are adolescents with behavior issues. Based on the trend analysis, in FFY 2004, the agency averaged 96% achievement in the prevention of foster care re-entries.

Based on the 2005 data profile, the 75th percentile for the national guidelines was 9.9%; Georgia's state performance was below this at 9.5% indicating that the state was performing well in this area. The state is also performing below the national median of 15% which indicates that there is a lower percentage of children re-entering foster care in Georgia. The state has been steadily improving in this area over the past year. There may be a relationship between the increase in median stay (increasing) and the decrease in re-entries

Item 6: Stability of Foster Care placement

The state has focused on improving current data entry and accuracy to ensure that children who have entered care in the past several years and those moving forward have the most accurate information possible. With the emphasis on current data entry and increased training and education for case managers to reinforce the importance, data checking and cleansing efforts have been focused on the data related to the number of placements and moves for longer stay youth who have been in care for an extended period of time.

Policy

Georgia adheres to definitions of placement moves as outlined in AFCARS reporting policies and procedures. The Users guide defines moves used in IDS/Placement Central. In addition, policy calls for a CCFA when all children enter foster care to assist with placement decisions and services to stabilize children in a placement.

Georgia policy advocates and encourages relative placements (1004) for children entering foster care. Policy 1002.3.1 mandates a diligent search (O.C.G.A. § 15-11-55) to identify potential resources for placement or custody for children in care. The search should include all parents and relatives and other individuals who have a relationship and commitment to the child. The search begins during the investigation and then once the child is removed the search intensifies.

Practice

After entry into care, a CCFA is completed within the first 30 days. The objective of the CCFA is assessing the families and child's needs and assist in the case planning process. MDT meetings are held within the first 25 days to determine the appropriateness of the initial placement and assist in placement decisions and the case planning process. CCFA findings are discussed at this meeting. MDT participants include DFCS case manager(s) and supervisor(s), and applicable contract agency representatives. Reasonable efforts must be made to include the parents and the child(ren). CCFA provider(s), relatives, foster parents, DFCS reps, school reps, therapists, medical professionals, and judicial representatives may also participate. FTMs are held within 3-9 days of a child entering care, in the 13th and 25th months of a child being in custody, and are also scheduled as needed to address permanency and placement issues.

Wrap-around services effectively provide support to foster families and assist in stabilizing placements. Key collaborators include the CCFA and wrap around providers, foster parents, CASA staff and Courts. Foster family recruitment, training (general and specific skills to address child specific behaviors) also contributes to the success of this outcome.

Strengths

- Georgia replaced the utilization of First Placement/ Best Placement with the Child and Family Comprehensive Assessment for its out-of-home care system. The vision of a child's first placement being the best and least restrictive remains the goal.
- Level of Care (LOC) system initiated a different and more appropriate reimbursement rate to providers for special needs children.
- Requirements that no child under the age of ten be placed in an LOC setting without approval of the Regional Director.
- Team Decision Meetings (TDM) are helpful in addressing issues with families while in care.
- Wraparound providers and mental health staff are available to assist foster families in crisis. Staff are available by phone and are able to make home visits when foster families report issues that may lead to disruption and require immediate attention. Foster children may be placed in respite for the purpose of

maintaining their placement and foster parents have access to 5 days of respite per child for their personal need.

- Wrap-around services (mental health services, counseling, etc) and respite care providers are helpful in providing support services to stabilize placements as well as assist foster parents in learning special skills for addressing child specific behaviors.
- The team meeting process is effective in identifying, developing, and implementing goals to achieve and maintain permanency; however, greater participation from family members is needed at the FTMs.

Issues

- The State has implemented many processes to improve the accuracy of the data. Some of these steps include regular monthly data checking processes by data managers. As part of this process, cases with data issues are reviewed and examined, the data quality review team works with counties to improve data accuracy, and data cleansing efforts are made with the database managers when errors are identified. Some of the data examination and improvements have focused primarily on counties with larger case loads, however the data monitoring occurs on all data for all counties.
- Unless an obvious disability exists, most special needs children are placed in a regular placement until the CCFA assessment recommends a special placement for a child. However after the initial assessment and to the completion of the CCFA, a child may act out or behave in manners in which the home is not prepared to cope with, this often results in multiple disruptions and placement moves.
- Lack of placement resources for children with special needs and teenagers
- Increased number of children with delinquent backgrounds from the Department of Juvenile Justice (DJJ) that are placed in the DFCS system
- The LOC system is prone to over-utilization of the more intensive treatment services settings (i.e. frequently children are not transitioned out when they no longer need treatment of that intensity). The system is currently being redesigned to ensure that no child(ren) continue in a highly structured, therapeutic, residential setting if their needs can be effectively met in home and family settings.
- The depth, reliability, and accuracy of CCFA findings are often questioned. A common complaint among staff is that frequently CCFA findings follow a cookie-cutter approach and only reiterate what the case manager has already documented.
- Historically, the required timeframes for CCFA referrals and family team meetings were often not met. The untimely completion of the CCFA by the providers often hindered the process.
- The current version (May 2006) of the Foster Parent Manual is not available on the Internet. A hard copy was provided to each foster parent, but the September 2003 version is still posted on the Internet.

Promising Developments

- The agency is working with Family Connection Partnership on a pilot to recruit, prepare and support foster families in an effort to increase the number of foster families and ensure they are well supported in local communities. Fulton County, along with four other counties, was selected to begin piloting this initiative on September 15, 2006. Families First and East Point Community Action were the vendors selected to provide services for Fulton County.
- Georgia's State Automated Child Welfare Information System (SACWIS), Georgia SHINES, is currently in the testing and roll-out stages and will be fully implemented statewide by January 2008. This system will assist case managers in achieving the goals of safety, permanency, and well-being for children and families in Georgia by:
 - Eliminating duplicate information entry
 - Providing a consolidated system and consistent process for managing, tracking, and reporting on cases
 - Sharing current and consistent data across programs providing statewide eligibility information
 - Providing search capability for finding clients, resources, children, and history
 - Generating required paperwork from a single point of entry

The automation provided by SHINES will reduce the time case managers spend completing paperwork and allow them to spend more time on targeted case management working with children and families.

Data

Georgia has continued to monitor the stability of foster care placements to address unresolved issues from the 2002 PIP. According to calculations in the Georgia Data Profile for FFY 05, statistically the state continues to decline from 87.9% in 2004 to 86.9% in 2005 in the percentage of children who experience two or fewer moves within the first 12 months after entering care. This could indicate that case managers are updating the information for more accurate data on placement moves.

Other indicators of the efforts for accurate number of placement settings are reflected in the Permanency Profile of November 2006 in Section IV, Number of Placement Settings. This information indicates the percentage of children having only one placement setting within the current episode has decreased while the children with two to five placement settings within the episodes has increased.

The State is in the process of analyzing data used in calculations for Measure C-4-3 of XII. Permanency Composite 4: Placement Stability. These efforts will identify specific counties with large population of long stay children in order to address this measure. Beginning with the counties having the greatest number of children in care, Fulton and DeKalb, the children in care for 24 months or longer were identified. The placement setting for these children as reported in IDS/AFCARS and IDS/Placement Central were compared. The comparison did show some discrepancies for long stay youth. For children with discrepancies between the two systems, a case record review was

conducted to reconcile the differences. Although the legacy system currently used for AFCARS reporting does not allow the case manager to make changes in the history of placement settings, the system operator with the IT contractor is making the requested changes in AFCARS. The State has developed a data clean-up team that will be preparing county offices for data conversion in preparation for the SACWIS/Shines program. This team will be ensuring all components of data are shared and accurate including placement moves, name spelling, social security numbers, dates of births, etc. There will be interfaces with other data systems in addition to DFCS including Child Support Services, Public Health, Social Security and Vital Statistics. As a continued effort to provide accurate data for the measure of placement stability this will become a part of the Quality Assurance review process.

Stability of foster care placement was considered a strength in 79% of the cases reviewed for FFY 04. Georgia showed improvement in FFY 05 for this measure rising to 86% compliance. Of the cases reviewed 212 children were deemed to have minimal moves with most moves determined to be have been in the child's best interest. In 35 cases, however, children had multiple moves. These moves were often attributed to the behavioral issues of the child and the foster parent's inability to cope with their behavior. It should be noted that reviewers did not always determine these moves were made in the best interest of the child. Concerns related to the multiple moves of children in 10% of the cases reviewed merited as an area needing improvement by the quality assurance review team.

Stakeholder surveys indicated non-DFCS responders felt the agency rated better than 60% in being somewhat effective to very effective in the provision of a range of support services needed by families as well as ensuring those services were accessible. DFCS stakeholders rated the agency at 80% effective in the delivery and accessibility to these same services.

The PIP required the training of foster care staff on the correct process for entering child moves into the AFCARS and Placement Central which was completed. New staff are trained in Track training on the usage of AFCARS and Placement Central systems.

The State partnered with the Metropolitan Atlanta Youth Opportunities Initiative (MAYOI) to engage youth from around the state in the CFSR process. A priority the youth group developed and espoused to the agency was the desire for staff to openly discuss their placement (particularly permanent placement) options. Youth wanted to have input on their placement needs and have the agency follow-up on targeted foster family recruitment to meet those needs. Youth felt they should be involved in every decision made and their voice be at the center of the case decisions.

Item 7: Permanency goal for child

Policy

Georgia policy 1006 addresses the development of the CCFA for every child who enters the foster care system. It also delineates the FTM and MDT meetings that contribute to the determination of the most appropriate permanency plan. A Family Team Meeting,

facilitated by a SSCM is held within three to nine (3-9) days of the child's placement in foster care. The county may contract with an approved CCFA/WA provider to facilitate the FTM if there is no trained DFCS staff within the county. After the initial FTM, (within 3-9 nine days of the child's placement) a FTM may be held at any critical point in the case. The 1st family team meeting will begin the initial case planning with the family and may identify any potential relative resources for placement. Policy requires that permanency hearings be held within 12 months of removal.

Practice

Attention is given to the appropriateness of the permanency plan, timeliness of establishing the permanency plan, plan changes and compliance with the Adoption and Safe Family Act to file for Termination of Parental Rights (TPR) or documentation of compelling reasons not to pursue TPR.

As discussed earlier a CCFA is completed within the first 30 days of a child entering care to determine the needs and strengths of the family and is then utilized to develop case plans with the family to support permanency goals. The CCFA may be delayed to as much as 60 days with an approved waiver from the county designee. A MDT is held within the first 25 days of the initial placement to assist with the case planning process and to establish permanency goals. FTMs are held within 3-9 days of a child entering care, in the 13th and 25th months of a child being in custody, and are also scheduled as needed to address permanency and placement issues. Prior CPS history is addressed in the planning process.

Case plans are submitted to the court for approval within 30 days of a child entering care. The child's case plan is reviewed by the Judicial Citizen Review Panel (JCRP) and/or the Juvenile Court every six months while a child is in custody. A Permanency Hearing is held within 12 months of a child entering care. The Kenny A. Consent Decree provides significant guidance in the establishment and tracking of permanency goals and timeframes.

Strengths

- The family team meeting process is effective in identifying, developing, and implementing goals to achieve and maintain permanency;
- Substance abuse and mental health providers are available and accessible. The Georgia Crisis Access Line (GCAL, 1-800-715-4225) provides point-of-entry referrals to state supported substance abuse and mental health providers.
- Caseload sizes have decreased. This greatly improves case managers' availability and their ability to focus on permanency.
- Specialized caseloads were specifically created to allow more time for case managers to focus on permanency for children who have been in custody for 18 months and longer.
- The needs of foster parents and caretakers are addressed by case managers during mandated monthly face-to-face contacts. Foster care home workers provide support to foster families and act as a liaison with placement workers.

Issues

- Reviews and permanency hearings are not occurring in a timely manner usually because the paperwork is not being filed on time.
 - Significant improvements are needed in coordinating permanency efforts with the Juvenile Court, Special Assistant Attorney Generals (SAAG), and Court Appointed Special Advocates (CASA).
 - Procedures for and monitoring of the Special Assistants Attorney Generals are not consistent.
- Concurrent case planning is not appropriately utilized and policy does not provide clear direction. Every individual that attends new worker training (Keys) receives instruction on concurrent case planning. Further, every worker that attends the Foster Care track receives comprehensive case planning instruction with emphasis on concurrent planning. Staff turnover and lack of staff and supervisory maturity/development continue to be problematic.

Data

To examine the State's performance on the permanency data profile element III and entry cohort profile data element III several data sources were utilized including the most recent QCR report and internal data monitoring. The QCR report reflects a decrease of 12% from the FFY 05 standard (91%). The state obtained a compliance level of 71% for FFY 04.

Reviewers found permanency goals to be appropriate for children in 224 of the cases reviewed. The agency was determined to be moving children toward permanency in a timely manner in these cases. The agency was determined to have 21 children who had been in care in excess of 15 months that were not being progressed toward an appropriate permanency goal. This was cited as an area needing improvement.

As can be seen in the data profile, Georgia has remained relatively consistent with permanency goals for children with the majority (67.9%) with a goal of reunification and adoption as the second most common permanency goal (15.3%).

As a requirement of the 2001 PIP, every child's permanency goal was to be documented within their CPRS case plan. This action was achieved and continues today as a required field. The state initiated the annual Child Placement Conference for cross training of child welfare partners. This has continued to be an annual event bringing frontline case managers, supervisory staff, Judges, SAAGs, GALs, CASAs, parent attorneys and other community volunteers together to learn practice and policy related to foster care, particularly permanency. The Court Improvement Project (CIP) also completed two assessments for permanency planning and their timeliness. While the information was not conclusive there were indicators that permanency hearings were being held in a timely manner. CIP recommends continued training for Judges at their bi-annual training sessions as well as strengthening communications between the agency and the Courts.

Foster parents were to be given a copy of the foster parent manual. This is a practice which continues today at the time of the approval of the foster home. The agency also

supports foster parent associations within counties and as a state partner. The State is currently piloting a Foster Family Initiative program within Fulton, DeKalb, Thomas, Colquitt and Mitchell Counties. A primary objective for the initiative is to recruit homes for targeted children populations (teens, sibling groups, special needs) as well as reduce disruptions for children in care.

Youth stakeholders involved in the MAYOI assessment indicated the following:

Psychological evaluations for foster parents should be a requirement before approval. They should be included in every decision made about them.

Youth voice should be at the center!

They should be notified of significant events in the lives of our siblings.

Their permanency plans should be developed in partnership with them.

Their case managers should discuss openly with them our options for permanent placements and keep them from inappropriate placements. The case managers should ask them about our placement needs and follow-up with targeted foster family recruitment to meet those needs

Item 8: Reunification, guardianship, or permanent placement with relatives

Policy

Georgia policy 1006 addresses assessment and permanency options. Options for permanency need to be examined on a case by case basis and include the consideration of the safety and best interests of the child. Policy states that the order of preference is reunification, adoption, guardianship, relative placement, or other planned permanent living arrangement. The policy also describes the criteria for the use of guardianship as a permanency option.

As discussed before the Relative Care Subsidy (1004.2) program describes how financial supports can be provided for children who are placed in the legal custody of a relative. In addition the Subsidized Guardianship Payments (1004.2.12) may be offered to a relative after the child has been in DFCS custody for 12 months and reunification with parents is unlikely. This policy and practice is so recent that there is no data yet available to examine the impact of these subsidies on the number of guardianships.

Practice

The goal is for all children to have a permanency outcome within 12 months of entering care. The process of determining the best placement for a child begins with a referral being submitted for the CCFA. The assessor of this instrument facilitates medical, health, and psychological screenings as well as a developmental assessment of the child. This assessment is completed within 30 days of the child entering care.

As discussed previously the CCFA, FTM, and MDT meetings are utilized to involve the family in the decision making to determine the best placement for the child. The FTM is held 3-9 days after the child is placed in care while the MDT is held within 25 days. At these meetings, the family is given a clear understanding of what steps must be taken for reunification to be achieved. A thorough explanation is given to the family of what the

next best option is for placement if reunification is not achieved in a timely manner. Feedback is encouraged from the family to find the best placement for the child.

A permanency plan is submitted to the court for approval. The permanency plan is then reviewed every six months to review progress towards the goals for permanency and to revise goals as needed.

Diligent search efforts should begin immediately to identify and locate any relatives of the child when a child comes into custody and continues for 60 days. The search will identify the non-custodial parent as well as any relatives that could possibly be willing and able to serve as a relative placement should reunification not occur. Unquestionably this is an area of practice that needs to be more closely monitored. In response to this need, there has been a county initiative introduced which requires workers to obtain the names of a minimum of three relatives for each child taken into custody. The recent emphasis on diligent search is an effort designed to increase the number of relative placements. Relatives that are approved as the permanency placement are potentially eligible to receive a relative care subsidy.

Permanency hearings are held within 12 months from the child's removal. If permanency cannot be finalized, another permanency plan is submitted and the reasons are clearly documented as to why permanency was not obtained within the initial 12 months.

Children who are unable to be reunified or placed with relatives are either adopted or placed with a legal guardian within 24 months. Placement with a fit relative will be pursued when it is clearly documented that reunification, adoption, and guardianship are not viable options. Suitable relatives will be identified using FTMs and diligent search to identify and locate relatives. After a thorough evaluation of the perspective relative's home a decision is made as to the appropriateness of placement. The relative must have the ability and desire to provide nurturing, fulltime care and protection of the child with family continuity and support of the case plan.

Strengths

- The Relative Care Subsidy (1004.2) discussed above has helped provide an avenue to encourage placement of children with relatives.
- The Enhanced Relative Rate (1004.1.9) provides financial support for relatives who agree to have the child placed with them; however, the child is still in DFCS custody.
- Subsidized Guardianship Payments (1004.2.12) are considered for relative caregivers after child has been in DFCS custody for a minimum of 12 months and reunification with the birth parents is unlikely. Enhanced Subsidized Guardianship (1004.2.21) support is available if the child has been transferred from DFCS to the legal custody of the relative and the relative caregivers' income is less than \$150,000 per year.
- The use of "visitation" centers was initiated by the Juvenile Court System as a way to facilitate frequent and meaningful visitation among parents, children, and siblings. The use of these visitation centers keeps the central focus on the family and accommodates to make the visits successful. Currently there are 36

counties utilizing Visitation centers across the State. There are formal centers sponsored with PSSF finds, Faith Based Visitation Centers as well as CASA visitation centers. There are several other counties in the process of developing visitation centers or advocacy centers which will include visitation options.

- DFCS has worked in partnership with the Juvenile Court System and community agencies to provide alternatives to agency based visitation between children in care, siblings and their families. To facilitate more frequent and meaningful visits parents in 36 counties now have the opportunity visit in neutral, family friendly settings such as churches, schools and family resource centers. PSSF has supported the development of 26 community based family access and visitation centers and the Juvenile Court in partnership with the Presbyterian Church has support the development of 30 volunteer Faith Based Visitation Centers throughout the state.
- The Family Drug Court is available in some jurisdictions. It is a voluntary program offered by the Juvenile Court that has proven to be very effective in helping parents to overcome issues associated with substance abuse.
- Through a collaborative effort between the Division of Mental Health, Developmental Disabilities and Addictive Diseases (MHDDAD) and DFCS, there are numerous readily available and accessible substance abuse and mental health providers contracted to serve DFCS customers in Fulton County and the surrounding metropolitan area.
- Family violence agencies, such as the Partnership Against Domestic Violence, have contracted with DHR to provide assessment, referrals, counseling, and other services to address the needs of those experiencing domestic violence. Shelters are typically at capacity and many have waiting lists.
- Parents of children in custody are not frequently provided with a court attorney at the beginning of their case, resulting in a much higher success rate of parents attending scheduled court dates. These attorneys make contact with the parents before court dates and ensure there are no barriers to prevent attendance. Many of the attorneys are provided on a contractual basis by the county. There are no tracking mechanisms in place to track these appointments on a statewide basis.
- Parenting skills and anger management classes are available and accessible through agencies contracted by DFCS. These classes are provided statewide by community partners or contracted with private providers who will develop programs individualized to the need of the consumer.

Issues

- Continuances granted by the Judge when parents do not show up for appointed court dates.
- Multiple court continuances in cases related to deprivation and termination of parental rights (TPR), resulting in mandates not completed in a timely manner.
- Lack of consensus between DFCS and the Juvenile Court on permanency plans or the best placement alternatives presents problems in achieving and maintaining permanency. Special Assistant Attorney Generals (SAAGs) and case managers need to communicate and work together to help ensure the best interest of the children is achieved. Some case managers contend that they do

not have adequate time to discuss cases with the SAAGs prior to court. This issue is compounded by scheduling conflicts created when the SAAGs continue to operate private law practices outside of DHR. There is no requirement for SAAG'S to complete any training in child welfare, thus SAAGs understand the laws of child welfare but have no knowledge of practice and child welfare research.

- Visitation with birth fathers appears to be hampered by the father's lack of involvement with children or the agency's lack of knowledge of the father's residence. As a result, the number of fathers for whom visits were applicable was very small and the documentation of actual visits indicated few fathers had frequent visits.

Promising Developments

Monthly G Force meetings are held to focus on regional outcomes. These meetings allow the regions to focus on services, track progress and discuss new initiatives to strengthen families, protect children and assure permanence. These meetings also allow for brainstorming and the sharing of innovative ideas. The meetings allow for direct input to state leadership to influence the policy and resources needed to achieve permanency for children. Subsidized Kinship Guardianship is a good example of a resource developed as a result of the G Force meetings. The significant decline in CPS caseloads is another example of the impact of the G Force meetings.

Data

Examining the state's performance on permanency data profile element IX included understanding data from the most recent QCR report, internal data analysis and reports. Overall the state was above the national standard for the Permanency Composite 1: Timeliness and Permanency of Reunification. Georgia was below the 75% percentile for the percent of exits to reunification in less than 12 months (68.5%) and the median length of stay (7.3 months). However, Georgia was above the 75% percentile for the percent of the entry cohort reunified in less than 12 months (51.2%).

The percentage of children in care in the state who are placed with relatives steadily increased throughout 2005 from 15.33% in August to 16.92% in December. As stated above this is an emphasis in the state and with several of the new policies initiated it is anticipated that this will continue to increase. According to internal monthly monitoring reports, in December 2005 70.91% of children were reunified with their families in less than 12 months from the last removal from the home.

Reunification and relative placement have been a focus of the G meetings for the past 12 months. Counties have been reviewing files and developing hypothesis as to how reunification can be expedited.

Stakeholder surveys indicated DFCS stakeholders to hold a prevalent value that relatives should assume responsibility for children when their parents can not whereas non-DFCS stakeholders more closely aligned with the value that the state should assume responsibility for children when their parents can not. Non-DFCS stakeholders also indicated the agency was only very effective in securing permanent homes in a timely manner for children 8% of the time and only 42% felt the agency was somewhat

effective. DFCS stakeholders closely aligned with the non-DFCS stakeholders on slightly elevating the very effective indicator to 18.6% and somewhat effective to 55%. Stakeholders both DFCS and non-DFCS also indicated the agency was somewhat effective to very effective 90% in securing relative placements when it is not possible for children to remain with their parents.

As of October 2006, discharge rates of children from foster care to relatives were at 26.2%. For this same time frame 2.5% of children left care for guardianship placement.

In the QCR report, state case ratings for FFY 05 reflect an accuracy rating of 90%. There were 195 children with reunification or permanent placement with relatives as their permanency plan goal. Of these, 175 were determined to be appropriate plans. Twenty were considered as not appropriate. Children had reunification plans that were in care over 15 months, yet compelling reasons as to why this goal should not be changed to a more permanent placement goal had not been documented.

Item 9: Adoption

Policy

The Georgia Adoption Policy 101.1 discusses the policies relevant to adoption services and the services provided to children who are legally available for adoption.

Practice

Adoption is selected as the permanency plan when reunification or placement with relatives is not possible or in the child's best interest and when the child becomes legally free for adoption. Other considerations include the availability of adoptive homes, the child's desire to be adopted, and a lack of strong ties to birth family. Adoption is used as the concurrent plan whenever there is an uncertainty about reunification and includes all diligent search information. Strong documentation of case activities starts from the beginning of a child's entry into care. The State does not have policy that either encourages or facilitates open adoptions. However our resource family training and casework practice supports the efforts of adoptive families to help their children maintain familial connections.

The children with adoption as a permanency goal may have decreased due to the increased number of relative placements and permanency plans for "fit and willing relative." Within the last 3 years, the state has provided financial supports through the Relative Care Subsidy and Enhanced Relative Rate so that more relatives consider such placements. Rather than terminate parental rights, relatives have stepped forward to make permanent placements following the court granting non-reunification. In 2004 the agency finalized 1,146 foster children adoptions, followed in 2005 with 1,202 and 1,190 in 2006.

Whenever a petition for TPR is filed, DFCS concurrently proceeds with identifying, recruiting, processing, and approving a qualified family for child's adoptive placement. The case plan includes documentation of the steps being taken to secure a permanent placement, including the use of photo listings, media recruitment, national and/or electronic exchanges. A determination is also made to determine if the child's foster

parents are appropriate potential adoptive parents and determine if the foster parent is interested in adopting.

Strengths

For eligible children, adoption assistance is available to the adoptive family once adoption is finalized. The agency explains this to prospective adoptive parents as well as foster parents who have been approved and are willing to adopt the children currently in their care. The adoption assistance includes monthly maintenance assistance (to assist with the basic living needs of the child), special services adoption assistance (time-limited service), legal services (attorney fees, court costs, etc), and Medicaid.

Some hypotheses for the low IV-E penetration rates include; the AFDC Standard of Need income limits from 1996 for GA. is one of the lowest in the nation (a single parent working for today's minimum wage standards would be over the income limit for AFDC relatedness), more emphasis on relative placements which are not reimbursable placements and more removals from two parent homes therefore no financial deprivation. The recent IV-E audit indicated the revenue maximization staff were knowledgeable about the IV-E eligibility, that findings of contrary to the welfare was present in the first court order for most of the children and the original determination as well as subsequent re-determinations were completed in a timely manner.

- Intense staffings serve to explain responsibilities and benefits of becoming an adoptive parent as well as what resources are available. This helps adoptive parents understand their responsibilities and what resources are available while preserving the integrity of the agency and increasing trust between the department and the community.
- National Adoption Day is a national effort to raise awareness of the thousands of foster children waiting to find permanent, loving families. Fulton County Juvenile Court partners with Fulton County DFCS to participate every year with this exceptionally remarkable initiative making Fulton the only county in Georgia to participate in this highly successful event. Few other counties have the volume of adoptions to finalize in one month. In order to prevent delays in permanency counties proceed with finalizations as soon as possible, but due to the volume of Fulton they can designate a celebratory month without the appearance of holding cases.
- Adoptions staff receive training in both foster care and adoptions. Certification is based upon a combination of classroom, field, and online assignments. Initial training is completed within 6-8 months of employment; however, all staff are required to take an additional 20 hours of training each year.
- The resource development staff conducts home studies for adoptive parents while Ashland Management Group can be contracted with for the completion of foster home conversions and child life histories. Any county agency can utilize state funds to contract with Ashland for the completion of child life histories and conversion studies. Ashland is a sole source provider for this contract.
- Adoption disruptions have been reduced in the past two years due to increased time devoted to matching children to the right families. According to our monthly

reports, it appears our rates have decreased from 8% to 3% the last three years. We attribute these reductions to the following: post adoption services for adoptive families that include programs such as the Crisis Intervention Team, Georgia Center for Resources and Support for foster and adopted families, Adopted Teen Empowerment and Mentoring (ATEAM), Camp Promise (summer camps for special need adopted children). The high adoption rate by DFCS foster parents who are often very familiar with the child and their needs. Staff doing a better job of matching children and families.

- There are adoption exchange meetings/fairs where adoptive parents, case managers, private adoption agencies, and children meet under informal conditions and learn more about each other.
- Children who are free for adoption per court order and have no identifiable adoption resource are registered on national, regional, and local adoption exchange programs, including the following:
 - AdoptUSKids.org—a national photo listing service sponsored by US DHHS Children’s Bureau
 - Children Awaiting Parents, Inc (CAP) a national non-profit organization
 - State Office of Adoptions website which features changing photo listings
 - My Turn Now, Inc.—a non-profit advocacy organization in private partnership with Georgia DHR
 - Wednesday’s Child – a partnership with the Freddie Mac Foundation.
 - Heart Gallery sponsored by ‘A Gift for A Child.’
 - Quarterly Office of Adoptions Adoption Video Conference
 - Private agencies providing assistance for placing medically fragile children.
- Georgia Center for Adoption and Foster Care was created in 2001 by Georgia DHR and partners Families First and Bethany Christian Services to provide a centralized resource for adoptive parents in locating necessary resources to successfully meet the needs of adopted children. In 2004, services were expanded to include foster families. The website offers a generous amount of information including: news, special events, library resources, and online “chat” and message forums for adoptive and foster families.

Issues

- There is a shortage of adoptive families to meet the needs of children from culturally diverse backgrounds. There are cultural and language barriers in these cases. The agency develops a recruitment plan each year to address the targeted needs for each county. Resource development staff provide activities within the community designed to attract families who can fulfill the targeted need. Each county office submits a quarterly update on activities completed and the success of those activities. Case managers also work with private child-placing agencies to locate perspective resources for children.
- Sibling groups are often split up due to difficulties in locating and recruiting adoptive parents who are willing to adopt sibling groups with one child with emotional or medical challenges.

- There is a shortage of adoptive homes for children who have special needs such as a documented physical, emotional or mental disability; children over 8 years old; African-American children over one year old; and sibling groups of 3 or more.
- Juvenile court and DFCS need to work together more effectively to meet federal TPR requirements in a timely manner.
- Workers need additional training in documentation of areas such as compelling reasons for TPR and other procedures.
- Delays in submission of materials to the SAAG for preparation of the termination of parental rights results in a longer time to adoption completion.

Promising Developments

Implementation of SACWIS/GA SHINES will greatly improve DFCS adoptions by allowing DFCS to share information across programs thereby reducing duplication of data entry and improving outcomes reporting. DFCS will work more closely with the juvenile court system, policy and procedure will be up-to-date and accessible, and documentation will be part the SHINES system so that workers will be able to focus more time on families and less time on paperwork. When combined with a focus on accountability it is anticipated that the improved practices will result in better reported outcomes.

Data

To address state performance on permanency data profile element X (Timeliness of Adoptions), information from the annual QCR report, and monthly internal monitoring data analysis. The State was below the national standard on this composite. While the state performed higher than the 75% percentile of children in care over 17 months achieving legal freedom within 6 months (11.2%) and legally free children adopted in less than 12 months (55%); state performance on the other measures was well below the national guidelines. Based on the stats from HB1406, we show Georgia's discharge to adoption as being 10.8% in 2003, 12.35% in 2004, and 11.26% in 2005.

Based on the QCR report trend analysis, in FFY 2004, the agency averaged 66% achievement on the timely finalizations of adoptions. The agency experienced a 2% increase in meeting adoption standards in FFY 05 (67%).

In the review sample, there were 24 children with the goal of adoption. In 16 cases the agency's actions were deemed to be appropriate. Reviewers found indicators for identified adoptive resources and reasonable efforts toward accomplishing the goal. However, in 8 of the cases reviewed there were delays in the Court system, delays at the State level in deciding Level of Care and children with no identified resources. In these cases, these factors indicated item 9 as an area in need of improvement.

In the Stakeholder Survey, DFCS was rated as somewhat effective in the securing of permanent homes in a timely manner for children who can not return to their homes by at least 60% of both DFCS and Non-DFCS stakeholders. In the Caregiver Survey, on a scale of 1 to 5 (with 1 being strongly disagreed and 5 being strongly agreed) 1,304 caregivers rated the agency at 3.41 in the receipt of post adoption services. Adoptive

parents (1,363) indicated with an average score of 3.36 they were offered post adoption services.

In 2003, the State released Social Services Manual Transmittal No. 03-01, which required that the agency, at the time of signing of the Form 33/37 Placement Agreement, provide a packet of information from the Georgia Center for Adoption Resources and Support that will assist families in identifying post adoptive services, support groups, community resources and events relating to adoption. The Governor signed into law the Foster Parent Bill of Rights in 2004.

Several action steps to decrease the lengthy time period for filing for termination of parental rights were taken as a component of the former PIP. These include:

- Improved accountability for ensuring existing policies and procedures related to filing of TPR are adhered to: Incorporate developed standards into County Directors' Performance Management Plan.
- Developed measures to determine that TPR is filed according to ASFA and policy
- Developed capacity within CPRS or another reporting system to produce an exception report when TPR and non- reunification are not filed timely
- Developed a referral packet for counties to use in order to properly prepare a legal referral when referring a case to the SAAG for TPR
- Reviews completed by agency staff and provided to judges at time of post termination reviews
- Advocated for Law Changes (SB 192) and completed policy changes allowing for adoptions to be heard as soon as possible following the filing of the petition as opposed to the historical 60 day wait
- Advocated for HB 1322 and upon approval changed policy requiring for case reviews every 6 months for children free for adoption as opposed to annually
- Changed policy to allow for contracting of child's life study to be initiated at the point of the petition filing as opposed to the child's first free date
- Examined foster care and adoption policy requirements for impact on length of time to achieve adoption:
- Make addition to six month CPRS instrument to require agency to report steps taken to achieve permanency
- Court Improvement Project (CIP) completed assessments of juvenile court processes through surveys and interviews of judges and case file review to identify specific barriers. Goal: Determine if court delays are impacting length of time to achieve adoption
- Enhanced existing Adoptions A-file system to evaluate and identify whether delays are occurring between filing for adoption and finalization. Goal: Determine if court delays are impacting length of time to achieve adoption.
- Provide Adoption Assistance Handbook and information regarding accessing Post Adoption Services to all foster care and adoption IMPACT participants. Goal: Inform foster parents of service options available to them if they adopt.
- At time of signing of the Form 33/37 Placement Agreement, provide a packet of information from the Georgia Center for Adoption Resources and Support that

will assist families in identifying post adoption services, support groups, community resources and events relating to adoption. Packets will include copies of the Adoption Assistance Handbook.

- Provided new SAAG training and manuals on specialized legal issues and procedures
- Law Department appointed six additional SAAGS

Item 10: Other planned permanent living arrangement

Policy

According to Georgia policy another permanent living arrangement is only selected when the court has ordered non-reunification, DFCS has determined that there are no other permanency options, and there is a compelling documented reason in the case plan. One option in Georgia policy is long-term foster care which is the planned permanent living arrangement when reunification is unlikely, adoption unfeasible, and no caregivers available to provide a home for as long as foster care is needed. Emancipation is another option when reunification or living with a relative is not an option and there are no adoption prospects. Eligible youth can receive independent living services through ILP (1012). These services include those experiences and training that youth need for continued growth and development including education, vocational preparation, life skills, personal development and health education.

Practice

Long-term foster care by agreement is used when there are caregivers available and willing to provide a home for the child as long as foster care is needed. The child and the substitute caregiver sign an informal, non-legal agreement indicating the intention for the placement to last until the child no longer needs foster care. The case manager documents the case plan to show a “compelling reason” for ruling out the “higher priority” permanency plan is not in the child’s best interest and the steps being taken to place the child in a more permanent living arrangement.

Emancipation is selected when placement with the parent or relative is not possible and there are no prospects for a consistent adoptive or foster family, but continued foster care arrangements are needed until the child reaches age 18. For youth that are age 14 or older, a referral is made to the Independent Living Coordinator. Also, a “written transitional living plan” is developed with the youth which outlines necessary goals and services for emancipation.

Strengths

IL services are offered to any child in care age 14 and older. There must be a Referral to Independent Living for all “eligible youth”. Eligible youth must meet one of the two following criteria: ages 14 to 21 in the foster care system regardless of their permanency plan or are under 21 and were eligible for IL services when placement authority ended. Eligibility begins on the 1st day of the month of eligibility and expires on the last day of the month of

eligibility. Referrals may be made 90 days prior to and no later than 30 days after the youth meets eligibility criteria

- The IL services have recently been extended to age 25 for children who remain in an approved educational plan. As mentioned before, services include educational costs, vocational/employment preparation, life skills, personal development workshops, and health education among many other things.
- In addition to regular IL services, youth may also qualify for Transitional Living Services which help the former foster care child to make an easier transition from being in foster care to living on their own. These additional services include things such as basic shelter startup costs, basic furniture, cooking, and cleaning supplies, monthly housing and utility subsidy, and counseling fees.
- There is a new expectation that all foster children receive either their high school diploma or GED by the time they are discharged from FC at age 18 or older.

Issues

- ILP Coordinators are not sufficiently diligent in recruiting all children 14 and older for the Independent Living Program.
- Most children choose to leave care once they reach the age 18 thus forfeiting many of the potential benefits of ILP services. There is currently no practice in place to attempt to contact these children after they leave care.
- ILP benefits are not well known to the community, so many who would qualify for these benefits are never aware of the resources.
- Teenagers in care are susceptible to issues such as substance abuse, teen pregnancy and gang violence.

Promising Developments

The agency is currently in the process of building a stronger relationship with the Department of Education. Current activities have been centered on SB 618 and joint agreement about enrollment and paying for education in general. The next ILP offsite will focus on educational achievement. Our imminent goal is to start to develop ILCs as consultants for educational advocacy to be able to support and advise on available resources when the case managers encounter obstacles with individual youth achievement or challenging local school systems. Local partnerships with the school system are being initiated for providing transportation to children placed within their county but outside of their home school district so children can stay connected to their school.

The MAYOI and Youth EmpowerMent study also included youth input as to the educational resources they felt crucial to their transitioning from foster care. The following are ideas they proposed to DFCS Leadership:

- IDA accounts should be available statewide for all ILP youth
- Total consensus among all Georgia ILP coordinators about education opportunities and what they can or cannot provide
- Do not move them when school is imminent.

Data

The State reviewed data from the QCR report to understand state performance on permanency data profile element XI (Permanency for Children in Foster Care for Long Periods of Time). The state was slightly below the national average on this composite. While the state performed above the 75% percentile on exits to permanency prior to 18th birthday for children in care for 24 months or longer (29.6%), performance was below the national standard on the other measures of exits to permanency for children with TPR (95.3%) and emancipation (48.3%).

The most recent QCR report reflects that this item was a strength for 85% of the cases reviewed in Georgia. Based on the trend analysis, in FFY 2004, the agency averaged 88% achievement in assigning the appropriate permanency goal for other planned permanent living arrangement. The agency experienced a 2% increase in meeting the standards for this permanency plan in FFY 05.

In the review sample, there were 29 children with the goal of other planned permanent living arrangement. Of these 26 were deemed to be appropriate. Reviewers found indicators for identified resources and work toward accomplishing the goal. In 3 of the cases reviewed, there were concerns for the identified goal.

The State of Georgia sought youth input into our self-assessment through a variety of groups. Care Solutions included a youth population in their stakeholder survey; MAYOI conducted a comprehensive Youth Summit (available at <http://www.jimcaseyyouth.org/docs/empowerment.pdf>) and a Survey Monkey study. Of the 25 youth responding to the Care Solutions DFCS stakeholder survey, only four youth indicated they felt prepared to live on their own in either a working environment or a college environment. Of this same group, six youth indicated they have received at least some to a great deal of educational services when they needed them. Of significant note however is that 7 out of the 9 youth that responded to questions regarding respect felt their caseworker treated them with a “great deal” of respect. In a separate survey sponsored by MAYOI, 142 youth provided responses indicating what they expected from their ILP Coordinator including follow-up with workshops (make them fun, interesting and relevant), information on services available, assistance with finding jobs, help with life skills, assistance in transitioning from foster care to adulthood, assistance in making the right decisions, help with transportation, programs in the summer, assistance with locating financial help, and help with college costs. Additional recommendations are available at SurveyMonkey.com.

Through the MAYOI youth seminars DFCS was provided a variety of feedback on the strengths and needs of DFCS in relationship to the needs of the youth in care as well as developed recommendations as to what they perceived the agency’s priorities should be. Included in the results were the desire for youth to have input into their permanency plans and should be developed in partnership with them. Youth indicated their case managers should discuss openly their options for permanent placements and keep them from inappropriate placements. Youth indicated they wanted Individualized Deposit Accounts (IDA) for housing/homeownership as well as for educational opportunities. They felt that employment opportunities as well as internships are crucial. Youth also indicated that having successful foster care youth return as mentors would be a positive influence.

For Permanency Outcome 1, the state continues to only partially achieve. For FFY 04 children were considered to have permanency and stability in their living situations in 59% of the cases. This percentage showed improvement in activities as the state increased to 83% in FFY 05.

As a component of the former PIP, to ensure the appropriate selection and use of Another Planned Permanent Living Arrangement (APPLA), the state committed to adjusting the content of IMPACT training and annual training at the Foster Parent Institutes to include other roles for foster parents to assist children in developing permanency living arrangements. IMPACT now provides curriculum training that incorporates content on permanency planning as well as the Foster Parent Bill of Rights (GA HB 1580). Additionally foster parents are invited to attend MDTs for the children under their oversight. CPRS continues to require documentation of the reasons for selecting APPLA as the child's permanency options.

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

Item 11: Proximity of foster care placement

Policy

Georgia policy 1009.1 dictates that to the extent possible family members should participate in the determination of the actual placement of the child in a foster home/facility. In addition, several policies address the need to look first for relatives or other individuals the child has a relationship with when selecting the best placement for a child. Other family members or friends, with whom the child has had a significant, positive relationship before entering care, may visit when the county deems it important for the child. When parents object to certain individuals visiting their child while in DFCS custody, the case manager needs to understand the reasons for the parent's objection and determine if such contact is indeed contrary to the well-being of the child. Should the county arrange contacts despite the objections of the parent, the case plan must clearly document all of the reasons for the parent's objections. The approval of the court must be obtained. When visits with significant others are not supervised, the case manager is responsible for assessing the adequacy and safety of the "visiting resource." The county must be notified of and approve all contacts and visits the child has with adult friends and family. As stated previously, Georgia also sets guidelines for the frequency of visitations with siblings, parents and other family members. In some areas visitation centers are being used to increase the availability of times and locations.

Practice

Foster Care placement staff work concertedly to ensure that neighborhood and community connections are preserved for children whenever possible. The philosophy of the agency is that children in foster care be afforded a placement in a family-like setting which creates a more loving and nurturing environment. If staff are unable to identify a foster home in the community in close proximity to the removal home they begin to seek foster homes in adjacent counties. There are some situations where a

child is not placed locally such as a lack of available therapeutic placement options, ICPC, placement with relatives, unknown parent location, and adoption placements. These are exception cases based on the more pressing needs of the child(ren).

Strengths

Policy and practice supports the vision that the agency must do everything it can to ensure there are enough opportunities for children in our care and custody to live with families in home settings. Ideally placements should be in the child's community to preserve family relationships and connections.

Wrap around services and aftercare services both work to help maintain stability for children and to provide opportunities to maintain connections for children in care and upon initial reunification.

Issues

There are not enough foster homes for teenagers, special need children, and children with sexual abuse issues to provide an opportunity to always place these children in their home communities. The State is currently piloting a Foster Family Initiative program within Fulton, DeKalb, Thomas, Colquitt and Mitchell counties. A primary objective for the initiative is to recruit homes for targeted children populations (teens, sibling groups, special needs) as well as reduce disruptions for children in care.

- There continue to be concerns with the consistency of data between IDS and Placement Central with regards to placement moves and location (case manager practice not systems issues). However, increased attention is being paid to the monitoring and validation of data to address these issues and the quality and accuracy of the data is steadily improving.

Promising Developments

The agency is pursuing the option of outsourcing foster parent recruitment, training and retention through a pilot with the Family Connection Partnership in five counties including Fulton, DeKalb, Thomas, Colquitt and Mitchell counties. The pilot began in September 2006. The pilot involves working with community organizations for the recruitment, preparation and support of foster families. The goal is to increase the number of foster families and the support they receive from local communities.

Data

The State does not compile aggregate data to capture proximity for placements. To determine the percentages of cases conforming to federal standards for FFY 05 in Permanency Outcome 2 the agency reviewed 248 placement cases in the most recent QCR report.

Based on the QCR trend analysis, in FFY 04, the agency averaged 61% achievement in maintaining children's connection through proximity of their placements. The agency experienced a 34% increase in meeting the standards in FFY 05. Of the cases reviewed 212 children were found to have been placed within the same county as their parents or were placed outside the county to better meet their needs. These placements were considered to be in the best interest of the children because of relative relationships or needed group home placements. In the review sample children whose

parents' whereabouts were unknown or who had petitions filed for TPR were considered not applicable. As this area was substantially achieved there are no areas identified as needing improvement.

- The MAYOI and EmpowerMENT study reflected that youth had their own opinions about staying connected to their families and communities. The following are recommendations the youth drafted for DFCS Leadership:
- Foster youth need a network of caring, consistent and permanent relationships
- Follow through on commitment to fund Individual Development Accounts for youth statewide which will address gaps related to vehicle purchase, insurance, etc
- Youth should be given our own personal certified copy of our birth certificate, social security card and state photo identification. It's rare that youth have these things. These accounts are important in obtaining a driver's license but also for other important independent living tasks including applying for a job or opening a bank account.
- Adopt and implement Community Partnership Board model that brings together public, private, non-profit, and business stakeholders to create local community connection opportunities to support transitioning youth (i.e. Interagency Council). Ensure that commonly used partners are at the table.
- DFCS should create matched savings accounts for youth to help save money toward purchasing a vehicle of our own or paying for car insurance and DFCS should provide youth with driver's education resources.

Item 12: Placement with siblings

Policy and Practice

Georgia policies 1009.8 and 1009.10 emphasize that whenever possible sibling groups should be placed together to preserve their connections. When they are not placed together efforts must be made to provide opportunities for visitation between siblings unless it is not in the best interest of the children.

Foster Care placement staff work effectively to ensure that family connections are preserved for children whenever possible. Placing siblings together provides stability and preserves family connections during otherwise contentious circumstances.

Strengths

- Private agencies that specialize in sibling placement, such as Neighbor to Family, are excellent collaborators that assist in meeting this expectation.
- Generally foster parents have been responsive to the agency's expectation to accept siblings.
- Wrap-around service providers are an effective support for foster families to assist in stabilizing placements.
- Foster parents take advantage of the availability of respite care services. Foster parents are entitled to five nights (and possibly five days) of respite care per year. Additional days may be taken but will decrease the per diem payments. Foster-to-adopt parents/families are also used to provide respite care.

- The sibling incentive of \$100 per child for sibling groups of three or more is helpful in providing additional support to families that foster sibling groups. This program was initiated in July 2006. From July 2006 to January 2007 an average of 629 children have received the sibling incentive funds resulting in an expenditure of \$445,730. At this time we do not track the number of foster families receiving the incentive as the payment is linked to the child's ID in our payment system.

Issues

- Concerns about the accuracy and consistency of data in IDS and Placement Central is being addressed through regular monitoring and review. Based on these efforts data irregularities are being more promptly addressed and corrected.
- Additional recruitment of foster families that are willing to accept sibling groups is needed. The number of foster family homes has remained constant (at approximately 240) with no increase in the number of available homes. Most close when foster parents move out of county or adopt, although a few leave due to burnout. Some families are over-extended and supervision issues may develop, particularly for teens in care.
- While the number of families accessing Relative Care Subsidies has increased, these resources could be better utilized as an incentive to place and maintain sibling groups with relatives.
- Additional training and support are needed for foster homes/families with sibling groups because currently there are no additional supports or tailored supports for these families.

Promising Development

As discussed above, the agency is working with Family Connection Partnership on a pilot to recruit, prepare and support foster families in an effort to increase the number of foster families and ensure they are well supported in local communities.

Data

Based on the QCR report trend analysis, in FFY 2004, the agency averaged 90% achievement in the placement of sibling groups within the same home. The agency experienced a 1% decrease in meeting the standards for this permanency plan in FFY 05. Of the applicable cases reviewed, 155 children were clearly placed together in the same setting whenever possible. In many cases these placements experienced disruptions related to behavioral issues or other special needs of a specific child within the sibling group. Lack of foster home resources was the largest contributing barrier for the 19 children not placed with siblings. This is an area determined to need improvement.

The State implemented several action steps as a result of the 2001 PIP in an effort to enhance sibling placements. These actions included:

- Provided training to supervisors to ensure case reviews were inclusive of siblings placement with one another assessment and the appropriateness of their separation
- Provided Basic and Advanced CPRS training to all staff including how to input and retrieve data
- Provided training to foster parents on skill sets required in maintaining sibling groups
- Increased the number of recruited family foster homes willing to accept sibling groups
- Initiated a survey for caregivers to assess the impact of respite on the foster home
- Utilized Relative Care Subsidy to place sibling groups with relatives for long-term care

Item 13: Visiting with parents and siblings in foster care

Policy

Georgia policy 1009.8 directs case managers to maintain frequent and regular contact between the children when siblings are placed in separate homes. It also requires documentation in the case plan regarding why separate locations are necessary and whether the children are in the most ‘family-like’ setting. In addition, policy 1009.5 provides direction for visitation with parents while the child is in custody, requiring visits at a minimum of two-week intervals.

Practice

When reunification is the goal, parent-child visitation is scheduled at least every two weeks, unless the court has specified another visitation arrangement. The following guidelines are considered when scheduling parent/child visitation:

- The younger the child, more frequent visitations are scheduled to help the child maintain a viable relationship with the parent.
- Supervised office visits are initially completed in order to observe how visitation affects the parent and the child and the quality of the interaction.
- Efforts are made for subsequent visits to be held in the least restrictive, most relaxed environment possible. Parks, playgrounds, and even the home of the foster parent or parent are alternatives to office visits.
- Visits are scheduled taking into account the child’s eating, sleeping and activity patterns, the parent’s work schedule or other responsibilities and, activities and responsibilities of the home/facility.
- When possible visits involve parents in routine parenting activities such as attending school functions, special occasions and medical check-ups, as well as engaging in feeding, diapering, and other direct child care responsibilities.

Family visits are scheduled more frequently and of longer duration when reunification nears. Visits in the home of the parent (including overnight visits) are important in the

transition from foster care to the home for both the parent and child. Increased and overnight visits are done with the approval of the court.

Siblings in separate placements are scheduled for at least one visit per month, unless it is harmful to one or more of the children, the sibling is placed out of state, or the distance between the children is more than 50 miles and the child is placed with a relative. As discussed under policy, when siblings are placed separately, frequent and regular contact needs to be maintained and the reason for separate locations must be documented in the case file; e.g., due to the lack of available resources, pattern of disrupted placements, or individual needs of the child that could only be met in separate placements.

- Every effort is made to place siblings together. They are placed separately only if placement together would be contrary to the developmental, treatment and safety needs of a given child. Separating siblings compounds the child's sense of loss and feelings of being disconnected from family.
- Effort is made to ensure that siblings participate in special times such as birthdays, graduation, and other significant family events.
- Besides face-to-face visits, children are encouraged to maintain contact via telephone calls and letters.
- All contacts between siblings are documented in the case record.

Strengths

Georgia exceeded our PIP goals with the development of visitation centers around the state. One PIP goal was to research and develop a model for community supervised visitation which helps to remove barriers to consistent visitation between children and siblings in care and their biological parents/families. As of the end of our PIP cycle the state had met and exceeded its goal of establishing 5 centers with the establishment of over 20 community-based centers throughout the state. As of 2006, PSSF in partnership with 23 county DFCS departments established twenty-five PSSF Family Access and Visitation Centers serving families in 9 out of 12 regions of the state. Currently Georgia has visitation centers in more than 35 counties (Baldwin, Banks, Bartow, Brantley, Carroll, Catoosa, Clarke, Clayton, Cobb, Colquitt, Crisp, DeKalb, Dougherty, Douglas, Early, Fannin, Fayette, Floyd, Gilmer, Gordon, Greene, Jackson, Jasper, Laurens, Lumpkin, Mitchell, Morgan, Murray, Oconee, Pickens, Pike, Polk, Stephens, Telfair, Toombs, Troup, Union, Walker, and Whitfield) serving as few as 4 and as many as 55 families. Several of the centers have expanded to provide supervision to Superior Court cases as well.

Community Based Family Access and Visitation Centers have improved the frequency and quality of visitation between parents and children and between siblings. Visitation is currently conducted in neutral, community-based settings such as schools, family resource centers, CASA and churches during non-traditional evening and weekend hours. PSSF Time Limited Reunification Services support a variety of ancillary services to enhance the quality of visits including parent and child enrichment activities, coaching on effective disciplines, stress and behavior management. Transportation services are also provided to remove barriers to consistent visitation. The county department has

the responsibility to reach out to parents and assure that a pattern of regular visitation is established early in placement. Parents may require strong encouragement and support to exercise their visitation rights. The parent may respond to a better understanding of how important visitation is to the child when encouraged by the case manager.

For more successful visits, planning with the child, foster parent and parent in advance of the visit may be helpful. If there are difficulties experienced in relating to the child, the case manager may need to assist the parent in developing more meaningful ways of interacting with or relating to the child such as activities, games, etc. The parent and child may need assistance in understanding when and how to end a visit and say good-bye. Post-visit discussions with the child, foster parent and parent may assist in planning for the next visit. It is anticipated that face-to-face contacts between a parent and child will be stressful. The reasons for placement and separation will surface, along with the feelings on the part of both the parent and child around those issues. Typically, the child will express his feelings through his behavior prior to or following a visit; e.g., aggressiveness, temper tantrums, bed-wetting, angry outbursts, crying, etc. A child who is particularly upset by visits may need additional assistance and support by the case manager and foster parent to verbalize his/her feelings about the parent, the reasons he/she is in care, the purpose and expectations of having visits with his/her family, etc.

Visits provide parents with opportunities to practice appropriate parenting behavior and obtain feedback. Parental readiness and capacity for reunification can be assessed and documented in the case record and Case Plan. An incarcerated parent retains visitation rights. It may be necessary for the county department to arrange for or to provide transportation where agency resources permit. Other forms of meaningful contact can include letters, cards, calls, etc.

Issues

- Parental failure to keep appointments for visitation with the children causing more emotional trauma to the children. Often the failure to keep appointments is due to a lack of transportation. Children are usually transported to the visit by the agency but it is considered the parent's responsibility to provide their own transportation.
- Lack of foster parents willing to have visitation in their home.
- When parents have unstable living conditions it is more difficult to provide adequate notice to parents of scheduled visitations because it is harder to contact them and they may not receive mail.
- Difficulty in coordinating visits between siblings who are in separate placement.
- Conflict with parents' work schedules if they are employed.

Promising Development

As the visitation centers continue to serve the needs of additional families and children in foster care, the opening of additional centers is anticipated in targeted areas.

Data

Outside of QCR reports, the State does not capture data regarding visitation. County departments review for visitation as a component of their internal case reviews however data is not collected from these reviews.

Based on the QCR report trend analysis, in FFY 2004, the agency averaged 85% achievement in facilitating visitation with parents and siblings in foster care. The agency experienced a 9% increase in meeting the standards for FFY 05. Across the state, counties have established a number of community-based sites to facilitate visitation between children in care and their families. These sites offer the opportunity to visit in the evening and weekends. DFCS within the Metro Area also provides MARTA passes for family members to facilitate visitation.

In 208 of the cases, interviews and case record documentation supported that the agency was providing opportunities for regular visitation between the parents, siblings and children in care. There were cases with formal “no contact” orders or non-reunification orders that did not allow for visitation or the parents’ whereabouts were unknown. These cases (26) were deemed not applicable. Visitation with birth fathers appears to be hampered by the fathers’ lack of involvement with their children or the agency’s lack of knowledge of the father’s residence.

The agency determined that for 6% of the children the agency failed to make a concerted effort to develop or maintain a visitation schedule. This is an area determined to be a needs improvement.

Over 80 % of the non-DFCS stakeholders indicated that children in foster care “sometimes to often” had visits with their parents and siblings in foster care. DFCS stakeholders concurred but indicated 65.4% indicated they felt the visits occurred more often than “sometimes”. Together over 80% of all stakeholders felt that siblings were placed together “sometimes”. In the Parent Survey, on a scale of 1 to 5 (where one is strongly disagreed and 5 is strongly agreed) parents rated the agency at 3.24 indicating they had regularly scheduled visits with their child. Of the youth that responded in the Stakeholder Survey, 3 out of 8 respondents indicated they were able to have visits with their family and siblings a great deal and 3 felt like they were able to visit some.

As a component of the 2001 PIP, Georgia committed to ensuring the documentation of visits with children and parents would be clearly documented in 90% of the cases. To ensure this staff were trained in CPRS on the development of visitation goals and trained on the importance of visitation between parents and children. The state increased the number of visitation centers (funded through PSSF funds as well as through local faith-based organizations).

Item 14: Preserving connections

Policy

Georgia policy also provides direction for preserving connections with other family members and important family friends with whom the child has a significant relationship.

Policies 1009.9 and 1009.10 address the right of grandparents and other family members or significant others to visit with the child if it is deemed important and healthy for the child.

Should DFCS not grant grandparent visitation, the grandparent has the legal right according to O.C.G.A. Section 19-7-3, to petition the court for visitation rights with a minor child when the parents are divorced; the parental rights of either parent have been terminated; the parent of the child is deceased; or the child is adopted by a blood relative or step-parent.

Practice

Every effort is made to help children maintain family relationships and connections to their community when it is deemed appropriate. The FTM seeks to identify and involve as many family members as possible in the case planning process. The children are encouraged to create a life book which is useful in helping them to feel connected when they may have to be placed in areas that are not in close proximity to their former residence. Telephone calls and letter writing is encouraged when a face-to-face visit is not feasible. The children's cultural and religious beliefs are taken into account when seeking placement. The agency adheres to the policies of the Indian Child Welfare Act when Native American children are brought into care.

As discussed in the policy section above, counties will work with grandparents to visit the child in care if it is deemed important for the child. These visits may be supervised by the agency if necessary. Reasonable visitation rights between the grandparent and the child may be granted if the court finds the health or welfare of the child would be harmed unless such visitation is granted and visits serve the best interest of the child.

When parents object to certain individuals having visits with their child while in DFCS custody, the case manager will assess the reasons for the objection and determine if such contact is indeed contrary to the well-being of the child. Should the county department arrange contacts despite the objections of the parent, the Case Plan must clearly document all of the reasons for the parents' objections. The county department must be notified of and approve all contacts and visits the child has with adult friends and family. The approval of the court must be obtained. When visits with significant others are not supervised, the case manager is responsible for assessing the adequacy and safety of the "visiting resource."

Outside of family visitations, the agency does not have a wide practice for maintaining family connections. Many counties reflect they allow for letters, phone calls and emails when appropriate as well as inviting to Dr. appointments, calls, visit to home churches on Sunday, usage of concurrent per diem to allow spend the nights visits at sibling foster homes, attending extracurricular school activities, family reunion attendance etc. However, these actions appear to be exceptions to the rule and not a part of normal practice.

When serving culturally diverse children in care the agency works with caregivers to maintain religious affiliation, promote cultural identity by educating foster parents/caretakers to be culturally sensitive to the needs of those children. We do not

want to promote loss of identity and total assimilation in to a differing culture. In some counties Service Aides transport children to their family Mosque in order to promote cultural identity. In another county, the agency worked with a birth family for a child's Quincenera (15th birthday party) at her family's home (with invited guests and traditional food and costumes). Therefore, a pivotal requirement is to provide education and support to our foster parents/caretakers so they can continue to promote that child's individuality and ethnic heritage.

Strengths

- The FTM process helps to identify additional relatives who may not be a placement resource but may be a visitation resource. These meetings allow for input from youth, parents, and other important individuals in the child's life. The case manager is able to assess whether visitations would be beneficial or not based on the feedback from all participants including the child.
- Many times extended family and friends want to visit with the child and will make efforts to maintain the contact and relationship.
- Aftercare services have helped to keep foster care re-entry to a minimum.

Issues

- Lack of parental cooperation in divulging information to DFCS about other friends and relatives who may be important to the child. When the friends and extended family are identified often visitation is hindered by a reluctance to submit to required background checks.
- Lack of available foster homes in child's neighborhood or community may cause difficulty in keeping a child in the same school or near same friends and acquaintances. It is not always in the best interest of the child to remain in the same area due to issues such as high crime or drug infested areas.
- Historically foster parents and staff have not done a good job with creating life books for children in care. Case managers are working to improve in this important task by helping foster parents to complete the life books for children as soon as they enter care.

Promising Development

As the visitation centers continue to serve the needs of additional families and children in foster care, the opening of additional centers is anticipated in targeted areas. The state is applying a renewed emphasis and accountability to the importance of diligent search.

Data

Based on the QCR report trend analysis, in FFY 2004, the agency averaged 93% achievement in maintaining children's connections. The agency experienced a 5% increase in meeting the standards for this permanency plan in FFY 05. Case reviews indicated that connections were being maintained through regular face-to-face visitation, letters, emails, and telephone contacts with parents as well as extended family members and friends. There are no areas noted as needing improvement as this component was substantially achieved.

In addition to the QCR report, the state also examined data related to placement with relatives to understand how the state is performing in this area. Internal data monitoring shows that in December 2005, 16.92% of children in care were placed with relatives.

Item 15: Relative Placement

Policy

Georgia has been very actively working on increasing the emphasis and recognition of the importance of placement of children with relatives and in conducting the diligent search to find relatives. Policy 1004.1.1 discusses preference for placement with an adult relative over a non-related caregiver as long as the relative meets all state requirements for protection. In identifying key relatives for possible placement, policy 1002.3.1 discusses the diligent search that is required by law (O.C.G.A. 15-11-55) to identify potential relatives or other adult with an ongoing commitment and relationship with the child for potential placement. This search begins during the investigation process and intensifies when the child is removed from the home. Both CPS and Placement case managers are responsible for obtaining relevant information and documenting all of the search efforts. When the search is conducted early in the process there is a greater likelihood of making sound placement decisions and permanency.

Practice

As discussed above, a diligent search for relatives is conducted at the beginning of the investigation to locate willing and appropriate resources prior to placement. Once the child is placed the search intensifies and is completed within 60 days of removal and is filed with the court at the time of the first review. A first choice for placement is a willing and appropriate adult relative who meets all child protection standards and is in the best interest of the child. Placement with relatives enables the child to maintain continuity within existing family structure; protects the child's standing in the family; and constitutes the least disruption to the child's life. A relative placement may be either a relative home which does not receive a foster care per diem but may receive an Enhanced Relative Rate or other benefit or a relative foster home which meets foster home requirements and receives a foster care per diem reimbursement.

Strengths

- CCFA providers assist in the diligent search for relatives during their assessments.
- FTMs seek to involve more family members in the case planning process and may identify relative placement resources.
- Availability of wrap-around services, aftercare services, Relative Care Subsidies, Enhanced Relative Care Subsidies and Guardian Subsidies help relatives provide placements for children.

Issues

- Reasonable diligent searches are not being completed as extensively as they should be in some cases. This may be due in part to the lack of communication between CPS and Placement case managers regarding who is responsible for

completing the search. When a thorough search is completed during the initial investigation it is easier to locate relative caregivers. Roles for each of the case managers should be more clearly defined to avoid future conflict.

- Lack of follow through with families identified in diligent search process.
- Parents' reluctance to cooperate with the agency when trying to gather information on potential placement relatives.
- Difficulty in locating absent parents especially when there may be several siblings and more than one absent parent.
- Unwillingness of absent parents or paternal relatives to take the siblings of children who are not biologically related to them.
- Unwillingness and inability of some relatives to care for children with special needs.
- Demographically, metro Atlanta has a transient population. Frequently residents are not from the metro area and do not have relatives in the metro area or in the state. In these cases, the Interstate Compact on the Placement of Children (ICPC) is a lengthy and time-consuming process.

Promising Developments

- Renewed emphasis and accountability to the importance of diligent search.
- Newly passed federal ICPC legislation will speed up the process.
- Office of Family Independence (OFI) participation in FTM can assist in the sharing of information, if a family has a related OFI case history.

Data

Based on the QCR report trend analysis, in FFY 04, the agency averaged 93% achievement in the identification and usage of relative placements for children in the state's legal custody. The agency experienced a 1% decrease (92%) in meeting the standards for FFY 05. In many cases, relative placements were ruled out because of inability to meet the special needs of the children or unwillingness/inability to have children placed in their homes. There were many placement disruptions. Home evaluations could not always be approved. Relative placements were utilized whenever possible. There were 8% of the cases in which relative placements were not researched. Often maternal relatives were the only relatives pursued with no information or attempts to locate paternal relatives indicated in the file. This is an area cited as needing improvement.

Overall, the state of Georgia has had a decrease in the number of children removed and placed into foster care. We have begun to focus on family-centered practice as opposed to child-centered practice. As a result of this practice we are placing a greater emphasis on diligent relative searches and thus placing more children with relatives. We have implemented support services including financial support, in-home counseling, behavioral aides etc. in an effort to provide relatives with the resources to meet the children's needs. Support services are being retained by relative caregivers even after the agency has officially closed their cases. The agency has increased the permanent placements of children with relatives. In 2003 the discharge to relative placement was 26.03%, in 2004 it was 26.07%, and in 2005 it was 27.36%. In the recent Relative

Caregiver Survey, relatives rated the agency 3.19 (on a scale of 1 to 5 with 1 being strongly disagreed and 5 being strongly agree) in providing enough financial support to meet the child's needs and 3.23 in the location of community resources to meet the child's needs.

In the Parent Survey, on a scale of 1 to 5 (where one is strongly disagreed and 5 is strongly agreed) parents rated the agency at 2.69 indicating relatives had visits with their child. Of the youth that responded in the Stakeholder Survey, 2 out of 7 respondents indicated they were able to maintain relationships with their other relatives a great deal and 3 felt like they were able to maintain relationships with other relatives some.

As discussed above, internal monitoring data indicates that children are increasingly being placed with relatives, and this is a goal that the state is continuing to work towards and monitor on an on-going basis. The state has set a target of 30% of children in foster care will be placed with a relative or relative foster home. Each month this is one of the issues that are examined during the G process with each of the regional directors. It should be noted however that stakeholders have significant reservations about the agency's emphasis on placing children with relatives. Community stakeholders indicated "Don't rely so heavily on relative placements. Upbringing in these families are often the reason that the parents are unable to properly parent their children." Another stated, "Be more careful about placing children with relatives." One community partner indicated they "had never known a relative placement to follow the rules. Never- they always allow the parent to see or visit the children". It may be necessary to complete some public relations value change for stakeholders as one respondent stated, "Don't place children with the grandparent, who failed their own children, seems to me, you are perpetuating the problem".

Item 16: Relationship of child in care with parents

Policy

Georgia policy 1009.3 dictates that when a child is initially placed a family visit should occur within the first week if possible or if not a visit, then telephone or written contact should be arranged. Policy 1009.4 requires a plan for parental visitation in every case plan with a copy provided to the parent. If it is determined that visits are not in the best interest of the child, the reason for ceasing visitation must be documented in the case plan and supported by professional opinion or court order and this information must be shared with the parent verbally and in writing. Once placement is settled, visitation between parents and child(ren) should occur at two-week intervals unless another visitation arrangement is court specified (Policy 1009.5).

Practice

Practice follows the policy described. When reunification is the goal and agency resources allow, parent child visitation is scheduled every two weeks, unless another visitation arrangement is specified by the court.

The following guidelines are considered when scheduling parent/child visitation:

- The younger the child, more frequent visitations are scheduled for the child to maintain a relationship with the parent.
- Supervised office visits may offer the best opportunity to assess how visitation affects the parent and child and the quality of the interaction, especially during the first visits after the initial placement.
- Visits are held in the least restrictive, most relaxed environments possible. Parks, playgrounds, and even the home of the foster parent or parent may offer alternatives to office visits.
- Visits are scheduled taking into account child schedules (eating, sleeping and activity patterns), parent's work schedule and other responsibilities, and activities and responsibilities of the home/facility.
- Ideally, visits will involve parents in routine parenting activities such as attending school functions, special occasions and medical check-ups, as well as engaging in feeding, diapering, and other direct child care responsibilities.

Strengths

- Most parents want to be connected to their children and are willing to make necessary changes to facilitate reunification.
- The dedication of agency staff to help make sure that the parents and children maintain a connection.
- Visitation centers provide a neutral place for the parents to visit with their children. The centers also provide for visits during non-conventional hours such as nights and the weekends. This is especially helpful for working parents. The program is on track to exceed well over 460 visits in 2006.

Issues

- It is challenging to help very young children to continue to feel connected to their parents, when they instinctively become more attached to the foster parent.
- Maintaining the connection with parents who are incarcerated or in drug treatment due to challenges in arranging communication and visitation.
- Some parents are often unwilling to cooperate in meeting visitation requirements. All too frequently children become excited about a planned visit with their parents, and the parents do not show. The children then become upset and act out in their placements.
- Some school systems are reluctant to allow non-custodial parents to visit at school or attend extra-curricular activities without the department present.

Promising Developments

As discussed previously, additional visitation centers are anticipated in targeted areas to help serve the needs of additional families and children in foster care. In addition, there has been a renewed emphasis and accountability to the importance of diligent search.

Data

Based on the QCR report trend analysis, in FFY 04, the agency averaged 80% achievement in maintaining the relationship of children in care with their parents. The agency experienced a 15% increase in meeting the standards for maintaining parental relationships in FFY 05. Meaningful relationships were maintained between children and parents. The agency made diligent efforts to provide visitation for children with their parents to further build and maintain the parent-child bond. In some situations court orders existed that did not allow contact with a parent. There are no areas needing improvements as this was substantially achieved.

First and foremost to support family connectivity the agency seeks to place a child within their current community/school system. If this is not an option, the agency seeks to maintain the child within their legal county or with a relative placement. The agency encourages foster parents and birthparents to open lines of communication regarding a shared child's extra-curricular activity and doctor appointments when appropriate. Letters and phone calls are encouraged with foster parent consensus. For parents who are incarcerated phone calls and letters are orchestrated through the case manager. On a case by case basis, staff allow for children, when appropriate to attend, school Individualized Education Plans (IEPs), school events, sporting events, church functions, family reunions, funerals and other special events with their family or approved "kinship" provider. When children are placed with relatives, the child's participation in family activities, unless otherwise prohibited by the agency, is at the discretion of the caregiver.

Parents participating in the parent/caregiver survey rated the agency at 3.11(with 1 being strongly disagreed and 5 being strongly agreed) in assessing case managers scheduling visits with the parent and child. Parents also rated the agency at 2.68 for case managers assisting them in talking with their child as often as the courts or DFCS would allow.

DFCS received a significantly higher rating from DFCS stakeholders than non-DFCS stakeholders in the provision of maintaining family relationships when children are removed from the home. Only 10 % of the non-DFCS stakeholders rated the agency as very effective in maintaining connections as compared to 22% of the DFCS stakeholders. An additional 57.5% of the non-DFCS stakeholders felt the agency was somewhat effective in maintaining relationships compared to an additional 61.1% of the DFCS stakeholders.

For Permanency Outcome 2, the state is close to substantially achieving. For FFY 04 Children were considered to have preserved a continuity of relationships and connections for children in the legal custody of the state in 73% of the cases. This percentage increased dramatically in FFY 05 to 94.

Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.

Item 17: Needs and services of child, parents, and foster parents

Policy

Georgia policy 1006 discusses the importance of a thorough understanding of the role of family in all child welfare interventions. It dictates an assessment process that gathers as much information as possible about the family, examines strengths and needs and guides the case manager to a more complete understanding of the family as a unique system including how all members think, feel, behave and relate to each other and situations. The assessment is used to help staff make decisions about areas related to the best interest of the child such as service needs of the child and family, best placement, and permanency goals. In addition it provides information regarding the likelihood for reunification or concurrent permanency plan. This process also allows for continuous refinement of the case plan and permanency outcome to match the best interest of the child.

The assessment is known as the CCFA which was discussed earlier in this report and is completed shortly after the child enters care. The process involves both the child and family (immediate and extended) and utilizes family-centered approaches such as FTMs and Multi-Disciplinary Staffing. The information can assist judges, CASAs, Citizen Panels and other providers who work with the family and child.

Case managers should examine the information from the entire investigation when developing the strengths and needs assessment and the case plan. These components should include discussion of ongoing services and the family role in process. All information should be reviewed with the family (Policy 2105.6). Policy 2105.2 provides direction for the facilitation and provision of services discussed in the case plan to help parents, children, and case workers achieve the outcomes and goals identified in the case plan.

Practice

Family Preservation/Ongoing

The Family Preservation Services (FPS) Pilot Program was developed and implemented in nineteen counties Clarke, Clayton, Cobb, Colquitt, Forsyth, Fulton, Glascock, Habersham, Macon, Miller, Paulding, Peach, Schley, Seminole, Terrell, Warren, and Walker. When the decision is made to keep the children in the home, the case is to be transferred to a FPS worker within 30 days. A FTM is scheduled within 45 days and the needs of the children and family are determined by the FTM.

Placement

Children are referred to a CCFA provider within 24 hours following their 72-hour hearing. The case manager meets with the caregiver at the initial point of placement to discuss known needs of the child. Caregivers are invited to the FTMs and MDTs to obtain additional insight and to provide input on the needs of the child. Case managers meet face to face with the caregivers on a monthly basis to discuss the placement, the needs of the child and the needs of the caregiver. In addition, foster home workers meet quarterly with the foster parent to identify needs of the foster parent. FTMs are frequently done in community locations for the convenience of family members including their homes. We do not track FTMs in a State data base. However, in the Stakeholder survey both DFCS and non-DFCS stakeholders indicate that FTMs as “very effective” strategies for improving child outcomes, with at least

half of the stakeholders indicating this is a very effective strategy and less than ten percent saying this strategy is “not very effective”.

Strengths

- The use of the CCFA process to identify family strengths and needs as well as the individualized needs of the child.
- The FTM process is a very positive tool in assisting families in making decisions regarding the family and child needs. This meeting provides a humanizing approach to what is otherwise a legal process. Family participation leads to more meaningful outcomes. With greater understanding of what is happening tensions of all stakeholders are reduced. The FTMs provide a forum in which the family has a greater say regarding needs and permanency planning.
- Caseloads have been significantly reduced across the state and workers feel that they can spend more quality time with family, children and other service providers.
- Parent aides and Homestead Services can be very useful to assist with providing services and to help the case manager assess needs.

Issues

- Develop policy regarding case closure to prevent premature case closure especially in substance abuse and domestic violence situations. Increase the availability of drug treatment services and create stronger linkages between CPS, substance abuse treatment and domestic violence initiatives. Most treatment services have a specific criteria requirement to gain access to the service or are not available when needed. Some case managers feel frustrated that the service need goes unmet.
- In order to ensure the continuity of services provided to families and children, the staff across the state need to improve transfer procedures between CPS Investigations and both Family Preservation and Placement. In addition, while service needs are identified during the assessment process; there is a concern about follow-up in meeting those needs.
- Teenage mothers who want to move out of the home have limited services available to them. Life skills training is recommended.
- There are limited resources to meet the needs of unruly children and they must have a mental health diagnosis to qualify. Not having this diagnosis often prevents access to services.
- The scarcity of affordable housing presents problems in meeting the need of stable housing for families. Historically the agency has had informal agreements with local housing authorities; however there is not formal agreement at the state level.

Promising Development

- The agency is working with Family Connection Partnership on a pilot to recruit, prepare and support foster families in an effort to increase the number of foster families and ensure they are well supported in local communities. DHR and DFCS partnered with the Children and Youth Coordinating Council to pilot a new partnership model of resource development and support in Fulton, DeKalb,

Colquitt, Thomas and Mitchell counties. The pilot goals are to 1) increase the number of foster families for sibling groups of 3 or more and/or teenagers, 2) test models for partnerships with communities that enhance the development of foster parents and 3) provide an array of support services to selected existing foster parents. Ultimately, the activities and learning outcomes will be used in the statewide rollout of the Foster Family Initiative. The Initiative has been in the development stage. There have been no home studies submitted for approval to date. Recruitment inquiries have been much lower than expected. CBOs have generated 153 inquiries. During the same reporting timeframe, the pilot counties had 961 inquiries. There is natural association between the state's responsibility for child welfare and the place to go to be a foster parent.). Recruitment of families, who want to provide a home for sibling groups and adolescents, will require increased work efforts and a more targeted approach. Offerings of support services have met expectations although participation from foster parents is low. Each of the CBOs provides support services that have been historically identified as wanted and needed by foster parents. Participation in these support services consistently ranges from 0% to about 20% of those invited. Feedback from one group of foster parents was that they valued an increase in the "principal supports" that come from DFCS (per diem, teamwork, relationships with case managers.) rather than the "ancillary supports" being offered by the CBOs.

- Because the current Risk Assessment Tool is very time consuming and requires significant duplicate information, in January 2007 refinements to decrease the amount of duplicate documentation will become effective.
- As discussed previously, Georgia SHINES is an information and case management system designed to improve the effectiveness, efficiency, consistency and timeliness of social services provision to families and children. This system will support case management practices so that needs and services of child, parent and foster parents can be tracked. The State signed a contract in November 2005 and the expected date for full implementation is January 2008.

Data

To determine the percentages of cases conforming to federal standards for FFY 05 in Well Being Outcome 1 the agency reviewed 837 cases (590 CPS and 247 placement) in the most recent QCR report.

Based on the QCR report trend analysis, in FFY 04, the agency averaged 76% achievement in meeting the needs and services of child, parents and foster parents. The agency experienced a 7% decrease in meeting the standards for this outcome in FFY 05 (69%) There were 257 cases identified as needing improvement. In these cases, appropriate assessments were not completed nor adequate services provided to meet the parents or child's needs. In some cases, initial referrals were made to service providers, however documentation did not support the agency monitored the progress of the services provided by those resources and additional identified issues had not always been addressed. Domestic violence counseling, parenting skills, coping skills and respite care are some of the unidentified needs not addressed by the agency.

Stakeholder surveys indicate that less than 23% of all stakeholders feel that DFCS does a very effective job in the provision of services needed by families. Of the non-DFCS stakeholders, 39% indicated the agency was not very effective in the provision of services. Regarding service delivery gaps were fairly pronounced with DFCS stakeholders being more likely than non-DFCS stakeholders to indicate items such as families having input on case plans, case plans being responsive to families needs, caseworkers having the skills and knowledge they need and family members being involved in decisions about their children occur “often”; non-DFCS stakeholders were more likely to say these occur “sometimes”. However both groups did indicate building parent capacity through services and supports to be effective with 46% of DFCS and 42% of non-DFCS rating this as very effective.

Stakeholders were asked for input on improving child outcomes. Developing more resources, additional funding and supports for families were key themes, particularly parenting skills development, child care, substance abuse treatment, mental health treatment and wrap around services.

More than 5 parents participated in the parent/caregiver survey. From these parents the agency received a ranking of 3.20 (1 indicates strongly disagree and 5 indicating strongly agreed in the response to the agency offering services and supports to help meet case plan goals. Responses tended to be slightly elevated for CPS and Diversion than for parents with children in foster care. However parents in all programs ranked the agency below 3 averaging 2.76, regarding the agency and their ability to locate resources and services for their family within the community. When inquired if their family’s situation was better now than it was one year ago, Diversion parents rated their response as 3.63 indicating agreement with the assessment. Placement parents however showed a decrease in agreement ranking at 3.10. Parents with cases that involved Diversion and CPS ranked the agency 3.4 in the case managers’ responsiveness to their concerns about their children as compared to parents with placement case loads which ranked at 2.54.

Relative and Foster Care providers rated the agency at 3.91 in assisting to resolve problems with the child. They did increase their agreement to 4.46 when asked if the agency listened to them and their concerns. The same caregivers ranked the agency at 4.07 when asked about the sharing of information for meetings and court dates in a timely notice. Although in this area, DFCS foster homes had a tendency to rate the agency lower compared to relative caregivers and non-DFCS foster homes. In almost all categories, DFCS foster families had the tendency to rate the agency slightly lower than relatives and non-DFCS homes.

Georgia continues to require all children in foster care to have an MDT as a component of the CCFA as per the 2001 PIP. The MDT in conjunction with FTMs and CCFA recommendation is used to assist the family in the development of their case plan.

Item 18: Child and family involvement in case planning

Policy

Georgia policy 1007.3 dictates that the initial case plan for reunification which focuses on reunification with the family in a realistic time frame should be developed with the family within 30 days of removal. Once developed it is submitted to the court.

Parents must be provided with written notice at least five days prior to the case plan meeting for development of the case plan goals and placement planning.

Policy requires that written or verbal notice be provided to anyone who may have input into the case plan or the placement selections for the child. This includes the child (when age appropriate), extended family, current caregiver (custodian, foster parent, relative, etc), resource/service providers, CASA/GAL (if appointed), Judicial Citizen Review Panel (if designated), and any other significant individuals.

Georgia policy 2105.9 requires that the case plan be initiated immediately upon completion of the strengths and needs assessment and that it must be developed within 90 days of the date the report was received. In Georgia, Foster Care policy requires case plans to be initiated within 30 days upon removal of the child. CPS ongoing policy requires a case plan to be developed within 90 days as referenced above. Policy 2105.10 dictates completion of the relevant forms (Form 387 Social Services Case Plan and Form 388 Case Plan Goals/Steps) and reiterates the involvement of parents in development and implementation. Participants (parents, case manager and supervisor) must sign the plan and parents must be provided with a copy even if they refuse to sign the plan.

Practice

Family Preservation/Ongoing

The family plan is initiated by the case manager immediately after transfer of the investigation. The case manager reviews the entire investigation including the risk factors and family strengths identified in the structured narrative portion of the Risk Assessment Tool. The case manager develops and documents the family plan within a maximum of ninety (90) calendar days of the receipt of the report. The case plan is reviewed at a maximum of every 90 days thereafter and goals are amended to meet the needs of the family.

Placement

Foster Care case planning begins with a referral being submitted for the CCFA. The assessor of this instrument facilitates medical, health, and psychological screenings as well as a developmental assessment of the child. This assessment is completed within 30 days of the child entering care.

In addition to the CCFA and FTMs, MDTs are utilized to involve the family in case planning process. The FTM is held 3-9 days after the child is placed in care while the MDT is held within 25 days. MDT participants include DFCS case manager(s) and supervisor(s), and applicable contract agency personnel. Reasonable efforts must be made to include parents and child. CCFA provider, relatives, foster parents, DFCS representatives, school representatives, therapists, medical professionals, and judicial representatives may also participate. The family's input and feedback is sought during case plan development. The family is given a clear understanding of what steps they must take in order to achieve the case plan goals.

A permanency plan is then submitted to the court for approval. The permanency plan is then reviewed every 6 months for progress towards the goals of permanency and to revise goals as needed. Initial case plans are submitted to Juvenile Court within 30 days of placement. Subsequent reviews are submitted for judicial approval (Judicial Review or Citizen Panel Review) at intervals not exceeding 6 months.

Strengths

- FTM is a practice that seeks to involve all family members in the development and support of planning and decision-making.
- Reduced caseloads allow the case manager to interact more with family members and the child(ren).
- Documentation in the case planning system (CPRS) regarding worker-parent involvement has improved but needs to continue to improve according to some county administrators. Enhanced documentation training will be provided by the county administrator in January 2007.
- In some counties the Judicial Citizen Panel Review occurs every six months and includes the family in case planning. This process continues to ensure that planning with the family occurs.
- All stakeholders are invited by the Panel Board to attend the review including school age children and fathers.
- In-home cases may utilize Parent Aides or Homestead providers. These providers are utilized to help with continuous assessment. They are in the home on a more regular basis and get to know the family more closely.

Issues

- FTM are occasionally hampered by family members not attending. This is especially problematic in cases where FTMs occur for permanency reviews. When family members are not present at FTMs to discuss permanency, case progress and changes in permanency goals there is frequently misunderstanding on the parents' and extended family members' behalf. They do not always understand why the agency is pursuing non-reunification and possible adoption related planning. Extended family members are frequently surprised that the parent is not working their case plan and that reunification is not imminent. Often times this will cause delays when the family appears at court and indicate they do not understand the actions and courts issue continuances for the family. Another challenge for this tool is that while utilized initially by the initial case manager; FTMs are under-utilized for future planning. It seems that the FTM is only used when there is a significant concern (crisis) that must be dealt with.
- Absent parents and other caretakers are rarely included in an FTM due to difficulties in locating them and involving them when located.
- Age appropriate children in general are not engaged in case planning including the FTM.
- A number of supervisors and case managers report that policy is lacking in providing direction on concurrent planning and that the court does not generally support concurrent planning. In an effort to resolve this issue every individual that attends new worker training (Keys) receives instruction on concurrent case planning. Further, every worker that attends the foster care track receives

comprehensive case planning instruction with emphasis on concurrent planning. The learning is evaluated by the worker completing both an assessment at the end of the Keys instruction and again following foster care instruction. On both assessments, workers have to make a minimum score of 70% to proceed with their case manager certification. Further, instruction on concurrent case planning is evaluated during the trainee's mandatory field observation and case record review. If there is a determination made that further instruction on current case planning is needed, the Education and Training Services Section can support additional training in concert with the Field Program Specialists and county supervisors. The process for workers to complete certain documents (e.g. the Family Plan) in the field and have them signed by family, providers or other attendees of FTMs requires a portable printer. The printers are not always reliable, and when not working, the copies have to be made in the office and are not signed and have to be mailed to all the stakeholders causing a time delay and additional work for the case manager.

Promising Developments

Georgia SHINES will provide a consolidated system and consistent process for managing, tracking and reporting on cases. The system will allow case managers to spend more time in the field developing and maintaining case plans. To provide better outcomes for the clients, the system supports a structured decision-making approach for assessing risk and development of family case plans by allowing easier access to case history, case notes and case activities and providing timely information. The projected date for full implementation is January 2008.

Data

Based on the QCR report trend analysis, in FFY 2004, the agency averaged 65% achievement involving the child and family in the case planning process. The agency experienced a 5% increase in meeting the standards for this outcome in FFY 05.

There were 242 cases where children and/or families were not involved in the case planning process. Most of the CPS cases contained case plans that had not been reviewed and/or discussed with the families. Many lacked the parent's signature and/or indication of their involvement in its development. In several instances, the initial case plans were not developed until many months after the case had been substantiated for CPS ongoing services. Overall there was very little documentation to reflect case planning efforts. With a growing number of non-English speaking families there was little evidence to support that an interpreter had been utilized in the development of the case plan. This area is cited as needing improvement.

The results of the stakeholder survey identified that both DFCS as well as non-DFCS stakeholders emphasized that family members don't necessarily have to take part in the developing of their case plans. DFCS stakeholders indicated more often than non-DFCS stakeholders that families had input into their case plans. On a continuum where 4 indicates equal emphasis on the two referenced end points DFCS stakeholders rate 5.97 and non-DFCS stakeholders rated a 5.86 both indicating an alignment with the following statement: "Parents and family members need not take part in developing their case plan". Non-DFCS stakeholders indicated they felt case plans were completely timely "sometimes to often" about 75%. Over 60% of both groups indicated 60% that

case plans were reviewed at least once every six months. All parties agreed that parents needed to have personal responsibility for their cases. Of the 8 youth responding to the stakeholder survey 5 felt they had input in their case plan “some” to “a great deal”.

In the parent and caregiver survey, on a scale of 1 to 5 with 5 being strongly agreed, parents reflected they were given explanations on what to do to complete their case plan goals at 3.69 agreement rating. They also agreed, at 3.54, they were given adequate time to complete the required goals. However with a score of 2.97 parents reflected they did not feel the agency adequately addressed their progress on case plans. It should be noted that 40% of the parents also indicated there were services and or supports they needed but did not receive. Parents with children in foster care were more likely (59% to 30%) to espouse this belief than parents receiving a CPS service. Predominately the services not received were assistance with disabilities, case manager support, financial issues and mental health services.

The survey also reflects that while the majority of both groups said they themselves have the knowledge and skills they need to help families, they differed in their assessment of caseworkers, with DFCS stakeholders more likely than non-DFCS stakeholders to say that caseworkers often have the skills and knowledge they need (54% vs. 34%).

As a component of the 2001 PIP, Georgia completed the following in an effort to ensure families would have the enhanced capacity to provide for their children’s needs:

- Included provisions that specifically address child and family involvement in case planning into the training curriculum which was included in all new worker curriculum as of 04/2004 and continues today
- Judicial training will highlight the findings of the federal review on this item and the need for making sure that families and children are involved in their case planning
- SAAG training highlighted the findings of the federal review and the need for making sure that families and children are involved in their case planning
- Documentation of parental involvement included in the CPRS
- Adherence to statute and policy requiring written notice at least 5 calendar days in advance of the case plan so parents can participate
- Judicial surveys inquiring about the extent of parental involvement in case planning.

Item 19: Caseworker visits with child

Policy

Georgia policy 1011.5 details the monthly contact that case managers are required to have with the child and family to examine the needs of the child. According to 2105.3 these contact requirements begin immediately upon completion of the risk assessment scale.

Practice

The risk assessment provides reliable and valid information on the risk to children of continued abuse or neglect. Using this assessment data is key to ensuring better protection of children; therefore, the risk level is used to determine the minimal monthly contacts required with the family. The chart below shows required contacts for each risk level. Reclassifying risk level is done at case reassessment and only with the approval of the supervisor.

The case manager is responsible for all required face-to-face contacts with children. On a case rated EXTREME (only), a face-to-face contact by a Homestead provider may be substituted for one required face-to-face monthly contact with the parent. The Homestead therapist provides regular documentation back to the assigned case manager. It is required that Homestead counselors providing direct crisis intervention have a minimum of a Master's level education in Social Work or Counseling, have a current license to practice counseling with a professional association such as the American Medical Association, American Psychological Association or the State of Georgia Composite Board of Professional Counselors, Social Workers and Marriage and Family Therapist and be in good standing with that authority, or someone with a Master's level education in Social Work or Counseling who is under the clinical supervision by an individual licensed to practice counseling with one of the professional associations listed. An accredited pastoral counselor working within the tenets of a recognized church or religious denomination is acceptable. The agency and/or provider shall adhere to the professional code of ethics regarding responsibility to clients, integrity, confidentiality, responsibility to colleagues, assessment instruments, research, advertising and professional representation.

Homestead supervisory staff need knowledge of social work, counseling and mental health concepts. Homestead staff need to have completed a course of study equivalent to a master's in psychology or master's in counseling or a master's in social work.

Paraprofessional should have a high school diploma with some experience or training in working with families and provide a hands-on knowledge of basic child development, childcare, discipline and parenting issues. Paraprofessional staff should have a knowledge, belief and commitment to non-physical discipline.

This chart references monthly requirements for Ongoing (in-home) CPS contacts only.

Risk Level	Minimum Number of Face to Face Contacts Required.	Contact Requirement	Collateral Requirements
Low Risk	1	1 Face-to-face with child 1 Face-to-face with parent(s)	1 Collateral
Moderate Risk	2	1 Face-to-face with child 2 Face-to-face with parent(s)	2 Collaterals

High Risk	3	1 Face-to-face with child 3 Face-to-face with parent(s)	3 Collaterals
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Family Preservation/Ongoing

Contact requirements shown above are the minimum requirements. The contact requirement level can be adjusted during a Family Team Meeting to best match the needs of the family.

Strengths

- Caseload sizes have decreased across the state (particularly CPS caseloads), which improves the case managers’ ability to meet the visitation requirements and often to spend more quality time at each visit.
- Available data from the county and IDS have been used for discussion purposes with regional participants regarding the relationship between placement worker visits with children and positive permanency outcomes for the children. The current hypothesis is that more frequent visits with children contribute to their exiting care with positive permanency outcomes.
- The use of visitation centers keeps the central focus on the family and accommodates successful visits

Issues

- In CPS, some case managers feel that they are meeting the requirement for contact; however, the documentation requirements are difficult to achieve in a timely manner.
- The Risk Assessment Tool procedure has changed several times within the last year and has led to frustration by workers in feeling comfortable and confident with it. In addition to the mandatory training for all Service staff , inclusive of management, in the pilot counties over 1700 veteran social service staff were trained on Risk assessment in calendar year2006. The Education and Training unit adapted Risk Assessment into the curriculum training in April 2006 and all new social services staff began training on risk assessment at that juncture. The training included value shifts and paradigm shifts to enable staff to be able to assess the family needs. Staff were learning how to assess risk throughout the stage of the investigation as opposed to coming up with a final disposition. Staff were also trained on identifying risk, determining what could mitigate the risk and how to develop services for families where there was not substantiated maltreatment based solely on risk indicators.
- The Family Preservation Services Pilot does not have policy established regarding contacts. This lack of policy creates confusion when trying to monitor standards set by state policy or within the county. The Family Preservation Pilot is being conducted in 19 pilot counties with their frontline grant in aid staff. The case management and record retention is not contracted out. Some services provided to the consumers are contracted with private providers such as counseling, parenting skills and budgeting. These contracts are based on

approved providers and meet the same standards for consumers in counties providing services outside of the pilot programs. If the project is adopted statewide, policy and practice clarifications will be established.

- Placement supervisors only use a manual process to monitor contact and visitation of their workers. There are no automation tools utilized at this time. There are not data elements which capture compliance with case manager and children visits. Outside of internal county reviews and the state QCR this data is not compiled or evaluated. Regional Assessments indicated that all counties review these requirements as a component of the case review process and that deficiencies are addressed with individual case managers or within unit trainings.

Promising Development

Georgia SHINES will assist supervisors with monitoring caseloads and the quality of work provided for children and families. This system is scheduled for full implementation in January 2008.

Data

Based on the QCR report trend analysis, in FFY 04, the agency averaged 80% achievement for workers having regular and meaningful contact with the children. The agency experienced a 15% decrease in meeting the standards for this permanency plan in FFY 05 (65%).

In 296 cases, documentation and interviews with family members did not support that the required contacts with the children had been made during the six month review period. Visits in CPS ongoing cases were often not based on established goals or focused on service delivery. Often gaps as much as 3 months with no face to face contact were evident in case files. This area was cited as needing improvement. The deficiency in contact standards may be attributed to staff turn over and resulting vacant caseloads.

Of the 9 youth responding to the DFCS Stakeholder Survey, 7 reported their case manager treats them with respect a “great deal”, the remaining 2 youth responded they were treated with respect “some”.

In compliance with the 2001 PIP, Georgia increased contact standards with children in January 2003. The state increased the number of visitation centers which allows for a least restrictive setting for staff and children to visit as well as for family visits. The Quality Assurance reviewers reviewed contact requirements for a minimum of three months to assess the agency’s ability to meet contact requirements. State level ICPC tracking components were utilized and continue to be utilized to track children placed out of state and county. Supervisors review for quarterly updates from ICPC or other county DFCS offices for children placed out of county.

Item 20: Worker visits with parents

Policy

Georgia policy 1006.10 dictates that face to face contact with the parent and case manager must occur as frequently as necessary but no less than once a month and

every other month must occur at the parent's residence. As discussed previously contact must occur immediately upon completion of the risk assessment scale (2105.3).

Practice

Minimum monthly contact standards are determined by risk level assignment. The case manager is responsible for all required fact-to-face contacts. Use of good practice judgment helps determine when more contacts are needed for specific cases.

Risk Level	Minimum Number of Face to Face Contacts Required.	Contact Requirement	Collateral Requirements
Low Risk	1	1 Face-to-face with child 1 Face-to-face with parent(s)	1 Collateral
Moderate Risk	2	1 Face-to-face with child 2 Face-to-face with parent(s)	2 Collaterals
High Risk	3	1 Face-to-face with child 3 Face-to-face with parent(s)	3 Collaterals

Strengths

Caseload sizes have decreased considerably which improves the case managers' ability to meet the visitation quantity requirements. The use of visitation centers has improved the frequency of visitation between the case manager and the family.

Issues

- There is no data being tracked that reports the frequency of visitation or contact between case manager and the parent. Contacts are documented in the case plan, including the type, frequency and nature of the contact.
- Conflict with some parents' work schedules and unstable living situations makes it difficult to coordinate visits.
- Placement case managers are challenged to have contact with the parent in the home. Because the children are out of the home, contact with the parent is usually in other places. Contact in the home is minimal.

Data

Based on the QCR report trend analysis, in FFY 04, the agency averaged 63% achievement in meeting contact standards with parents. The agency experienced an 18% decrease in meeting the standards for this outcome requirement in FFY 05.

In 473 cases, contact requirements were not met with the parents. Documentation did not support that contact with parents were made according the identified risk level of the case. In several cases, only one birth parent was seen, even though it was a two-parent home. In some cases, where the parent's whereabouts were unknown, diligent search efforts were not made by the agency. Often, gaps in documentation for several

months existed. At best contact was sporadic and inconsistent. In other cases, contacts were made on consecutive days just to meet the policy requirement. Follow up on case plan goals and needs were not generally discussed with parents.

For Well Being Outcome 1, the state continues to only partially achieve. For FFY 04 Families were considered to have the enhanced capacity to provide for their children's needs in 42% of the cases. This percentage increased to 51% in FFY 05.

Parents responding to the Parent and Caregiver rated the agency as an overall 3.11 (1 is strongly disagreed and 5 is strongly agreed) in acknowledging their case manager met with them at least monthly. CPS Parents (3.47) rated the agency higher than Diversion (3.08) and Placement Parents (2.75). Conversely though Placement Parents (3.36) indicated the case manager and training assisted them to be a better parent in comparison to 2.92 for Diversion parents and 3.08 for CPS Parents.

The PIP from 2001 required contact with the birth parent in their home at least every other month. This continues to remain a requirement until such time as the child is free for adoption or the parent's whereabouts is unknown to the agency. Contact requirements were amended to detail the location of the contact and who was present in addition to the main content of the contact. Policy and practice defined the activities which may qualify for a parent contact. Quality Assurance review guides were revised to capture compliance with standards for parent and case manager contacts. The "Keys" training curriculum as well as ongoing training reinforces the core competency of effective and meaningful casework with parents.

Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.

Item 21: Educational needs of the child

Policy

The CCFA/WA standards (Section VI) were revised in March 2005 to include a requirement for an educational assessment of children 5 years old and older to determine the educational needs of the child and to ensure necessary supports to academic and social success.

Chapter 1011.7 was revised in August 2006 and includes information about requirements to attend public school from ages 6 to 16 and requires children in foster care to enroll at the earliest possible age and continue through graduation or completion of training program. In addition, advocacy must occur on behalf of the child when any educational supports or services such as special education, tutoring, Pre-Kindergarten, or summer school courses are necessary. Information must be shared with the child's caregiver and school to ensure that all involved parties understand the child's strengths and needs. Children must be enrolled in school within 2 days of foster care placement and efforts made to keep children in their community school if possible. Legislations passed in 2006 to ensure that all children in foster care are enrolled in public school. This primarily impacts children in residential treatment facilities.

Practice

Family Preservation/Ongoing

Case managers understand the Georgia compulsory law requiring children age 6-16 to attend school and may incorporate this requirement in the case plan as a best practice. No formal educational assessment is completed. Case managers contact school officials when necessary to ensure attendance compliance. The FPS case manager must advocate on behalf of the child with the school system or with other resources for educational assistance.

Placement

School-age children are allowed to continue their education in their community school whenever it is in the child's best interest and is feasible. A comprehensive assessment of the child's educational history prior to placement in foster care is completed. The purpose of the educational assessment is to determine a child's educational needs and to ensure necessary supports are provided to the greatest possibility for academic and social success. The educational data is placed in CPRS. Typically the educational assessment is completed for school age children, five to eighteen. However, if a child under the age of 4 participates in early intervention, the components of the medical report must be completed. A summary of the child's educational history and current educational function must be included the CCFA.

The placement case manager continues to update each child's educational progress every six months as part of the case review. This update must address needs identified in the assessment

Children who are in DFCS care between the ages of 14 and 21 (25 if they remain in school) are eligible to receive Independent Living Services (ILS). The case manager completes the referral forms 90 days prior to and no later than 30 days after the youth meets eligibility criteria. The referral is made as soon as possible to allow the regional Independent Living Coordinator (ILC) time to meet with youth. In accordance with federal mandates, ILS are made available to all eligible youth to provide a continuum of training experiences that all adolescents need for enhancing their continued growth and development. Such focus areas include, but are not limited to: education; vocational/employment preparations; life skills (Chafee Act); personal development; and health education. Each region has a designated ILC.

Strengths

- The Independent Living Services program provides additional educational and developmental support to foster children who traditionally have significant difficulty making a successful transition to adulthood.
- The CPRS was in the process of implementation during the 2001 review. It now provides an educational section that supports complete documentation regarding the educational needs of the child.
- The ILP is responsible for implementing the State's Chafee Foster Care Independence Plan. To achieve compliance with federal mandates to improve outcomes for youth transitioning from foster care, in 2001 DFCS embarked on an initiative to provide increased supports to young people between the ages of 18 and 21 through the Transitional Living Program (TLP). ILP Staff report a good

working relationship with case managers. Interns with the ILP program pull a list of eligible foster care children each month from IDS. Contact is made with the case manager of these students and a request for a referral is made. Foster care students are also allowed to make a self referral for services. Two years ago the participation rate of eligible students was 10%, within a year this increased to 30%. Currently the participation rate is over 50% of which 1/3 are self referred.

- Sometimes court judges will require an educational advocate to promote needed services for children in placement.

Issues

- Case managers are not sufficiently diligent in referring all children 14 years and older for ILS.
- Many children choose to leave care once they reach the age of majority of 18 thus forfeiting the potential benefits of ILP services, including continuing education.
- ILS are not well known to the community, thus many who would qualify for these benefits never know about their availability.
- Teenagers in care often exhibit multiple complex needs including substance abuse, teen pregnancy, and gang violence. This is particularly true of children placed in custody from the Department of Juvenile Justice (DJJ). Some children in our database are both IL and IV-E eligible and in DFCS custody. They are given a unique code.

Promising Development

SACWIS/Georgia SHINES will track the educational needs of the child. All documentation will be available for tracking statewide as children move across county lines. SACWIS/Georgia SHINES is scheduled for full implementation in January 2008.

Data

To determine the percentages of cases conforming to federal standards for FFY 05 in Well Being Outcome 2 the agency reviewed 837 cases (590 CPS and 247 placement) in the most recent QCR report.

Based on the trend analysis, in FFY 2004, the agency averaged 86% achievement in assuring the educational needs for children were met. The agency experienced a 5% decrease in meeting the standards for this educational plan in FFY 05 (81%).

There were 58 cases that indicated a need for improvement in the agencies responsibility to ensure educational needs are met. In many cases the educational needs were identified as a CPS issue, yet this need was not fully assessed in the ongoing stage. Recommendations made for evaluations in child assessments were not followed up on while the child was in foster care. Some children in both CPS and Foster Care were not attending school regularly. Often, this was noted, but no efforts to resolve the issues were made.

Through the MAYOI and EmpowerMENT work, youth expressed their desire to have input into their case plans inclusive of educational needs. Youth indicated a desire to

participate in “normal” school activities such as proms, clubs and sports. Youth indicated priorities for their education as being:

- Independent Deposit Accounts (IDA) available for Youth Statewide
- Consensus among all ILC regarding educational opportunities, what they will and will not provide
- Not move/change schools when they are close to finishing
- Career exploration, internships, jobs
- Partnerships with community programs for youth not enrolled in college.
- Develop a housing training module for youth to ensure they master life skills for housing ownership/rental
- Allow for youth to obtain their learners license, drivers ed and eventually their drivers license.

In order to support initiatives for teens, DHR developed the teen work program. In 2005 as a component of the Teen Works program, 581 jobs were pledged by employers and 418 youth were provided employment opportunities. In 2006, the teen works program secured 860 job pledges by employers and 606 youth were provided employment opportunities by TeenWork. For 2007 the projections are for 800 jobs pledged by employers as well as 800 youth to be provided employment opportunities. Priorities for 2007 TEENWORK include:

- Increase Number of Private Companies that pledge jobs
- Improve Quality of Youth Training and Development
- Increase Number of TeenWork Interns
- Provide each intern with a mentor (leverage community resources)

Of the 8 youth participating in the stakeholder survey, 6 indicated they received educational services when needed. In the stakeholder survey 32.5% of the non-DFCS stakeholders indicated the agency was not very effective in ensuring the educational needs of children in care were met as compared to 11.9% of the DFCS stakeholders. However all stakeholders rated education as the 5th issue affecting family and child well-being in the Georgia. Education was exceeded by substance abuse, poverty, resources and family structure in that order of priority.

In the Caregiver/Parent survey, 11.6% of caregivers and 6.9% of the parents indicated the agency failed to provide adequate supports around needed programs inclusive of tutoring, after school programs, mentors or camps. Parents also include the need for resources to support children’s involvement in extracurricular activities and recreational activities, including sports, drama, music and local attractions were needed and not available.

For Well Being Outcome 2, the state continues to partially achieve. For FFY 04 Children were considered to receive appropriate services to meet their education needs in 76% of the cases reviewed. This percentage increased to 81% in FFY 05.

Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.

Item 22: Physical health of the child

Policy

Georgia policy 1011.2 requires that all children entering foster care have a health check (ESPDT) within 10 days of their placement. The case manager must arrange for routine, preventive medical care for all children through early and periodic health checks. This requires communication and collaboration with the local public health department. According to policy 1011.2 the case manager is responsible for obtaining health related documents and updating the child information portion of the case plan with the health information. The case manager must also communicate with the foster parent or placement resource about the child's health status and needs. Policy requires, upon initial entry into foster care, the agency obtain as much information as possible about the child's health history. Complete, with the parent, the Emergency Intake (Medical Form). Refer all children, within five days of the 72-hour hearing, to the Division of Public Health. If the child is under the age of three, the CPS investigator may have referred the child and another referral is not required. The Social Services Case Manager (SSCM) completes the Children1st referral form and emails or faxes it to the Children 1st District Coordinator. Obtain health information on the child's family and record on pages 5 and 6 (Family Medical Information) of Form 419, Background Information on State Agency Child. Arrange for child to have a Health Check, which includes a developmental and dental screen, within ten (10) days of the child's placement in foster care. The Health Check may be obtained at the local health department or with an approved Health Check provider (locate @ www.ghp.georgia.gov). Information concerning the child's initial health status and needs should be obtained no later than 30 days from removal. If the developmental screen yields any developmental delays or concerns, the SSCM is responsible for arranging for a developmental assessment within 30 days of the screen. A child, under the age of three, who is referred to Babies Can't Wait (BCW) per the CAPTA referral requirement, may receive an assessment from BCW. Following the initial Medical assessment and placement of the child, the Case Manager is to: Provide timely follow-up for any of the recommendations made by the health care provider for further treatment and care of the child. Arrange for routine, preventive medical care for all children in foster care through the early and periodic screenings of HEALTH CHECK (EPSDT) administered by Public Health or an approved Health Check provider. (If child is ineligible for Medicaid, please refer to Chapter 1016.31 for instructions on how to pay for service) Follow the recommendations of the health care provider for the scheduling of periodic well check-ups and immunizations. Sign form 5459 FC (Rev.12.22-03) Release of Information (www.Georgia.gov - forms online) for all children in foster care 0-18 and email or fax to the health department based on the county where the child resides within five days of the 72-hour hearing. The signature of the birth parent is needed for a child under age three to receive evaluation, assessment, and/or ongoing services from BCW. DFCS cannot provide consent for BCW services and BCW will

determine the need for a surrogate parent or other appropriate adult who will act on behalf the child and provide necessary consents if Parental Rights have been terminated or the parent's whereabouts are unknown. Communicate, at a minimum of every three months, with the county health department staff to share information about children who have been referred to public health. For children, under the age of three receiving services from BCW, the SSCM will have contact with the BCW Service Coordinator at a minimum of once a month. Share information on the child's health status such as the medical assessment report from the Comprehensive Child and Family Assessment and/or a copy of the "Child Information" portion of the Case Plan. Communicate with the foster parent (or other provider) about the child's health status and health care needs. As required by federal regulation, update the health status information on the child and provide the foster parent (or other provider) a copy of such each time the child changes placements. In addition, provide a copy of the emergency intake (medical form) to the foster parent (other provider) at each placement.

Policy 1011.2 also requires that case managers obtain as much information as possible about a child's health history prior to the initial placement. When children are eligible for early intervention services the parent must participate in the planning for the child. Case managers are required to inform parents of any injuries, accidents, or illnesses that occur while the child is in care. Parents must also consent prior to any surgery.

Policy 1015.18 restricts the foster parent from making any major decisions regarding the child or the foster care situation without agency consultation and approval. The foster parent is responsible for day to day decisions regarding care of the child. The CCFA requires a medical assessment and information on child medical needs are presented at the MDT. Decisions and recommendations are made by the MDT and the parent.

Practice

Family Preservation/Ongoing

A component of the Risk Assessment addresses strengths and needs of the family and of the children. The FPS case manager works with the parent to maintain good physical and mental health habits of the children. Parent Aides may be assigned to assist with parenting skills.

Placement

Children in foster care are monitored for physical health needs by their case manager. Well-checks are scheduled in periodic intervals. The case manager works in collaboration with the foster parent (other caregiver) to select a health care provider and to maintain good health habits, such as dental hygiene. Health care providers are usually chosen based on the caregiver's location.

Strengths

Children's health needs, including dental and mental health needs, between periodic screenings shall be met as provided by EPSDT.

Issues

- Health needs are not always documented in the case plans.

- There is no maintained centralized resource list for case managers to reference regarding children's physical and mental health issues. Most lists are maintained either by individual case manager or by unit.
- Medicaid eligibility is a concern of the undocumented population who would not receive health services available through Medicaid as a resource.
- Case managers and Placement Providers who have children with significant health issues are challenged with a heavy burden of managing the medical concerns. Direct access to staff who could manage the medical care of a medically fragile child would be beneficial in meeting the needs of the child(ren.)

Promising Developments

To improve access to medical examinations, DFCS is now referring children for immediate health screenings when they come into State care. Working with County Public Health Offices routine health care is tracked allowing case managers to schedule check-ups as required, be notified when due and when appointments are not kept. While still in the planning stage, DFCS anticipates that all children in care will be tracked by the Division of Community Health (DCH).

SACWIS/Georgia SHINES, scheduled for implementation in January 2008, will provide a system for managing, tracking and reporting medical and health information. The system will also collect information about the availability of resources.

Data

To determine the percentages of cases conforming to federal standards for FFY 05 in Well Being Outcome 3 the agency reviewed 837 cases (590 CPS and 247 placement) in the most recent QCR report.

Based on the trend analysis, in FFY 2004, the agency averaged 86% achievement in ensuring the physical health needs of a child was met. The agency experienced a 4% decrease in meeting the standards for this permanency plan in FFY 05.

In 324 of the applicable cases, the agency met or ensured that parents were meeting the physical health needs of the children. The agency assured that the children received regular medical examinations, dental checks ups, and current immunizations. Copies of the medical histories were located in the case records. This well-being outcome was not rated in CPS cases where the reason for agency involvement did not include physical health needs. It was rated in all Placement cases.

Areas Needing Improvement: In 73 (18%) cases, the agency did not ensure that the physical health needs of the children had been met. The agency did not follow up timely on the identified dental needs of the children and some cases did not assess the physical health of the children despite reports indicating evidence of physical abuse and medical neglect. Recommendations made through the Child Assessment process, or from other medical providers were not followed up on in many situations.

According to the PSDS 2005 Annual Report from E&R, 26% (1,072 of 4,078) of the children with substantiated maltreatment had a medically diagnosed condition (other than physical disability, vision or hearing impairment, or mental/emotional disability) and 3% had a diagnosed physical disability. These children have additional physical health

and medical needs which are addressed through community services and planning as discussed above.

Based on Stakeholder Survey results in excess of 80% of DFCS and non-DFCS stakeholders feel the agency is somewhat to very effective in meeting children's physical health needs. In contrast the care giver survey reflects 88.4% of the caregivers responding felt the agency did not meet in the provision of needed services for disabilities inclusive of respite, medical, therapy e.g., physical or occupational. An additional 8.4% of caregivers indicated the agency did not provide needed support services for regular medical, doctor appointments, dental/braces, eyeglasses or medication.

The PIP from the 2001 CFRS implemented the following actions:

- Required all providers to complete a Multi-Discipline Team Meeting for each CCFA to determine the appropriate health needs and services of all children entering foster care program within the first 30 days of the child entering care.
- Completed a monthly county-by-county report as it relates to the First Placement /Best Placement Wrap around Services used for each child in foster care.
- Hosted a collaborative of DFCS, Public Health, The American Association of Pediatrics, and the Department of Community Health to discuss the needs of children in foster care. As a result they establish training for public health on the indicators of abuse, incorporating pertinent medical information into forms to share with caregivers, the compliance with CAPTA, the initiative to track EPSDT screens for children 0 to 18 in foster care and combined training to promote partnership at the local level.
- State required all providers for CCFA to en-enroll with the state and become approved at the state level to be a provider for CCFA and Wrap around activities.
- Enhanced CPRS to capture MDT information.

Item 23: Mental/behavioral health of the child

Policy

Policy 1011.5 requires that all children age 4 and over who enter foster care are required to have a psychological assessment as part of the health check screen. A developmental screen is included for foster children under age 4. At the MDT meeting, the emotional, social, behavioral, and physical needs of the child and services and supports are recommended. Any partner (private or public) are invited to the MDT meetings. They are encouraged to provide input and make recommendations as to needed services for the child and/or family in an effort to develop the optimum treatment plan.

Practice

Family Preservation/Ongoing

A component of the Risk Assessment Tool addresses strengths and needs of the family and of the children.

Placement

A Developmental Assessment must be completed within 30 days of placement for children in care under age four and the mental health assessment must be completed within 30 days for children four and older. The CCFA provider is responsible for the above assessment and informs DFCS and the family of the assessment findings & results.

Strengths

Wrap-around service providers (mental health services, substance abuse treatment services, counseling, anger management, etc.) assist in meeting children's mental health and developmental needs. Many of these services are offered within the child's home environment (birth, relative or foster care settings)

Issues

- Mental Health needs are not adequately documented in the case plan. Sometimes the child is receiving treatment, but the plan does not address any mental health needs. There is a need for a monitoring system to ensure the needs identified during the assessment are met.
- Lack of follow-through by case manager when the assessment is completed.
- More Mental Health providers and resources are needed to conduct assessments.

Promising Development

Georgia SHINES will better track any mental/behavioral issues that a child may have. The system will provide a managing, tracking, and reporting process. The system, scheduled for full implementation in January 2008, will also provide a needed resource list of mental health providers and other resources.

Data

Based on the Quality Control Report (QCR) trend analysis, in FFY 2004, the agency averaged 90% assuring the mental health needs of children were met. The agency experienced an 18% decrease in meeting the standards for this permanency plan in FFY 05.

In 273 applicable cases, the agency assured that the children received appropriate mental health services including counseling and medications as recommended. Psychological evaluations were completed when needed and copies were present in the case records. This well-being outcome was not rated in CPS cases where the reason for agency involvement did not include mental health needs. It was rated in all age appropriate Placement cases.

There were 105 cases where mental health issues of the children warranted agency involvement or follow-up. In all 64 cases, the need for mental health assessments, counseling, domestic violence assessments, and/or medication was identified but not provided.

For Well Being Outcome 3, the state continues to partially achieve. For FFY 04 Children were considered to receive adequate services to meet their physical and mental health needs in 83% of the cases. This percentage dropped to 68% in FFY 05. Based on Stakeholder Survey results in excess of 85% of DFCS stakeholders feel the agency is somewhat to very effective in meeting children's mental health needs. In contrast 46.1 of non-DFCS stakeholders indicate the agency is not very effective in meeting the mental health needs of children in care. The care giver survey reflects 16.7% of the caregivers responding felt the agency did not provide needed services for mental health inclusive of behavioral problems, counseling, therapy and level of care. Of the parents responding to the survey, 9.9% indicated the agency did not provide needed supports for mental health needs of the children.

As a component of the 2001 PIP to ensure that children have access to a statewide mental health assessment that is timely and comprehensive, the agency implemented the following:

- Using the CPRS, develop a process to evaluate completion of assessments for all children entering foster care.
- Implementation of the CCFA process
- Include QCR as an oversight for tracking the completions of Mental Health assessments and follow ups.
- Inclusion of requirements to meet standards on the case manager and management Performance Management Plan
- OCA assessment of counties determined "most in need"
- Assess and report current percentage of completed and timely assessments of children entering care.
- Develop and enforce statewide multi-agency protocol for assessment, including necessary confidentiality safeguards. (not achieved)
- Develop a CPRS supervision tool to ensure comprehensive assessment findings are followed in the case plan and training.
- Determine percent of staff case plans that reflect strengths and needs identified in the comprehensive assessment.
- Begin development of statewide database on children's mental health resources – focusing on needs identified for which no service is currently available.
- CPRS will be amended to include a required field for date of last psychological assessment.

The PSDS Annual Report 2005 shows that 10.5% of the children with substantiated maltreatment have a mental retardation diagnosis (mild, moderate, severe, or profound). In addition, 11% of the children have a diagnosis of emotionally disturbed. Over a third (38%) have a behavioral issue. These special characteristics require additional planning and services as discussed above.

Section IV - Systemic Factors

A. Statewide Information System Capacity

Item 24-Is the State operating a statewide information system that, at a minimum, can readily identify the status, demographical characteristics, location and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster Care?

The State's primary information system is composed of the following; the Internal Data System (IDS), which is currently the only statewide tracking system available for foster care, and two sub-components of IDS which capture data for foster children (Adoptive and Foster Care Analysis and Reporting System (AFCARS) and Placement Central). IDS can identify the status, demographics, location and goals for all children entering the foster care system. The IDS system generates reports at the county level instantaneously. Individual cases can be viewed regarding permanency planning, time in care and important deadlines such as case plans, court order expirations etc. IDS reports will track pending cases and dispositions. Entire caseloads can be viewed by the case manager, supervisor or County Director to allow for work load management. Historical case dispositions are located in synopsis format for quick review. Staff may utilize UDR reports to generate specific data cohorts to utilize in the management of their cases. Extensive report analysis can be requested by the County Management from the State Office. Many of these requests will utilize data found in IDS Online System.

The AFCARS component of IDS contains information on all AFCARS elements, while the Placement Central component tracks the child's foster care placements. The IDS information is input on the local level by Data Entry Operators (DEOs) or by case managers. Case managers, Supervisors, Program Administrators, Field Program Specialist and County Directors have the ability to view the information contained in the system. AFCARS also captures the permanency plan for a child, legal status, placement type, financial fund sources, disabilities and caregiver demographics. Placement Central, a second component of the IDS system, is used for recording information on all placement settings of the children as well as all required information on foster home providers. Case managers, Supervisors, Program Administrators, Field Program Specialist and County Directors have the ability to view the information contained within Placement Central.

Case Plans for children in foster care are developed by using the statewide Case Plan Reporting System (CPRS). Foster Care case managers input the case plan information into the system and the supervisors (and program administrators) can access the information in order to conduct supervisory reviews. CPRS captures permanency plans, mental health assessment, educational information as well as medical information. Although, Juvenile Court Judges in the counties have access to view and approve the case plans through the Internet. There are judicial circuits in which the internet component of the CPRS is not utilized.

County staff access history data across county lines. Information that can be viewed includes historical referrals, case dispositions, victim and non-victim children, household members, disposition of substance abuse allegations, CAN allegations as well as address information. Upon the implementation of SACWIS, cases will be transferred within the computer system to allow for immediate access to case files and service provisions to families. Field program staff, as well as regional and State

management staff have access to the statewide information and data. Specialized data request and trend reports are generated from the Evaluation and Reporting Section at the state level.

The inability of the systems to interface has presented several challenges for the State.

SACWIS

The state has contracted with ACCENTURE to develop a statewide automated child welfare information system (SACWIS). The system will replace multiple existing systems used for collecting and reporting data. The State signed a contract in November 2005 and the expected date for full implementation is January 2008. Georgia SHINES is being designed in the field. CPS programs began piloting the system in December of 2006 with plans for the foster care component to begin piloting in April 2007. The first full stage of roll out is anticipated for July 2007.

The system will assist case managers in achieving the goals of safety, permanency, and well-being for children and families in Georgia by:

- Eliminating duplicate information
- Providing a consolidated consistent system for managing, tracking, and reporting on cases
- Sharing current and consistent data across programs providing statewide eligibility information
- Providing search capability for finding clients, resources, children, and history
- Generating required paperwork from a single point of entry.

The automation provided by Georgia SHINES will reduce the time case managers spend completing paperwork and allow them to spend more time on targeted case management with children and families. Currently the state does not have a case management system, however this is a component of SHINES.

Systems Reporting

The Evaluation & Reporting (E & R) Unit uses the information in the various data systems to regularly provide different reports. The unit provides monthly Outcome Measures (OM) reports which include information on a variety of areas as shown above and are used to monitor caseloads, manage staff, and practice, as well as examine performance trends. These OM reports are disseminated to all counties and regions. In addition to the monthly OM reports, monthly reports are also prepared on several performance expectations indicators and a Targeted Case Management report is provided with details on the number of ongoing and active cases. These are just a few of the reports prepared E&R for the counties in addition to the wide range of reports available on IDS Online for the county managers and regional managers to examine. Counties can also request specific reports and analysis from E&R to assist in the examination of particular issues within the county. These reports are prepared on an ongoing basis using the most current and accurate information available. In addition to county data, regional and state data is provided for comparisons and monitoring.

In addition to the reports discussed above, several counties have created a number of internal databases to supplement the information available through E&R and IDS

Online. Other counties utilize manual tracking of data to evaluate their internal work depending on their individualized needs. This allows the county to customize the data to focus on a particularly salient issue for the individual county rather than spending a large amount of time entering/collecting less pertinent information for their particular needs. A good example would be the Child Demographic Database created by DeKalb County which is being used to track and monitor some of the Kenny A. Outcome Measures. Current procedures require the same information to be entered numerous times in different systems which is a time-consuming process. SHINES is designed to provide a more comprehensive data system that will encompass the functions of the many different systems used to provide and report data.

Additional data is utilized and prepared with the most up-to-date information for the G-meeting process to examine data and practice trends and hypothesize root causes. During these meetings, agency staff at all levels work to determine ways to improve outcomes and improve performance utilizing data.

B. Case Review System

Item 25: Written Case Plan. Does the State provide a process that ensures that each child has a written case plan, to be developed jointly with the child, when appropriate, and the child's parent(s), that includes the required provisions?

Per policy 1007.1, initial case plans are to be completed and submitted to the court within 30 days of entry into foster care. Some County Judges require the case plan be completed at the adjudicatory hearing. The State utilizes CPRS for each child in foster care. CPRS captures information about the child's placement, visitation with parents and siblings, educational needs, physical and mental health needs and specific goals for permanency. During plan development case managers identify potential relative caretakers and independent living goals when appropriate (based on child's age) as well as documenting parental and youth involvement in plan development. CPRS provides an effective method for documentation and assessment of whether well-being and permanency needs are being met. Case plans are reviewed and revised as needed within 90 days and every six months thereafter. Staff indicates that the current CPRS case plan voluminous and challenging for both staff and families. A contributing factor to the length is the current format of the case plan, which combines goals and steps for parents, children and the agency. The information in the plan can be intimidating and overwhelming for parents, particularly during the high stress process and with literacy challenges exist.

Efforts have been made across to state to find ways to increase parent participation in child case plan development. The agency approaches child welfare and case planning from a family-centered model which includes an emphasis on family 'inclusiveness' in planning and decision-making. The FTMs and MDT meetings significantly encourage parent participation in case plan development.

Policy 1007.3 requires that parents be given at least a five-day written notice of FTM meetings and all relevant parties are invited to participate. Parents are strongly encouraged to attend and participate in FTM and MDT meetings used to identify families' strengths and challenges; address reasons for the child's removal; identify

potential relative caregivers; provide recommendations regarding placement; and discuss goals needed to achieve permanency.

Other tools which are used to increase the effectiveness of case planning and to improve involvement are Citizen Panel Reviews and Judicial Reviews. Parents are also encouraged to participate in both review groups regarding their case plans. They are notified of these reviews by the Juvenile Court and in some situations the case manager.

While Georgia is actively working to find ways to increase parental involvement in case plan development, there are challenges to the process. One challenge is a lack of parental attendance and involvement at FTMs and MDTs. Some parents choose not to attend the meetings, or attend the meeting but do not participate in the plan development process. Parental efforts to participate (or lack of participation) must be documented as part of the case planning process. Parental attendance but no participation can result in unsuccessful attempts to achieve parental support and input into the case plan development. Quality Assurance reviews indicate there are significant issues of parents and children not being involved in the development of their case plans.

Judicial stakeholders indicated the CPRS in its current state is not user friendly. Judges would like case plans to include a specific set of goals for the parent and address whether or not the goals were met. While all the other information within CPRS was important, it would be ideal to be able to readily extrapolate the case plan for specific review.

Item 26: Periodic Reviews. Does the State provide a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review?

Policy 1007.5 the case plan status of each child must be reviewed within 90 days of the dispositional order but no more than six months following removal of the child. All subsequent reviews are held in six month intervals. Throughout the State, counties utilize either the Judicial Review or Citizen's Panel Review to review case plans. Judicial stakeholders note the people who serve lack diversity. They get 15 hours of initial training and about 5 hours of regular ongoing training annually. Panels are not required to create or change case plans but rather review compliance with an established case plan. Hence, the importance of the case plans specifically.

The counties utilize AFCARS data to track due dates for reviews. If the county has a Citizen's Panel the Panel Coordinator provides the county with notification of due dates and scheduled reviews; the panel also notifies all parties. If there is no Citizen Panel, the county DFCS staff or Court staff takes on the responsibility of notifying all parties.

Challenges with assuring timely reviews are occasionally due to case managers' in consistency in AFCARS. Some counties also indicate the Court's inability or refusal

to utilize the CPRS internet case plan as a barrier. Many rural courts or courts with part time judges do not utilize the internet model. Technology, however is not the barrier, all judges desiring internet access have the resource available according to Judicial stakeholders.

Item 27: Permanency Hearings. Does the State, provide a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date that the child entered foster care and no less frequently than every 12 months thereafter.

The timing and quality of permanency hearings is not currently managed through the AFCARS reporting system. CPRS contain documentation which addresses the current permanency plan of the child, and incorporates ASFA language related to the requirement to pursue termination of parental rights within these federal requirements. Permanency plans are initially selected within the first 30 days following removal of a child and are documented in initial case plans. The plans are reviewed periodically by the courts and DFCS to evaluate continued appropriateness, including time frames for achievement. Permanency hearings are held as early as 30 days after the submission of a non-reunification plan to the court and no later than 12 months as long as a child remains in the agency's custody. Compliance with the requirement that all children receive a judicial review of their permanency plan every 12 months is achieved through addressing permanency at the time of each six month case plan review and incorporation of the permanency plan into the supplemental order. Judicial hearings on case reviews are generally limited to episodes where the parent/custodian objects to the case plan or permanency plan presented to the court for approval.

Permanency hearings also occur at the 12 month extension/renewal of custody. At this time evidence is presented related to the recommended permanency plan. An additional safeguard is afforded to parents and children through state law, requiring that a permanency hearing must be held before the assigned judge prior to the adoption of any permanency plan that does not facilitate reunification with the parent/custodian. Compliance with the annual permanency hearings is high.

Generally, the inability to comply with this requirement is a result of the SAAGs failure to address the permanency plan in the dispositional hearing or incorporate the permanency plan review and approval language into the supplemental order or order renewing/extending custody. It should be noted that a consistent barrier in meeting permanency timeliness standards is related to court continuances. Continuances often delay the permanency of children as outlined by ASFA standards.

Item 28- Termination of Parental Rights. Does the State provide a process for Termination of Parental Rights (TPR) proceedings in accordance with the provisions of the Adoption and Safe Families Act (ASFA)?

The State of Georgia complies with the mandatory filing of a petition to terminate parental rights whenever the court has determined the child to be abandoned or the parent has been convicted of certain felony offenses or the child has been in care for

15 of the most recent 22 months. (The only exception to filing occurs when a “compelling reason” is documented in the Case Plan, reviewed by the court and determined to be in the child’s best interest). Compelling reasons are documented with the CPRS case plan.

Compelling reasons include:

- children placed physically with relatives, not willing to adopt
- parents with substance abuse issues
- parents who were originally incarcerated but have shown significant progress on their case plan
- Long term LOC placements (medically fragile, behavioral, therapeutic needs, teenagers)
- Teens in Long Term Foster Care (LTFC)
- Children with DJJ issues
- Child not desiring to be adopted
- Parents making significant progress on case plans but not yet deemed appropriate for reunification.
- Putative Fathers and other relatives coming forward in the later stages of the case.
- Relatives not cooperating with ICPC process
- Therapist or treatment provider indicates TPR would not be in the best interest of the child
- Reasonable efforts to achieve reunification has not been provided by the agency
- Terminal illness of the child
- When ordered by the Court to continue reunification efforts
- When there is a lack of supporting documentation due to staff turnover to establish a basis for TPR.

Impacts from the Court system include:

- Part-time Judges which delay scheduling of TPR hearings
- Court Continuances related to additional attorney involvement, court scheduling, etc.
- Delays in TPR hearing waiting for Criminal dispositions of some cases
- TPR Appeals
- SAAGs delays, conflicts or inattentiveness
- Immigration issues
- Continuances related to publications for absent parents
- Judges having to recuse themselves from cases and a Judge Pro tem having to assume the case without the history
- Courts’ reluctance based on the parent being “young” parent or parent with Mental Health issues.

Regional Directors obtain from the field on a monthly basis, factors which affect the agency’s ability to pursue/obtain TPR. These factors are shared with Legal Services and the Adoptions Unit for assessment and development of strategies to overcome the identified barriers.

The state assesses compliance with ASFA guidelines for TPR through the Qualitative

Review Process.

Judges have taken an initiative in expediting TPRs by asking for a “conflicts rule change” to have attorney’s appear in TPR cases as a priority over everything except criminal. Court Stakeholders also expressed concerns over interpretations by county’s regarding filing of a TPR petition when there is no adoptive resource. A recent Appellant Court overturned a termination and Judicial stakeholders feel the county staff may be mis-interpreting the basis for the decision. Judicial stakeholders also indicate they support the belief that if parents aren’t making progress within the first 6 months, the agency should consider filing an early petition. They also indicated their support for concurrent planning particularly for children less than three years of age and cases involving chronic substance abuse. There is no formalized Judicial or Agency tracking system for TPR and the timeliness of the process. New Judges have orientation training and all Judges have bi-annual training, it was suggested the agency offer training at these forums for new areas, policy changes or areas of concerns.

Item 29: Notice of Hearings and Reviews to Caregivers. Does the State provide a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of and have an opportunity to be heard in, any review or hearing held with respect to the child?

Current reporting systems do not track this requirement. However, there are several safeguards that exist to assure that foster parents and other substitute caregivers are afforded the opportunity to attend and participate in case reviews of children placed in their care. Georgia passed into law the “Foster Parent Bill of Rights,” which provides foster parents the right to file a grievance against any county DFCS office that does not offer them the opportunity to appear and present information before the court on a child in their physical care. Since this law has been enacted, there have been no substantiated complaints of this nature.

Compliance with this requirement is achieved through foster, relative and pre-adoptive parents being served with notice of any meeting or hearing which addresses the child’s case plan or legal status.

The DHR/DFCS caregiver and parent survey included a component to gather information about the department and the delivery of information about meetings or court dates in time for the caregiver to attend. Based on a rating scale of 1 to 5 where 1 equates to never and 5 equates to always, Relative providers indicated 4.16 supporting they were given timely information. DFCS foster home providers indicated 3.97 with non-DFCS foster home rating the agency at 4.14 in the timely notice of meetings and court dates related to the children in their care. Parents receiving services in Diversion, CPS and Placement all indicated the case manager gave them information about meetings or court dates in time to make plans to attend “sometimes”. Based on the parent survey, 9.4% of parents did not feel they were given needed support in legal assistance by the agency. Based on the caregiver survey, 3.6% of the caregivers did not feel they were given adequate support services

in legal needs including attorney, GAL or Judge.

In the DHR/DFCS stakeholder survey, 60% of both non-DFCCS and DFCS stakeholders indicated their belief that foster parents had input on case plans. In regards to foster families or caregivers having information they need on the children, more than 75% of both groups felt this provide either sometimes or often with DFCS stakeholders indicating it occurred often 2 to 1 compared to non-DFCS stakeholders (55.7% vs. 24.8%).

C. Quality Assurance System

Item 30: Has the State developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the children.

The Social Services Quality Assurance Review Team to regularly reviews and evaluates the quality of services provided to children and families by county DFCS offices. An intensive examination of case records in Child Protective Services and Placement is completed with interviews of agency staff, stakeholders, and case related families and children. The team prepares an annual report which examines the trends within each county and across the state. In addition, when the team finishes a review period within a county, an exit interview is conducted to explain and examine the findings with the county staff. The overall annual report identifies trends identified across the state as a result of these reviews.

The design of the process and the review instrument measures the same elements as identified in the Federal CFSR. County related data and other information are combined to determine the State's compliance with Federal review items.

The FFY 2005 report is compiled from the reviews of the following counties: Baldwin, Barrow, Bibb, Carroll, Catoosa, Chatham, Cherokee, Clarke, Clayton, Colquitt, Cobb, Coweta, Dougherty, Douglas, Floyd, Fulton, Gwinnett, Glynn, Hall, Henry, Houston, Laurens, Liberty, Lowndes, Murray, Muscogee, Newton, Paulding, Polk, Richmond, Rockdale, Spalding, Tift, Troup, Walker, Walton, Ware, and Whitfield. Collectively these counties comprise in excess of 70% of the consumers for the State of Georgia's child welfare system.

Item 31: Quality Assurance System. Is the State operating an identifiable quality assurance system that is in place in the jurisdiction where the services included in the Child and Family Services Plan are provided, evaluates the quality of services, identifies the strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented.

As discussed in the previous item, a team has been established to provide ongoing quality assurance reviews using a format consistent with the Federal CFSR areas. A qualitative review instrument and case specific interviews are utilized to evaluate the quality of casework and adherence to policy as they relate to safety, child and family

well-being and permanency planning for children. In addition, a standardized questionnaire is utilized and interviews are conducted in order to assess the agency's relationship with the stakeholders in the community and the agency's effectiveness in helping children move toward permanency.

In the 2005 report, a total of 2021 cases were randomly selected and reviewed:

Program	Number of Cases
CPS Screened Out	337
CPS Investigations	847
CPS Ongoing	590
Placement	247

During the reviews, substantial conformity is based on the State's ability to meet national standards. There were seven outcomes assessed. Each outcome must have achieved 95% to be considered substantially achieved. Any outcome with less than 95% requires a corrective action plan be developed by the county department. In addition to the statewide review, E&R has provided significant support in monitoring and tracking activities related to the Kenny A. Consent Decree. These activities include, but are not limited to data collection and analysis and case record reviews. E&R has also provided leadership and assistance with the G-2 meeting process.

The State Quality Assurance unit conducted qualitative case reviews for Fulton County in March, July, and December of 2004. State E&R has provided significant support in monitoring and tracking activities related to the Kenny A. Consent Decree. These activities include, but are not limited to, data collection and analysis and case record reviews. E&R has also provided leadership and assistance with the G-2 meeting process. In Fulton County there is a Quality Assurance unit that reviews, monitors and tracks various activities including compliance with Kenny A. requirements. Much of the work of the Quality Assurance unit in Fulton County is concentrated on data integrity.

County offices investigate allegations of child abuse in caregiver homes. These allegations may be handled by staff in the county of residence, adjoining county staff or Field Program Specialist. Upon completion of the investigation, the case disposition is staffed with Directors from all of the counties involved. Once a disposition and plan of action has been agreed upon, the case is sent to the state office for an administrative review. After the review of the investigation the State Office will issue a letter of concurrence or request additional information. If the investigation yields a substantiated disposition, the home is automatically closed unless the county requests a policy waiver along with the administrative review packet. See 2106.12.

D. Staff and Provider Training

Item 32: Initial Staff Training. Is the State operating a staff development and training program that supports the goals and objectives of the CFSP, addresses the services

provided under titles IV-B and IV-E, and provides initial training for all staff who deliver these services?

New workers in social services are required to complete the certification process, which includes successful completion of policy focused online; Keys (new worker training for all newly hired social services case managers); specific training in either child protective services or foster care depending on the specified assignment; field practice. To achieve initial certification, newly hired social services case managers must make a passing score of at least 70% on knowledge assessments; complete a field observation by a supervisor or field program specialists; and have a record read and approved for accuracy by a supervisor or field program specialist.

During the first week new staff receive field practice and Internet training which includes Introduction to Child Welfare Services and Computer Concepts. During the second week they receive training on the Tablet PC, Case Process, Family Centered Practice, Cultural Responsiveness, and Child Growth and Development. In the third week they have more field practice and Internet Training with CPS Intake and CPS Investigations. Weeks four and five are spent in the classroom on topics including interviewing, introduction to maltreatment, neglect, physical abuse, sexual abuse, substance abuse, assessment and case planning, separation for the protection of children and IDS/TCM/AFCARS/Placement Central/and CPRS. New staff receive several weeks of intensive training on CPS cases process, foster care practice, assessments, adoption policy and practice, data entry and management, child growth and development as well as child welfare issues. Several days are spent on documentation training and legal issues.

The entire training and field practice process takes 3 to 4 months and includes a new case manager being assigned a Field Practice Advisor (FPA). Field Practice Advisors were introduced in 2005 are tenured staff who serves as mentors for new case managers. The FPAs' primary role is to ensure that the new case manager completes numerous tasks including observation of all service programs, case reviews, court hearings, and other relevant meetings. From 2005 to February 2007 there were 547 staff certified as FPAs. There are additional FPAs in the field which were certified by Field Program Specialist; however there is not aggregate data to identify those numbers. Education and Training receives post training surveys from staff attending the "Keys" training. Staff have indicated a wide range of feedback on the usage of FPAs'. Several staff report the FPA concept to be very helpful and to have provide a good entrance into the field, others felt the FPA was too busy to help them or felt as if they were a burden. In some counties FPAs are assigned to staff but may not be experienced in the practice area the new staffer is being assigned to, which can be frustrating to a trainee.

From October 01, 2005 until September 30, 2006, 879 staff enrolled in the "Keys" training program. The state certified 725 staff to provide CPS and/or Foster Care services. Upon satisfactory completion of all training staff are "certified" as having attained core competencies needed to perform their job duties as a social services case manager. There are varying reasons for the difference of the 154 staff which were not certified such as changing program areas and only attending a portion of the training; being selected out by the counties based on performance; or voluntarily

selected out upon realizing the scope of the work.

Other required trainings include ADA, MEPA/IEPA and HIPPA. Annual training is offered in the county in order to keep information current as required by federal law. Training in policy and procedures are received during track and policy training and follow up training in programs such as legal, documentation, IV-E, Substance abuse, family violence training.

In February 2005, Education and Training services implemented an evaluation of new worker training to determine the effectiveness in preparing new case managers. Over 800 surveys regarding training effectiveness and quality were gathered in the last quarter of 2006 and used to assess and improve training in an ongoing manner.

Staff issues was in the top ten (number 7) issues affecting family and child well-being in Georgia according to the DHR/DFCS stakeholder survey. Of the DFCS staff participating 7.9% listed staff issues as a leading influence factor, with 3.5% of the non-DFCS stakeholders agreeing. The DHR/DFCS Caregiver and Parent Survey utilized a rating scale of 1 to 5 with one being strongly disagreed and 5 being strongly agreed to assess several indicators for the agency. One indicator was the knowledge level of the case manager. Overall all caregivers (4,300 responding to this indicator) rated the knowledge of their case manager at 3.92, indicating a fair agreement that the case manager was knowledgeable. In the same indicator parents receiving services rated their case manager 3.39. Parents receiving services from case managers tended to rate the agency lower (2.79) than Diversion (3.88) and CPS (3.61).

Item 33: Ongoing Staff Training: Does the State Provide for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services needed in the CFSP?

Professional excellence training has been implemented state wide in order to keep skills for veteran workers up to date. These trainings are contracted through Georgia State University. The state has mandated that all workers must have 20 hours annually of training which meet the professional excellence and certification standards. FPA and mentoring are provided to new staff but this poses a significant problem in counties with high turnover. In-house training on new policy and program changes are presented by county staff and Field Program Specialist (FPS). The ongoing training is instrumental in preparing new staff for the responsibilities of case work. If there is a new supervisor or a supervisor with several new staff, the quality of the case work may not be readily evident. The State is developing measuring tools to determine the "transfer of knowledge" from the classroom to the field. There are a number of statewide conferences as well as local agency trainings provided to DFCS staff that are considered outside training resources. The statewide conferences include; Building Successful Teams, The Child Placement Conference, The Annual Foster Parent Conference, Georgia Alliance for Drug Endangered Children, The Annual Adoption Conference, Investigation and Child Physical Abuse and Neglect Conference, Coastal GA Child Fatality Conference, and Family Connections Conference. On-going trainings

for many of the regions are provided by Field Program Specialists and Regional Adoption Coordinators whenever there are new policies or identified deficiencies. These trainings may be evaluated and approved by the State Office toward the required 20 hours for staff. Professional Excellence courses are offered in Documentation, the Systemic Impact of Meth., Maternal Substance abuse and other relevant courts work. Frontline DFCS took advantage of 4900 training slots during calendar year 2006. Over 1900 training slots were utilized for Family Team Conferencing reflecting an intensive integration of staff into Family Centered practice as opposed to Child Centered Practice.

In addition to ongoing staff receiving training, the State established a certification process for Supervisors. Veteran supervisors began the certification program in 2004. They completed self-assessments and observations by FPS staff, in all 222 supervisors were certified in 2004 and 2005. The agency sponsors supervisor academies for ongoing training opportunities.

Item 34: Does the State provide training of current or prospective foster parents, adoptive parents and the staff of State-licensed or approved facilities that care for children receiving foster care or adoption assistance under title IV-E? Does the training address the skills and knowledge base that they need to carry out their duties with regard to foster and adoptive children?

As of September 30, 2006, there are 4,988 foster parents in the State of Georgia. Policy 1014.3 requires that IMPACT Pre-Services training be provided to all potential resource families. The entire state utilizes the newly developed IMPACT curriculum to train and assess prospective foster and adoptive families. IMPACT is a 20-hour assessment and pre-service orientation. This model is designed to provide prospective foster parents with an overview of the requirements and challenges of fostering, with additional in-service training required immediately upon approval to foster and continuing throughout the life of the approved foster home. Based on feedback received from the trainees at the completion of each module, the curriculum provides a good overview of the types of children in the agency's care

All foster families are required to complete 10 hours of on-going training annually. Foster parents may receive training by attending the Annual Foster and Adoptive Parent Conference, trainings provided by the local DFCS office, through local Foster Parent Association Meetings, on-line trainings and any other relevant.

One noted challenge regarding the curriculum is that some modules have not been allotted enough time to cover all the material and allow for dialogue about the material.

The DHR/DFCS Caregiver and Parent Survey utilized a rating scale of 1 to 5 with one being strongly disagreed and 5 being strongly agreed to assess several indicators for the agency. One indicator assessed the offering of training by the case manager to the caregiver in order to meet the needs of the child. All caregivers (3,777) averaged rank for the agency was 3.48.

Case managers utilize wrap around services to provide in-home counseling to foster

children as well as behavioral training to foster parents based on the individual needs of the children in their home. Despite the emphasis on the detriment of moves to a child, in IMPACT and formerly MAPP, many parents will asked for a child to be moved as opposed to seeking additional services to address behavioral issues. Over 1200 foster parents attend the annual Foster Parent Conference in Jekyll each year. Through this training as well as county sponsored training, Foster Parents receive training on ADHD, Drug Addictions, IEP processes, Foster Parent Bill of rights, Mental Health Disorders, Reactive Attachment disorders and a host of other behavioral related trainings.

In November 2006, the agency compiled and presented results of a survey with foster parents regarding their experiences in fostering including their training and preparation to be a foster parent.. One foster parent from each of the 159 counties was selected randomly to participate in the survey. Foster parents indicated the following as being the most valuable component of MAPP/IMPACT:

- Understanding and helping children that come into care: “Learning what these children have been through-understanding how to help them. Imagine how the children might feel and how they will learn to cope with changes. Teaching how to help the children we foster to feel safe and to trust us while they are in our care and to watch for their reactions.”
- Group interaction: “Getting to know other FP. The bonds made with other foster parents from our area that we are able to communicate with and discuss topics and issues that may help each other take better care of the children. The group interaction and hearing different points of view on people’s feelings and experiences.”
- All parts of the training were valuable: “I feel that everything we learned was valuable. Well it’s hard to say what part was most valuable. All the training we went through was very interesting and we learned a lot even though we have raised our kids, we could have used some training with our own. The class as a whole. You need all the training, each part is valuable. You need each class, one will not work without the other.”
- Rules, policies, legal information: “Rules of discipline as set down by DHR. DFCS policies and learning about DFCS system. The rules and legal issues in Ga. Services outside DFCS. Introduction to the child welfare system. The training on various methods of age appropriate discipline.”

Respondents suggested the following improvements in training for foster families:

- Make training convenient: “It would be great to be able to have group training classes for each county. I would like for us to be able to have all of our county to be able to attend at one time at a low cost to make it easier on our families. I think that training for foster families should be held on days and times that

work for the foster families.”

- More interaction with the case manager: “Getting replies from caseworker in a timely manner. Have more regarding rights and having caseworkers attending training where foster parents can share their stress with them- so may be they will understand why we want to know where the case stands. Caseworkers need to be mixed in with the new foster parents so everyone can understand what is being taught. Foster parents-caseworker relations needs to be worked on.”
- Resources and support: ‘Letting the foster families know that there are other resources and agencies that can help them. Especially with special need children. I think having a resource section in the training of all the things foster/adoptive families can use as a support system.”
- Contact with seasoned foster parents: “Need seasoned foster parents to answer question that families may have during training. Maybe have new families meet with experienced families to observe and question.”

Overall the participants felt that basic classes with follow up classes that cover specific topics are useful for some areas of content. Specific topics named were:

- Children with special needs,
- How parental visits affect children,
- White parents need to know how to care for African American children’s hair and skin,
- 14-16 year old children have needs, . . . driver’s license, work, how to transition out, higher education,
- Behavior, Issues

E. Service Array and Resource Development

Item 35: Array of Services. Does the State have in place an array of services that assess the strengths and needs of children and families, that determine other service needs, that address the needs of the families in addition to individual children to create a safe home environment that enable children to remain safely with their parents when reasonable and that help children in foster and adoptive placements achieve permanency?

According to policy 1006.9 the case manager is obligated to make reasonable efforts to reunify the child and family through the provision of intensive, goal-oriented

services. Counties utilize federal, state and occasionally county funds to provide reunification services to families. The agency relies heavily on federal wrap-around funds to provide in-home services to parents and placement resources, transportation and supervision services for visitations as well as transitional and after care services. When wrap-around funds are not available, it is difficult for the agency to provide the level of intensive services many families need in order to achieve reunification.

The ability to provide services designed to help children safely and appropriately return to their families is impacted by a variety of factors. These include the availability of trained, experienced county DFCS staff, local foster and relative caregiver resources within the community, substance abuse inpatient and outpatient treatment resources, community-based therapeutic, medical and educational resources, and community-based relative and state/private providers of foster care services. Often all of these resources are not available. When possible, the agency will utilize wrap around funds or family preservation grants to contract with private providers to develop and implement the necessary service for the family. Therapeutic placements are generally clustered around metropolitan areas, so the children in greatest need of mental health services are generally boarded at a distance from their families and support sources, reducing the ability of family members to engage in therapeutic treatment. Access to therapeutic foster care resources is determined at the state level, resulting in children being placed in resources with available bed space versus closest proximity to the family. Relative resource placements are generally explored prior to the child's entry into foster care but issues with substance abuse, poverty and the lack of kinship resources within close proximity to the family reduces the effectiveness of this strategy.

Many communities partner with their Family Connection Agency to develop strategic community plans for developing services within the community. There are currently eight counties in which the Family Connection agency in concert with the local DFCS is sponsoring a CPPC model. Plans are to expand the CPPC model to 8 additional counties with the ultimate intent for the program to be statewide. The CPPC model works within the communities to build hubs of resources for prevention and treatment of risk factors related to CAN and to educate the community on sustaining these resources. Resources are tailored to the specific factors affecting the community be it substance abuse, poverty, domestic violence etc. In concert with the family connection agency there are also private contracts for PSSF funds. These contracts provide services to communities for family support services, family preservation services, reunification services and adoption promotion. In 2005 PSSF providers received referrals for parenting skills (21.67%), child neglect issues (7.84%), life skills training (7.38%), domestic violence (5.94%), counseling and therapeutic services (6.35%), reunification planning (5.73%), child behavior (5.85%), and substance abuse (4.29%). Of the families receiving PSSF Family Support Services 22% were self-referred or referred by a current or previous consumer, 27.9% were referred from hospitals or health departments and 12.7% were referred from DFCS.

Self-assessments completed by the Regions, unanimously reflect that the impact of drug abuse is a significant factor in the increased number of children in foster care

and the reduction of the number of children achieving permanency through reunification with their parents. The manufacture and abuse of methamphetamine within some of the regions has significantly impacted this statistic, as treatment of this addiction is rarely successful within the federal requirements for permanency planning. Availability of affordable inpatient and outpatient substance abuse programs, especially for males, falls far short of meeting the regional demand. Likewise, the rise in the number of children with mental health and addiction issues that are coming to the attention of DFCS is increasing, with extremely limited public mental health capacity to address this need.

Shortly after the last Federal CFRS review, state, region and county DFCS embarked upon an endeavor to assure that all children who are deemed in need of CPS or foster care services would be referred to the local public health office for screening and assessment. Through such programs as Babies Can't Wait, Children First and EPSDT, children are finding greater access to basic physical and dental healthcare. Georgia's Right from the Start Medicaid program provides access to most children and youth in the state that are not covered by private insurance programs. While services are being accessed, a lack of focus on the importance of child well-being has resulted in case record documentation not always addressing the health needs identified and remedies provided in addressing this need. With the advent of Family Support Services (differential response/diversion) and the refocusing of supervisory review on well-being issues, this deficiency is being corrected. In keeping safety and well being first the agency provides diligent services through CPS On-Going to maintain children in their homes while continuing to address safety and risk. When available, Homestead and PUP funds are used to provide preventive services to families.

The State provided \$18,227,136 statewide to fund prevention programs inclusive of Parent Aide Services, Home Stead Services and PUP (Prevention of Unnecessary Placement). These funds are delegated regionally and managed within the counties. Allocation of funds are usually not sufficient enough to serve all the families and/or meet the multiple needs of families, this sometimes present on-going issues for the counties in their efforts to service families. The agency often has to rely on limited community resources to assist with the provision of services to its families.

In an effort to support adoptive families Georgia allocated \$33,646,927 for post adoption services as well as to assist in the cost for adoption finalization, and pre adoption preparation. State funded Adoption Assistance is utilized for adopted children who have special needs but are not entitled to IV-E funding. Relative Care Subsidy and Enhanced Relative Care Subsidy are available to relatives who receive permanent legal custody. The agency also provides Subsidized Guardianship and Enhanced Subsidized Guardianship payments for relatives who receive legal guardianship. The availability of these funds has increased the number of relatives willing to assume permanent legal custody and guardianship of the children in their care. Currently there are provisions to provide Subsidized Guardianship payments to caregivers not related by AFDC relatedness but who have a pre-existing "fictive kin" relationship

In the DHR/DFCS Caregiver and Parent survey, more than a third of the caregivers

(39%) and parents (40%) responding indicated they did not receive services or supports they felt they needed; 59 percent of the parents with children in placement said they did not receive services or supports they needed. When asked about the services they did not receive the number one area indicated was for children with disabilities, mentioned by 88% of the caregivers and 84% of the parents. Other areas noted were mental health services, case manager support (communication, information, responsiveness, and paperwork) and financial issues (pay, per diem, late payments/reimbursements). These findings indicate a need to increase availability of resources and more awareness/information about existing resources needs to be provided.

Item 36: Service Accessibility. Are the services in item 35 accessible to families and children in all political jurisdictions covered in the State's CFSP?

For State Fiscal Year (SFY) 2007, Georgia allocated \$78,512,877.00 to provide services to families with children in foster care and to the programs specific to family preservation. These funds are allocated on a regional basis and managed through the county offices within each region. Regional allocation is based on case load size, historical spending projections and specialized projects. This distribution process was continued for SFY 07. These funds have prerequisites which must be met before the agency can purchase services. However within the programs the agency has discretion to purchase services needed by the family but not readily accessible in their community from another provider such as substance abuse treatment or in-home behavioral health services. The State designated \$7,264,552 in funds for relatives. These funds are used to pay a daily per diem rate to relatives who are providing care for children who are either in the foster care system or have received permanent custody of a child from the foster care system. These funds are broken down by regions based on prior year expenditures and projected expenditures. Funds are distributed at the beginning of the month in lieu of TANF money. Relative receiving these benefits are still eligible for Medicaid for the children subject to the ERR benefit. The State is providing financial support for non-relative and relative guardianship. Current \$240,533 has been set aside for this program, although it is only being utilized in Regions 2, 3, 4, and 8 thus far.

The agency partners with providers for Promoting Safe and Stable Family Support Services, Family Connection Agencies, Community Partners for Protecting Children, Prevent Child Abuse Georgia and with multiple private providers to ensure reasonable access to all services across the state.

Item 37: Individualizing Services. Can the services in item 35 be individualized to meet the needs of Children and families served by the agency?

During the process of the initial investigation, staff complete a formal risk assessment on each household member. Each member is assessed as an individual in the seven areas of vulnerability. Case managers must develop plans for any ratings denoted as considerable or extreme. These plans are tailored to the specific areas of concern for

each individual. If children are placed into the foster care system, they receive a CCFA assessment which addresses their families' areas of concerns and provides a detailed assessment of the individual child. Case managers are required to incorporate the recommendations from the CCFA into the family and child plans in CPRS. These plans are subject to review of the court. The agency has funding sources within the family preservation to procure psychological evaluations, behavioral therapy, substance abuse treatment, in-home crisis management, as well as financial support for rental/utilities/medical care etc. The agency has provisions for providing in-home treatment and testing for children placed in out of home placements. If reunification is imminent (within 90 days or less) these same services can be offered to the removal home. Each individual in the home receives services based on their needs and the family receives services based on the needs of the cohort. The agency also works cooperatively with community based providers who have tailored programs which are unique to the needs of their consumers and their area. By allowing innovative services based on community resources, consumers have a better success rate as opposed to structured "one size fits all" state programs.

Referrals are made to community providers for services related to case plan goals. If the service is too generic, case managers contract with providers to develop individualized programs for the family. These services can be provided in the parents' home or in a neutral setting. Parents are afforded the opportunities for assessments which will allow providers to develop individualized treatment plans. Case managers receive monthly updates on progress of treatment plans and work in concert with the parent and provider to determine the need for additional services or discontinuation of services.

F. Agency Responsiveness to Community

Item 38: State Engagement in Consultation with Stakeholders. In implementing the provisions of the CFSP, does the State engage in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child and family serving agencies, and include the major concerns of these representatives in the goals and objectives of the CFSP?

Community Forums

As discussed previously, the State hosted 13 Community Forums.

Region	Date	Stakeholders	DFCS Staff
I	11/13/06	25	15
II	11/28/06	22	14
III	11/14/06	27	25
IIIA	11/13/06	7	19
IV	11/09/06	12	11
V	11/28/06	17	16
VI	11/21/06	31	16
VII	11/29/06	29	16
VIII	11/15/06	22	18
IX	11/16/06	17	14
X	11/20/06	36	15
XI	11/20/06	32	16
XII	11/17/06	16	16

A total of 293 community stakeholders attended the community forums. Stakeholders were representative of State Representatives and Senators, School Systems, Foster Parents, Members of the State Foster Parent Association, Private providers, State contracted service providers, Juvenile Courts, Guardian Ad Litums, Local Political Officials, Prevent Child Abuse representatives, Law Enforcement, SAAGs, Mental Health Partners, Secondary Education Representatives, Victim Advocates, Faith Based Organizations, Rural Development Center representatives, Department of Labor, CASA, Red Cross representatives, Child Support Enforcement, County Extension Office representatives, Division of Juvenile Justice, Family Connection Coordinators, Office of the Child Advocate, Public Health, Medical Providers, and The Youth EmpowerMENT Project. See the following charts for Stakeholder survey results for the agency's effectiveness in the seven outcomes.

Over 2,900 stakeholders participated in the DHR/DFCS stakeholder survey. The stakeholder were comprised of 59% DFCS and 41% non-DFCS. The stakeholders represented all 12 regions of the state and 155 out of the 159 counties. External stakeholders included representatives of agencies/organizations serving children in child welfare, other community organizations, the legal system, child advocacy groups, law enforcement, caregivers, and youth and family members. Stakeholders most often cited substance abuse, poverty, resources/services, family structure/functioning and education as the primary issues affecting family and child well-being in Georgia. The survey supported DFCS belief that there are significant gaps in the perceptions of DFCS and

non-DFCS stakeholders in terms of values, strategies and agency effectiveness.

Both groups tended to value the belief the state should assume responsibilities for children when their parents can not. Both groups expressed reservations about usage of relatives. In the regional community forums stakeholders espoused the belief that agencies should work together collaboratively, however these survey results reflected both groups as leaning toward agencies working independently vs. agencies working together. Both groups supported the family focused model vs. the child focused model even though DFCS stakeholder tended to lean slightly toward a child focus.

Stakeholders were asked to rank the agencies effectiveness on several items related to safety, permanency and well-being. DFCS stakeholders were more likely to rate the agency as “very effective” than non-DFCS stakeholders. The items receiving the most ratings of “very effective” were investigating reports of child abuse and neglect (51% DFCS; 28% non-DFCS) and ensuring the physical health needs of the children are met (46% DFCS; 25% non-DFCS). The items receiving the most ratings of “not effective” were transitioning youth to independent, adult living (38% DFCS; 58% non-DFCS) and securing permanent homes in a timely manner for children who cannot return to their homes (26% DFCS; and 50% non-DFCS).

In addition both groups were critical of the agency’s communications regarding changes in policy and practices with 38% of DFCS and 64% of non-DFCS stakeholders rating the agency as “not very effective” Both groups tended to list FTMs’ as very effective (54% DFCS and 50% non-DFCS). Both groups supported building parents’ capacity through services and supports with 46% of DFCS and 42% of non-DFCS stakeholders rating this “very effective”.

Stakeholders indicated they felt the agency needed to increase staff, increase/improve staff qualifications, training, and supervision, compensation and retention as well as decrease caseloads and work loads. Developing additional funding and resources were also key themes stakeholders felt would positively impact child outcomes. Other key themes include communication, parental responsibility, customer service, and collaboration.

Overall Effectiveness of DFCS Statewide

Category	Item	Stakeholder	Effectiveness Rating		
			Very effective	Somewhat effective	Not very effective
Safety	Investigating reports of child abuse and neglect in a timely manner	DFCS	51.3%	42.2%	6.5%
		Non-DFCS	28.4%	47.8%	23.8%
	Ensuring children are in safe placements	DFCS	35.9%	57.9%	6.2%
		Non-DFCS	13.2%	66.4%	20.5%
	Preventing the reoccurrence of child abuse and neglect	DFCS	15.8%	64.7%	19.5%
		Non-DFCS	5.4%	56.0%	38.6%
Well-being	Providing a range of support services needed by families	DFCS	21.8%	54.6%	23.7%
		Non-DFCS	12.3%	48.7%	39.0%
	Providing services and supports that are accessible to families	DFCS	22.5%	56.9%	20.6%
		Non-DFCS	10.1%	53.2%	36.7%
	Ensuring the basic physical health needs of children in care are met	DFCS	46.1%	48.4%	5.5%
		Non-DFCS	24.9%	57.8%	17.3%
	Ensuring the emotional/mental health needs of children in care are met	DFCS	25.9%	58.3%	15.9%
		Non-DFCS	8.5%	45.4%	46.1%
	Ensuring the educational/developmental needs of children in care are met	DFCS	29.8%	58.3%	11.9%
		Non-DFCS	11.3%	56.2%	32.5%
Permanency	Supporting families in crisis to prevent removing children from the home	DFCS	22.8%	62.0%	15.2%
		Non-DFCS	8.8%	51.3%	39.9%
	Maintaining family/sibling relationships when children are removed from the home	DFCS	22.1%	61.1%	16.8%
		Non-DFCS	10.7%	57.5%	31.8%
	Ensuring children are in stable placements	DFCS	19.4%	66.6%	14.0%
		Non-DFCS	8.2%	51.8%	40.0%
	Securing permanent homes in a timely manner for children who cannot return to their homes	DFCS	18.6%	55.9%	25.5%
		Non-DFCS	8.0%	42.5%	49.5%
	Transitioning youths into independent, adult living	DFCS	15.1%	46.9%	38.1%
		Non-DFCS	6.1%	35.9%	58.0%
All	Communicating changes in policies and practices	DFCS	16.7%	45.0%	38.4%
		Non-DFCS	7.1%	29.1%	63.8%

Item 40: Coordination of CFSP Services with other Federal Programs. Are the State's services under the CFSP coordinated with the services or benefits of other Federal or federally assisted programs serving the same populations?

The State developed a protocol with the Department of Juvenile Justice (DJJ) regarding the shared responsibilities for children who are in joint custody.

The State has recently become more involved with Community Health in meeting the mental health needs of the children and families served within each region. Many counties regularly collaborate with their local Health Departments to ensure that all of the routine medical needs of the foster children are met. Public Health Departments are tracking children to ensure EPSDT schedules are met. Mental Health MHDDAD has established a toll free phone system (1-800-715-4225) which will provide for Behavioral Health needs for children within the foster care system as well as family preservation systems.

The State in concert with Office of the Child Advocate, Georgia Bureau of Investigations, Georgia Child Fatality Review Panel and The Prosecuting Attorney's designate time from their work period to coordinate Building Successful Teams training which works with community partners to provide skills and develop collaborative efforts in the assessing of children and families.

Many counties have set up County Protocols with their local schools and law enforcement agencies delineating roles and responsibilities. Often time expanding the scope of what the DFCS agency is expected to do within those communities. Often these protocols are facilitated by the Family Connection Partnership. County representatives attend county focused protocol meetings with community partners to discuss resources and shared families. In these meetings community case planning resources can be identified and partners assume responsibility for working together with shared families. These activities allow for the reduction of duplicated services as well as the prudent usage of fiscal allocations for purchasing services. Many counties also have regular attendance at truancy panel meetings, combined case planning meetings, MATCH meetings and other county specific teams geared toward shared relationships for mutual families.

One key collaborative effort across the state is the "Bring the Children Home" initiative which is coordinated with MHDDAD and DJJ. This initiative is designed to help return children from LOC placements to their community when possible and to facilitate their step down to less restrictive programs as they are ready. MHDDAD working with the DFCS office in the provision of "unbundling" of LOC/TRIS services.

Internally, DFCS works with TANF and Food Stamp workers to coordinate responsibility plans related to their receipt of benefits. Staff work cooperatively with Child Care staff to obtain funding for protective child care and/or for child care in connection with TANF block grants.

The Department of Aging works with "Grandparents Raising Grandchildren" (GRG) programs to provide services for grandparents raising children who have either been placed through the agency or are at risk of placement. Specialized case managers are provided to assist with the GRG programs. The Department of Aging is also

utilizing TANF redirect funds to assist older Americans back into the workforce, including those raising their grandchildren. The Department of Aging is coordinating support groups for Grandparents raising their Grandchildren. Georgia State University implemented a project “Project Healthy Grandparents”, which provides social work and nursing services and receives PSSF funds.

The Department of Child Support Services (CSS) is working with the agency in the utilization of their “Accurint” program to locate relatives for potential placement. The CSS agency is also housing staff in Court offices or attending special hearings in an effort to capture child support funds from parents of children in foster care. CSS is working with the fatherhood initiative to develop opportunities for children to be placed with their paternal relatives, to promote visitations and to assist fathers in becoming prepared to assume responsibility for raising their children. CSS is working cooperatively with the agency on establishing paternity by completing paternity testing upon request.

There are several agreements that are renewable each year for services of a continuous nature. The most significant of these is DHR’s agreement with the Georgia Department of Juvenile Justice for Title IV-E Foster Care services to eligible children who are in the custody of the DJJ. Other agreements include an agreement with after-school programs and Boys & Girls Programs that are funded through federal grants to serve high risk children and with local family violence shelters and programs.

In addition Promoting Safe and Stable Families grants are active in all counties in the State in a variety of avenues to support families and children. PSSF funds are being utilized for a special initiative in four counties within regions 6 and 10 as a Family Resource Connection Pilot. A State Prevention Workgroup is using PSSF Funds to address barriers for collaboration, map out shared populations and identify strategies for serving those populations. In addition, PSSF funds will be considered for use in the expansion of Foster Care Emancipation Support. The total number of families receiving services through a PSSF funded project for FFY 05 was 23,714. An increase of 4,500 from FFY 03. The percent of families-at-risk served by the PSSF Family Support Program without a substantiated child abuse finding for FFY 05 is 90%.

G. Foster and Adoptive Home Licensing, Approval, and Recruitment

Item 41: Standards for Foster Homes and Institutions. Has the State implemented standards for foster family homes, and child care institutions that are reasonably in accord with recommended national standards?

The State is meeting the requirement to maintain standards for foster families and adoptive families by providing training opportunities to all resource families. Prospective families are provided with pre-service training. Approval is granted when resource families have met all standard policy requirements. At a minimum, monthly contact is expected with each resource family that has a child in their home. Approved resource families are provided with training opportunities. Foster parents are regularly made aware of training opportunities, conferences, and other services that are available on local, regional and state levels. Through annual re-evaluation processes, the resource homes are continually monitored. Issues of concern with families such as

policy violations are addressed with families as they occur and are brought to the attention of the agency.

The State, through the Office of Regulatory Services (ORS), has outlined regulations for child placing agencies and child care institutions. All private agencies used by DFCS for the placement of children in care must be licensed by ORS. ORS conducts annual re-licensing visits and investigates complaints in these approved homes or facilities. The outcomes of any issues reported to ORS are to be shared with DFCS staff. DFCS and ORS jointly investigate and assess reports of maltreatment to children in these specific placements.

The State is currently in negotiations with a private vendor for the purpose of recruiting, retaining and supporting foster families. A component of this agreement will be the ability to track the number of families approved or denied as foster parents and the reasons for denial. The contractor will also be required to track retention rates, approvals for special needs children inclusive of sibling groups and teens, and the training for foster parents.

Item 42: Standards applied equally. Are the standards applied to all licensed or approved foster family homes or child care institutions receiving title IV-E or IV-B funds?

The minimum standards for all DFCS foster and adoptive homes are the same. County Directors provide final review and approval of all resource home studies, including their re-evaluations. All families must complete the same initial training and undergo the same approval process. However, the state does allow for the waiving of some standards under compelling circumstances (i.e. Related Placements). Counties have developed internal tracking systems because there is currently not an automated system which tracks and alerts staff as to renewal dates.

The State is currently in negotiations with a private vendor for the purpose of recruiting, retaining and supporting foster families. A component of this agreement will be the ability to track the number of families approved or denied as foster parents and the reasons for denial. The contractor will also be required to track retention rates, track approvals for special needs children inclusive of sibling groups and teens, as well as track the training for foster parents. They vendor will also be responsible for the provision of initial and ongoing training, thus establishing uniformity and consistency throughout the state.

The Office of Regulatory Services establishes and monitors the standards for homes that are affiliated with private agencies. The Department of Family and Children Services works in concert with the private agencies to complete CPS checks, complete investigations into allegations of Child Abuse and Neglect, and in the completion of conversion studies for private homes for the purpose of adopting children within the State's Permanent Custody. Training hours, safety standards and other licensure requirements are assessed by the private agency and the Office of Regulatory Services.

Item 43: Requirements for Criminal Background Checks. Does the State comply with Federal requirements for criminal background clearances related to licensing or approving foster care and adoptive placements, and does the State have in place a case planning process for addressing the safety of foster care and adoptive placements for children)?

The State requires all prospective foster and adoptive parents to have both a Georgia Bureau of Investigation and a Federal Bureau of Investigation criminal background check. Based on information received from the most recent quality assurance reviews, the Regions have substantially complied with the state's criminal background checks at initial approval on foster and adoptive homes. The counties also maintain a myriad of tracking methods in an effort to assure that all subsequent checks will be completed according to state policy. Minimum standards for private agencies are set by the Office of Regulatory Services. However, DFCS Adoption Unit contracts with several private adoption agencies for the placement of children meeting Georgia's special needs definition. Under the terms of the contracts there is an assigned contract manager who approves the adoption studies from private agencies who have contracts with DFCS.

The State is currently in negotiations with a private vendor for the purpose of recruiting, retaining and supporting foster families. A component of this agreement will be the requirement for conducting Sexual Offender Registry, Pardons and Parole data banks, and the Georgia Department of Corrections.

Item 44: Diligent Recruitment of Foster and Adoptive Homes. Does the State have in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children for whom foster and adoptive homes are needed in the State?

The state requires that all counties develop and submit an Annual Recruitment Plan and a quarterly report in accordance with guidelines set in the State's Recruitment Plan. This plan details efforts to recruit families that represent the population of children in foster care as required by the Multi Ethnic Placement Act (MEPA). As shown in the attached population chart, Region III has seen a significant growth in its Hispanic population; unfortunately this increase has resulted in an increase of Hispanic children in foster care. Fortunately, the agency has recognized the need for targeted recruitment for this population. However, the State has struggled in its attempts to recruit Hispanic and/or bi-lingual foster and adoptive homes. An example of this population growth is Gwinnett County; the most recent data shows a significant increase in their Hispanic foster care population. Currently, over 25% of their agency's foster care population is Hispanic. To address this trend Gwinnett has partnered with the Latino community in an effort to heighten the community's awareness of the need for more diverse homes and have conducted targeted recruitment for families to foster and/or adopt teenagers and sibling groups. Fulton County has also partnered with local agencies in an effort to expand their resources for ESL consumers.

The State is currently in negotiations with a private vendor for the purpose of recruiting, retaining and supporting foster families. A component of this agreement includes specialized recruitment task for the purpose of obtaining resources for general recruitment, child specific recruitments as well as targeted recruitments. The contractor will also be required to track the percentage of total number of new homes recruited which reflects the ethnicity and racial diversity of children in care.

As of December 2006, there were 4,198 approved DFCS homes and 1,212 active non-DFCS homes. In the DFCS homes there is a diverse racial group with 2,086 Black foster parents, 2,094 White foster parents, and 48 Hispanic foster parents. The other foster parents were Asian (9), American Indian (6), Hawaiian (1) and Unable to Determine (14).

Item 45: State use of Cross-Jurisdictional Resources for Permanent Placements. Does the State have in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children?

As part of the State’s effort to recruit adoptive families for its general population of children free for adoption, the agency utilizes the following state programs: My Turn Now Photo Listing, The Heart Gallery, Wednesday’s Child, Video Conference/Adoption Party and Regional Paper Matches.

Additional Systemic Factors
Turnover

The Office of Human Resource Management reports social service case manager turnover for State to be 29% for social services staff in SFY05 and 10.21% as of June 06 for SFY06. Turnover can impact the continuity of case management for children and families involved with the agency which then effects the timeliness of contacts, the level of contact made with children and families, implementing services in a timely manner and on-going risk assessment and case planning.

State Assessment of Strengths

Performance Item or Outcome		FFY 2004	FY 2005
Outcome S1: Children are, first and foremost, protected from abuse and neglect.		84%	57%
Item 1:	Timeliness of initiating investigations of reports of child maltreatment	84%	58%
Item 2:	Repeat Maltreatment	92%	97%

Outcome S2: Children are safely maintained in their homes whenever possible and appropriate.	84%	81%
Item 3: Services to family to protect child(ren) in home and prevent removal	90%	75%
Item 4: Risk of harm to child (ren)_____	83%	96%
Outcome P1: Children have permanency and stability in their living situations.	59%	83%
Item 5: Foster care re-entries	96%	90%
Item 6: Stability of foster care placement	79%	86%
Item 7: Permanency goal for child	71%	91%
Item 8: Reunification, guardianship, or permanent placement with relatives	75%	90%
Item 9: Adoption	66%	67%
Item 10: Permanency goal of other planned permanent living arrangement	88%	90%
Outcome P2: The continuity of family relationships and connections is preserved for children	73%	94%
Item 11: Proximity of foster care placement	61%	95%
Item 12: Placement with siblings	90%	89%
Item 13: Visiting with parents and siblings in foster care	85%	94%
Item 14: Preserving connections	93%	98%
Item 15: Relative placement	93%	92%
Item 16: Relationship of child in care with parents	80%	95%
Outcome WB1: Families have enhanced capacity to provide for their children's needs. (Item 17 must be a strength for the Overall Rating to be Substantially Achieved)	42%	51%
Item 17: Needs and services of child, parents, foster parents	76%	69%
Item 18: Child and family involvement in case planning	65%	70%
Item 19: Worker visits with child	80%	65%
Item 20: Worker visits with parent(s)	63%	41%

Outcome WB2: Children receive appropriate services to meet their educational needs	76%	81%
Item 21: Educational needs of the child	86%	81%
Outcome WB3: Children receive adequate services to meet their physical and mental health needs	83%	68%
Item 22: Physical health of the child	86%	82%
Item 23: Mental health of the child	90%	72%

Section V: State Assessment of Strength and Needs

Primary Strengths

Areas for Improvement

Focus areas for onsite review

Two additional sites for onsite review activities

Floyd County

Walton County

Comments about State experience with Statewide Assessment

Names and Affiliations of Individuals participating in Statewide Assessment Process

The CFSR Self-Assessment review team is comprised of Mary Dean Harvey, Division Director DFCS; Isabel Blanco, Deputy Division Director; Neil Kaltenecker, Director MHDDAD; Joann Henry, CPPC and Family Connections Partnership; Bobby Cagle, Acting Social Services Director DFCS; Martha Okafor, Department of Public Health; Ed Fuller, Evaluation and Reporting Director, DFCS; Shirley Vassy, Unit Chief for Child Welfare, DFCS; Virginia Dick, Data Manager, DFCS; Kay Hall, Legislative Consultant; Gina Simpson, Legislative Consultant; 14 Regional Field Directors; Roxanne Jefferson, Risk Assessment; Colleen Mousinho, SACWIS/Shines DFCS; Venkat Krishnan, SACWIS/Shines Consultant; Gwendra Samuels, Youth Development Project; Malaika Moses Mitchell, Department of Family and Children Services; Tyronda Minter, Program Officer, MAYOI; Cindy Davis, Care Solutions; Ann Pope, Department of Family and Children Services; Karen Worthington, Barton Clinic; Chief Justice Hines; Michelle Barclay, Director, Court Improvement Project; Velma Tilley, Council of Juvenile Court Judges; Peggy Walker, Juvenile Court Judge; Dee Simms, Office of Child Advocate; Duane Hathaway, Director, CASA; Fulton County Independent Child Advocate Office; Trenny Stovall, DeKalb County Independent Child Advocate Office; Carol Hall, Department of Family and Children Services; Vivian Egan, Legal Services Officer DFCS; Kathy Herren, Department of Family and Children Services; Betsy Hyder, Pugh Charitable Trust; Robert Bassett, Council of Juvenile Court Judges; Pam Brown, Council on Prevention of Child Abuse; Betty Wrights, Lead Program Specialist Region III; Richard Stone, Fulton County DFCS; Marc Berens, Fulton County DFCS; Charlene McCarter, Consultant and County Directors for 159 counties.

