

Child and Family Services Reviews

Georgia's Statewide Assessment Instrument

March 2015

Bobby D. Cagle, Director

Georgia Division of Family and Children Services

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Introduction

The Child and Family Services Reviews (CFSRs), authorized by the 1994 Amendments to the Social Security Act (SSA), are administered by the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. The goals of the CFSR are to:

- Ensure substantial conformity with title IV-B and IV-E child welfare requirements using a framework focused on assessing seven safety, permanency, and well-being outcomes and seven systemic factors;
- Determine what is happening to children and families as they are engaged in child welfare services; and
- Assist states in helping children and families achieve positive outcomes.

The CFSR Process

The CFSR is a two-phase process, as described in 45 CFR 1355.33. The first phase is a statewide assessment conducted by staff of the state child welfare agency, representatives selected by the agency who were consulted in the development of the Child and Family Services Plan (CFSP), and other individuals deemed appropriate and agreed upon by the state child welfare agency and the Children's Bureau.

The second phase of the review process is an onsite review. The onsite review process includes case record reviews, case-related interviews for the purpose of determining outcome performance, and, as necessary, stakeholder interviews that further inform the assessment of systemic factors. The onsite review instrument and instructions are used to rate cases, and the stakeholder interview guide is used to conduct stakeholder interviews.

Information from both the statewide assessment and the onsite review is used to determine whether the state is in substantial conformity with the seven outcomes and seven systemic factors. States found to be out of substantial conformity are required to develop a Program Improvement Plan (PIP) to address the identified areas out of substantial conformity. States participate in subsequent reviews at intervals related to their achievement of substantial conformity. (For more information about the CFSRs, see the *Child and Family Services Reviews* at <http://www.acf.hhs.gov/programs/cb>.)

Integration of the CFSP/APSR and CFSR Statewide Assessment

The CFSR process is intended to be coordinated with other federal child welfare requirements, such as the planning and monitoring of the CFSP. We are encouraging states to consider the statewide assessment as an update to their performance assessment in the state's most recent CFSP and/or Annual Progress and Services Report (APSR) rather than a separate assessment process and reporting document. Most of the content for the statewide assessment overlaps with the CFSP/APSR and the same expectations for collaboration with external partners and stakeholders exist across all planning processes. States can use the statewide assessment process to re-engage these partners and stakeholders in preparation for the CFSR.

The Statewide Assessment Instrument

The statewide assessment instrument is a documentation tool for states to use in capturing the most recent assessment information before their scheduled CFSR. Each section, as outlined below, is designed to enable states to gather and document information that is critical to analyzing their capacity and performance during the statewide assessment phase of the CFSR process.

- Section I of the statewide assessment instrument requests general information about the state agency and requires a list of the stakeholders that were involved in developing the statewide assessment.
- Section II contains data profiles for the safety and permanency outcomes. These include the data indicators, which are used, in part, to determine substantial conformity. The data profiles are developed by the Children's Bureau based on the Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS), or on an alternate source of safety data submitted by the state.
- Section III requires an assessment of the seven outcome areas based on the most current information on the state's performance in these areas. The state will include an analysis and explanation of the state's performance in meeting the national standards as presented in section II. States are encouraged to refer to their most recent CFSP or APSR in completing this section.
- Section IV requires an assessment for each of the seven systemic factors. States develop these responses by analyzing data, to the extent that the data are available to the state, and using external stakeholders' and partners' input. States are encouraged to refer to their most recent CFSP or APSR in completing this section.

We encourage the state to use this document "as is" to complete the assessment, but the state may use another format as long as the state provides all required content. The statewide assessment instrument is available electronically on the Children's Bureau website at <http://www.acf.hhs.gov/programs/cb/resource/round3-cfsr-statewide-assessment>.

Completing the Statewide Assessment

The statewide assessment must be completed in collaboration with state representatives who are not staff of the state child welfare agency (external partners or stakeholders), pursuant to 45 CFR 1355.33 (b). Those individuals should represent the sources of consultation required of the state in developing its title IV-B state plan and may include, for example, Tribal representatives; court personnel; youth; staff of other state and social service agencies serving children and families; and birth, foster, and adoptive parents or representatives of foster/adoptive parent associations. States must include a list of the names and affiliations of external representatives participating in the statewide assessment in section I of this instrument.

We encourage states to use the same team of people who participate in the development of the CFSP to respond to the statewide assessment. We also encourage states to use this same team of people in developing the PIP. Members of the team who have the skills should be considered to serve as case reviewers during the onsite review.

How the Statewide Assessment Is Used

Information about the state child welfare agency compiled and analyzed through the statewide assessment process may be used to support the CFSR process in a range of ways. The statewide assessment is used to:

- Provide an overview of the state child welfare agency's performance for the onsite review team;
- Facilitate identification of issues that need additional clarification before or during the onsite review;
- Serve as a key source of information for rating the CFSR systemic factors; and
- Enable states and their stakeholders to identify early in the CFSR process the areas potentially needing improvement and to begin developing their PIP approach.

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104–13)

Public reporting burden for this collection of information is estimated to average 240 hours for the initial review and 120 hours for subsequent reviews. This estimate includes the time for reviewing instructions, completing the assessment, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Statewide Assessment Instrument

Section I: General Information

Name of State Agency: Georgia Department of Human Services, Division of Family and Children Services

CFSR Review Period

CFSR Sample Period: Rolling sample beginning April 1, 2014 to September 30, 2014

Period of AFCARS Data: 04/01/2013-3/31/2014

Period of NCANDS Data: 10/01/2012-09/30/2014

(Or other approved source; please specify if alternative data source is used):

N/A

Case Review Period Under Review (PUR): Rolling sample beginning with April 1, 2014 to Date of Review

State Agency Contact Person for the Statewide Assessment

Name: Steven K. Reed

Title: Section Director, Office of Quality Management

Address: 2 Peachtree Street, Suite 8.255, Atlanta GA 30303

Phone: 404-805-2125

Fax: 404-463-5502

E-mail: steven.reed@dhs.ga.gov

Statewide Assessment Participants

Provide the names and affiliations of the individuals who participated in the statewide assessment process; please also note their roles in the process.

State Response:

Georgia elected to form teams for the 3 Outcomes and 7 Systemic Factors to maximize stakeholders' involvement and input from internal and external partners as possible. The following individuals participated in team meetings and/or provided data information to complete the assessment for the identified section.

Safety Outcome (Items 1 – 3)

Michelle Blackburn, Habersham County School System

Cassandra Bolar, Project Director, Stacher Health Leadership Institute – Division Behavioral Health-Morehouse School of Medicine

Merita Roberts Croll, CFSR State Coordinator/Project Director, State Office DFCS

Duane Brown, Director, Youth and Family Services, LLC

Sandra Bruce, Director, Tranquility House

Carmen Callaway, Community Programs Director, State Office DFCS

Twania Carr-Ferguson, kinship Care Liaison, DeKalb County DFCS

Angela Coulon, Safety Management Section Director, State Office DFCS

Crystal Culver, TeenWork Program Manager, State Office DFCS

Sonya Davis, Atlanta Public Schools

Ursula Davis, Systems of Care Director, State Office DFCS

Ramona Deshield, DFCS

Tacia Estem, Community Partnership for Protecting Children Unit Manager, State Office DFCS

Tameyer Evans, Afterschool Program Manager, State Office DFCS

Michele Farrington, CCFA/Wrap Compliance Specialist, State Office DFCS

Rena Glass-Dixon, School Social Worker, Rockdale County School System

Joyce Johnson, Community Connection Services Area Coordinator, DFCS – Tift/Lanier

Shannon Johnson, Youth

Shawn Johnston, Executive Assistant, State Office DFCS

Ketisha Kinnebrew, Project Manager II, Atlanta Public School System

Katie Landes, Georgia Statewide Afterschool Network Director, VOICES for Georgia's
Children

Becky Lee, Executive Director, Tree House Inc. –Winder, Ga.

Amy Lollis, Executive Director, Lanier County Family Connection

Melissa Mitchell, Executive Director, Northeast GA Court Appointed Special Advocates

Brittany Myers

Dahlia Bell-Brown, Deputy Director of the Office of Quality Management, State Office DFCS

Gray Frazier, DFCS-GA Independent Living Program, State Office DFCS

Estelline Beamon, Region 12 ILP Specialist, DFCS-GA Independent Living Program

Heather Coggins, Region 14 ILP Specialist, DFCS-GA Independent Living Program

Devin Martin, DFCS-GA Independent Living Program, State Office DFCS

Ann Campbell, Youth

Shante Campbell, Region 13 ILP Specialist, DFCS-GA Independent Living Program

Garrett Jahrube, Youth

Avila Ingrid, Youth

Susan Coffin, Volunteer Coordinator, Advo-Kids CASA, Inc.

Kilpatrick Emauel, Youth

Veronica Grimes, Youth

Dawn Amaker, Director, GA Alliance of Boys and Girls Club

Nesha Jairam, Data Manager of the Community Programs Unit (EPAC), State Office DFCS

Fran George, Program Manager-Adoptions, State Office DFCS

David Bolt, Manager, Amerigroup

Kaleb Price, Data Analyst of the Community Programs Unit (Afterschool Care Program),
State Office DFCS

Donetta Norris, Social Services Administration Unit, DFCS

Stephanie Owens, Vice President and Chief Operating Officer, Childkind Inc.

Alicia Parks, Program Specialist, Office of Prevention Services, State Office DFCS

Henry Roberson

Earlie Rockette, AVP QPI, Amerigroup

Kemberlie Sanderson, Rainbow House Children's Resource Center

Dianne Scroggins, DFCS

Monica Scott, Support Services Manager, State Office DFCS

Aquilla Smith, Executive Secretary of the Safety Management Section, State Office DFCS

Deirdre Smith, Public School System

Lamar Smith, Collaborative Services Section Director, State Office DFCS

Nadine Tyft, Executive Director, Advo-Kids CASA, Inc.

Kim Washington, Programs Liaison-Domestic Violence and Prevention Program, State Office
DFCS

Levette Williams, Associate Superintendent, Georgia Department of Education

Elexus Scott, Youth

Emanyole Cole, Youth

Chisom Enujioke, Youth

Renesha Thomas, Private Provider

Robert Thornton, Criminal Justice Coordinating Council (CJCC)

Zanett Ellington, Tranquility House

Khadiyah Muhammad, Youth

Nateisha Earl, Youth

Katherine Stewart, Grandparent

Anne Rae, Safety Specialist- Safety Section, State Office DFCS

Permanency Outcome (Items 4 – 11)

Deborah Burrus, Permanency Director

Fran Marie George, Adoption Exchange Program Manager

James Kizer, Acting Director, Office of Provider Management

Judy Richards, Director, Richmond County DFCS

Brenda Neal, Social Services Supervisor, McDuffie/Warren County DFCS

Charlotte D. Denson, Lead Field Program Specialist, DFCS Region 7

Shannon E. Field, Lead Field Program Specialist, DFCS Region 6

Wallace Seabolt, Acting Chief-Tribal Marshall, Georgia Tribe of Eastern Cherokee

Leonard Griffin, Chief, Yonaa Band of Cherokee

Merita Roberts Croll, DFCS State Child and Family Services Review Coordinator

Robert Pilcher, Chief Marshall, Cherokee Tribe of Northwest Georgia

Richard E. Botts, Head of Council, Georgia Tribe of Eastern Cherokee

Andy Scott Forrister, Chief, Cherokee Tribe of Northwest Georgia

David Kennedy, Tribal Councilman, Georgia Tribe of Eastern Cherokee

Johnny Chattin, Attorney General, Georgia Tribe of Eastern Cherokee

Shay Thornton, Director, Troup/Meriwether County DFCS

Cassandra E. Favors, AFPAG/Upson County Foster Parent

Erica Barnes, Lead Field Program Specialist, DFCS Region 14

Richard Maynard, Field Program Specialist, DFCS Region 14

Dawn Noll, Project Administrator, DFCS

Suzette Yelder, Lutheran Services of Georgia

Christina Garrett, Field Program Specialist, DFCS Region 5

Well-Being Outcome (Items 12 – 18)

Michelle Blackburn, Habersham County School System

Cassandra Bolar, Project Director, Stacher Health Leadership Institute – Division Behavioral Health-Morehouse School of Medicine

Merita Roberts Croll, CFSR State Coordinator/Project Director, State Office DFCS

Duane Brown, Director, Youth and Family Services, LLC

Sandra Bruce, Director, Tranquility House

Carmen Callaway, Community Programs Director, State Office DFCS

Twania Carr-Ferguson, kinship Care Liaison, DeKalb County DFCS

Angela Coulon, Safety Management Section Director, State Office DFCS

Crystal Culver, TeenWork Program Manager, State Office DFCS

Sonya Davis, Atlanta Public Schools

Ursula Davis, Systems of Care Director, State Office DFCS

Ramona Deshield, DFCS

Tacia Estem, Community Partnership for Protecting Children Unit Manager, State Office DFCS

Tameyer Evans, Afterschool Program Manager, State Office DFCS

Michele Farrington, CCFA/Wrap Compliance Specialist, State Office DFCS

Rena Glass-Dixon, School Social Worker, Rockdale County School System

Joyce Johnson, Community Connection Services Area Coordinator, DFCS – Tift/Lanier

Shannon Johnson, Youth

Shawn Johnston, Executive Assistant, State Office DFCS

Ketisha Kinnebrew, Project Manager II, Atlanta Public School System

Katie Landes, Georgia Statewide Afterschool Network Director, VOICES for Georgia's
Children

Becky Lee, Executive Director, Tree House Inc. –Winder, Ga.

Amy Lollis, Executive Director, Lanier County Family Connection

Melissa Mitchell, Executive Director, Northeast GA Court Appointed Special Advocates

Brittany Myers

Dahlia Bell-Brown, Deputy Director of the Office of Quality Management, State Office DFCS

Gray Frazier, DFCS-GA Independent Living Program, State Office DFCS

Estelline Beamon, Region 12 ILP Specialist, DFCS-GA Independent Living Program

Heather Coggins, Region 14 ILP Specialist, DFCS-GA Independent Living Program

Devin Martin, DFCS-GA Independent Living Program, State Office DFCS

Ann Campbell, Youth

Shante Campbell, Region 13 ILP Specialist, DFCS-GA Independent Living Program

Garrett Jahrube, Youth

Avila Ingrid, Youth

Susan Coffin, Volunteer Coordinator, Advo-Kids CASA, Inc.

Kilpatrick Emauel, Youth

Veronica Grimes, Youth

Dawn Amaker, Director, GA Alliance of Boys and Girls Club

Nesha Jairam, Data Manager of the Community Programs Unit (EPAC), State Office DFCS

Fran George, Program Manager-Adoptions, State Office DFCS

David Bolt, Manager, Amerigroup

Kaleb Price, Data Analyst of the Community Programs Unit (Afterschool Care Program),
State Office DFCS

Donetta Norris, Social Services Administration Unit, DFCS

Stephanie Owens, Vice President and Chief Operating Officer, Childkind Inc.

Alicia Parks, Program Specialist, Office of Prevention Services, State Office DFCS

Henry Roberson

Earlie Rockette, AVP QPI, Amerigroup

Kemberlie Sanderson, Rainbow House Children's Resource Center

Dianne Scroggins, DFCS

Monica Scott, Support Services Manager, State Office DFCS

Aquilla Smith, Executive Secretary of the Safety Management Section, State Office DFCS

Deirdre Smith, Public School System

Lamar Smith, Collaborative Services Section Director, State Office DFCS

Nadine Tyft, Executive Director, Advo-Kids CASA, Inc.

Kim Washington, Programs Liaison-Domestic Violence and Prevention Program, State Office
DFCS

Levette Williams, Associate Superintendent, Georgia Department of Education

Elexus Scott, Youth

Emanyole Cole, Youth

Chisom Enujioke, Youth

Renesha Thomas, Private Provider

Robert Thornton, Criminal Justice Coordinating Council (CJCC)

Zanett Ellington, Tranquility House

Khadiyah Muhammad, Youth

Nateisha Earl, Youth

Katherine Stewart, Grandparent

Anne Rae, Safety Specialist- Safety Section, State Office DFCS

Statewide Information System (Item 19)

Quarterly meetings with the Georgia SHINES Advisory Board, which is comprised of an array of DFCS staff across the state (including case managers, supervisors, county directors, field program specialists, education and training staff, policy staff, etc.)

Monthly meetings with Administrative Office of the Courts/Office of Children, Families and the Courts

Meetings, as requested, with Office of Provider Management – most recently to discuss system changes to increase access to client information via the Georgia SHINES Provider Portal (note: future meetings will include placement providers)

Monthly meetings with Data Analysis Accountability Research Evaluation section

Case Review System (Items 20 – 24)

Menelik Alleyne, DFCS Policy Unit/DJJ Liaison

Robert Bassett, State Citizen Panel Review Program Director for Georgia’s Council of Juvenile Court Judges

Jenifer Brown, Manage, Data Integrity Specialist for DFCS

Larry Brown, Amerigroup (CMO)

Vickie Fluellen, Operations Analyst III, DFCS Federal Regulations and Data Unit

Julie Carter, Foster Parent

Rachel Davidson, DFCS Policy Unit/Juvenile Court Liaison

Vivian Egan, Attorney for DFCS Office of the General Counsel

Christina Garrett, DFCS Field Program Specialist

Sarah Bess Hudson, EmpowerMENT Director

Anne Kirkhope, Staff Attorney for Georgia's Council of Juvenile Court Judges

Karl Lehman, ChildKind Director

Jasmine Myrick, EmpowerMENT Youth Advocate

Dawn Noll, DFCS Policy Unit

Alie Redd, VP of Programs for Lutheran Services of Georgia

Myrel Seigler, Georgia Department of Education's Coordinator of Support Services

Mitzie Smith, DFCS Policy Director

Angela Tyner, Attorney for Georgia CASA

Ashley Willcott, Director of Georgia's Office of the Child Advocate

Leigh..., mother recently reunified with daughter

Quality Assurance System (Item 25)

Deb Farrell, Georgia's CAPTA Panels

Colleen Phillips, Child Welfare Quality Assurance Unit within DFCS

Kelley Kent, Child Welfare Quality Assurance Unit within DFCS

Ranita Webb, Child Welfare Continuous Quality Improvement Unit within DFCS

Laura Cook, Child Welfare Quality Assurance Unit within DFCS

Shadawn Wright, CPS Intake Communication Center QA Unit within DFCS

Ingrid Sanders, CPS Intake Communication Center QA Unit within DFCS

Dr. Janice Saturday, Accountability, Research and Evaluation Unit within DFCS

Dr. John Roach, Data Unit within DFCS

Merita Roberts Croll, DFCS State Child and Family Services Review Coordinator

Ashley Wilcott, Office of the Child Advocate

Aricely Jacobs, Court Improvement Project

Jennifer King, Georgia Court Appointed Special Advocates (CASA)

Catrechia Stokes-Bryan, Office of Provider Management (OPM) within DFCS

Dahlia Bell-Brown, Office of Quality Management within DFCS

Staff and Providers Training (Items 26 – 28)

Lee Biggar, Section Director, DFCS Education and Training Services (ETS)

Amy Mobley, DFCS ETS

Adell Moore, DFCS ETS

Carol Moses, DFCS ETS

Ally Simmons and John Wiles, The Institute for Online Training and Instructional Services

Deidre Carmichael, GA. State University Professional Excellence Program

Betsy Lerner, DFCS ETS

Jason Sauls, DFCS ETS

Service Array and Resource Development (Items 29 – 30)

Michelle Blackburn, Habersham County School System

Cassandra Bolar, Project Director, Stacher Health Leadership Institute – Division Behavioral Health-Morehouse School of Medicine

Merita Roberts Croll, CFSR State Coordinator/Project Director, State Office DFCS

Duane Brown, Director, Youth and Family Services, LLC

Sandra Bruce, Director, Tranquility House

Carmen Callaway, Community Programs Director, State Office DFCS

Twania Carr-Ferguson, kinship Care Liaison, DeKalb County DFCS

Angela Coulon, Safety Management Section Director, State Office DFCS

Crystal Culver, TeenWork Program Manager, State Office DFCS

Sonya Davis, Atlanta Public Schools

Ursula Davis, Systems of Care Director, State Office DFCS

Ramona Deshield, DFCS

Tacia Estem, Community Partnership for Protecting Children Unit Manager, State Office DFCS

Tameyer Evans, Afterschool Program Manager, State Office DFCS

Michele Farrington, CCFA/Wrap Compliance Specialist, State Office DFCS

Rena Glass-Dixon, School Social Worker, Rockdale County School System

Joyce Johnson, Community Connection Services Area Coordinator, DFCS – Tift/Lanier

Shannon Johnson, Youth

Shawn Johnston, Executive Assistant, State Office DFCS

Ketisha Kinnebrew, Project Manager II, Atlanta Public School System

Katie Landes, Georgia Statewide Afterschool Network Director, VOICES for Georgia's
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Becky Lee, Executive Director, Tree House Inc. –Winder, Ga.

Amy Lollis, Executive Director, Lanier County Family Connection

Melissa Mitchell, Executive Director, Northeast GA Court Appointed Special Advocates

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Dahlia Bell-Brown, Deputy Director of the Office of Quality Management, State Office DFCS

Gray Frazier, DFCS-GA Independent Living Program, State Office DFCS

Estelline Beamon, Region 12 ILP Specialist, DFCS-GA Independent Living Program

Heather Coggins, Region 14 ILP Specialist, DFCS-GA Independent Living Program

Devin Martin, DFCS-GA Independent Living Program, State Office DFCS

Ann Campbell, Youth

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Garrett Jahrube, Youth

Avila Ingrid, Youth

Susan Coffin, Volunteer Coordinator, Advo-Kids CASA, Inc.

Kilpatrick Emauel, Youth

Veronica Grimes, Youth

Dawn Amaker, Director, GA Alliance of Boys and Girls Club

Nesha Jairam, Data Manager of the Community Programs Unit (EPAC), State Office DFCS

Fran George, Program Manager-Adoptions, State Office DFCS

David Bolt, Manager, Amerigroup

Kaleb Price, Data Analyst of the Community Programs Unit (Afterschool Care Program),
State Office DFCS

Donetta Norris, Social Services Administration Unit, DFCS

Stephanie Owens, Vice President and Chief Operating Officer, Childkind Inc.

Alicia Parks, Program Specialist, Office of Prevention Services, State Office DFCS

Henry Roberson

Earlie Rockette, AVP QPI, Amerigroup

Kemberlie Sanderson, Rainbow House Children's Resource Center

Dianne Scroggins, DFCS

Monica Scott, Support Services Manager, State Office DFCS

Aquilla Smith, Executive Secretary of the Safety Management Section, State Office DFCS

Deirdre Smith, Public School System

Lamar Smith, Collaborative Services Section Director, State Office DFCS

Nadine Tyft, Executive Director, Advo-Kids CASA, Inc.

Kim Washington, Programs Liaison-Domestic Violence and Prevention Program, State Office
DFCS

Levette Williams, Associate Superintendent, Georgia Department of Education

Elexus Scott, Youth

Emanyole Cole, Youth

Chisom Enujioke, Youth

Renesha Thomas, Private Provider

Robert Thornton, Criminal Justice Coordinating Council (CJCC)

Zanett Ellington, Tranquility House

Khadiyah Muhammad, Youth

Nateisha Earl, Youth

Katherine Stewart, Grandparent

Anne Rae, Safety Specialist- Safety Section, State Office DFCS

Agency Responsiveness to the Community (Items 31 – 32)

Menelik Alleyne, DFCS Policy Unit/DJJ Liaison

Robert Bassett, State Citizen Panel Review Program Director for Georgia's Council of Juvenile Court Judges

Jenifer Brown, Manager, Data Integrity Specialist for DFCS

Larry Brown, Amerigroup (CMO)

Julie Carter, Foster Parent

Rachel Davidson, DFCS Policy Unit/Juvenile Court Liaison

Vivian Egan, Attorney for DFCS Office of the General Counsel

Christina Garrett, DFCS Field Program Specialist

Sarah Bess Hudson, EmpowerMENT Director

Anne Kirkhope, Staff Attorney for Georgia's Council of Juvenile Court Judges

Karl Lehman, ChildKind Director

Jasmine Myrick, EmpowerMENT youth advocate

Dawn Noll, DFCS Policy Unit

Merita Roberts Croll, DFCS State Child and Family Services Review Coordinator

Alie Redd, VP of Programs for Lutheran Services of Georgia

Myrel Seigler, Georgia Department of Education's Coordinator of Support Services

Mitzie Smith, DFCS Policy Director

Angela Tyner, Attorney for Georgia CASA

Ashley Willcott, Director of Georgia's Office of the Child Advocate

Leigh..., mother recently reunified with daughter

Foster and Adoptive Parent Licensing, Recruitment and Retention (Items 33 – 36)

Dianne Yearby Kelly- Foster Care Services Director, DFCS

Deborah Burrus-Permanency Director, DFCS

Cedeline Samson- Foster Care Program Consultant, DFCS

James Kizer, Monitoring Manager, Office of Provider Management

Sekema Harman- Region 6 Director, DFCS

Deborah Smith- Region 10 Director, DFCS

Willie Armstrong- Policy & Program Specialist, DFCS

Regan Rogers, Florida ICPC

Tresilla Boyd-Mulligan, ICPC Unit Manager, DFCS

Kemberly Watkins, ICPC Policy Administrator, DFCS

Karen Jackson, Director, Community Connections (CPA)

Mary Esposito, Director, Devereux (CCI & CPA)

Michelle Christian, Program Manager, Devereux (CPA)

Cheryl Williams, Director, Bethany Christian Services (CPA)

Laurin Lausier, Foster Parent, Giving Children a Chance (CPA)

Cassandra Favors, Foster Parent, DFCS, and member of the Georgia Foster Adoptive Parent Association

Section II: Data profile has been deleted in its entirety.

Section III: Assessment of Child and Family Outcomes and Performance on National Standards

Instructions

Refer to the section in the state's most recent Child and Family Services Plan (CFSP) or Annual Progress and Services Report (APSR) that provides assessment information on state performance on each of the seven child and family outcomes. Review the information with the statewide assessment team and determine if more recent data are available that can be used to provide an updated assessment of each outcome. If more recent data are not available, simply refer to the most recent CFSP or APSR document by indicating the document name/date and relevant page numbers where the information can be found for each outcome. Analyze and explain the state's performance on the national standards in the context of the outcomes.

A. Safety

Safety Outcomes 1 and 2

Safety outcomes include: (A) children are first and foremost, protected from abuse and neglect; and (B) children are safely maintained in their own homes whenever possible and appropriate.

- For each of the two safety outcomes, include the most recent available data demonstrating the state's performance. Data must include state performance on the two federal safety indicators, relevant case record review data, and key available data from the state information system (such as data on timeliness of investigation).
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Safety Outcomes 1 and 2, including an analysis of the state's performance on the national standards for the safety indicators.

State Response:

Georgia has evaluated its progress in the area of safety and finds the state was consistently in substantial conformity in the area of:

- Repeat maltreatment.

Improvement is needed in the following areas:

- Risk and safety assessment.
 - Children are maintained in their home whenever possible.
- Service provision and follow-up to assess progress.
- Quality contacts with parents and children.
- Lack of quality contacts between case managers and parents (fathers and mothers).
- Maintaining relationship between child and parents.
- Engaging parents (particularly fathers) and children in case planning.
- Lack of documented collateral contacts with educational, medical and mental health providers, coupled with the lack of the actual records being uploaded into SHINES makes it difficult to assess if children's needs are actually met.
- Although outcome measures are low for both family preservation and permanency cases, as a whole family preservation outcome scores consistently trend lower than their permanency counterpart.. This reflects a less robust engagement with family preservation cases.

In FFY 2014, there were some declines in the overall outcomes from previous review periods. The new documentation-only review for the majority of cases sampled was a major contributor to these declines. Insufficient documentation in the case file and information not uploaded into SHINES particularly affected the outcomes.

The safety of children in Georgia is the primary goal for DFCS. Through the prevention and safety services continuum, DFCS provides resources to families to ensure that children are safe

from present or impending danger while living at home or in an out-of-home setting. Prevention and safety services are designed to prevent or address child maltreatment and increase the capacity of parents to ensure the safety of their children.

According to Georgia Child and Family Services Review Data Profile (FFY 2013), DFCS received 76,578 CPS Referrals, investigated 55,362 (72.3%) and screened-out 21,216 (27.7%). DFCS investigated families with 19,047 (16.7) victims substantiated and indicated. In March 2009, Georgia's benchmark for Safety Outcome 1 measure was at 76%. Through the CFSR PIP period, the state committed to increasing this outcome measure to 86.52%. As of September 30, 2010 Georgia reached a high of 90.22% and has consistently declined in this outcome measure since that time. The lowest score for this outcome was in the second quarter of FFY 2014 at 71%, and we have made incremental improvements since that time with a current score of 76%.

In March 2009, Georgia's benchmark for timeliness of initiating investigations of maltreatment measured at 79.92%. Through the CFSR PIP, the state committed to increasing this outcome measure to 88.51%. On September 30, 2010 Georgia reached a high score of 93.85%, and has consistently declined in this outcome since that time. The current score for this outcome is 84%. The lowest score for this outcome was in the first quarter of 2014 at 75%.

Timeliness of initiating investigations increased the first three quarters of FFY 2014, rating at 75% the first quarter, 79% for the second quarter and 87% the third quarter, but declined in the fourth quarter to 84% (based on data obtained from GA SHINES). Timeliness of initiating investigations occurs when face to face contact is made with all victim children identified in the intake report, as well as interviewing age appropriate children within the assigned response time. Failure to meet response time is impacted when diligent efforts are not made to interview all identified maltreated children or observe non-verbal children. Another contributing factor to not meeting response times, (reported by regions), was the continuing increase in the number of Intakes received combined with staffing shortages.

In the area of recurrence of maltreatment, Georgia is at a current rate of 8.1%. Based on the data profile report, Georgia met the National Standard for recurrence of maltreatment. Georgia's performance in the area of maltreatment in foster care is at 7.18 as the number of victimizations per 100,000 days in foster care also meeting the national standard.

When Georgia met with stakeholders about the safety of children, they expressed concerns about why children are removed during the assessments stage while other children remain in the home. It was expressed that children are being removed during the assessment stage, and it is not explained why the child was removed or behavioral issues which may impact the safety of the child. In addition, stakeholders expressed concerns about domestic violence issues in the home and DFCS failing to take action. Based on previous stakeholder feedback, DFCS often shares

information with placement providers and matches children to appropriate placements to help ensure that they will remain safe while in foster care.

Georgia has a safety standard related to the completion of investigations from the date of the Intake. All standard investigations are not to exceed 45 days, and special investigations are not to exceed 30 days from the date of the original referral.

In March 2009, Georgia's benchmark for this Item measured at 99%. Through the CFSR PIP the state committed to maintaining this level of success. Georgia has not been able to match this score since 2009, with the highest score reached being 93% in September 2010. Georgia's scores have since fluctuated, dipping down to a low of 85% in the second and fourth quarters of FFY 2014.

Previous focus group feedback was not consistent with this data. The youth involved in the focus group indicated that many times they do not report abuse and /or neglect because "DFCS never comes or when the case manager does come, it is too late and "the bruises are gone". DFCS must improve our credibility in the area of ensuring safety for children and/or youths.

In March 2009, Georgia's benchmark for the outcome measure of children being safely maintained in their home whenever possible was at 71.93%. Through the CFSR PIP, the state committed to increasing this measure to 80.96%. Georgia failed to obtain a score higher than the 71.93% obtained during the benchmark period. In FFY 2014, Georgia experienced significant decline in this measure going from 43% in the first quarter of FFY 2014 to a low of 38% in the fourth quarter of FFY 2014.

Stakeholders have reported that parents have lied to DFCS and case managers can't help liars; therefore, this can impact the safety of children in the home. They reported that DFCS has kept children safe in their homes most of the time, but due to the outstanding work DFCS cannot always ensure the safety of children in their homes. DFCS must aim to complete work timely to ensure that children are safely maintained in their homes whenever possible.

In March 2009, Georgia's benchmark for the outcome measure of providing services to families in the home to protect and prevent removal measured at 78.96%. Through the CFSR PIP, the state committed to increasing this measure to 86.22%. On September 30, 2019, Georgia reached a high of 79.36% and has shown inconsistent progress in this outcome since that time. The lowest score for this outcome was in the third quarter of FFY 2014 at 67%, and we have made incremental improvements since that time with a current score of 77%.

In March 2009, Georgia's benchmark for risk of harm to a child measure at 72.72%. Through the CFSR PIP, the state committed to increasing this measure to 80.32%. Georgia failed to score higher than the 72.72% during the benchmark period. In FFY 2014, Georgia experienced significant decline in this measure going from 42% in the first quarter of FFY 2014 to a low of 38% in the fourth quarter of FFY 2014. The lowest score for this outcome was in the fourth quarter of FFY 2014 at 38% and a high of 47% was reached in the third quarter of FFY 2014.

Various stakeholders have reported that DFCS has heavy caseloads which do not always allow case managers to go "above and beyond" or even sometimes, to do their job effectively.

Sometimes the case managers' hands are tied with the laws of the state and what the judge decides should happen. These stakeholders do not think that it is fair to put all of the blame on DFCS when the agency is only a portion of the entire system. DFCS must work with stakeholders to ensure that children are safe in all areas of their lives. In addition, stakeholders have expressed that more staff is needed so that caseloads are not so overwhelming for a case managers which will allow them to be more diligent in the investigation stage to ensure all children remain safe. Case managers and supervisors need to dig deeper into the family dynamics and speak with neighbors, schools, and family members outside of the home to get as much information as possible on each situation. Sometimes DFCS does not "see" enough to warrant a removal, therefore, some children may be left in unsafe environments even though the case manager and supervisor know that something is "just not right" about the situation. Judges sometimes return children to parents against DFCS recommendations, and while this may not happen often, it does happen and DFCS usually receives blame when those children get hurt or die. It is believed that there should be more transparency when it comes to how children were placed back into their homes. If a judge rules against DFCS recommendations, it should be noted and reported. DFCS case managers and supervisors are overwhelmed with the number of cases for which each case manager is responsible for. Once the number of cases assigned per case manager becomes more manageable, the community will see more children living safely either with their family or in placement.

In summary, the following strengths and weakness have been identified:

Strengths:

1. The state was in substantial conformity with Safety Outcome 1 Item 2, repeat maltreatment.
2. Timely criminal records checks were completed on foster parents and other adults in the foster home.
3. The current score for timeliness of initiating the investigations is at 84%
4. Based on federal state data profiles, Georgia met the federal safety standards for the absence of recurrence of maltreatment in FFYs 2010-2013, and the absence of maltreatment in foster care in FFYs 2010-2012. The state was just under the 99.68% National Standard for the latter in FFY 2013, with a score of 99.30%.

Weaknesses or Areas Needing Improvement:

1. Lack of adequate risk and safety assessments (including service provision, collateral contacts and quality contacts with parents and children) – Based on the risk of harm to the child identified during the QA reviewed by the Office of Quality Management and data reviews. The following information was obtained:
 - a. Review findings indicated that staff lacked critical thinking skills necessary to complete adequate risk and safety assessments, identify needs and initiate services to address identified issues. Supervisory oversight failed to pinpoint these deficits or provide clear directives necessary to complete quality assessments and mitigate risk factors. The rapid increase of intakes and subsequent backlog of overdue investigations (in the last half of the fiscal year) resulted in staff being diverted to address the backlog. This contributed to further delays in service implementation

- and missed contacts with children, parents, other caregivers and relevant collaterals.
- b. Consideration of prior history as an assessment tool was often not evident. Lack of screenings for all household members and duplicate cases and persons that had not been merged in SHINES, resulted in the loss of valuable family information.
2. Skill development around supervisory staffing and case reviews.- (Data Source: Office of Quality Management (OQM) Trend Reports)
 - a. Review findings reflected continued concerns with overall case practice, which can be contributed to ineffective supervisory case staffings. The agency significantly declined in the frequency of staffings, going from 72% in the 1st Quarter to 49% in the 4th Quarter, with a 64% overall frequency for FFY 2014.
 - b. Of the staffings that were completed, a slight increase was reflected in supervisors reviewing case narratives and prior case recommendations. The rating went from 30% in the 1st Quarter to 37% in the 4th Quarter, contributing to a 38% overall rating for FFY2014. Documentation and interviews indicated that case narratives were not being reviewed and prior staffing recommendations were not being followed up on.
 - c. Supervisory directives rated overall at 27% for FFY 2014, with a slight decrease from the 1st Quarter rating to 25% and then to 24% in the 4th quarter. Directives often were repeated month after month with no explanation as to why they were not completed. This impacted the agency's ability to timely move cases towards permanency. The lack of assessing and providing direction on newly identified concerns impacted the agency's ability to provide services to mitigate risk and safety issues.
 3. Children are safely maintained in their homes whenever possible.
 4. Lack of current documentation to reflect pertinent case activity. The majority of the case reviews completed during FFY 2014 were solely done so in GA SHINES. Prior FY reviews encompassed a review of GA SHINES, a review of paper file, and interviews with family members and stakeholders, in which additional information could be gleaned concerning actual work completed by the agency which was not already documented,
 5. There was an influx of CPS investigations and Family Support cases in FFY 2014, which created an overdue backlog that impacted the agency's ability to make timely assessments,
 6. Lack of ongoing contacts with family members to assess safety and risk. Due to the overdue backlog, Family Preservation cases were put on the back burner in some regions, with manpower being pulled to focus solely on addressing the backlog of CPS Investigations and Family Support cases,

The following findings are reflective of similar findings in prior FFY reviews there was a continued failure to engage and assess other household members (including boyfriends and alternate caregivers):

1. Failure to consider and analyze past CPS history, to include the failure of the newly assigned case managers' review of current case documentation,
2. Failure to address and assess newly identified concerns for risk and safety,

3. Lack of follow-up on service referrals made to community providers to ensure that needed services were initiated and being provided,
4. Lack of collateral contacts to include relatives and mandated reporters involved with the families, to address risk and safety, and
5. Lack of supervisory oversight, to include lack of reviewing case narratives and failure to address prior staffing directives, which impacted the agency’s ability to accurately assess risk and safety in the families served.

FFY 2014 Regional Safety Outcomes Achievement

	REG ION 01	REG ION 02	REG ION 03	REG ION 04	REG ION 05	REG ION 06	REG ION 07	REG ION 08	REG ION 09	REG ION 10	REG ION 11	REG ION 12	REG ION 13	REG ION 14	REG ION 15
Outcome S1:	71 %	69 %	68 %	65 %	76 %	75 %	90 %	71 %	57 %	86 %	94 %	71 %	60 %	79 %	54 %
Item 1:	82 %	69 %	84 %	74 %	82 %	85 %	100 %	71 %	71 %	91 %	100 %	82 %	80 %	83 %	54 %
Item 2:	88 %	85 %	75 %	82 %	80 %	89 %	89 %	100 %	67 %	93 %	93 %	88 %	75 %	95 %	100 %
Outcome S2:	46 %	40 %	39 %	47 %	43 %	41 %	69 %	39 %	44 %	31 %	50 %	41 %	44 %	41 %	25 %
Item 3:	91 %	68 %	81 %	77 %	73 %	72 %	83 %	48 %	83 %	58 %	75 %	67 %	71 %	58 %	70 %
Item 4:	46 %	46 %	40 %	47 %	43 %	42 %	69 %	39 %	44 %	33 %	52 %	43 %	44 %	43 %	25 %

Source: Office of Quality Management

Safety Trends

The data in the five-year Quality Assurance Review Trend Reports show a decline in Georgia’s overall Safety Scores. The scores appear to peak in 2010 and then show slight declines up to 2013, with a steep drop between 2013 and 2014. After a review of the data, DFCS practice and resources, the state hypothesizes that the decline in Safety scores may be attributed to the following factors:

1. Changes in the Quality Assurance Review Methodology

The Office of Quality Management began to review all regions every quarter instead of reviewing selected regions on an annual schedule. Furthermore, regions were no longer provided advance notice of cases to be reviewed, a practice which allowed counties to complete any missing documentation for cases in advance of the review. DFCS had anticipated seeing an overall decline in the quality assurance scores due to changes in the review methodology.

2. Changes in case volume with the Introduction of the Statewide Centralized Intake Call Center (CICC)

As anticipated, DFCS experienced a sharp increase in the number of intakes received and assigned to the counties for investigation or assessment. In May of 2011, there were 5,953 reports recorded in SHINES, with 2,052 assigned to investigations and 2,422 assigned to family support. In May of 2012, there were 6,956 calls with 1,944 as investigations and 2,055 as family support. In May of 2014, with the Call Center fully operational, 9,981 calls were recorded in GA SHINES; 3,189 were assigned to investigations and 2,654 to family support. This represents a 67% increase in the calls from 2011 to 2014 and a 55% increase in the number of investigations. The number of family support cases opened in May 2014 was 10% higher than the number opened in May of 2011.

Case Managers experienced a snowball effect as their caseloads increase. If the number of investigations opened in a month increases, each case worker likely has less time to devote to any one investigation, making it more difficult to work cases to closure. Consequently, more investigations will remain open at the end of the month, further increasing caseloads and decreasing focus in the following months.

According to GA SHINES data as of October 15, 2014, there were 1,101 investigations pending 46 days or more. Specifically, there were 683 cases pending between 46 and 59 days; 263 cases pending 60 to 89 days, and 155 cases pending at 90 days or more. Region 14 had the highest number of overdue pending investigations with 220. Region 12 had 151 and the next highest was Region 3 with 111. Although Region 14 had the highest total overdue pending, Region 15 had by far the highest number of investigations pending past 90 days with 81 of their 89 past due investigations over 90 days.

State-mandated overtime for social services staff was implemented during FFY 2014 to address the backlogged cases. Staff from all program areas, including permanency and resource development, as well as leadership were deployed across the State to reduce the backlog. Staff worked diligently throughout the fourth quarter to address the backlog and, although there are still some overdue investigations, the progress has been tremendous. On July 8, 2014, there were 3,118 past due investigations, which represented 46% of the total number of open investigations. The current number of overdue investigations only represent 15% of the total number of open investigations.

3. Resource Deficits

DFCS has not increased the number of staff to handle the sharp increase in the workload. The agency has experienced yearly decreases in funding and staffing since 2009. The work force has shrunk from approximately 2,400 in 2009 to approximately 1,300 (not including approximately 200 staff assigned to CICC) in 2014. DFCS also has been slow to recognize and adjust to its new model of business, particularly the staffing consequences of combining short response times with 24/7 acceptance of referrals in high volumes. The field has not sufficiently adapted its staffing patterns to match the call center patterns. For instance, call patterns show an increase in the number of reports

being accepted after 5 P.M. when Investigative and Family Support staff members are off the clock. Because reports require an immediate response, staff must work around the clock. DFCS will need to explore adding a second- and possibly a third-shift workforce to handle the call volume after 5 PM.

4. **Delay in Services**

Even when resources are available, the high number of cases that are currently overdue relative to the number of staff to work them may mean families are not being referred to resources or transferred to service workers for follow-up in a timely manner. This delay is impacting Safety 2 as well as Permanency and Well-Being scores.

Based upon the information in the data profiles, DFCS experienced a huge surge in reports of alleged abuse and neglect between FFY 2011 and FFY 2012. In FFY 2011, DFCS received 22,194 reports and during the same time period in FFY 2012, the Division received 52,876 reports, an increase of 42%.

For FFY 2011, the state provided the following comment on the decrease in the submitted records: “Emphasis has been placed on the improvement of the intake screening process. Also, a State disposition, Family Support, is not included in the Child File but does affect the number of investigations accepted for service.” For FFY 2012, the increase in “Unsubstantiated” dispositions was due to the addition of an After-Hours Call Center.

For FFY 2012, the increase in “Other” dispositions is due to the introduction of an alternative response pathway, which carries a disposition of alternative response non-victims, categorized for CFSR as “Other”. On April 1, 2012, Georgia also implemented a differential response system in which screened-in reports can be placed into one of two tracks: Investigation or Family Support Services. The increase in submitted records in FFY 2012 may be attributed to the introduction of an alternative response pathway and the addition of an After-Hours Call Center.

Failure to meet response time: Failure to meet response time was impacted when diligent efforts were not made to interview all identified maltreated children or observe non-verbal children. Another contributing factor to not meeting response times reported by the regions was the continuing increase in the number of Intakes received combined with staff shortages.

B. Permanency

Permanency Outcomes 1 and 2

Permanency outcomes include: (A) children have permanency and stability in their living situations; and (B) the continuity of family relationships is preserved for children.

- For each of the two permanency outcomes, include the most recent available data demonstrating the state's performance. Data must include state performance on the four federal permanency indicators and relevant available case record review data.
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Permanency Outcomes 1 and 2, including an analysis of the state's performance on the national standards for the permanency indicators.

State Response:

Permanency Outcome 1: Children have permanency and stability in their living situations is assessed to be a weakness for the state of Georgia.

Georgia's qualitative reviews conducted by the Office of Qualitative Management between FFY 2012 and FFY 2014 consistently show a decline in practice and services to families and children being served by the Division. Since 2012, Georgia has experienced a consistent decline in all items used to calculate Permanency Outcome 1. Based on Office of Qualitative Management reviews utilizing the federal On-Site Review Instrument, the state has underperformed every year from 2012- 2014. Overall for Permanency Outcome 1, the state's performance is at 18%. Based on OQM case reviews from FFY 2012 through FFY 2014, the reviewers found Georgia to have its highest score with re-entry. Based on the profile data however Georgia is not meeting the National Standard for placement stability for children in foster care. Georgia's current rate is 5.83 based on the number of moves per 1,000 days in care, which is above the national standard of 4.12; subsequently Georgia will be required to complete a Performance Improvement Plan (PIP) for this indicator. Therefore, Georgia's major areas of concern relate to placement stability and the timely and appropriate identification of permanency goals, both of which significantly impacts the achievement of positive permanency for children entering care.

In the area of permanency in 12 months of the entry date, Georgia is functioning within the Nation Standards at 48.8%. Based on the data profile report, Georgia also meets the National Standards in the area of Permanency in 12 months for children in care between 12-23 months at 44.4% and Permanency in 12 months for children in care 24+ months at 31.4%. Georgia's performance in the area of Re-entry of Foster Care in 12 months meets the National Standards also at 7.8%.

Placement stability, Item 4 is determined to be a weakness for the state. The Stakeholder Meeting, review and analysis of state reviews and AFCARS data profile all support this item to be a weakness. Stakeholders shared their thoughts on the factors impacting this item to include the following:

Placement matching - staff don't make matches based on child characteristics or parental protective capacity, but instead make matches based on available beds.

Lack of resources also contributes to the stability of placements. If there are no resources, then this directly impacts placement matching. Additionally, lack of placements for children experiencing significant emotional and behavioral needs remains a contributing factor in placement matching.

No prioritizing of Resource Development. No dedicated staff in most of the state and very little funds allocated to the recruitment and development of foster homes has significantly impacted the agency having a sufficient pool of resources which again impacts placement matching, thus impacting placement stability.

Diligent Search for relatives is also a contributing factor to placement stability. The state recognizes the need to identify and place children with relatives for many reasons. Placing children in an environment familiar to them allows them to maintain birth family connections. Placement of children with family not only places a child in an environment to best support permanency it also frees up foster care resources for the children placed in care with no viable relative resources.

Item 5, addresses the timely and appropriate establishment of a permanency goal. The Stakeholder Meeting, review and analysis of state reviews and AFCARS data profile all support this item to be a weakness. Stakeholders shared the following reasons as contributors to this item being a weakness:

DFCS staff and the judicial system automatically default to reunification when children enter care even when an ASFA exception exists. Additionally, staff and courts are hesitant to change the goal from reunification when parents are not complying with the case plan giving parents longer periods of time even beyond the timeframes established by ASFA.

Concurrent planning is not being implemented. Concurrent planning could be the most effective tool to assist in the timely and appropriate establishment of a permanency goal. Unfortunately, the state has continued to delay the implementation of this tool with true fidelity.

Lastly, over the past five years the state has experienced a significant increase in children exiting care to relative custody or guardianship. Further assessment of the use of these two goals revealed that the goal was not always in the best interest of the child or the family, but was seen as the quickest and easiest work not always yielding the best outcome for the child.

Item 6, addresses the agency making concerted efforts to achieve reunification, guardianship, adoption or other planned permanent living arrangement. This item too was rated a weakness and the following reasons are provided:

The state continues to struggle with the engagement of parents, specifically fathers. If we are not appropriately engaging parents, successful reunification becomes less probable. Additionally, recent practice indicates the selection of guardianship or relative custody very early in cases and decreased efforts to work with parents towards reunification.

A major area of concern in our efforts to achieve permanency also relates to high caseloads. With so many cases, case managers have very little time to work with parents. Another factor impacting timely achievement of permanency directly relates to placement stability. When staff are experiencing placement disruptions this takes away from their time to provide the case management services needed to achieve permanency. Another contributing factor to the lack of effort relates back to staffing shortages and agency priorities. For several years the focus has been on CPS and the front door, shifting the focus from children in care and the achievement of permanency.

Diligent Search for relatives is also a contributing factor in concerted efforts to achieve permanency. Again, the need to identify and place children with relatives is critical in achieving timely and appropriate permanency. Placement with relatives increases the probability that children will maintain birth family connections in a familiar environment.

The continuity of family relationships and connections is preserved for children. The State of Georgia has made concerted efforts to improve in Permanency Outcome 2; however, we continue to fall short and therefore, believe that Permanency Outcome 2 is a weakness for the state.

Georgia's qualitative reviews since 2009 reveal a steady decline each year in most of the items that comprise Permanency Outcome 2. The item in which Georgia's performance indicates the best work is placement with siblings and proximity of placement. The 9 month Office of Quality Management (OQM), Quality Assurance (QA) Trend Report indicates that for proximity of placement performance was at 98% and 92% for placement with siblings. However, performance for the overall Outcome was at 40%. This is due to very low performances when it comes to visits with parents and siblings, relative placement, and preserving connections and relationship of children with parents.

Item 7: Did the agency make concerted efforts to ensure that siblings in foster care are placed together unless separation was necessary to meet the needs of one of the siblings?

Although the data from the OQM-QA reviews supports item 7 as a strength for Georgia. Stakeholders and agency staff agrees there are times that concerted efforts to keep siblings together are not always conducted. Unfortunately, this is something that is frequently recognized

as an issue at the point when the case is moving to the adoption stage. Factors contributing to siblings not always being placed together include the following:

- Large sibling groups and difficulty with having homes to accept the entire sibling group;
- Utilization of foster homes;
- Inability to challenge therapists about their recommendations to separate siblings;
- The agency and therapists not addressing the reasons or issues for separation of siblings; and
- The inability to engage foster parents in further conversation when they struggle to meet the needs of a sibling and then advise that the sibling should not be placed together.

Item 8: Did the agency make concerted efforts to ensure that visitation between a child in foster care and his or her mother, father, and siblings was of sufficient frequency and quality to promote continuity in the child’s relationships with these close family members.

The data from the OQM-QA reviews indicates that the agency had a slight peak in 2012 from the 2007 CFSR review; however, there was a significant drop in 2013 and by the end of 2014 the state was at an unacceptable level of 43%. This is a major shortfall and significantly impacts our ability to reunify children with their parents and achieve timely permanency. Stakeholders share the following factors as contributing to the low performance in this:

- Lack of skilled staff (case managers and supervisors);
- Values around working with parents, particularly with fathers;
- Some courts order high amounts of visitation, taking away staff time to do other visits; and
- Continued focus on CPS and the front door and decreased efforts on foster care.

Item 9: Did the agency make concerted efforts to preserve the child’s connections to his or her neighborhood, community, faith, extended family, Tribe, school and friends?

The OQM qualitative reviews would suggest that Georgia is doing better in this item; however, this continues to be an area in which the state desires improvement. Georgia continues to make concerted efforts to keep children in their school of origin, but more effort is needed to keep children in their communities and neighborhoods as well as, connected with their friends and birth families. Stakeholders have expressed that the following factors as impacting this item:

- Lack of placement resources in particular communities;
- Lack of follow through on diligent search;
- Lack of paternal engagement;
- Lack of skilled staff;
- Lack of resources (staff and time); and

- Staff values.

Item 10: Did the agency make concerted efforts to place the child with relatives when appropriate?

Although there are some counties in the state that focus on relative placement and have improved their outcomes in this area, many of the counties in the state do not perform well in this item as supported by the above data. Stakeholders agree that factors contributing to low performance include the following:

- Staff values regarding relatives, particularly fathers and paternal relatives;
- Staff's inability to engage fathers; and
- Denial of relative home evaluations for insufficient reasons.

Item 11: Did the agency make concerted efforts to promote, support and /or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregivers from whom the child had been removed through activities other than just arranging for visitations?

The above data supports continued poor performance in item 11 and an unacceptable rating of 26% in the 9th month of 2014. It should be noted that the state has seen some improvement in inviting parents to participate in medical appointments, but this improvement has not gone any further with involving parents in any school meetings and/or extra-curricular activities. Stakeholders share reasons for low performance in this area to include the following:

- Over reliance by DFCS on CPAs and CCIs;
- Lack of communication between DFCS and placement providers; and
- Poor documentation to reflect the work actually being done.

C. Well-Being

Well-Being Outcomes 1, 2, and 3

Well-being outcomes include: (A) families have enhanced capacity to provide for their children's needs; (B) children receive appropriate services to meet their educational needs; and (C) children receive adequate services to meet their physical and mental health needs.

- For each of the three well-being outcomes, include the most recent available data demonstrating the state's performance. Data must include relevant available case record review data and relevant data from the state information system (such as information on caseworker visits with parents and children).
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Well-Being Outcomes 1, 2, and 3.

State Response:

For Well-Being 1, families will have enhanced capacity to provide for their children's needs. Georgia's established benchmark in 2009 was 49.82%. Georgia exceeded the benchmark only once in the last five-year period and by June of 2014 the state had significantly declined to a low of 27%. Strategies contributing to the previous success of Well-Being 1 include the state's use of Cadence Calls as a method for live learning and accountability. Calls were held each week and regions shared what worked in improving performance. Additionally, portions of the call focused specifically on father engagement. Unfortunately, with changes in leadership, statewide cadence calls were eliminated. Some Regional Directors continued to have regional calls, but the focus was primarily on safety rather than well-being. Since November 2014, the new leadership has returned to the statewide cadence calls and well-being outcomes have been added to the weekly discussion. Therefore, Georgia anticipates that the well-being outcome will improve.

Family Preservation Cases perform worse than Permanency Placement cases in this area. Part of the disparity may relate to assessments: frequently, family preservation assessments are not adequately completed; and often all household members are not engaged or assessed. Placement cases receive assessments through CCFA providers, and this may contribute to better performance.

Well-being Outcome 1, Item 17: Ensuring that the needs and services of the children, parents and foster parents are met.

Georgia consistently fell below the established benchmark of 59.38% and never met the targeted goals for this item in the previous five-year period. By June of 2014, Georgia had declined to 33%.

Case review findings demonstrate that DFCS (and contracted providers) did a better job of assessing the needs of children than providing services to meet those needs. Insufficient family engagement in some cases, particularly around case planning and achievement of case plan goals, negatively impacted this outcome. Current case plans were not found in SHINES and supervisory staffing sessions did not always focus on the issues identified in the assessments. The quality of contacts with children was negatively impacted when documentation did not reflect face-to-face, private contacts every month and the case plan was not discussed in an age-appropriate manner. Further, to ensure the needs of young children are being met, case managers must also observe the children in their environment and their interactions with caretakers. Based on review findings, this activity was not consistently documented.

The state's plan is to strengthen its foster home evaluation and re-evaluation processes to better address the needs of foster parents. New policies and forms have been developed and will be disseminated by the end of 2015. The CCFA process used at entry into care remains a strong part of this well-institutionalized practice. However, the state needs to improve its quality assurance mechanisms regarding the CCFA to ensure that what is assessed is actually needed. Otherwise, DFCS will be unable to accurately identify and meet the needs of children and families. The state is considering discontinuing the contracted assessment component of the CCFA as the SRS model comes to full fruition, thus eliminating the potential concern about CCFA quality assurance.

The Stakeholders reported that one of the contributing factors is that the process for getting children additional services is too slow. Many times the community agencies have to be proactive and seek out additional resources to help children. DFCS seems to be overwhelmed with too many children in care and not enough help or support to do their job successfully. Stakeholders stated that case managers and leadership should listen to the foster parents and be open to suggestions. DFCS should have someone on-call and available 24/7 to take emergency calls and if there is a problem then they should act on it. In addition, case managers should make sure they do a more thorough investigation of the child's situation and then select a placement that is adequate to address children's needs. This action will better assist with meeting the children's well-being needs.

Well-Being Outcome 1, Item 18: Ensuring that there is both child and family involvement in the case planning process.

Despite consistently performing above the established 2009 baseline of 50.65%, Georgia did not meet any of the targeted goals for this item during the past five years. Again, there was a significant decrease by June of 2014, to 40%.

Factors that contributed to not meeting Item 18 included failure to involve birth parents (especially birth fathers) and children, as appropriate, in the case-planning process and in setting case plan goals. Additionally, there were some cases that did not have a current case plan uploaded in GA SHINES. Finally, failure to have regular contacts with parents and children on a monthly basis to discuss the case plan and its progress negatively impacted this item.

The state's move to implement Partnership Parenting (PP) and the SRS Foster Care (SRS FC) model should result in improvements in Item 18. Both PP and SRS FC are family-centered and involve heavy engagement with birth parents.

Well-being Outcome 1, Item 19: Case worker visits with children.

As of the March 31, 2014 trend report, Item 19 was impacted by insufficient quality contacts with children, as well as, missing contacts with children during the six-month review period. Quality contacts are defined as those that are well-planned and focused on issues pertinent to case planning and service delivery to ensure the safety, permanency and well-being of youth. This includes:

- Adequately assessing risk of harm to children;
- Identifying needs and provision of services for children, parents, and foster parents; and
- Effectively involving children and parents in their case planning.

During visits, case managers are to talk with the child on a monthly basis, in private, and to discuss reasons for agency involvement; assess the child's ongoing safety; discuss permanency when applicable; and discuss the child's overall well-being.

When comparing Family Preservation with Permanency cases, Family Preservation cases rated at 35% for case manager visits with children, whereas Permanency cases rated significantly higher at 74% based on the March 31, 2014 trend report.

The state believes that turnover and insufficient funding to replace case managers may have contributed to this outcome. However, the recent mass hiring should result in better staffing patterns in the field and thus improved case worker visitation with children. Georgia will also assess the need to re-introduce and reinforce the fundamentals of purposeful visitation and documentation through trainings, newsletters, leadership messaging, and other media to ensure that case managers understand what purposeful visitation entails and how to properly document it.

Additionally, the 2015-2019 Every Child Every Month (ECEM) strategic plan has outlined specific strategies that will be employed to improve case worker retention, the quality of case manager supervision, and the quality of documentation. Understanding that an increase in the quantity of case managers alone will not substantially address systemic issues, DFCS will focus on strategies to improve the professionalism of staff and increase opportunities for Supervisors to receive training and for case managers to receive live learning.

An over-strained workforce perpetuates high turnover and as a result, frequent case transfers. Therefore, the state will redress case transition protocols as it simultaneously works to decrease the frequency with which transitions are needed. These dual actions should reduce the chance that family history and knowledge about a case is lost over the life of the case. Georgia will seek to encourage high performers to remain on staff and offer individual and group incentives for high achievement. Recognizing the high demands on case workers and their essential role in every stage of achieving outcomes for families and children, the state will incorporate activities to assist in making the work more manageable, including increasing quality placement resources

(improving foster and adoptive parent recruitment and retention) and ensuring staff have the data and technology needed to adequately perform their duties.

Well-Being Outcome 1, Item 20: Worker visits with Parents.

Georgia met its goal for this Item in 2011 and 2012; however, in 2013 performance began to decline and by June of 2014 the state reached an unacceptable level of 18%. Georgia has exhibited significant deficits in this Item and must improve in this item in order to have success in the achievement of best outcomes for children.

In FFY 2014 there was a significant difference between the frequency and quality of visits with mothers than those with fathers. Frequency of contacts with the mother was sufficient in 54% of cases, and 48% of contacts made were quality contacts. In comparison, frequent contacts were made with the father in only 27% of cases with 32% of those contacts being quality contacts. Review findings indicated that efforts to contact and engage absent parents were often insufficient. Quality was negatively affected when families were not engaged in ongoing case planning activities and there was a lack of discussion addressing previously or newly identified issues, as well as, a lack of discussion and requests for parents to demonstrate skills learned through service provision.

Well-Being Outcome 1: ECEM (worker visits with children).

For this measure, Georgia consistently performed above the baseline of 58% and has maintained a high level of performance, reaching a high of 99% in 2012.

In looking at the case manager visits with children in FFY 2014, frequency rated at 69% while quality rated at 57%. Quality was negatively impacted when visits did not include private conversations with the child, discussions did not include the reason for agency involvement, caregiver/child interactions were not observed, there was no interaction with children who were unable to be interviewed or observed for their developmental levels/needs, and there was no assessment of children's living environment. In addition, failure to maintain monthly contact with children also had a negative impact.

Well-Being 2 Item 21: Educational Needs of Child

Definition: Did the caseworker meet the educational needs of the child? Substantial Conformity 95%

In March 2009 Georgia's benchmark for this Item measured at 88.14%. Through the CFSR PIP the state committed to increasing this outcome measure to 95%. On September 30, 2009, Georgia reached a high score of 90.07% and has declined in this Item since that time. The current score for this area is 37%. The lowest score for this Item was in the third Quarter of 2014 at 34%.

The educational needs of the children were assessed and addressed in 45% of the cases reviewed. From 2011 to 2013 the lowest score was 74%. Permanency cases rated better than Family Preservation cases, with educational needs being met in 49% of the cases compared to only 30%

for Family Preservation cases. Children experienced no change in school placement in 24% of the Permanency cases, and if they changed schools it was in their best interest 27% of the time. The education information in SHINES for each child in care was updated in 51% of the cases reviewed.

Well-Being 2 and 3 remained fairly consistent during FFYs 2011 through 2013 but dropped considerably in FFY 2014. With the 2014 review the lack of documented collateral contacts with educational, medical and mental health providers, coupled with the lack of the actual records being uploaded in SHINES, resulted in an inability to determine if the children's needs were being assessed and met.

Well-Being 3: Item 22 Physical Health Needs of Child

In March 2009, Georgia's benchmarked for this Item measure at 77.05%. Through the CFSR PIP, the state committed to increasing this outcome measure to 86.72%. On September 30, 2009, Georgia reached a high score of 83.99% and has declined in this area since that time. The current score for this area is 44%. The lowest score in this area was in the second Quarter of 2014 with a score of 38%.

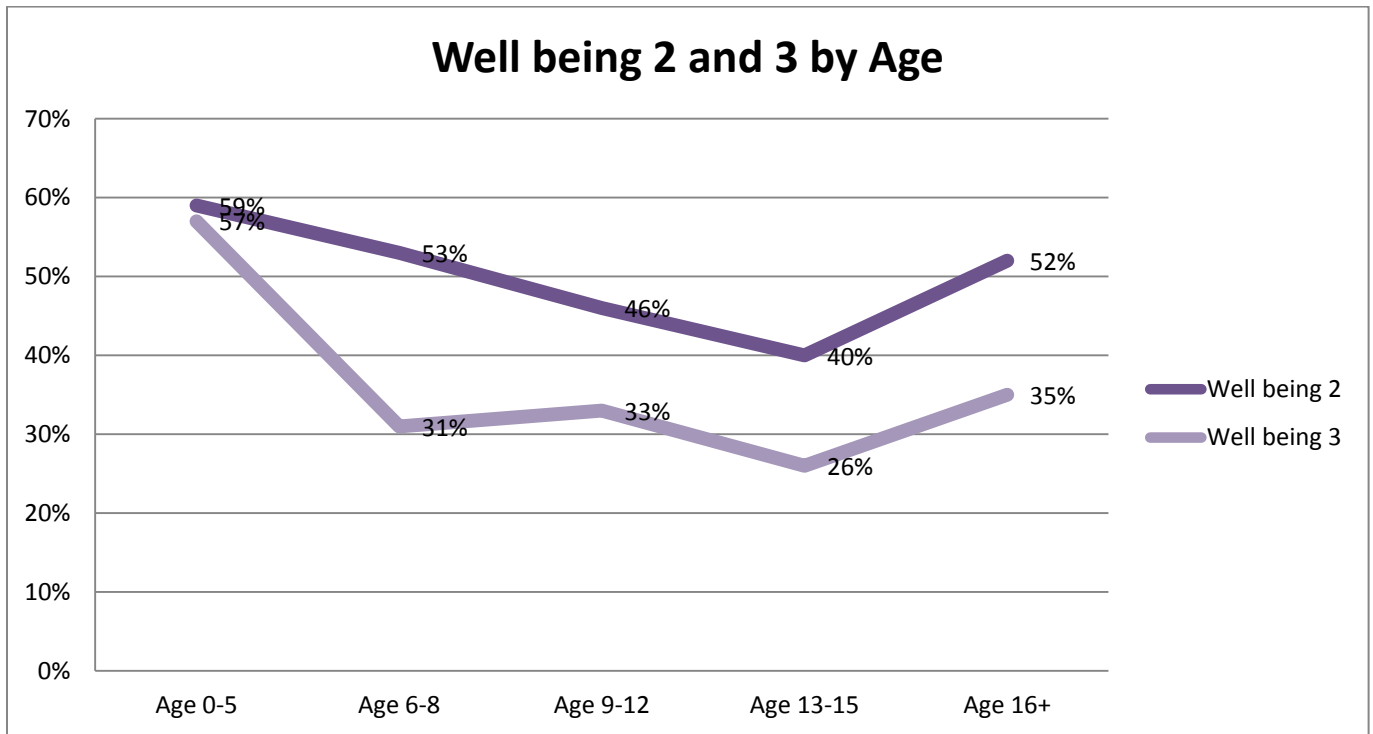
In looking at the assessment and provision of medical and dental services, the previous three Federal Fiscal years rated between 70-77%. In 2014 the rating reflected medical and dental needs being met in only 40% of the reviewed cases. Reviews showed health and dental assessments and were being completed 62% of the time, but needed health services were only provided in 49% of the reviewed cases and dental services in 50% of the cases. The health logs in SHINES were only completed in 17% of the applicable cases and the medication logs in 23% of the cases indicating that medical data in SHINES does not accurately reflect the needed medical information for the children in foster care.

Well-Being 3: item 23: Mental Health Needs of Child

In March 2009, Georgia's benchmarked this item measure at 81.48%. Through the CFSR PIP, the state committed to increasing this outcome measure to 89.03%. Georgia has not been able to match that score since 2009 with the highest score reached being 80.76% in September 2009. Georgia has scored significantly low (scores in the 30% range) during all of FFY 2014, with the lowest score reaching 34 in the third Quarter of FFY 2014.

The assessment and provision of mental health services reflected a similar drop during the last FFY as what was seen in the other well-being areas. From 2011 to 2013, Item 23 rated 60- 67%, but in 2014 it was down to 36%. Again the Permanency cases rated higher than Family Preservation, 42% for Permanency and 28% for Family Preservation. The policy concerning obtaining consent for psychotropic medications was found to have been completed in 9% of the reviewed cases. Discussing the medications and its side effects and uploading the psychotropic medication logs was only found in 4% of the reviewed cases.

In looking at the difference in Well Being Outcomes 2 and 3 by age the chart below shows that the agency did a better job assessing and meeting the needs of pre-school aged children than older age groups. The agency was more likely to obtain medical and developmental assessments on the pre-school children and have the records uploaded. Reviews show that as the children get older the case managers are more likely to just ask the foster parent about how the children are doing in school and if they had any medical, dental and mental health appointments without actually obtaining the records or making direct contacts with the schools or medical/ mental health providers. The lack of direct contacts with the providers and absence of actual records leaves just vague documentation in which foster parents say the child is doing “fine” in school, or the medical exam was “normal”, with no specific information obtained. The slight increase for the 16 and over age group probably reflects the increase in CCI placements for that age group, in the reviewed cases 74% of the 16 and over youth were placed in CCI placements. The CCIs are expected to provide monthly summaries that include information about educational, medical, dental and mental health appointments that includes specific findings and copies of records. While these were not always uploaded into GA SHINES, the records were more likely to be present when they were routinely sent to the agency than when the case manager had to actually request the records.



In summary the following strengths and weakness have been identified

Strength:

1. Development of policies practices and protocols to support positive well-being and outcomes.
2. Established units to support and guide direct service practitioner’s work in the field.
3. Development and implementation of interdepartmental agreements (MOUs) with:
 - a. Georgia Department of Public Health

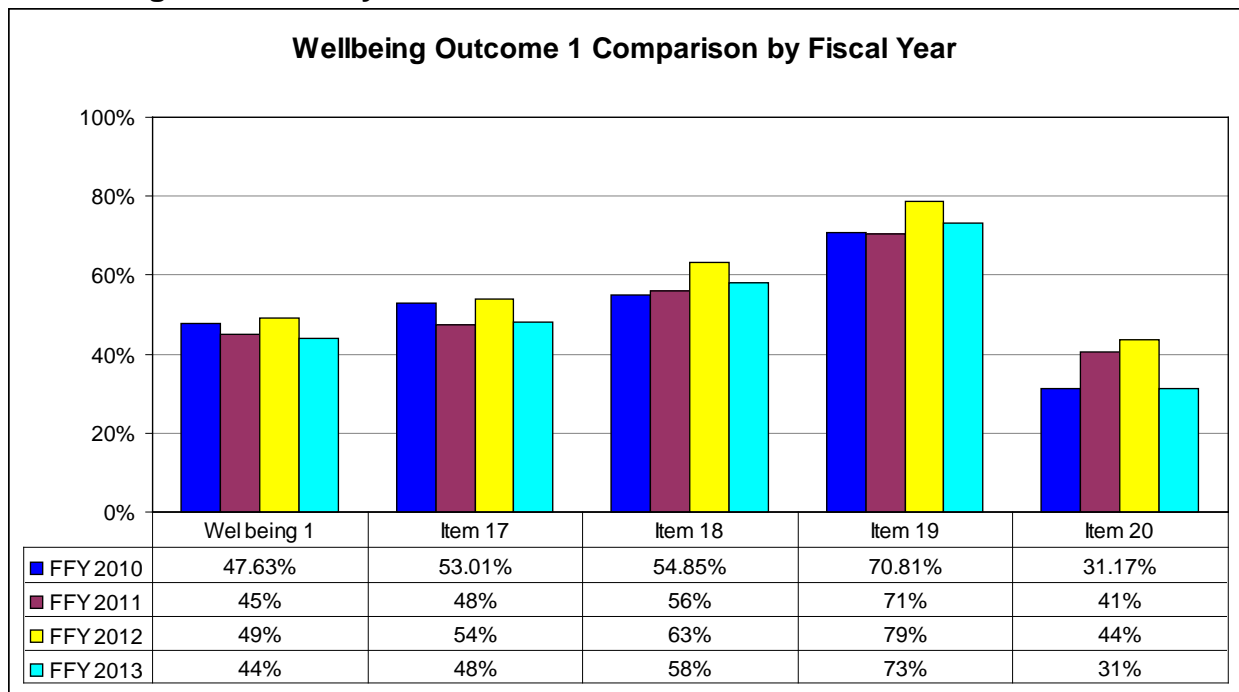
- b. Georgia Department of Education
 - 4. Outcomes focused on well-being support for children and youth in foster care
 - 5. Enhanced partnerships with Community-based organizations to broaden the well-being continuum.
 - 6. Incorporation of the trauma-informed principles into our practices and protocols
 - 7. Localized implementation of innovative practices.

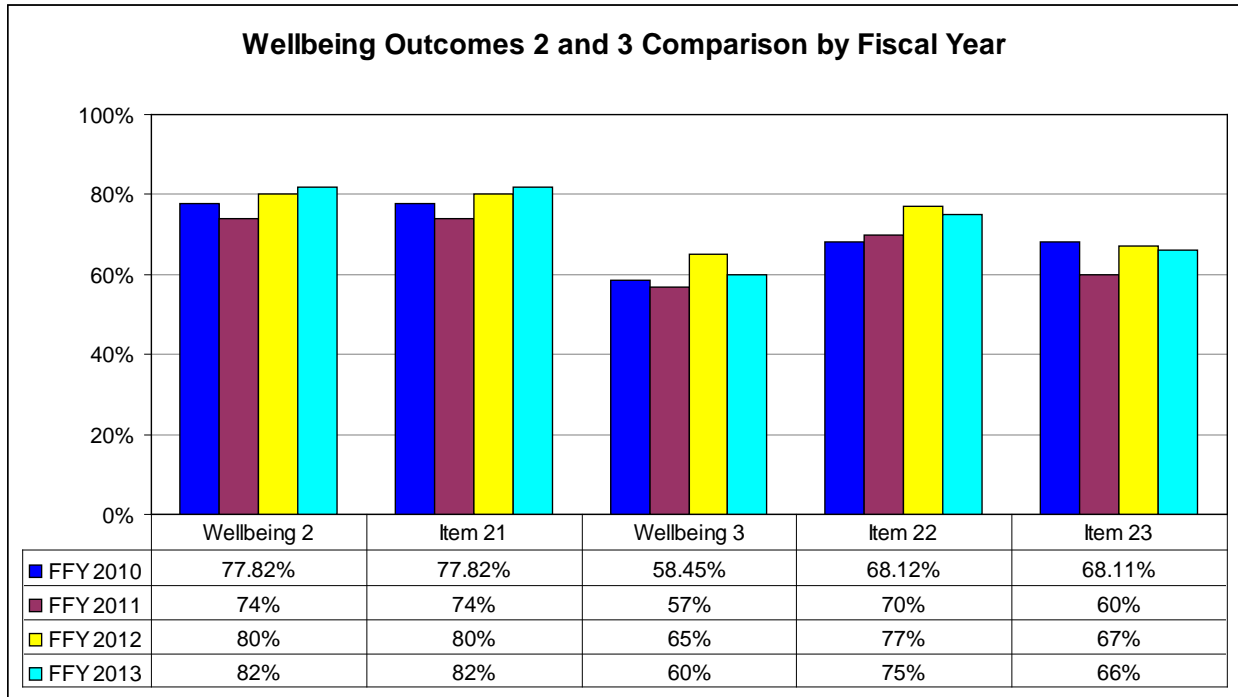
Weaknesses and Areas Needing Improvement:

- 1. Lack of substantial conformity related to ensuring well-being outcomes for children and youth in the family preservation stage.
- 2. Inadequate/poor practice with engagement of fathers and paternal relatives.
- 3. Assessment are not:
 - a. Completed timely;
 - b. Consistently uploaded to GA SHINES; and
 - c. Used effectively for case planning or service delivery.

The following table presents the well-being goals and measures for FFY 2009-2014.

Well-Being Outcomes by Fiscal Year





Source: Office of Quality Management

FFY 2014 Regional Wellbeing Outcomes Achievement

	REG ION 01	REG ION 02	REG ION 03	REG ION 04	REG ION 05	REG ION 06	REG ION 07	REG ION 08	REG ION 09	REG ION 10	REG ION 11	REG ION 12	REG ION 13	REG ION 14	REG ION 15
Outcome WB1:	42%	25%	35%	33%	30%	11%	38%	19%	31%	19%	34%	33%	19%	23%	15%
Item 17:	44%	31%	49%	39%	36%	19%	44%	22%	31%	23%	40%	33%	33%	28%	19%
Item 18:	50%	36%	54%	40%	52%	21%	47%	18%	53%	31%	35%	47%	44%	37%	22%
Item 19:	63%	42%	44%	56%	43%	36%	63%	36%	50%	35%	54%	50%	44%	57%	31%
Item 20:	30%	21%	18%	28%	25%	7%	25%	4%	36%	11%	23%	27%	18%	15%	5%
Outcome WB2:	61%	32%	50%	54%	57%	100%	78%	60%	64%	21%	63%	40%	39%	36%	31%
Item 21:	61%	32%	50%	54%	57%	100%	78%	60%	64%	21%	63%	40%	39%	36%	31%
Outcome WB3:	40%	20%	36%	34%	38%	22%	46%	21%	40%	34%	34%	23%	22%	34%	16%
Item 22:	51%	32%	44%	45%	50%	36%	55%	33%	50%	47%	37%	33%	29%	39%	37%
Item 23:	48%	27%	47%	38%	39%	21%	70%	35%	33%	34%	41%	36%	37%	32%	12%

Systemic trends

1. Systemically, many regions continued to report staff shortages, (including vacancies), newly hired staff learning their current roles, and increases in case load sizes as contributing factors which impacted the ongoing assessment of the risk and safety of children. Regional staff often was serving in other roles, such as Supervisors or County Directors and were not available to provide consistent regional support to county staff. In addition, County Supervisors and County Directors continued to carry caseloads and met response times during this reporting period. According to the GA SHINES Active Totals report, there continued to be a significant increase in statewide caseloads when comparing active cases in October 2013 to those in September 2014.

Well-Being Trends

Hypotheses regarding the overall decline in Well-Being 2 (children receive appropriate services to meet their educational needs) and Well-Being 3 (children receive adequate services to meet their health needs) include:

1. The educational assessment process was separated from the CCFA process to enhance the educational assessment and provide staff with a more thorough educational assessment for children in care. The new process requires staff to submit an educational assessment referral to the EPAC unit. However, county staff members are failing to consistently submit referrals for educational assessments.
2. The main emphasis continues to be on improving the state's safety work. As a result, well-being issues, including the importance of educational settings once children are in foster care and managing education records/programs, became less of a focus. Additionally, county and regional leadership have not consistently collaborated with Local Educational Agencies (LEAs) regarding the needs of children in care.
3. Available data on the educational trends of children in care are not being assessed. As the workforce continues to turn over, no additional training and supports have been provided to new staff regarding the importance of the Statewide Longitudinal Data System and EPAC supports.
4. With the backlog of CPS assessments, there are an increased number of cases in which the initial health screen is not completed timely. Once the initial screening is completed, staff often fail to review the information obtained from the screening and to make the referrals for recommended services.
5. Services are delayed. Even when resources to meet identified needs are available, the high number of cases that are currently overdue relative to the number of staff may mean families are not being referred to resources or transferred to service workers for follow-up in a timely manner. This delay is impacting Safety Outcome 2, as well as, permanency and well-being scores.
6. There is a need for additional oversight and monitoring of prescription medication and access to appropriate medical equipment for children and youth in foster care.
7. Educational, medical and dental health information must be uploaded in SHINES in order to affect performance levels.
8. There is insufficient engagement or relevant collateral contact with service providers to discuss child/family identified needs and monitor services.
9. There are insufficient efforts to ensure that the educational, physical and mental health needs of children are assessed and appropriate services are provided.

Section IV: Assessment of Systemic Factors

Instructions

The statewide assessment information for systemic factors is used in determining ratings for substantial conformity. Therefore, it is imperative that the statewide assessment team ensures that information in this section speaks to how well each systemic factor requirement functions across the state. To complete the assessment for each systemic factor, state agencies should:

1. Review the *CFSR Procedures Manual* (available on the Children's Bureau Web site at <http://www.acf.hhs.gov/programs/cb>), which elaborates on key concepts and provides examples of data that are relevant to the assessment of systemic factor requirements.
2. Respond to each assessment question using the requested data and/or information for each systemic factor item. Relevant data can be qualitative and/or quantitative. Refer to the section in the state's most recent Child and Family Services Plan (CFSP) or Annual Progress and Services Report (APSR) that provides assessment information on state performance for each of the seven systemic factors. Review the information with the statewide assessment team and determine if more recent data is available that can be used to provide an updated assessment of each item. If more recent data are not available, refer to the most recent CFSP or APSR document by indicating the document name/date and relevant page numbers where the information can be found for each systemic factor item.
3. Emphasize how well the data and/or information characterizes the statewide functioning of the systemic factor requirement. In other words, describe the strengths and limitations in using the data and/or information to characterize how well the systemic factor item functions statewide (e.g., strengths/limitations of data quality and/or methods used to collect/analyze data).
4. Include the sources of data and/or information used to respond to each item-specific assessment question.
5. Indicate appropriate time frames to ground the systemic factor data and/or information. The systemic factor data and/or information should be current or the most recent (e.g., within the last year).

The systemic factor items begin with #19 instead of #1 because items #1 through 18 are outcome-related items covered in the onsite review instrument used during the onsite review. Items related to the systemic factors are items #19 through 36.

A. Statewide Information System

Item 19: Statewide Information System

How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

Please provide relevant quantitative/qualitative data or information that show the statewide information system requirements are being met statewide.

State Response:

Georgia's Statewide Information System has areas that are strengths and weaknesses.

Strengths

- Standardized case work documentation statewide
- Comprehensive case management application
- Supports federal reporting (AFCARS, NCANDS, NYTD)
- Tracks/monitors performance and outcomes

Weaknesses

- System functionality not fully maximized by end users
- Complex case management application – need to streamline functionality
- Limited access to case information for delivered service/placement providers

Georgia SHINES is the state's operational information system (statewide automated child welfare information system – SACWIS). It serves as the state's case management tool – an end-to-end application system supporting all program areas from child protective services to foster/adoption services. Through Georgia SHINES, Case Managers and Supervisors can complete major functional areas of their work, including intakes, investigations, placements, foster case eligibility determinations, reunifications, adoptions, financial management, resource management, and reporting. Georgia SHINES improves integration across related social services programs through automated interfaces with the courts, Medicaid eligibility, financial processes and child support. It serves as the State's primary source for meeting Federal reporting needs, specifically for AFCARS, NCANDS, and NYTD. Over the years, the data in Georgia SHINES has become more reliable in validating the status of case – children and families services. This has been achieved in part by the reporting applications (Georgia SHINES and LENSES) available to users.

Georgia SHINES supports child welfare practices and the collection of data. At the onset of a report of abuse and/or neglect and throughout the life of the case, case managers have the ability to document all relevant case information including, but not limited to:

- The status of a child;

- person demographics;
- person characteristics;
- placement information; and
- child and parent/caregiver goals.

Georgia’s Data Integrity Specialists (DIS) monitor and conduct data reviews to ensure that the state can readily identify data for every child who is in foster care. The most recent reviews conducted for all children in foster care between July 2014 and December 2014 showed the following outcomes.

Data Elements	July 2014	August 2014	September 2014	October 2014	November 2014	December 2014
Legal Status correct per Legal Action	73%	76%	79%	76%	71%	71%
Demographics	67%	72%	70%	73%	68%	70%
Person Char/ Previous Adopted complete	59%	62%	69%	67%	59%	62%
No Gaps in Placement log	88%	93%	90%	82%	89%	88%
Approved and Updated Family Plan	73%	63%	67%	73%	67%	74%

The above percentages reflect actual casework documentation based on data reviews. Georgia is working to improve timely input of data/case managers’ documentation, including supervisory approval. The goal is to improve Georgia’s data in the future.

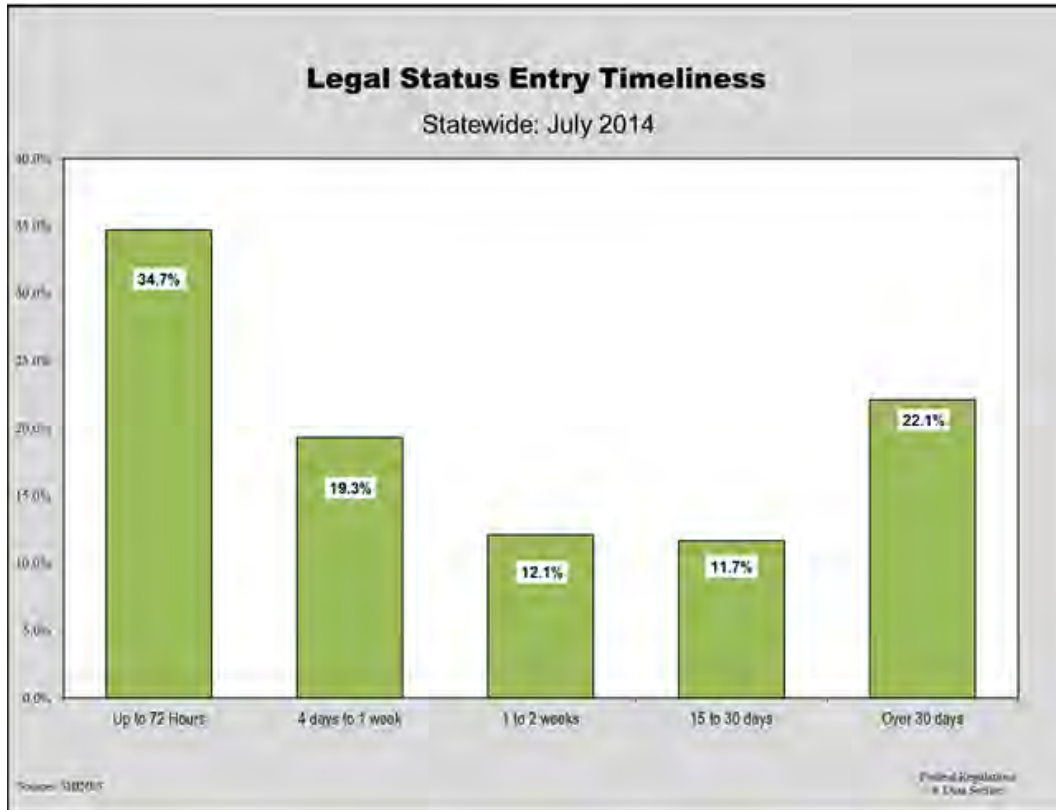
Status of a Child

When it is determined that the best interest of a child is removal from his/her parent/caretaker, the case manager completes the Custody/Removal page. Case managers record information about the events leading to a child’s removal – bringing a child into DFCS custody. Case managers document if the removal was court ordered, voluntary, or a short-term emergency. In addition to the recording of the type of removal, Georgia’s SHINES captures the reason for removal – if the removal was caretaker-related or child-related.

As cases progress from intake through foster care and adoption, it is necessary for a case manager to record changes to a child's legal status following outcomes of court actions. The Legal Status Detail page allows the case manager to document who is legally responsible for a child. This includes DFCS, other state agencies, other states, or person (e. g. parent or relative). The Legal Status Detail page also captures the effective date of the legal status and when it changes.

The status of children who enter and exit foster care is tracked via Georgia SHINES reports:

1. The Foster Care Entry report in Georgia SHINES provides a list of children who entered care during a specific reporting period. This report provides users with the legal status upon entry in foster care, reason for removal, and if there was a prior episode for the child. According to this report, between August 2013 and July 2014, there were nearly 5,000 children who entered foster care. This report allows users the ability to view the data statewide, regionally, and on a county-level. Users can view data across larger or smaller periods of time. For example, a user can view data across a six month period or 12-month period.
2. The Foster Care Discharge report in Georgia SHINES provides a list of all children who exited foster care during a specified reporting period or youth who have turned 18 and came back into care with a legal status of Temporary Voluntary. This report provides the date children entered care, discharged from care, and the reason for discharge. Like the Foster Care Entry report, users can view data statewide, regionally, and on a county-level. The report allows users the ability to monitor discharge rates over a wide or small period of time. According to this report, there were almost 6,000 children who exited foster care between August 2013 and July 2014.
3. In addition to the aforementioned reports, there is also an Active Totals report in Georgia SHINES. This report provides a summary of totals during a specific month, including a breakdown of children's placement type. Users can view how many cases were active the first/last day of the month, number of cases closed during the month, and most importantly, and the primary service opened during that reporting period.



Time between the date of event (child’s legal status) and when the event was entered in Georgia SHINES.

Person Demographic

The Person Detail page is the gateway to capturing all demographic information on persons in Georgia SHINES. It is used to capture:

- Person Name
- Demographics – captures gender, marital status, DOE, religion, etc.
- Phone
- Other Relationship Information
- Person Identifiers
- Medication – allows the case manager to document medication name, frequency, reason, prescription duration, and allergy information
- Education
- Caregiver/Parental Relationship Information for Child – allows the case manager to indicate other persons in the case with specific relationships to the child
- Person Merge/Split
- Income and Resources
- Address
- Current Stage – captures whether the person is a principal or collateral
- Name History
- Race/Ethnicity
- Additional Information
- Tribal and Additional Information – captures American Indian heritage percent, tribal membership and registry information, physical characteristics
- Characteristics/Diagnosis – displays current observed/reported characteristics and diagnoses, historical characteristics and diagnoses, and child’s SSI eligibility (when applicable)

Person Detail

Name: Jackson, Johnny
 Person ID: 5607771

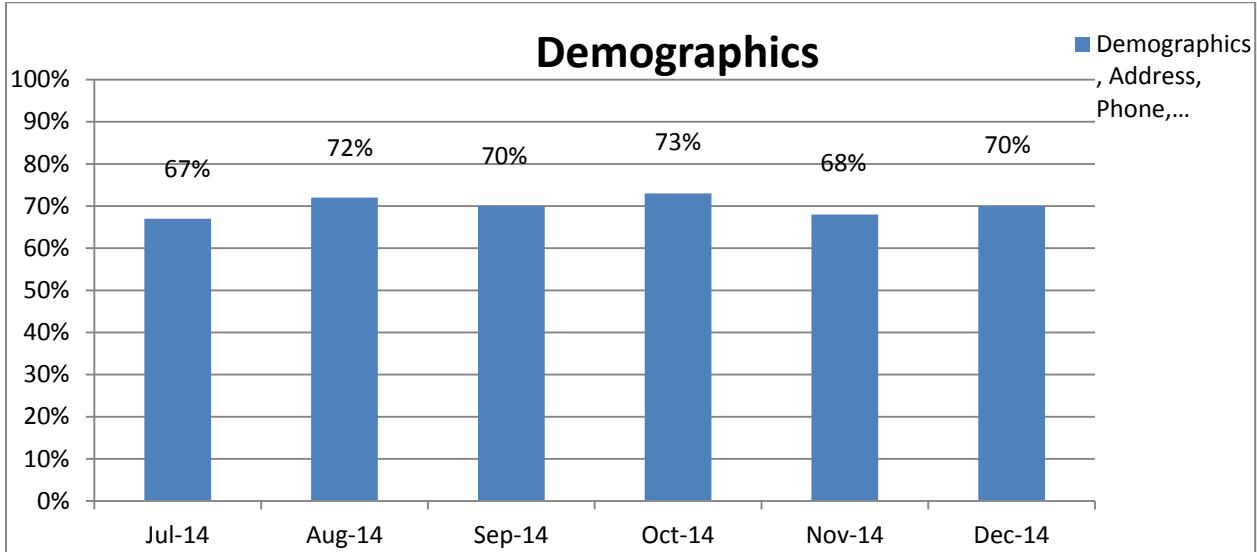
Person Name

First: Johnny Middle: Last: Jackson Suffix:

Demographics

* Gender: Male Marital: Single, Never Married
 Title: Maiden Name:
 ‡ DOB: 02/01/1995 Age: 14 Approximate
 Language: English Living Arrangement:
 Occupation: Religion:
 ‡ DOD: Reason For Death:
 Additional Comments:

Person demographic information is monitored via AFCARS data quality reports. These reports include, among many other data elements, person demographic information such as name, date of birth, race, and ethnicity. The AFCARS quality reports are distributed to the Data Integrity Specialists (DIS) on a monthly basis. The DIS work in partnership with county staff to ensure that person data captured in Georgia SHINES is accurate. Monthly, DIS conducts Data Reviews from a random sample of cases statewide. Below reflects DIS case review data trends for documentation of Person Demographics information between July 2014 and December 2014.



Person Demographic information completed in Georgia SHINES.

Placement Information

Upon entry in foster care, case managers must record the location of the child. This includes all placement types – DFCS foster homes, relative, group homes, hospitals, youth detention centers, etc. Case managers use the Placement Information page to record placements that actually occur as well as placement attempts. Aside from general information (start date, location/physical

address where the child is living, and resource) the Placement Information page also includes the following:

Placement Certification

Case Manager Signature

Certifications on child placements are required on new placements as of November 20, 2011.
 I acknowledge that I have accessed the Placement Log [via the Placement Log hyperlink] of this placement resource and reviewed this child's characteristics and the current characteristics of other children placed in the resource.

I have evaluated the appropriateness of the placement and considered the protective capacities of the caregiver for meeting the unique needs of this child.

If continuation in this placement is not in the best interests of the child, I acknowledge that I have a responsibility to seek a more appropriate placement as quickly as possible.

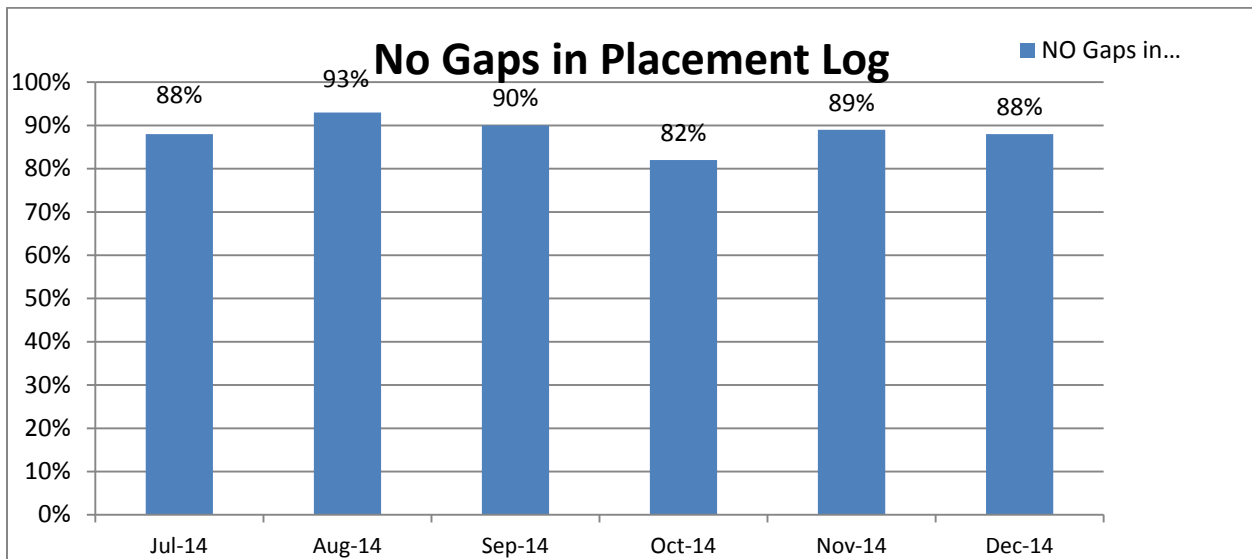
Name: _____ Date Signed: _____
 Certification for: _____

Save and Submit **Save**

To improve safety prior to a child's placement with a resource, Georgia SHINES requires case managers to view the Placement Log of the resource and certify that placement is appropriate.

- Placement Log hyperlink – allows case managers to view children placed with a resource
- Case Manager Signature – requires case manager to check the checkbox indicating that he/she has access and viewed the Placement Log and evaluated the appropriateness of the placement. This serves as an electronic signature. NOTE: Supervisors are required to do the same when approving a placement.

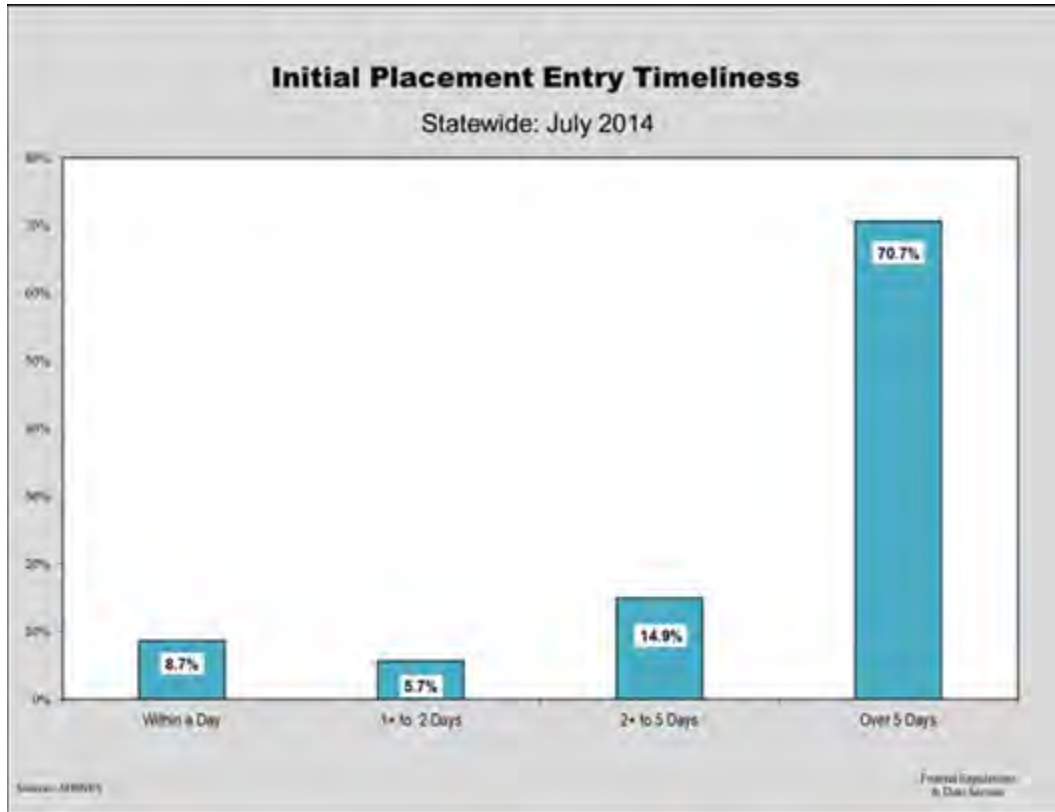
Below reflects DIS case review data trends for Placements Logs with no gaps in placements between July 2014 and December 2014.



No gaps in placement document in Georgia SHINES.

Placement information, including types and moves, is tracked via reports in Georgia SHINES and AFCARS quality reports.

1. The Exception report in Georgia SHINES provides a statewide, regional, and county view of data elements missing/incomplete, such as missing placements, unapproved placements, no case plan, etc. As a manager, the user can view the percentage of cases that have missing and/or unapproved events. Users can view not only statistical performance, but can also view case detail information. On February 5, 2015, there were 490 placements that had not been approved by supervisors (4.24%). The report also indicated that on the same day, there were 3048 children in care with no active placement (14.82%). This data reflects placements that have not been entered by the case manager and/or approved by his/her supervisor.
2. The Placement List report in Georgia SHINES provides current placement information of all children in foster care for a specific county. This report captures only those children in an approved placement regardless of whether the child is in DFCS custody. This allows users the ability track the removal date, placement type, placement name, placement start date, and months in placement(s). The report also provides a total of all placements.
3. LENSES, an Oracle Business Intelligence application, has a Placement Stability report that captures the number of children placed with child caring institutions, child placing agencies, and DFCS foster homes. Not only does this report capture the children placed by placement types, it also provides the number of placement moves in a selected reporting period. The Placement Stability Report allows supervisors and above to monitor and track performance on key indicators, (e. g. number of children placed, resource type, facility type, and average length of stay). Like most LENSES reports, the Placement Stability report allows users to drill down to view regional, county, unit, and case manager level. It contains detailed reports that display resources, homes/facilities, and the average length of stay with each resource.

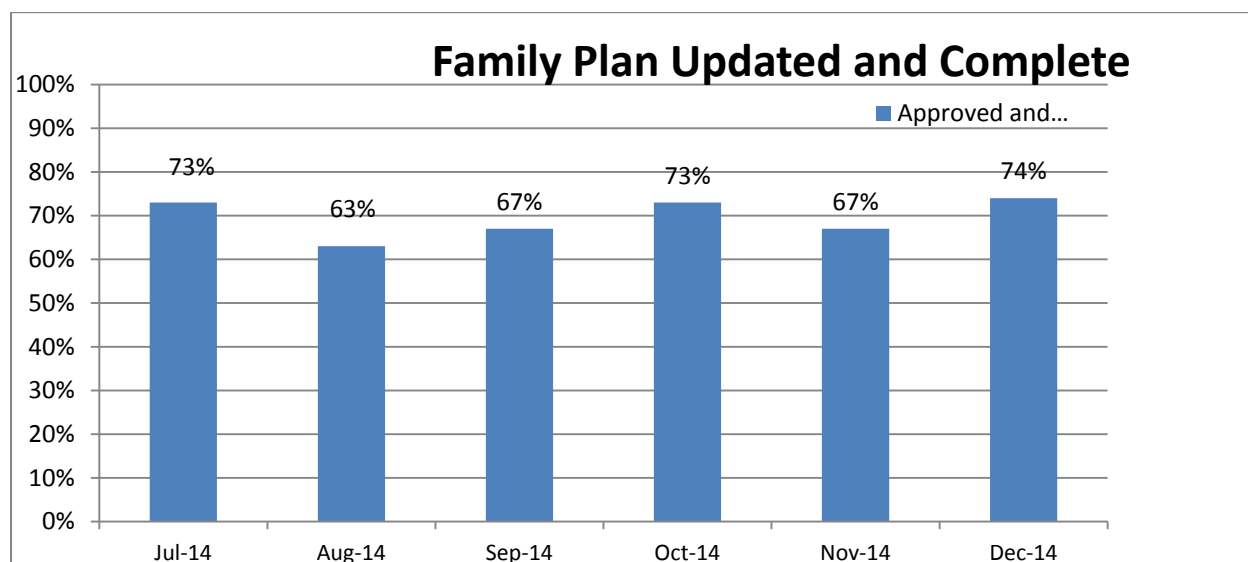


Time between the date of event (child placed) and when the placement was entered in GA SHINES

Child and Parent/Caregiver Goals

Goals (and steps) needed to achieve permanency are documented on the Foster Care Child Plan Detail and the Foster Care Family Plan Detail in Georgia SHINES. Together, these two become the critical parts for identifying the plan for permanency. The Foster Care Case Plan is developed with the family within the first 30 days of removal. It is presented during the Dispositional hearing and becomes a binding document between the family and Agency. During the lifecycle of a case, the Case Plan should be updated to reflect the status of goals and steps. If a child does not have a completed Foster Care Family Plan or has an out of date plan, there is no other place in GA SHINES that captures the child’s permanency plan/goals; therefore, the child’s permanency plan/goals will be unknown in the system.

Below reflects DIS case review data trends for documentation of Family Plan updated and complete between July 2014 and December 2014.



Family Plans completed, approved and updated in Georgia SHINES.

The Foster Care Case Plan Child Detail page is used by foster care case managers to record case information specific to a child in a foster care case. It is divided into three sections: a Detail section for general information, the DFCS Standard Goals list, and the Child Case Plan Topics section. These sections allow case managers to document:

- DFCS goals and steps to support the child while in foster care;
- DFCS reasonable efforts to prevent removal;
- Whether the Diligent Search was completed in 90 days and when it was completed;
- Whether the child is adjusting in care or explanation for why the child may not be adjusting in care;
- ASFA Regulations requirements;
- Non Reunification conditions, if applicable;
- Health information; and
- Education information (which also displays on the Person Detail page).

The Foster Care Case Plan Family Detail page is used by case managers to record details about the case that specify goals and steps for case participants involved in achieving permanency for a child(ren), and to record aftercare plans. Case managers record:

- Permanency Plan type to indicate if the case plan is a reunification, non-reunification, or concurrent plan;
- Who is involved in the case plan;
- Assigned Juvenile Court Judge;
- Family Plan dates;
- Justification for the permanency plan type and the reasons why the children cannot currently return home at this time, and the current expectation of the harm what would occur should the children be returned;
- The overall target date for establishing permanency for all children covered by the plan;

- Goals and steps necessary to achieve permanency (for parent, relative, non-relative); and
- List of those who participated in the development of the plan.

The above references components of the case plan that, primarily, captures permanency plan goals and steps that are necessary to achieve permanency. However, the Case Plan document itself contains far more data. Information entered on the following pages in Georgia SHINES pre-populate to the case document:

- Adoption Information (if applicable)
- Education Detail
- Legal Status
- Needs and Outcomes
- Person Detail
- Visitation Plan
- Team Meeting/Reviews (FTM/MDT)
- Youth Detail for WTLP
- Custody
- Health Information
- Legal Actions and Outcomes
- Placement Information
- Relative Care Assessment (if applicable)
- WTLP (for children 14 years and older)

Child and parent case plan goals are tracked via Georgia SHINES reports and AFCARS data quality reports. There are various reports (Exception, Overdue Foster Care Case Plan, and Cases with no Child/Parent Involvement) via the Reports page that can assist users with monitoring case plan development. This includes cases with no approved case plan, cases plans with no parent/child participation, and cases with an APPLA goal. These reports can be accessed by all Georgia SHINES users. On February 5, 2015, according to the Exception report, there were 1,476 cases with no Family Plan (19.58%).

The APPLA report in Georgia SHINES tracks children who have a permanency goal of APPLA and have not transitioned to independent living or without long-term foster care commitment from either a foster parent or caregiver. In July 2013, there were 294 children who had not met their APPLA goal. In comparison, in July 2014, there were 384 children who had not met their APPLA goal.

CFSR		
Name	Description	Type
Item10 APPLA Exception Cases	A list of active Foster Care children with permanency goal of APPLA whose goal has not been met. Generated for a specific month with optional region, county, and unit parameters.	CFSR
Item10 APPLA Summary	Captures DFCS' effort in achieving APPLA permanency goal. Percentage of meeting APPLA as a whole as well as each of APPLA components is listed. Generated for a specific month with optional region, county, and unit parameters.	CFSR

In addition to the Georgia SHINES reports, the Foster Care Status report in LENSES assists with monitoring children who have overdue case plans. On the detail level, users can view the permanency plan type and when the most recent case plan review date is due. This report, unlike the other reports in LENSES provides a current status of the case. This report does not allow users to view data across a period of time. NOTE: This report averages overall performance on all open active cases, even if case plans are subsequently updated.

Foster Care Status
Data as of: 02/04/2015

Region	% of children with overdue Foster Care Case Plan	% of children without approved P
Region 1	22%	
Region 2	24%	
Region 3	36%	
Region 4	21%	
Region 5	30%	
Region 6	9%	
Region 7	35%	
Region 8	60%	
Region 9	36%	
Region 10	25%	
Region 11	23%	
Region 12	32%	
Region 13	23%	
Region 14	16%	
Region 15	44%	

Region	% of children with overdue Foster Care Case Plan
Region 1	22%
Region 2	24%
Region 3	36%
Region 4	21%
Region 5	30%
Region 6	9%
Region 7	35%
Region 8	60%
Region 9	36%
Region 10	25%
Region 11	23%
Region 12	32%
Region 13	23%
Region 14	16%
Region 15	44%

Georgia SHINES and LENSES reports provide users the ability to monitor and track performance outcomes. There are some reports that provide timeliness of entry of data captured in Georgia SHINES. For example, the LENSES Intake Calls report provide the average length of time between call received and call entered in Georgia SHINES. DAARE, however, provides leadership with a series of report queries that address timeliness on a monthly basis. Among the timeliness reports provided are timeliness to placement entry, legal status entry, and case plan approval.

B. Case Review System

Item 20: Written Case Plan

How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?

Please provide relevant quantitative/qualitative data or information that shows each child has a written case plan as required that is developed jointly with the child's parent(s) that includes the required provisions.

State Response:

The decrease in parent participation and feedback from the stakeholders suggest that Georgia is struggling with this requirement. When obtaining this information from Georgia SHINES, a query is first run to determine how many cases have case plans. Then, a second query is run to determine how many of those cases with case plans had a checkbox selected by the case manager indicating the parent's involvement in the development of the case plan. The checkbox is not a mandatory field; therefore, case managers may not always check the box when appropriate, which may impact the data. As of July 1 of each year since 2011, parent participation has decreased (60% (7/2011), 56% (7/2012), 55% (7/2013), and 49% (7/2014). These percentages are based on the number of children in foster care on July 1 of each year and does not necessarily account for children whose cases are not yet required to have a case plan. The respective numbers of children in care beginning in 2011 and ending in 2014 were 7,320 (2011), 7,449 (2012), 7,665 (2013), and 8,616 (2014). A similar search was also conducted 8/27/14; the amount of children in care on that date was 9,034, with 48% parent participation.

In FFY 2013, additional data from the Quality Assurance Unit shows participation by mothers reached 92% of the applicable 167 cases, while participation from fathers reached 54% of the 149 applicable cases. In FFY 2014, participation by mothers was 66% of the 634 applicable cases, while participation from fathers was 38% of the 588 applicable cases. The current time requirements for developing and submitting case plans, coupled with the decrease in staffing levels, has contributed to the decline in appropriately engaging parents in the development of the case plan. Historically, Family Team Meetings (FTMs) used to have greater influence in the development of the case plan. However, although DFCS policy outlines the FTM process, including developing the initial case plan with the family within 25 days of a child entering out of home care, they are not occurring the same way they previously did. In fact, in some counties, they are not occurring at all.

Several juvenile court judges indicate that case plans are not being prepared in time for parents to review, participate in or develop prior to court. Courts are generally accepting the initial case plan at the disposition hearing with intent to focus on the case plan in more detail at the initial 75

day review hearing. All stakeholders agree that DFCS is understaffed, which is contributing to not being able to get case plans done in time to meet the state's code requirements.

Item 21: Periodic Reviews

How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

Please provide relevant quantitative/qualitative data or information that show a periodic review occurs as required for each child no less frequently than once every 6 months, either by a court or by administrative review.

State Response:

Overall this has been an area of high performance; however, the number appears to be decreasing, which is surprising given that Georgia's new juvenile code (which became effective January 1, 2014) requires more stringent timelines for court hearings than in years past. Please refer to page 48 of Georgia's 2015-2019 CFSP for more details regarding the state requirements for these reviews.

The occurrence of court or administrative reviews is captured in Georgia SHINES. During calendar year 2014, Georgia had 15,479 children in custody. Of the children in Georgia's custody, 9,755 has been in custody for 6 months. Of all the children in Georgia's custody for 2014, the staff ensured that 86.07% had a periodic review at least once every six months, either by a court or by administrative review.

The courts do not have a systemic method for collecting this type of data. However, there are ongoing discussions within the Council of Juvenile Court Judges about implementing such a method.

Barriers exist when it comes to continuances, resulting in a delay with some cases being heard within the appropriate time frame. Continuances happen for a variety of reasons. One reason is that when parents request an attorney to represent them, a court often has to continue the case to appoint an attorney as such attorneys are not always available at the courthouse. In Fulton County, there is an office within the courthouse for parent representation. This office has resulted in decreased continuances at the initial hearing. Other reasons for continuances include attorney conflicts with other courts, important parties not being present, a need for further information before the hearing can proceed, and a lack of available physical space in the courthouse (more likely to affect judges in rural circuits that share court space with other courts).

Although Georgia's law was amended to state that continuances may be granted only for good cause, lawyers continue to have conflicts. This change in the law has reduced continuances in some counties, while the amount of continuances remains about the same in other counties.

Item 22: Permanency Hearings

How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?

Please provide relevant quantitative/qualitative data or information that show a permanency hearing as required for each child in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

State Response:

Given the decrease in apparent compliance over the past several years, this appears to be an area where Georgia is struggling. However, the new code requirements that became effective January 1, 2014 should improve compliance with this requirement as the state now requires ongoing permanency hearings every 6 months after the initial hearing, making this a strength moving forward. Please refer to pages 48-49 of Georgia's 2015-2019 CFSP for more details regarding the state requirements for permanency hearings.

According to Georgia SHINES, as of June 2014, the percentages of children in custody for more than 12 months receiving timely permanency hearings, permanency hearings within 12 months of removal, and permanency hearings within 12 months of the last hearing for that state fiscal year, have all decreased since June 2012. To determine these numbers, DFCS looks at a child's removal date, their legal status and their last day in custody. Note: The courts do not have a systemic method for collecting this type of data; however, there are ongoing discussions within the Council of Juvenile Court Judges about implementing such a method.

The number of all children who were removed from 07/2012 – 06/2013 and were in DFCS custody for longer than 12 months was 2,929. Of these children in the denominator, there were 1,786 children who had a recorded "permanency hearing" in SHINES within 12 months, representing 60.98% of the children. There were limitations of this query, as it looked at approved and complete actions in GA SHINES, and if the action was pending case managers' input or supervisors' approval it was not counted as completed. Therefore, it could not be included in the data pull. This query also excluded any documentations of the permanency hearing where the legal court action type was not either a "Hearing" or "Received Court Order".

Staff turnover has been a big challenge for the state. Reduced levels in staff result in more cases per staff person, making meeting federal and state law requirements, as well as documentation requirements, more difficult.

Item 23: Termination of Parental Rights

How well is the case review system functioning statewide to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

Please provide relevant quantitative/qualitative data or information showing that filing of TPR proceedings occurs in accordance with the law.

State Response:

Based on the continuous decline in either filing for TPR timely or documenting compelling reasons for not pursuing TPR, this appears to be an area of low performance for Georgia. There has been a decline in either filing for TPR timely or documenting compelling reasons for not pursuing TPR. Georgia SHINES does not have a data report that records the filing of termination of parental rights (TPR) petitions or “compelling reason” accurately. GA SHINES data indicated for calendar year 2014, that there were 5,601 children in DFCS custody for 15 to 22 months and 3,401(60.5%) of those children had TPR activity completed for one or both parents.

Note: An applicable case is one in which it is time to either file for TPR or document a compelling reason DFCS is not intending to file for TPR. DFCS utilizes a checkbox in Georgia SHINES for a case manager to indicate if DFCS is intending to file for TPR or a space to write in a compelling reason for not filing for TPR. The checkbox is not a mandatory field; therefore, case managers do not always check the box as required. Continuances in the early stages of a case contribute to TPR hearings not being filed timely also.

Stakeholders expressed that case managers may be pursuing permanent guardianships over TPRs so as to avoid the TPR process. Judges indicate that there has been a delay on DFCS’ end after announcing an intention to pursue a TPR; they believe there is a lag in DFCS providing information to the SAAG (more than 60 days in some cases) and that case plans are not fully addressing the parent’s needs because proper questions and searches are not being done in a timely manner to exhaust reunification efforts. Although the law requires moving forward, there are also a number of judges that are nervous about being overturned by the appellate court based on some recent appellate court decisions. Parents with substance abuse issues are concerned that a relapse isn’t factored into the case plan when the evidence is sufficient that many people do have a relapse even after making significant progress.

Item 24: Notice of Hearings and Reviews to Caregivers

How well is the case review system functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child?

Please provide relevant quantitative/qualitative data or information that show foster parents, pre-adoptive parents, and relative caregivers of children in foster care (1) are receiving notification of any review or hearing held with respect to the child and (2) have a right to be heard in any review or hearing held with respect to the child.

State Response:

It is unclear whether this is an area of high or low performance as Georgia does not have data to evaluate; however, the fact that Georgia does not have the data would suggest this is an area of low performance in Georgia.

Although over the last few years our state policy and IMPACT training was updated to incorporate the use and engagement of the Foster Parent Bill of Rights, Georgia SHINES does not currently have capability to track this requirement.

There are some counties where the court will send such notice to foster parents. Although DFCS is still required to provide this notice regardless of whether the court does as well, it may be a practice issue if DFCS is not also doing this. However, if the court is providing such notice, then it would seem this requirement is being met by the state in some sense.

Written notices are provided by the field in forms completed by the case manager. Georgia SHINES does not currently have the ability to track whether the notices were actually given to the caretakers; hence, Georgia SHINES needs to be enhanced to automate the notices and enable tracking. Additionally, Georgia SHINES does not have the ability to track whether a caregiver was actually given a right to be heard in a review or hearing, making it difficult to assess whether this requirement is being met.

Stakeholders indicated that many placements are outside of the county, indicating that distance is a barrier to caregivers participating in reviews and hearings. Care coordinators are under the impression that foster parents are not involved in care planning discussions on the court side. CPA's aren't always notified of the hearing, making it difficult for them to reinforce the expectation for foster parents to attend individual hearings. Georgia's Office of the Child Advocate (OCA) sees that notice is being sent to foster parents by DFCS or the SAAG, but foster parents do not feel like they understand what it means and what they're really able to do. Regardless, it seems like DFCS is meeting the requirement of actually providing notice.

C. Quality Assurance System

Item 25: Quality Assurance System

How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the CFSP are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

Please provide relevant quantitative/qualitative data or information showing that the specified quality assurance requirements are occurring statewide.

State Response:

The Quality Assurance (QA)/Continuous Quality Improvement (CQI) system is currently functioning within the state of Georgia. However, despite its functioning, there are multiple areas in the system where improvement is needed.

The ultimate purpose of QA/CQI is to consistently identify the strengths and needs of the child welfare service delivery system so that program improvement measures can be developed and implemented. Georgia DFCS' QA system also serves as the conduit through which evaluation of the effectiveness of program improvement measures flows. The following summary details the ways in which Georgia's QA/CQI system is currently functioning:

- 1) The QA/CQI System is operating in the jurisdictions where the services included in the CFSP are provided.
 - Georgia's QA and CQI processes are operating in all 15 regions of the state. Georgia has a QA unit that conducts case reviews across the state, and Regional CQI teams have been established in each region. The Regional CQI teams function for the purposes of analyzing trend data and developing improvement strategies through regional Quality Improvement Plans (QIPs). In Federal Fiscal Year 2014, a total number of 756 cases were reviewed across the state. In addition, in FFY 2014, 87 foster homes were reviewed for quality and compliance. These foster home reviews are conducted annually by the Office of Provider Management (OPM) within DFCS, and include Child Placing Agencies (CPAs) and Child Caring Institutions (CCIs) in all 15 regions throughout the state. Each agency is included in the review every year and is evaluated in the areas of safety, permanency and well-being—providing an overall composite score that is factored into performance-based placement measures. Review data from OPM, which provides an evaluation of safety for children placed in private foster homes, are provided through reports and presentations at statewide meetings. This information is also housed through a web-based interface called GA+SCORE. During this same time period, the majority of the Regional CQI teams developed and began implementation of QIPs.

- There are several indicators which highlight the functioning of the QA system. First, both QA and CQI processes have provided a way for the State to uncover gaps and barriers within service delivery. In addition, the work of QA has been established within Georgia for more than 10 years and has been modified as needed to remain in compliance with federal standards. Although CQI is relatively new for the State, it has the potential to further strengthen the QA system and positively impact child welfare practice. In addition to the Regional CQI teams that have been established, a State CQI Office team (comprised of several levels of DFCS leadership) along with a team for the Child Protective Services Intake Call Center (CICC) have also been developed. Another indicator of the QA system's functioning is that the quality of data provided from the review process remains high, and is consistently provided to internal (DFCS leadership, regional teams, frontline staff, etc.) and external (providers, state agencies, public/private partners, etc.) stakeholders through trend reports, regional reports, exit conferences and statewide meetings.
- 2) Overall, Georgia's QA system has standards in place to evaluate the quality of services, including standards to ensure that children in foster care are provided quality services that protect their health and safety. Additionally, the annual reviews conducted by the Office of Provider Management (OPM) are designed to ensure that private agencies comply with federal standards related to licensing and approving foster and adoptive placements.
- The standards that Georgia uses to evaluate the quality of services provided to children and families are consistent with the CFSR standards. The CFSR Onsite Review Instrument is used by the Child Welfare Quality Assurance Unit to evaluate cases during case reviews. In addition, Georgia has standards related to monthly caseworker visits to ensure that children in foster are visited and monitored regularly. Through the federal Every Child Every Month program, the expectation is 90% compliance with monthly caseworker visits. In FFY14, Georgia achieved 93.82% compliance with this standard.
 - A review of the data related to standards to ensure children in foster care are provided quality services to protect their health and safety shows the following trends for FFY14.
 - For Safety Outcome 1, Georgia achieved 81% for Item 1 and 87% for Item 2.
 - For Safety Outcome 2, Georgia only achieved 41% on both items 3 and 4 which represents a decline in the state's performance from previous years.
 - For Well-Being Outcome 3, Item 23, Georgia achieved 66% for interview cases and 30% for non-interview cases.
- 3) Georgia's QA/CQI system consistently identifies both the strengths and needs of the service delivery system.
- Case reviews and aggregate data are utilized to identify strengths and needs within the child welfare system. Outcome data are collected through annual case reviews, as well as stakeholder data which provide an indicator of systemic factor functioning. In FFY14, the following strengths were identified in the service delivery system as it relates to foster care: Foster Care Re-entries (the state achieved a rating of 97%); Proximity of Foster Care Placements (the state also achieved a rating of 97%); and Placements with Siblings (a rating of 90%). Additionally in FFY14, the following areas needing improvement were

identified: the adequacy of risk and safety assessments; the establishment of appropriate and timely permanency plans; the maintenance of ASFA timeframes; and the quality of supervisory case management staffings.

- Each fiscal year, the Child Welfare Quality Assurance (CWQA) Unit within DFCS' Office of Quality Management sends out surveys to internal stakeholders (regional and county DFCS staff) regarding QA and CQI processes. The most recent survey from FFY14 identified that 24% of respondents felt that the current review process did not effectively evaluate the quality of services provided, and that the current QA/CQI process does not lead to improvements in the quality of casework. However, 76% of respondents believe that the current process does lead to better outcomes overall.

4) Georgia's QA/CQI system provides relevant reports on a regular basis.

- The CWQA Unit within DFCS releases an annual QA/CQI Trend Report which provides a breakdown of data from annual case reviews, along with a description of regional and state CQI efforts. This report is distributed primarily to regional and state leadership. The information included in the report is also shared with staff during regular statewide meetings and cadence conference calls.
- The CWQA Unit also releases a trend report for the CPS Intake Communication Center (CICC) which provides data from quarterly reviews of intake calls received. This report is submitted to the DFCS Director and CICC leadership.
- The federal Every Child Every Month report, which breaks down monthly caseworker visits for children in foster care, is submitted annually to ACF as well as DFCS leadership. The information included in the report is also shared with staff during regular statewide meetings and cadence conference calls.
- Review data from the Office of Provider Management (OPM), which provides an evaluation of safety for children placed in private foster homes, are provided through reports and presentations at statewide meetings.

5) QA system evaluates implemented program improvement measures:

- Regional CQI teams work to develop Quality Improvement Plans (QIPs) that address the concerns identified in their regional case review. The QIPs are developed through the CQI process, and the regional teams then work to coordinate the implementation of specific strategies included within the QIPs. Through the use of targeted reviews, some regional CQI teams are able to evaluate the effectiveness of QIP strategies—although not all teams utilize these reviews for evaluation.

Although Georgia's QA system is functioning in the key areas described above, ongoing improvement efforts are needed to further strengthen GA's QA/CQI system in order to see an overall positive trend in outcome improvements. Needed improvements have been identified in the areas of statewide CQI efforts and meaningful, consistent engagement of stakeholders—particularly in the CQI process.

During FFY2014, a number of efforts were made within each of the 15 Regional CQI teams throughout the state. Although there was not a measurement of standard outcomes performed,

the majority of Regions were able to form complete teams (made up of membership from all staffing levels), maintain a consistent meeting schedule and develop a Quality Improvement Plan (QIP) based on the trends identified from regional CWQA reviews. Despite these promising efforts, there were several regional teams that experienced barriers which significantly affected their ability to make progress as it relates to practice improvements. Recognizing these barriers, the CWCQI Unit is in the process of developing formal outcome measures that will allow for a more precise future evaluation of regional CQI functionality. Additionally, the State is taking a proactive approach to re-establishing the importance of CQI in child welfare practice, and is working to devise specific processes and procedures for CQI that will build the capacity of the teams to actually implement change and measure outcomes. Finally, the State has recognized that stakeholders, particularly external ones, need to be invited to play a more active role in the QA/CQI system on the county, region and state levels.

D. Staff and Provider Training

Item 26: Initial Staff Training

How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP that includes the basic skills and knowledge required for their positions?

Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Please provide relevant quantitative/qualitative data or information that show:

- staff receive training pursuant to the established curriculum and time frames for the provision of initial training; and
- how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties.

State Response:

Georgia is not functioning well as it related to ensuring that initial training of staff and providers being completed timely (120 days from the date hired). All Georgia social services case management staff must be certified. The initial in-service certification process for new or reassigned case management staff is based on the completion of the field practice guide pertaining to their specific program area, which includes successful completion of the training series (outlined below). Once the new case manager completes the training criteria, their assessment score, record review and field based observation results are presented to the county director or their designee for a certification decision.

Within the Division of Family and Children Services (DFCS) the Office of Provider Management (OPM) is responsible for facilitating, managing and tracking in-service and on-going training for Room, Board and Watchful Oversight (RBWO) case management staff. OPM provides Child Placing Agencies (CPA) and Child Caring Institutions (CCI) staff in the roles of case support worker (CSW), case support supervisor (CSS) and human services professionals (HSP) a 160-hour new hire training experience that consists of classroom instruction, e-learning, field practice and competency evaluations.

RBWO: Foundations is the course title for the 160 hour RBWO new hire training. It was adapted from the DFCS New Worker Training guidelines to specifically support the development of knowledge and skills of RBWO staff who serve in case support and supervisory positions within their RBWO agencies. *Foundations* addresses child welfare career preparatory areas that build general knowledge regarding child welfare practices and policy in DFCS, RBWO standards and working in partnership with DFCS case managers. The overall objective of *Foundations* is to

provide RBWO staff (CSS, CSW, HSP) with information to help them be successful in their RBWO roles which includes working within the DFCS practice model, understanding DFCS policies, RBWO standards and working in partnership with DFCS case managers to accomplish positive outcomes for children and families. The *Foundations* course is not designed to be an all-inclusive “new worker” preparation replacing the RBWO agency’s existing training plan for CSS, CSW or HSP staff. *Foundations* does not “certify” RBWO staff as DFCS case managers in any area. *Foundations* is a supportive component to the RBWO agency’s existing preparation of its work force. *Foundations*, therefore, is integrated into the RBWO agency’s existing new staff training plan.

To assist with implementation of the *Foundations* course into the RBWO provider’s existing training plan, OPM Training Department developed RBWO *Foundations: Director’s Overview*. This overview includes key components for helping CSS, CSW and HSP staff successfully complete the course. Information such as transfer of learning, tracking progress, incorporating *Foundations* into the existing agency training plan and ideas for on-going staff professional development is covered. The *Director’s Overview* will be offered quarterly or as needed. The course has been offered once during this review period yielding 12 RBWO Agencies’ Directors in attendance.

The *Foundations* plan also meets Kenny A consent decree requirement Item 10 (B) 3 which states that certain RBWO staff, whose work activities mirror those of DFCS case managers or supervisors, must complete a training curriculum comparable to DFCS’ new worker training. *Foundations* meets the requirement which states that the training must consist of at least 160 hours of classroom, internet and/or supervised field instruction approved by DHS/DFCS to ensure that the general content areas are appropriate to the work being performed.

New case management staff have 120 days from date of hire to complete initial certification. The Pre-certification/In-service training series is currently comprised of the following elements: field practice/transfer of learning assignments/on the job training, discussion board assignments, online training, classroom training, and a written knowledge assessment. At the onset of the initial certification training period, case management staff receive a field practice guide that shows them and their supervisor a time line of activities and training courses that need to be completed in order to be certified for their specific program area within the 120-day time frame. However, the duration of the initial in-service training period is 24 months, which includes the initial certification process. Once initially certified, case management staff are required to complete identified courses during the 6-12 months, 13-18 months and 19-24 months of employment to remain certified. The training sessions include: documentation training, legal training, intimate partner violence, substance abuse, interviewing skills, working with fathers, adoption assistance, IMPACT overview training as well as federal requirements on the Health Insurance Portability and Accountability Act (HIPAA), Americans with Disabilities Act (ADA), and the Multiethnic Placement Act MEPA/Interethnic Placement Act (IEPA). Many of the case management staff are paired with a Field Practice Coach (FPC) who has been trained to coach the new employee and assist with field and training activities. After certification, additional classroom and online trainings in documentation, interviewing, working with fathers, substance abuse, intimate partner violence, well-being, safety, education, medical and other trainings are

provided to the staff to continue their ongoing professional development.

The Pre-certification classroom training requires completion of the Keys to Child Welfare course and completion of a training track determined by the case managers assigned program area. The following lists the course pre-certification course options:

- OCP 103: Keys to Child Welfare (foundational course) (Includes Transfer of Learning and Discussion Board assignments directed by a three-week Field Practice Guide component).
- OCP 729: Child Protective Services (CPS) Intake Communication Center (CICC) (CPS Track) (Includes Transfer of Learning assignments directed by a one-week Field Practice Guide component)
- OCP 213: Strengthening Families to Mitigate Safety and Risk Factors Course (CPS Track) (Includes Transfer of Learning and Discussion Board assignments directed by a two-week Field Practice component)
- OCP 214 Foster Care -Life as We Know It in 3D (Promoting Permanency through Foster Care Services Course (Foster Care Track) (Includes Transfer of Learning and Discussion Board assignments directed by a three-week Field Practice component)
- OCP 318: Adoption Training for Case Managers Course (Foster Care and Adoption Track) (Includes Transfer of Learning and Discussion Board assignment directed by a one-week Field Practice component)

Waivers for the Keys to Child Welfare Practice course are provided for those persons who are part of the IV-E BSW/MSW program. When a new case manager is hired, their previous experience is considered. If they have worked for another child welfare agency in another State, or if they previously worked with the State of Georgia in child welfare or participated in the IV-E BSW or MSW program, then they have the option of submitting a waiver request to determine if certain areas of the required new case manager training can be waived. Formal procedures and guidelines are in place for this process and the waiver process is tracked for certification. Between July 1, 2013-June 30, 2014, 83 people were waived from New Worker Keys training and 30 people denied a waiver.

Training (July 1, 2013-June 30, 2014)	Completed/Passed	Failed
OCP 103 Keys to Child Welfare Practice	891	1
OCP 213-Strengthening Families to Mitigate Safety and Risk, CPS Course	574	0
OCP 214- Life as We Know it in 3-D, Foster Care Course	654	6
OCP 318- Adoption Training for Case Mangers	34	5
OCP 729-Child Protective Services (CPS) Intake Communication Center (CICC) (CPS Track)	206	3

The number of case managers hired and their data entered into in the DFCS transcript and registration system between July 1, 2013-June 30, 2014 was 736 and of that number 423 (57.5%) were certified and of the 736 cases managers, 322 (43.8%) were certified within the 120 day time frame.

CCI and CPA case management staff must complete RBWO *Foundations* new hire training **within 6 months** from their hire date or be waived from training within 15 days of their hire date. The complete *Foundations* course consists of three (3) weeks of e-learning / field practice experience and one (1) week of classroom instruction for a total of four (4) weeks of instruction.

The classroom component of Foundations culminates with a knowledge-based competency test based on the materials covered during the 5-day classroom experience. The test must be passed with a score of at least 80% in order to earn credit for the classroom component. Participants who fail to score at least 80% on the first attempt will be given one additional opportunity to pass the test on a separate date. Participants who on the second opportunity fail to make at least the minimum score will be required to re-take the entire classroom component. Although there is no set time for retaking the test, the timeframe for completing the entire *Foundations* course must still be met. The classroom instruction component is comprised of topics such as the history of child welfare services, applicable federal and state laws, DFCS values and culture, family-centered practice, trauma-informed child welfare practices, child maltreatment, IMPACT overview, Independent Living, RBWO Individual Service Plan and Discharge Plan, ECEM/EPDM, the DFCS Case Plan and working in partnership. Classes are offered at central locations statewide and on a monthly basis. OPM Training Department has offered 43 initial classes and there were 195 participants. Of the 195 participants, only 96 (49.2%) completed and passed the knowledge-based competency test timely. Based on the 390 surveys completed upon completion of the classroom component there is a 90% successful completion rate and the participants have reported that the classes were relevant and meet their needs to understand how to meet the needed for the children.

The online component of Foundations does not have a knowledge-based test. However, there is module completion verification activities required. The e-learning / field practice component includes DFCS policy, RBWO Minimum Standards, confidentiality, Performance Based Contracts goals and other pertinent topics. Topics are presented as webinars, self-study and other assignments which are conducted at the RBWO agency or in the local community.

The e-learning/field practice component of *Foundations* consists of three (3) defined blocks of self-paced e-learning and practical experiences. Each block provides 40 hours of credit for a total of 120 hours of self-paced e-learning and practical experiences. The three (3) blocks are not designed to build upon each other; they are not sequential learning experiences. Each topic within the blocks is a standalone learning experience. Therefore, the learner may choose to complete the lessons in the suggested sequence outlined in the participant manual (which is provided to registrants) or as best suits their personal learning style. However, once the participant registers for the e-learning/field practice course, the entire three blocks (120 hours) must be completed within 90 calendar days which includes submission of the Block Supervision

Forms (instructions are provided to registrants). To date, 137 participants have completed the E-Learning component.

Participants may be concurrently registered for the e-learning/field practice and classroom instruction. However, the timeframe for completing the entire *Foundations* course must still be met.

If existing CSS, CSW and HSP staff members have not completed training within the six (6) month deadline, they must be reassigned to roles other than CSS, CSW or HSP's until the training is successfully completed. Agencies identified as systematically failing to ensure that staff meets training requirements are subject to admissions suspension and OPM contract termination.

The training waiver process provides staff the opportunity to be exempted from some, or the entire *Foundations* course. There are two types of training waivers: Waiver-Classroom Component (W-CC) and Waiver- All Components (W-AC). The W-CC type waives only the classroom instruction component of the *Foundations* course. The W-AC type waives the entire *Foundations* course which includes both the classroom instruction and e-learning/field practice components. There is not a waiver for the e-learning/field practice component only.

Staff members who are granted the classroom instruction waiver (W-CC) must still take the e-learning/field practice component of *Foundations*. The W-CC waiver type will be granted under the following conditions:

- The employee has had *continuous full-time employment in a child welfare administrative, supervisory, case manager or case support position in a Georgia public or private child welfare agency for at least the last three years but less than five years. Or
- The employee has had *continuous full-time employment in a child welfare administrative, supervisory, case manager or case support position in a Georgia public or private child welfare agency for at least the last two years but less than five years and has a **master's degree eligible for clinical licensure in Georgia.

Staff members who are granted the All Components waiver (W-AC) are exempted from the entire *Foundations* course which includes the classroom instruction and online/field. Staff members who are granted the All Components waiver (W-AC) are exempted from the entire *Foundations* course which includes the classroom instruction and online/field practice component. They are not required to take the skills-based competency test. The W-AC waiver type will be granted under the following conditions:

- The employee has had *continuous full-time employment in a child welfare administrative, supervisory case management or case support position in a Georgia public or private child welfare agency for at least the last five years. Or
- The employee has had *continuous full-time employment in a child welfare administrative, supervisory, case manager or case support position in a Georgia public or private child welfare agency for at least the last four years **and** has a **master's degree eligible for clinical licensure in Georgia. Or
- The employee has certification from Georgia DFCS as a CPS, Foster Care or Adoptions case manager or supervisor.

*Continuous employment is defined as no more than one, 60 day or less break in full-time employment.

To date, OPM Training Department has provided 243 waivers of exemption for the RBWO Foundations Training.

A survey was conducted in October 2014 in an effort to determine how training prepared new case managers who completed new case manager training and were certified or were working on their certification between October 1, 2013-October 1, 2014. The survey was sent to approximately 600 new case managers and approximately 45 were undeliverable. ETS currently does not have a database with the current number of new case managers who are actively employed by DFCS, and some of the email addresses were undeliverable due to case managers who are no longer with the Agency. 79 new case managers or 13% of the 600 new case managers responded to the survey. 70% of new case managers who completed the survey *agreed* or *strongly agreed* that the field practice, classroom and online instruction provided to them during new case manager training adequately prepared them to effectively work with families.

Upon completion of each RBWO Foundations Classroom component participants are provided an optional survey to rate their experience and provide feedback. To date, OPM Training Department is in receipt of 390 completed surveys. 97% of participants reported that the training was worthwhile and relevant to their case management roles. 85% of participants were extremely satisfied with the course content and overall classroom experience.

Education and Training has a social services training department that is managed by the State office instead of individual regions and counties. Fulton and DeKalb counties have their own new case manager trainers, but they partner with the State Education and Training department and utilize the same pre-certification curricula and training requirements. Having a centrally located training department ensures the training curricula, time frames and requirements are consistent for all case managers and supervisors. There is a central DFCS online training site and central registration and transcript site that tracks registration, certification, and training hours of staff. The online training site is able to be updated as new curricula is added and current curricula is revised. The Education and Training department outlines expectation of training for staff, but cannot function in a vacuum. If other parts of the social services system are not functioning it will affect when training is completed and the ability of the case managers and supervisors to apply what they learned in training as well as receive ongoing support in the county office. High caseloads and retention of staff often affects the demand for new worker training as well as staff who do not attend ongoing training.

At this time Education and Training does not have a process in place to determine if all case managers hired are being added to the transcript and registration database system. We are also unable to compare the rate of employees who are certified to the number of case managers not certified because we do not have a database system that is part of the OHRMD hiring database that tracks new case manager hire dates, waivers and termination of employment. We do have an employee that approves certifications and approves waivers for training but we do not have

anyone that can follow up with counties on staff who have not achieved their certification status. It is left to the discretion of the county.

OPM Training Department is derived of two (2) Full-Time Training and Development Specialists who reports to the OPM Director. The RBWO Training and Development Specialist develops, coordinates and facilitates child welfare training and ongoing eLearning and live learning professional development programs for RBWO agency case support staff and case support supervisory staff. In addition to management of class registration and logistics, tracking of participants' progress and performance for duration of four (4) week course, evaluation of course materials, selection and determination of appropriate learning resources, provides assistance or consulting services to RBWO agencies in meeting ongoing training requirements, identifies and prioritizes RBWO agency training needs, provides documentation, statistical data for management on course effectiveness, training methodologies, quality of course content, program delivery and assists in determining eligibility of specific RBWO staff to waive.

GA+SCORE, developed by Care Solutions for OPM, is the online tracking and reporting system that OPM and RBWO providers use to report and manage daily tasks such as tracking pertinent provider, foster home, and child information, all in support of OPM's *FY2015 RBWO Minimum Standards for CPAs and CCIs*. Georgia's Out-Of-Home Care website, www.gascore.com, posts resources for providers and the community, such as the real-time placement matching tool, MATCH!; while the secure, password-protected GA+SCORE data-tracking system allows providers to report sensitive data used for PBP scoring.

Item 27: Ongoing Staff Training

How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP?

Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Staff, for purposes of assessing this item, also include direct supervisors of all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Please provide relevant quantitative/qualitative data or information that show:

- that staff receive training pursuant to the established annual/bi-annual hour/continuing education requirement and time frames for the provision of ongoing training; and
- how well the ongoing training addresses skills and knowledge needed by staff to carry out their duties with regard to the services included in the CFSP.

State Response:

Georgia is not functioning well as it relates to training and ensuring that all staff and providers complete ongoing training that will address their skills and knowledge needed to carry out their duties with regards to the services included in the CFSP. Upon becoming certified, new case managers are required to participate in a number of additional trainings within the following 20 months to include More Than Words (documentation), Intimate Partner Violence, Substance Abuse and Legal 1 and 2. They are also free at that point, and on an ongoing basis, to attend any optional training that is offered to the field (relevant to their job). These optional trainings are provided by the training system and by private partners. Education and Training works in partnership with the Georgia State University Professional Excellence Program (PE) to provide ongoing professional development to social services staff. At this time we are able to provide the number of staff who have completed the above training between July 1, 2013-June 30, 2014, but due to the data base system not having accurate information, we are unable to determine the number of staff who need the training and the number of staff who completed the required training timely.

Social Services Supervisors are required to complete the new supervisor certification program, “*Putting the Pieces Together.*” This program was developed in partnership with, Charmaine Brittain, a nationally recognized expert in the area of child welfare supervision. New supervisors are required to complete all classroom and online training and engage in field-based skill

building activities. Finally, they are required to pass an assessment with a score of 80% in order to be certified. There is a formal process that the supervisor must follow in order for county leadership and Education and Training to approve a new supervisor’s certification. New Supervisor certification is tracked on the DCFCS Registration and Transcript site, www.gadfccs.org/transcript . The number of supervisors completing new supervisor training, OCP 419 Putting the Pieces Together was 119, and the number of supervisors, certified between July 1, 2013-June 30, 2014 was 43. There is currently not a time requirement for new supervisors to complete this training, but there is a requirement that they must be certified in order to supervise case managers.

The Pre-certification classroom training requires completion of all four courses below:

OCP 419 Putting the Pieces Together Classroom Training - 54 Hours

OCP 420 –Skill Building/ Mentoring - 10 Hours

OCP 334 – Day to Day Supervision with GA SHINES - 6 Hours

OCP 715 Transfer of Learning/Performance Improvement (Online) - 2 Hours

The ongoing annual training requirements for case managers and supervisors are 20 hours. Many of the ongoing training hours are tracked by a “completion” status and not a pass/ fail grade. If a training does have a post-test requirement and staff do not receive a passing grade, they must repeat the training and/or their supervisor is notified to provide additional support for skill development. Ongoing training requirements include the post certification trainings required for new case managers to complete. This includes documentation, legal, substance abuse and intimate partner violence training. Currently new supervisors are not required to complete designated ongoing training, but they are able to participate in documentation training specifically for supervisors as well as any training available to case management staff.

Training (July 1, 2013-June 30, 2014)	Completed/Passed	Failed
OCP 304-Substance Abuse Training	Supervisor-1 Case Manager-35	N/A
OCP 333B-More Than Words, Documentation Training for Case Managers	Case Managers-44	4
OCP 336B-More Than Words, Documentation Training for Supervisors	Supervisors-5	0
OCP 402C-Field Practice Coach Training	Supervisors-25 Case Managers-87	N/A
OCP 703-Intimae Partner Violence Training	Supervisor-27 Case Manager-103	Supervisor-0 Case Manager-2

Training (July 1, 2013-June 30, 2014)	Completed/Passed	Failed
OCP 712A-Coaching Skills Training	Supervisor-50 Case Manager-12	N/A
PE 545-Raising the Bar, Navigating the Legal System	Supervisor-9 Case Manager-71	N/A
PE 546-Raising the Bar, Mock Trial	Supervisor-5 Case Manager-31	N/A

Education and Training works in partnership with the Georgia State University Professional Excellence Program (PE) to provide ongoing professional development to social services staff. Some of the trainings and support include:

- Training staff on the Family Team Meeting process
- Certifying Family Team Meeting Facilitators
- Training field practice coaches on how to effectively mentor and coach new case managers (listed in above chart)
- Training staff to work effectively with the fathers
- Training on legal/court involvement (listed in above chart)
- Identifying and accessing new training technologies
- Identifying best training practices associated with adult learning

We are able to provide the number of staff who have completed various trainings, however this number does not give you an accurate number of current staff who are employed and the number who have completed ongoing required training. The training system database needs to be upgraded to include reports that can retrieve data from an accurate list of staff who are currently employed with the Agency We can provide the number of staff who have completed the trainings below between July 1, 2013-June 30, 2014, but to provide data on all staff in Georgia and the training they have received would require a database with current employees only. The current database is managed by both the State office in partnership with the county office. If the county office does not update their employee information when they retire, resign or are terminated, then reports will not be accurate in the system.

Training (July 1, 2103-June 30, 2014)	Completed/Passed	Failed
PE 514-Parnering With Dads	Supervisors-16 Case Manager-85	N/A
PE 529-Family Team Meeting Facilitator Training	Supervisors-6 Case Manager-15	N/A
PE 531-Family Team Meeting Case Planning Training	Supervisors-6 Case Managers-35	N/A

In an effort to assess the impact of post-certification “ongoing” training on a case manager’s ability to perform duties, a survey was conducted in November 2014 with case managers who have been employed with the Agency 13 months or longer. A survey was sent to 2,500 case managers who were designated as case managers in the email system address book. ETS

currently does not have a database with the current number of case managers who are actively employed by DFCS so some of the email address were undeliverable due to case managers who are no longer with the Agency. Two-Hundred and sixty-seven (267) case managers responded to the survey, but only 133 or 5% fully completed the survey. Of the 5%, 70% of the case managers agreed or strongly agreed that the training they received helped them to effectively do the following:

- Use the SHINES system to document case activity with a family
- Conduct quality home visits with families
- Conduct initial and ongoing assessments to determine the safety of a child and factors that lessen the future risk of maltreatment
- Team with and engage family members, peers, agency staff, and others outside the agency involved with serving a family
- Team with and engage families in the development of case plans and their participation in service, identify
- Match and connect families with appropriate services
- Recognize the importance of helping children to maintain family and cultural connections
- Understand policy and how to apply it to practice with families
- Ensure that all participants are prepared for the child and family team meeting
- Document family involvement in service planning
- Understand confidentiality and privacy as it relates to a person's case
- Implement concurrent planning
- Explain the process for termination of parental rights to a parent
- Initiate legal procedures in court to protect children
- Address substance abuse issues with parents
- Work with a parent involved in intimate partner violence
- Communicate with and understand recommendations of outside experts who participate in multidisciplinary assessments or provide specialized assessments

A supervisor survey was completed November 2014 with new and veteran supervisors who were actively working on their certification or were certified as new supervisors. A survey was sent to 862 supervisors who were designated as supervisors in the email system address book. ETS currently does not have a database with the current number of supervisors who are actively employed by DFCS so some of the email address were undeliverable due to supervisors who are no longer with the Agency. Fifty-six (56) supervisors or 6% responded to the survey. Of the 56 who responded, 70% of the supervisors *agreed* or *strongly agreed* that the new and ongoing supervisor training helped them understand their role as an educator, administrator and supportive supervisor. They also *agreed* or *strongly agreed* that the training helped them understand the basics of utilizing data to improve outcomes for families, apply the parallel

process with staff, identify informal and formal supports and array of services available to families, and to identify staff learning gaps and training needs.

ETS leadership and staff participate in internal and external meetings as well as collaborate on training with Agency staff and external providers and partners including the CAPTA panel, Juvenile Court Judges, Department of Education, Children's Healthcare Centers of Atlanta, Georgia Public Safety Training Center (Law Enforcement), Child Advocates Office, Emory Barton Law Clinic, Georgia Department of Public Health, Georgia Department of Behavioral Health and Developmental Disabilities, and the Children's Advocacy Centers. Education and Training also understands the value of working with other State Office Departments and continues to work closely with the Policy and Quality Assurance Units to coordinate the release of revised training with the new policy as well as address trends seen by the Quality Assurance Unit.

There is currently not a database system in place that can accurately track the number of case managers and supervisors who need to complete ongoing training compared to those who actually completed it. The county offices do not update their employee data in the registration and transcript site, therefore causing the system not be able to determine the percentage of staff are and are not completing the required 20 annual ongoing training hours. This is left to the discretion of the county whether they want to track this on the employees' performance management plan.

Education and Training temporarily lost funding to support a full time evaluator for new and ongoing training. The department was able to secure a new evaluation database system, but not an evaluator to consistently analyze the raw data and provide feedback to the training unit. The new evaluator position will be able to improve the evaluation component by focusing on improving post training evaluations, pre and post-test evaluations, the impact of training on practice and strengths and training gaps in ongoing training provided to case managers and supervisors.

During 2011-2013, the Georgia Division of Family and Children Services (DFCS) training system was the subject of a comprehensive assessment conducted by Care Solutions, Inc. in partnership with Georgia State University and based on guidance from the National Resource Center for Organizational Improvement (NRCOI). The purpose of the assessment project was to:

- Determine the extent to which the training system includes components needed to have a positive impact on child welfare outcomes of safety, permanency and well-being.
- Determine the extent to which individual and organizational training needs are being addressed.
- Identify system strengths, gaps and opportunities for improvement.
- Develop recommendations based on training system assessment results.

From the findings from this comprehensive evaluation, ETS is currently working to address where the training department can be strengthened.

OPM's tracking effort does not require any additional documentation or effort by providers. Although, OPM is only tracking the training of CSS, CSW and HSP staff, providers should ensure that all staff members required by RBWO Standard 13.23 to receive annual training are completing the training requirement. GA SCORES data base on CCI and CPA staff reported as of 07/2014, 498 (71.76%) of the 694 staff members completed their required annual training timely. OPM offers professional development or training courses throughout the year, but RBWO agencies are responsible for ensuring that their staff receives the required amount of training. Meeting annual training requirements is a Performance Based Placement (PBP) measure. Participants may use training hours earned through *RBWO Foundations* to meet their annual training requirements. In addition to the following ongoing trainings offered to provider staff:

- Life Coach,
- Incident Reporting,
- Every Child Every Month/Every Parent Every Month,
- Case y Life Skills Assessment,
- Understanding Provider Management,
- Individualized Service Plans,
- Program Designation/ Waivers Training, and/or
- Navigating GA+SCORE Training.

Item 28: Foster and Adoptive Parent Training

How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under title IV-E) that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?

Please provide relevant quantitative/qualitative data or information with respect to the above-referenced current and prospective caregivers and staff of state licensed or approved facilities, that care for children receiving foster care or adoption assistance under title IV-E, that show:

- that they receive training pursuant to the established annual/bi-annual hourly/continuing education requirement and time frames for the provision of initial and ongoing training.
- how well the initial and ongoing training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

State Response:

Georgia is not functioning well in the area of ensuring that training is occurring statewide for staff of state licensed or approved facilities that addresses the skills and knowledge base needed to carry out their duties with regards to foster and adopted children. Georgia does not have a method for tracking annual and/or bi-annual hourly/continuing education requirement and time frames for the provision of initial and going training for staff of state licensed or approved facilities. Case managers during the annual home visit for recertification of foster parents ensure that current or prospective foster parents and adoptive parents have completed their required training.

The caregiver preparation and service continuum helps applicants make an informed decision about becoming a caregiver. Applicants receive information and training to enhance their parenting knowledge and skills, as well as to clarify their role when working with children, their families, and other community partners. The preparation and training continuum includes a mechanism for providing practical knowledge of available financial, structural, and administrative support. It also addresses skills and competencies required to meet the behavioral and psychosocial needs of children in care. Moreover, the preparation and service continuum serves as a strategy to develop and enhance the pool of approved caregivers. A well-prepared and supported caregiver directly impacts the strength, success, and overall positive outcomes of Georgia's foster care program.

Caregiver Preparation and Service Continuum

The preparation and training continuum addresses three important phases of family readiness in caring for children in foster care:

Phase 1: Inquiry

Inquiry is made through the Inquiry Information Line 1-877-210-KIDS

Phase 2: Information Session

The Information Session provides basic information about the child welfare system, types of caregivers, safety screening requirements and other key points to help prospective caregivers decide whether to proceed or opt-out of the evaluation process.

Phase 3: Pre-service Training and Initial Home Evaluation

IMPACT Family Centered Practice (FCP) training provides families with preliminary information, competencies and skills, as well as the philosophical framework they will need to begin providing care for children. The acronym IMPACT stands for: **I**nitial interest, **M**utual selection, **P**re-service training, **A**ssessment, **C**ontinuing development and **T**rauma-Informed Teamwork. Child Placing Agencies (CPAs) may also utilize the following nationally recognized pre-service training programs: Model Approach to Partnerships in Parenting (MAPP), Parents As Tender Healers (PATH), Parent Resources for Information, Development, and Education (PRIDE) or Treatment Parent Readiness Training. IMPACT was developed by Georgia DFCS initially in 2003 and has been updated regularly to as its child welfare practice has evolved (for example including family-centered practice).

Annual Training Requirement

After final approval of their Initial Family Evaluation, caregivers are reassessed annually. Support services including on-going educational activities are also provided. Continuing education is crucial and impacts the continued readiness of families to meet the ever-changing and varied needs of children in care. It begins during the first year of approval; each approved caregiver to initiate CPD within 60 calendar days of initial approval. DFCS requires caregivers to obtain a minimum of 15 hours of Continued Parent Development (CPD) each year. At least five of the required hours must be obtained via in-person (one-on-one or group) interaction. CPD must be relevant to the type of children being placed in the home.

Caregivers who do not meet their annual training requirement by December 31st each year are issued a policy violation which requires that the following action:

1. A Corrective Action Plan (CAP) must be developed to include a discussion of the barriers to completion, and an action plan to assist the caregiver with obtaining required training hours.
2. A 30 calendar day grace period may be given to foster homes out of compliance with training on December 31st.
3. If the caregiver has not received the required training within 30 calendar days, a transition plan must be developed for the children placed in the home to move to another placement.
4. If the caregiver has not received the required training by the 30th calendar day, a second policy violation will be issued, and the home will be closed unless a waiver is provided by the Foster Care Services Director's Office for the home to remain open.

DFCS shall require all applicants to be certified in CPR and First Aid prior to approval as a caregiver. Certification must be kept current and checked at each Family Re-evaluation.

Effectiveness of the Caregiver Training Process

DFCS does not have a CQI method for evaluating its caregiver training and thus this is an area of improvement. The pre-service training has been updated within the last two years but an effectiveness evaluation has not been conducted. The last evaluation on the IMPACT curriculum was however conducted by Georgia State University in 2007. DFCS intends to update the curriculum assessment within the next 18 months and implement recommendations accordingly.

Education and training provides a Train the Trainer course, OCP 204U IMPACT Family Centered Practice. This five day course is a 30-hour training for DFCS staff, foster parents and providers who train prospective foster and adoptive parents. Anyone who trains prospective foster parents has to complete this course. IMPACT (Initial Interest, Mutual Selection, Pre-Service Training, Assessment, Continuing Development and Teamwork) provides the knowledge and skills needed to complete assessments of foster and adoptive homes using standards set by policy. It also presents Foster Parent Rights and Grievance Policy. Course content trains participants to provide the Pre-certification Modules to potential foster and adoptive parents. Upon successful completion of this course, persons become certified IMPACT FCP trainers and may train families applying to become foster or adoptive parents. This course is available to adoption case managers, foster parents interested in becoming co-trainers and private providers who will be providing pre-certification training for potential foster and adoptive parents. Between July 1, 2013 through October 2014 Education and Training trained 75 private providers and 68 DFCS staff to deliver the IMPACT training to foster parents.

Education and Training provides support to Agency Foster Parents as well as Private Agency Foster Parents and Providers who serve children in the Georgia Foster Care System. Foster parents and private providers are offered the opportunity to access the DFCS online training site (www.gadfcs.org/training) and take advantage of recorded webinars that address teen topics, health and safety of children and youth of all ages, intimate partner violence, substance use and abuse, and psychotropic medications and mental health issues. At this time we do not have an easily accessible database to determine how many providers and how many foster parents accessed the DFCS online training site to complete online training and webinars. We do have foster parents and private providers that register for the webinars, but there is not a tracking system that ETS uses to measure the number of foster parents and private providers who access and complete the training. Education and Training's main focus is in-house DFCS staff. Within the past few years, ETS started making available online and webinar training to foster/adoptive parents as well as providers. In the future, ETS will need to build into its evaluation system and database system a means to track this information.

At this time, The Office of Provider Management provides E-Blast notifications via GA+SCORE for all available training opportunities offered through ETS as made available. Georgia has not made contact with staff of state licensed or approved facilities or current or prospective foster parents and adoptive parents to determine how well the initial and ongoing training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

E. Service Array and Resource Development

Item 29: Array of Services

How well is the service array and resource development system functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the CFSP?

- Services that assess the strengths and needs of children and families and determine other service needs;
- Services that address the needs of families in addition to individual children in order to create a safe home environment;
- Services that enable children to remain safely with their parents when reasonable; and
- Services that help children in foster and adoptive placements achieve permanency.

Please provide relevant quantitative/qualitative data or information that show:

- The state has all the above-referenced services in each political jurisdiction covered by the CFSP;
- Any gaps in the above-referenced array of services in terms of accessibility of such services across all political jurisdictions covered by the CFSP.

State Response:

Georgia provides child abuse and neglect prevention, intervention and treatment services, foster care, family support services, family preservation services, time-limited reunification services and services to support adoption, relative care, independent living and other permanent living arrangements. Overall Georgia provides an array of services for children, families and youth. Georgia provides family and child welfare services through a continuum of public and private services representing a wide range of agencies and funding sources. This continuum includes government-operated and funded agencies created and/or administered by the state's Department of Human Services (DHS) as well as traditional grassroots faith-based and non-profit organizations that may or may not receive any public funds; the state works with these other organizations, regardless of their funding sources. Children and families enter the continuum either through voluntary referral or as a result of a child maltreatment report. Regardless of where a child is served in the continuum or the reason for entry, DFCS is committed to ensuring the safety of children.

The Statewide Service array assessment was conducted by Georgia Department of Family and Children Services (DFCS). The DFCS assessment included service needs for families and children, as well as the availability and utilization of services and service gaps. DFCS surveyed a total of 200 which included; foster and birth parents, youth, stakeholders, community partners and DFCS staff to develop a comprehensive assessment of service array by Georgia's children and families. This self-assessment incorporated information obtained from the September 2013 Service Array Assessment as well as the 2015 Service Array.

Stakeholders were requested to complete surveys via survey monkey or by mail. The results of the survey and assessments suggest that Georgia provides a multitude of services(strength) however service needs can be slow to obtain, not easily obtainable, and not communicated well to those in need(weaknesses). There were some significant gaps in the service array, including barriers to services in terms of availability and/or accessibility of services for families and children and limited capacity to serve Spanish-speaking families. Quality assurance results indicate challenges in ensuring that appropriate services meet the identified needs of families and in providing well-matched foster care placements.

Georgia's child abuse and neglect prevention services and programs incorporate front-door strategies that seek to help parents and communities create safe, stable and nurturing relationships and environments that promote the safety of all family members and healthy child development. As of July 1, 2014, DFCS has a specific Office of Prevention and Family Support (OPFS) dedicated to reducing or eliminating the need for a child to enter the child welfare system.

The Goals of the Office of Prevention and Family Support are: (1) To support community-based efforts to develop, operate, expand and enhance targeted projects and initiatives aimed at improving outcomes for children and families; and (2) To support networks of coordinated resources and activities to strengthen and support families. The Office's focus is building capacity by providing grant funding, training, and technical assistance to community-based organizations dedicated to primary and secondary child maltreatment prevention activities.

Health care, parenting programs, employment and housing are all important to maintaining healthy families. Moreover, support services improve the well-being of families, enhance family functioning, and foster a sense of self-reliance. Providing family support services to families and preventing problems before they become crises is the most effective and economical way to help vulnerable families. OPFS works in partnership with community-based organizations committed to reducing the incidence of child abuse and neglect by targeting at-risk families with evidence-based prevention and early intervention techniques to ensure positive outcomes for children and families. State and federal funding provides families throughout Georgia with services such as parenting courses, screening and identification tools, training opportunities, high-quality home

visitation and primary, secondary maltreatment prevention that helps local communities promote the overall health and well-being of Georgia's children, youth and families.

The Office of Prevention and Family Support (OPFS) within DFCS promotes the health, safety and wellness of Georgia's children and families by:

- 1) Developing and enhancing community-based projects and prevention strategies which provide primary and secondary prevention programs for families to prevent child abuse and neglect ;
- 2) Developing and maintaining state and local interagency collaborative efforts through systems integration and systems change aimed at improving outcomes for families and communities;
- 3) Developing and promoting services for the traditionally underserved populations and raising awareness of these populations in Georgia;
- 4) Assisting parents in gaining the knowledge, skills, and opportunity to shape policy, programs and services that impact families;
- 5) Providing training and technical assistance to enhance knowledge of early childhood education and child maltreatment prevention; and
- 6) Engaging all sectors of the community in child abuse prevention programs and activities

A key component to OPFS' strategy for services to expectant parents, children birth to five and their families is evidence-based Home Visitation Services. These services are voluntary, in-home support and educational services designed to enhance parental capacity to care for children, strengthen parent/child relationships and help families identify and access community resources. Home Visitation programs offer a variety of family-focused services to expectant parents and families with new babies and young children. Home Visitation programs address issues such as maternal and child health, positive parenting practices, safe home environments, and access to services. Home Visitation services utilize an evidence-based home visitation practice model to support positive parent-child relationships, promote optimal child health and development, enhance parental self-sufficiency, ensure safe home environments, and prevent child abuse and neglect.

OPFS' approach reflects the best thinking of many Georgia child and family-focused state agencies, community organizations, and leaders in the fields of health, social services, early childhood education, family economic self-sufficiency, and community economic development. OPFS' vision is to make available natural supports for all children and their families, provide basic parenting information and resources, and link families with more intensive services when needed. At its heart, OPFS creates a community culture of caring, encouragement, and support for all families. OPFS has the following goals for families and systems.

Goals for Families:

- All parents will learn positive skills to help them meet the physical, intellectual and emotional needs of their children
- All children will receive age and developmentally appropriate life skills training at every educational level
- All families will have access to supportive resources in the community
- Families will be involved in prevention planning and evaluation

Goals for Systems:

- Child abuse and neglect prevention will be integrated into all community and state systems that provide services and support to children and families, demonstrated by policies, training, programs and budgets
- Systems will collaborate and cooperate in planning and implementing a comprehensive continuum of prevention services

OPFS funds several different types of evidence-based prevention programs:

- Programs to reach parents at the time of birth
- Home-based parenting programs
- Group-based parent training/coaching programs
- School-based parenting programs
- Programs for teen parents and programs for families with children with special needs
- Programs that teach children life skills for prevention

Primary Prevention Strategies/Program Models:

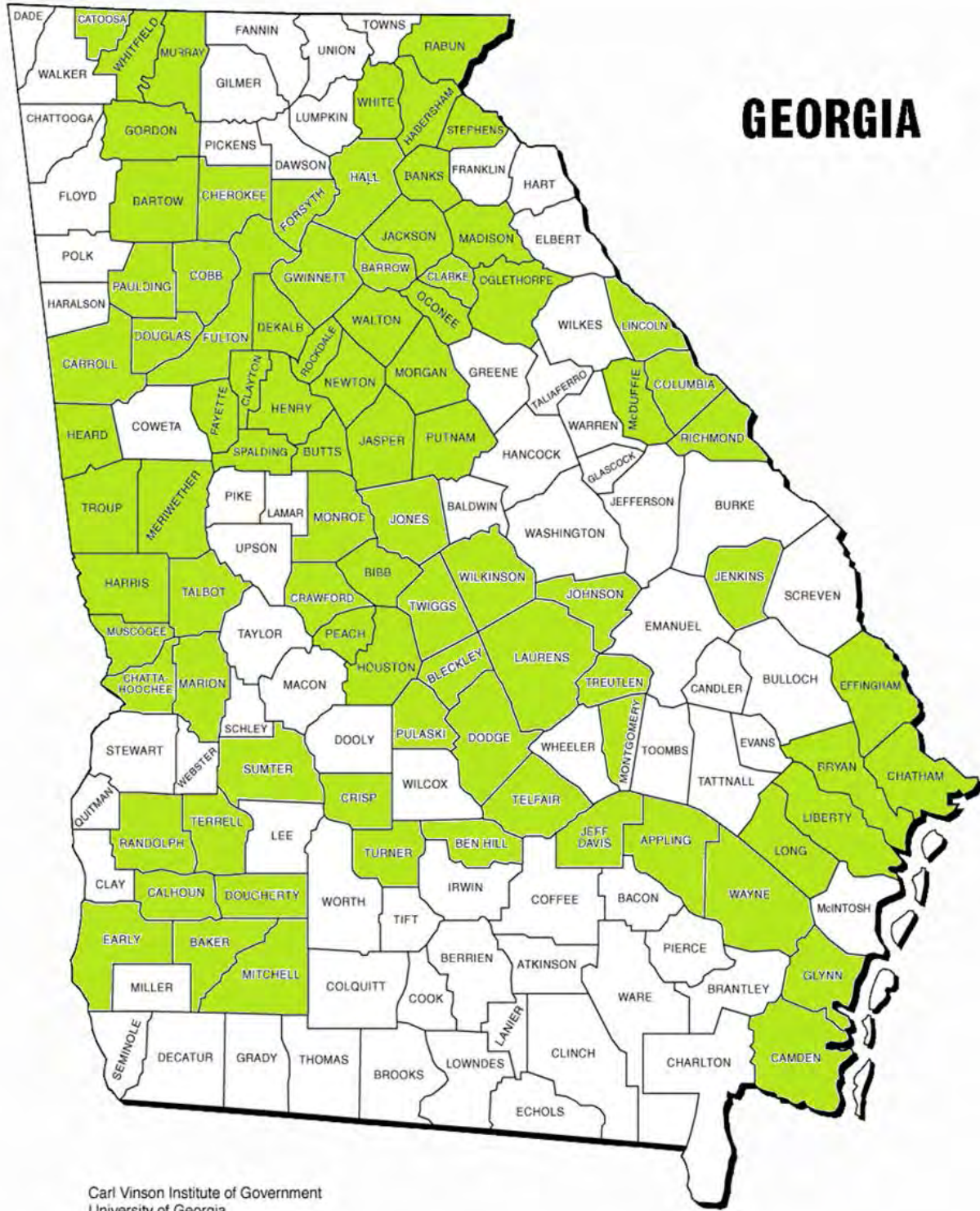
- First Steps Georgia
- Second Step
- Stewards of Children Training
- Safe Sleep Campaign
- Abstinence Education
- Immunization Cards
- Educational Materials
- On-Line Training Courses
- Statewide Initiatives including Strengthening Families Georgia, Better Brains for Babies Initiative, Parent to Parent Navigator Teams, and Parent Café's (all family engagement initiatives)

Secondary Prevention Strategies/Program Models:

- Triple P
- Nurturing Program
- The Incredible Years

- Great Start Georgia/Evidence-Based Home Visiting through the Federal Maternal, Infant and Early Childhood Home Visiting Grant Program (MIECHV)
 - Healthy Families Georgia
 - Parents as Teachers
 - Nurse Family Partnership
 - Early Head Start – Home Based Option
- Child Advocacy Centers of Georgia

Georgia had 11,480 participants served through the Promoting Safe and Stable Families Program by the Office of Prevention and Family Support for FFY 13 and the map below indicates the counties where the services are available. The Office of Prevention and Family Support services are not in every county in the state, but are in every Region in the state (see attached maps).



OPFS prevention strategies include developing and enhancing evidence-based community collaborative projects and prevention strategies for primary and secondary prevention programs; maintaining state and local interagency collaborative efforts; promoting primary and secondary prevention programs and trainings for traditionally underserved populations within the state; and assisting parents in gaining the knowledge, skills and opportunities needed to help shape policy, programs and services that impact them. With this new Office of Prevention and Family Support, DFCS anticipates leveraging a complete prevention spectrum. The agency will utilize the aforementioned programs in concert with the following child welfare populations to offer a wide spectrum of programming to meet the needs of ALL child populations.

Partnerships for Safety are the DFCS/child welfare Abuse/Neglect model (and unit) that enhances child safety and well-being and improves service provision for Georgia's families within child welfare. The model incorporates primary, secondary, and tertiary prevention strategies. The state believes that safety is achieved most effectively when approached through a continuum of services targeted to a variety of different parenting populations, and therefore Partnerships for Safety strives to meet the following goals:

1. Ensuring families and community partners in Community Partnerships for Protecting Children (CPPC) counties are knowledgeable about DFCS policy and practices and developing community-wide prevention education and awareness campaigns.
2. Improving statewide education and awareness regarding Georgia's Child Deaths, Near Fatalities, and Serious Injuries (CDNSI) trends, best practices, and strategies to prevent CDNSI.
3. Communities will allocate local child/family resources committed to prevention.
4. Community partners will collaborate to address local gaps in services for these children and families.
5. Families will have access to both informal and formal community-based supports.
6. Families will improve their ability to address crisis and risk before it occurs.
7. Services will prevent initial reports of abuse for families receiving Family Fusion and/or Community Connector Services.
8. Family Visitation service providers will complete trainings in Motivational Interviewing and Domestic Violence trainings to ensure child/family needs are appropriately identified and met.

Through Tertiary Prevention strategies: 1. SafeCare will increase parental capacities of teen parents. 2. SafeCare will decrease positive drug screens for parent recipients. 3. SafeCare will

decrease Foster Care days for families with children ages 0 to 5. 4. SafeCare will decrease repeat reports for family recipients. 5. Internal Safety Review Panel will increase safety and prevent re-abuse through predictive and analytical case consultation.

Partnerships for Safety include the following initiatives: SafeCare and Family Fusion; Domestic Violence; and CPPC (now known as Community Connectors and including Kinship Navigators).

The elements of service delivery are: 1. Providing case consultation to increase early prevention/intervention services and supports. 2. Developing Kinship Navigators to assist families in navigating DFCS services. 3. Providing training and technical assistance to field staff to enhance knowledge of early childhood education and child maltreatment prevention. These services are available in all counties and in all jurisdictions.

The Family Violence Program (FVP) assists community and state partners with initiatives related to child welfare and domestic violence. The Criminal Justice Coordinating Council (CJJC) provides administrative oversight of state-certified domestic violence and sexual assault agencies; the FVP program monitors and develops the contract that ensures execution of that work.

The FVP consistently worked with the Georgia Coalition against Domestic Violence, the Georgia Commission on Family Violence, and CJJC to improve service linkages. A memorandum of understanding between DHS and CJJC grants administrative oversight of the state-certified domestic violence and sexual assault agencies to CJJC and was extended through the next fiscal year. This program worked on an ongoing basis with the Georgia Commission on Family Violence, a state agency which is legislatively required to provide assistance and guidance to the courts and judicial system on domestic violence needs. This work includes consultation, training, coordination of events, and serving on advisory and state plan committees.

The Family Violence Unit provides state funding to the Criminal Justice Coordinating Council to provide oversight, financial support, and technical assistance to 46 state-approved domestic violence agencies and 24 sexual assault agencies throughout Georgia.

The Family Violence Unit also provides technical assistance, consultation, and support to community and state partners and DFCS staff on best practices to bring awareness or prevent the

co-occurrence of domestic violence and child maltreatment. Assistance may include facilitating live case learning sessions, reviewing cases for practice accuracy, participating in child death case reviews, providing feedback on policy and procedures, and implementing statewide collaborative partnership protocols.

This program provides assistance to child welfare staff statewide by increasing knowledge and enhancing policies and practices to help prevent the leading causes of child deaths, near fatalities, and serious injuries of children known to DFCS. Child death cases that are tracked are compared to child death reports created by the data unit to ensure that all child death cases are captured. These services are available in all counties and in all jurisdictions.

The Family Violence Division works in partnership with DFCS to allocate funding to Georgia communities to provide primary, secondary, and tertiary services for victims of domestic violence and sexual assault. As directed by state and federal law, the Family Violence Division utilizes a strengths-based approach to engage service providers, knowledgeable others, expert organizations, and sister agencies to develop a state response that promotes capacity-building and community response. This service is available in all counties and in all jurisdictions.

Intake and Assessment

Intake is the first point of contact between Child Protective Services (CPS) and the public concerning a potentially vulnerable child. The intake assessment is the first action undertaken by DFCS in assessing and addressing child safety. Facilitating and documenting a quality intake report assists DFCS in making an appropriate intake decision and provides a firm foundation for ongoing family assessment. To make well-informed decisions regarding the safety and well-being of children when a maltreatment report is received, intake staff conduct a professional, detailed, and thorough interview with the reporter. The purpose of the intake interview is to guide the reporter in sharing his or her knowledge of the alleged maltreatment and the overall functioning of the family, including known safety threats and the family's needs. Based on the information obtained during this interview, the CPS report, and a review of the family's history

with the agency, if any, the appropriate response is determined and assigned: Screen Out, Screen Out and Refer, Family Support, or Investigation.

Georgia utilizes a **Centralized Intake Call Center (CICC)** to receive and assign intake referrals. CICC provides statewide intake coverage to report abuse and neglect using one toll-free phone number. CICC is operational 24 hours a day, 365 days a year. CICC's two-pronged goal is: (1) to offer immediate access to a DFCS professional 24 hours a day, seven days a week, via one toll-free phone number; and (2) to further standardize practice throughout the state using the Safety Response System (SRS) model. Following this model, CICC staff gather information; analyze this information along with any known history of the family being referred; and document decision-making processes in a clear, concise manner to support track assignment.

Track assignment includes:

1. Screen Out: screened out (no allegation of maltreatment)
2. Screen Out and Refer: referral to early intervention/community services (no allegation of maltreatment but early intervention indicated)
3. Family Support: accepted and assigned a five-day response time (maltreatment indicated but no immediate safety threat to child)
4. Investigation: accepted and assigned an immediate to 24-hour response time (maltreatment indicated, and current safety threat to the child exists)

CICC also offers an electronic reporting process for mandated reporters. This process allows mandated reporters a means of emailing reports to CICC. The mandated reporter receives an automated reply stating DFCS has received their report and will contact them if further information is required. These electronic reports are processed within eight hours of receipt and assigned using the SRS model policy and practice. These services are available in all counties and in all jurisdictions.

The Family Support Services (FSS) program emphasizes using a strengths-based, community response for children and families. Once a full safety assessment is completed and no safety issues have been identified, a family's continued participation in FSS is voluntary. Family-centered practice concepts have been incorporated into the current family support practice statewide, recognizing that families are the experts on their own family and that family engagement in planning and service selection is crucial. Family Support Services include a full

assessment of safety; linkages to formal and informal supports, including referrals for services, may be made if the use of supports and/or services would strengthen the family unit.

FSS assessments begin with contacting the caregiver to explain the purpose of FSS and to schedule a time to meet with them and their children, respecting the family's schedule but meeting CPS response timeframes. Home visits are required and face-to-face contact must be made with all household members. Upon the initial visit with the alleged victim child, the case manager assesses for present danger: any immediate, significant and clearly observable family condition occurring which is endangering, or threatening to endanger, a child. Any present danger will be addressed immediately, prior to the case manager leaving the home, by use of an in-home safety plan or an out-of-home safety plan.

Actively engaging with all household members is paramount to successful case management. Interviews with the caregiver, children and other family members are family-centered and individualized; interviews with caregivers and children are typically conducted jointly. Collateral contacts are made with the parents' knowledge. If at any point during the family support case a child is assessed as unsafe, an in-home or out-of-home safety plan must be initiated and the case reassigned to the Investigation track immediately.

Once staff and the family have identified areas of concern, referrals to community services are made to assist the family in addressing its needs. These may include referrals to community-based services (parenting classes, early childhood intervention services, education services); PSSF-funded community services (Family Support Programs); or other programs, such as mental health services and employment assistance programs. Families also have access to Family Fusion, a modified evidence-based, in-home parenting skills program lasting for 60 days. They may also be referred to programs funded through prevention of unnecessary placement (PUP), including substance abuse assessment, counseling services, and housing assistance. Staff are also able to assist families with financial needs, including applications for TANF, Medicaid, and Food Stamps.

Family Support Services Case Management utilizes a variety of programs and funding sources to support families and help families before they reach the point of needing CPS intervention, including:

Parent Aide Services: These services are available to any family with an open and active Family Preservation, Permanency or Adoption Child Welfare case. The services are designed to stabilize and help families in need of intervention by providing in-home and group parenting education and referring these families to community-based resources. The parent aide works as a team member with casework staff, with the goal of improving parenting competency. The objective is to strengthen the parent-child bond, reduce social isolation, build trust, and help parents identify their children's needs and ways to respond to those needs. Other services include emergency respite care, food and nutrition education, and budgeting assistance.

Prevention of Unnecessary Placement (PUP) Services: In order for a family to receive these services, there must be an open Investigation, Family Support, Family Preservation, Permanency or Adoption Child Welfare case. The Social Services Case Manager (SSCM) must document one of the following two conditions: Risk of Imminent Placement and/or Immediate Reunification. PUP services are designed to reduce risk factors contributing to child maltreatment to ensure the protection and safety of children. PUP services include: emergency housing/financial assistance, temporary child care services, counseling, emergency transportation needs, emergency medical/dental needs, psychiatric/psychological testing, drug screens, and substance abuse assessments.

Homestead Services: These services are available to families that are a high-risk case, have an open/active Family Preservation, Family Support, Permanency or Adoption Child Welfare case and/or are at risk of Imminent Placement/Immediate Reunification. The goal of Homestead services is to stabilize and help families in need of intensive therapeutic intervention to ensure a safe and healthy environment for the family. These services are short-term, intensive and crisis-oriented. The Homestead program provides comprehensive assessment, family support, counseling and crisis intervention to manage the risk factors contributing to child abuse and neglect.

Wrap-Around Services: These services support (1) children placed in DFCS foster homes; (2) children reunited with birth families; (3) children placed with relatives who are receiving subsidy payments from programs such as Children in Need of Emergency Placement or Families Needing Crisis Intervention to Prevent Placement Disruption; (4) children in need of behavioral

management; and (5) children involved in open and active Family Support cases. These services stabilize and manage the behavior of a child. In-Home Case Management services are provided in conjunction with Wrap-Around services to assist families in completing the defined goals and steps contained within their case plan. Wrap-Around services can be used to provide immediate crisis intervention and stabilize the behavior of a child. Wrap-Around services can also be used to provide therapeutic and/or clinical services to a family either in preparation of the safe return of a child or to maintain and stabilize the child's current placement.

The Investigation track is utilized when an allegation of child maltreatment has been made and information gathered from the reporter indicates a possible threat to child safety. Due to the alleged threat to child safety, DFCS must conduct an investigation to assess family functioning, make a determination of child safety, and determine whether an incident of maltreatment has occurred.

During the course of the investigation, DFCS provides the following services to the family: assessment, safety interventions, and linkages to formal and informal supports, including referrals for services. An in-home safety plan is used whenever possible, recognizing that out-of-home placements can be traumatic for children.

The SSIU Investigations Unit's mission is to provide a highly skilled and focused investigative response to and consultation on requests for specialized investigations, including those involving children in DFCS custody who reside in group homes, residential institutions, facilities, and youth detention centers. SSIU consists of two units:

Investigations and CPS Screening. The unit is tasked with identifying emerging trends and/or concerns within child caring institutions (CCIs) and psychiatric residential treatment facilities (PRTFs), in concert with the State Office Policy Unit. It also addresses inconsistent practice and interpretation of policy and works closely with the Office of Provider Management, Department of Behavioral Health and Developmental Disabilities (DBHDD), and the Office of Residential Child Care in aligning investigations of maltreatment, provider support, and monitoring. The Investigations Unit is staffed with investigators from the field specifically assigned to the state office.

Family Preservation Services (FPS) includes in-home protective and treatment services provided for children and families when the safety of the child can be assured without the need for removal. Services are aligned with case plan goals such as improving caregiver protective capacity and reducing or controlling child vulnerability, thereby ensuring that the child remains safely in the home. Services include assessment, safety interventions, and linkages to formal and informal supports, including referrals for services.

Family Preservation case management services include: Development and implementation of the case plan Service delivery, including needed referrals to community resources Scheduled reviews of case progress and continuous assessment of present and impending danger Completion of revised case plans as needed Discharge planning/case closure activities

Foster Care and Permanency services include out-of-home care placements and monitoring, well-being services for children in foster care, independent living services, and services to facilitate positive permanency and reduce time in foster care. These services are provided through the agency's Permanency Unit, Office of Provider Management, Interstate Compact on the Placement of Children program, System of Care Unit, Educational Programming, Assessment and Consultation Unit, and Independent Living Program. Following are brief descriptions of these services, except for the independent living services, which are described in the Chaffee section of this plan.

The Permanency Unit is responsible for technical assistance, support, and administration of all matters concerning permanency plan goals; resource development; and oversight of DFCS foster homes. The Foster Care Services Section is responsible for technical assistance, support, and administration of all matters concerning the planning and achievement of permanency; the recruitment, development, support and retention of DFCS Foster and Adoptive Homes; the monitoring and oversight of DFCS-contracted Child Placement Agencies and Child Care Institutions; Placement Matching; and services as necessary to meet federal requirements for the ICPC and ILP Programs.

Partnership Parenting fits in with the Safety Response System (SRS) implementation. One of the cornerstones of SRS is that it is a family-centered model. This includes principles such as (1) “leveling the field” with families through respectfulness, positive regard and relationship

building; (2) safety interventions that begin by managing child safety and continue by seeking opportunities to return caregivers to their protective responsibilities; and (3) honoring caregivers' decision-making while also fully explaining consequences.

Additionally, Partnership Parenting will increase the opportunities for parents to demonstrate their parental protective capacities. Parental Protective Capacities are specific behavioral, emotional, and cognitive actions and activities that result in safe parenting and protective vigilance.

Concurrent planning is another complement of Partnership Parenting. As described above, youth in particular can benefit from aggressive efforts to recruit adoptive homes while at the same time helping the youth to develop positive relationships with relatives or other adults.

Children and youth requiring foster care placement must be placed in the least restrictive and most appropriate placement. Foster care placement options are as follows: relatives, relative foster parents, DFCS foster parents, Child Placing Agency foster parents, and group or congregate care (Child Caring Institutions). Group or congregate care settings are the most restrictive placement type, whereas family foster homes – whether relative or not – are the least. Relative placements are the most preferred placement type. (Relatives who choose to complete the standard foster parent approval process are called Relative Foster Parents.)

The child welfare system can either help mitigate the impact of children's trauma history or inadvertently add new traumatic experiences. Trauma-informed principles will be infused in the placement matching and stability objectives of this project to ensure that trauma is minimized.

The Permanency Roundtable (PRT) is one of the tools utilized by DFCS to facilitate timely reunification and adoption promotion. A PRT brings together child welfare and other concerned professionals who generate and execute action plans intended to expedite movement of children from the foster care system to safe and stable families. The aim of the six-phased teaming process is to reduce the number of days children spend in foster care and thereby minimize the traumatic effects associated with the removal from family.

PRT is an in-depth case review process that enables the agency to ensure that well-being needs of children and caregivers are identified and addressed, potential permanency resources are

explored, and existing safety factors are mitigated. Additionally, the PRT provides a supportive environment for systemic improvement as frontline supervisors and case managers increase their capacity through engagement with master practitioners and other professional partners.

Transition Roundtables (TRT) is a tool used to facilitate permanency for older youth. Partners in the process include youth, Foster Care alumni, Independent Living coordinators (ILCs), Regional Adoption Coordinators (RACs); education support monitors (ESMs), caregivers, and court-appointed special advocates (CASAs). The TRT is not only a youth-centered plan but also a youth-driven planning process that targets adolescents in custody turning 17. The primary goal of TRT is to expedite permanency and permanent connections for youth while also addressing their well-being needs. During the TRT, participants develop transition action plans with the youth. These transition action plans are formally reviewed when the child turns 17 and six months, and again 90 days prior to exiting foster care, to ensure that the youth is aware of required by the Act.

The Office of Provider Management (OPM) monitors private out-of-home care providers; assists with placement matching of high-end children and youth; and addresses risk and safety issues within private provider settings.

OPM serves out-of-home care providers for children in state custody. OPM is charged with the contracting and administration and oversight of programs that provide Room, Board and Watchful Oversight (RBWO) services to foster children approved for placement in their facilities: child caring institutions (CCIs) and child placing agencies (CPAs) and their associated foster homes statewide. OPM also assists DFCS case managers in locating suitable placements for children and youth in care within the network of RBWO providers.

There are several CCIs contracting with OPM that operate specialty Independent Living or Transitional Living Programs. The goal of transitional and independent living programs is to provide older youth in foster care with support, instruction, and opportunities to practice necessary independent living skills and acquire the knowledge to become productive and self-sufficient adults. Comprehensive and effective independent living transitional services are key to helping youth acquire skills needed for pursuing an education, finding a job, obtaining suitable housing, and protecting their health and well-being when they leave the foster care system.

These programs must be flexible in order to meet a wide variety of needs and skill levels while providing youth the opportunity to accept more responsibility with decreasing structure and adult supervision.

Youth who participate in these programs must be 16-21 years old. Placements may also be provided to youth who were formerly in foster care, who were discharged from DHS custody on or after their 18th birthday, and who have not yet attained their 21st birthday.

Transitional Living Programs (TLPs) are specialized RBWO programs for youth at least 16 years old through 21. Youth may be older than 18 if they have agreed to Extended Youth Support Services (EYSS). TLP is designed for youth who are ready to enter a phase of care that will eventually transition them to independent living. Transitional living affords youth an opportunity to practice basic independent living skills in a variety of settings with decreasing degrees of supervision so they can be self-sufficient when they exit foster care.

Independent Living Programs (ILPs) are specialized RBWO programs for youth who are at least 18 years of age through 21. ILP placements begin no earlier than a youth's 18th birthday. ILP is different from TLP in that youth may live in an alternative living arrangement (i.e., community-based housing) rather than a group home or other residential facility. Youth in ILP experience "graduated independence" regarding program expectations, skill development, and levels or types of supervision provided.

The goal of TL and IL programs is to prepare youth to become socially, emotionally, and personally independent of social services while connecting them to life-long permanency connections and laying the foundation for the pursuit of educational and career opportunities.

OPM utilizes various data, on-site reviews, records reviews, and collateral report mechanisms to monitor providers' adherence to RBWO Minimum Standards and contractual obligations, all of which direct provider performance expectations. OPM uses data analysis, technical assistance visits, safety-related inspections/investigations, and departmental/provider collaboration to help ensure the safety and well-being of children in state custody placed in contracted out-of-home care.

ICPC oversees the interstate movement of both foster children and adoptive children to ensure protection and services to children who are placed across state lines for foster care or adoption. ICPC establishes legal and financial responsibility for the child and responsibility for supervision and the provision of services for the child.

The ICPC process entails a complete home study conducted by the receiving state. The home study involves assessments of social and medical histories of the placement family, their backgrounds, parenting and discipline styles, employment and financial histories, physical assessment of their home, criminal and child abuse background checks, personal and professional references, foster or adoptive parent training, and case manager recommendations. Once the placement is determined to be in the best interest of the child and the child is placed, the receiving state is responsible for ongoing supervision of the placement and for providing support services to the family, where applicable. The receiving state is also responsible for providing regular reports to the sending state agency and court. In addition, agreement must be reached between the sending and receiving states on how services and supports will be financed. This can be complex, as it may involve cooperation of several systems in two states, including education, mental health providers, and other local government agencies.

For Georgia, the ICPC program supports permanency for children by thoroughly reviewing, assessing, and processing incoming and outgoing ICPC requests for the placement of children, utilizing the ICPC processes and the Federal Compact Regulations. The ICPC program is responsible for maintaining federal compliance, adhering to DCFS policy and procedures, and above all working through barriers to secure safe and permanent homes for children. The ICPC administrators provide quality ICPC service to internal and external partners via telephone, email, and faxed, scanned and written correspondence. The administrators support staff in understanding the Interstate Compact and the ICPC process and promote enhancement of local office knowledge through training.

The Educational Programming, Assessment and Consultation Unit (EPAC) provides comprehensive academic support services – including monitoring progress – focusing on improving educational outcomes and the academic achievement of children and youth ages 5 to 17 in the custody of DFCS. Upon initial placement into foster care, children and youth are

referred to EPAC for a comprehensive diagnostic educational assessment and subsequent monitoring. EPAC also provides support regarding educational waivers, as needed. Education Support Monitors are assigned regionally to provide individualized case consultation and to assist case managers in linking children and youth to local education support services, while adhering to local school districts' policies and procedures. Additionally, EPAC is responsible for procuring educational services such as tutoring.

EPAC contracts with individuals to perform as Education Specialists (ESs) to assess and tutor foster care students in all 15 regions of the state. ESs are certified teachers in a variety of disciplines who are highly qualified based on Georgia certification standards and utilize materials and best practices that are research-based. Additionally, the instructional materials are aligned to Georgia Performance Standards (GPS) and Common Core Standards (CCS) in all content areas for instructional materials as outlined by the Georgia Department of Education. ESs receive ongoing individualized training that encompasses DHS/DFCS/EPAC policies, operational updates, and prescribed diagnostic assessment tools. They play an important role in ensuring that the educational needs of children and youth are met with appropriate goal-setting tools that support the educational independence of youth beyond foster care.

Each youth receives an initial educational diagnostic assessment upon entry into foster care. Based on the assessment, a DFCS/EPAC Student Action Plan is created and an EPAC representative (typically the youth's Education Support Monitor (ESM)) consults with the youth's case manager to discuss the results of the assessment and the education plan that has been entered within the Student Action Plan. This consultation meeting includes discussion and review regarding the youth's: 1) school placement/enrollment verification; 2) Individual Education Plan (IEP) analysis; 3) academic records review; and 4) a DFCS case review to identify any additional well-being concerns that may inhibit the youth's academic matriculation and success. Based on the information discussed during the initial education consultation, plans are made for moving forward with the youth's academic progress, as necessary. These plans are documented within the youth's DFCS/EPAC Student Action Plan that is monitored by the youth's ESM.

Youth attend school based on their county and school district of residence. If a child changes placement, EPAC requires the case manager to notify their region's ESM and a consultation meeting occurs between the ESM and the case manager within seven days of the placement change. The case manager, in partnership with EPAC, works with the school district to determine whether the child can remain in the original school; the main goal is and always will be to ensure consistency for the child and minimize school transfers, whenever possible. If a child must attend school in another district, EPAC and the case manager will work together to ensure transportation options have been provided for the youth. They also document within the Student Action Plan any academic records and files that need to be transferred for the youth.

Some youth placed with CCIs attend onsite educational programming rather than a public school. EPAC monitors the quality of educational services that youth receive from onsite educational programming provided by CCIs for the following:

Assessing the quality of educational services rendered to students in CCIs
Reviewing educational plans for appropriate settings and utilization of services

EPAC employs an observation checklist to ensure students in CCIs are receiving quality educational services, including research-based instruction that is linked with Georgia Performance Standards and Common Core Standards.

For data tracking and maintenance of the academic process and educational records of children and youth in foster care in Georgia, EPAC utilizes educational data obtained from the Georgia Department of Education (DOE) and Georgia SHINES. With the data obtained from the DOE, EPAC identifies children and youth who may be in need of additional academic support services based on their attendance, grade level in relationship to age, graduation status, and additional academic performance measures. Through SHINES, case managers, supervisors, and child welfare professionals have the ability to review the current real-time educational status of children and youth in foster care and the supplemental activities and child welfare supports and resources that have been provided to the youth. EPAC partnered with other programs and child welfare professionals to streamline and enhance the process of entering and obtaining educational data from SHINES.

The System of Care (SOC) Unit serves as the internal health care coordination team for DFCS. Its primary focus is to develop, enhance, and monitor assessment and service provision to children and adolescents who have been diagnosed with behavioral health (mental health and substance abuse), physical health, or developmental disabilities that come to the attention of DFCS. Additionally, SOC collaborates with internal and external partner organizations and teams in regard to severely emotionally disturbed (SED) children/youth and monitors the quality of care and length of stay of children/youth in psychiatric residential treatment facilities (PRTFs).

The unit is responsible for: 1. Collaboration regarding assessment points of children from the point of entry in care to exit. 2. Working with Care Management Organizations (CMOs) on increased awareness of principles of a Trauma-Informed Child Welfare System through: a. Streamlined trauma assessment process in the CCFA b. Development of ongoing trauma screening and assessment c. Continued DFCS staff training on Child Welfare Trauma toolkit d. Collaboration on training for service providers on trauma assessment and treatment e. Collaboration with OPM and placement providers/community partners on Trauma-Informed Child Welfare Systems 3. Other responsibilities, including: a. Comprehensive Child and Family Assessment (CCFA) b. Medical Evaluations c. Comprehensive Trauma Assessments d. Psychological Evaluation e. Dental, Vision and Hearing Needs f. Sexual Health Needs g. Developmental Needs

DFCS's foster children are provided Medicaid through Amerigroup Georgia Managed Care Company, Inc., a single statewide CMO. The CMO provides Medicaid coverage for children in DFCS custody, IV-E children placed in Georgia through ICPC, children receiving Adoption Assistance (AA) through Georgia DFCS, children receiving AA from other states and residing in Georgia, and children committed to the Department of Juvenile Justice (DJJ) in residential placement. The children and youth belonging to these populations are members of a program called. The program is designed to ensure each member has a medical and dental provider, access to preventive care screenings, individualized care coordination, and timely assessments.

DFCS has multiple strategies for assessing initial well-being and providing follow-up for children in foster care. All children in out-of-home placements (after the 72-hour hearing) are

referred for a formal Comprehensive Child and Family Assessment (CCFA). Within 24 hours of a child entering care, the case manager sends an E-Form to the CMO; Amerigroup assigns the child to a Care Coordination team and identifies a primary care physician (PCP), primary care dentist (PCD), and mental health clinician or developmental specialist. Within 24 hours of the 72-hour hearing, the case manager initiates the CCFA process via a referral to an approved CCFA provider. However, if the child or family has received a CCFA assessment in the previous 12 months, case managers request that instead an addendum be added to reflect any changes in circumstance.

Georgia uses the CCFA process to assess the strengths and stressors of a child in foster care and their family. This assessment provides a foundation for effective case planning, intervention, and decision-making to help bring the child back home. A CCFA is considered comprehensive because it involves multiple interviews with the child and family members. It has five different components that may be used at the discretion of the county or region, depending upon the child's age and other factors: 1. Family Assessment: provides a picture of the family of the child and family members: their relationships, strengths, stressors, history, and behaviors.

2. Trauma Assessment: determines whether the child has been exposed to or experienced any traumatic events and, if so, how they have impacted that child's functioning. 3. Medical Assessment: documents physical health, dental health, and developmental conditions of the child. 4. Relative/Non-Relative Home Assessment: explores appropriate relative/non-relative resources in order for children to be in the least restrictive possible placement and/or to move out of foster care to a safe home as soon as possible. 5. Reassessment: used when children have experienced a re-entry into foster care after having exited care 12 or more months prior.

An initial medical evaluation is completed for each child entering foster care. Georgia's plan for initial and follow-up health screenings meets reasonable standards of medical practice. Georgia's Medicaid EPSDT program currently follows the American Academy of Pediatrics (AAP) 2008 Bright Futures Periodicity Schedule and the schedule's components to be completed at each periodic visit. These components include age-appropriate developmental, vision, hearing, and dental screens.

As part of the medical assessment, the CCFA includes a developmental screening for all children ages 0-4 entering the foster care system. This screening identifies any existing delays or factors that may contribute to future delays and provides appropriate planning and service delivery.

Referrals are made to the Department of Public Health's Babies Can't Wait (BCW)/Children 1st program. Case management staff are responsible for ongoing communication and collaboration with Babies Can't Wait Coordinators. Their responsibilities include: 1. Contacting BCW coordinators, therapists, and other professionals at least monthly regarding ongoing child-specific eligibility and service provision issues. 2. Submitting completed CCFA and recommendations to the BCW coordinator. 3. Reassessing vulnerabilities on an ongoing basis and re-referring any children 0-3 to BCW who may have initially been determined ineligible. 4. Inviting BCW/Children 1st representative to all case planning activities, such as FTMs, Multi-disciplinary teams (MDTs), and case conferences.

The Department of Public Health's BCW program is responsible for: 1. Notifying DFCS of the outcome of all referrals within three working days of receipt of referral. 2. Referring all children ineligible for BCW back to Children 1st for monitoring and follow-up.

Following the initial assessment, periodic developmental screenings determine whether there are factors that may result in a developmental delay for a child or place the child at risk of delay. Developmental information is obtained and recorded in the child's record to the extent possible. If there are risk factors noted in the developmental screen, a referral for an assessment must be made within thirty days of the screen. The case manager works collaboratively with the child's birth parents and foster parents (or other placement provider) around meeting the child's developmental needs, including self-esteem, cultural identity, positive guidance/discipline, social relationships, and age-appropriate responsibilities.

Children ages 4-18 who are placed in the state's custody are referred for a comprehensive trauma assessment after the completion of the medication evaluation and after the results of the hearing and vision screening have been received. The comprehensive trauma assessment identifies all forms of traumatic events experienced directly or witnessed by the child to determine the best type of treatment for that specific child. In addition to the trauma history, trauma-specific, evidence-based clinical tools assist in identifying the types and severity of symptoms the child is

experiencing. The comprehensive trauma assessment must provide recommendations and actions to be taken by DFCS to coordinate services and meet the child's needs.

Based on assessment or behavioral or cognitive concerns identified by the case manager, placement provider, teachers, Amerigroup CMO, Well-Being Specialist, or other caregivers, a child can be referred for a psychological evaluation at any point during his or her time in care. The psychological report must provide detailed recommendations and actions to be taken by Amerigroup CMO and DFCS to coordinate services and meet the child's needs.

Youth under Georgia Families 360 Medicaid will have all mental health assessments and treatment coordinated through Amerigroup CMO. DFCS case managers, SOC Well-Being Specialists, placement providers, or behavioral health providers will collaborate with the Amerigroup CCT in order to determine whether a psychological evaluation is warranted. The CCT will assist with choosing the psychologist and scheduling appointment for youth.

The sexual and reproductive needs of youth in foster care are addressed through the initial and follow-up EPSDT health screening. Youth with sexual/reproductive health risks identified through either a routine EPSDT health screening or the comprehensive trauma assessment receive targeted interventions.

GA-PREP serves the larger goals of DHS by providing high-risk youth (ages 10-19) in Georgia free access to evidence-based teen pregnancy prevention programs and supplemental adult preparation subjects. GA-PREP educates youth on both abstinence and contraception for the prevention of pregnancy and sexually transmitted infections, including HIV/AIDS. In addition to sex-education programming, GA-PREP provides education on five adulthood preparation subjects to youth in foster care: healthy relationships, healthy life skills, adolescent development, career preparation, and financial literacy. Youth in foster care access PREP services through the agency's partnership with the Department of Public Health's (DPH) Adolescent Health and Youth Development (AHYD Program). GA-PREP is federally funded by ACF's Family and Youth Service Bureau (FYSB).

Wrap-around services are also monitored by the Contract Compliance Specialist. Wrap-around services include behavior medication services, counseling/therapy, and other supportive services for children and caregivers to improve emotional well-being and stability.

Children and adolescents who come to the attention of DFCS have experienced a number of life events that impact their overall physical and emotional well-being. Recognizing their complex and individual responses to these events, Georgia has adopted a trauma-focused approach to addressing their well-being needs for physical and emotional health and safety. Screening, assessment, and treatment services are all affected by this trauma focus. Through collaboration with state- and community-level partnerships, DFCS continues to refine its statewide health care plan and provide technical assistance to local DFCS offices on the identification and delivery of services to address the physical and behavioral health of children in foster care, including sexual/reproductive health and maternal and child health. Youth in care have been shown to have multiple layers of stressors that require immediate attention and ongoing monitoring. Trauma-informed assessments help DFCS identify the services necessary to ensure continued well-being as well as services to meet any existing or emerging needs.

DFCS intends family-centered and trauma-informed case practice to define the expected outcomes and the guiding principles and expectations for direct practice and program and organizational capacity. A clearly defined set of outcomes ensures that case practice is results-driven; clear values and principles emphasize that case practice is more than a regimented set of functions designed to move a child and family "through the system." A focus on outcomes helps establish an organizational culture that not only directs how children and families will be treated but also how they and their natural support networks will be engaged in the decisions affecting their safety and well-being. These early identification and intervention activities represent a comprehensive, collaborative, and coordinated approach to improving health outcomes for youth in foster care. The long-term outcome is projected to be substantially greater system success as evidenced by improved rates of permanency and reunification and reduced recidivism. Both long and short-term evidence should include reduced placement changes and reduced length of stay in foster care.

Adoption Services program is to ensure the safe, timely, and appropriate placement of foster children who cannot return to their families of origin into permanent adoptive homes. Adoption Assistance services are provided to adopted children who meet specific Title IV-E criteria, and to children in DFCS custody who have special needs. Post-adoption services are available for adopted children and adoptive families, including some services to children who have been adopted internationally.

Georgia provides a continuum of adoption-related services, including: General recruitment of foster and adoptive parents Child-specific recruitment services for waiting children as mandated by federal law Matching services for waiting children and families Home studies Child preparation services Adoption placement supervision Monthly maintenance assistance to help meet the special needs of the adopted child Legal services assistance to pay for attorney fees, court costs, and other one-time expenses directly related to the legal adoption of a child with special needs Medicaid, which is available to any child eligible for Adoption Assistance benefits State-funded post-finalization reunion registry services Adoption promotion and post-adoption support services funded by Title IV-B, Subpart 2, which covers a wide range of services such as teen support groups, crisis intervention services, a resource center for adoptive parents, training, and an annual statewide training/retreat for adoptive families.

Adoption Assistance. The primary goal of the Title IV-E and State Adoption Assistance Program is to provide financial support to families who adopt difficult-to-place children from the public child welfare system. These children are considered to have special needs and might otherwise grow up in the foster care system.

Post-Adoption Services. At any time after an adoptive placement is made, the adopted child, adoptive parent(s) or both may have issues, questions or concerns about the adoption. The agency has established statewide programs to assist adopted children and adoptive families in meeting these needs, as well as to provide support services that can help further the child's development.

Georgia's Promoting Safe and Stable Families Program (PSSF) Title IV-B, Subpart 2, provides federal child welfare funding, training and technical assistance to support children and families most at-risk and build state and community capacity. For FFY 2013, 16,840 children in

9,781 total families were served with an array of PSSF services. In addition, all but 3 of Georgia's 159 counties have some PSSF services available to children and families. Georgia PSSF funds provide the following services:

PSSF Family Support services are community-based prevention and early intervention services designed to prevent and reduce the risk of child maltreatment by promoting the well-being of the entire family. example; respite care, early developmental screening of children, mentoring, tutoring, health education, parent support groups counseling, home visiting.

PSSF Family Preservation services are provided to families that come to the attention of child welfare because of child abuse or neglect, child or parent behavioral challenges, or serious parent-child conflict so that families at risk or in crisis can be preserved and children safely maintained in their homes when families receive intensive support and therapeutic services to improve family functioning and stability, as an alternative to placement in out-of home care. examples: intensive family preservation services, case management, counseling, homemaker services, services designed to increase parenting skills.

PSSF Time-Limited Reunification services are time-limited, intensive support services provided to a child with a plan of safe, appropriate, and timely reunification or other permanency option and to the parents or primary caregiver of the child. These services may be provided to families while the child is in foster care to facilitate reunification and after the child returns from foster care to sustain permanency. example: individual, group and family counseling, substance abuse, peer-to-peer mentoring, mental health services, domestic violence services, visitation services.

PSSF Adoption Promotion and Post-Permanency Support services are designed to encourage and support permanency for children through adoption, when adoption is in the best interest of the child, or guardianship. Services may also be provided to support families after adoption to prevent disruption, and to provide additional support to youth who may not achieve permanency, pre- and post-emancipation. example; pre-post adoptive services, activities to expedite adoption process, activities to support adoptive families. All of the above services are available in all counties and in all jurisdictions.

A statewide Service Array Assessment was conducted in September 2013 among DFCS staff, stakeholders and service providers as well as customer groups – foster parents and caregivers,

families, and youth. Paper surveys and/or survey links were sent to more than 14,000 individuals. After distribution and follow-up, a total of 2,552 individuals responded, this included 1,160 DFCS staff. Because respondents opted in to the online surveys, respondents did not constitute a statistically valid sample and may not be representative of the groups surveyed. However, results are informative for the purpose of understanding service array strengths and gaps. 12 Refer to Section 4, Services, for more information about the specific children and family services Georgia provides.

Key findings from the report indicate that there is a need to address basic needs (food, shelter, clothing, income), support needs (transportation, child care, education) and mental/emotional/behavioral health needs, especially substance abuse needs. The findings from the assessment indicate that when services were received by children/families, the services were generally considered very helpful by recipients, but there were frequently unmet needs for customer groups, especially for parents/families with DFCS involvement. For example, according to the Service Array Assessment, 50% of the parents/families indicated there were services that were needed but not received at the time of their involvement with DFCS. Among youth, 33% reported needed services that were not received before their 18th birthday and 50% reported needed services that were not received after their 18th birthday. Finally, among foster parents/relative caregivers, 22% indicated that a child or youth in their care had not received a needed service and 19% indicated they or their families had not received a needed service. Respondent comments indicate that unmet needs for customer groups were often due, at least in part, to insufficient communication/follow-up from DFCS staff as well as gaps in service availability or accessibility.

As part of the survey, Social Services staff who work or supervise/manage work in family support, family preservation and foster care/permanency cases were asked to select, from a list of 20 possible mental, emotional and behavioral health services, the five services needed most often in their county/regions (political jurisdictions) for those types of cases. For all of these program areas, mental/emotional/behavioral health services for adults and some type of substance abuse services were in the top three aggregated responses. Mental/emotional/behavioral health services for children (all types of cases), domestic violence counseling/services (family preservation

cases), and crisis intervention (foster care/permanency cases) were other frequently chosen needs.

The top needs identified by adoption staff included mental, emotional and behavioral health services for children/youth, followed by crisis intervention to prevent or preserve placement, anger/conflict management, and truancy/delinquency intervention. The top needs identified by Independent Living staff also included mental, emotional and behavioral health services for youth, followed by substance abuse services.

Stakeholders and service providers were also asked about mental, emotional and behavioral health services not readily available or accessible in the counties/regions (political jurisdictions) they serve; however, the stakeholders and service providers were not limited to five choices. Of the 22 possible combinations of services and population served (11 services and two populations – parents/caregivers and children/youth) listed in this question, all but four were marked not readily available or accessible by at least 30% of stakeholder respondents. However, among service providers responding to the same question, less than 20% of respondents selected any of these combinations. The top gaps identified by these respondents were crisis intervention (stakeholders) and substance abuse services (service providers). In contrast, although crisis intervention was identified as a need by DFCS staff, DFCS staff did not see a gap in service availability. While percentages of DFCS staff indicating gaps in specific substance abuse service categories were relatively low (6% to 16%), the percentage of staff indicating a gap for at least one substance abuse service was 28%, which was more than service providers, but less than stakeholders.

DFCS family support, family preservation and foster care/permanency staff were also asked to select the five most-needed parent education/support services in their respective counties/regions. For both family support and family preservation service needs, financial assistance (emergency, basic needs) and child care were the two most frequent selections. Other frequent choices included housing assistance/transitional housing, life skills, mentoring for children/youth and general parent/caregiver education (family preservation). The most frequently chosen services for foster care/permanency service needs were supervised family visitation and transportation services. When DFCS staff were asked to select the top five services that were

usually not available when needed in their county/region, the most frequent selections were mentoring for parents/caregivers (41%), housing assistance/transitional housing (36%), and mentoring for children/youth and support groups for children/youth (35% each). Of the top five selections for services usually not available, only two (housing assistance/transitional housing and mentoring for children/youth) were also in the top selections for most needed services.

Stakeholders and service providers were also asked about parent education and support services not readily available or accessible for adult and children; however, they were not limited to five choices. Both stakeholders and service providers demonstrated a very strong tendency to select transportation as a service gap, which is similar to DFCS staff response indicating transportation is one of two most needed services for foster care/permanency cases. Other frequent selections were fatherhood education/support, basic needs assistance (housing, utilities, food, clothing), respite care (a need identified by DFCS pre- and/or post-adoption staff), and mentoring/coaching.

Based on the results of the Georgia Service Array Assessment of 2013 Report, there are significant gaps in family support, family preservation and foster care/permanency services. General barriers to services that limit accessibility to families and children in Georgia's counties/regions included funding limitations, cost of services and transportation. Georgia partners with Promoting Safe and Stable Families (PSSF) providers, Family Connection Agencies and other public and private agencies to ensure reasonable access to all services across the state. However, some services may not be available in every county (e.g., mental, emotional, and behavioral health services), and although there are funds to assist families with transportation to counties where the service is available, there may not be transportation services available to purchase.

Parents/families who indicated that a needed service was not received were asked why that service was not received. The top reasons included lack of awareness, lack of service providers, transportation and ineligibility. According to the report, in comparing services included or identified in the Service Array Assessment to Family Connection Partnership plan priorities, the greatest service needs appear to be: meeting the basic day-to-day needs of families such as child

care, housing, transportation, financial assistance (food, rent, clothing, and medicines); education and employment; and treatment for mental health and addictive diseases.

Georgia is a geographically large and demographically diverse state comprised of densely populated metropolitan areas and sparsely populated rural regions. Due to these dynamics, different strategies must be implemented to ensure the availability and accessibility of appropriate services which impact child safety, positive and timely permanency, and connections to educational and health care services throughout the state.

Item 30: Individualizing Services

How well is the service array and resource development system functioning statewide to ensure that the services in item 29 can be individualized to meet the unique needs of children and families served by the agency?

Please provide relevant quantitative/qualitative data or information that show whether the services in item 29 are individualized to meet the unique needs of children and families served by the agency.

- Services that are developmentally and/or culturally appropriate (including linguistically competent), responsive to disability and special needs, or accessed through flexible funding are examples of how the unique needs of children and families are met by the agency.

State Response:

The service array and resource development system is an area in which Georgia is not functioning well. Based on the results of the 2013 Georgia Service Array Assessment Report, there are significant gaps in family support, family preservation and foster care/permanency services. General barriers to services that limit accessibility to families and children in Georgia's counties/regions included funding limitations, cost of services and transportation. Georgia partners with Promoting Safe and Stable Families (PSSF) providers, Family Connection Partnership Agencies and other public and private agencies to ensure reasonable access to all services across the state. However, some services may not be available in every county (e.g., mental, emotional, and behavioral health services), and although there are funds to assist families with transportation to counties where the service is available, there may not be transportation services available to purchase.

Parents/families who indicated that a needed service was not received were asked why that service was not received. The top reasons included lack of awareness, lack of service providers, transportation and ineligibility. According to the report, in comparing services included or identified in the Service Array Assessment to Family Connection Partnership plan priorities, the greatest service needs appear to be: meeting the basic day-to-day needs of families such as child care, housing, transportation, financial assistance (food, rent, clothing, and medicines); education and employment; and treatment for mental health and addictive diseases. Based on the GA SHINES system as of December 2014, the following numbers of open cases used the following services:

- | | |
|--|--------|
| • CCFA Wrap Around Services | 7,626 |
| • Prevention of Unnecessary Placement (PUP) Services | 14,158 |
| • Parent Aide Services | 1,424 |
| • Homestead Services | 2,003 |
| • Early Intervention and Prevention Services | 508 |

Assessing Service Needs

Children and youth who enter foster care receive a comprehensive assessment of needs in the form of a Comprehensive Child and Family Assessment (CCFA). A CCFA provides the best opportunity to thoroughly evaluate the strengths and needs of children and families and determine other service needs. Assessments include all available medical and behavioral health, trauma-specific and educational and family information. Based on the needs identified in the CCFA, services are coordinated with families and placement providers and provided to the children and families. All services are designed to assess the strengths and needs of the families, the vulnerabilities of individual children, and address the capacities of families to create a safe home environment, enable children to remain safely with parents when reasonable, and/or help children in foster and adoptive placements achieve permanency.

The CCFA is designed to provide an individualized plan for each child and family to address their specific individual needs. While the CCFA is individualized, the agency is still limited in its capacity to support Spanish speaking children and families. Currently, contracts for support services (CCFA, Wrap-Around, Early Intervention, Homestead and Prevention of Unnecessary Placement) do not require providers to have access to translators or translation services, but providers that also contract with the Department of Behavioral Health and Development Disabilities (DBHDD) and Care Management Organizations (CMOs) are required to have access to translators or translation services if their staff are not bilingual. There is still work to be done regarding CCFA quality assurance mechanisms to ensure that what is assessed is actually what is needed. Success in adequately and appropriately assessing child and family needs will increase the likelihood that the needs of children and families are met with appropriate and timely services.

F. Agency Responsiveness to the Community

Item 31: State Engagement and Consultation With Stakeholders Pursuant to CFSP and APSR

How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the CFSP and developing related APSRs, the state engages 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 includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

Please provide relevant quantitative/qualitative data or information that show that in implementing the provisions of the CFSP and related APSRs, the state engages 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 includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP.

State Response:

Georgia engagement and consultation with stakeholders in pursuant to the CFSP and APSR has been a challenge. While stakeholders have always been consulted and engaged in the development of the APSRs, the engagement methodology has not always proven to be meaningful. As such, this is one area in which the agency seeks to improve and it will incorporate all concerns noted or obtained from its stakeholder meetings into the CFSP and/or APSRs in the future.

The agency's efforts to comply with this factor are multi-faceted. The agency has consistently engaged several legal stakeholders, including the Court Improvement Project, the Office of the Child Advocate, and the Barton Clinic at Emory Law School in the development and review of the APSRs for the past several years. Each of these entities have written, edited and/or revised sections of the APSRs relevant to the work they collaborate with the agency on. Yet significant engagement has been lacking as the focus remained on developing the report, rather than implementing the provisions included in the CFSP. While the agency engaged a CFSP Advisory Committee and held 4 community/stakeholder meetings in FFY 2014 to solicit feedback on issues, relevant to child safety, permanency and well-being, many stakeholders were not actively engaged in the development of the current CFSP. Part of this relates to major leadership changes occurring on the statewide level at critical points, which may have hampered this process. Although many stakeholders were not actively engaged in the development, the regular, ongoing efforts with these stakeholders factored in to the development process. Additionally, through the self-assessment process, a wider array of stakeholders has been engaged and will continue to be engaged.

The agency strives to be responsive to periodic requests from stakeholders, including requests to participate in a wide variety of conferences. In 2014, the agency held a meeting with two of the

three state recognized tribes of Georgia to initiate efforts to develop a formal protocol with such tribes. While the third tribe had been invited to participate, they did not have the capacity to engage with the agency at that time. However, the agency will continue its efforts to engage all three tribes around the development of a protocol as well as all child welfare issues relevant to the Native American community. In addition to this meeting, the agency engages with the tribes and tribal representatives, as well as other consumers, at regular meetings of the Governor's Council of American Indian Concerns. The agency is attempting to engage the tribes so as to improve individual cases, as well as improve systemic issues. As part of this engagement, the tribes will be supported and encouraged to have maximum involvement in the next APSR development, among other areas in which tribal input will be most valuable.

In Spring 2014, the agency conducted an External Stakeholder Survey to evaluate the responsiveness of the state to the community (see Survey Summary Report). In Fall 2014, a meeting was conducted to elicit feedback from stakeholders on how the agency might improve.

While a CFSP Advisory Committee was recently established and includes the Office of the Child Advocate, among other entities, many stakeholders were not engaged in the development of the current CFSP. However, the agency works with stakeholders continuously – both formally and informally; although the stakeholders may not have been engaged directly with the development of the CFSP, the results of the collaborative efforts are an integral part of the plan. Additionally, the agency has not historically been consistent about engaging the state tribal representatives. However, in 2014, the agency has made great strides in working more closely with the state recognized tribes of Georgia.

Several solutions have been identified to improve the agency's responsiveness to the community. With regard to the development and implementation of the CFSP and APSR, a standing in-house group at DFCS to review these issues quarterly and convene meetings with stakeholders and provide updates would be beneficial. Additionally, given the variety of standing meetings the agency has with stakeholders, it may be beneficial to periodically incorporate this topic into each of the agendas. Part of improving this factor is improving the timely communication with stakeholders. Having a dedicated group to monitor this endeavor and directly communicate out to stakeholders in real-time on an ongoing basis would help support this process.

Another proposed solution is to increase the use of technology; one way to achieve this is through an incentivized online webinar to obtain more input from both staff and stakeholders on general agency responsiveness to the community, as well as more specifically on the goals, objectives and annual updates of the CFSP.

Some county/regional DFCS offices conduct monthly or quarterly meetings with stakeholders. The Northwest Georgia System of Care is an excellent example of a regional area that collaborates well. It would be helpful to have similar meetings throughout the state and then ensure the state office coordinates with each group to incorporate efforts made towards the goals and objectives of the CFSP in the annual updates.

Other solutions to the above mentioned challenges from the External Stakeholder Survey, some of which have already been realized, include the following: 1) enhancements to the Call Center technology as well as newly hired employees to properly staff the Call Center and provide

oversight have alleviated concerns around accessibility and responsiveness; wait times and dropped calls have also been drastically reduced; 2) regular local/regional meetings with stakeholders such that the roles of the Directors and Regional Directors can be communicated, but also have this infused/reinforced within the work; 3) streamlining certain functions where appropriate, enhancing supervision, but also increasing the use of technology; and 4) enhanced training, mentoring and recruiting, which will also decrease turnover rates. It would be helpful for DFCS to ensure relevant improvements made in response to community engagement are incorporated into the APSRs throughout the development stage. Additionally, a yearly stakeholder survey focused on the goals and objectives of the CFSP may be helpful in tracking improvements and/or areas of concern.

Lastly, DFCS has embarked on a significant initiative; a blueprint for change in instituting a State Practice Model, C3 - Connected (“C3”). Beginning with a kick-off strategic planning meeting in January 2015, C3 will guide Georgia’s child welfare system: CFSP, CFSR and Continuous Quality Improvement (“CQI”). The work of C3 will involve consistent work in the three areas mentioned with an aim on consistent work around safety and appropriate assessments, training and mentoring for front-line staff, data tracking and analysis, and collaborations with stakeholders.

Item 32: Coordination of CFSP Services With Other Federal Programs

How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

Please provide relevant quantitative/qualitative data or information that show the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population.

State Response:

While this is a current strength for the state, we continue to proactively look for ways to enhance this strength. The agency coordinates services and benefits of other federal or federally assisted programs serving the same population in a variety of ways, including through the use of formalized agreements (MOU's or MOA's) with a variety of entities, participating in various statewide councils, committees, and advisory boards, conducting regular collaborative meetings with stakeholders, and facilitating formal and informal engagement of stakeholders through key staff

More specifically, the state has recently been fully engaged with the transition to a single statewide Care Management Organization (CMO), Amerigroup, as the state's sole health insurance provider for all medical and health related services for children in care. DFCS partnered with the Georgia Department of Community Health (DCH) as well as other agencies to make this transition a successful one. Similarly, a partnership with Georgia's Department of Public Health (DPH) includes the "Babies Can't Wait" program, where in an effort to address issues as early on as possible, infants and toddlers under age 3 are assessed for their developmental and other needs immediately upon entering state custody. Moreover, regarding other well-being needs of children in foster care, DFCS has entered into a data-sharing agreement with the Georgia Department of Education (DOE), which enables DFCS to monitor the progress of children in care and address educational issues within a timely fashion. From August 2013 through June 2014, the agency received data for 8,302 children. In addition to ensuring DFCS and the Court Improvement Project (CIP) through the Administrative Office of the Courts (AOC) work collaboratively towards shared goals and objectives through continuous quality improvement, DFCS continues to work closely with additional entities such as the Division of Child Support Services (DCSS) and the Office of the Child Advocate (OCA) to coordinate services for children and families where issues have been raised. Moreover, the agency works closely with these entities to ensure that systemic issues are resolved and/or minimized as a result of the insight gained on individual, one-off issues that may have been raised. DFCS also participates on committees to develop and implement a new health information network that will easily allow for access to relevant medical and health information for children across state agencies, thus enhancing the coordination of benefits of federally assisted programs.

During FFY 2014 alone, Georgia hosted a total of four stakeholder meetings/community forums with a total attendance of approximately 75 stakeholders. Stakeholders represented primary and secondary school personnel, foster parents, private and contracted service providers, juvenile

courts, child advocates, child/parent/agency attorneys, and faith- and community-based organizations. These meetings/forums were designed to elicit feedback from these stakeholders on issues relevant to child safety, permanency, and well-being, thus resulting in consultation on how to better coordinate efforts. The 2013 Service Array Assessment and 2014 External Stakeholder Survey also resulted in further consultation pertaining to coordinating efforts.

Stakeholders expressed concerns that children aging out of care often do not know very much about the variety of benefits that may be eligible for, particularly related to medical and educational supports. The efforts to inform children of these supports do not seem to be coordinated in a way to ensure children take advantage of them. Stakeholders are also concerned about inconsistent supports or varying degrees of supports throughout the state around mental health services for children and families; there are areas of the state lacking such services.

Through the CMO transition, Amerigroup has identified that some counties are better able to communicate and partner than others. Amerigroup is working on integrating into DFCS more closely in an effort to improve communication and coordinating efforts among the agency and providers.

G. Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: Standards Applied Equally

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds?

Please provide relevant quantitative/qualitative data or information that show the state's standards are applied equally to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds.

State Response:

Georgia continues to maintain high performance for this item.

DFCS operates a semi-private foster care system which provides DFCS staff the ability to utilize private agencies for placement. Presently, the State's foster home approval process applies to both county DFCS and CPA foster homes. In CY2013, the state had a total of 4,654 foster homes; 2,439 county DFCS foster/adopt foster homes and 2,215 private CPA foster homes. Georgia had 182 CCIs with a total 2,750 beds. The State's contract with CPAs includes a provision that DFCS policy is followed in approving foster homes. In addition to the State's Office of Quality Management audits, the State also utilizes a Performance-Based Placement (PBP) quarterly scorecard process with CPAs that indicates a qualitative review of their foster parent home evaluations to ensure that they are approved according to policy. For the Trend Report, OQM only reviewed 87 county DFCS foster homes. No CPA foster homes were reviewed. This information is located in Item 34.

PBP also applies to Child Caring Institutions (CCIs) to ensure that staff background checks, licensure and other IV-E requirements are met. PBP reviews are conducted throughout the year for both CCIs and CPAs. Each agency receives one annual comprehensive review. On average, CPAs and CCIs receive approximately 3 safety reviews through the year. The number of reviews an agency receives is determined by the number of children that the agency serves. Agencies who serve more children receive more reviews than agencies who serve fewer children. The CCIs have the same exact reviews as the CPAs. Except CPAs receive qualitative home study reviews for their foster homes. CCIs do not have foster homes.

Additionally, as a component of the Kenny A. consent decree, Kenny A. Quality Assurance Monitors also conduct qualitative assessments to ensure that CPA foster homes adhere to DFCS standards. For the Kenny A data, 160 foster home records were reviewed. The review included children who are in legal custody of Fulton or DeKalb County. These children are placed in local county DFCS foster homes in Fulton or DeKalb and CPA foster homes across the state. The data did not differentiate the amount of county DFCS or CPA foster homes included in the review.

CPA and CCI placements account for on average about 45% of DFCS placements. About 46% of their 5,021 beds were deemed for base or traditional level placements. The base and traditional program designations describe children with no to mild behavior and mental health needs. With the exception of respite-only bed spaces (0.5%), 53% of their bed spaces were for children with the highest behavioral and mental health needs. Maximum Watchful Oversight (MWO) bed spaced accounted for 27%.

CCIs likewise contributed positively to the State’s ability to care for children with high mental health and behavioral needs. Thirty-one percent of their bed spaces were for MWO children.

CPA and CCI bed space utilization both showed an increase between CY2013 and 2014. CPA bed space utilization averaged 48.65% in CY2013 and 50.53% in CY2014. CCI bed space utilization increased from 69.25% in CY2013 to 72.82% in CY2014.

Following is a chart from the Kenny A. vs. Perdue Monitoring Report that summarizes the extent to which documentation was found in the foster homes records reviewed indicating that these homes met specific approval standards noted.

Foster Care Screening, Licensing, Training and Investigative Requirements

Requirement	Period 15 (1/1-6/30/2013)	Period 16 (7/1-12/1/2013)
Family assessment completed	100%	100%
No violations of agency discipline or other foster care policies	98%	99%
Gender of children in home never varied from that approved	100%	99%
Pre-service foster parent training requirements met	100%	99%
Timely annual re-evaluation (no lapses)	99%	99%
Timely Criminal Record Checks for foster parents	99%	99%
Number of children in home never exceeded approved capacity	98%	99%
Comprehensive Drug Screen for Foster Parents	98%	99%
Comprehensive medical report for each foster parent	96%	97%
Age of children in home never varied from that approved	97%	97%
Timely Criminal Record Checks for other adults in the home	91%a	94%
Ongoing foster parent training requirements met	87%	94%
Sex Offender Registry checked for foster parents	100%	92%
CPS history has been checked	94%	88%
Sex Offender Registry checked for other adults in the home	91%a	84%
Appropriate health statements for other adults in the home	78%a	82%

For the Kenny A versus Perdue data, 160 foster home records were reviewed. The review included children who are in legal custody of Fulton or DeKalb County only. These children are placed in local county DFCS foster homes in Fulton or DeKalb and CPA foster homes across the state. The data did not differentiate the amount of county DFCS or CPA foster homes included in the review.

Item 34: Requirements for Criminal Background Checks

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

Please provide relevant quantitative/qualitative data or information that show the state is complying with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.

State Response:

Georgia continues to maintain high performance in ensuring that the state complies with federal requirements for criminal background clearance as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing safety of foster care and adoptive placements for children.

The safety of children in care is paramount. The State seeks to have no child in foster care placement abused or neglected. Social Services Policy and RBWO Minimum Standards uniformly outline the requirements for criminal background checks. The Office of the Inspector General (OIG) within the Department of Human Services is responsible for reviewing criminal background information and providing clearances on CPA families, CCI direct care staff, and CPA/CCI case support workers. The OIG also provides the criminal background check results of DFCS county-based foster families to DFCS for their review and determination as to whether they may be approved to provide foster care.

The review of foster home records found that the foster home reviewed were in compliance with the DFCS approval standards. According to Period 16 Kenny A versus Sonny Perdue data, the foster homes are being properly screened for criminal background checks. DFCS requires that all adult household members have a criminal background check every 5 years. The findings from the review were:

- 99% of foster parents received timely criminal records checks, and
- 94% of other adults in the household members received timely criminal record checks.

Policy states when household members are found to have a negative finding on their criminal background check, the agency assesses each finding on an individual basis. The information is shared with potential caregiver. The household member has the opportunity to discuss with the resource development staff the instrumental changes that he or she has made in his or her life base on the findings. Resource development staff utilizes this information to assess the household members' protective capacity in relation to how the potential caregiver would keep

the child safe. The approving authority (which is the county Director for county DFCS foster homes or the Program Director for CPAs) reviews the home study prior to approving or re-approving the home. Quality control mechanisms referenced in Item 33 also apply to this item.

The Child Welfare Quality Assurance (CWQA) Unit conducted quality case review from October 2013 to September 2014 for the purpose of evaluating the quality of services provided to children and families. The findings of the review were released in the 2013-2014 Trend Report by the Office of Quality Management. The review is completed annually. CWQA reviewed a total of 87 county DFCS foster home records. The foster homes were selected in every region throughout the state. Below are the review findings:

- 40% of the foster home reviewed did not meet requirements for the current approval status.
- When Criminal Records Checks resulted in negative findings, the findings were not addressed according to policy in 40% of reviewed cases.
- Form 26, Medical Report, and results of TB testing were not included in 54% of the reviewed records.
- In 44% of the applicable cases, appropriate health statements for other household members were not included.
- 10% of the foster home records reviewed received discipline or other serious foster care violations and/or low risk foster care policy violations.
- In 56% of the foster home that had policy violations, the violations were not addressed according to agency policy.
- In 62% of the applicable cases, when documentation supported a corrective action plan was warranted during the review period, the plan was not correctly developed.
- 99% of the foster caretaker demographics were entered correctly in SHINES for all foster parents.
- 100% of foster family structure was correctly identified.
- Criminal records check including fingerprinting on the foster parent were completed timely (every five years) in 64 of 67 applicable cases (96%).

The Office of Provider Management conducts two reviews that assess how private agencies comply with federal requirements related to licensing or approving foster care and adoptive placements: Annual Comprehensive Reviews (for both CPAs and CCIs) and Foster Home Evaluation Qualitative Reviews.

Annual comprehensive reviews are completed once a year for each private agency. The agency is evaluated in the areas of permanency, well-being, and safety, which provide one composite score that is factored into the provider's performance based placement measures. During the review, OPM staff reviews direct care and case support staff to determine if they are meeting the regulations that are outlined in RBWO Minimum Standards for work experience, education requirement, and criminal background checks. The results of these items are captured in the Safety 2: Protective Capacity Score on the comprehensive review report. This information is not presented exclusively, but is included in agencies' composite overall comprehensive score. For CPA, OPM also reviewed at least two random foster home records for their initial home study assessment and reevaluation assessment during the comprehensive reviews. The results from

these reviews are also included in the overall comprehensive review score. In FY2014 (July 1, 2013-June 30, 2014), 88% of the CPAs and 92% of CCIs earned a passing score for their comprehensive reviews. Private agency includes CPAs and CCIs. Each provider received one comprehensive review. OPM completed comprehensive reviews for 67 CPAs and 142 CCIs. Unsatisfactory rating results in an agency implementing a Program Improvement Plan.

Foster home evaluation qualitative reviews are conducted for only CPAs. OPM selects a random sample for initial home study assessments and reevaluation assessments for each agency. OPM review each assessment to ensure that it compliance with Social Services Policy 1014 and 1015. If the study does not contain all of the safety verification screenings (OIS-Fitness Determination, CPS Screening, Sexual Offenders Registry, Pardons and Parole, Department of Corrections, and Drug Screens), the home study is automatically rated a zero. The review also focuses on the quality of the narrative for each section (such as Motivation and Supporting Birth Family Connections) of the home study. In FY2014, 91% of the CPAs earned a passing score for their foster home evaluation qualitative reviews. The other agencies did not have children placed in their foster homes; therefore, a score was not computed for this measure.

When OPM identifies an agency that is not complying with the criminal background check, OPM response differs depending on the severity of the non-compliance. If all of the staff records reviewed did not contain a criminal background clearance, OPM sends the agency a letter of concern and the agency is placed on hold until the screenings are completed. If only one staff member did not have the clearance, the agency is instructed to re-assign the staff to another position that does not involve direct contact with the children all screening have been completed.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide.

State Response:

Georgia has a low performance for this systemic factor. Over the last decade, the U.S. foster care population has undergone a substantial reduction in size and experienced a shift in its racial and ethnic composition. Georgia was among ten states accounting for more than 90% of the decline in the foster care population between FFYs 2002 and 2012.¹ According to GA SHINES data, however, Georgia has experienced a 39% increase in its foster care population since 2010 (Table 3), with increases in the number of Black (27%), Caucasian (52%) and Hispanic (34%) children needing foster and/or adoptive homes (Table 5). The state has also seen a 61% increase in the number of children ages 0-6 who need foster and adoptive homes (Table 6).

Total Children in Care by Year (source GA SHINES)

Calendar Year	Total at the end of the calendar year
2010	6,743
2011	7,346
2012	7,542
2013	7,824
2014	9,416

Gender of Children in Care by Year (source GA SHINES)

Calendar Year (CY)	Male	Female
2010	3,526	3,217
2011	3,814	3,532
2012	3,954	3,588
2013	4,126	3,698
2014	4,906	4,510

¹ ACYF Office of Data, Analysis, Research, and Evaluation Data Brief 2013-1 (September 2013)

Race/Ethnicity of Children in Care by Year (source GA SHINES)

CY	Black	White	Asian	American Indian	Multi-racial	Unable to Determine	Hispanic
2010	3,100	3,202	9	4	425	2	488
2011	3,316	3,516	11	5	494	3	518
2012	3,346	3,718	12	3	459	2	506
2013	3,366	4,018	14	5	408	12	571
2014	3,955	4,870	31	9	530	21	653

Age Group of Children in Care by Year (source GA SHINES)

State Fiscal Year (SFY)	0-6	7-12	13-17
2010	2,930	1,593	2,220
2011	3,393	1,797	2,156
2012	3,524	1,862	2,156
2013	3,649	1,936	2,239
2014	4,746	2,386	2,284

Demographics of children in care closely mirror the racial demographics of foster parents with the exception of Hispanics (Table 7). According to GA SHINES data 6.9% of children in care are Hispanic whereas only 1.8% of foster parents are Hispanic. Data from the Homes for Georgia’s Kids inquiry line shows that about 2.66% of inquiries were Hispanic. The US Census data for Georgia indicated that 9.2% of the state’s population was Hispanic (Table 8). The State needs to make more concerted efforts to recruit and approve Hispanic caregivers.

The amount of Hispanic children who were placed in foster care has increased in the last few years. According to the GA SHINES data, Georgia has experienced a 34% increase in the number of Hispanic children its foster care populations served since 2010. Hispanic children make up approximately 6.9% of children in foster care. However, there are only 1.8% of approved foster parents who identify themselves as Hispanic. The data from the Homes for Georgia’s Kids inquiry line shows that about 2.66% of inquiries were Hispanic. The State needs to make more concerted efforts to recruit and approve Hispanic caregivers. One of the contributing factors may involve the potential resource legal status. Currently, an individual cannot become a foster parent without proper legal status. This requirement eliminates potential caregivers for children needing placement.

Children and DFCS Foster Parent Demographics and Foster and Adoptive Parent Inquirers in Care (sources GA SHINES and Homes for Georgia’s Kids database)

CY 2014	Children in Foster Care	Approved Foster Parents	Foster & Adoptive Parents Inquirers
Male	52.1%	38.1%	
Female	47.9%	61.9%	
0-6	50.4%	N/A	N/A
7-12	25.3%	N/A	N/A
13-17	24.3%	N/A	N/A
Black	42%	49.7%	53.3%
White	51.7%	48.5%	38.2%
Hispanic	6.9%	1.8%	2.7%
American Indian	0.1%	0.1%	0.2%
Asian	0.3%	0.3%	0.0%
Multiracial	5.6%	0.3%	0.3%
Other	0.2%	1.1%	5.2%

Georgia 2010 Census Data (source US Census website)

Characteristic	Population Percent
Males	48.9%
Females	51.1%
Under 5 years	7.3%
5 to 9 Years	7.5%
10 to 14 years	7.4%
15 to 19 years	7.3%
Black	31.4%
White	54.8%
Hispanic	9.2%
American Indian	0.5%
Asian	3.7%
Multi-racial	1.9%
Other	0.1%

An analysis of the characteristics of children in care was also conducted. The data indicate that caregiver placement preferences sufficiently match the placement needs of children who have characteristics endorsed. However, the number of children with characteristics endorsed seems artificially low. It is hypothesized that the issue relates to an AFCARS improvement project whereby now, unless a characteristic endorsed by a case manager is supported with a date of diagnosis, the endorsement is not counted. Therefore, a special needs placement characteristic is only counted if the case manager has entered a diagnosis date.

Since then the State has made some improvements but has not had a statewide recruitment and retention that addresses diligent recruitment comprehensively. Challenges that remain continue to include insufficient funding to support foster home development and ongoing support (although a \$250K increase was budgeted for SFY 2015) and insufficient prioritization of having resource development staff at the county and state office level, which leads to insufficient recruitment and development activities, including activities necessary for diligent and targeted recruitment.

Improvements made since 2007 include implementation of the Sibling Incentive (Sib-I) placement per diem provided to promote sibling placements. The Sib-I is applied to the monthly per diem amount for the siblings in the amount of \$100 per child. The incentive is available to all regular and relative foster homes (DFCS and CPA) when three or more related children are placed with a foster family. For example: Four children are placed in a family foster home. The total normal per diem amount is reimbursed to the foster parent along with the Sib-I of \$400.00 (\$100.00 for each child). Additional improvements include hiring a state level Caregiver Recruitment and Retention Specialist to provide state-level leadership and guidance to county resource development staff and to guide the development and implementation of the Diligent Recruitment and Retention Plan beginning in 2015.

For years, Georgia DFCS had insufficient prioritization of having resource development staff at the county and state level. The state has focused its resources in other program areas such as investigations and foster care. This led to a shortage of resource development staff and current resource development staff being supervised by staff in different program areas.

There may be a duplication of services for recruitment between DFCS resource development and CPAs. Currently, each organization is conducting their own recruitment efforts.

Although the population of children being placed in foster care has increased for the Hispanic population, the agency does not have bi-lingual staff. Currently, Georgia is using the language access line to deal with the language barriers.

Resource development staff has been allocated different responsibilities outside of resource development. It is estimated that only approximately 5% of resource development time is spent on recruitment. Often times, these individuals are being supervised from people from other program areas.

Georgia has not allocated sufficient funding to support foster home development and ongoing support. Currently, each region receives \$2000 for recruitment purposes. However, Georgia has budgeted \$250,000 increase for SFY 2015.

DFCS is not utilizing local media outlets as a method for recruitment. In the past, DFCS would allow the media to publish articles regarding DFCS recruitment needs. The process for seeking approving to communicate to the public via media outlets has been a challenge since the agency staff has to seek prior approval from the Office of Communications. This has created a strained relationship between DFCS and the media outlets.

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide.

Please include quantitative data that specify what percentage of all home studies received from another state to facilitate a permanent foster or adoptive care placement is completed within 60 days.

State Response:

This systemic factor is a low performance item for Georgia. The State has made improvements in its inter-jurisdictional adoption matching. However, it is a reactive process (processing inquiries) rather than a proactive one. It does not include requirements for actively seeking placements for children with out-of-state resources. The State also needs to make improvements in its State Office ICPC Unit in tracking and managing requests and instituting better accountability and tracking mechanisms for the processes that are managed at the county level (such as conducting home evaluations and adhering to ICPC timeframes). ICPC data is currently inputted into a database system. The system is not able to provide data calculations. Due to the nature of the system, data can only be tracked manually.

In the Fall of 2014, the State Office ICPC Unit and DFCS Operations has taken aggressive measures to assess causes of overdue home studies and initiated processes to track and monitor requests. In addition to monthly ICPC data reports provided to operations, ICPC also conducts meetings to discuss strategies to decrease the percentage of overdue home studies and measure outcomes on a weekly basis. These improvements were made after an internal audit was conducted. Below is a summary of the findings:

- ICPC unit does not have technical support for its database system.
- ICPC did not have a formal process, with a comprehensive list of performance metrics in place, to effectively evaluate ICPC performance and adherence to federal compliance regulations.
- 36% of home studies needed to support a placement were not completed within the 60 days requirement (for Georgia as receiving state)

- 21% of caseworker visits were missing documentation or had inadequate documentation which prevented assessment of compliance with federal regulations related to the supervision of children.
- 22% of home studies were not completed within 60 day requirement (for Georgia as sending state).

In 2013, the State implemented procedures for managing inter-jurisdictional adoption placement through a contract with Lutheran Services of Georgia. The contract was used to formalize the matching screening process and ended in FFY 2014. The process for managing inquiries was transferred to the DFCS State Office Permanency Unit, which is also responsible for ensuring that the process is being followed. When inquiries are received for waiting children and Georgia is the recipient of out-of-state home studies, the matching process is as outlined below:

1. 100% of out-of-state inquiries are sent to the Permanency Project Administrator from “It’s My Turn Now Georgia” and “Wednesday’s Child,” the avenues by which out-of-state inquiries are received.
2. Permanency Project Administrator logs and tracks 100% of received home studies. A copy of the home study is sent to the Adoption Exchange Consultant within 24 hours.
3. The Adoption Exchange Consultant reviews and sends the home study to the child’s worker within 48 hours of receipt, if it is determined that the family is a potential match.
4. The child’s case manager has 15 days to review the home study and render a decision.
5. If not selected, a non-select letter is sent from the Exchange Consultant to the family and the family’s agency within 48 hours after the decision is made.
6. If selected, policy for placement matching and placement is applied.

For requests received by Georgia for out-of-state children to be placed in Georgia, the State processes the request through its State Office Interstate Compact for the Placement of Children Unit (ICPC). Once received by ICPC, the requests are assigned through Georgia SHINES to the local county department for completion of the home studies for permanent/adoptive placements. ICPC tracks the requests and provides monthly reports regarding timeliness of completion. Currently, SHINES does not have the capability to produce data regarding timely completion of home studies within the required 60 days. Recruitment and foster home development policy allows for the completion of an ICPC foster home without the mandatory IMPACT training at the time of the initial approval, but the caregiver’s pre-service training must be completed.

ICPC conducted a review regarding the overall timeliness of ICPC request. The review period started on September 1, 2013 and ended on September 29, 2014. Georgia received 1022 inquiries from other states regarding permanent placements for waiting children. The highest percentage of the out-of-state inquires came from Florida (22%). Approximately 18% of the out-of-state inquires processed were overdue. Georgia sent 505 request to other states regarding permanent placements for waiting children. This indicates that Georgia is completing twice the amount of out-of-state inquires than it request from other states. The highest of percentage of out-of-state inquiries were sent to Florida (19%) and Alabama (11%). Approximately 32% of inquires GA sent to other states were overdue. There may be gaps in the data due to periodic system outages resulting in an inability to restore certain data. Also, there is not an assigned

maintainer for the database to run periodic performance checks, perform updates as needed or engage in trouble shooting.

Georgia DFCS does not ensure that children are registered timely for My Turn Now. DFCS case managers are responsible for ensuring this action is completed timely. In practice, the child should be registered for My Turn Now after the TPR process has been completed. It is common to wait 30-45 days after the TPR has been finalized to allow the family time to appeal the court’s decision. The current practice time exceed the requirement. (Note: The process of obtaining a child’s life history is initialized prior to the TPR hearing.)

Georgia currently does not have a consistent process on how to obtain pictures for foster children to be presented for publication such as My Turn Now. The case manager is responsible for obtaining the picture for publication. The process of allocating funds for school pictures various by counties. If funds are not available, the case manager can use their mobile phones to take the picture. Each county develops a financial plan each year that includes supplement funds for children to obtain school pictures and allowances. DFCS case managers may not be aware that the funds are available. If the funds are included in the county’s financial plan, the foster parent can receive a check advance. Additional funds have been allocated to child specific recruitment. DFCS planning to host picture parties and work with the Heart Gallery to secure quality pictures.

Recently, DFCS developed a tracking system for out-of-state inquiries The process has been in existence for approximately seven months. The children’s photos are posted on the Adoption Exchange by the DFCS case manager. The Adoption Exchange primary function is to ensure that the family and child is an appropriate match. Families who express an interest of the child (from viewing their profiles) are usually contacting county DFCS staff directly. However, DFCS only communicates with any prospective families and have to instruct families to have the agency with whom they are working with to contact DFCS on their behalf. The child’s DFCS case manager is included in the decision making process. The DFCS case manager has worked directly with the child and serves as the expert to determine if the family can properly care for the well-being of the child. This process takes approximately 7-8 months. Georgia is receiving approximately 120 or more inquires every month since September 2014. However, there have been approximately two successful matches.

In May of FFY 2014, Georgia began tracking out-of-state inquiries for children who needs a placement resource in Georgia.

Out-of-State Inquiries

	May 2014	June 2014	July 2014	August 2014	September 2014	October 2014	November 2014	December 2014
Weekly average	10	28	35	13	30	32	31	38

Section IV: Assessment of Systemic Factors

	May 2014	June 2014	July 2014	August 2014	September 2014	October 2014	November 2014	December 2014
Total for the month	41	113	176	39	120	126	123	153