Division of Family and Children Services

CHILD AND FAMILY SERVICES PLAN

Federal Fiscal Years 2015 - 2019

Table of Contents

Attachments:

A. DHS Organizational Chart
B. DFCS Organizational Chart
C. Foster and Adoptive Parent Diligent Recruitment Plan
D. Health Care Oversight and Coordination
E. Disaster Plan
F. Training Plan
F-1. Training Checklist
G. CFS-101 Forms, Parts I, II and III
H. Assurances and Certifications

SECTION 1 – GENERAL INFORMATION

A. State Agency Administering the Programs

The Georgia Department of Human Services (DHS), through its Division of Family and Children Services (DFCS), administers the programs under Title IV-B of the Social Security Act. Created in 1972 as the Department of Human Resources and reorganized in 2009 to its current structure, DHS provides a wide range of human services that are designed to promote self-sufficiency, independence, safety and well-being for all Georgians. These services include aging, child welfare and child support services, as well as public assistance programs such as Temporary Assistance to Needy Families (TANF) and the Supplemental Nutrition Assistance Program (SNAP), formerly known as food stamps.

DHS[1] is comprised of three divisions and eight offices that support the agency's program and enterprise support functions respectively. The divisions and offices are:

- Division of Family and Children Services (DFCS)
- Division of Aging Services (DAS)
- Division of Child Support Services (DCSS)
- Office of Strategic Planning and Execution
- Office of Human Resource Management
- Office of Legislative Affairs and Communications
- Office of Financial Management and Development
- Office of Facilities and Support Services
- Office of Inspector General
- Office of Procurement, Contracts and Vendor Management
- Office of Information Technology

DFCS,[2] the organizational unit responsible for the Child and Family Services Plan (CFSP), assists and supports children and families through two primary functions: Child Welfare and the Office of Family Independence (OFI). Child Welfare includes Child Protective Services (CPS), Adoptions and Foster Care. OFI administers TANF, SNAP, Medicaid and other self-sufficiency and family support programs. Eligibility for all OFI programs is based upon financial criteria as well as other criteria, such as age or disability, specific to the program. DFCS also provides energy assistance and childcare and parent services.

Georgia's child welfare delivery system is county-administered and state-supervised. Direct services to children and families are provided through 159 county departments of family and children services (DFCS County Offices) in accordance with state policy, direction, law and regulations. DFCS County Offices are grouped into 15 regions, each of which has a regional director who reports to DFCS's Field Operations.

DFCS underwent two notable changes in 2014. First, effective June 16, 2014, the Governor appointed a new Interim Director for DFCS who directly reports to the Governor concerning all child welfare matters. DFCS, however, will continue to be a part of DHS during the interim director's term. The change in

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[1] See Attachment A: DHS Organizational Chart

[2] See Attachment B: DFCS Organizational Chart

reporting structure streamlines communication between the Governor and DFCS, while the division addresses identified areas of concern. Through the Child Welfare Reform Council created by the Governor in March 2014, the state is exploring executive agency reforms and legislative fixes to improve the state's child welfare system, including, but not limited to, making DFCS a standalone department, thereby removing it from DHS. The state legislature must take action to create a new department and the state will notify the Children's Bureau if it designates a new entity for administering and operating child welfare services in Georgia. Second, the Prevention and Family Supports division was transferred from the Governor's Office for Children and Families (GOCF) to DFCS effective July 1, 2014. With the transfer, DFCS will be looking to fully leverage ownership of the complete prevention spectrum and create internal feedback loops across child and family services. Additional information regarding other organizational changes will be provided in Georgia's Annual Progress and Services Report (APSR) for FFY 2015.

B. Vision Statement
"Safe, Strong and Stable Children and Families"

Through our independent and collaborative efforts, Georgia's children and families are healthy, nurtured, self-reliant, stable and resilient, and prepared to pursue the highest quality of life. Stronger families mean a stronger Georgia.

Mission

Our mission is foremost to ensure the safety and well-being of children. We achieve our mission through well-informed decision-making, thoughtful and sustainable practices that strengthen, respect and support families, and systemic accountability.

C. Collaboration
Collaboration in General
DFCS regularly consults and collaborates with many public and private entities to help fulfill its vision of safe, strong and stable children and families. These entities include state agencies, private/non-profit organizations, juvenile court judges, providers of child welfare or child welfare-related services, and youth and families. The agency continues to develop new partnerships to accomplish shared goals and objectives and better serve Georgia's children and families.

DFCS has worked with numerous stakeholders on a variety of issues and projects. Examples of recent and continued collaborations include, but are not limited to:

1. Administrative Office of the Courts - Court Improvement Project (CIP) – DFCS and CIP are working together to accomplish shared goals through meetings, summits and projects. Court Improvement Initiative meetings are made up of teams from a variety of counties focused on improving the courts, including county-level DFCS representatives. These meetings have also been a forum for DFCS state-level leadership to speak directly with the judges about shared goals. DFCS has been working with stakeholders and courts regarding trauma-informed practice. CIP has hosted a summit on trauma-informed practice and will hold several more in the state. DFCS collaborates with CIP on the Judicial Summits that CIP hosts at the county level. A portion of the summit is spent discussing DFCS data for the county in which the summit is held in order to raise awareness

of county-specific circumstances as compared to the data for the rest of the state. DFCS has worked closely with CIP to develop Interstate Compact on the Placement of Children (ICPC) Border Agreements with each of the states bordering Georgia. These agreements have helped expedite placements of children across state lines. The Cold Case Project, which focuses on identifying and removing barriers to children achieving legal permanency, is an ongoing joint effort between the CIP and DFCS.

2. Child Fatality Review Team – On the county and state levels, DFCS works with Child Abuse Protocol (CAP) committees and Child Fatality Review (CFR) committees. The Office of the Child Advocate (OCA) is undertaking efforts to ensure that CAP protocols are up-to-date and to provide necessary training to the CFR committees. An external review panel that includes, but is not limited to, representatives from CIP and the Barton Child Law and Policy Center will also assist DFCS in strengthening decision-making procedures regarding child deaths and serious injuries.

3. Children's Healthcare of Atlanta (CHOA) – DFCS and CHOA are collaborating to improve screening and assessment, case management, case planning and service delivery. DFCS staff involved in assessing and managing cases of alleged child abuse receive assistance from CHOA medical professionals in determining the likelihood of abuse or neglect or potential safety issues. CHOA also provides DFCS with written opinions/findings on the likelihood of abuse or neglect and assessments of environmental and/or safety hazards based on a review of information provided by DFCS.

4. Department of Behavioral Health and Developmental Disabilities (DBHDD) – Through a Memorandum of Understanding (MOU), DBHDD and DFCS are working together to expand the mental health, substance abuse and developmental disability services that support DFCS families and are consistent with DFCS practices. The parties will work collaboratively to share and interpret data to aid in network and service delivery expansion and support the monitoring of quality services and performance of providers.

5. Department of Public Health (DPH) – DPH is providing health care assessments, early intervention services and other health-related services for children under the age of three who are in DFCS's legal custody, are victims in a substantiated case of child abuse or neglect, and are referred to DPH for those services.

6. Office of the Child Advocate (OCA) – OCA has offered to provide assistance to DFCS with improving the intake process of the centralized Child Protective Services Intake Communication Center. OCA will play an integral role in the Cold Case Project.

7. Members of the legal system (attorneys, Court Appointed Special Advocates (CASAs), Guardians Ad Litem (GALs), juvenile courts) – DFCS continues to engage members of the legal/judicial community in various ways. DFCS staff attend the judges' conferences and, upon request, have been featured presenters. DFCS supports the CASA and Youth Law Conferences (targeting attorneys and GALs). Furthermore, DFCS works closely with the Attorney General's office to ensure Special Assistant Attorney Generals (SAAGs) receive appropriate and relevant training each year.

The enactment of Georgia's new juvenile code has provided an opportunity for the agency to enhance ongoing collaboration with the courts and other stakeholders regarding Children in Need of Services (CHINS). CHINS is a new community-based collaborative approach to intervening with status offenders. Collaborative efforts surrounding CHINS include:

    a. County- and jurisdiction-specific protocols are being developed throughout the state to assist implementation on the local level. These protocols include the court, DFCS and other agencies and entities involved in these cases in each of the counties or jurisdictions.

    b. DFCS worked with two juvenile courts to implement a pilot program allowing a CHINS Coordinator to determine services for children and families and entered into a comprehensive MOU with court systems regarding the CHINS population.

    c. Children in Need of Services (CHINS) Cooperative Agreement – This agreement promotes increased cooperation, coordination, and integration at the administrative and service delivery levels between the Departments of Juvenile Justice, Education, Behavioral Health and Developmental Disabilities, Public Health, Community Health and Human Services for children alleged or adjudicated to CHINS.

Several projects have been geared towards ensuring appropriate GAL representation for children in foster care:

    a. Georgia has been a demonstration site for implementation of the Best Practice Model of Child Representation developed by the National Quality Improvement Center (QIC) on the Representation of Children in the Child Welfare System. This study is intended to determine the efficacy of legal representation on foster care case outcomes.

    b. DFCS is supporting a peer review project administered through CIP. This project involves attorneys observing attorneys representing children in dependency cases to help ensure children are receiving adequate representation.

    c. The new juvenile code in Georgia requires an attorney for every child in care. OCA is working with the courts and DFCS to ensure attorneys and GALs are adequately trained in dependency proceedings prior to their appointment in these cases.

As part of a pilot program, Troup County Juvenile Court has agreed to transition to a trauma-informed/responsive court. The transition is expected to positively impact the physical, emotional and behavioral health needs of children in foster care. The agency is also working with a juvenile court judge and a tribe member to obtain state-specific expertise on addressing the needs of Indian children and their families.

Moreover, the courts and stakeholders in the Safety Response System (SRS) Pilot counties have been integral partners and will continue to support DFCS's efforts to enhance child safety and well-being through the implementation of SRS.

8. Barton Child Law and Policy Center (Barton Center) – The Barton Center provides training to stakeholders, including DFCS staff, through Child Welfare Legal Academies. The training topics relate to shared goals and most recently focused on changes to Georgia's juvenile code. Barton Center also provided DFCS with research pertaining to the utilization of psychotropic medications for children in foster care. This research informed the protocols used in Georgia for the appropriate use and monitoring of psychotropic medications. The initial collaboration between the Barton Center and Casey Family Programs led to a second effort designed to empower youth in foster care to advocate for their own mental health care, particularly regarding psychotropic medications.

The Barton Center, in partnership with DFCS and Georgia EmpowerMEnt, developed a written guide to help youth with decision-making about medications. Additionally, the Barton Center worked with VOX Teen Communications and Georgia EmpowerMEnt to videotape testimonials of young adults speaking about their experiences with psychotropic medications while in foster care.

9. Department of Education (DOE) – Pursuant to a Memorandum of Understanding, Georgia SHINES (SHINES), DFCS's Statewide Automated Child Welfare Information System (SACWIS), now contains a link to DOE's Longitudinal Data System (LDS), giving DFCS access to DOE education data to track and help improve the educational performance trends for children and youth in DFCS's custody.

CFSP Collaboration
In developing the plan, DFCS held meetings with internal staff and stakeholders (including a meeting with provider organizations). The CFSP Joint Planning Team, which is made up of DFCS regional and county directors, field program specialists and state-office programmatic staff, provided input on system needs and how the CFSP might address those needs. DFCS also created a CFSP Advisory Committee comprised of individuals who are highly engaged in child welfare services. Its members are committed to being a resource for the division through the life of the CFSP – from development to implementation to completion.

The CFSP Advisory Committee, which is a new model for DFCS, includes representatives from schools of social work, provider organizations, state government and non-profits. Multi-Agency Alliance for Children (MAAC), Goshen Valley, Center for Black Women's Wellness, DFCS Roundtable/Permanency Unit, Georgia State University, Clark Atlanta University, University of Georgia and Foster Care Support Foundation are examples of the agencies represented on the CFSP Advisory Committee. The committee members provided input on what they believed DFCS's goals and priorities should be over the next five years regarding safety, permanency and well-being. They also contributed feedback on designing a service delivery system to meet the CFSP goals, identifying stakeholders who could help DFCS make the plan successful and sustainable, and pinpointing how services need to evolve to meet the division's goals.

The CFSP Joint Planning Team, CFSP Advisory Committee and provider organizations reviewed data on topics such as the number of Child Protective Services cases; comparisons of foster care entries and exits; the recurrence of substantiated child maltreatment; the percentage of Georgia children by county aging out of care during FY 2012; and Georgia in-care rates by county FY 2013.

Collaboration over the Next Five Years
DFCS will continue to engage its stakeholders through regular and ad-hoc meetings (live and virtual), participation in joint child welfare projects and other appropriate means identified by the agency. Regional and county DFCS directors will continue to meet with their local stakeholders and address issues relevant to the safety, well-being, and permanency needs of children and their families in their communities.

As mentioned above, DFCS plans to continue the CFSP Advisory Committee throughout the life of the CFSP to solicit their feedback regarding progress made towards completing the goals outlined in the plan. DFCS also plans to invite tribal representatives to participate on this committee to promote and ensure collaboration between the state and tribes. Specific collaborative efforts DFCS will undertake in implementing the goals and objectives of the CFSP are detailed, where applicable, in Section 3, Plan for Improvement and Section 10, Targeted CFSP Plans.

Once approved, the CFSP will be posted at gacwplanning.org, where it will be available for public viewing.

The state contact for the CFSP is:

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SECTION 2 – ASSESSMENT OF PERFORMANCE

A. CHILD AND FAMILY OUTCOMES

Georgia is committed to accomplishing its vision, mission, and core values and therefore uses a rigorous quality assurance process to ensure that all services are delivered professionally, according to established policies, and that practice reflects the highest quality possible. The primary focus of the services provided by DFCS is ensuring the safety, permanency and well-being of Georgia's children. The state of Georgia incorporates various assessment methodologies – including quality assurance reviews, Data Integrity Specialist (DIS) evaluations, evaluation of key SHINES data, CDNFSI staffings, LENS reports, and community/stakeholder feedback – into its ongoing assessment of performance.

Stakeholders are engaged in and provide feedback via quality assurance review interviews, CDNFSI staffings, and out-of-home care provider meetings. During the CWQA review process, stakeholders including legal, law enforcement, schools, therapists, and medical providers are interviewed about system factors around communication, collaborations and partnership with the agency within a particular county/region. The information gathered is shared with regional and county staff during the exit conference presentations.

Stakeholder information is also summarized in trend reports and shared electronically with state leadership, as well as through presentations during state meetings. Each regional report is shared with the Child Abuse and Prevention Act (CAPTA) Citizen Review Panels, and presentations are made to the CAPTA panels around the trend reports.

In FFYs 2010-2013, the Office of Quality Management (OQM) conducted regional reviews of a random sample of cases each month and provided a statewide trend analysis based on these reviews. These reviews assess performance in the areas of safety, permanency and well-being based on federal outcome measures and items from the second-round CFSR. The trend reports are a summation of the findings from case record reviews and case-specific interviews with internal and external stakeholders to assess safety, child and family well-being, and permanency planning for children.

The following assessment of performance on child and family outcomes and systemic factors includes strengths and areas of concerns identified through the analysis of data and reports from the sources identified above. The analysis incorporates data and information covering the last several years, and this information has influenced the goals and objectives of this plan.

Key Findings

Strengths
The state was consistently in substantial conformity in the following areas:
- Repeat maltreatment
- Foster care reentries
- Proximity of foster care placement

Improvement is needed in the following areas:
- Risk and safety assessment
- Service provision and follow-up to assess progress
- Quality contacts with parents and children

- Establishing appropriate permanency goals and achieving timely permanency
- Meeting Adoption and Safe Families Act (ASFA) timeframes
- Diligent search for relatives
- Maintaining relationship between child and parents
- Engaging parents (particularly fathers) and children in case planning

OQM has attempted to facilitate improvement in the overall outcomes by annually assessing its review process and incorporating additions and modifications, such as the following:
- Case debriefings provide an educational component to the review process. At case debriefings, reviewers work with case managers, supervisors and others involved in the case to discuss strengths and areas for improvement in case practice. Case debriefings provide live learning opportunities and identify lessons learned that can be applied to other cases.
- Regional Exits are an extension of case debriefings but include all cases in the review. The exits give regional management and staff an overall summary of the findings.
- There is a Continuous Quality Improvement (CQI) process, which includes development of regional CQI teams, training of regional CQI facilitators, support of facilitators/regional teams by CQI specialists, targeted reviews and Quality Improvement Plan (QIP) monitoring.
- Trend reports are developed on a quarterly, six-month and annual basis.
- Various presentation formats help audiences gain a better understanding of findings. Specifically, findings have been presented in PowerPoint format as well as in reports.
- Surveys with staff regarding the review process identify areas for improvement.
- The state office CQI team works to develop strategies to focus on statewide trends and initiate broad changes to improve case practice.

Analysis of Downward Trends in Safety, Permanency, and Well-Being Outcome Measures

Resource challenges continue to affect performance on outcome measures, as do conflicts and time pressures caused by a large number of shifting goals. Changes to the quality assurance case review process in 2014 also contributed to downward trends.

The following chart presents a comparison of quality assurance review trends for FFYs 2010-2013. Note that the outcome measures and item number references in this section are CFSR Round 2 item numbers.

Chart 1. Outcome Comparison by Fiscal Year

Outcomes Comparison By Fiscal Year

	Safety 1	Safety 2	Permanency 1	Permanency 2	Wellbeing 1	Wellbeing 2	Wellbeing 3
■ FFY 2010	90.22%	66.84%	34.18%	66.47%	47.63%	77.82%	58.45%
■ FFY 2011	84%	59%	41%	65%	45%	74%	57%
■ FFY 2012	86%	56%	46%	67%	49%	80%	65%
■ FFY 2013	83%	59%	35%	59%	44%	82%	60%
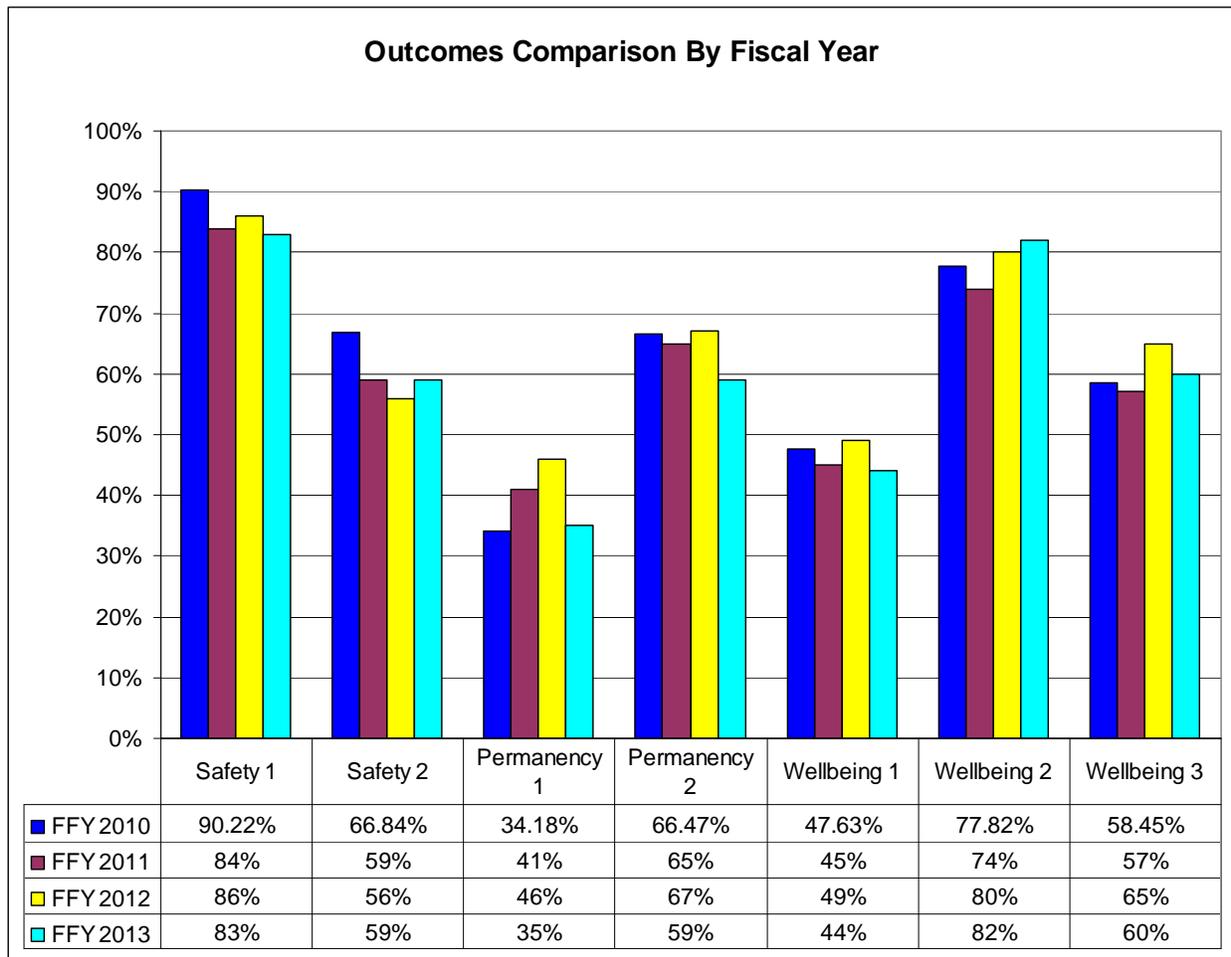
Source: Office of Quality Management

The state has evaluated its progress and divided the evaluation into the categories of Safety, Permanency, and Well-Being. The goals and measures charts in these sections provide an overview of DFCS scores on safety, permanency, and well-being CFSR measures from FFY 2009-present. These scores are based on quality assurance case reviews conducted by the DFCS Office of Quality Management (formerly known as Performance Evaluation and Analysis Services (PEAS)).

In FFYs 2010-2013, OQM conducted regional child welfare quality assurance case reviews and provided continuous quality improvement support to regional and county field operations statewide. This Quality Case Review (QCR) process considered a sample of CPS and Permanency cases. All program activity (investigations, family preservation, and permanency) in the sample cases was reviewed, and cases were rated on 23 items and seven overall outcomes pertaining to safety, permanency and well-being of families.

Beginning with FFY 2014, the state adopted a new quality assurance (QA) case review process. The sampling was changed from regional to statewide samples of social services cases, and the review process was changed to be primarily a review of documentation in SHINES, with a sub-sample of cases selected for interviews in each region. Previously QA reviews were completed every 12-15 months in each region; under the new process, statewide QA reviews were completed each quarter. Cases continued to be rated

on the safety, permanency, and well-being items and outcomes. For FFY 2015, the process will return to including case-specific interviews as the agency prepares for Round 3 of the CFSR.

In the first six months of 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 well-being and permanency outcomes.

Safety

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.

The DFCS prevention and safety services continuum incorporates the following programs/services: Prevention, Intake, Investigation, Family Support, and Family Preservation, as well as ongoing assessment of child safety in placement settings. These services are available to all families and children in Georgia who are brought to DFCS's attention due to an allegation of child maltreatment and to families who are at risk for abuse or neglect. In FFY 2013, DFCS investigated 32,625 families with 45,964 potential victims of child maltreatment. In the same fiscal year, there were 30,070 family support stages open, and 6,289 family preservation stages. In the first six months of FFY 2014, DFCS investigated 17,279 families with 25,655 potential victims. In the same six months, 13,577 family support stages and 2,095 family preservation stages were opened. If these rates continue for the remainder of FFY 2014, DFCS will experience a 6% increase in the number of cases investigated and an 11% increase in potential victims compared to FFY 2013.
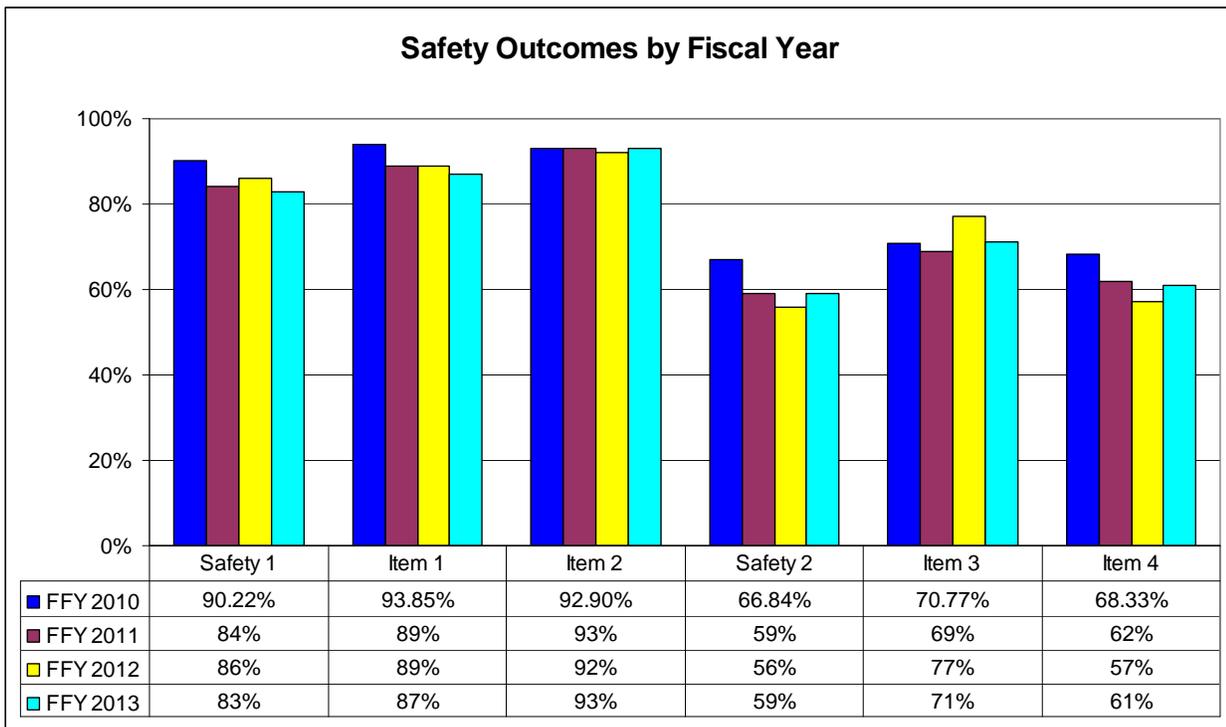
The following table presents the safety goals and measures for FFY 2009-2014.

Table 1. Safety Goals and Measures for FFY 2009-2014

Performance Goals and Objectives		12-Month Performance as of:						6-Month Performance as of March 31, 2014*	9-Month Performance as of June 30, 2014	Annual Targets (P=PIP goal)	How Measured
		March 31, 2009 (CFSP)	Sept. 30, 2009	Sept. 30, 2010	Sept. 30, 2011	Sept. 30, 2012	Sept. 30, 2013				
Safety 1	Children are first and foremost protected from abuse and neglect	76.99%	79.92%	90.22%	84%	86%	83%	70%	73%	79.30% 81.67% 84.13% 86.52%	Case reviews
S1.1	Timeliness of initiating investigations of reports of child maltreatment (Item 1)	79.04%	82.40%	93.85%	89%	89%	87%	77%	81%	81.00% P 83.43% 85.93% 88.51%	Case reviews
S1.2	Repeat maltreatment (Item 2)	95.87%	95.51%	92.90%	93%	92%	93%	89%	88%	Maintain Performance	Case reviews
Georgia	Investigations do not exceed 45 days from date of referral	99%	89%	93%	87%	70%	48%	38%	35.54%	Maintain Performance	SHINES data
Safety 2	Children are safely maintained in their homes whenever possible and appropriate	71.93%	70.88%	66.84%	59%	56%	59%	42%	43%	74.08% 76.31% 78.59% 80.96%	Case reviews
S2.3	Services to families to protect children in home and prevent removal (Item 3)	78.96%	79.36%	70.77%	69%	77%	71%	69%	69%	78.90% P 81.27% 83.71% 86.22%	Case reviews
S2.4	Risk of harm to child (Item4)	72.72%	71.63%	68.33%	62%	57%	61%	43%	44%	73.50% P 75.71% 77.98% 80.32%	Case reviews

*FFY 2014 change to documentation-only quality assurance review for most cases contributed to a decline in scores for the first half of the year. Item number references are for the second-round CFSR.

Chart 2. Safety Outcomes by Fiscal Year

Safety Outcomes by Fiscal Year

	Safety 1	Item 1	Item 2	Safety 2	Item 3	Item 4
■ FFY 2010	90.22%	93.85%	92.90%	66.84%	70.77%	68.33%
■ FFY 2011	84%	89%	93%	59%	69%	62%
■ FFY 2012	86%	89%	92%	56%	77%	57%
■ FFY 2013	83%	87%	93%	59%	71%	61%

Source: Office of Quality Management

The FFY 2013 OQM trend report noted the following information regarding safety:
1. The state was in substantial conformity with Safety 1 Item 2, repeat maltreatment.
2. Timely criminal records checks were completed on foster parents and other adults in the foster home.
3. Areas needing improvement:
    a. Implementing and following up with appropriate services for parents and children through relevant collateral contacts.
    b. Skill development around supervisory staffing and case reviews.

Safety Data Indicators
Based on federal state data profiles, Georgia met the federal safety standards for absence of recurrence of maltreatment in FFYs 2010-2013 and 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 99.30%.

DFCS further analyzed the information contained in the data profiles for FFY 2011-2013, presented below in Tables 2-5. Based upon the information in these 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; 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 (Table 2) 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 on 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.

For FFY 2012, the state provided the following comment: "The large increase in the computed mean [Table 4, IX] may be due to the addition of an after-hours call center and the method of calculating the mean converting days into hours. The call center added a substantial number of reports to the data, all of which occurred after business hours. Most of these calls would not have required or received face-to-face contact on the same night, so many calls would begin their 'timers' one day later."

Table 2. Child Safety Profile

State of Georgia Child Safety Profile April 17, 2014	FFY 2011						FFY 2012						FFY 2013					
	Reports	%	Duplic Chldrn	%	Unique Chldrn	%	Reports	%	Duplic Chldrn	%	Unique Chldrn	%	Reports	%	Duplic Chldrn	%	Unique Chldrn	%
I. Total CA/N Reports Disposed	22,194		55,485		51,060		52,876		129,427		110,323		55,362		136,450		114,270	
II. Disposition of CA/N Reports																		
Substantiated, Indicated, Alternative Response Victim	12,267	55.3	19,199	34.6	18,541	36.3	12,575	23.8	19,462	15.0	18,752	17.0	12,728	23.0	19,912	14.6	19,062	16.7
Unsubstantiated	9,927	44.7	15,107	27.2	13,359	26.2	15,922	30.1	23,814	18.4	21,351	19.4	16,402	29.6	25,078	18.4	22,248	19.5
Other	0	0.0	21,179	38.2	19,160	37.5	24,379	46.1	86,151	66.6	70,220	63.6	26,232	47.4	91,460	67.0	72,960	63.8

Table 3. Statewide Aggregate Data Used to Determine Substantial Conformity

State of Georgia Child Safety Profile April 17, 2014	FFY 2011						FFY 2012						FFY 2013					
	Reports	%	Duplic Chldrn	%	Unique Chldrn	%	Reports	%	Duplic Chldrn	%	Unique Chldrn	%	Reports	%	Duplic Chldrn	%	Unique Chldrn	%
VI. Absence of Recurrence of Maltreatment[7] [Standard: 94.6% or more]					8,489 of						9,778 of						9,219 of	
					8,774	96.8					10,114	96.7					9,623	95.8
VII. Absence of Child Abuse and /or Neglect in Foster Care (12 months) [Standard: 99.68% or more]																	13,415 of	99.30
																	13,510	

Table 4. Additional Items for Information Only

State of Georgia Child Safety Profile April 17, 2014	FFY 2011						FFY 2012						FFY 2013					
	Reports	%	Duplic Chldrn	%	Unique Chldrn	%	Reports	%	Duplic Chldrn	%	Unique Chldrn	%	Reports	%	Duplic Chldrn	%	Unique Chldrn	%
VIII. Median Time to Investigation in Hours **(Child File)**	<24						<24						<24					
IX. Mean Time to Investigation in Hours **(Child File)**	26.2						45.0						45.1					
X. Average Time to Investigation in Hours **(Agency File)**													36.1					
XI. Children Maltreated by Parents While in Foster Care **(Child File and AFCARS File)**																	42 of 13,510	0.311

Table 5. CFSR Round One Safety Measures to Determine Substantial Conformity

State of Georgia Child Safety Profile April 17, 2014	FFY 2011						FFY 2012						FFY 2013					
	Reports	%	Duplic Chldrn	%	Unique Chldrn	%	Reports	%	Duplic Chldrn	%	Unique Chldrn	%	Reports	%	Duplic Chldrn	%	Unique Chldrn	%
XII. Recurrence of Maltreatment **(Child File)** [Standard: 6.1% or less]					285 of 8,774	3.2					336 of 10,114	3.3					404 of 9,623	4.2
XIII. Incidence of Child Abuse and /or Neglect in Foster Care (9 months) **(Child File and AFCARS File)** [Standard: 0.57% or less]																	73 of 12,054	0.61

Provided for informational purposes only.

Safety Trends

The data in the five-year quality assurance review trend reports show a decline in Georgia's 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 a yearly 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 SHINES: 3,189 were assigned to investigations and 2,654 to family support. This represents a 67% increase in 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.

   Workers experience a snowballing 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.

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 staff 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 patterns. For instance, the call pattern shows an increase in the number of reports being accepted after 5 PM, when investigative/family support staff are off work. 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 services workers for follow-up in a timely manner. This delay is impacting Safety 2 as well as permanency and well-being scores.

Permanency

Georgia consistently met or exceeded the national standards for Permanency Composites 1, 2, and 3 in FFYs 2010-2012. In FFY 2013, the state Composite 1 score of 120.8 was slightly below the 122.6 standard, while scores again exceeded the national standards on Composites 2 and 3.

Composite 1: Timeliness and Permanency of Reunification

Georgia exceeded the national standard for Permanency Composite 1 in FFYs 2010-2012 but fell slightly below the standard in FFY 2013. In FFY 2010-2013 the state focused efforts on expediting permanency for all children in care.

On Permanency Composite 1 Measure C1.1, exits to reunification in less than 12 months, Georgia exceeded the national median of 69.9% only in 2011. In FFYs 2010, 2012, and 2013, Georgia fell slightly below the national median.

For Measure C1.2, median length of stay for exits to reunification, Georgia's performance fell short, exceeding the 6.5-month national median in FFYs 2010-2013 with median stays of 7.4 to 9.0 months.

For Measure C1.3, entry cohort reunification in less than 12 months, Georgia's performance was below the national median of 39.4% for FFYs 2010-2013.

On Measure C1.4, re-entries to foster care in less than 12 months, Georgia performed well in all four years, better than the 15.0% national median (lower score is preferable) and better than the 25th percentile, except in 2012, when the state was only 0.2% short of the 25th percentile of 9.9%.

The following table presents the Georgia outcomes on this composite measure and its component measures.

Table 6. Permanency 1 Outcome Measures: Timeliness and Permanency of Reunification

Measure Description	FFY 2010 AB Actual	FFY 2011 AB Actual	FFY 2012 AB Actual	FFY 2013 AB Actual
Permanency Composite 1 (national standard: 106.4 or higher)	127.4	127.0	124.1	120.8
C1.1: Exits to reunification in less than 12 months: Of all children discharged from foster care to reunification in the year shown, who had been in foster care for 8 days or longer, what percent was reunified in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment)	66.4%	70.6%	69.7%	66.6%
C1.2: Exits to reunification, median stay: Of all children discharged from foster care (FC) to reunification in the year shown, who had been in FC for 8 days or longer, what was the median length of stay (in months) from the date of the latest removal from home until the date of discharge to reunification? (This includes trial home visit adjustment)	Median = 9.0 months	Median = 7.4 months	Median = 8.8 months	Median = 9.0 months
C1.3: Entry cohort reunification in less than12 months: Of all children entering foster care (FC) for the first time in the 6-month period just prior to the year shown, and who remained in FC for 8 days or longer, what percent was discharged from FC to reunification in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment)	44.7%	46.3%	44.8%	43.9%
C1.4: Re-entries to foster care in less than 12 months: Of all children discharged from foster care (FC) to reunification in the 12-month period prior to the year shown, what percent re-entered FC in less than 12 months from the date of discharge?	6.1%	8.9%	10.1%	9.7%

Source: ACF State Data Profiles; AFCARS

Composite 2: Timeliness of Adoptions

The Permanency Unit's efforts in tracking and monitoring policy, law and practice guidance for all children with an adoption goal has been a significant contributor to achieving adoption outcomes. Permanency Roundtables, as a forum for county staff to involve new voices in case discussions, have proven to be a very useful tool in providing guidance and support. Specialized adoption consultants, the Regional Adoption Coordinators (RACs), participate in all roundtables where a child has an adoption goal or concurrent goal of adoption. More information about the Permanency Roundtables is available in the Foster Care/Permanency section of this report.

Overall, for Permanency Composite 2 (timeliness of adoptions), Georgia exceeded the national standard in FFY 2010, FFY 2011, FFY 2012, and FFY 2013. In FFY 2011 and 2013, Georgia ranked third out of the 47 reporting states on Permanency Composite 2.

On the five measures used to score Composite 2, Georgia performed better than the national median in all five measures in FFYs 2011, 2012, and 2013. In 2010, Georgia performed better on all but one of the measures.

Additionally, Georgia:
- Exceeded the 75th percentile (36.6%) in finalizing adoptions within 24 months for children discharged to adoption in FFY 2012 and 2013.
- Exceeded the national median (8.8%) in achieving TPR for children in care in excess of 17 months and legal freedom within six months of the start of the FFY in FFYs 2010-2013.
- Exceeded the 75th percentile (53.7%) in achieving finalized adoptions in less than 12 months for children legally free for adoption in the previous year in FFYs 2010-2013.

For Permanency Component A: Timeliness of Adoptions of Children Discharged to Adoptions:
- For Measure C2.1 (Exits to adoptions in less than 24 months), Georgia consistently performed above the national median of 26.8% in FFYs 2010-2013.
- For Measure C2.2 (Exits to adoptions, median length of stay), Georgia was above the national median of 32.4 in FFY 2010 but had shorter median lengths of stay in FFYs 2011-2013.

For Permanency Component B: Progress Toward Adoption of Children in Foster Care for 17+ Months or Longer:
- For Measure C2.3 (Children in care 17+ months, adopted by the end of the year), Georgia consistently performed above the national median of 20.2% and the 75th percentile of 22.7% in FFYs 2010-2013.
- For Measure C2.4 (Children in care 17+ months achieving legal freedom within six months), Georgia consistently exceeded the national median of 8.8% in FFYs 2010-2014 and exceeded the 75th percentile in FFYs 2011 and 2013.

For Permanency Component C: Progress Toward Adoption of Children Who Are Legally Free for Adoption:
- For Measure C2.5 (Legally free children adopted in less than 12 months), Georgia consistently performed above the national median of 45.8% and the 75th percentile of 53.7% in FFYs 2010-2013.

In addition to the Permanency Roundtables, Georgia's success in Composite 2 may be attributed to a major adoption policy change implemented in 2010 by the Permanency Unit. The policy requires staff to begin critical adoption case management duties immediately upon the filing of the TPR petition. These include: 1) referral for the completion of the child life history; 2) submission of the adoption assistance application/specialized adoption assistance rate; and 3) initiation and completion of the Adoption Consideration Evaluation (formerly the foster parent conversion). The foster parent conversion process was changed to the Adoption Consideration Evaluation (ACE) in order to align with the Foster Parents' Bill of Rights, which provides foster parents the right to be considered, when appropriate, as the adoption resource for a child placed in their home for a period of 12 months or longer.

Another strategy contributing to Georgia's successful adoption outcomes was a pilot implemented in 2011 for "Operation Permanency," a new, aggressive recruitment strategy to find families for youth in care who are harder to place. Each of Georgia's 15 regions selected a child over age 13 or a sibling group from the region without an adoption resource. The pilot was supported through donated funds from collaborative partners "A Gift for A Child" and Wednesday's Child.

The following table presents the timeliness of adoption measures for Georgia.

Table 7. Permanency 2 Outcome Measures: Timeliness of Adoptions

Measure Description	FFY 2010 AB Actual	FFY 2011 AB Actual	FFY 2012 AB Actual	FFY 2013 AB Actual
Permanency Composite 2 (national standard: 106.4 or higher)	119.0	125.9	123.4	126.4
C.2.1: Of all children discharged from foster care to a finalized adoption during the year, the percentage discharged in less than 24 months from the date of the latest removal	28.6%	34%	39.5%	38.1%
C.2.2: Of all children discharged from foster care to a finalized adoption during the year, what was the median length of stay in foster care (in months) from the date of latest removal from home to the date of discharge to adoption?	33.1 months	29.0 months	27.2 months	26.8 months

Measure Description	FFY 2010 AB Actual	FFY 2011 AB Actual	FFY 2012 AB Actual	FFY 2013 AB Actual
C.2.3: Of all children in foster care on the first day of the year who were in care for 17 continuous months or longer, what percentage were discharged from foster care to a finalized adoption by the last day of the year?	30.5%	31.1%	29.6%	31.3%
C.2.4: Of all children in foster care on the first day of the year who were in foster care for 17 continuous months or longer, and who were not legally free for adoption prior to that day, what percentage became legally free for adoption during the first 6 months of the year? (i.e., there was a parental rights termination date reported to AFCARS for both mother and father)	9.6%	12.5%	10.5%	12.7%
C.2.5: Of all children who became legally free for adoption during the year (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percentage were discharged from foster care to a finalized adoption in less than 12 months of becoming legally free?	66.7%	60.6%	61.8%	61.8%

Source: ACF State Data Profiles; AFCARS

Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time

Georgia exceeded the Permanency 3 Composite standard of 121.7 in each year in FFYs 2010-2013. For Measure C3.1, achieving permanency prior to 18th birthday for children in care for 24+ months, Georgia exceeded the national median of 25% by more than 10% in FFYs 2010-2013.

For Measure C3.2, exits to permanency for children with TPR, Georgia fell slightly short, falling below the national median of 96.8%.

For Measure C3.3, children emancipated who were in foster care for three years or more, Georgia performed better than the national median of 47.8% in FFYs 2011, 2012 and 2013.

Georgia's successful performance on Composite 3 is related to the state's values regarding permanency for all children and diligent efforts to achieve permanency. Georgia adheres to the philosophy that every child is adoptable. Additionally, Georgia has adopted a "no APPLA" concept for children entering the foster care system, supporting this concept with the roundtables strategy and the Cold Case Project.

Table 8. Permanency 3 Outcome Measures: Permanency for Children and Youth in Foster Care for Long Periods of Time

Measure Description	FFY 2010 AB Actual	FFY 2011 AB Actual	FFY 2012 AB Actual	FFY 2013 AB Actual
Permanency Composite 3 (national standard: 121.7 or higher)	129.2	131.0	133.6	142.3
C3.1: Exits to permanency prior to 18th birthday for children in care for 24+ months. Of all children in foster care for 24 months or longer on the first day of the year shown, what percent was discharged to a permanent home prior to their 18th birthday and by the end of the fiscal year? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with relative).	38.7%	36.8%	35.8%	38.4%

Measure Description	FFY 2010 AB Actual	FFY 2011 AB Actual	FFY 2012 AB Actual	FFY 2013 AB Actual
C3.2: Exits to permanency for children with TPR: Of all children who were discharged from foster care in the year shown, and who were legally free for adoption at the time of discharge (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged to a permanent home prior to their 18th birthday? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with relative)	92.6%	94.9%	94.5%	93.2%
C3. 3: Children Emancipated Who Were in Foster Care for 3 Years or More. Of all children who, during the year shown, either (1) were discharged from foster care prior to age 18 with a discharge reason of emancipation, or (2) reached their 18th birthday while in foster care, what percent were in foster care for 3 years or longer?	47.8%	43.8%	36.6%	28.9%

Source: ACF State Data Profiles; AFCARS

Composite 4: Placement Stability

Georgia has not met the national standard for Permanency Composite 4, placement stability, or any of the three component measures (C4.1, two or fewer placement settings for children in care for less than 12 months; C4.2, two or fewer placement settings for children in care for 12 to 24 months; and C4.3, two or fewer placement settings for children in care for 24+ months) in FFYs 2010-2014.

Georgia has consistently fallen short in this area for a number of reasons. Two of the major contributors to instability of placements are insufficient quality assessments of caregivers, inadequate assessments of children's needs and poor placement matching practices.   Additionally, lack of support to caregivers contributes to disruption of placements.

Table 9. Permanency Composite 4: Placement Stability

Measure Description	FFY 2010 AB Actual	FFY 2011 AB Actual	FFY 2012 AB Actual	FFY 2013 AB Actual
Permanency Composite 4 (national standard: 101.5 or higher)	77.8	85.6	87.2	86.0
C4.1: Two or fewer placement settings for children in care for less than 12 months. Of all children served in foster care (FC) during the 12-month target period who were in FC for at least 8 days but less than 12 months, what percent had two or fewer placement settings?	73.4%	79.4%	79.2%	77.1%
C4.2: Two or fewer placement settings for children in care for 12 to 24 months. Of all children served in foster care (FC) during the 12-month target period who were in FC for at least 12 months but less than 24 months, what percent had two or fewer placement settings?	48.2%	54.9%	57.1%	54.7%
C4.3: Two or fewer placement settings for children in care for 24+ months. Of all children served in foster care (FC) during the 12-month target period who were in FC for at least 24 months, what percent had two or fewer placement settings?	25.7%	27.6%	30.0%	32.9%

Source: ACF State Data Profiles; AFCARS

The following table presents the permanency goals and measures for FFYs 2009-2014. As noted in the introduction to Part D, the quality assurance case review process was changed for FFY 2014 to focus primarily on documentation (SHINES), contributing to lower scores in the first half of the current year.

Table 10. Permanency Goals and Measures for FFYs 2009-2014

Performance Goals and Objectives		12-Month Performance as of:						6-Month Performance as of March 31, 2014*	9-Month Performance as of June 30, 2014*	Annual Targets (P=PIP goal)	How Measured
		March 31, 2009 (CFSP)	Sept. 30, 2009	Sept. 30, 2010	Sept. 30, 2011	Sept. 30, 2012	Sept. 30, 2013				
Perm 1	Children have permanency and stability in their living situations	31.84%	28.94%	34.18%	41%	46%	35%	20%	18%	32.80% 33.78% 34.79% 35.84%	Case Reviews
P1.5	Foster care reentry (Item 5)	95.95%	100.00%	100.00%	98%	100%	96%	94%	96%	Maintain performance	Case Reviews
P1.6	Stability of foster care placement (Item 6)	89.58%	87.47%	86.44%	84%	85%	86%	78%	79%	92.27% 95.04% Maintain performance	Case Reviews
P1.7	Permanency goal for the child (Item 7)	46.45%	48.60%	52.46%	64%	61%	46%	36%	33%	48.77% 51.21% 53.77% 56.46%	Case Reviews
P1.8	Reunification, guardianship or permanent placement with a relative (Item 8)	47.06%	42.62%	47.50%	52%	66%	53%	39%	39%	48.47% 49.93% 51.42% 52.97%	Case Reviews
P1.9	Adoptions (Item 9)	29.41%	29.37%	38.11%	47%	65%	54%	28%	27%	30.29% 31.20% 32.14% 33.10%	Case Reviews
P1.10	Permanency goal of other planned permanent living arrangement (Item 10)	77.55%	79.37%	81.63%	86%	86%	100%	53%	60%	79.95% 80.98% 83.41% 85.91%	Case Reviews

*FFY 2014 change to documentation-only quality assurance review for most cases contributed to a decline in scores for the first half of the year. Item number references are those are for the second-round CFSR.

Performance Goals and Objectives		12-Month Performance as of:						6-Month Performance as of March 31, 2014*	9-Month Performance as of June 30, 2014*	Annual Targets (P=PIP goal)	How Measured
		March 31, 2009 (CFSP)	Sept. 30, 2009	Sept. 30, 2010	Sept. 30, 2011	Sept. 30, 2012	Sept. 30, 2013				
Perm 2	The continuity of family relationship and connections is preserved for children	73.91%	72.05%	66.47%	65%	67%	59%	41%	40%	76.12% 78.41% 80.76% 83.19%	Case Reviews
P2.11	Proximity of placement (Item 11)	100%	99.52%	99.55%	100%	98%	94%	99%	98%	Maintain performance	Case Reviews
P2.12	Placement with siblings (Item 12)	93.90%	93.5%	93.84%	92%	95%	100%	89%	92%	Maintain performance	Case Reviews
P2.13	Visiting with parents and siblings in foster care (Item 13)	66.74%	69.72	65.63%	68%	68%	57%	36%	36%	69.40% 72.19% 75.80% 79.59%	Case Reviews
P2.14	Preserving connections (Item 14)	77.79%	70.33%	69.90%	69%	72%	75%	60%	61%	80.12% 82.53% 85.00% 87.55%	Case Reviews
P2.15	Relative placement (Item 15)	75.05%	74.79%	69.21%	66%	58%	49%	39%	37%	77.30% 79.62% 82.00% 84.47%	Case Reviews
P2.16	Relationship of child in care with parents (Item 16)	45.77%	41.30%	36.87%	50%	57%	41%	26%	26%	47.14% 48.56% 50.01% 51.51%	Case Reviews

*FFY 2014 change to documentation-only quality assurance review for most cases contributed to a decline in scores for the first half of the year. Item number references are those are for the second-round CFSR.

Chart 3. Permanency Outcomes 1 and 2 by Fiscal Year

Permanency Outcome 1 Comparison by Fiscal Year

	Permanency 1	Item 5	Item 6	Item 7	Item 8	Item 9	Item 10
FFY 2010	34.18%	100.00%	86.44%	52.46%	47.50%	38.11%	81.63%
FFY 2011	41%	98%	84%	64%	52%	47%	86%
FFY 2012	46%	100%	85%	61%	66%	65%	86%
FFY 2013	35%	96%	86%	46%	53%	54%	100%

Permanency Outcome 2 Comparison by Fiscal Year

	Permanency 2	Item 11	Item 12	Item 13	Item 14	Item 15	Item 16
FFY 2010	66.47%	99.55%	93.84%	65.63%	69.90%	69.21%	36.87%
FFY 2011	65%	100%	92%	68%	69%	66%	50%
FFY 2012	67%	98%	95%	68%	72%	58%	57%
FFY 2013	59%	94%	100%	57%	75%	49%	41%

Source: Office of Quality Management

Permanency Outcomes Analysis of Quality Assurance Review Findings

Permanency 1 Outcomes: 2010: 34.18%, 2011: 41%, 2012: 46%, 2013: 35% and 2014: 20%

Permanency Outcomes 1 and 2:
Permanency outcomes include: (1) Children have permanency and stability in their living situations; and (2) the continuity of family relationships is preserved for children.

Based on data and input from stakeholders and courts, Georgia is strong in the areas of foster care re-entries (Permanency Outcome 1, Item 5) and assessing the proximity of foster care placements to that of the children's parents (Permanency Outcome 2, Item 11). However, the agency recognizes that there are a few areas of concern that will need to be addressed (below). For many of the reviewed cases, there is a concern regarding insufficient improvement in case practice. This gap may be attributed to a simultaneous need to improve the quality of supervisory staffing sessions. Although supervisory staffing sessions were held frequently in the cases reviewed, some sessions did not result in high-quality directives: directives were often missing valuable information or the information was repetitive. Additional concerns with supervisory staffings included supervisory review of cases, movement of cases toward permanency, and/or ensuring child safety.

As indicated in the FFY 2010-2014 Final Report, the state believes that current permanency performance levels may be attributed at least in part to the revised OQM review process for FFY 2014 that relied more heavily on SHINES documentation: inadequate documentation, documentation not uploaded into SHINES, and staff turnover all affected performance as measured in the revised review process. Further, the significant needs of children entering care and the lack of resources to meet the high-level of needs of these children may also be contributing to current performance levels in this area.

- Foster Care Re-Entries (Permanency Outcome 1, Item 5)
  In FFY 2010, qualitative reviews indicated the state was at 100% for this item; 2014 saw a slight decline to 94%, which was the lowest performance over the past five years. Georgia's consistently strong performance in this area speaks to appropriately addressing the issues leading to the child's entry into foster care or locating successful relative care and guardianship placements when children could not return home.

  A key contributor to this performance is that reunification decisions are made based on the successful resolution of safety factors rather than external considerations like approaching holidays or the start of the school year. Strong performance can be attributed to many different efforts, such as improvements in the appropriateness and effectiveness of intervention services offered to families through Family Support cases as well as taking those services into account in the event that a child subsequently enters foster care. For foster care cases that come from Family Support, evaluating the services previously offered guides the selection of services during foster care to lead to better outcomes more quickly.

  Additionally, certain regions have increased the frequency and duration of unsupervised visits prior to transfer of custody, which helps to better assess a parent's readiness for reunification. In other regions, foster care discharge Family Team Meetings are held with administration-level staff so that higher-level supervisory input is provided prior to case closure.

- Assessing the stability of foster care placements (Permanency Outcome 1, Item 6)

  During the OQM case review period, stability of foster care was negatively impacted when children in care had multiple moves and services were not provided to maintain the placement and/or the placement was not considered stable. Overall, however, this is a stronger-rated area of practice for the state.

  One of the challenges that has been identified is not having an appropriate placement available for a child based on assessed needs and instead having to place children wherever a bed is available, which in some cases leads to placement disruptions. Additionally, case managers may not be implementing support services in a timely manner. Another issue identified is that Room Board and Watchful Oversight (RBWO) providers are not adhering to their contractual responsibility to have 24/7 intake and placement capability on weekends. Regional staff report that RBWO providers are less tolerant and flexible and are less receptive to caring for children with high-end needs. This population of children ends up being placed with non-contracted providers or in brief hotel stays while placements are located. RBWO providers are also reportedly placing children into respite care arrangements that then become more permanent placements without notice to the county department. Thoroughly documenting the movement of children is an ongoing challenge.

- Permanency goals for the children, specifying the goals within the case file (Permanency Outcome 1, Item 7)

  Permanency goals for children were greatly impacted in instances where the permanency plan was not established within the Adoption and Safe Families Act (ASFA) timeframe of 60 days of the child entering care, the approved permanency plan was not the most appropriate plan, and/or the termination of parental rights (TPR) was not filed by the 15th of the month or a valid compelling reason for not filing was not documented. The delay in establishing permanency plans in a timely manner was most often attributed to court continuances and failure to ensure a dispositional hearing was held in a timely manner. Court orders were often not uploaded in SHINES, and case narratives did not indicate that court hearings were held. Additionally, in some of the reviewed cases, permanency plans approved by the court did not match the plan identified on the family plan. Concurrent planning was used in only 34% of permanency cases reviewed. Also, many cases failed to have appropriate services implemented and/or monitored to ensure families were meeting the goals of their case plan to reduce risk and/or achieve permanency.

  Georgia identified the following concerns for this item: a backlog in investigation assessments keeps permanency staff from conducting and completing family assessments necessary to devise permanency goals; court delays result in hearings not being conducted within 90 days, which impedes the progression of approved permanency goals and case planning; judges' conflicts with concurrent planning result in further delays; high staff turnover leads to frequent reassessment by new workers, slowing the permanency determination; and limited resources make the Comprehensive Child and Family Assessment (CCFA) slower or less thorough. In some cases, permanency staff conducted the CCFA themselves, instead of the contracted providers.

- Reunification, guardianship or permanent placement with relatives efforts (Permanency Outcome 1, Item 8)

  In some of the reviewed cases, reunification was not accomplished due to a lack of services provided to parents/caretakers to achieve the goals of their case plan within 12 months of the child entering care. Guardianship was not achieved when the agency failed to ensure relatives had received guardianship of children within 12 months of their entry into care.

  Regional staff report that it appears that an extensive amount of work is being done with children in custody as well as stabilizing homes prior to returning children home. Staff spoke positively of work with the children, completing visits, and responding to crises. However, they report that little work is being done with mothers and even less work is being done with fathers or paternal family members; there continues to be too little engagement of fathers and/or absentee parents.

- Timely Adoption efforts (Permanency Outcome 1, Item 9)

  Adoptions were negatively impacted in instances where TPR was not filed with the court in a timely manner, adoptive resources were not identified, child life histories were not completed on time and required forms were not signed.

  A main barrier to timely adoptions is the agency's non-compliance with the filing of TPR. Delays here decrease the amount of time available to complete adoption-specific casework (e.g., completion of Child Life History, application for Adoption Assistance, and child-specific recruitment). In some instances, although the petition is filed on time, there are delays in obtaining TPR due to court continuances and the reluctance of judges to terminate parental rights when children do not have an identified adoptive resource.

  Another factor is the lack of adoption specialization in Georgia's smaller counties. Adoption-specific work is not a frequent occurrence in the smaller counties, which sometimes creates delays to adoption finalization. Other, urban counties have specialized adoption staff and still experience delays, particularly when there is not a seamless transition from a "regular" foster care case manager to a specialized adoption case manager. In some cases, reviews indicated that having the two types of case managers could be detrimental to timely adoption when roles and responsibilities were not clearly defined.

  A bright spot is a state-level decision to place focus back on the area of adoption. The Regional Adoption Coordinators (RACs) have resumed their responsibilities, tracking children with an adoption goal and influencing casework practice in the field. Having staff who possess specialized knowledge is valued by field staff.

- Efforts to ensure other planned permanent living arrangements (Permanency Outcome 1, Item 10)

  Based on the reviewed cases, efforts to ensure services were provided to youth with the goal of Another Planned Permanent Living Arrangement (APPLA) and to ensure youth with the goal of emancipation were in a permanent placement were insufficient.

- Proximity of Foster Care Placement (Permanency Outcome 1, Item 11)

  The agency performed exceptionally well in this area, exceeding the federal standard. Per these reviews, placing children with family members within proximity is not a problem. Some of the regions have Resource Development and Placement Team units that specialized in locating family resources close to the family.

- Efforts to ensure sibling placements (Permanency Outcome 2, Item 12)
  This was rated an area needing improvement in cases when documentation did not support efforts made by the agency to place siblings together in the same setting or clearly indicate why the siblings could not be placed together (e.g., when the behavioral needs of one sibling required a higher level placement). Georgia identified these additional concerns: a need for additional capacity to place large sibling groups in the same home, and placement disruptions due to behaviors, treatment need or safety that resulted in separation.

  Some of the strategies used to address the concerns included making a concerted effort to place siblings together and – in cases in which capacity is an issue – placing siblings in nearby homes to preserve the continuity of relationships.

- Efforts to ensure visitation between parents and siblings of the children (Permanency Outcome 2, Item 13)

  In many of the reviewed cases, case activity relevant to achieving this outcome was present, but there was insufficient documentation and detail provided to support a strength rating. For example, reports from supervisory staffing sessions might indicate that the child was visiting with parents on a regular basis; however, there were not documented visits or documented discussions of visitation with parents or siblings in the case file. Therefore, quality and frequency of visitation could not be ascertained.

- Efforts to maintain the children's connections to his/her neighborhood, community, faith, extended family, tribe, school and friends (Permanency Outcome 2, Item 14)

  Performance on this item suffered due to insufficient documentation that the agency had identified the child's connections prior to entering care and exerted diligent efforts to maintain those connections for the child. As described above for Item 13, in many of the reviewed cases it appeared that children were likely receiving services to maintain these connections, but documentation was incomplete. Cases that were evaluated through interviews rather than pure SHINES review were rated as strength, which suggests that the work is being done but is not being sufficiently documented. For instance, reviews showed that there were instances when foster parents were willing to transport children to their previous school after a placement change and/or the counties were able to utilize transportation funds; however, this service was not always documented.

  Insufficient family engagement in visits and visit planning was one of the reported barriers. Parents failed to show up for scheduled visits or showed up unannounced. There also appears to be inconsistency in communicating visitation requirements from the courts as well as the case manager. Finally, reviews showed that the agency did not follow the guidelines of the Indian Child Welfare Act for all children with Indian heritage.

The agency believes that engaging more family members is one way to improve on Item 14. Some relatives who are unable to act as placement resources may still be invaluable as conduits to help preserve important connections.

- Efforts to place the children with relatives (Permanency Outcome 2, Item 15)

This area was rated as an area needing improvement when the agency failed to document diligent efforts to identify potential relative placements for the child, including maternal and paternal relatives, or when the agency had identified maternal and paternal relatives but failed to assess them as potential placement resources.

Over the past few years, Georgia's practice regarding the use of relative resources for placement of children in care has consistently been poor. Anecdotal information points to issues with staff not fully understanding policy on relative placements and not fully exploring relative placements, especially when children have been removed from a relative and not the parent. Georgia does not have a protocol in place to reassess placements that are going well, which means that opportunities for relative placements can be missed if a child's foster home placement is not in jeopardy. Additional factors include practice deficiencies around diligent searches for relatives and not informing relatives about their options to become fully approved foster parents, which includes more financial and placement supports. Georgia's practice regarding paternal family and father engagement also needs improvement. Increasing the number of relative caregivers is included in the state's Diligent Recruitment Plan.

- Efforts to maintain positive relationships between the children and the parents/caregivers (Permanency Outcome 2, Item 16)

Georgia has seen consistently low performance on this item. Specifically, Georgia has not done well in working with fathers or absent parents. Another issue is working with foster parents to support parents' relationship with their children while in care. The state piloted Partnership Parenting in six counties and it was viewed as a successful tool to support the parent/child relationship; however, it was never implemented statewide. The pilot found that most foster parents in the pilot counties who were introduced to the concept of shared parenting through the model supported the change. However, additional work needed to be done with frontline staff to help them understand and embrace the concepts.

Well-Being

DFCS identified family and community engagement as a major cornerstone of system improvement in its last CFSP. This focus included a more holistic approach to working with and serving Georgia's most vulnerable children and families. DFCS has been aggressive in implementing innovative well-being programming that also supports safety and permanency in the child welfare continuum. To promote well-being, DFCS has established two units: the System of Care Unit (SOC), focused on the physical and behavioral health needs of children in the care and custody of DFCS, and the Educational, Programming, Assessment, and Consultation Unit (EPAC), dedicated to managing and monitoring educational well-being for children and youth in foster care.

The two units are part of a collective that make up the Collaborative Services Section, established in August 2013 to forge a well-being continuum for DFCS. The Collaborative Services Section is DFCS's epicenter for community coordination and outreach initiatives. Through coordinated collaborations and partnerships, the Section supports the strategic alignment of DFCS's mission, values, and best practices through its engagement with children, families, and communities. Collaborative Services supports programs and services that interface with local communities to address child, youth, and family well-being issues centering around key areas: 1) Self Sufficiency;

2) Education; 3) Positive Youth Development; 4) Personal Responsibility; 5) Youth Career Preparation; 6) Behavioral Health Interventions; 7) Community-Based Programs; and 8) Child Welfare Support Services.

Family and community engagement has been measured in part through Well-Being Outcome Measures 1, 2, and 3. Georgia has experienced both progress and regression in these outcomes. Among the major factors affecting performance are difficulties in converting policy into practice and in sustaining practice efforts during organizational changes and reallocations of resources.

DFCS has successfully incorporated into policy the federal requirements and best practices for education, mental health and trauma-informed practice. However, the agency continues to struggle with implementing policy in its daily practice. Practice, and therefore outcomes, often lags behind policy in key areas such as ensuring quality visits, paternal engagement, working with older youth to ensure their safe and stable transition from foster care to adulthood and independence, monitoring physical/behavioral health needs and ensuring they are met, and ensuring educational stability for the foster care population.

Throughout the past five years, many localized strategies were developed and implemented to address deficient areas of program performance, and the data reflect marked improvements in those areas while those strategies were in place. Longer-term analysis shows that sustaining work quality in the face of organizational changes or resource gaps continued to be a factor in performance trends. These issues are particularly clear for Well-being Items 17 (Needs and service of child, parents, and foster parents), 20 (Worker visits), and 23 (Mental Health of the child).

As for Permanency, the change in review methodology to focus primarily on documentation in SHINES is a contributing factor to atypically weak performance in 2014.

Well-Being 1 (Families will have enhanced capacity to provide for their children's needs)
The established benchmark in 2009 was 49.82%. Georgia exceeded the benchmark only once in the five-year period and by June of 2014 the state had significantly declined to a low of 27%. Strategies contributing to the success of Well-Being 1 include the state's use of Cadence Calls as a method of live learning and accountability. Calls were held weekly 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.

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. Often all household members were not engaged or assessed. Placement cases receive assessments through CCFA providers, and this may contribute to better performance.

It should be noted that ECEM (visitation frequency) performance is high based on SHINES data; however, per WB1.3 the item is measured through a qualitative review.

Analysis of Well Being Outcomes

- 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 five-year period. By June of 2014, Georgia declined to 33%.

Case review findings demonstrate that DFCS (or the contracted provider) 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 2014. 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.

- 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 SHINES. Finally, failure to have regular contacts with parents and children on a monthly basis to discuss the case plan and progress negatively impacted this item.

  The state's move to implement Partnership Parenting and the SRS Foster Care 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 of contacts with children as well as missing contacts with children during the six-month review period. Quality contacts are defined as 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
  - 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 discuss reasons for agency involvement; assess the child's ongoing safety; discuss permanency when applicable; and discuss child's overall well-being.

When comparing Family Preservation with Permanency cases, Family Preservation cases rated at 35% strengths 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 visits.

Additionally, the 2015-2019 Every Child Every Month 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 twin 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 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.

- Well-Being Outcome 1, Item 5: ECEM (worker visits with child).
  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.

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

Table 11. Well-Being Goals and Measures for FFY 2009-2014

Performance Goals and Objectives		12-Month Performance as of:						6-Month Performance as of March 31, 2014*	9-Month Performance as of June 30, 2014	Annual Targets (P=PIP goal)	How Measured
		March 31, 2009 (CFSP)	Sept. 30, 2009	Sept. 30, 2010	Sept. 30, 2011	Sept. 30, 2012	Sept. 30, 2013				
Well-Being 1	Families have enhanced capacity to provide for their children's needs	49.82%	51.4%	47.63%	45%	49%	44%	27%	27%	52.31% 54.40% 56.58% 58.84%	Case Reviews
W1.1	Needs and services of child, parents, foster parents	59.38%	57.18%	53.01%	48%	54%	48%	33%	34%	58.94% P 61.16% 63.00% 64.89%	Case Reviews
W1.2	Child and family involvement in case planning	50.65%	57.23%	54.85%	56%	63%	58%	40%	39%	54.20% 57.99% 62.05% 66.39%	Case Reviews
W1.3	Worker visits with child	63.04%	70.42%	70.81%	71%	79%	73%	50%	49%	72.50% 77.57% 83.01% 90.00%	Case Reviews
W1.4	Worker visits with parents	20.63%	20.83%	31.17%	41%	44%	31%	18%	19%	24.76% 29.71% 35.65% 42.78%	Case Reviews
W1.5	ECEM Worker visits with child	Not Reported	86%	96%	97%	99%	98%	96%		90.00% Maintain performance	SHINES Data

*FFY 2014 change to documentation-only quality assurance review for most cases contributed to a decline in scores for the first half of the year. Item number references are those are for the second-round CFSR.

Performance Goals and Objectives		12-Month Performance as of:						6-Month Performance as of March 31, 2014*	9-Month Performance as of June 30, 2014	Annual Targets (P=PIP goal)	How Measured
		March 31, 2009 (CFSP)	Sept. 30, 2009	Sept. 30, 2010	Sept. 30, 2011	Sept. 30, 2012	Sept. 30, 2013				
Well-Being 2	Children receive appropriate services to meet their educational needs	88.14%	90.07%	77.82%	74%	80%	82%	48%	47%	90.78% 93.51% 95.00% Maintain performance	Case reviews
W2.1	Educational needs of the child (Item 21)	88.14%	90.07%	77.82%	74%	80%	82%	48%	47%	90.78% 93.51% 95.00% Maintain performance	Case reviews
Well-Being 3	Children receive adequate services to meet their health needs	71.16%	76.21%	58.45%	57%	65%	61%	30%	30%	73.29% 75.49% 77.76% 80.09%	Case reviews
W3.1	Physical health of the child	77.05%	83.99%	68.12%	70%	77%	75%	39%	39%	79.36% 81.74% 84.19% 86.72%	Case reviews
W3.2	Mental health of the child	81.48%	80.76%	68.11%	60%	67%	66%	36%	35%	83.92% 86.44% 89.03% 90.00%	Case reviews

*FFY 2014 change to documentation-only quality assurance review for most cases contributed to a decline in scores for the first half of the year. Item number references are those are for the second-round CFSR.

Chart 4. Well-Being Outcomes by Fiscal Year

Wellbeing Outcome 1 Comparison by Fiscal Year

	Wellbeing 1	Item 17	Item 18	Item 19	Item 20
■ FFY 2010	47.63%	53.01%	54.85%	70.81%	31.17%
■ FFY 2011	45%	48%	56%	71%	41%
■ FFY 2012	49%	54%	63%	79%	44%
■ FFY 2013	44%	48%	58%	73%	31%

Wellbeing Outcomes 2 and 3 Comparison by Fiscal Year

	Wellbeing 2	Item 21	Wellbeing 3	Item 22	Item 23
■ FFY 2010	77.82%	77.82%	58.45%	68.12%	68.11%
■ FFY 2011	74%	74%	57%	70%	60%
■ FFY 2012	80%	80%	65%	77%	67%
■ FFY 2013	82%	82%	60%	75%	66%
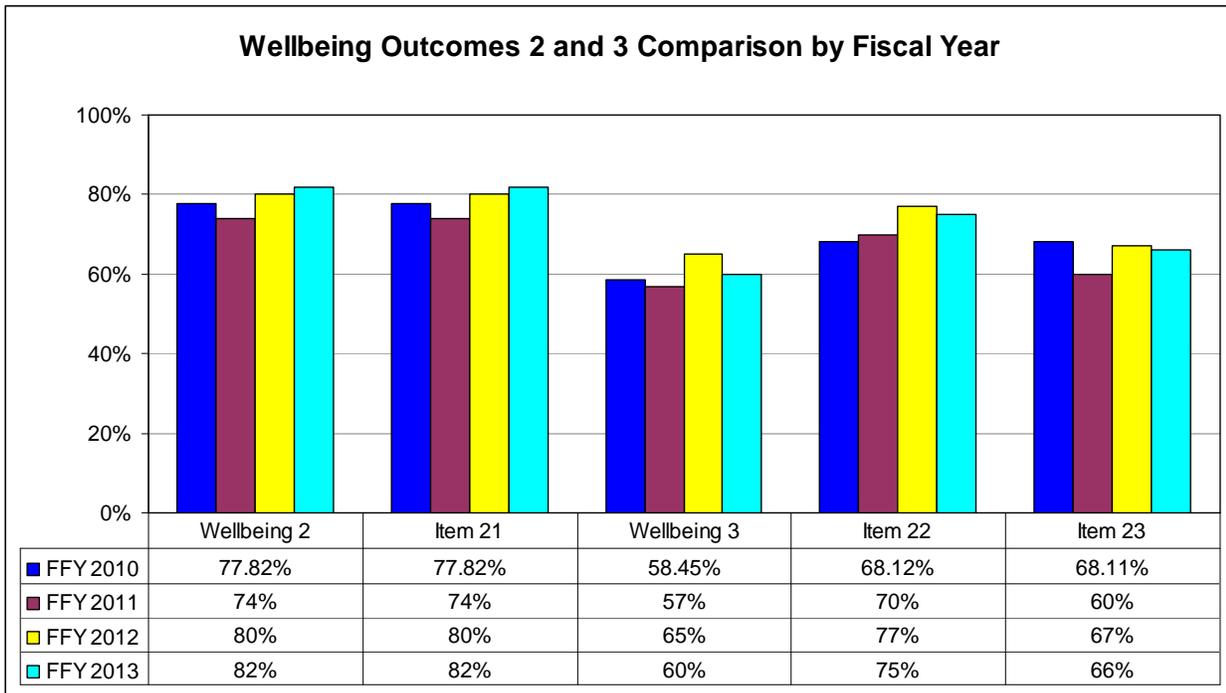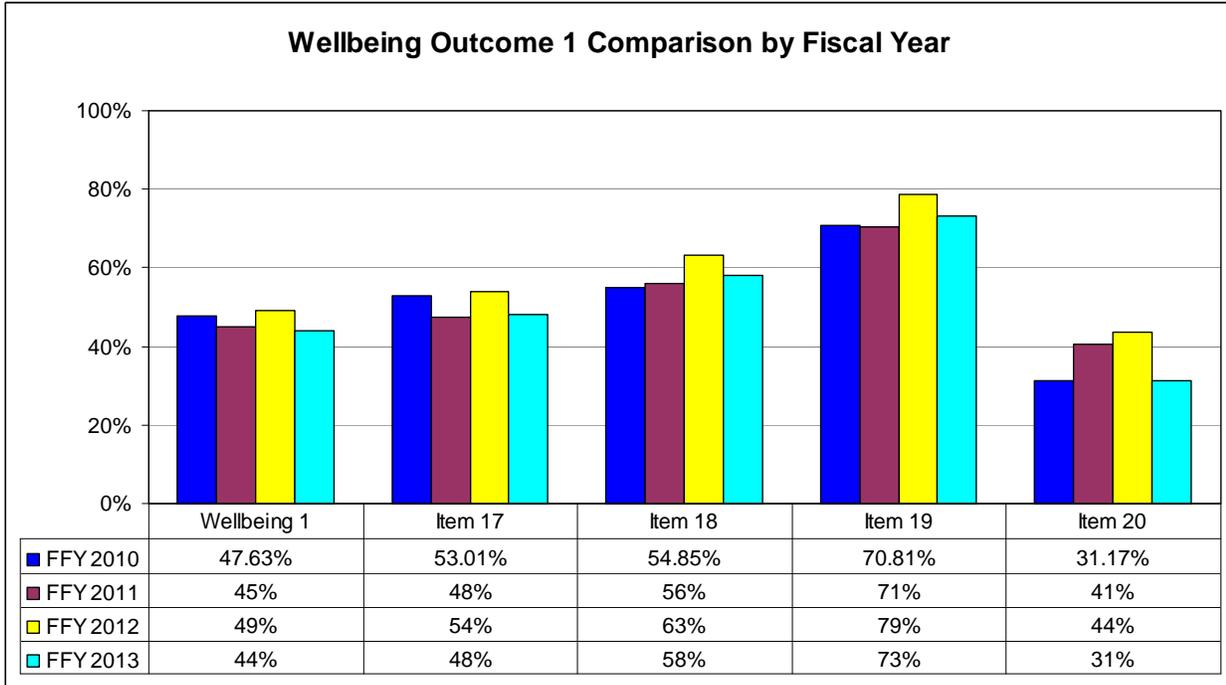
Source: Office of Quality Management

Key Findings & Analysis

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 process and provide staff with a more through educational assessment for children in care. The new process requires staff to submit an educational assessment referral to the EPAC unit. County staff is failing to consistently submit referrals for educational assessments.

2. The main emphasis continues to be 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 and data of children in care is 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 services workers for follow-up in a timely manner. This delay is impacting Safety 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.

B. SYSTEMIC FACTORS

1. Information System

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 supporting all program areas from child protective services to foster/adoption services. Through Georgia SHINES, case managers 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 cases – children and families services. This has been achieved in part by the reporting applications (Georgia SHINES and LENSES) available to users.

From the initial 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:
- Status of a child
- Person demographic
- Person characteristics
- Placement information
- Child and parent/caregiver goals

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, such as the type of removal (whether it was court ordered, voluntary, or short-term emergency) and the reasons for removal, including both caretaker issues and child-related issues.

Figure 1. Custody/Removal Page

As cases progress from intake through to reunification or 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 individuals (e.g., a 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 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 whether there was a prior episode for the child. According to this report, between August 2013 and July 2014, nearly 5,000 children entered foster care. This report allows users to view the data statewide, regionally, and by county. 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 provides a list of all children who exited foster care during a specified reporting period or youth who turned 18 and came back into care with a legal status of Temporary Voluntary. This report provides the dates children entered care and discharged from care, and the reason for discharge. As for the Foster Care Entry report, users can view data statewide, regionally, and by county for various time periods. According to this report, almost 6,000 children exited foster care between August 2013 and July 2014.
3. In addition to the aforementioned reports, there is also an Active Totals report. This report provides a summary of totals during a specific month, including a breakdown of children's placement types. Users can view how many cases were active the first/last day of the month, the number of cases closed during the month, and most importantly the primary service opened during that reporting period.

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: gender, marital status, DOB, religion, etc.
- Phone Number
- 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: whether the person is a principal or collateral
- Name History
- Race/Ethnicity
- Additional Information
- Tribal and Additional Information: 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)

Figure 2. Person Detail Page

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.

Characteristics

Characteristics of a child (or any person) are documented on the Person Characteristics page, which is accessible via the Characteristics/Diagnosis section of the Person Detail page. The Person Characteristics page is used to maintain individual characteristics for a person. These characteristics should be used to assist with placement or to document special needs of a child. Characteristics are captured for adults and children. The Person Characteristics page also captures whether or not the child was previously adopted, date of previous adoption, Title IVE eligibility prior to adoption, date of dissolution, and other information regarding the adoption dissolution.

The Person Characteristics page is used to document physical, medical and/or behavioral issues either reported or observed. Any characteristic which has been diagnosed by a qualified professional must be entered on the Health Detail page. Observed or reported characteristics can be reported by a parent/caregiver, child, family member, a case worker, or any other person in contact with the child. This also includes the start and end dates of each diagnosis.

AFCARS data quality reports are also used to monitor child characteristics. In addition, there is a Case Watch page associated with foster care cases that provides case managers and supervisors with a central location to view the current status of Georgia SHINES data with a targeted set of documentation and outcomes standards. The Case Watch page provides direct access to AFCARS and NCANDS report data to allow for review and potential corrections throughout the year instead of during cyclical reporting cycles. There are navigational hyperlinks built into the page to help guide case managers in correcting issues affecting outcome measurement and data quality.

Placement Information

Case managers must record the location of the child upon entry into foster care. This includes all placement types: DFCS foster homes, relatives, group homes, hospitals, youth detention centers, etc. Case managers use the Placement Information page to record both placements that actually occur and placement attempts. Aside from general information (start date, location, and resource) the Placement Information page also requires case managers to view the Placement Log of the resource and certify that the placement is appropriate.

Figure 3. Placement Certification

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

1. The Exception report provides a statewide, regional, and county view of data elements that are missing or incomplete, such as missing placements, unapproved placements, children with no current 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 also case detail information.
2. The Placement List report provides current placement information for 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. Users can view the removal date, placement type, placement name, placement start date, and months in placements. 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 RBWO Child Caring Institutions and Child Placing Agencies as well as 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 allows supervisors and above to monitor and track performance on key indicators. Like most LENSES reports, the Placement Stability report allows users to drill down to view data at the 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.

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. Together, these two become the critical parts for identifying the plan for permanency. In addition to the Foster Care Child Plan and the Foster Care Family Plan, the case plan document contains other data that is gathered from various pages in Georgia SHINES. 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.

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's reasonable efforts to prevent removal
- Whether the Diligent Search was completed within 90 days and when it was completed
- Whether the child is adjusting in care or an explanation for why the child may not be adjusting in care
- ASFA Regulations requirements
- Non-reunification conditions, if applicable
- Health information
- 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 children and record aftercare plans. Case managers record the following:

- Permanency Plan type (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, and the current expectation of the harm that 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)
- List of those who participated in the development of the plan

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) that can assist users in monitoring case plan development. These reports can be accessed by all Georgia SHINES users.

The APPLA report tracks children who have a permanency goal of APPLA and have not transitioned to independent living and those without a 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.

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 the most recent case plan review due date.

Georgia SHINES and LENSES reports provide users the ability to monitor and track performance outcomes. Currently, however, there are no reports in Georgia SHINES and LENSES that address timeliness between when an event occurred and when the event was entered in Georgia SHINES. The DAARE (Data Analysis, Accountability, Research and Evaluation) section produces queries that address timeliness and provides the results to leadership on a monthly basis. Among the incidents tracked are timeliness to placement entry, legal status entry, and case plan approval. The queries provided a snapshot of data entry performance on current open foster care cases.

The **Initial Placement Entry Timeliness** shows the elapsed time between the actual start of a child's initial placement and when the placement was recorded in Georgia SHINES. The data below represents a sum total of all open active foster care cases during July 2014. More than 80% of the initial placements were entered two or more days after the child placed in the home.

Chart 5. Initial Placement Entry Timeliness
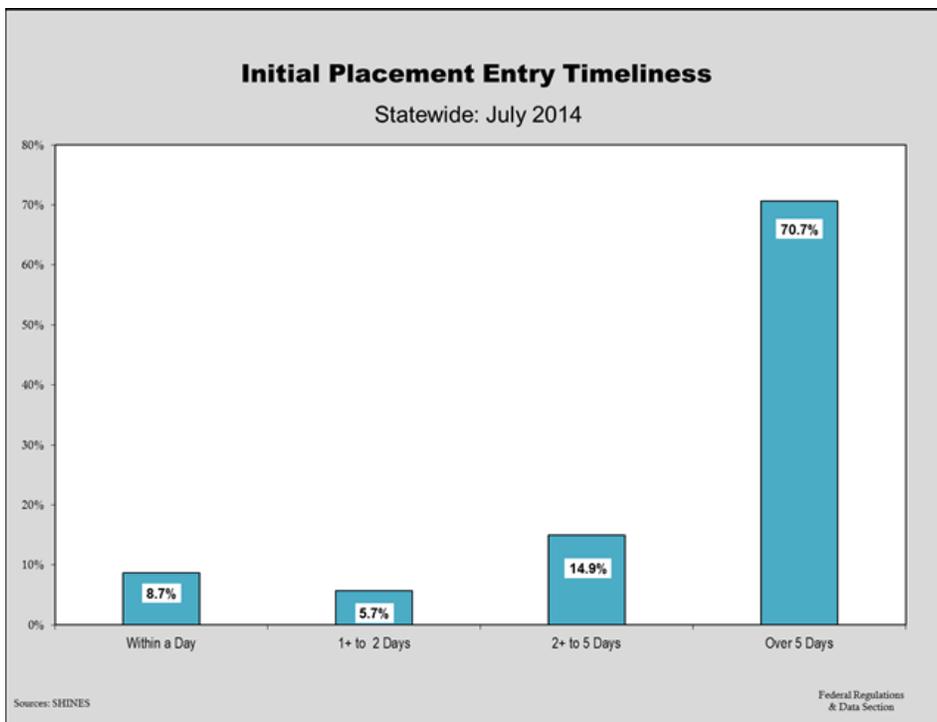
The **Legal Status Entry Timeliness** report tracks the time between the date a child's legal status changed and when the event was entered in Georgia SHINES. From the data provided below, the majority of entries are entered within 72 hours of the legal status change.

Chart 6. Legal Status Entry Timeliness
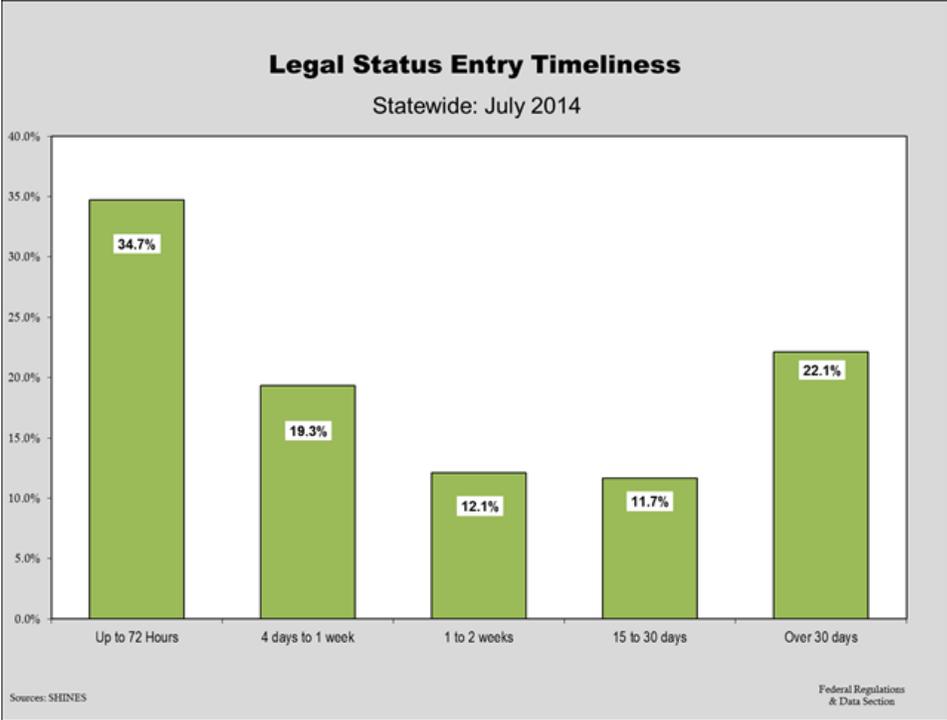
The **Timeliness from Removal to Case Plan Approval** report presents the time between when a child entered foster care and when the case plan was approved by the supervisor in Georgia SHINES. Each child who enters foster care is to have an approved case plan within 30 days of removal, but in SFY 2014, fewer than half of the children in care had a case plan approved in Georgia SHINES within that timeframe. Most children (just under 80%) have an approved case plan in the system, but only about a third of the plans were approved within 30 days.

Chart 7. Timeliness from Removal to Case Plan Approval

Timeliness from Removal to Case Plan Approval
Statewide: SFY 2014
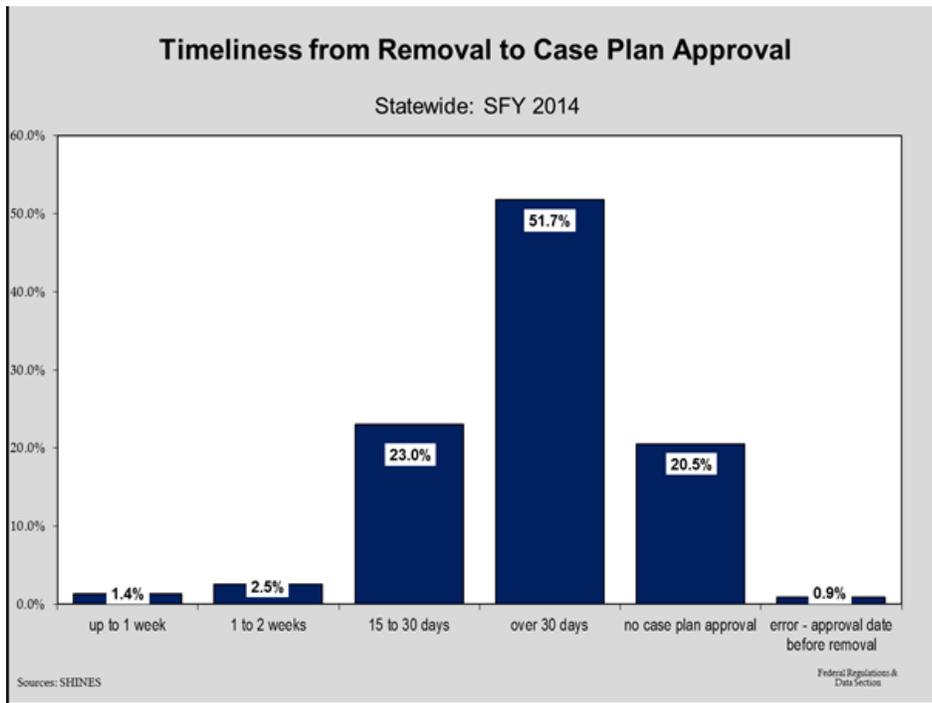
As all these reports show, there is a gap between casework practice and documentation of casework practice. Although Georgia SHINES and LENSES have numerous reports to monitor and track performance outcomes, it would be beneficial for the state to develop the timeliness reports in SHINES and have them all accessible to staff on demand rather than relying on monthly queries.

2. Case Review System

Written Case Plan

As per policy, county DFCS staff should work collaboratively with the family, child, providers and family support system to develop a case plan to address the issues that caused the child to enter foster care. Family Team Meetings (FTMs) are a tool that may be utilized to develop the family plan/case plan with the family and their support network.

The initial case plan for children in foster care must be completed and submitted to the court within 30 days of the child's entry into foster care in order for the court to incorporate the case plan into an order. An updated plan should be submitted to the court prior to each subsequent review.

The case plan for a child in foster care incorporates all Title IV-E case plan requirements. The majority of the case plan components are captured in the Georgia SHINES-generated case plan; however, the new Georgia Juvenile Code implemented January 1, 2014 identified needed enhancements to Georgia SHINES to ensure all case plan components are captured. Until the enhancements are made, a case plan addendum was developed to

include with the Georgia SHINES-generated case plan. In conjunction with the case plan, a Written Transitional Living Plan (WTLP) must also be completed and submitted for all youth ages fourteen (14) and older.

As appropriate, the case manager must involve parents and children in developing the case plan. Over the last three years child participation has remained level, but there has been an apparent decrease in parent participation. The agency needs to explore whether participation is occurring in practice but documentation is lacking, or staff are not locating and involving families in case planning as required.

Table 12. Parent and Child Participation in Case Planning

Date	Number of children in Foster care	Percent Parent participation	Percent child Participation
8/27/2014	9034	48%	87%
7/1/2014	8616	49%	87%
7/1/2013	7665	55%	88%
7/1/2012	7449	56%	88%
7/1/2011	7320	60%	86%

Source: Georgia SHINES

Periodic Status Review

Prior to January 1, 2014, all cases of children in foster care in the custody of DFCS were to be initially reviewed within 90 days of the entering of the dispositional order, but no later than six months following the child's removal. Subsequent reviews were required every six months thereafter and could be held by the court, Judicial Citizen Review Panel (JCRP) or by a DFCS Panel Review (administrative review).

Effective January 1, 2014, an initial review of the child's case shall be held by the court within 75 days of the child's removal from the home. A subsequent review shall be held within four months of the initial review and may be held by the court or JCRP. Additional reviews may be ordered by the court and can be held either by the court or JCRP.

The new Georgia Juvenile Code also requires permanency hearings to be held every six months after the initial permanency hearing. These permanency hearings must be conducted by the court and meet the requirements of the case review process; therefore, these permanency hearings will be utilized to meet the case review requirements every six months.

According to Georgia SHINES data, of the total number of children in custody in 2012, 90.8% had court or administrative reviews documented in the system. In 2013, documentation of timely court or administrative reviews increased slightly, to 91.5%. As of July 31, 2014, for children who were in custody in 2014, documentation of timely court hearings decreased to 80.5%.

Permanency Hearing in Court

Prior to January 1, 2014, permanency hearings were required to occur within twelve months from the child's removal from the home and every twelve months thereafter. As of January 1, 2014, permanency plan hearings must be conducted by the court and shall be held in the following situations:

1. No later than 30 days after DFCS submits a non-reunification case plan to the court; or
2. For children under seven years of age at the time a petition for dependency is filed, no later than nine months after the children are considered to have entered foster care;
3. For children seven years of age and older at the time a petition for dependency is filed, no later than 12 months after the children are considered to have entered foster care. **Exception:** For siblings removed at the same time and in which at least one child is under seven years of age at the time the dependency petition is filed, the permanency plan hearing shall be held no later than nine months after the children are considered to have entered foster care.

A permanency plan hearing is to be held at least every six months after the initial permanency plan hearing as long as the child remains in care, or more frequently as deemed necessary by the court, until the court determines that such child's permanency plan and goal have been achieved.   A review compliant with federal case review requirements is completed as a part of every permanency plan hearing

Table 13. Timeliness of Permanency Hearings

	Jun-12	Jun-13	Jun-14
In custody more than 12 months	5,944	6,292	6,521
Had a timely permanency hearing	5,173 (87.03%)	5,282 (83.95%)	4,449 (68.23%)
Had a permanency hearing within 12 months of removal	4,131 (69.50%)	4,641 (73.76%)	4,397 (67.43%)
Had a permanency hearing within 12 months of their last hearing for that SFY	3,349/3,805 (88.01%)	3,303/3,820 (86.46%)	2,848/3,490 (81.60%)

Source: Georgia SHINES

Process for Terminating Parental Rights
DFCS policy is to file petitions for TPR for children in foster care when it is in the best interest of the child and in accordance with all applicable state and federal laws.

Prior to January 1, 2014, the burden of proof was on DFCS to prove by clear and convincing evidence that the child is deprived and grounds for terminating the parent's parental rights exist.

The court may terminate the parental rights of a parent with respect to the parent's child if one or more grounds are satisfied:
1. **Parental Consent.** Parental consent refers to the written consent of the parent acknowledged before the court or, if the parent voluntarily surrenders his/her rights by use of a valid surrender, such acknowledgment is not necessary. Since Georgia has a ten-day revocation period, voluntary surrenders are accepted as valid on the eleventh day without court action.
2. **Parental Failure to Provide Support.** Parental failure to provide support requires that the parent must have been ordered to support the child; an order was given by a court of competent jurisdiction of this or another state; the parent "wantonly and willfully" failed to comply (parent had the resources to pay); and the failure to comply with an order lasted for a period of 12 months or longer.
3. **Parental Abandonment.** Parental abandonment requires an actual desertion of the child and the intent to disclaim all parental obligations and forego all parental duties indefinitely. Abandonment can occur when

a child is left under circumstances that the identity of the parent is unknown and cannot be ascertained despite diligent searching. If the parent has not come forward to claim the child within three months following the finding of the child, the abandonment ground can be pursued as the basis for terminating parental rights.

4. **Parental Misconduct or Inability.** This is the most frequently cited ground for termination action.

Mandatory Filing Requirements.
According to the Adoption and Safe Families Act (PL 105-89) and Section 15-11-41(n) of the Georgia Code, a termination of parental rights petition must be filed when:
- The child has been in foster care for 15 out of the most recent 22 months (See Policy 1002.11);
- The child is an "abandoned" infant as defined in Georgia law (See Policy 1013.9); or
- The court has determined that the parent has:
    o Committed murder of another child of the parent
    o Committed voluntary manslaughter of another child of the parent
    o Aided or abetted, attempted, conspired, or solicited to commit such a murder or voluntary manslaughter
    o Committed a felony assault that has resulted in serious bodily injury to the child or to another child of the parent

Exceptions to Filing
Exceptions to the mandatory requirement to file a termination of parental rights action are:
- The child is in the care of a relative;
- The Case Plan documents a "compelling reason" for determining that filing such a petition would not be in the best interest of the child; or
- DFCS has not provided to the family of the child, consistent with the time period in the Case Plan, such services as deemed necessary for the safe return of the child to the home.

If TPR is granted, the parents have 30 days to appeal the decision. The agency may provide brief supportive services to the family during the appeal.

Grounds for TPR as of 1/1/14 Pursuant to State Law
When filing a petition for TPR, DFCS shall utilize any of the following grounds outlined in state law including:
1. A parent's written consent acknowledged by the court (unless a voluntary surrender for adoption has been executed);
2. The parent has subjected his/her child to aggravated circumstances;
3. The parent has wantonly and willfully failed to comply with court-ordered support for a period of twelve (12) months or longer;
4. The parent has abandoned the child;
5. A child is a dependent child due to lack of proper parental care or control, reasonable efforts to remedy the circumstances have been unsuccessful or were not required, such dependency is likely to continue or will likely not be remedied and the continued dependency will cause or is likely to cause serious physical, mental, emotional or moral harm to the child.

In addition to the above considerations that a child is without proper parental care or control, the court shall consider whether the parent, without justifiable cause, has failed significantly for a period of six (6) months or

longer prior to the filing of the petition for TPR to:
- Develop and maintain a parental bond with the child in a meaningful, supportive manner;
- Provide for the care and support of the child as required by law or judicial decree; and
- Comply with a court-ordered case plan designed to reunite the child with the parent(s).

Best Interests Determination for TPR as of 1/1/14
If any of the statutory grounds for TPR has been met, the court shall then consider whether TPR is in the child's best interest after considering the following:
1. The child's sense of attachments including his/her sense of security and familiarity and the continuity of affection for the child;
2. The child's wishes and long-term goals;
3. The child's need for permanence including his/her need for stability and continuity of relationships with a parent, siblings and other relatives; and
4. Any other factors considered to be relevant and proper to its determination. (See Best Interest Determination in The Juvenile Court Process)

NOTE: If the court determines that a parent has subjected a child to aggravated circumstances because such parent has committed the murder of the other parent, the court shall presume that TPR is in the best interests of the child.

As of January 1, 2014 a child who has not been adopted after three years from the date the court granted TPR or the parents voluntarily surrendered and for whom the court has determined the permanency plan is no longer adoption may petition the court to reinstate parental rights. The petition may be filed prior to the three-year timeframe if the child and DFCS or the licensed Child Placing Agency (with custody of the child) stipulate that the child is no longer likely to be adopted. A child fourteen (14) years of age or older shall sign the petition unless there is good cause why they should not.

Appeals of TPR as of 1/1/14
The parent(s) have thirty days from the day the termination order is filed in which to appeal.

The agency is experiencing continuances that delay TPR hearings and lengthy appeals that result in delays in achieving permanency. Some appeals have taken upwards of two years before a county receives a final resolution.

According to Georgia SHINES data, the state is declining in performance in either filing for TPR timely or documenting compelling reasons for not pursuing TPR. In CY 2012, 82% of applicable cases had evidence of TPR attempted or ruled out. In CY 2013, the data indicated that 76% had such evidence, and for January-July 2014, 63% had such evidence.

Notice and Right to be Heard
 As per policy, prior to January 1, 2014 DFCS was required to ensure that caregivers (i.e., foster, adoptive, relative or guardian resources) receive written notice of hearings related to the children in their care within five business days of receipt of notice from court. If notice is received by DFCS in less than five days from the hearing date and written notification cannot be provided, verbal notice must be provided to the caregiver. DFCS county staff were to inform caregivers in person or in writing of their right to be heard at hearings concerning a child in their care.

After January 1, 2014, DFCS staff are required to ensure that caregivers (i.e., foster, adoptive, relative or guardian resources and other placement resources) receive written notice of any hearings or reviews[3] related to the children in their care as soon as the case manager is aware of the hearing, but no later than 72 hours prior to the hearing. The only exceptions are for preliminary protective hearings or emergency hearings, when such notice is not possible. When written notification cannot be provided, verbal notice must be provided to the caregiver.

Currently the written notices are provided by the field in forms completed by the case manager. The agency presently does not have the ability to track whether the notices were actually given to the caretakers. Georgia SHINES needs to be enhanced to automate the notices.

In March 2010, each region developed a Right to Be Heard Plan based on their court circuit and local protocols. There have been no revisions to or review of plan implementation.

3. Quality Assurance System

Georgia has developed and implemented standards to ensure that children in foster care are provided quality services that protect their safety and health. Additionally, the state has an identifiable quality assurance system that is in place in the political jurisdictions (counties/regions) where the services included in the CFSP are provided. The system evaluates the quality of services, identifies the strengths and needs of the service delivery system, provides relevant reports, and evaluates implemented program improvement measures.

Established Standards
Georgia has developed and implemented standards to ensure that children in foster care are provided quality services that protect their safety and health. According to Attachment D, Health Care Oversight and Coordination Plan, children and youth who enter foster care receive a comprehensive assessment of needs in the form of a Comprehensive Child and Family Assessment (CCFA), which includes physical, developmental, dental, vision and hearing screens as part of the Georgia Medicaid Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program. The DFCS case manager must arrange for the child to have an EPSDT visit within 10 days of the child's placement in foster care. Children age three and under who are exposed to substantiated maltreatment are referred to Children First for a developmental screening as required by the Child Abuse Prevention and Treatment Act (CAPTA). If developmental concerns are identified, children are then referred to the Babies Can't Wait (BCW) program for additional assessments and determination of eligibility for services. Additionally, as a part of the Every Child Every Month (ECEM) process, all children in foster care and pre-adoptive placements are visited by a DFCS case worker a minimum of one time per month.

Child and Family Services Review (CFSR) well-being outcomes related to quality services that protect the safety and health of children in foster care are monitored and assessed using Georgia's quality assurance review system.

Quality Assurance
Georgia is operating an identifiable quality assurance system that is in place in the political jurisdictions (counties/regions) where the services included in the CFSP are provided and the system evaluates the quality of

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[3] Hearings include Adjudication, Disposition, Case Plan Review, Permanency, Termination of Parental Rights   and/or Judicial Citizen Review Panel.

services, identifies the strengths and needs of the service delivery system, provides relevant reports and evaluates implemented program improvement measures.

Georgia's Office of Quality Management (OQM) monitors safety standards and yields evaluative bi-annual and annual reports that document conformity with standards that secure children's safety. A quality assurance case review process was established and has been in place in Georgia since the 1990s. Since 2004, the results of the quality assurance monitoring (quality assurance case reviews) have been available via statewide and regional trend reports. In FFY 2003, the quality assurance case review process and review instrument were aligned with the federal Child and Family Services Review (CFSR) process and instrument. The quality assurance case review process is built upon a foundation of systematic processes and procedures that include:

- Structured interview guides
- Detailed protocol and procedure manual
- Training and mentoring for reviewers
- Inter-rater reliability process
- Statistically valid statewide sample

In FFY 2014, the QA case review process was modified to a primarily documentation review with selected regional interviews, causing case review results to drop on many of the rated CFSR items. Additionally, this modification did not meet the federal criteria for a state's case review process for the CFSR Round 3. As a result, the state is modifying its process in FFY 2015 (beginning October 1, 2014) and again including case-related interviews. The plan is to continue the expanded review process that begins October 1, 2014 throughout the next CFSP period (FFY 2015-2019).

The Children's Bureau, in a letter to the state, provided feedback regarding Georgia's CQI status. DFCS recognizes that although the regional CQI teams are constructed based on a similar process across the state, each team has separate lines of report and does not fall under the same authority as the state office CWCQI unit. Over the next five years, DFCS will explore strategies to strengthen written CQI standards and procedures so as to ensure consistency in practice and application of standards.

Continuous Quality Improvement
Georgia reported its work in developing a Continuous Quality Improvement (CQI) process in its amended APSR, submitted September 2013. To summarize, in FFY 2012 the state had established a state CQI unit within the Office of Quality Management, assigned or hired staff for the unit, and developed regional CQI teams focused on CFSR safety, permanency and well-being outcomes. CQI regional facilitators were trained in FFY 2012, and based on facilitator feedback, the team member training (completed in FFY 2013) was modified to include Implementation Science training; many unit staff and team members were provided a full day of facilitation skills training as well. Training is available ongoing as needed and as facilitators and staff change. Also in FFY 2013, the CQI unit identified the need for a state office leadership-level CQI team to be educated and engaged in the CQI process in order to incorporate the process into decision-making and support a continuous learning environment. The Child Welfare Quality Assurance (CWQA) unit also specifically identified the need to provide additional CQI training for regional and county leadership in working with regional CQI teams, supporting the CQI process, and writing and monitoring Quality Improvement Plans (QIPs). The CQI team assessed Region 12 progress and improvement on QA reviews from June 2011 to June 2012 following its QIP implementation, reporting significant gains (at least 20%) on 10 CFSR item measures and double-digit gains on another eight measures.

In FFY 2012-2014, regional CQI teams were participating in QA review debriefings/exit interviews and assisting regions in the development and monitoring of regional QIPs. This will continue in FFY 2015.

In February of 2014, as part of the approval process to determine whether or not Georgia conducts its own QA case reviews for the CFSR Round 3, ACF observed the CWQA and Child Welfare Continuous Quality Improvement (CWCQI) unit processes in Region 2 and provided feedback to the units. In addition to observing case interviews, debriefings and regional exits, ACF reviewed and provided feedback on several completed review instruments to ensure consistency and appropriate interpretation of current review items. ACF is also reviewing the current QA and CQI procedural handbooks to give additional feedback to ensure the Georgia process is consistent and procedures are clearly stated. The handbooks include information regarding staff training, inter-rater reliability procedures, and resource needs to improve the foundational structure. All recommended changes will be used to improve the overall processes in both units.

Following are discussions of Georgia's status and expectations for CQI in each of the five functional areas identified by ACF.

1. Foundational Administrative Structure

Georgia has two child welfare quality assurance units within the Office of Quality Management, the CWQA unit and the CWCQI unit. These units provide QA and CQI services statewide to field operations. The two units work together to support statewide quality improvement processes in Georgia's child welfare daily practice. Descriptions of the processes used by both units to assess quality and address identified concerns are outlined below.

The CWQA unit conducts Quality Case Reviews (QCRs) for the purpose of evaluating the quality of services provided to children and families. The goal is to improve overall safety, permanency and well-being outcomes for families by improving the quality of case work provided by county and regional staff. Regional results from these reviews are compiled in State Trend Reports and included in the state's APSR. Additionally, the review results are disseminated to local agency leaders and practice partners to improve child welfare practices that will lead to better outcomes for children and families receiving child welfare services in Georgia.

The CWCQI unit administers the state's CQI process. In an Information Memorandum received in August of 2013 from ACF, states were advised to enhance their current QA processes to include continuous quality improvement approaches. As a result, in FFY 2013, Georgia's original CQI unit consisting of a unit manager and two Social Services CQI specialists was expanded to include six CQI specialists. These CQI specialists create regional CQI teams and assist regional staff throughout the CQI process. Additionally, the CQI process was enhanced from a somewhat informal regional process to a more formal state and regional process, as described below.

A memo was sent to each region in July 2012 outlining the QIP process and timeframes. The memo explained that each region is required to develop a QIP following their CWQA QA review. The CQI QA specialist reviews the QIP and gives feedback; they also track quarterly progress reports. CQI QA specialists attend regional CQI team meetings and provide consultation and support as needed. They guide the team in their work through each step of connecting Implementation Science to the CQI process; the steps include: Performance Analysis, Cause Analysis, Intervention and Section Design, Implementation and Change Management and Evaluation – these are all part of the framework of the CQI process. They assist the team to create a "think tank" atmosphere where barriers are discussed and solution-focused activities are paramount.

In December, 2013, a webinar was conducted with regional staff to provide training on the development of QIPs.

Although a state office CQI team has been established, Georgia needs to expand to build a comprehensive administrative structure that includes other agencies, including private agencies with case management responsibilities. Additionally, the agency will examine staff training and resource needs in order to enhance the agency's foundational administrative structure. As such, the success of this process and any model must have support and buy-in from all levels of leadership. It must be a process that is used uniformly across all areas of decision-making. This will be an ongoing goal that Georgia strives to accomplish.

CQI Process
CQI is a solution-focused process that uses performance consulting and implementation science to build consistent practice models for all levels of field staff. Georgia's child welfare CQI processes are outlined in the current Office of Quality Management Child Welfare Continuous Quality Improvement Unit Manual. Georgia's CQI staff and team members are trained to use Gilbert's Performance Engineering Model/ Performance Consulting Process (Gilbert model) as the foundation for the CQI process. This model indicates that performance is an interaction between the individual (knowledge/skills, capacity, and motives) and the environment (information/data, resources and incentives) and promotes causal analysis and solution development based on these six factors.[4]

Georgia State University (GSU), in conjunction with the DFCS Education and Training Services unit, continues to provide training, consultation and technical support on performance improvement, the Gilbert model, implementation science and facilitation skill development to the CQI unit and the CQI teams. The performance consulting process component (performance analysis, causal analysis, intervention selection and design, implementation and change management, and evaluation) within the Gilbert model has been instrumental for the training of CQI staff and in application to the day-to-day CQI work:

1. Training. As previously mentioned, GSU and the DFCS Education and Training Services unit provide training, consultation and technical support that are used to support the CQI teams and the CQI unit. During FFY 2014, CQI staff from Georgia will participate in the CQI Training Academy, which is made available by the Children's Bureau. The CQI Training Academy uses state-of-the-art training delivered by national CQI experts. Participants will gain new knowledge and skills that are expected to translate into more effective CQI processes and higher-quality child welfare services.
2. Transfer of learning by the CQI facilitators to the regional CQI teams. Facilitators and teams examine each part of the process to improve case practice based on desired outcome measures.
3. Developing Quality Improvement Plans (QIPs) to improve case practice and outcome measures. The QIP tool was developed based on the Gilbert model. All stages in the process are categories within the QIP. This helps the regional CQI teams identify the problem, analyze the problem and develop solutions for change to improve case practice.

The CQI specialists work with the regional CQI teams and provide support, coaching and evaluation to the teams. The Gilbert model and implementation science have been applied and made a part of the day-to-day work of CQI through regional CQI meetings, quarterly CQI facilitator meetings, CQI conference calls, and in the one-on-one work conducted between the CQI specialists and regional CQI teams.

The CWCQI unit works in conjunction with the CWQA unit and attends all regional review exits. The regional review exits have a CQI component in which the regional leadership and the CQI team begin the discussion about

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[4] Roger D. Chevalier, Updating the Behavior Engineering Model (2002). Draft version submitted to Performance Improvement for publication. http://www.aboutiwp.com/Updating%20BEM.pdf

next steps and how to improve practice. The team begins to evaluate what has been successful and what needs to change.

For example, in August 2012, the Region 3 CQI Team identified Well-Being Outcome 1 as an area of focus. Through causal analysis, the team recognized that one of the factors impacting Well-Being Outcome 1 was the need to implement timely services when cases move from investigation to family preservation or foster care. The Region 3 CQI Team identified a potential solution for closing the gap that they called the 3-3-3. The 3-3-3 process addresses timeliness of referrals for services to families by asking the three questions listed below:

1. Did the case manager make a referral for needed services within three days after services needs were identified?
2. Does documentation reflect that an appointment between the provider and family was scheduled within three days after the referral was received?
3. Does documentation reflect that case manager followed up with the family and the provider within three days after appointment was to occur?

The Region 3 CQI Team received approval from regional leadership to move forward with the implementation of the process within the region. Regional staff were educated on the process, informed of the expectation that the process would be applied to day-to-day work, and provided an explanation of the desired results. In December of 2013, a targeted review was conducted by the CQI Unit, and results demonstrated that the process was moving Region 3 toward closing the gap of timely services to families in investigation and foster care cases.

Upon completion of the regional reviews and finalization of the statewide trend report, the region's CQI team works closely with the CWCQI unit specialists assigned to their region to develop and implement strategies for improving the overall outcomes for the families and communities served in a QIP. Each region is expected to develop a QIP in consultation with CQI specialists and the regional CQI teams. Under the guidance of the CWCQI unit, all regions form and facilitate teams made up of all levels of staff. Those teams are tasked with exploring practice issues, then devising and implementing strategies to improve practice. The CWCQI unit provides support, oversight and technical assistance to those teams.

The goal of the QIP is that it becomes a fluid and working document for regions as well as that any specific regional trends are incorporated into the statewide QIP. The CWCQI unit specialists provide consultation and support for the regional CQI teams. Further, the CWCQI unit specialists challenge the team to develop CQI plans in conjunction with the QIP. The CQI plan must contain specific target areas of improvement based on a root cause analysis that the team has conducted after their QA review where trends and outcomes were given. The plan must identify one area where improvement would make the greatest impact for overall practice improvement and success for families. The QIP is a broader-picture approach and must involve an identification of the gaps in performance. In December of 2013, a statewide webinar was conducted by the CWCQI team to discuss the regional QIPs, their function and purpose in order to improve practice. The webinar had more than 50 participants from regional leadership.

The CWCQI Unit also works in conjunction with the regional CQI teams to conduct targeted reviews to monitor the region's progress on its quality improvement plan. Targeted reviews are conducted by the CWCQI unit along with the region's CQI team to measure progress on QIPs. Regional CQI teams are responsible for supporting transfer of learning and are expected to be change agents for their region and counties. Further, data accuracy is a part of the QIP and CQI plans, as regions are evaluated for data accuracy (AFCARS and NCANDS) in Georgia SHINES. CQI specialists utilize various Georgia SHINES reports, LENSES reports and other reports in order to monitor the work and assess whether the regional plans and strategies are effective and truly improving outcomes for families.

Quarterly statewide CWCQI facilitator networking meetings are held to provide additional support to the region to address any barriers they may have. The meetings also examine best practices and lessons learned. Key state office partners, such as the DFCS Policy Unit, QA Unit, SHINES Unit, Kenny A. Unit, and the Education and Training Unit, attend the meetings to allow for sharing and problem-solving around issues encountered that present barriers to effective practice and service delivery. Monthly conference calls are also conducted with regional facilitators to discuss best practice and track progress on regional QIPs.

A state office CQI team was developed in late 2013. A focus group was held with section directors and key leadership members within DFCS. Following the focus group, a team was developed and an organizational meeting was held. The purpose of this team is to examine statewide trends and plan strategies for leadership to address trends and improve practice. The team consists of leadership from the Policy Unit, Education and Training Unit, the Office of Human Resources Management and Development (OHRMD), Safety and Permanency Managers, Field Support Staff, Georgia SHINES and the Collaborative Services Unit. In January of 2014, the team was trained on the Gilbert's Performance Engineering Model. As the need arises, additional training sessions will be scheduled.

While Georgia has a foundational administrative structure in place, there are opportunities for improvement. There has been a struggle in the causal analysis stage related to determining the factors impacting performance (environmental factors or individual factors based on the Gilbert model). Once this stage is fully understood and can be applied to CQI work, analysis will move forward to the next stages of intervention selection and design, implementation and change management, and evaluation. The success of this process and any model depends on understanding, support and buy-in from all levels of leadership. Additionally, it must be a process that is used uniformly across all areas of decision-making.

Over the next five years, the agency will explore strategies to strengthen written CQI standards and procedures so as to ensure consistency in practice and application of standards.   Additionally, the agency will examine staff training and resource needs to enhance its CQI foundational administrative structure.

Both CWQA and CWCQI have current procedures/handbooks that guide processes and ensure that processes are consistent and procedures are clearly stated. The handbooks include information regarding staff training, inter-rater reliability procedures, conflict of interest policies and procedures, and resource needs to improve the foundational structure.

2. Quality Data Collection

DFCS collects both quantitative and qualitative data from an array of sources, including Georgia SHINES (discussed under Information System in this Assessment of Performance), quality assurance case reviews (discussed under Case Record Review Data and Process following this section), and external data sources, such as the Department of Education.

DFCS has a Data Integrity Unit that addresses the quality of data collected to ensure data are accurate, complete, timely, and consistent in definition and usage. This includes data in Georgia SHINES, which collects the child welfare data required for federal reporting (AFCARS, NCANDS, and NYTD).

Data integrity specialists provide training, one-on-one support for staff, monitoring and follow-up on reports from Georgia SHINES to assist the field in improving data reporting. They are responsible for reviewing cases each month and looking at the accuracy and completeness of data entered into the electronic case record, especially around federal reporting. As trends are noted the data integrity specialists conduct training for field staff. They

also monitor regional data trends based on QA case review findings and monitor data compliance with all relevant federal rules and regulations. Additionally, these specialists:

1. Review new/updated policy and provide feedback
2. Review reports provided by Regional Accounting to determine issues preventing processing of Adoption Assistance monthly payments
3. Facilitate or co-facilitate training, e.g., diligent search, service authorizations, closing adoption stages, Kenny A. consent decree
4. Generate reports and distribute them to regional/county leadership to highlight performance outcomes
5. Provide instructions on how to correct data errors
6. Review reports provided by the Data Analysis Reports and Evaluation unit and work with case managers to correct data and/or ensure missing data are entered in Georgia SHINES

During FFYs 2015-2019, DFCS will revisit its open AFCARS Improvement Plan (AIP) and consider how progress made in that area can be integrated into the CQI Quality Data Collection component.

3. Case Record Review Data and Process

The case record review component is critical to assessing the day-to-day work by frontline staff and supervisors. It is a way to verify whether agency services provided to families are actually effective and promoting change.

Child Protective Services (CPS, including Investigation, Family Support and Family Preservation; and Permanency, including Foster Care and Adoptions) cases are reviewed using quality case reviews (CQRs) as part of the QA process. The QCR is focused on child welfare practices and safety, permanency and well-being outcomes. The QA process and QCRs are designed to provide the following:

- Debriefing of each interview case in counties to provide instant feedback to local staff
- Continuous learning process for staff and leadership
- Identification of strengths/areas needing improvement
- Identification of quality casework and documentation that can be replicated in other situations
- Identification of gaps, level of progress, and potential staffing and training issues for leadership
- Support and potential direction for the regional CQI process

Review teams conduct case record reviews using a qualitative review instrument, which previously mirrored the Round 2 CFSR instrument (seven outcomes and 23 items) and will be modified in FFY 2015 to mirror the new Round 3 CFSR instrument (seven outcomes and 18 items).

Reviewer Qualifications
Qualifications for CW quality assurance reviewers follow:

- Completion of an undergraduate major in a human service delivery area and three years of professional experience in human service delivery, or
- Completion of a Master's degree in a human service delivery area and one year of professional experience in human service delivery

Preferred qualifications include:

- At least one year of experience with Georgia DFCS in a social services supervisory capacity
- Program knowledge in child placement services and child protective services

Each new QA Specialist participates in a three-day training curriculum and is assigned a mentor to complete certain activities. The new employee receives regular evaluation feedback from the Unit Manager. At the end of this process, the Unit Manager, Mentor and QA Specialist work together to develop a plan for growth and skill development.

The training curriculum centers on several topical areas:
- QA roles and responsibilities
- Review guide instructions/quality documentation/justification of case ratings
- Communication with regional/county staff
- Practice standards for Quality Assurance (consistency/accuracy)
- Data Analysis
- CWQA Reviewer Handbook

Newly hired QA Specialists will not review any cases in which they were directly or indirectly involved. In addition, QA Specialists will not participate in regional reviews in the regions from which they were hired for at least one year. QA Specialists will not review any cases in which they have a personal interest. Once the sample is received, the QA Specialist will notify the Team Leader and Unit Manager of any conflict with any case on the sample listing and the case will be assigned to another CWQA specialist. Also, a QA Specialist will not review in a county where a relative is employed.

Each reviewer's guide receives a second-level review by the Unit Manager and/or Program Director to ensure quality documentation and consistency between reviewers during each regional review. Inter-rater reliability is conducted on an average of at least one a month by the Program Director or Unit Manager. They are also completed on a needed basis, when review findings are questioned by county or regional staff or a question arises about consistency. New staff will have more inter-rater reliability reviews during the first six months of employment.

Review Process
Round 3 of the CFSR is scheduled for Georgia in FFY 2015. Effective October 2014, to ensure Georgia's process is congruent with the federal review procedures, the current QA case review process will be changed significantly, to include a bi-annual statewide review and interviews with case participants. Also during October 2014, training will be provided by ACF for the CWQA and CWCQI staff and additional stakeholders to gain further understanding of the changes to the review instrument and to ensure consistency and appropriate interpretation of the review items. Further, in July of 2014, a Letter of Intent was submitted to ACF requesting that Round 3 of the CFSR be conducted by the CWQA/CWCQI units and other stakeholders during the period of April 1, 2015 to September 30, 2015.

A sample size calculator is used to determine the minimum bi-annual statewide sample size for Child Protective Services and Permanency cases with a five percent margin of error/precision.[5] Effective October 2014, a total of 372 cases (269 Permanency cases and 103 Child Protective Services cases) will be reviewed twice a year (744 cases per year). The statewide statistically valid sample, which includes the largest metro area, will be stratified by region and type of case (CPS or Permanency) and randomly selected from cases active during the timeframe of April 1, 2014 to September 30, 2014. The period under review will be April 1, 2014 through the date the case is reviewed.

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[5] Prior to FFY 2014, a regional sample was drawn in each region, and regions were reviewed over an 18-month period. The state moved to a statewide sampling process in FFY 2014.

Extensive interviews will be conducted on all Child Protective Services and Permanency cases in the statewide sample. During interviews with children, parents, foster parents, community partners and local service providers, case-specific information and systemic issues will be addressed, including information regarding relationships and collaboration with the agency. The reviews will examine recent results for children and their caregivers receiving services as well as the contribution made by local service providers and community partners in producing those results. Throughout the data collection and case review process, Georgia will continue to focus on the core outcomes of safety, permanency and well-being.

Cases will be evaluated based on the Round 3 CFSR 18 performance items pertaining to the seven outcomes related to safety, permanency, and well-being. At the conclusion of the interview cases, case debriefings will be conducted with county and regional staff to provide feedback and facilitate a continuous learning process. DFCS is currently working with ACF's Regional Office to explore the extent to which its qualitative reviews are able to provide an in-depth understanding of what underlying factors are driving practice.

In addition to the sample of Child Protective Services and Permanency cases reviewed, a review of the Centralized Intake Call Center will be conducted twice a year to determine effectiveness of services and customer satisfaction. The data collection methods will include review of intakes for a specified time to validate the quality of the intake based on the Safety Response System (SRS) model. The SRS model focuses on six family functioning areas. The review will include interviews with stakeholders (mandated reporters and internal stakeholders), observation and listening in on a sample of intake calls, random calls to the call center and review of call center data.[6]

As reported in the APSR submitted in September 2013, Georgia was reassessing the QA process in order to improve case practice with families and evaluating how the QA process works in conjunction with the CQI process and what changes may need to be made based on the August 2012 Information Memorandum from the ACF Children's Bureau. The QA process had included case record reviews, case-specific interviews, live learning and case debriefings with county/regional management and staff, county exits/regional exits and stakeholder interviews.

In reviewing data from the six-month trend report, further analysis of the effectiveness of the QA process was recommended as the educational part of the QA process (live learning and case debriefings) had not produced the desired improvement in outcomes. Specifically, although surveys sent to those attending county debriefings indicated satisfaction, it was determined that a reassessment needed to be conducted on whether those who should be present at the case debriefings were attending and to assess other aspects of the review and county debriefings.

Over the next five years, DFCS will continue to request assistance and receive direction from ACF regarding sample stratification (including Fulton County), frequency of reviews, and state-level policies and procedures regarding quality assurance. For the CFSP period 2015-2019, CWQA and CWCQI goals are:
- To continue to mirror the Federal CFSR process
- Support regions through CQI in improving overall safety, permanency and well-being outcomes
- Incorporate the CQI process in all levels of management and field staff so CQI concepts are part of the work

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[6] Refer to Section 3, Plan for Improvement, for more information about the SRS model.

- Incorporate stakeholders' participation in assisting with reviews in the state's ongoing quality assurance process
- Develop strategies to include stakeholders in the feedback loops of case practice performance
- Continue to build the state office CQI team so that it is a vital part in decision-making, policy development and practice improvement based on relevant data and trend findings
- CQI staff will incorporate skills and knowledge learned in CQI Training Academy sponsored by ACF; information from these sessions has already been utilized in the State Office CQI Team meetings

<u>Fulton and DeKalb Counties Data Collection and Case Review Process</u>
Fulton and DeKalb Counties fall under a 2005 consent decree, Kenny A., which includes specific quality assurance and outcome measures for children in the custody of the state. At the state office, within the Office of Quality Management, there are two Kenny A. quality assurance units: Kenny A. Metro and Kenny A. Permanency.

The Kenny A. Metro Unit provides data to the court-appointed accountability agents through intensive record reviews. The Kenny A. Consent Decree guides this review. Fulton and DeKalb counties are reviewed for compliance to ensure that the initial 31, now 29, outcomes outlined in the decree are met.

Case reviews are commenced every six months at the local Fulton and DeKalb County offices. A diligent search review is conducted every other review period and a case worker/visitation review is completed monthly. The Federal Regulations and Data Section pulls the CPS, Placement, Foster Home and Diligent Search samples from Georgia SHINES; the monthly case worker visitation sample is pulled randomly from Georgia SHINES.

Standardized guides are developed by the accountability agents and approved by Georgia State University as it conducts inter-rater reliability testing on a minimum of one third of the cases. Site visits are made to private agency foster care providers to review their records. Data cleansing and verification is completed to ensure accuracy. Critical issues that affect child safety and agency liability are brought to the attention of DFCS.

Reviews cover a six-month period and are conducted using Georgia SHINES. CPS case reviews consist of a 100% review of all children alleged to have been maltreated while in care within the designated six-month review period. A random sample of about 180 cases are reviewed for Placement and a random sample of about 160 foster homes (Fulton and DeKalb DFCS and Child Placing Agencies (CPA)) are reviewed during each review period using both case records and SHINES. The CPA reviews are conducted by reviewer visits to the CPA location where case files are pulled and reviewed.

A separate review is completed every other review period on diligent search efforts. For a sample of children entering care during the designated review period, a diligent search targeted review is conducted to monitor the diligent search efforts by the county. These reviews are conducted using Georgia SHINES. A smaller targeted review (consisting of a small sample of children in care) is completed on a monthly basis and includes family team meetings, sibling placements, health requirements and case worker visitation. All reviews are entered into a data support system created and managed by Georgia State University as outlined in the consent decree.

Fulton and DeKalb Counties are provided with a Trends Report by the review team at the conclusion of each review period. The county administration, case managers, Kenny A. coordinators and other state office staff all receive a copy of the report. A debriefing is also conducted at the conclusion of each review with CPA administration and frontline staff. The county and private child placement agencies are informed of trends identified during the review, to include the critical issues that impact safety and DFCS's liability. The positive

trends and strengths of the county work, as well as the private placement agencies, are also highlighted during the debriefing sessions.

The accountability agents conduct the factual investigation and verification of data provided and state documentation necessary to compile and issue public record reports on DeKalb and Fulton performance relative to the terms of the consent decree. These reports are issued for each six-month reporting period, commencing approximately 90 days after the close of the review.

The Kenny A. Permanency Review Unit is responsible for reviewing all permanency cases that have reached their 13th and 25th month in foster care. The Kenny A. Permanency Unit reviews and determines the appropriateness of the permanency plan for children in foster care. This review process is guided by the Kenny A. consent decree. Review findings are entered into a state database and the results are shared with Fulton and DeKalb Counties on a regular basis. When the permanency review findings are not in concurrence with the county plan for permanency, a permanency staffing is requested; staffing sessions are also conducted on all 25th month cases.

The staffing consists of the designated reviewer, regional adoption coordinator, field program specialist, the case manager, and social services supervisor and administrator. This team discusses the current permanency plan, any barriers to achieving that plan and steps that will assist the child and agency in accomplishing the goal of positive permanency. Once the team reaches a consensus, the steps discussed are outlined on a staffing form and approved by all team members. In addition to the initial staffing, the Permanency Review Team follows up on all cases within three months of the staffing date. The goal of the follow-up is to promote follow-through on the steps agreed upon and to identify any barriers that might prevent positive permanency for the child.

The Federal Regulations and Data Section pulls the case sample list from SHINES each month. Cases are accepted for reading if they meet the required timeframes. All data gathered is entered into a computerized case reading guide, which includes 65 queries. These queries gather data on case activity and determine the appropriateness of activities conducted towards permanency as well as identify trends that contribute to or detract from optimal program effectiveness in the area of permanency planning.

This targeted review process measures the qualitative and quantitative performance of DFCS permanency staff by completing a Georgia SHINES review as well as a staffing on all cases by their 25th month in care and also on some cases in the 13th month as deemed necessary. The review is not limited to permanency, but also identifies any safety, risk, and well-being issues that might impede positive permanency. A portion of the cases reviewed receives a second-level review by section members within the Office of Quality Management.

At the conclusion of each review period, a report that outlines the team's findings is developed for Fulton and DeKalb Counties. The findings are comprised of the raw data from which the statistical analysis for the report was compiled. A debriefing is done with the counties to discuss the findings. These findings are forwarded to the Kenny A. director who approves and then forwards the final report to the accountability agents. The accountability agents verify and compile the data into a final report for each six-month reporting period.

These Kenny A. review and monitoring processes are expected to continue until the state meets the specified outcome measures and the decree is terminated by the court.

4. Analysis and Dissemination of Quality Data

Data analysis is important to evaluate the overall performance of child welfare, including implemented program improvement measures. Georgia regularly monitors, analyzes, aggregates and disseminates data collected from its Georgia SHINES information system and its QA case review process. (See preceding descriptions in Assessment of Performance under Information System and Case Record Review Data and Process.) Qualitative and quantitative findings are compiled and analyzed, and comparisons and trends are presented in understandable, reader-friendly presentations and reports.

Information System Data
The Data Analysis, Accountability, Reporting and Evaluation (DAARE) unit regularly produces and analyzes data, both quantitative and qualitative, for leadership, partners and stakeholders.

Georgia SHINES produces LENSES reports that serve as monitoring tools for key areas of child welfare practice. LENSES reports are produced on such practice areas as CPS intake; collateral contacts; pending investigations; maltreatment types; children referred for screening/assessment (CAPTA requirement for IDEA Part C referrals); case staffings; case worker visitation with parents, caretakers and children; child and parent involvement in case planning; barriers to placement/TPR; child foster care status (overdue plans, expired court orders, unapproved placement, overdue FTM, overdue six-month judicial review); overdue health checks; children without representation; children in care for 15 out of 22 months without a TPR or voluntary surrender; APPLA exceptions; ILP-eligible youth (whether receiving services or not); and NYTD. These reports, some of which generate daily alerts, may be generated at any time by case managers, supervisors, and/or leadership staff, analyzed at the state, regional and county levels, and drilled down to the case worker and child levels. Supervisors are trained in the use of these reports during supervisory training and statewide supervisor summits.

Additionally, Georgia SHINES data are run and analyzed on an ad-hoc basis as requested by leadership, partners, and/or stakeholders and distributed accordingly.

The agency routinely presents and analyzes data in regular statewide leadership meetings and shares data regularly with the Barton Child Law & Policy Center, the Office of Child Advocate and the Administrative Office of the Courts (Court Improvement Project) for analysis. Additionally, data are shared with CAPTA Citizen Review Panels, whose members represent a number of child welfare stakeholder organizations and agencies, and in stakeholder joint planning meetings.

Georgia tracks reported tribal affiliations in Georgia SHINES and, while it has not yet done so, it has the ability to share appropriate data with tribes. It is anticipated that the state will do so as it works to strengthen consultation and coordination with state-recognized tribes.

Quality Assurance Data
Once the case record review and data collection process is completed, an analysis and evaluation of safety, permanency and well-being outcomes and the systemic factors that affect Georgia's performance is conducted. The seven safety, permanency and well-being outcomes (and associated item measures) are assessed in the QA process and results reported by state and region. Systemic factors are measured based on collaboration/relationship with community partners, the array of services available and accessible to customers, and case reviews and interviews.

Regional summaries of results – information from case record reviews, interviews with stakeholders, and data reports – are compiled to complete a statewide report outlining strengths and areas needing improvement.

Statewide achievement on the seven outcomes and associated item measures is included in the report as well as regional level achievement. Trend reports are distributed to state and regional leadership as well as CWCQI unit staff and regional CQI teams. Additionally, a regional review exit debriefing may be conducted to discuss the overall review findings with regional and county staff.

Additional Data Dissemination

Although many opportunities exist for sharing and reviewing data, most of these opportunities occur at the state office level. In statewide leadership meetings that include state office, regional and county leadership, qualitative and quantitative data and trends are discussed. Hypotheses are developed to explain findings and subsequently tested with further data analysis and/or changes in practice.

Georgia recognizes the need to create more opportunities for the sharing and reviewing of quality data at the regional and local levels. Over the next five years, Georgia plans to continue to improve and enhance quality data collection, case reviews, data analysis, and disseminating results by continuing to focus on quantitative and qualitative data as the foundation of the CQI process. CQI specialists will verify whether compliance data is accurately representing quality work by promoting feedback loops and following up to ensure clarity and promote data collection that reflects casework practice. The CWCQI Unit, in conjunction with CWQA Unit, will continue to educate field operations about the function of CQI and how to understand and use data to improve practice. The agency will also explore training opportunities to ensure Office of Quality Management QA/CQI staff as well as regional and field staff are able to conduct the appropriate data analysis.

5. Feedback to Stakeholders and Decision Makers and Adjustment of Programs and Process

Qualitative and quantitative data are both used to drive decision-making, policy initiatives and practice. Data reports and review results are instrumental in driving change and will continue to be provided to leadership and stakeholders at every level.

Information system data and reports and QA review results are shared and discussed at the state and regional leadership levels. Statewide leadership and stakeholder meetings – and regional meetings – provide a forum for analysis and problem-solving with a goal of identifying ways to remove barriers, strengthen partnerships and collaboration, and improve practice and outcomes.

Additionally, data and the above data-sharing strategies are used to inform training and policy units so that curricula and policy are updated as needed. Training and policy units are also informed via the state office CQI forum and via workgroups. Georgia needs to expand data sharing to include community partners and build a comprehensive network of data sharing that includes other agencies, including private agencies. This will be an ongoing goal that Georgia strives to accomplish.

For the CQI system to support practice and program improvement and become central to the way Georgia practices child welfare, intensive leadership and commitment is vital. Georgia's CWQA and CWCQI units will continue to encourage leadership regarding their role in CQI and the need to embrace, understand and prioritize the CQI concepts at all levels of DFCS staff for CQI to be successful and achieve sustainability. Leadership plays a vital role in the creation of an environment where staff members have the ability, time and support to be involved in ongoing planning and implementation of CQI activities. The ultimate goal is for CQI is to be completely integrated into the work.

Georgia recognizes that feedback to stakeholders/decision makers and adjustment of programs and processes is an area that requires further expansion and improvement. As a result, during FFY 2013, Georgia collaborated

with federal partners through regularly scheduled monthly collaborative meetings and conference calls regarding the development and implementation of CQI in Georgia. On September 24, 2013, the Children's Bureau Regional Office also participated with state, regional and local staff in a Regional CQI Meeting in Region 3. During FFYs 2015 – 2019, Georgia will continue to communicate with the Children's Bureau regarding noted opportunities to further develop Georgia's CQI system as well as explore potential technical assistance needs to improve the CQI system, to include feedback to stakeholders/decision makers and adjustment of programs and process.

4. Staff Training

Georgia has developed and implemented an initial and ongoing staff development training program for DFCS staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP. Additionally, the agency provides initial and ongoing training for foster and adoptive parents as well as for staff of state-licensed facilities that provide services to foster and adoptive children receiving assistance under Title IV-E (private providers); the training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adoptive children.

Georgia is operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under Titles IV-B and IV-E and provides initial training for all staff who deliver these services. According to Attachment F, Training Plan, new case management staff must complete a certification process, which includes completion of a foundational child welfare training course entitled *Keys to Child Welfare Practice* (Keys). This course covers the basic knowledge, definitions, attitudes and skills that all case managers need to begin practice in a public child welfare setting. According to the FFY 2014 Keys course feedback results, of the 43 enrolled staff, when asked if they would be able to apply what they learned to their job, approximately 91% of the respondents indicated "yes." When asked if their skills and knowledge had increased from attending the training, 93% of the respondents indicated "yes."

New case management staff have 120 days from date of hire to complete initial certification. After completing Keys, the new case manager attends specialized track training courses specific to their program assignment: Centralized Intake Call Center (CICC) Course (CPS Track), CPS Strengthening Families to Mitigate Safety and Risk Factors Course (CPS Track), Family Preservation Services (CPS Track), Family Support Services (CPS Track), Foster Care-Life as We Know It in 3D (Foster Care Track), Resource Development (Foster Care Track) and Adoptions (Foster Care, Adoptions Track). All track training courses include online training, classroom training and field practice/transfer of learning assignments/on the job training. The initial in-service training period (to include initial certification) for new case management staff lasts 24 months. Instruction is delivered in classroom settings, online and in the field. For example, new case management staff are able to complete online training in their county office that includes information on computer concepts and how to use the online training system as well as complete online policy training on the program they are designated to work. Additionally, they are able to complete field activities that might include observing a court case or an interview with a family. During the classroom portion of instruction, staff learn about child maltreatment, family-centered practice, cultural responsiveness, child growth and development, case planning and case processes, documentation, legal issues, substance abuse, child removals, foster care and adoptions policy and practice, and data entry and use of information systems.

To achieve initial certification, new case management staff must complete the field practice guide pertaining to their specific program assignment (track), which includes scoring 80% or higher on the written knowledge assessment, completing online training and completing a case record review (involving a field observation by a supervisor out of the direct line of supervision, a Social Services Program Administrator, a Field Program Specialist or the County Director). According to the Office of Human Resources Management (OHRMD) and Education and Training Section (ETS) Keys and Tracking Training information, during FFY 2013, 497 individuals were hired (excluding transfers and promotions) and of this number, 324 individuals became certified as case managers. Also during FFY 2013, 26 supervisors were certified. During FFY 2014, 672 individuals were hired and of this number, 414 individuals were certified as case managers. Additionally, 46 supervisors were certified. Approximately 80% of new hires are certified within the 120-day timeframe. The remaining 20% of staff who do not complete the requirement during the 120-day timeframe are delayed due to applying for training waivers for experienced new hires, medical leave, termination of new staff, or not meeting performance requirements. After case management staff complete their initial certification training, they are required to complete identified training sessions within 6-12 months, 13-18 months and 19-24 months depending on their program area.[7]

DFCS tracks all social services case management staff training and will continue to work with a partner agency, the Institute for Online Training and Instructional Services, to develop a system with report features that will improve tracking staff certification to ensure that staff, counties and regions are having their training needs met. The agency has developed pre- and post-training activities to help supervisors interact with their staff before and after training to ensure that skills learned in the training are applied and transferred to the work with families. Additionally, the agency is currently working with a new data system to help track the application of training to on-the-job practice. Since 2005, DFCS has had a formal evaluation system for all training sessions, including new worker training. Effective July 1, 2013, DFCS transitioned the evaluation system from a contractor-led evaluation system to a new, internally-led evaluation system. By the end of FFY 2015, DFCS will initiate the development of the Level Two evaluations, which will be used to measure what the participants have learned in the ETS and PE classroom courses. DFCS plans to evaluate training sessions from the user, supervisor and administration perspectives.[8]

DFCS continues to partner with Georgia State University's Professional Excellence (PE) Program. The PE Program provides ongoing training for staff that addresses the skills and knowledge base to carry out their duties with regard to the services included in the CFSP. Staff are required to participate in 20 hours of ongoing training annually and can access PE classroom and online training sessions. *Children and Psychotropic Medication, Childhood Trauma, Partnering with Families Who are Immigrants, Partnering with the School System, and Child Well-Being (addressing the educational, physical and mental health needs of children*) are examples of the offered PE courses. In addition, there are a number of outside training resources provided to DFCS staff, such as statewide conferences and local agency training sessions. Further, whenever there are new policies or identified deficiencies, on-going training sessions are provided within regions by Field Program Specialists and Regional Adoption Coordinators.

Supervisors continue to have a separate certification process. New supervisors must attend and complete ETS's *Putting the Pieces Together* classroom training and OHRMD's Supervisor Training, *Skills for Successful*

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[7] Refer to Attachment F, Training Plan, for information as it relates to the initial in-service training process.

[8] Refer to Attachment F, Training Plan, for information as it relates to the evaluation process.

Supervision. Putting the Pieces Together[9] classroom training is a nine-day training, divided into three three-day segments: Unit 1: Supervisor as Manager, Unit 2: Supervisor as Coach, and Unit 3: Supervisor as Team Leader. The training was designed to bring together the latest research and practical application within an engaging format for maximum learning by supervisors. Supervisors attending this course must be certified in their program area. An assessment with a passing grade of 80% is required in order to receive credit for this course. Supervisors are also required to complete the following courses: *Family Centered Practice for Administrators and Supervisors, Transfer of Learning/Performance Improvement, Day to Day Supervision with SHINES and Field Based-Skill Building/Mentoring.* These courses are designed to enhance the transfer of learning from the classroom to the workplace. Each new supervisor is assigned a trained peer mentor who provides guidance, coaching and monitoring for the Skill-Building activities. Additionally, each region conducts supervisor summits either monthly or quarterly to focus on identified training needs within the region.

Over the next five years, mentoring and coaching workshops and training will be available to field supervisors, administrators and field program specialists to further prepare them to engage, mentor and coach staff members including supervisors and case managers.[10] New regional directors, county directors and deputy directors are required to complete *Leading the Pieces* leadership training, which is organized around the National Child Welfare Workforce Institute's Mid-Level Managers Training. Participants learn about leading people, leading for results, leading in context and leading during a period of transition or change. As indicated in Attachment F, Training Plan, new leadership staff are also required to attend monthly training sessions conducted by state office leadership. Subjects include: Human Resources and Management, Collaborative Service, Financial Independence, Emergency Response, Legal, Internal Communication, Information Technology, Field Operations, Training, Quality Management, Safety Management, Kenny A. Consent Decree, Call Centers for Office of Family Independence (OFI) and Social Services, Financial, as well as Federal Regulations, Policy and Data. These courses are offered on a "cycle" approach that allows a person to join at any month rather than having to wait for a new course to be offered. Participants simply cycle through until they have completed all of the subjects. The objective is to provide new county directors and others a face-to-face introduction to state-level leaders and to learn the information that is needed to become a new DFCS leader.

Georgia provides training 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 (private providers) that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children. DFCS offers the OCP 204U-IMPACT (Initial Interest, Mutual Selection, Pre-Service Training, Assessment, Continuing Development and Teamwork) Family Centered Practice (FCP) training for current or prospective foster and adoptive parents and private providers.[11] Once prospective foster and adoptive parents are approved, they must also participate in 15 hours of continuing education training. Private providers are required to take on average 35-40 hours of continuing education training.

In addition to the IMPACT-FCP training course, foster and adoptive parents and private providers can participate in local DFCS office training sessions, local Foster Parent Association Meetings and annual Foster and Adoptive Parent Conferences. Further, DFCS has developed a training module for Resource Development staff to access

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[9] Refer to Attachment F, Training Plan, for information as it relates to the *Putting the Pieces Together* training course.

[10] Refer to Attachment F, Training Plan, for information as it relates to the mentoring and coaching training activities.

[11] Refer to Attachment F, Training Plan, for more information about Foster and Adoptive Parent Training.

and use to train foster and adoptive parents. The training module focuses on the needs of children in care and how the foster and adoptive parent can support them. The training includes topics on Substance Abuse, Sexual Abuse and Fostering Lesbian, Gay, Bi-sexual and Transgender (LGBT) youth.

Regional and county management and case management staff are able to attend a two-day overview of IMPACT-FCP training to help review forms, processes and approval procedures for upper-level management involved in IMPACT-FCP activities. This course is intended for DFCS staff with oversight for Resource Development Case Managers who draft and prepare family evaluations for prospective foster and adoptive parents. Although this course is designed from a managerial oversight perspective, it is also appropriate for DFCS staff who work with foster and adoptive parents. During this two-day class, participants experience the important highlights from each of the 15 modules delivered to prospective foster and adoptive parents during IMPACT FCP pre-service classroom training. Participants taking this course will learn key elements of the family evaluation process and how to help staff address pertinent issues.

In addition to the training and support provided by ETS, the Permanency Unit has a contract with Bethany Christian Services to provide foster parent training throughout the state. Topics include, but are not limited to: behavior management, child development, topics dealing with parenting children in different age categories, trauma, loss of foster parents, and psychotropic medications. Facilitators are professionals from the community, such as social workers, therapists and psychologists. The training sessions are eight hours in length and are generally held on Saturdays.

5. Service Array

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, kinship care, independent living and other permanent living arrangements.[12]

However, there are 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.

To establish the nature of those gaps, the agency commissioned an assessment of services, gathering input from all stakeholders on their service needs. Following is a discussion of the service array survey results.

Service Array Assessment
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. A total of 2,552 individuals responded to one of the online surveys customized for each group, including 1,160 DFCS staff.[13] 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.

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[12] Refer to Section 4, Services, for more information about the specific children and family services Georgia provides.

[13] Georgia Service Array Assessment of 2013 prepared by Care Solutions, Inc.

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.

Assessing Service Needs
As indicated in Attachment D, Health Care Oversight and Coordination Plan, 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. One step towards addressing this barrier and improving capacity in this area is the hiring of two Educational Specialist tutors (as a part of the Educational, Programming, Assessment and Consultation (EPAC) program) that are bilingual/ESOL certified, which is beneficial when working with children who only speak Spanish.

As previously mentioned in the Child and Family Outcomes section, Well-Being Outcome 1, Item 17, 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.

Placement Matching
Providing well-matched foster care placements continues to be a barrier to meeting the unique needs of the children and families served. As indicated in the Child and Family Outcomes section, Permanency Outcome 1, Item 6, the state has experienced a number of challenges in assessing the stability of foster care placements. As a result, it appears the state is not providing well-matched foster care placements. However, also as indicated in the Child and Family Outcomes section, the state has begun using a placement review tool with case managers and supervisors as a scorecard to ensure that the needs of the children and providers are being addressed.

6. Agency Responsiveness to the Community

Georgia participates in ongoing consultation with a variety of stakeholders in developing and updating the CFSP and the APSRs and regularly consults and collaborates with many agencies to coordinate services among federal and federally assisted programs.

As indicated in Section 1, General Information, of this CFSP, DFCS has worked with numerous stakeholders on a variety of issues and projects and also established a CFSP Advisory Committee that was an integral part of developing the CFSP and will remain in place as the state implements the provisions of the CFSP and develops the APSRs. Further, Georgia has a number of additional advisory groups/panels, such as the Children's Justice Act (CJA) Task Force, Child Abuse Prevention and Treatment Act (CAPTA) Child Protective Services Advisory Committee and Child Fatality Review Panel, which meet quarterly to address child welfare issues.

During FFY 2014, 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. At each meeting/forum, representatives were given the opportunity to provide direct feedback to DFCS staff on issues relevant to child safety, permanency and well-being.

In addition to actively consulting with stakeholders and conducting stakeholder meetings/community forums, a Service Array Assessment was conducted in 2013 (discussed in the Service Array Systemic Factor Section) and a stakeholder survey was conducted in 2014. The service array assessment included responses from families, youth, foster parents and caregivers, service providers, and agency staff.

The online link to the DFCS 2014 External Stakeholder Survey, launched April 11, 2014 and closed May 6, 2014, was disseminated to approximately 3,200 stakeholders and partners. Of the total number of possible participants, 1,220 responded and 1,028 fully completed the survey. The following groups were represented in the survey: school personnel; child placing agencies/child caring institutions, law enforcement, Georgia Court Appointed Special Advocates (CASAs); other community partners; state behavioral/mental health agency; foster/adoptive parents; legal/judicial; community-based service providers; other child-/family-serving state agencies; child advocates; faith-based organizations; medical providers; state public health agency; federal agency; birth parents; client/customers; relative caregivers; state community health agency; concerned citizens; service providers; and Governor's Office for Children and Families (GOCF).

According to the 2014 External Stakeholder Survey:
- When stakeholders were asked whether DFCS staff are accessible (easy to locate, return calls in a timely manner, etc.) to them, 44% of the participants agreed;
- When stakeholders were asked whether DFCS staff are willing to meet (work groups, conferences, consultations, meetings, etc.) with them; 57% of the participants agreed;
- When stakeholders were asked whether DFCS staff are courteous and professional, 75% of the participants agreed;
- When stakeholders were asked whether DFCS had an effective partnership with them or their organization, 68% of the participants agreed;
- When stakeholders were asked whether DFCS does a good job of identifying children who are unsafe; 59% of the participants agreed;
- When stakeholders were asked whether DFCS does a good job of providing interventions that ensure child safety, 58% of the participants agreed; and
- When stakeholders were asked whether DFCS does a good job of providing services to families to strengthen their ability to keep children safe, 59% of participants agreed.

As indicated in Section 1, General Information, of this CFSP, DFCS has continued to collaborate with federally funded agencies including: Administrative Office of the Courts, DBHDD, DPH, Office of the Child Advocate and DOE. Additionally, DFCS partners with the Department of Juvenile Justice (to collaborate on services provided to youth involved with both agencies) and Georgia State University (to provide ongoing, child welfare Professional Excellence training for DFCS staff). By collaborating with other federally funded agencies or programs, Georgia is able to coordinate services or benefits with agencies serving the same population.

Additionally, the agency coordinates services with other federally funded agencies and programs, as described under Service Coordination in this plan.

The agency recognizes its need to strengthen consultation and collaboration with state tribes and is working to improve collaboration with and responsiveness to tribal communities, as discussed under Consultation and Coordination between the State and Tribes in this plan.

7. Foster and Adoptive Parent Licensing, Recruitment and Retention

This systemic factor is discussed in the Foster and Adoptive Parent Diligent Recruitment Plan, Attachment C.

SECTION 3 – PLAN FOR IMPROVEMENT

Over the next five years, DFCS will build upon current practice strengths and improve in areas identified as inadequate based on data. Efforts will focus on sustaining and augmenting the rigorous application of key child safety processes. Substance abuse, behavioral health needs of parents, and family violence are areas that threaten child safety, permanency and well-being and require attention. Furthermore, DFCS is committed to partnering with subject matter experts to address prevention and intervention at the state and local levels.

Georgia's commitment to improving its child welfare system is reinforced by three notable developments. First, pursuant to the Governor's executive order on April 10, 2014, Georgia will pilot a public-private partnership model in the foster care system for DFCS Regions 3 (seven counties) and 5 (12 counties). These regions were selected based on an analysis of several factors, including the number of children placed outside the region due to a lack of local foster homes, the associated cost of transportation for those children, the capacity of existing local private providers and support gained from local judges and other partners. DFCS has moved forwarded with issuing a request for proposals from agencies to manage the recruitment, training and monitoring of foster homes and group homes, as well as coordinate placements, family visits and the delivery of services that ensure a child's safety and physical, medical, dental and/or mental well-being.

Second, the governor created the Child Welfare Reform Council to improve Georgia's child welfare system. The council will complete a comprehensive review of DFCS and advise the governor on possible executive agency reforms and legislative fixes if necessary. The council is comprised of representatives from across the child welfare spectrum including, but not limited to, a former foster youth, providers, educators, child advocates and a juvenile court judge. Additional information regarding the pilot and activities undertaken by the Child Welfare Council that may impact this plan will be provided in the APSR as applicable.

Third, the governor has promised funding for 500 additional DFCS case workers over the next three years, and the first wave of 275 case workers DFCS was added in 2014. The increase in staffing addresses a longstanding shortage and puts DFCS in a better position to carry out its responsibilities.

The five-year plan to improve child and family services in Georgia includes the following goals:

1. Improve the quality, utilization, and timeliness of child and family assessments throughout the child welfare continuum.
2. Establish a value-based case practice which supports safety, family and youth engagement, and community connections.
3. Meet the assessed and individualized needs of children, youth, and families through an enhanced and broadened array of services.

Following are the improvement plan rationales, objectives, interventions, benchmarks and timelines, and implementation supports for these goals.

Goal #1: Improve the quality, utilization, and timeliness of child and family assessments throughout the child welfare continuum.

Rationale: Georgia continues to struggle with assessing children and families across all program areas. The Office of Quality Management (OQM) conducts Quality Case Reviews to evaluate the quality of assessments and services provided to children and families involved with the child welfare system. As of April 24, 2014, Georgia SHINES data showed a total of 8,489 investigations open, 42% (3,552) of which were overdue, being open more than 45 days. During the same time period there were 7238 open family support cases and of those 35% (2,505) were overdue, being open more than 60 days. The August 14, 2014 data show a significant reduction of the overdue investigations cases, with 1,368 overdue investigations (open more than 45 days). The decrease was due to strategies initiated to manage the safe reduction of overdue cases, such as mandatory overtime. In August, there were 2,767 Family Support Cases open for more than 60 days.

Information was also gathered on investigations and family support cases open with no initial contact made/documented with the child or family. On April 17, 2014 a Georgia SHINES data pull showed 945 investigations open more than 15 days with no contact documented with the family. The breakdown of the data showed 553 investigations open 16-45 days with no contact, 142 investigations open 46-60 days with no contact, 126 investigations open 61-90 days with no contact and 114 investigations open more than 90 days with no contact documented between the agency and the child/family. August 19, 2014 Georgia SHINES data indicated 138 investigations open more than 45 days with no contact with the family documented and a total of 357 investigations open more than 15 days with no contact made with the family. At that time, there were also 1847 family support cases open more than 15 days with no documented contact with the family.

Georgia's weakness in assessment is also present in the permanency programs. This deficit is apparent with downward-trending scores in developing and implementing appropriate permanency plans for children. Foster care workers must assess the needs of the families, engage with the caregivers, child and committed individuals to determine the most appropriate plan for the child. DFCS staff must complete ongoing assessments of the needs of the child and family. This assessment begins with initial assessments (physical health, mental health, trauma, behavioral health and education) and continues through ongoing engagement with service providers and observations of the child and family. Once needs of children and families are identified, DFCS policy requires that a referral be made for services within five days. Workers are to follow up to ensure compliance with the referral and analyze any progress reports to determine what follow-up services are needed.

The case plan provides the road map for meeting the safety, permanency and well-being needs of the child and family. The case plan must be developed collaboratively with the family and providers based on a thorough understanding of the strengths and needs unique to a family. The state has strong policy regarding Permanency Planning (SS Policy 10.22) and Case Planning (SS Policy 10.23); however, with the exception of the Comprehensive Child and Family Assessment (CCFA), the state does not have any other systemic assessments to support case managers in assessing and selecting the most appropriate permanency option, identifying service needs for children, or making the connections between the diminished parental protective capacities which need to be corrected and case plan services.

The state's permanency outcomes have not improved since the 2007 CSFR and several have declined. Key performance issues include the permanency plan not being established timely and/or appropriate to the case; and recommended services (psychiatric consult for medications, individual counseling, drug counseling, domestic violence counseling and parenting) not being provided. The CCFA has been a foundational component of DFCS's

practice for more than a decade. It serves as a basis for the initial permanency planning decision-making process and establishing the child and parents services needed. In light of the poor permanency outcome measures and the importance of the CCFA in Georgia's current permanency planning assessment process, a system-wide quality assurance and effectiveness review of the CCFA is needed.

When initially implemented, the CCFA was called First Placement, Best Placement because a key use was to identify where a child would be placed while in foster care. It has morphed over time to include being a decision-making document for permanency planning. The case plan is the agency's promise to the family and their promise to themselves and the child about how to enhance parental protective capacities to ensure that children remain safe. In order to do this well, it is hypothesized that DFCS case managers need to have a first-hand relationship with families and a personal investment which would yield a case plan designed to ensure that the most appropriate permanency goal has been selected and that children receive protection and proper care while in foster care and on-going after permanency achievement.

Georgia further hypothesizes that insufficient quality of contacts and engagement with parents and children, provision of appropriate services, and close monitoring and follow-up of those services contributed negatively to Well-Being 19, 21, 22 and 23 (Round 2 outcome measures).

Based on the sample of cases reviewed, OQM reports outline:
1. Insufficient formal educational assessments and contact with the school personnel to gather current school records, educational records not uploaded in SHINES, and inconsistent monitoring of the child's attendance. Additionally, there were documented needed services (e.g., special educational services, tutoring, speech assessment/therapy and development assessments) which the case file did not clearly demonstrate had been implemented;
2. Insufficient assessment of the child's physical and dental health needs. The case file documentation did not clearly indicate whether children were receiving annual medical exams and six-month dental check-ups.
3. DFCS (or contracted provider) did not have frequent contact with the child's medical provider. Further, medical/dental health record information that had not been uploaded in Georgia SHINES also impacted the rating of this item.

Mental health needs were negatively impacted by failure to assess mental/behavioral health needs, and insufficient provision of services to meet those identified needs and/or follow-up with contracted providers to monitor appropriateness of services, participation and progress. In some of the reviewed cases, identified needed services, such as individual counseling, psychological evaluations and medication management were not implemented. Further, failure to comply with the Psychotropic Medication protocol also impacted this well-being item.

Safety
Objective 1: Implement and sustain a family assessment process for CPS, Family Preservation and Foster Care by September 2019.

Intervention
1. DFCS will roll out the Safety Response System (SRS) model in investigation, family support, family preservation and foster care to support family engagement and critical decision-making. The SRS model is based on the value of family-centered engagement, not looking at an incident that the family has experienced, but looking at the family as a whole and how they function on a daily basis.

Table 14. Safety Response System Implementation Timeline

Implementation Phases of the Georgia SRS	Sept 2013	Dec 2014	Dec 2015	April 2016	Dec 2016	April 2017	Dec 2017
Initial Implementation (Staff are trained and can begin practicing at the frontline)	Statewide (Intake)		Statewide Family Support & Investigation	Statewide (FPS, FC)			
Full Operation (Learning integrated into practice policies & procedures)		Intake		Family Support & Investigation		FPS, FC	
Innovation (Well Informed Changes Can Be Made)			Intake		Family Support & Investigation		FPS, FC
Sustainability (Strategies To Support Leadership & Practitioner Changes		Statewide & Ongoing	Statewide & Ongoing	Statewide & Ongoing	Statewide & Ongoing	Statewide & Ongoing	Statewide & Ongoing

Table 15. Safety Objective 1 Benchmarks and Timelines

Outcome Measure	Benchmark FFY 2014 9-month trend report data	Year 1 (FFY 2015)	Year 2 (FFY 2016)	Year 3 (FFY 2017)	Year 4 (FFY 2018)	Year 5 (FFY 2019)
Risk of harm to child (Round 3 Item 3; benchmark is Round 2 Item 4)	44%	46%	48%	50%	52%	54%

Technical Assistance

DFCS has budgeted state funds to contract to receive technical assistance from Action for Child Protection. The technical assistance will support live case learning, mentoring, and fidelity to the national safety model. The DFCS SRS specialist will provide over-the-shoulder support and technical assistance to frontline staff and supervisors to support the practical application of the model in the field and improve understanding through live case learning and practice activities.

Implementation Supports
1. DFCS has allocated funding to hire 15 full-time SRS Specialists to ensure successful implementation of the model and quality decision-making.
2. DFCS has allocated funding for five full-time positions to manage and oversee improved safety outcomes for children identified to be most at risk of maltreatment. These positions will complete a case analysis and conduct live case learnings based on the SRS model to identify any present or impending dangers.

3. DFCS will need to allocate funding to hire fidelity reviewers at the Office of Quality Management to ensure staff decision-making is consistent with the model and safety is being assured on all cases. A budget request has been submitted for funds to be allocated for this purpose.
4. DFCS will ensure that Georgia SHINES supports the model prior to rollout in the regions. Statewide rollout of the SRS-supported SHINES intake module will be completed in September 2014. Design for investigation and family support will begin in June 2015 and is anticipated to roll out statewide in December 2015.
5. Beginning in September 2014 DFCS will begin to engage frontline supervisors and staff in readiness activities to ensure mastery of basic engagement and assessment skills prior to rolling out the SRS model and SRS implementation activities.
6. Existing supports include a SRS unit (a program manager and two full-time SRS Coordinators); a critical hire request has been submitted to add three additional SRS Coordinators. Implementation requires one full-time SRS specialist per region (15) and several fully trained SRS case managers per region to provide implementation support, as well as statewide policy, which includes many of the SRS model concepts.
7. DFCS conducts SRS boot camp monthly to build capacity in the field around the model, conducts live case learning around the model and continues to develop readiness activities.

Objective 2: DFCS staff will improve the quality and timeliness assessing child safety in investigations and family support cases by September 2019.

Assessing safety involves many components, beginning with a timely engagement of the child and family to quickly and accurately assess the child's immediate safety (present danger) and the timely completion of investigations and family support cases to assess, identify and manage for impending danger. The assessment of the family must include engagement not only with all family members but also with collateral contacts who can provide insight into family and or child/parent functioning. Critical to the process is supervisory-level staff meeting with case managers to validate the quality of the assessment and justification of the safety/case decision.

OQM reports and Georgia SHINES data show a continued decline in the quality and timeliness of assessments of safety and risk for Georgia's children. A review of the data also noted that staff are not making collateral contacts as needed nor were supervisors meeting timely or often enough with staff to help facilitate the assessment process.

In order for the agency to be successful in improving quality and timeliness, it is critical that staff have caseload sizes that afford the opportunity to conduct investigations in a timely fashion and that they have an understanding of the policy and requirements around conducting quality assessments. They must also have supervisors and administrators who are knowledgeable in best practice and can provide day-to-day guidance on carrying out an assessment. DFCS must continue to evaluate available staff resources to ensure that DFCS employs and retains an adequate number of qualified staff to be able to address the increased number of abuse/neglect reports and that case manager caseload sizes are reduced to a reasonable number (1:15) and this caseload average is maintained. In the June 30, 2014 Final Report, the agency describes the issues surrounding caseload sizes and gives a count of the approximate number of cases carried by CPS. In SFY 2015 to SFY 2018, DFCS will increase the number of staff available to process investigations and family support cases. The governor has engaged the Georgia legislature to increase the number of DFCS staff available to ensure child safety and improve the child welfare system. In SFY 2014 DFCS has been allocated funding for 275 new child welfare staff. An additional 175 staff will be added each subsequent SFY until 2018.

Interventions
1. In FFY 2015, DFCS will collect baseline data on the timeliness of completing the present danger assessments in family support cases and the quality of the assessments to develop baseline measures and incremental improvement strategies.
2. DFCS will increase the percentage of present danger assessments completed timely and accurately by 5% over the next five years.
3. By December 2015, DFCS will develop and deploy a Georgia SHINES report to track the number of staffings completed in investigations and family support cases.
4. DFCS will increase the number and quality of collateral contacts completed in investigations and family support cases by 5%.
5. Over the next five years, beginning in FFY 2015, DFCS will monitor and analyze call volume trends from CICC to determine the downstream impact to the county staffing patterns. Recommendations will be made to leadership based on the information collected.
6. SFY 2015 to SFY 2018, DFCS will increase the number of staff available to receive investigations and family support cases. In SFY 2014 DFCS has been allocated funding for 275 new child welfare staff. An additional 175 staff will be added each subsequent SFY until 2018. The governor has committed that DFCS will reach and maintain a caseload ratio of 1:15 by 2017.
7. In FFY 2014-2019, DFCS leadership will conduct statewide and regional cadence meetings to discuss safety scores/outcomes with the regional directors to ensure accountability for safety outcomes.
8. In FFY 2015 and FFY 2016, DFCS will work to develop and implement a supervisor and case manager mentoring and coaching program. The intent is to improve the field's ability to conduct timely and quality case staffings.

Table 16. Safety Objective 2 Benchmarks and Timelines

Outcome Measure	Benchmark FFY 2014 9-month trend report data	Year 1 (FFY 2015)	Year 2 (FFY 2016)	Year 3 (FFY 2017)	Year 4 (FFY 2018)	Year 5 (FFY 2019)
Timeliness of initiating investigations (CFSR Item 1)	81%	82%	83%	84%	85%	86%
Timeliness of initiating family support cases	89.79%	91%	92%	93%	94%	95%
Investigations do not exceed 30 days (special investigations) and 45 days for investigations	35.54%	37%	38%	39%	40%	41%
Family support cases do not exceed 60 days	53.33%	55%	56%	57%	58%	59%
Present Danger assessments completed timely in investigations	16.73%*	18%	19%	20%	21%	22%

* Based on March-August 2014 LENSES data.

<u>Permanency</u>
Objective 1: Develop and implement an improved permanency planning assessment process by September 2019.

<u>Interventions</u>
1. Conduct a quality assessment review of the Comprehensive Child and Family Assessment and other permanency planning assessment processes to include their level of effectiveness in the case and permanency planning process and begin implementation of accepted recommendations from the assessment review beginning by July 2017.
2. Develop and implement an improved permanency and case planning process to include concurrent planning by the end of September 2019.
3. Contingent on funding, develop Regional Permanency Consultants positions to provide technical assistance, training, support and a quality assurance process to support case managers regarding permanency and case planning, and court reviews to include a process for tracking, monitoring and ensuring that permanency plan goals are appropriate, case plan objectives are individualized and that permanency is achieved as quickly as possible and within ASFA timeframes. Develop the RPC job descriptions and hire for regional positions and unit manager by September 2015. Fully implement RPC programming by August 2016.
4. By September 2016, establish a tracking and monitoring process utilizing the Regional Adoption Coordinators to ensure that all children with adoptions goals have a timely finalized adoption.

Table 17. Permanency Objective 1 Benchmarks and Timelines

Outcome Measure*	Benchmark FFY 2014 9-month trend report data	Year 1 (FFY 2015)	Year 2 (FFY 2016)	Year 3 (FFY 2017)	Year 4 (FFY 2018)	Year 5 (FFY 2019)
Permanency goal for child (CFSR Round 3 Item 5; benchmark is Round 2 Item 7)	33%	41.4%	49.8%	58.2%	66.6%	70%
Reunification, Guardianship and Permanent Placement (CFSR Round 3 Item 6; benchmark is Round 2 Item 8)	39%	43.2%	50.4%	57.6%	64.8%	70%
Visiting with parents and siblings in foster care (CFSR Round 3 Item 8; benchmark is Round 2 Item 13)	36%	44.8%	53.6%	62.4%	71.2	75%
Preserving connections (CFSR Round 3 Item 9; benchmark is Round 2 Item 14)	61%	65.8%	70.6%	75.4%	80.2%	85%
Relative Placement (CFSR Round 3 Item 10; benchmark is Round 2 Item 15)	38%	45.4%	52.8%	60.2%	67.6%	70%
Relationship of Child in Care with Parents (CFSR Round 3 Item 11; benchmark is Round 2 Item 16)	26%	35.8%	45.6%	55.4%	65.2%	70%

Outcome Measure*	Benchmark FFY 2014 9-month trend report data	Year 1 (FFY 2015)	Year 2 (FFY 2016)	Year 3 (FFY 2017)	Year 4 (FFY 2018)	Year 5 (FFY 2019)
Needs and services of child, parents and foster parents (CFSR Round 3 Item 12; benchmark is Round 2 Item 17)	34%	42.2%	50.4%	58.6%	66.8%	70%
Child and Family Involvement in Case Planning (CFSR Round 3 Item 13; benchmark is Round 2 Item 18)	39%	48.2%	57.4%	66.6%	75.8%	80%

Implementation Supports
1. The state has experience in utilizing Implementation Science (IS) as a means of managing systemic change initiatives. Implementation Science has been utilized to pilot the new safety framework. The IS principles include Exploration, Installation, Initial Implementation and Full Implementation for new practices.
2. The state has solid policy supporting both Permanency Planning (SS Policy 10.22) and Case Planning (SS Policy 10.23), published in August 2014.
3. The state has significant experience in establishing and benefiting from having permanency improvement initiatives including using accountability cadences, Permanency Roundtables, and the Cold Case Project.
4. The state has reinstituted the original purpose of its Regional Adoption Coordinators to focus on moving children appropriately and expediently to adoption finalizations, adoptive home matching and providing training, technical assistance and "barrier busting" expertise to case managers.
5. The state has previously received technical assistance from the National Resource Center on Family-Centered Practice. As a result the state has already drafted a Family-Centered Practice Model, Concurrent Planning Guides and supporting training curriculums for supervisors and case managers.
6. The recently passed HB 242, the new Juvenile Code, will be instrumental in the achievement of timely permanency. As a part of this code, Permanency Plan hearings will be held earlier and more frequently in the foster care episode. This will place more emphasis on appropriateness of the permanency plan and ensure exits from foster care are timely.

Well-being
Objective 1: Ensure that physical/behavioral health, educational, and family assessment recommendations are addressed and made timely according the DFCS Social Services Policy (5 business days).

Interventions
1. Streamline the educational assessment process to minimize the case management work process.
   a. Analyze the functionality and usage of the educational detail page in Georgia SHINES to determine if changes are needed by December 2015.
   b. Develop and implement an interface with the Department of Education to ensure real-time educational data to auto-populate the education detail page by July 2017.
2. DFCS will ensure the educational information is received on all children and consistently and timely documented on the educational detail page and recommended services are referred and monitored by January 2018.
   a. Create and implement a plan to monitor usage of the educational detail page by January 2016.

b. Create a monitoring plan which uses foster care entry data and EPAC referrals received to ensure referrals are made timely for educational assessments and services by October 2017
3. Ensure initial physical/behavioral health referrals, yearly exams and follow-up appointments are kept by July 2017.
    a. By October 2016, ensure children who come into care have medical assessments within 10 days of entering care.
    b. By April 2016, ensure all medical issues are addressed and followed up on within 30 days unless immediate attention is required.
    c. By April 2016, utilize internal data as well as data from DCH and Amerigroup CMO to identify children with greatest behavioral health needs.

Table 18. Well-Being Objective 1 Benchmarks and Timelines

Outcome Measure	Benchmark FFY 2014 9-month trend report	Year 1 (FFY 2015)	Year 2 (FFY 2016)	Year 3 (FFY 2017)	Year 4 (FFY 2018)	Year 5 (FFY 2019)
Worker visits with child (CFSR Round 3 Item 14; benchmark is Round 2 Item 19)	49%	55%	60%	65%	70%	75%
Educational needs of the child (CFSR Round 3 Item 16; benchmark is Round 2 Item 21)	47%	50%	55%	60%	65%	70%
Physical health of the child (CFSR Round 3 Item 17; benchmark is Round 2 Item 22)	39%	45%	50%	55%	60%	65%
Mental health of the child (CFSR Round 3 Item 18; benchmark is Round 2 Item 23)	35%	40%	45%	50%	55%	60%

Implementation Supports
The DFCS System of Care Unit (SOC) will serve as the Internal Care Coordination Team to ensure that the healthcare transition meets the stated goals of coordination, appropriate screening, assessment and health related treatment of children/youth in care

Objective 2: Automate the service referral process for DFCS policy-mandated assessments related to ILP, EPAC, CCFA and health checks.

According to OQM review findings, staff lack the critical decision-making skills needed to identify needed service referrals and provide subsequent follow-up.

Interventions
1. Evaluate changes needed to accomplish the automation of services by June 2016.
2. Evaluate the feasibility of automating referrals to the health care management organization by September 2017.
3. Initiate changes to Georgia SHINES based upon the results of the evaluations by December 2018.

Table 19. Well-Being Objective 2 Benchmarks and Timelines

Outcome Measure	Benchmark FFY 2014 9-month trend report	Year 1 (FFY 2015)	Year 2 (FFY 2016)	Year 3 (FFY 2017)	Year 4 (FFY 2018)	Year 5 (FFY 2019)
Services to families to protect children in home and prevent removal (CFSR Round 3 Item 2; benchmark is Round 2 Item 3)	69%	71%	73%	75%	77%	79%
Educational needs of the child (CFSR Round 3 Item 16; benchmark is Round 2 Item 21)	47%	50%	55%	60%	65%	70%
Physical health of the child (CFSR Round 3 Item 17; benchmark is Round 2 Item 22)	39%	45%	50%	55%	60%	65%
Mental health of the child (CFSR Round 3 Item 18; benchmark is Round 2 Item 23)	35%	40%	45%	50%	55%	60%

Workforce Development

Objective 1: Improve staff critical thinking and decision-making skills to ensure appropriate safe disposition of cases by 2019.

Intervention

1. Develop frontline staff training and mentoring to increase staff capacity to identify red flag indicators of child safety by January 2016.
2. Develop and implement a mentoring program to assist supervisors in critical analysis of investigators'/family support workers' assessments in staffing and worker engagement by January 2017.
3. In FFY 2015, Georgia will identify the funding and structure for a child welfare mentoring program for frontline staff and supervisors.
4. Develop and implement a predictive analytics program to guide agency response by December 2016.

Table 20. Workforce Development Objective 1 Benchmarks and Timeline

Outcome Measure	Benchmark FFY 2014 9-month trend report	Year 1 (FFY 2015)	Year 2 (FFY 2016)	Year 3 (FFY 2017)	Year 4 (FFY 2018)	Year 5 (FFY 2019)
Risk of harm to child (CFSR Round 3 Item 3; benchmark is Round 2 Item 4)	44%	48%	50%	52%	54%	56%

Implementation Supports

1. The agency has a well-functioning QA system that helps evaluates quality and thoroughness of assessments.

2. The Education and Training Section has several components in place that would support preparing staff to conduct quality assessments:
    a. Partnership with Georgia State University to develop curriculum including readiness activities for SRS, practice development materials focused on building capacity for supervisors and Social Services Administrators to learn best practice around coaching their subordinates.
    b. Partnership with Action for Child Protection to develop curriculum and readiness activities
    c. Section staff conducts live learning, examining case examples with field staff to improve understanding of best practices
    d. Section staff provide coaching training to SRS Specialists who in turn train those principles to county staff
3. The statewide longitudinal data system provides technological support to case managers and other direct support service staff with the ability to access educational information that will be used in case/permanency planning and bolster the utilization of educational assessments.
4. Amerigroup is the current contracted CMO and is responsible for supporting and facilitating the connecting of children and youth to services that have been identified through health checks and follow-up medical and dental examinations.
5. The ECEM funding stream funding supports the quality ongoing training of staff that work with those older youth who are preparing for adulthood and transitioning out of foster care. This funding stream allows Georgia to provide and connect staff with expert trainers and resources that prepare them to engage with youth and work on their behalf.
6. Policy derived from federal mandates helps Georgia ensure agency compliance and support best practice.
7. Develop field practice guides to communicate the value of educational stability.
8. Regional Educational Support Monitors will provide consultation related to understanding assessment results and how to use those to develop a plan of action to improve educational outcomes.
9. Regional Well-Being Specialists will provide consultation related to understanding assessment results and how to use them to develop a plan of action to improve medical and behavioral outcomes.

Goal #2: Establish a value-based case practice which supports safety, family and youth engagement, and community connections.

Rationale: Georgia's current and past performance on Permanency 1 and 2 outcomes as well as related Well-Being items from CFSRs, CFSPs, APSRs and Qualitative Case Review results are the basis for developing this goal, which seeks to improve outcomes for children and families by strengthening the state's child welfare practice foundation through institutionalizing trauma-informed and family-centered practice values. These practice values will guide staff and leadership in ensuring that children and families are well-served, ensuring safety is preeminent throughout every program area and permanency is achieved timely.

As far back as the 2001 CFSR, Georgia has struggled with its permanency measure outcomes. Consistently in the 2001 and 2007 CFSRs, items related to setting the appropriate permanency goals and demonstrating concerted efforts to achieve the goals were key practice challenges. Additionally, the state did not perform well overall on items related to building and maintaining relationships, meeting assessed needs of children, parents and caregivers and maintaining family and community connections. Specific Items of concern included Round 2 Items 7-9 and Items 13-16 as well as related Round 2 Well-Being Items 17-20. Further, Georgia has consistently over the last 13 years performed low overall on items under Permanency Outcome 2: The Continuity of Family

Relationships and Connections is Preserved for Children. The state assessed in 2007 as a component of its CFSR PIP that the major reason for low performance in this area related to staff values regarding work with parents.

The Executive Summary of the 2008 Program Improvement Plan (PIP) stated that "recognizing that child issues are symptomatic of greater family issues, the state is now focusing on a *family-centered practice approach* to improve outcomes. All aspects of assessment and service planning are expected to include children and families, with an increased emphasis on paternal family members. The focus on family-centered practice represents significant systemic change and is the foundation of Georgia's plan." Due to competing priorities with implementation of a new safety practice, the implementation of family-centered practice statewide stalled after testing in the six PIP Innovation Zones (counties).

Georgia's past and current data performance, as well as past and current self-assessments of performance, supports the need to return to the effort to implement a values-based case practice model. This goal was therefore created because family engagement has a positive impact on time to reunification and child well-being.

An innovative component of this goal is Georgia's Partnership Parenting Model (PPM). The PPM is a shift in practice with birth and foster families and supports the new Family-Centered Practice Model. The PPM is about creating co-parenting relationships between the foster and birth parents. PPM establishes "a clear definition and understanding of each person's parenting role, an appreciation and respect for each role, a clear agreement as to the responsibilities of each role and a method for shared decision-making among the partners."   The PPM in no way shifts safety responsibilities from DFCS or foster parents, but rather recognizes the temporary nature of most out-of-home foster care services and keeps birth parents in parenting mode, respecting that their children will return to them once parental protective capacities have increased to the level needed to mitigate safety concerns.

PPM practices will increase the opportunities for parents to demonstrate their parental protective capacities: behavioral, emotional, cognitive actions and activities that result in safe parenting and protective vigilance.

Concurrent planning is another component of the PPM. Concurrent planning is a type of permanency planning in which reunification services are provided at the same time that an alternative permanency plan is also implemented. Concurrent planning is different than sequential planning, in which the first permanency plan (reunification) fails and then a new permanency plan is established. To be effective, both the reunification and alternative plan must be simultaneously implemented. Concurrent planning is a useful planning tool for children of all ages. 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.

Presently, Georgia's data shows that these same areas continue to resist improvement in the child welfare practice. Findings from the 2007 CFSR Self-Assessment identified the same types of issues that the state is continuing to struggle with in 2014, including the following:
- Insufficient visitation (or other forms of contact) between children in foster care and their parents and siblings. In particular, there was a lack of consistency in promoting visitation between children and their fathers.
- Lack of consistency with regard to supporting children's connections with extended family, siblings, school, and community connections.
- Insufficient efforts made to place children with relatives, in particular with paternal relatives.
- Insufficient support of the parent's relationship while the children were in foster care.

- Falling short of timely establishment of permanency goals for children in foster care, and not consistently meeting ASFA permanency requirements and filing for TPR in a timely manner particularly in adoptions.

Additional general findings in FY 2014 include a pattern of insufficient documentation of efforts, limited use of relatives for placement, lack of active family engagement, and lack of diligent efforts to maintain family and community connections for the child. Where diligent efforts to identify potential relative placements were made, failures to document them, to include both maternal and paternal relatives, or to assess identified relatives were issues.

The development of this goal was also influenced by the National Youth in Transition Database (NYTD) process. Effort and resources dedicated to accomplishing the requirements of NTYD have highlighted gaps in Independent Living Program (ILP) services, in particular with tracking youth after exit from foster care and individualized services based on age, ability, transition plan and other individual factors. The NTYD process has revealed challenges in the state's ILP organizational effectiveness as it relates to coordinating county-level response (in particular conducting youth surveys).

Although not a part of the IV-E plan, the state allows emancipated youth to "sign themselves back into foster care" when they turn 18 years old and remain until they are 21 years of age. However there are limited individualized services for youth 18 to 21 years. Georgia SHINES data reflects that, on average, 60% of youth emancipating remain in care (opt in) at age 18; 75 % of those remained over a one-year period. It appears that retention is high for youth who opt in. It was noted that the number of youth "opting out" is higher during the warmer months than in the winter. Anecdotally, which youth are encouraged to opt-in for extended services seems to be a values-based decision made at the case manager level. Limited efforts appear to be made to encourage youth to remain in care or to provide reality testing when they decide to leave care without a readily executed, safe and stable life plan.

While the existing ILP program has many strengths, the CFSP is an opportunity to focus on strengthening the program and implementing new best practices that may better prepare youth for adulthood. At the end of June 2013, 2,588 youth in foster care were eligible for independent living services.

Planning for this goal is based on the following issues:
- Limited number of Independent Living and Transitional Living placements
- Need to take into account scientific advancements on the brain development of adolescents
- Commitment to provide youth with as normal adolescent experiences as possible
- Lack of consistent tracking of outcomes for youth who emancipate
- Limited career preparation and development opportunities
- Need to increase youth engagement in policy and programming planning
- Need to ensure that emancipating youth have official identification documents to include birth certificates, social security cards and state-issued identification

Connected By 21 (CB21) is a 5-year values-based project with the goal of ensuring that emancipated youth have the same building blocks for success in family, work, life that are generally afforded to their peers in intact families.

Permanency

Objective 1: Implement a trauma-informed family-centered case practice model by September 2019.

Intervention
1. Update and publish the trauma-informed Georgia Family-Centered Practice Model (FCPM) by July 2016.
2. Update and publish the Partnership Parenting Model (PPM) by December 2016.
3. Develop a project plan to infuse the trauma-informed Georgia Family-Centered Practice Model throughout the child welfare continuum by January 2017.
4. Fully implement policy, training and practice to support FCPM and PPM by September 2019.
5. Update supervisor and case manager training curricula based on any revisions to the FCPM and PPM by March 2017.
6. Incorporate FCPM and PPM into Keys / Foundations training for new DFCS and RBWO staff by March 2017 and initiate roll-out of statewide training for veteran DFCS and RBWO staff by September 2017.

Table 21. Permanency Objective 1 Benchmarks and Timelines

Outcome Measure	Benchmark FFY 2014 9-month trend report	Year 1 (FFY 2015)	Year 2 (FFY 2016)	Year 3 (FFY 2017)	Year 4 (FFY 2018)	Year 5 (FFY 2019)
Permanency goal for child (CFSR Round 3 Item 5; benchmark is Round 2 Item 7)	33%	41.4%	49.8%	58.2%	66.6%	70%
Reunification, Guardianship and Permanent Placement (CFSR Round 3 Item 6; benchmark is Round 2 Item 8)	39%	43.2%	50.4%	57.6%	64.8%	70%
Visiting with parents and siblings in foster care (CFSR Round 3 Item 8; benchmark is Round 2 Item 13)	36%	44.8%	53.6%	62.4%	71.2	75%
Preserving Connections (CFSR Round 3 Item 9; benchmark is Round 2 Item 14)	61%	65.8%	70.6%	75.4%	80.2%	85%
Relative Placement (CFSR Round 3 Item 10; benchmark is Round 2 Item 15)	38%	45.4%	52.8%	60.2%	67.6%	70%
Relationship of Child in Care with Parents (CFSR Round 3 Item 11; benchmark is Round 2 Item 16)	26%	35.8%	45.6%	55.4%	65.2%	70%
Needs and services of child, parents and foster parents (CFSR Round 3 Item 12; benchmark is Round 2 Item 17)	34%	42.2	50.4%	58.6%	66.8%	70%
Child and Family Involvement in Case Planning (CFSR Round 3 Item 13; benchmark is Round 2 Item 18)	39%	48.2%	57.4%	66.6%	75.8%	80%

<u>Technical Assistance and Training</u>
Placement, CPS and RD staff will require instruction on the principles of Partnership Parenting including nomenclature, values, and selection of participants. In addition, placement and RD staff will need training on making optimal placement matches based upon the child's needs and the foster and birth parents' willingness to participate in shared parenting. Partnership Parenting placements, particularly the concurrent planning aspect, will require significant support services and, according to some literature, specialized social work skills.

Under the schema of Partnership Parenting, children and their families should be matched with foster parents whose desire, strengths (including locale or school zone), experience, training and ability to execute the principles of the program would constitute the most successful partnership. Partnership parenting supports the principle that children should be matched with foster parents whose parenting skill level meets the child's needs and that the foster parent's permanency expectation is compatible with the case plan for the birth family. The foster parent's desired partnership participation should be reassessed at each placement (as warranted) or at least annually.

<u>Implementation Supports</u>
1.   The state has experience in utilizing Implementation Science (IS) as a means of managing systemic change initiatives. Implementation Science has been utilized to pilot the new safety framework. The IS principles include Exploration, Installation, Initial Implementation and Full Implementation for new practices.
2.   The state has solid policy supporting both Permanency Planning (SS Policy 10.22) and Case Planning (SS Policy 10.23) published in August 2014.
3.   The state has significant experience in establishing and benefiting from having permanency improvement initiatives including using accountability cadences, Permanency Roundtables, and the Cold Case Project.
4.   The state has reinstituted the original purpose of its Regional Adoption Coordinators to focus on moving children appropriately and expediently to adoption finalizations, adoptive home matching and providing training, technical assistance and "barrier busting" expertise to case managers.
5.   The state has previously received technical assistance from the National Resource Center on Family-Centered Practice. As a result the State has already drafted a Family-Centered Practice Model, Concurrent Planning Guides and supporting training curriculums for supervisors and case managers.
6.   The recently passed HB 242, the new Juvenile Code, will be instrumental in the achievement of the timely permanency. As a part of this code, Permanency Plan hearings will be held earlier and more frequently in the foster care episode. This will place more emphasis on appropriateness of the permanency plan and ensure exits from foster care are timely.

Objective 2: By September 2019, fully implement Connect By 21 (CB21), a project designed to create a developmentally appropriate post-emancipation system of support for youth ages 18 to 21 years, and foster care to age 21 programming.

<u>Intervention</u>
1.   Develop and publish a CB21 five-year project plan by September 2015.
2.   By September 2018 increase the number of youth opting in to CB21 services to at least 70% annually of youth 18 years of age who do not have an immediately executable safe and stable living arrangement, by implementing a communications campaign directed at youth, caregivers and staff informing them of the foster care program for ages 18 to 21.
3.   Increase the number of Independent Living and Transitional Living Programs beds and other non-traditional transitional living arrangement by 25% by December 2017.

4. By December 2017 develop a process whereby youth ages 17 years and older in foster care and particularly those who are emancipating will have in their possession official identification documents (birth certificate, SS card and state identification card or driver's license) unless contraindicated based on disability or other issue. Increase percentage to at least 85% by September 2019.

Table 22. Permanency Objective 2 Benchmarks and Timelines

Outcome Measure	Year 1 (FFY 2015)	Year 2 (FFY 2016)	Year 3 (FFY 2017)	Year 4 (FFY 2018)	Year 5 (FFY 2019)
NYTD	Meet or Exceed Federal Standards	Meet or Exceed Federal Standards	Meet or Exceed Federal Standards	Meet or Exceed Federal Standards	Meet or Exceed Federal Standards
# of IL/TLP Bed Spaces	N/A	N/A	Increase 2016 # by 25%	Maintain or exceed 2016 #	Maintain or exceed 2016 #
% of Youth Participating in CB21 at 18 years of age	N/A	N/A	N/A	At least 75%	At least 75%
% of Youth ages 17 years and up with 100% of official identification documents in own possession	N/A	N/A	At least 65%	At least 75%	At least 85%

Outcome Measure	Benchmark FFY 2014 9-month trend report	Year 1 (FFY 2015)	Year 2 (FFY 2016)	Year 3 (FFY 2017)	Year 4 (FFY 2018)	Year 5 (FFY 2019)
Educational needs of the child (CFSR Round 3 Item 16; benchmark is Round 2 Item 21)	47%	55%	60%	65%	75%	80%
Physical health of the child (CFSR Round 3 Item 17; benchmark is Round 2 Item 22)	39%	45%	55%	65%	75%	80%
Mental health of the child (CFSR Round 3 Item 18; benchmark is Round 2 Item 23)	35%	40%	45%	50%	55%	60%

Training and Technical Assistance

Georgia is partnering with the Jim Casey Youth Opportunities Initiative for technical assistance and support in the development of CB21. The Georgia Youth Opportunities Initiative (GAYOI) is a collaborative effort between public, private, and non-profit organizations, working to improve outcomes for youth transitioning out of foster care.

Goal #3: Meet the assessed and individualized needs of children, youth, and families through an enhanced and broadened array of services.

Rationale: 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.

In the April 2014 *DFCS External Stakeholder Survey* (with more than 1,200 respondents), respondents indicated that 41% of stakeholders noted problems with the availability of services. (A similar survey was conducted in 2013; those results are discussed in the Assessment of Performance Service Array section of this document.) The limited availability of some services and resources creates a barrier to providing a comprehensive service delivery model. Continuing issues include that service providers do not find it financial viable to establish hubs for service in rural areas with low volume; rural areas have difficulty finding qualified service providers with the necessary credentials; and local DFCS leadership has historically struggled with sustaining partnerships and collaborations that could help develop a more robust service array on local area.

Georgia's Office of Quality Management (OQM) conducts Quality Case Reviews to evaluate the accessibility and quality of services the child welfare system manages and procures for children, youth, and families. Based upon these findings the child welfare system still lacks robust service network in some DFCS regions. Issues remain with placement resources and recruitment of a viable pool of resource homes. Where services are available, there are issues with proximity and the times at which children, youth, and families can engage with providers. The quality of service plays a major role in service array; providers and services that may be available to the children, youth and families may still struggle with producing high-quality, individualized services with clear linkages to community-based resources.

<u>Safety</u>
Objective 1: DFCS will ensure safety services are available to ensure ongoing safety management of children.

<u>Intervention</u>
1. DFCS will mentor staff around understanding and identifying the needs of children and families.
2. County and regional staff will build community partnerships to increase the availability of non-contracted service providers and family supports. Each county must have a plan in place to ensure dissemination of this information to frontline staff and monitor service utilization.
    a. Ensure counties have resource maintainers to input county resources in Georgia SHINES.
    b. Enhance the community resource functionality in SHINES to track community resources.
    c. Develop a SHINES LENSES report to track and monitor community resources.

Table 23. Safety Objective 1 Benchmarks and Timelines

Outcome Measure	Benchmark FFY 2014 9-month trend report	Year 1 (FFY 2015)	Year 2 (FFY 2016)	Year 3 (FFY 2017)	Year 4 (FFY 2018)	Year 5 (FFY 2019)
Services to families to protect children in home and prevent removal (CFSR Round 3 Item 2; benchmark is Round 2 Item 3)	69%	71%	73%	75%	77%	79%

<u>Well-being</u>

Objective 1: Work collaboratively with the identified CMO to ensure physical and behavioral health care services are available to meet the identified needs of all eligible children in foster care.

<u>Intervention</u>
1. The System of Care Unit will collaborate and meet regularly with DCH, DBHDD, Public Health and the identified CMO regarding systematic needs of children and adolescents.
   a. By January 2015, establish a medical home for children in foster care within five days of enrollment into the Georgia Families 360 CMO.
   b. By January 2015, establish a dental home for children in foster care within five days of enrollment into the Georgia Families 360.
   c. By July 2015, establish a partnership with Public Health (Babies Can't Wait/Children's 1st) and Amerigroup regarding services to target early childhood developmental needs of children ages 0-4.
2. The System of Care Unit will meet regularly with the identified CMO to review utilization reports and identify service gaps.
3. Service providers with be recruited by the CMO to fill service gaps.
   a. By March 2015, improve health care service delivery and outcomes through foster care transition to a single Care Management Organization class of Medicaid.
4. Amerigroup and DFCS will collaborate to ensure all follow-up appointments are made within policy timelines.

Objective 2: Closely monitor the utilization of medications for children in foster care to ensure only those medically necessary are prescribed.

<u>Intervention</u>
1. By December 2015, reduce the inappropriate use of psychotropic medications through a pharmacy review by Amerigroup CMO and DHS Medical Director of all psychotropic medication prescribed to children/youth in care.
2. Beginning January 2016, continue ongoing monitoring of children receiving psychotropic medications by System of Care Unit, DHS Medical Director, and Amerigroup CMO.
3. By July 2016, identify a psychiatrist or pharmacist affiliated with Georgia University systems to serve as consultant to Psychotropic Medication Management Program for Georgia Families 360 through Amerigroup CMO.

Table 24. Well-Being Objectives 1 & 2 Benchmarks and Timelines

Outcome Measure	Benchmark FFY 2014 9-month trend report	Year 1 (FFY 2015)	Year 2 (FFY 2016)	Year 3 (FFY 2017)	Year 4 (FFY 2018)	Year 5 (FFY 2019)
Physical health of the child (CFSR Round 3 Item 17; benchmark is Round 2 Item 22)	39%	45%	55%	65%	75%	80%
Mental health of the child (CFSR Round 3 Item 18; benchmark is Round 2 Item 23)	35%	40%	45%	50%	55%	60%

Objective 3: Develop a plan to improve the statewide practice to meet the needs of children in family preservation cases by July 2018.

Intervention
1. Analyze current family preservation practice using data from SHINES, quality reviews, and surveys of stakeholders and families by December 2016.
2. Develop a project plan to address issues identified in the program evaluation by July 2017.

Table 25. Well-Being Objective 3 Benchmarks and Timelines

Outcome Measure	Benchmark FFY 2014 9-month trend report	Year 1 (FFY 2015)	Year 2 (FFY 2016)	Year 3 (FFY 2017)	Year 4 (FFY 2018)	Year 5 (FFY 2019)
Needs and services of child, parent, foster parents (CFSR Round 3 Item 12; benchmark is Round 2 Item 17)	34%	45%	55%	65%	75%	80%

Objective 4: Identify and develop partnerships with local education agencies (LEAs) to improve high school graduation rates and implement positive behavioral interventions and supports (PBIS) within their school system or agency by July 2017.

Intervention
1. Coordinate with the Georgia Department of Education to identify strategies that will support schools and organizations that provide PBIS within communities where foster youth reside by April 2015.
2. Schedule quarterly meetings with school systems and educational agencies to ensure children in foster care are afforded an opportunity to participate in PBIS within their educational settings by January 2016.
3. Increase partnerships with state organizations and programs that specifically target high school youth and youth who are in the process of graduating from high school or receiving their GED by January 2017 (i.e., Georgia College 411, Georgia Student Finance Commission, and Georgia Board of Regents).
4. Identify and expand foster care youth access to programs and services that support increased high school graduation rates by July 2016.

Table 26. Well-Being Objective 4 Benchmarks and Timelines

Outcome Measure	Benchmark FFY 2014 9-month trend report	Year 1 (FFY 2015)	Year 2 (FFY 2016)	Year 3 (FFY 2017)	Year 4 (FFY 2018)	Year 5 (FFY 2019)
Educational needs of the child (CFSR Round 3 Item 16; benchmark is Round 2 Item 21)	47%	49%	51%	54%	57%	60%

Implementation Supports
1. PBIS is an accepted practice within Georgia public schools and is endorsed as a practice to improve school climate.

2. Educational specialists and education support monitors currently analyze educational strengths and weaknesses.
3. DFCS has an existing partnership with Georgia Appleseed (legal advocacy organization) related to tribunals (participation, resolution).
4. DFCS has an existing partnership with DOE.

SECTION 4 — SERVICES

A. CHILD AND FAMILY SERVICES CONTINUUM

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 Resources (DHR) 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.

Child Abuse and Neglect Prevention

Georgia's child abuse and neglect prevention services and programs incorporate front-door strategies that seek to reduce or eliminate the need for a child to enter the child welfare system. On July 1, 2014, the Prevention and Family Supports program was transferred from the Governor's Office for Children and Families (CJCC) to DFCS. This realignment is an opportunity for the agency to provide and manage a comprehensive, coordinated and effective prevention spectrum aimed at improving children and families' safety and well-being.

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 transfer, DFCS anticipates leveraging a complete prevention spectrum. The agency will utilize the aforementioned programs in concert with the following collaborative partners to offer a wide spectrum of prevention programs.

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

Goal 1: Prevent maltreatment
Goal 2: Prevent recidivism
Goal 3: Improve critical partnerships that support families and reduce abuse/neglect risk factors
Goal 4: Develop family resources (community, cross-agency, and statewide)

DFCS Primary Prevention strategies will reach the entire population, without regard to individual risk factors, and target large audiences. These strategies include, but are not limited to:

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. Coordinating and promoting community and statewide primary and secondary prevention activities and programs.
3. Identifying and providing comprehensive, strength-based, evidence-based family support models and services to improve outcomes for families in Georgia communities.
4. Improving statewide education and awareness regarding Georgia's Child Deaths, Near Fatalities, and Serious Injuries (CDNSI) trends, best practices, and strategies to prevent CDNSI.

Secondary Prevention strategies target subgroups of the general population that are determined to be at-risk or known to have specific risk conditions that make Child Abuse and Neglect a concern. These families have not yet been identified by any system. These strategies include, but are not limited to:

1. Communities will allocate local child/family resources committed to prevention.
2. Community partners will collaborate to address local gaps in services for these children and families.
3. Families will have access to both informal and formal community-based supports.
4. Families will improve their ability to address crisis and risk before it occurs.
5. Communities will receive comprehensive evidence-based home visiting services to improve outcomes for families who reside in at-risk areas.
6. Families will receive evidence-based parent skills training.
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.

Tertiary Prevention strategies address early signs of child/family concerns and other related problems or behaviors associated with Child Abuse and Neglect or address children/families that have already experienced child maltreatment. 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).

One goal of Partnerships for Safety is to enhance child safety and well-being by improving service provisions for Georgia's families. Health care, parenting programs, employment, and housing are all important to maintaining healthy families. DFCS's continuum of prevention will help families create safe, stable, and nurturing home environments that promote the safety of all family members and healthy child development. Moreover, Partnerships for Safety's strategies will improve the well-being of families, enhance family functioning, and

increase family support resources. Providing services to families and preventing problems before they become crises is the most effective and economical way to help vulnerable families.

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

Following are descriptions of specific prevention services, including Family Violence; Child Death, Near Fatality and Serious Injury; and CPPC.

<u>Family Violence</u>
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.

Child Death, Near Fatality and Serious Injury (CDNFSI)

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. Combining the information from these two sections increased accuracy regarding child deaths reported to the agency. The Quarterly Child Death report was also formulated to be more uniform with other child fatality reporting entities such as the Office of Child Fatality and medical examiners.

Staff from the Collaborative Partners Unit staff child death cases with frontline county staff. The staffing parameters are as follows: child deaths where there are unknown or suspicious circumstances and/or the death has elements of neglect or abuse, and the county had prior CPS history for the child or family within the last five years. The purpose of the staffing is to provide frontline staff support, consultation, and direction while assessing these types of cases. Staffing these cases while they are active and unfolding offers the potential to improve case practice, enhance case manager awareness, increase child safety, and ensure agency accountability while providing child protective services to the community. Another purpose is to gain as much information as possible about the circumstances surrounding a serious injury or child death and to provide a link between county staff and upper management so that pertinent information is available in a timely manner.

Benefits to staffing these cases include teaching staff to raise their awareness of the intricate details and circumstances that surround a child's death and encouraging staff to ask questions and seek to clarify inconsistencies in caretakers' statements, as these may be related to the direct or indirect role of neglect and/or abuse in a child's death. By empowering staff to ask probing questions and teaching them it is okay to be involved in a family's life at this difficult time, much knowledge can be gained into the causes and triggers that result in children losing their lives.

The staffing of cases primarily focuses on what DFCS can learn from past involvement with the family. As case practice issues are identified, DFCS will explore methods of distributing this information to inform practice, thereby ensuring children are protected from abuse and/or neglect. Systemic issues as well as individual case practice issues will be utilized to have a positive impact on practice.

Child Death, Near Fatality and Serious Injury (CDNFSI) Panel

The CDNFSI panel reviews cases of children known to DFCS and provides technical assistance, support, and training to staff on prevention. The CDNFSI committee is a multidisciplinary team of prevention, advocacy and DFCS staff members who review cases of children known to DFCS and provide recommendations to DFCS leadership and staff on policy, practice and prevention opportunities. Committee members include representatives from external and internal partners representing public health, fatality review, law enforcement, behavioral health, medicine, and agency staff.

Community Partnerships for Protecting Children (CPPC)

CPPC, implemented in 17 counties, is a strategy for community-based child abuse prevention and intervention. It is a model for how child welfare agencies can engage community members to blend the work and expertise of both professionals and residents to bolster supports for vulnerable families and children. It is a partnership of public and private agencies, systems, community members, and professionals who work together to develop targeted abuse/neglect prevention strategies that focus on the specific types of maltreatment that are most prevalent locally. Those implementing CPPC design ways to respond quickly and effectively when abuse/neglect occurs.

There are now four component areas of the CPPC model in Georgia:

1. Developing Individualized Action Plans with families that recognize the families' unique strengths and challenges (primarily through FTMs with both DFCS-involved and non-DFCS-involved families).
2. Developing a local network of supports and services that families need to be successful, with a focus on identifying local service gaps and developing more "informal" and community-centered services.
3. Utilizing stakeholder input to inform DFCS/child welfare practice, policy and culture change.
4. Shared decision-making, defined as building capacity in parents, target area residents, extended families, and community organizations to be active parts of the child abuse prevention and intervention spectrum of supports to families.

CPPC will continue to utilize Parent Cafés as a parent advocacy strategy. The Parent Café model provides a unique and engaging two-way dialog between parents and partners. These sessions develop parent leaders and provide a structure and setting to promote family engagement and family-centered practice.

CPPC staff will also provide Community Connectors Services to active Family Support families to ensure they are connected to community resources and other supports needed to ensure child safety. This approach to providing services to Family Support families will be monitored and expanded beyond the current CPPC counties as deemed appropriate and as resources allow.

Community Connectors staff are available to act as information conduits for new communities interested in implementing the CPPC strategy. Communities that are currently implementing CPPC will continue to partner with Family Connection Collaborative and be involved with local Collaborative CPPC Strategy Teams.

Criminal Justice Coordinating Council (CJCC)
The mission of CJCC is to reach, support, and empower communities to serve Georgia's children and families. CJCC has adopted an integrated approach to programs and services that promote strong families. CJCC provides community funding, educational opportunities and technical assistance and supports communities and families as they increase their own independence and productivity.

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.

Recognizing the period of adolescence as particularly impactful on the trajectory of a child's life, CJCC supports youth development programs through its Youth Development Division. Building critical thinking skills, prioritizing school engagement and high school graduation, abstaining from sexual activity, and avoiding risky behaviors prepare youth to achieve their goals and become successful adults.

Community-Based Child Abuse Prevention (CBCAP)
The Child Abuse Prevention and Treatment Act (CAPTA) Reauthorization Act of 2010; Title II of the CAPTA (42 U.S.C 5116 et seq.) as amended by P.L. 111-320, enacted on December 20, 2010, was amended to meet the challenge of preventing child abuse and neglect by placing an emphasis on working together in partnership with public and private programs, families, and other disciplines such as social services, health and mental health,

substance abuse treatment services, domestic violence, child care, early childhood, education, law enforcement, and other advocacy groups in the community.

CBCAP funds have been utilized to support the following:

- Maternal, Infant, and Early Childhood Home Visitation Program
- Community Programs
- Children's Healthcare of Atlanta
    - Child Protection Health Teams (three demonstration sites)
- Statewide needs assessment with Public Health
- Better Brains for Babies – Strengthening Families Georgia
- University of Georgia, Center for Family Research
- Family Connection Partnership, including KIDS Count
- Parent to Parent of Georgia – Sheltering Arms Workshops
- Collaborative Meetings
- Training

Over the next five years the CBCAP will be used for:

- Maternal, Infant, and Early Childhood Home Visitation Program
- Community Programs
- Better Brains for Babies
- Strengthening Families Georgia
- University of Georgia, Center for Family Research
- Parent to Parent of Georgia - Sheltering Arms Workshops
- Collaborative Meetings
- Training
- Prevent Child Abuse Georgia
- First Steps Georgia

Child Abuse and Neglect Intervention – Child Protective Services

Intake
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.

Centralized Intake

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: 855-GA-CHILD (855-422-4453). 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.

Family Support Services

The Family Support Services (FSS) program emphasizes using a strengths-based, prevention-driven 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 *at that time* 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.

- Promoting Safe and Stable Families (PSSF) Services: PSSF services aid in providing family support through prevention and early intervention. PSSF services are voluntary, short-term, in-home or center-based family support services, which are offered to help families identify and address problematic family issues before CPS intervention is required.
- Healthy Marriage Support Services: These services are designed to strengthen marriages and to promote stable and life-long parenting/co-parenting relationships. The services teach couples how to build and maintain healthy partnerships, identify and manage stressors that may threaten relationships, and promote and support co-parenting.
- 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.

Investigation

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.

Investigation of families involves face-to-face contact by the case manager with all alleged victim children within 24 hours. 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 *at that time* 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.

During the full investigation, face-to-face contact is made with each alleged victim child and each caretaker involved in the family; there are also contacts with all household members and collateral contacts with other individuals knowledgeable about the family. The investigation must be completed within 45 calendar days and have as its uppermost concern the assessment of child safety, to include ongoing assessment of present and impending danger to the child. These and other steps allow for a thorough assessment of safety and parental capacity and gathering of evidence to support or refute the alleged maltreatment report.

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.

State Special Investigations Unit (SSIU)

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)

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

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.

Permanency Unit Services

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.

In FFY 2015, Georgia will pilot a public-private partnership model in the foster care system for Regions 3 and 5. These regions were selected based on an analysis of several factors, including the number of children placed outside the region due to a lack of local foster homes, the associated cost of transportation for those children, the capacity of existing local private providers, and support gained from local judges and other partners. In FFY 2014, DFCS issued a request for proposals from agencies to manage the recruitment, training and monitoring of foster

homes and group homes in these two regions, as well as coordinate placements, family visits and the delivery of services that ensure a child's safety and physical, medical, dental and/or mental well-being.

<u>Partnership Parenting Model</u>

The concept of the Partnership Parenting Model (PPM) is a shift in practice with birth and foster families that supports the Family-Centered Practice Model. Partnership Parenting is creating co-parenting relationships between the foster and birth parents. It means having "a clear definition and understanding of each person's parenting role, an appreciation and respect for each role, a clear agreement as to the responsibilities of each role and a method for shared decision-making among the partners."[14] Partnership parenting in no way shifts responsibility from DFCS or foster parents; but rather recognizes the temporary nature of most out-of-home foster care services and keeps birth parents in parenting mode, respecting that their children will soon return to them.

Partnership Parenting Is…	Partnership Parenting Is Not…
More information to support and make permanency decisions.	Changes to ASFA timelines or court orders dictating contact or supervision.
Increased quality and quantity of interactions between parents and foster parents, and parents and children.	Elimination or reduction of supervised or other case worker or case plan visits.
Creation of opportunities for birth parents to parent rather than just visit.	Relinquishment of DFCS responsibility or foster parent expectations to ensure the safety, and well-being of children.
Meaningful method of evaluating day-to-day skills needed to manage and meet the needs of the child.	Birth parents managing parenting tasks that are beyond current or legal capacity or that are not in the best interest of the child.
Increased documentation, monitoring and case responsibility particularly in support to the foster parent.	Holding foster parents responsible for the birth parents.

According to the National Child Traumatic Stress Network literature, "a trauma-informed child welfare system is one in which all parties involved recognize and respond to the varying impact of traumatic stress on children, caregivers, and those who have contact with the system. Programs and organizations within the system infuse this knowledge, awareness and skills into their organizational culture, policies and practices. They act in collaboration using the best science, to facilitate support resiliency and recovery." The Partnership Parenting model includes these Essential Elements of a trauma-informed children welfare system:
1. Maximize physical and psychological safety for children and families
2. Identify trauma-related needs of children and families
3. Enhance child well-being and resilience
4. Enhance family well-being and resilience
5. Enhance the well-being and resilience of those working in the system
6. Partner with youth and families
7. Partner with agencies and systems that interact with children and families

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[14] PRIDE Trainer's Guide: Module 5, Session 3 "Becoming Partners in Parenting"

Partnership Parenting will also include a father and paternal family engagement component. Fathers and their families will be routinely engaged in the child welfare process, as mothers and their families have been traditionally.

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.

Expanded Use of Concurrent Planning
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.

Kinship Care

Partnering with the Annie E. Casey Foundation and the Foster Family Treatment Association, DFCS will develop a "Kin first" placement philosophy. This includes identifying and removing barriers to relative placements, enhancing support to relatives through training and case management and increasing the numbers of relative permanency exits. This intervention is intended to support increasing the number of relative foster parents, adoptive parents and relative placements and exits to guardianship with relatives.

As the agency looks to improve its practice in working with relatives, policy will be enhanced to address support offered to relatives when children are placed in their homes. Additionally, the state will develop training to address any policy changes that address deficiencies/improvements in supporting and working with relatives. Lastly, the state will hire staff to assist relatives in navigating the system. The plan calls for one such Kinship Navigator per region.

Centralized Placement

DFCS plans to develop a centralized state-level function for managing placement matching to better understand daily placement needs and to make the best foster care placement matches with the greatest likelihood of lasting the entire foster care episode. This plan includes development of "no eject, no reject" placement options.

The placement matching project is intended to improve the state's knowledge, skill and practices related to making the best placement matches for children in foster care. The project would include developing supporting policy, procedures, forms, training and tracking/management systems.

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.

Permanency Roundtables

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

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 *"specific options on housing, health insurance, education, local opportunities for mentors and continuing support services, and work force supports and employment services"* as required by the Act.

Office of Provider Management Services
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 Monitoring

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.

Interstate Compact for Placement of Children (ICPC)

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.

The existing compact provision and rules are administered by the Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC), which is an affiliate of the American Public Human Services Association (APHSA). It is a professional association of government officials and also serves as the administrative body charged with carrying out the terms of the current compact provisions and rules. This body, however, is not specifically designated under the compact, nor is it given specific authority to make and enforce rules or the provisions of the compact.

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.

ICPC Border Agreements

Border Agreements allows the states that are parties to the agreement to expedite placement of a child who is not in state custody into the other party state under ICPC requirements. The agreement also allows for placement of a child to take place despite ongoing investigation or child protective services. Georgia has entered into border agreements with South Carolina, Alabama, Tennessee, and Florida and has a pending agreement with North Carolina.

Educational Programming, Assessment and Consultation (EPAC)
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.

Georgia has active Compulsory Attendance Laws [Georgia Law (O.C.G.A. Section 202-2-690.1)] mandating that children must attend public school, private school, or a home school program between the ages of six and sixteen years of age. The laws also state that parents, guardians, or other individuals having "control or charge of any child or children during the ages of mandatory attendance (6 – 16)" must enroll and send their child to public, private, or home school. DFCS is mandated to ensure each youth in foster care is enrolled in school. The educational diagnostic assessment and consultation meeting conducted by EPAC can identify youth who are not in school and ensure youth are placed in school (or alternative academic support services that comply with Georgia law) through the Student Action Plan.

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.

System of Care (SOC) Unit
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 goals of SOC include:
1. Improving access to health services for youth with mental/behavioral/developmental disability/physical health needs;
2. Improving effectiveness of service provision;
3. Improving knowledge base and skill-set of DFCS staff regarding well-being needs of youth in care; and
4. Improving collaboration with internal and external partner organizations and teams.

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

SOC is staffed with a support services team that develops and manages community-based contracts. The unit also houses a Criminal Justice Liaison with a discrete focus on Commercial Sexual Exploitation of Children (CSEC). There are seven Well-being Specialists tasked with implementing procedures and practices to support best practices with DFCS case managers and other direct services staff that relate to the overall unit responsibilities.

Physical and Mental Health Services

Well-being specialists serve as subject matter experts with a background in social work, mental health, psychology, or child and family therapy and are responsible for assessing, reviewing, monitoring, and recommending therapeutic interventions administered to children and adolescents by community-based or residential service providers. They are directly supervised by the System of Care Unit Director. The Clinical Program Specialist acts as an educator, advocate, mentor, and role model along the permanency protocol continuum in multiple areas of well-being, including:

1. Training
2. Engaging partners
3. Data tracking and analysis
4. Roundtable or staffing of high-end cases
5. Waiver requests
6. Transitional & discharge planning
7. Psychotropic medication consent process

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 *Georgia Families 360°*. 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.

The Health Care Plan being submitted with the Child and Family Services Plan for FFY 2015-2019, addresses barriers to meeting the physical and mental health needs of children in foster care including:

1. Insufficient follow-up after initial healthcare assessments.
2. Over-utilization of psychotropic medication.
3. Limitations to service array for children in foster care.

Comprehensive Child and Family Assessment
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.

Medical Evaluation
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.

Dental, Vision and Hearing Needs
An inspection of the mouth is a component of a select number of EPSDT visits. By the age of 12 months, a child should be referred to a dental provider who should follow the American Academy of Pediatric Dentistry's recommendations for pediatric oral health care. Routine dental care begins at age 3 and the Amerigroup Care Coordination Team (CCT) works with the case manager and placement provider/caregiver to schedule a dental screen each year. However, if indicated, a dental referral may be made at any age. If the dental screen yields any concerns or the need for dental treatment, the case manager will coordinate with the Amerigroup CCT to ensure appropriate follow-up with an approved Medicaid provider within 30 days of the EPSDT screening.

Developmental Needs
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.

Comprehensive Trauma Assessment
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.

Psychological Evaluation
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.

Sexual Health Needs
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. Additionally, youth in foster care receive health education and risk prevention services through Georgia's Personal Responsibility Education Program (GA-PREP). 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
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.

Trauma Focus

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 views its partnership with Amerigroup CMO as a move towards a more trauma-informed model for assessment and service delivery. A single, accountable CMO will coordinate the healthcare needs for all children, youth, and young adults in custody, ensuring that all individuals have access to a full spectrum of proactive healthcare monitoring and interventions, some of which were previously not available or tracked in a coordinated way. Each child will have a customized team assembled to be responsive to his or her specific needs. Composed of clinical and specialized care coordinators, the majority of which are trained mental health clinicians, the Care Coordination Team (CCT) is charged with ensuring the youth's care plan is followed. CCT staff members also serve as liaisons between the DFCS case manager, SOC Well-Being Specialist, and the healthcare providers in the Amerigroup network who are responsible for performing the medical assessments at intake as well as the developmental screens and physician visits according to the EPSDT periodicity schedule. The CCT collaborates with DFCS to understand the individual needs of each foster care youth and to enhance the ability of the DFCS case managers to attend to the well-being of each youth. The CCT serves as additional support to DFCS staff, placement providers/caregivers, and service providers in monitoring health care and the promotion of integrated health coordination.

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.

Adoptions

The purpose of the statewide 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. DFCS's Adoption Program is

invested in providing families who adopt Georgia's children with adequate supports to ensure successful adoptions. Recognizing that children deserve safe, loving, and nurturing relationships with permanent families, DFCS and its partners work to provide a continuum of available, accessible, and effective services that enable and support the placement of children in adoptive families.

The Adoptions unit operates as two units. The Adoption Assistance Administration Unit manages adoption assistance and post-adoption services. All pre-adoption services are a part of the Permanency Unit, which consists of the Adoption Exchange Unit and Permanency Consultants. The Adoption Exchange Unit manages child registration, family registration, and matching services for children with no identified adoptive family. Permanency Consultants provide hands-on support to the field through county visits, consultation and permanency reviews. The Permanency Unit also writes and oversees implementation of adoption policy.

Adoption Services
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

 The state has the following vendor/partners for both pre- and post-adoption services:

Table 27. Vendors and Partners for Pre- and Post-Adoption Services

Vendor/Partner	Program	Service Provision
All God's Children	Adoption Services	To recruit, assess, prepare, and train families who will be able to parent children with special needs and to provide the family support services that will assist them in maintaining the placement of these children up to and beyond the point of finalization.
Bethany Christian Services	Child Life History	To complete the child history, which is used for the purpose of full disclosure to an adoptive family prior to adoptive placement.

Vendor/Partner	Program	Service Provision
Bethany Christian Services	Inquiry Line	To manage and maintain operation of the 1-877-210-KIDS telephone inquiry line, which includes management of the HGK inquiry line database. This toll-free service provides information to persons calling to inquire about adoption and/or foster care parenting opportunities for children in the custody of DHS.
Bethany Christian Services	Adoption Services	To recruit, assess, prepare, and train families who will be able to parent children with special needs and to provide the family support services that will assist them in maintaining the placement of these children up to and beyond the point of finalization.
Families First	Georgia Center for Resources & Support	To maintain operation of the Georgia Center for Foster and Adoption Resources by developing and delivering a comprehensive program for accessing and developing post-placement services for foster and adoptive families. Services are available on a statewide basis in the 17 DHS Service Delivery Areas to all foster and adoptive families who continue to reside within the state of Georgia (prior to and after the legalization of the adoption) until the child reaches the age of 18.
Families First	Reunion Registry	To enhance and maintain operation of Georgia's Adoption Reunion Registry, as required by state law, to offer services to birth parents, adopted persons, adoptive parents, and siblings who are affected by adoptions finalized in Georgia. The complete content of the law can be found in the Official Code of Georgia, Annotated, as Amended (19-8-23f).
Families First	Adoption Services	To recruit, assess, prepare, and train families who will be able to parent children with special needs and to provide the family support services that will assist them in maintaining the placement of these children up to and beyond the point of finalization.
Family Matters	ATEAM	To provide adopted teens in grades 6-12 opportunities for mutual support and self-awareness/development through group interactions with other adopted teens in 12 ATEAM sites across the state. Parent support meetings also provided.
Image Freeway	Record Retention	To prepare, microfilm, index, and purge state and county adoption records for permanent retention as mandated by law (O.C.G.A. 19-8-23).
Lutheran Services of Georgia	Adoption Services	To recruit, assess, prepare, and train families who will be able to parent children with special needs and to provide the family support services that will assist them in maintaining the placement of these children up to and beyond the point of finalization.

Vendor/Partner	Program	Service Provision
Georgia Mentor	Adoption Services	To recruit, assess, prepare, and train families who will be able to parent children with special needs and to provide the family support services that will assist them in maintaining the placement of these children up to and beyond the point of finalization.
Georgia Mentor	Crisis Intervention	To provide crisis intervention to families with a potential for disruption or dissolution of an adoptive placement. A statewide team of skilled individuals works with families to asses and connect them to needed resources.

*It's My Turn Now Georgia (*IMTNGA)
Georgia has a contractual agreement with It's My Turn Now Georgia, a non-profit organization that maintains a website photo-listing of waiting children and registers children with national sites in order to recruit potential adoptive families. IMTNGA also provides assistance with many adoption recruitment activities throughout the year and has expanded its services to include documenting the calls they receive from families in Georgia into the state's inquiry line database, which assists in consolidating all inquiries into one central database.

Partnership with Child Placing Agencies
DFCS partners with five child placing agencies (CPAs) to assist with the recruitment of adoptive homes for children who are considered special-needs. The agencies are: All God's Children (Bogart), Bethany Christian Services (Atlanta), Families First (Atlanta), Lutheran Services of Georgia (Atlanta) and National Mentor Network (Atlanta). These agencies provide pre-adoption services such as recruitment activities, orientation, pre-service training, placement, supervision, and support services. This partnership continues to be a valuable resource to DFCS. The CPAs' sole focus is on the placement of special-needs children.

Statewide Match Meeting
Through contracted services the state sponsors an annual Statewide Adoption Match Meeting (SAMM) training and family night. The two-day event is comprised of nationally recognized motivational and inspirational speakers who provide the key note address and training to Adoption and Resource Development workers from across the state. Workshops include topics on a variety of adoption-related subjects such as Family Assessments, Child Specific Recruitment, Matching, Inter-Jurisdictional Placements, and Adoption Assistance.

A portion of the Statewide Match Meeting provides the opportunity for staff from the county departments and the contracted Adoption Child Placing Agencies to network for the purpose of matching waiting children with approved families. Lastly, the event includes "Family Night". During "Family Night" approved and new families are invited from across the state to meet adoption staff from local offices and CPAs to speak with them regarding children in need of adoptive families.

Gift for a Child, Heart Gallery Georgia: After several years of little activity due to budget constraints, the Heart Gallery was reenergized in FFY 4014. Additional photographers and another partner were added to work with the Permanency Unit to improve this program and outcomes for Georgia's waiting children.

Adoption Parties
For several years the state sponsored Adoption Parties to assist with the recruitment of adoptive families for Georgia's waiting children. In 2009, the contract was eliminated due to state funding cuts. Fortunately, in 2012 the parties were reinstated. Adoption parties have always been a very successful tool in finding families for Georgia's waiting children. Families are invited to attend parties in a safe and fun environment where waiting children participate in activities like bowling, basketball, arts and craft and video games. The environment is set up to be non-threatening and encourage positive interaction between children and families.

Building Connections
Building Connections is an annual conference for prospective adoptive and foster parents and teens in the foster care system. This event seeks to form significant connections for teens with adults willing to become mentors or foster or adoptive parents.

Paper Matching Meetings
Regional Adoption Coordinators in various regions have undertaken this method to assist with matching for families and children. Case managers meet and discuss families and children in an attempt to make matches.

Adoption Assistance/Post-Adoption Services

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.

For consideration of adoption assistance, Georgia policy defines "special needs" as:

- A child who has been in the care of a public or private agency or individual other than the legal or biological parent for more than 24 consecutive months
- A child with a physical, mental, or emotional disability, as validated by a licensed physician or psychologist
- A child who is a member of a sibling group of two or more placed in the same home

Adoption Assistance Population
Adoption Assistance is available statewide to adopted children who meet the aforementioned eligibility criteria. The average monthly adoption assistance payment is approximately $463.85 & Medicaid coverage. Adoption assistance rates for some children may be higher given the child's special medical and/or emotional needs. Under federal guidelines, AA can be terminated if the state determines that the adoptive parents are no longer legally responsible for the adopted child, if the adoptive parents are determined to be no longer financially responsible for the support of the child, if the adoptive parents' parental rights are terminated, or if the child emancipates. Regardless of their Title IV-E eligibility, adoptive parents must also comply with these requirements to remain eligible to receive AA.

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 the following 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.

Adopted Teen Empowerment and Mentoring (ATEAM Program)
The Adopted Teen Empowerment & Mentoring Program (ATEAM) provides the opportunity for adopted teens with special needs to interact with other adopted children. Teens must be in grades 6 through 12. Other adopted teens are invited if space permits. Meetings are held once a month in each of the 15 regions across the state. Two weekend retreats are also planned each year. Parent transportation is required.

Crisis Intervention
An Intervention Team works closely with families to overcome any difficulties and to help strengthen the bond between family members. The program can improve a family's well-being and help preserve the family unit. Families must be referred by their county DFCS office, and the children must be receiving adoption assistance to be eligible.

Respite Care for Medically Fragile Adoptive Children
This program serves only children who currently receive ongoing adoption assistance benefits and are deemed medically fragile by a licensed medical provider. To meet program criteria, these children must have one or more of the following:

- A condition that requires dependence upon durable medical equipment (to include, but not limited to, wheelchairs, walkers, etc.)
- A condition that requires dependence upon medical support equipment (to include, but not limited to, a respirator, feeding pump, suction machine, oxygen, etc.)
- A life-threatening, acute/chronic infectious disease, or acute/chronic non-infectious disease requiring respiratory or other precautions (excluding normal childhood diseases)
- A terminal illness
- A condition that requires ongoing administration of intravenous medication or a feeding tube for nutritional support (G tube, etc.)
- A condition that requires intensive rehabilitation and/or developmental disability services

Adoption Reunion Registry
DHS can assist youth and families with a family search through the Adoption Reunion Registry. For all the services listed below, the consent of each involved individual must first be received. DHS gathers and registers each party's consent or dissent. Registry services include:

- *Adult Search for Biological Parents*: Assistance in establishing contact with biological parents; if the adopted person is deceased, the same service can be provided to the adult child of the deceased adopted person.
- *Adult Search for Siblings:* Assistance in seeking contact with adult siblings if one adult is an adoptee.
- *Birth Parent Search for a Child Placed for Adoption:* For a birth parent who placed a child for adoption, assistance in establishing contact, provided the adopted child is over the age of 21 years. If the birth parent is deceased, parents or siblings of the deceased birth parent may receive the same services to establish contact with the adopted child.
- *Access to Background Information:* For an adopted individual over the age of 18, provision of non-identifying information from the sealed adoption record without a court order. For an adopted child under the age of 18, the adoptive family must request this information.
- *Biological Family Assistance:* Assistance to a biological family in giving consent to release identifying information or to contact the adopted family with this information. Also registration of the desire to have

this information protected, which involves prohibiting the release of identifying birth family information from the sealed adoption record.

B. SERVICE COORDINATION

Since Georgia's child welfare system is a state-supervised, county-administered system, most of the client service coordination takes place at the county level. Coordination of services in the local community is the result of cooperative working relationships that develop among local service providers, as well as relationships resulting from formal "wraparound" delivery systems. Some counties are partners in local family services collaborative efforts, such as Family Connection Partnerships. Statewide, the local agencies contracted with and funded by PSSF operate in partnership with county DFCS departments, providing services for families and children in the communities in which they operate.

Georgia will continue partnerships and collaboration with identified resources to ensure that appropriate services are provided to children and families. As various review processes identify gaps and disconnects in service delivery, policy and practice will be enhanced to reduce and eventually eliminate the deficiencies in service provision.

Within the agency, child welfare services are coordinated with the Office of Family Independence, which manages federally funded welfare programs such as Temporary Assistance for Needy Families and the Supplemental Nutrition Assistance Program, as needed.

DFCS has a number of relationships with other state agencies and organizations that lead to additional coordination of services, including services provided by federally funded programs.

Many of these relationships are formalized through an agreement. Examples include, but are not limited to:

- Georgia Department of Public Health (DPH) - Babies Can't Wait Program: This agency provides health care assessments, early intervention services, and other health-related services for children in DFCS custody. An MOU with Department of Public Health covers Children First/Babies Can't Wait.
- Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD): There is a working relationship; however, there is no formal agreement.
- The Department of Public Health Adolescent Health and Youth Development Program: This program provides adolescent and youth development services, family planning alternatives and family support programs for low-income citizens of the state.
- Children's Healthcare of Atlanta (CHOA) Child Health Protection Team: This is collaborative effort between DFCS and a local children's hospital to improve screening and assessment, case management, case planning, and service delivery. Staff involved in assessing and managing cases of alleged child abuse receive assistance from medical professionals in determining the likelihood of abuse or neglect or potential safety issues. CHOA staff also provide DFCS with written opinions/findings on the likelihood of abuse or neglect and written assessments of environmental and/or safety hazards based on a review of information provided by DFCS.
- Georgia Department of Education (DOE): A link to DOE's Longitudinal Data System (LDS) is embedded in Georgia SHINES, DFCS's Statewide Automated Child Welfare Information System (SACWIS), allowing DFCS access to DOE education data to track and help improve the educational performance trends for children and youth in DFCS's custody.

- Georgia Office of Child Support Services: This program promotes parent accountability and self-sufficiency, while reducing the public's responsibility for providing financial and medical support to children. It also serves to increase non-custodial parent and relative involvement in children's lives in order to promote the overall well-being of children.

C. SERVICE DESCRIPTION

Promoting Safe and Stable Families Programs (Title IV-B Subpart 2)

Program Overview
Georgia's Promoting Safe and Stable Families Program (PSSF) provides federal child welfare funding, training, and technical assistance to help build state and community capacity to meet the needs of families at risk of child welfare intervention and families in crisis.

PSSF objectives are:

1. To prevent abuse and neglect through supportive family services;
2. To prevent the unnecessary separation of children from their families through intensive preservation services;
3. To minimize the length of time children remain in foster care through safe and expedient reunification; and
4. To promote permanent placements and support life-long family connections for children and youth through adoption promotion and post-permanency support services.

PSSF resources have been strategically invested to enhance DFCS's capacity to identify and meet the needs of families at the community level and to expand state-funded child protection and placement service programs. Georgia PSSF funding is used to support DFCS priorities and support children and families most at risk. Contracts with local providers throughout the state make services available to children and families based on the state's priorities and coinciding local needs assessments. At a minimum, 20% of the title IV-B, subpart 2 funds will be expended for service delivery in each of the following:[15]

1. **Family Preservation** – services are provided for those who currently have (or have previously had) DFCS involvement because of child abuse or neglect, child or parental behavioral challenges, or serious parent-child conflict. These family-focused services are designed to prevent removal of children from their homes or are offered as a safe alternative to out-of-home placement. There are five service models for Family Preservation:

   a. Placement Prevention Services are short-term home- and/or center-based services to children and families with DFCS involvement where children are still in parental custody. Services include, but are not limited to: therapeutic counseling, assessments, parent education, family life skills, employment training, family advocacy, and support groups.

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[15] See attached CFS-101, Part II: Annual Estimated Expenditure Summary of Child and Family Services, which includes specific data on the estimated number of individuals and/or families to be served.

b. Crisis Intervention Services are designed to support families in crisis where children are at imminent risk of placement through a range of research-based and therapeutic interventions, including family counseling and cognitive/behavioral therapy for biological, foster and adoptive families to help remove barriers to family stability and restore family functioning.

c. Residential After-Care Services support children and families reunifying from foster care, to include children returning home from temporary shelters, residential treatment or therapeutic foster home settings. After-care services are available to families two-three months pre-discharge and six-nine months post-discharge and are designed to sustain treatment outcomes and prevent placement disruption. Services include, but are not limited to: comprehensive discharge planning, coordination of community supports and resources, in-home therapeutic counseling, behavior management and crisis intervention.

d.   Relative Caregiver Support services offer a comprehensive array of support services to grandparents and relative caregivers who are the primary caregivers of children other than their own. Relatives are the preferred resource for children who must be removed from their birth parents because such placement (i) increases stability and safety and (ii) helps to maintain family connections and cultural traditions. Services include, but are not limited to: parent education, support groups, information and referral, behavior management, and caregiver healthcare monitoring and support.

e. Substance Abuse Treatment and Recovery Support services are provided to parents when substance abuse treatment, random substance abuse drug screenings, and sustained abstinence are required to prevent abandonment and/or maltreatment, removal of the child from the home, or as a condition for reunification. Services include, but are not limited to: parent education, assessment, substance abuse recovery support (groups) and/or treatment, drug testing, therapeutic counseling, and parent/child activities.

2. **Family Support** – services are provided to families who are at risk for CPS involvement to reduce risk and prevent child maltreatment. There are three service models for Family Support:

    a. Prevention and Early Intervention Services are voluntary, short-term, in-home or center-based family supports and services offered to help families identify and address problematic family issues in order to strengthen their protective capacity and prevent CPS intervention. Services include, but are not limited to: family assessments, parent education, educational supports, therapeutic counseling, and family life skills.

    b. Healthy Marriage Support Services are designed to strengthen marriages and promote stable and life-long parental or co-parenting relationships. Services should teach couples how to build and maintain healthy partnerships, identify and manage stress that threatens relationships, and promote and support co-parenting. Services include, but are not limited to: family assessment, healthy marriage/co-parenting classes, peer mentoring, parent/child activities, and therapeutic counseling.

    c. Home Visitation and Support Services are voluntary, in-home supports 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 visiting programs offer a variety of family-focused services to expectant parents and families with new babies and young children and utilize an evidence-based home visitation practice model (such as Parents As Teachers, SafeCare, Family FUSION and Healthy Families) in order to support positive parent-child relationships, promote optimal child health and development, enhance parental self-sufficiency, and ensure safe home

environments and prevent child abuse and neglect. Services include, but are not limited to: weekly home visits, family assessment, child development screening, community linkages, case management, and support groups.

3. **Time-limited Family Reunification** – services are time-limited, intensive support services provided to a child with a plan of safe, appropriate, and timely reunification 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. There are two service models for Time-limited Family Reunification:

   a. Supervised Family Visitation services are designed to establish or sustain parent-child and sibling relationships and facilitate the achievement of reunification case plan goals. Successful family reunification is based, in part, on the family or primary caregiver demonstrating an understanding of the child's needs and their competency to meet those identified needs during observed visits. Visitation services are conducted in non-restrictive, non-stigmatizing settings outside the DFCS county department and are available during non-traditional hours including evenings, weekends, and holidays to remove barriers to meaningful and consistent visitation (as well as to minimize impact on children's schedules, particularly for those attending school). Services include, but are not limited to: supervised family and sibling visitation, parent coaching, pre- and/or post-visit therapeutic counseling, transportation (to and from visits), family advocacy, pre-reunification in-home parenting, and post-reunification in-home follow up.

   b. Child and Family Advocacy provides supports to children and their families to promote and sustain reunification or other permanency options such as adoption or legal guardianship. Services include, but are not limited to: assessments, legal advocacy, family advocacy (non-court), child contacts, and follow up collateral contacts.

4. **Adoption Promotion and Support Services** – These services are designed to encourage and support adoptions out of the foster care system, when adoption is in the best interest of the child. They also help youths develop skills for independent living and establish meaningful adult connections, while simultaneously working toward achieving permanency through reunification, adoption, or guardianship. There are two service models for Adoption Promotion and Support Services:

   a. Adoption Promotion and Post-Permanency Support services are provided to families to facilitate and support permanency for children through adoption or other permanency options such as legal guardianship and to prevent disruption or dissolution of those relationships. Services include, but are not limited to: therapeutic counseling, family advocacy, support groups, legal services, post-adoption visits with relatives or siblings, and pre-adoption visits with adoptive parents.

   b. Transition and Emancipation Support services are designed to help foster care youth prepare for legal emancipation from the foster care system and to equip them with the life skills and educational and career planning supports necessary to support successful transition to independent adult living. Services include, but are not limited to: educational support (GED program, tutoring, and preparation of college applications), employment support (job skills, job search, résumé preparation, interview skills, interview follow-up), life skills (housing search and application, housekeeping, nutrition, and financial management, such as banking, budgeting, and establishing/repairing credit), transportation, emergency aid, and enrichment activities.

According to focus groups and surveys conducted between 2013 and 2014 (which included county and regional DFCS directors, state child welfare experts, state agency leadership and local child welfare providers), transportation, substance abuse treatment, mental health services, childcare, supervised family visitation services, counseling, peer-to-peer mentoring for adoptive parents, respite, pre-adoption visits between child and prospective adoptive family (transition), and post-adoption visits between child and child's relatives or siblings (to maintain family connections) were identified as service gaps.[16]

D. SERVICE DECISION-MAKING PROCESS FOR FAMILY SUPPORT SERVICES

In compliance with state procurement rules, and in the absence of an applicable exemption[17] to the same, a competitive procurement process is used to obtain family support services from community-based agencies. Competitive procurement ensures the state receives the best value when purchasing services with public funds.

Promoting Safe and Stable Families (PSSF) services are provided by community-based agencies, including state government agencies and other public and private non-profit entities. DFCS issues a Statement of Need (SON) each year to solicit proposals for these services. To increase awareness of the Statement of Need, thereby increasing the potential pool of community-based agencies engaged to provide the services, regional and county directors, other public entities such as the Governor's Office for Children and Families and Georgia State University are notified when the SON is issued. Staff and entities receiving the alerts have historically made their local/regional community-based partners aware of the opportunity to provide PSSF services. Community-based agencies submit proposals which receive Compliance, Qualitative and, if applicable, Current Contractor evaluations by a review team. Contracts for services are issued to the agencies recommended by the review team.

There are 15 DFCS service areas across the state. The SON targets high-risk areas and low-service areas identified by annual state and local needs assessments conducted for DFCS. Once community agency responses are received, each proposal receives a technical review. The responses meeting technical requirements then receive a qualitative review by at least two reviewers. Reviewers include external stakeholders as well as DFCS staff. If reviewer scores indicate disagreement, the proposal receives a third review. Funding decisions are made based on identified needs and reviewer assessment of response quality.

E. POPULATION AT GREATEST RISK OF MALTREATMENT

In 2012, DFCS began to research identifying children most at risk for maltreatment in order to determine the characteristics of those children. Substantiated investigations for the calendar year 2012 were analyzed. The data indicated that 19,303 unique children were victims of substantiated maltreatment that year. Almost half of those children (46%) were under the age of 6; children 12 months and younger were identified as most at risk for physical abuse, serious injuries and child fatalities.

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[16] See Section 2, Assessment of Performance, for available data on Service Array strengths and areas of concerns.

[17] A noted exemption excludes from the competitive procurement process contracts for services with public agencies and non-profit organizations.

In January 2013, DFCS initiated a series of joint planning sessions to identify populations deemed most at risk for maltreatment. In addition to state and regional DFCS leadership, participants/invitees included representatives from the Barton Law Clinic at Emory University, Court Improvement Project, Department of Early Care and Learning (DECAL), Head Start, Department of Education, Department of Public Health, Children's Healthcare of Atlanta, Citizen Review Panels, private providers, Region IV ACF staff, Governors' Office of Children and Families, Court Appointed Special Advocates (CASAs), Office of the Child Advocate, Babies Can't Wait, and other subject matter experts. The safety panel concept was chosen as the best way to ensure the needs of this population were addressed and promote learning opportunities for frontline staff and supervisors.

In April 2014 a focus group was held with DFCS staff to review the information previously collected and refine the safety panel concept. The focus group included regional directors, county directors, Field Program Specialists, supervisors, case managers and state office staff. The purpose of "Safety Panels" is to provide county staff a support and mentoring structure to ensure the safety of children at high risk to experience negative outcomes. Safety Panels will provide learning opportunities for staff in identifying safety threats, improving documentation, completing assessments, conducting appropriate collateral contacts and reviewing of history, particularly as it relates to the understanding and application of SRS concepts.

The data identifying cases will be provided each week, utilizing the predictive criteria gathered from the joint planning sessions and focus group. Additional case criteria such as history of reports, caregiver substance abuse and allegations of egregious abuse and medical neglect are also factored in to the predictive query. A new report is generated every Friday and includes both investigations and family support cases. The list is sorted by region and separated by county and then distributed to regional directors every Monday. The panel will also review any cases identified as high risk by county leadership and or community partners.

After identifying the population of children most at risk, the panel project team began to focus on establishing criteria used to assess and track DFCS efforts towards ensuring the safety of this population as well as guaranteeing that adequate and appropriate services are being provided.

The statewide trends report was reviewed to ascertain the agency's current performance and practice needs in assessing safety and providing services. Information regarding deficiencies in practice issues and the delivery of services was also gathered from the Office of Quality Management's trend reports, as well as Child Death, Near Fatality, and Serious Injury staffings and reports in order to identify case management areas needing improvement. The first quarter statewide report noted the following related to practice deficiencies:
- Inadequate risk and safety assessment, service provision, quality contacts with parents and children
- Insufficient quality of supervisory staffings
- Insufficient critical thinking/root cause analysis regarding needed referrals, subsequent follow-up on identified needs, and recognition of and addressing safety and risk issues

Safety Panels have a twofold purpose:
1. Using predictive analytics to identify active cases with high indicators for children at risk of maltreatment; and
2. Creating focus groups of internal and external partners to collaborate in assisting the field staff in ensuring safe outcomes, by using "real time" support and consultation.

Safety panels, which are led by the safety panel facilitator, use a collaborative approach to review a high-risk case and develop a plan to ensure that safety concerns and needs of these children are addressed. In addition, the

panel provides a structure for learning, support, and mentoring and provides learning opportunities for staff in the following areas: identifying maltreatment, safety threats, negative family conditions as related to the understanding and application of SRS concepts, the review/analysis of CPS history, and identification and utilization of pertinent collateral contacts and subject matter experts.

Any child determined to be unsafe as a result of a panel review will require immediate action by the county staff. It is the responsibility of the safety panel facilitator to follow up and ensure all required safety actions have been immediately completed. This follow-up is a teachable moment for the county staff to observe good practice being carried out.

The following outcomes are expected and will be measured:
1. Increased safety and service outcomes for children from families who are identified as high risk.
2. Enhanced field skill set in the provision of quality contacts with parents and children, in addition to the provision of services to families.
3. Enhanced critical thinking in the assessment of safety and risk factors, the analysis of family functioning, and the application of CPS history to render enhanced safety decisions in case management practices.

Ensuring the safety and provision of appropriate services to children identified as most at risk for maltreatment will be measured by the absence of repeat maltreatment, the identification and timeliness of appropriate services, and agency follow-up with service providers to ensure the continued safety of the child as outlined in policy.

The safety panel will consist of the following panel members: Safety Panel Facilitator, SRS Specialist/Field Program Specialist, the administrator, supervisor, and case manager associated with the case, and Subject Matter Experts (SME) as needed based upon the specifics of the case.

SMEs will include: law enforcement, judicial system, medical, child advocacy, OFI, resource development and permanency staff, community resource providers, educators, and county/regional/state office Subject Matter Experts as identified.

The agency initiated a pilot in Region 4 in June 2014. The goal is for the Internal Safety Review Panel framework to continue to operate independently within that DFCS region/state region with additional Panels to be created and developed throughout each region in the state over the next year.

The decision on where to pilot safety panels was made based on the region meeting the following criteria:
1. A previous high number of child death/near fatality/serious injury cases;
2. A region where practice issues were identified in CDNFSI reviews;
3. A large number of overdue cases, which may lead to rushed decision-making and missing red flag indicators regarding child safety; and
4. A high staff turnover, which indicates a less experienced workforce that may miss red flag indicators regarding child safety as of 2014.

The following safety checkpoints will be utilized in panel reviews and staffings:
1. Was the CPS history appropriately applied to the intake disposition?
2. Was the Level of Danger/response time assigned is appropriate?
3. Did the case manager have full understanding of family functioning prior to initial contact?
4. Does the case manager have a plan regarding what information they need to give and to get?
5. Is the Present Danger Assessment Accurate?

6. Is the Present Danger Safety Plan appropriate for identified danger?
7. Is the Impending Danger Assessment Accurate?
8. Is the Impending Danger Safety Plan appropriate for identified danger?
9. Were the Identified needs matched to services?
10. Were Safety Services, Therapeutic services, or both utilized?
11. Was there follow-up to ensure services were in place?
12. Did the case manager obtain sufficient of information?

F. SERVICES FOR CHILDREN UNDER THE AGE OF FIVE

Permanency Services

Children entering foster care in Georgia receive an array of services. Upon considering the needs of children ages 0 to 5 and a possible need to implement specialized services, the agency reviewed permanency data for all foster children. According to Georgia SHINES data, children ages 0-5 achieve permanency at a higher rate than children ages 6-18. The data also show that adoption and custody to relatives are achieved at a higher rate than reunification for the 0-5 population. As a result, children ages 0-5 have not received specialized services or targeted initiatives to reduce their length of time in foster care without a permanent family.

In FFY 2010, children 0-5 who entered care that year exited to positive permanency in an average of 12.8 months, whereas children age 6 and over exited care to positive permanency in an average of 19 months.

Chart 8. Positive Permanency Exits for FFY 2010
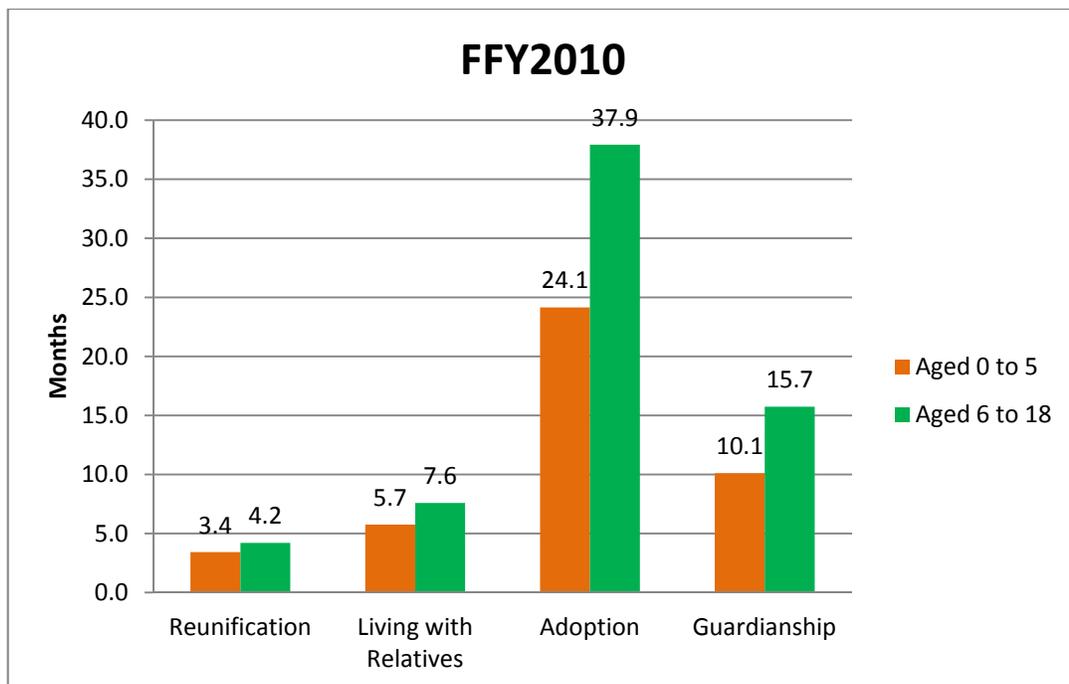
In FFY 2011, children ages 0-5 who entered care that year exited to positive permanency in 12.1 months, and children age 6 and over exited in an average of 16.3 months.

Chart 9. Positive Permanency Exits for FFY 2011
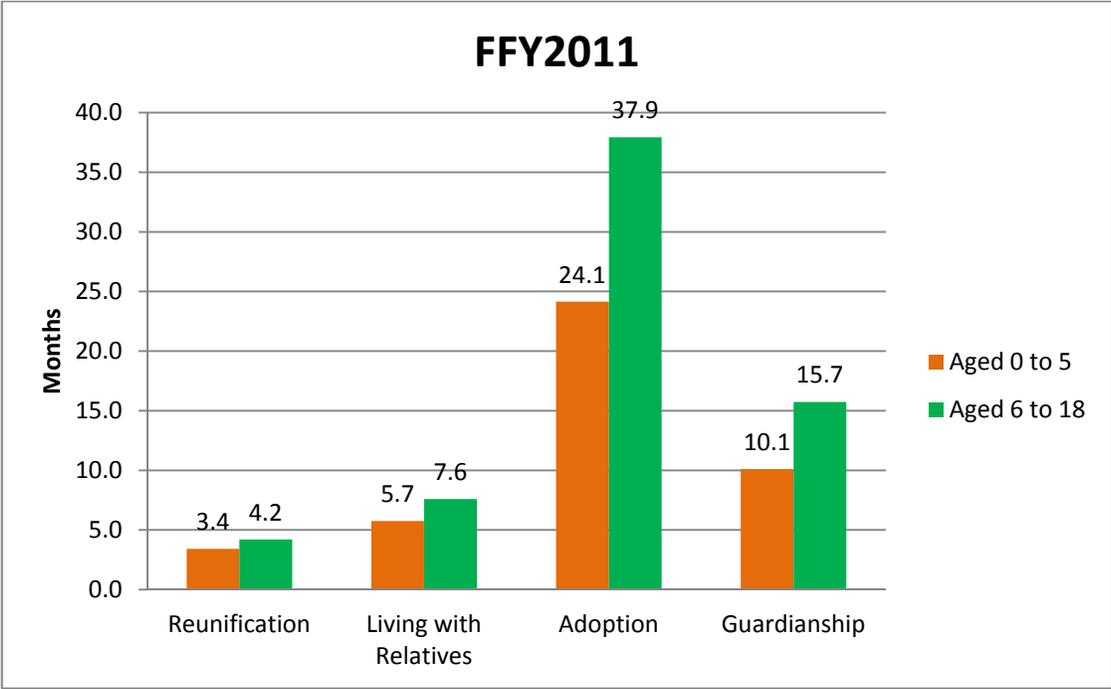
In FFY 2012, children ages 0-5 who entered care that year exited care in an average of 11.5 months, and children age 6 and over exited care in 13.6 months

Chart 10. Positive Permanency Exits for FFY 2012
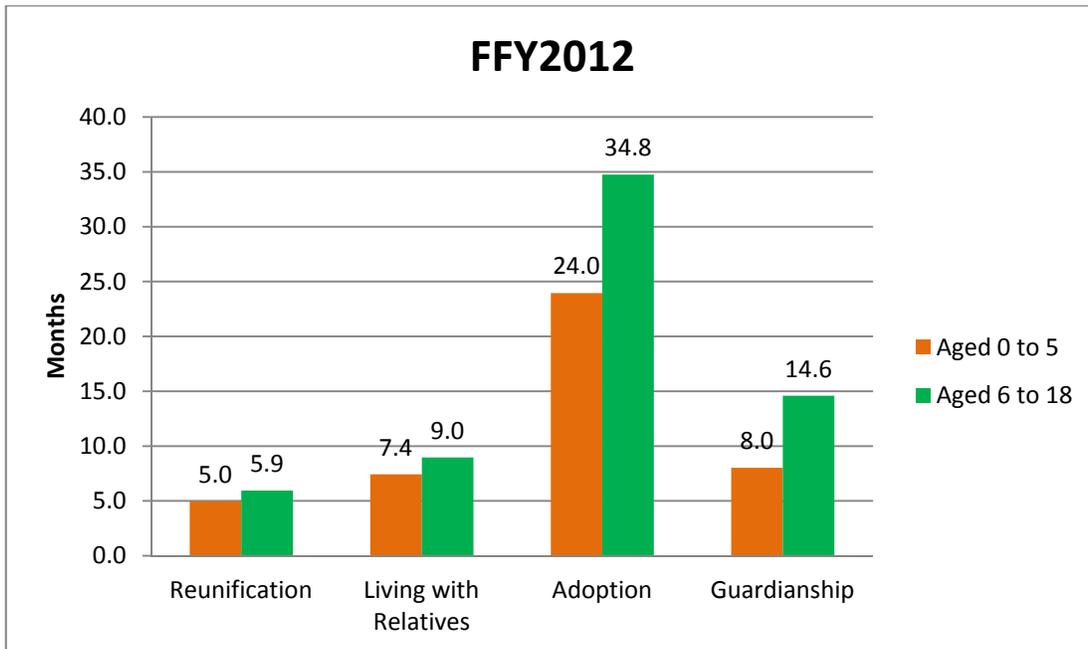
FFY2012

For FFY 2013, children ages 0-5 who entered care that year exited to positive permanency in an average of 12.1 months, which was slighter higher than in FFY 2012. Children age 6 and over exited in an average of 13.9 months.

Chart 11. Positive Permanency Exits for FFY 2013

FFY2013
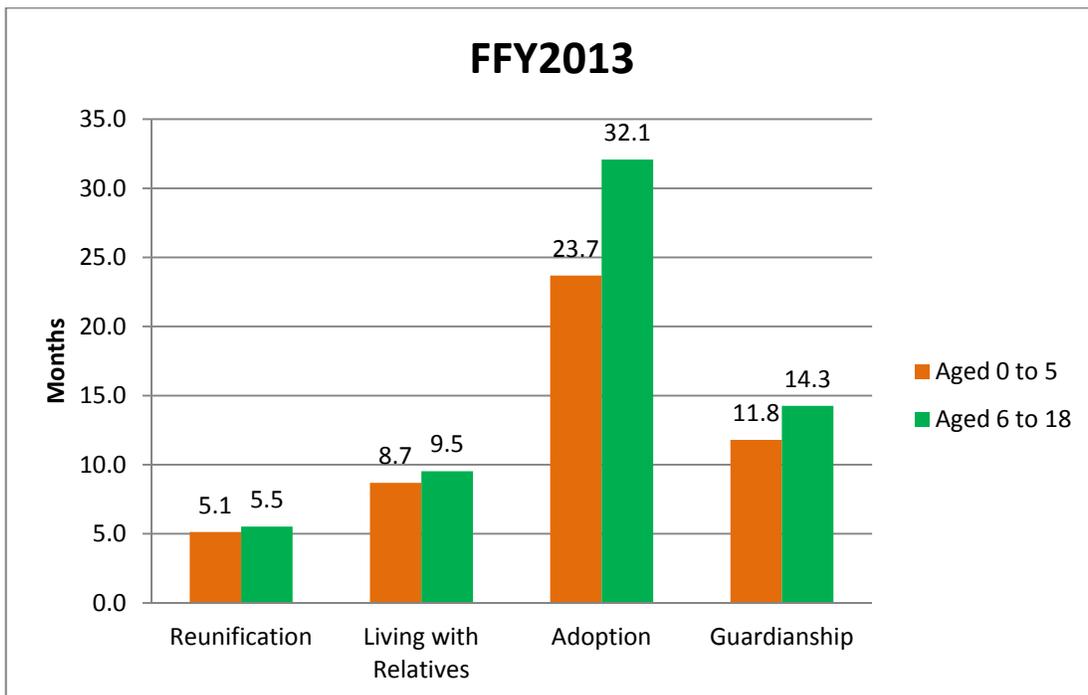
To continue and improve achievement of timely permanency for children 0-5, DFCS will:

- Conduct permanency hearings for all foster children ages 0-7 and their siblings, as required under Georgia's Juvenile Code as revised effective January 1, 2014.
- Implement and support permanency staffings (roundtables) between children's sixth and eighth months in care to prepare and identify the permanency goal for the permanency hearing by the ninth month in care.
- Implement concurrent planning to expedite permanency.

In addition to these unique services, the agency will continue to use the following tools/strategies for all children in foster care to facilitate timely permanency:

- Family Team Meetings
- 30-day case plans
- Periodic case plans no less than every six months from the previous case plan
- Monthly supervisor staffing
- Consultations with master practitioners, regional adoption coordinators and other state office staff to overcome barriers
- Timely services to parents to support reunification when appropriate

The agency will also focus on building staff capacity for achieving timely permanency for all foster care populations, including the 0-5 population. Trainings on permanency-related topics will be provided through a variety of venues. In addition to trainings provided through Education and Training Services, trainings at supervisor conferences, regional summits, adoption conferences, and foster and adoptive parent meetings are inclusive of topics that address the timely and safe achievement of permanency. Training topics will address the appropriate selection of permanency goals and other topics related to diligent search, sibling placements and appropriate placement of children in care. Likewise, the state encourages and provides training on concurrent planning as a tool to expedite permanency.

Developmentally Appropriate Services
It is assumed that the 0-5 population has better outcomes because they have few identified emotional and behavioral needs. Moreover, careful assessment helps to ensure that when issues are identified, children receive necessary services. As part of the Comprehensive Child and Family Assessment, Georgia automatically assesses all children ages 0-4 entering the foster care system for any existing developmental 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/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 BCW coordinator.
3. Reassessing vulnerabilities on an ongoing basis and re-referring to BCW any children 0-3 who may have initially been determined ineligible.
4. Inviting a BCW/Children 1st representative to all case planning activities, such as Family Team Meetings, Multi-Disciplinary Team meetings, 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.

Children in this age group also receive medical, dental, vision and other screenings as part of the assessment to identify needed services. Beginning at age 4, children entering care also receive a comprehensive trauma assessment. Additionally, the SafeCare curriculum has a component that teaches parents what to expect of children based on their age and development.

Over the next five years, DFCS will provide treatment services to all children via broad-based networks of contracted providers, including individual and family therapy providers. The physical and behavioral health needs of children in care and those receiving adoption assistance will be coordinated and made available through AmeriGroup, a managed care organization.

To ensure children receive developmentally appropriate services, the agency will ensure the following:
- All children under the age of 3, in a family with substantiated maltreatment or neglect, will be referred to Babies Can't Wait for a developmental assessment and recommendations.
- In unsubstantiated cases involving children under the age of 3, children with suspected developmental delays will be referred to Babies Can't Wait for a developmental assessment and recommendations.
- All children in out-of-home placements (after the 72-hour hearing) will be referred for a formal Comprehensive Child and Family Assessment.
- An initial medical evaluation is completed for each child entering foster care, which includes age-appropriate developmental, vision, hearing and dental screens. (Refer to the Health Care Plan in Appendix D for more information regarding the EPSDT standards.)
- Amerigroup (CMO) will be responsible for ensuring that referred children in foster care are assessed, have a medical home, and any recommended services are provided.

Refer to the Health Care Plan in Attachment D for more information regarding trauma-informed care, meeting the mental health needs of foster children, meeting the needs of medically fragile foster children and other health-associated needs of foster children.

G. SERVICES FOR CHILDREN ADOPTED FROM OTHER COUNTRIES

DFCS supports families of children adopted from other countries by providing non-recurring adoption assistance for children eligible for the program. Non-recurring adoption assistance is a one-time payment as reimbursement for legal fees associated with the finalization of the adoption of a child from another country and pre-placement costs such as travel, lodging, and food during pre-placement visitation. The adoptive family may apply for the assistance at the local DFCS office in their county of residence prior to the adoption finalizing. The agency has provided information and training on this assistance to international adoption agencies.

Families who adopt children from other countries are also eligible for post-adoption services through the Georgia Center for Resources and Support. The Center, through a contract with DFCS, assists families in locating needed resources, developing support groups, finding books and publications related to adoption issues, and by providing a "buddy" who has adopted or fosters a child with similar special needs. Current information about community resources and interactive training opportunities are provided on the Center's web site. Regional Resource

Advisors are also available throughout the state to assist adoptive families by providing advice, support, and training.

Over the next five years Georgia will continue to provide the services identified in this section.

SECTION 5 – CONSULTATION AND COORDINATION BETWEEN THE STATE AND TRIBES

DFCS recognizes the importance of preserving Indian families. In order to promote the stability and security of Indian tribes and their families, DFCS ensures that any child who is a member or claims eligibility for membership of a federally recognized Indian tribe and is subject to removal, placement and/or any other legal action, is afforded all rights under ICWA. DFCS complies with all rules, regulations and laws governing ICWA, which includes preventing the unnecessary and arbitrary removal of Indian children from their families and tribes; placing an Indian child removed for safety reasons in an available and safe home that reflects the unique values of American Indian culture; and adhering to the placement requirements of ICWA. Georgia does not have any federally recognized tribes; however, the state recognizes as legitimate American Indian tribes of Georgia the following tribes, bands, groups, or communities:
1. The Georgia Tribe of Eastern Cherokee – Walker Dan Davis, representative;
2. The Lower Muscogee Creek Tribe – Chief Vonnie McCormick, representative; and
3. The Cherokee of Georgia Tribal Council – Chief Martin Ralph Cruz, representative.

The population served by DFCS that is self-identified as Native American is quite small. Georgia SHINES data identify 148 children as having Indian heritage by tribal registry. As recently as January 2014, 33 of those children currently in DFCS's custody identified that they were tribal registered. DFCS has experienced challenges in consistently identifying and documenting children with Indian heritage.

Georgia understands the importance of, and remains committed to, ICWA. The ICWA Liaison within the DFCS Programs and Policy Unit continues to enhance DFCS's knowledge around ICWA and develop a process of engaging Georgia's Indian tribes. As such, over the next five years DFCS will take proactive steps to preserve Indian families and communities within the state. During the last quarter of FFY 2014, DFCS surveyed the counties in which Georgia tribes are located to determine the nature and extent of local involvement with the Indian tribes. Additionally, DFCS has been conducting research of other states in an effort to identify best practices and other learning tools for ICWA and Indian engagement. State office legal and policy staff received advanced training in ICWA and adoption law practice from nationally recognized experts. Sponsored by the Georgia Bar Association, this series of trainings is assisting Georgia's legal community to better understand ICWA and its accompanying challenges in the state of Georgia. At the end of 2013, the DFCS updated its ICWA policy, which is expected to be released in 2014 once federal approval has been granted. The updated policy will help improve the identification of tribe members as well as the notification mandates of ICWA. Similarly, as part of restructuring the DFCS policy manual in 2013, DFCS integrated its ICWA policy provisions ranging from child protective services to permanency in a comprehensive manner. As a result, ICWA identification and notice requirements are pervasive throughout the policy.

By the end of FFY 2015, DFCS will initiate strategic field training that covers policy and practice items, including ICWA. The training will be provided to all Field Program Specialists throughout the state, who will in turn share the

information with their respective regions. To complement these efforts, DFCS is developing a statewide webinar to educate staff and increase compliance with ICWA and ICWA-related policy updates. The statewide webinar is scheduled for summer/fall of 2014, and a copy of the webinar will also be placed on DFCS's education and training portal page to be used as an ongoing resource for staff.

For this plan, DFCS state office staff began re-engaging Georgia's Tribal leaders to facilitate collaboration. Based on the results from the preliminary steps taken to establish coordinated and collaborative efforts with Georgia tribes, DFCS will take the following steps over the next five years to improve compliance with ICWA:

1. Establish coordination and collaboration with the tribes in implementing and assessing the new CFSP 2015-2019 and monitoring as well as improving compliance with ICWA. Due to an oversight the tribes were not included in the development of the CFSP. However, a copy of the Final Report along with the three goals established in the upcoming CFSP was shared in the August collaborative meeting. In addition, a meeting has been scheduled for September 15, 2014 to review the CFSP goals and objectives and discuss with the tribes how to establish and improve the collaboration efforts. The identification of an individual within the Policy Unit as the liaison to the tribes will prevent such oversights from occurring in the future.
2. Maintain a record of outcomes of the consultations with the Georgia tribes.
3. Research and identify training opportunities for staff to assist in policy-making, education and training and overall decisions regarding Indian tribes.
4. Through coordinated efforts and collaboration with the Georgia recognized tribes, DFCS will develop a protocol to address, without limitation, the following:
   a. The proper identification of tribe members;
   b. Notification of Indian parents and tribes;
   c. Placement preferences for Indian children;
   d. Active efforts to prevent removal of children and the break-up of Indian families;
   e. Tribal right to intervene/transfer of cases to tribal jurisdiction;
   f. Description of the arrangements to provide child welfare services and protections to children under both state and tribal jurisdiction, to include the party responsible for providing the child welfare services and protections for tribal children;
   g. Accessing Chafee Foster Care Independence Program (CFCIP) funds, to include eligibility, benefits and service information as well as program oversight as it relates to the tribal population of youth; and
   h. Reviewing and assessing data as it relates to the tribal population of youth, to include feedback on strengths and areas needing improvement.
5. Beginning with the counties where the state-recognized tribes are located and with collaborative efforts with Georgia tribes, DFCS will develop a strategic outreach plan with input from the state's tribes to include, without limitation, the following:
   a. Joint activities to develop social and cultural understanding and sensitivities;
   b. Communication strategies between the state and tribes;
   c. Ongoing monitoring of the statewide protocol;
   d. Participation of a member(s) of the Indian community on the local DFCS Advisory Board;
   e. Resource development and recruitment strategies specific to the Indian community; and
   f. Facilitation of access to local services at the county level.
6. Ensure each tribe receives a copy of the 2015-2019 CFSP and is involved in the development of the future APSRs.

SECTION 6 – CHAFEE FOSTER CARE INDEPENDENCE PROGRAM

State Agency Administering CFCIP

The Georgia Division of Family and Children Services administers the programs for youth carried out under the Chafee Foster Care Independence Program (CFCIP) and Education and Training Voucher (ETV), most commonly referred to as the Georgia Independent Living Program (ILP). Georgia's Independent Living Program's mission is to provide appropriate resources and connections with community partners so that eligible youth receive opportunities to successfully prepare for adulthood and independent living.

DFCS Program Oversight of CFCIP Services and Supports

Independent Living Program State Manager

At the state level, a full-time ILP State Manager (formerly known as the ILP State Director) is responsible for the overall administration of statewide ILP services and activities implemented within Georgia's 15 regions representing 159 counties. As the lead program administrator, the ILP State Manager will continue to have the following key responsibilities: ensure the federally funded Chafee Foster Care Independence Program and Education and Training Voucher Programs are appropriately administered; ensure the implementation of the National Youth in Transition Database (NYTD) continues to be federally compliant; and lead and provide oversight of additional support services provided to approximately 3,000 young adults, ages 14-25, in various stages of transition. Along with the aforementioned duties and responsibilities, the ILP State Manager will:

- Provide technical assistance and consultation to county and regional-level DFCS staff and community stakeholders and partners.
- Develop and interpret policy that supports youth in ILP and older youth in foster care transitioning into ILP.
- Ensure compliance with all federal and state reporting requirements and NYTD.
- Monitor and manage federal and state funds that support ILP program activities and services.
- Assist in the preparation of Georgia's Child and Family Services Plan (CFSP) and Annual Service and Progress Report (ASPR) as it relates to CFCIP.
- Coordinate quarterly ILP meetings with ILP staff and regional specialists.
- Develop ongoing training for ILP youth, ILP staff and DFCS field and state office staff.
- Develop and coordinate services with agencies and community providers that support the mission, goals and outcomes of ILP and youth served through ILP.
- Represent DFCS on committees and boards related to foster youth who are transitioning out of care and into independence.
- Compile and evaluate program financial and programmatic reports.

In addition to the ILP State Manager, the ILP Supervisor, ILP Specialists, ILP Business Operations Specialist and ILP Credit Report Specialist provide program oversight to the programs and agencies that directly provide CFCIP services and supports.

Independent Living Program Supervisor

The ILP Supervisor is a new position that was created in February 2014. The ILP Supervisor will report directly to the ILP State Manager by providing frontline supervision of the Independent Living Specialists (ILS), located throughout the fifteen regions, as well as providing day-to-day programmatic and administrative support.

Independent Living Program Specialists

DFCS will continue to ensure the Independent Living program is fully supported locally with 19 state-level Independent Living Specialists, who provide oversight and technical assistance to the county-level DFCS offices. The responsibilities of the ILS include:

- Collaborating with county and regional DFCS staff, case managers, foster parents, youth and public and private organizations to assess the daily skills and needs of eligible youth
- Assisting in the development of the Written Transitional Living Plans (WTLP) and monitoring compliance
- Providing case consultation, technical assistance and training to DFCS case managers
- Identifying and coordinating appropriate services with youth, manage regional budget and the execution of services
- Providing oversight of NYTD compliance with regards to federal and state requirements and federal tracking and reporting, both quarterly and annually, on financial and programmatic progress within their respective regions

Independent Living Program Business Operations Specialist

The ILP State Manager will continue to be supported by a Business Operation Specialist who has specific responsibilities for fiscal management, NYTD management, and Individual Development Accounts (IDA) youth programming.

Independent Living Program Credit Report Specialist

The ILP Credit Report Specialist is a new position that was created in February 2014. For all foster care youth beginning at age 16, the Credit Report Specialist will:

- Ensure each youth receives copies of the consumer credit reports from each of the three nationwide credit reporting agencies;
- Ensure the credit reports are uploaded annually into their SHINES External Documentation file;
- Assist the youth in interpreting and resolving any inaccuracies in their credit report; and
- Provide consumer credit education that includes information on interpreting and understanding consumer credit and credit reports, using credit appropriately and responsibly and financial literacy.

Program Design and Delivery

Each year, approximately 400 Georgia youth "age out" of placement without being adopted or reunited with family members. There are many challenges encountered by youth who have been in out-of-home placements. Although youth are provided with the option to remain in care, most are discharged from foster care and expected to be self-sufficient adults upon the completion of high school, at the age 18. For these vulnerable youth, the transition to adulthood is a challenge. Often, specific supports and services are required to help them overcome extremely difficult circumstances. Youth who age out of placement typically lack adequate housing, financial resources and relationships with supportive adults.

The mission of ILP is to provide eligible youth with opportunities to successfully prepare for adulthood through appropriate referral resources and connections provided by community partners. For years, adolescents who left foster care have experienced significant challenges in successfully transitioning to adulthood. Georgia recognized that without appropriate services, planning and support, these youth demonstrated higher rates of homelessness, unemployment, poverty, delinquent or criminal behaviors, and dependence on various types of public assistance. In response to these identified transition challenges, Georgia implemented standards in support of CFCIP and ETV.

CFCIP, created in 1999 with the passage of the Foster Care Independence Act, provides state-level funding to design and execute programs to assist youth with the process of making the transition from foster care to independent living. There are seven purposes of CFCIP:

Purpose 1   To help youth make the transition to self-sufficiency
Purpose 2   To help youth receive the education, training and services necessary to obtain employment
Purpose 3   To help youth prepare for and enter post-secondary training and education institutions
Purpose 4   To provide personal and emotional support to youth aging out of foster care, through mentors and the promotion of interactions with dedicated adults
Purpose 5   To provide financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 21 years of age
Purpose 6   To make available vouchers for education and training, including post-secondary learning and education, to youth who have aged out of foster care
Purpose 7   To provide the services referred to in this subsection to children who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption.

For the 2015-2019 CFSP, with funding support from CFIP and the ETV Program, ILP will prepare eligible youth in foster care and discharged youth to make a successful transition from foster care into adulthood. To promote the ILP mission, ILP will focus on six primary outcome areas and address two critical transition components, which together will serve as the guiding framework to deliver and strengthen programs that achieve CFCIP purposes by increasing youth success over the next five years. These outcomes assess performance in the delivery of services and support to ensure successful transitions.

Figure 4. ILP Framework

- Education
- Employment
- Housing
- Health Care
- Adult Connection
- Avoidance of Risk Behaviors

Six Outcome Areas

Two Critical Transition Components

- Legal Information/ Documentation
- Life School
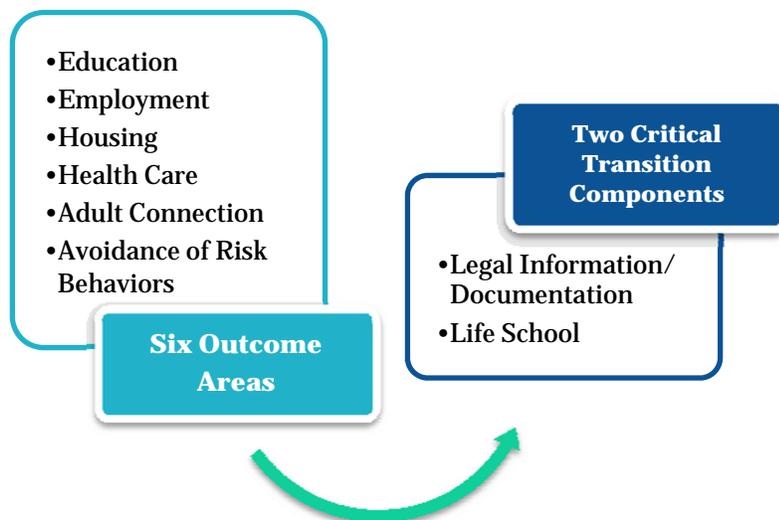
Recognizing that youth involvement provides valuable insights into the needs of adolescents, youth and young adults, collaboration is a key component of the development process of the five-year CFSP. ILP worked closely with Georgia EmpowerMEnt, a youth advocacy and leadership board of the Georgia Youth Opportunities Initiative

(GYOI), to establish a subcommittee comprised of current foster care youth and young adults who were formerly in foster care. To the extent possible, members of this special committee were selected to represent the overall demographics of the youth and young adult population with respect to age/foster care status, racial/ethnic background, gender, and sexual orientation, to ensure that all perspectives contributed to the process. Specifically, ILP staff engaged the youth/young adult subcommittee in a series of dialogue activities that carefully reviewed the CFCIP and ETV five-year plan and provided opportunities for verbal and written feedback on different drafts of the plan. This subcommittee will continue to be used throughout the five-year CFSP period.

ILP outcomes are reported to the federal Administration for Children and Families (ACF) and shared with state, regional and county level stakeholders through the National Youth in Transition Database (NYTD). NYTD is a data collection system created by ACF to track services funded by CFCIP and measure states' success in preparing youth for adulthood. Georgia collects NYTD outcome (baseline and follow-up populations) data in the form of a survey administered to DFCS staff, youth in foster care and stakeholders. NYTD data is collected for the served population by documentation of services (e.g., Georgia SHINES). Please refer to the Youth and Stakeholder Consultation, *Georgia's plan to continue to collect high-quality data through NYTD over the next five years*, in this section for more information about the data collection for the three reporting populations.

NYTD data will continue to serve as a valuable tool in the effort to understand what works and what does not work for Georgia's youth in foster care. Over the next five years, Georgia will continue to consult with stakeholders, including the courts, to improve efforts to prepare youth for their transition to adulthood and examine regional, state-level and national trends related to Georgia's youth in transition to support improved practices and service delivery. Please refer to Section 5: Consultation and Coordination between States and Tribes of this plan for information regarding the consultation and coordination with the tribes.

Youth and Stakeholder Consultation
During FFY 2015, ILP will establish a state-level Youth Leadership Council to build on the concept that youth can contribute to programs designed to serve them. The Youth Leadership Council will serve a major role in program development, service delivery and maintenance. The Council will be comprised of a group of youth who will use NYTD data to contribute to the development of program planning and service delivery. The Youth Leadership Council is intended to be a valuable partner of ILP and local DFCS staff in the development and implementation of the ILP as well as an opportunity for its members to develop self-confidence and leadership skills.

The Youth Leadership Council will provide a vehicle through which information about ILP can be shared and recommendations for improvements can be made. The role of the Youth Leadership Council will be to empower youth to have a positive effect in their communities, encourage youth to develop skills necessary for independent living and leadership development, assist in the planning of annual teen conferences, and review NYTD data as well as state and federal legislation that may affect youth and ILP.

Georgia will develop and implement a NYTD tracking plan, which will be essential to improving understanding of youth leaving foster care and thereby improving outcomes for this population. The plan will ensure ongoing communication with youth and the achievement of overall NYTD outcomes/standards. Youth will receive quarterly contacts, which will serve as a means to keep DFCS engaged with its youth, document youth's outcome (education, housing, financial, healthcare access, adult relationship, etc.) status and provide support as needed. Over the next five years, ILP will also explore ways to share ILP outcomes from NYTD more broadly with internal and external stakeholders. For example, ILP will create a data dashboard populated by NYTD outcomes in Georgia SHINES for internal stakeholders and a data page on the ILP website for external stakeholders. This will

enable NYTD data to be used by stakeholders at all levels, including the courts, with regard to both service provision and youth outcomes.

Collecting High-Quality Data through NYTD
During FFY 2015-2019, Georgia will continue to use NYTD to collect high-quality data in four key areas, as required by ACF:

1. Services provided to youth
2. Characteristics of the youth who receive those services
3. Information about the outcomes for youth
4. Basic demographic characteristics of the youth for whom service data and/or outcome data are reported

In accordance with NYTD regulations, Georgia will collect the aforementioned data for three reporting populations:

1. The served population will include all youth who received independent living services paid for or provided by DFCS or a partner of DFCS (e.g., foster parents, community partners) during the 6-month reporting period, regardless of their age, foster care status or placement type. For the served population, Georgia will continue to report required data on services provided to youth in the following categories:
    - Independent living skills needs assessment
    - Academic support
    - Post-secondary academic support
    - Career preparation
    - Employment programs or vocational training
    - Housing education and home management training
    - Budget and financial management assistance
    - Health education and risk management
    - Family support and health marriage education
    - Mentoring
    - Supervised independent living
    - Room and board financial assistance
    - Educational financial assistance
    - Other financial assistance

2. The baseline population will include all youth who are in foster care and have reached their 17th birthday. Georgia will collect outcome data via an outcome survey, based on the baseline population data requirements, for each youth in the baseline population within 45 days following the youth's 17th birthday. Beginning in 2011, Georgia will collect and report outcome information on a new baseline population cohort every three years.

3. The follow-up population will include all youth ages 19 and 21 who were part of the baseline population and provided at least one valid answer to an outcome survey question at age 17. Georgia will collect outcome data, based on the follow-up population data requirements, for each youth regardless of their foster care status at ages 19 or 21 and regardless of whether they are still receiving independent living services.

The NYTD survey will continue to collect the following outcome data for both the baseline and the follow-up populations: financial self-sufficiency, experience with homelessness, positive adult connections, educational attainment, high risk behavior, and access to health insurance. In accordance with the two NYTD-required reporting periods, from October 1st to March 31st and April 1st to September 30th, Georgia will submit data files for all three reporting populations to ACF on a semi-annual basis within 45 days of the end of each reporting period (by May 15th and November 14th).

Serving Youth across the State

ILP is a state-administered program operated on a regional and county level by DFCS employees. As such, ILP will continue to serve all political subdivisions (counties) in the state in accordance with regulations that ensure universal access as well as consistent and uniform eligibility criteria. Since its inception, ILP has served all 159 counties statewide based solely on the numbers of eligible youth and young adults.

Table 28. ILP Service Usage by Region

Reporting Period A: [ ]   Reporting Period B: [ ]

Services**	Number of youth participating in the service by region														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Special Education	48	39	73	57	49	49	5	20	12	16	26	36	29	110	54
	54	45	76	41	38	52	5	21	12	17	23	27	22	103	36
Independent Living Needs Assessment	4	60	137	170	118	47	42	5	6	81	58	49	29	227	26
	0	50	205	110	76	56	29	16	5	61	74	32	23	254	55
Academic Support	70	49	230	153	25	71	10	21	15	33	59	93	44	310	76
	71	67	229	104	72	112	18	25	25	58	79	43	52	293	112
Post-Secondary Educational Support	4	4	20	25	14	9	9	1	0	4	1	19	18	51	25
	13	9	19	20	18	13	2	6	1	4	6	13	13	76	35
Career Preparation	7	26	80	51	17	51	16	21	4	42	49	62	13	162	74
	11	35	65	61	54	22	14	29	7	42	41	28	20	180	65
Employment Programs or Vocational Training	36	13	53	49	9	16	4	15	4	10	20	27	18	144	47
	41	22	65	49	41	42	2	6	9	29	25	49	32	151	61
Budget and Financial Management	51	17	152	92	9	47	13	23	11	53	44	32	24	150	39
	55	34	149	75	50	66	15	21	14	23	46	49	19	152	62
Housing Education & Home Management Training	124	13	255	164	22	90	10	28	23	40	59	37	49	239	51
	67	35	253	77	68	92	4	26	25	23	57	12	38	182	59

Services**	Number of youth participating in the service by region														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Health Education & Risk Prevention	149	28	236	120	29	52	14	29	9	46	53	56	23	260	57
	131	50	241	94	76	39	19	30	16	61	57	34	44	248	72
Family Support & Healthy Marriage Education	103	14	75	168	6	53	10	23	14	58	10	57	19	217	113
	95	23	87	49	37	51	1	15	7	14	24	21	21	156	54
Mentoring	15	18	117	22	118	21	20	5	5	39	19	15	19	87	19
	16	28	152	33	48	23	13	16	3	19	35	15	17	80	49
Supervised Independent Living	1	3	6	2	4	1	0	1	0	0	0	2	6	17	6
	0	11	20	8	24	7	3	4	0	2	3	8	8	22	17
Education Financial Assistance	3	1	8	4	1	5	1	2	1	0	1	0	4	22	3
	6	1	13	8	14	5	2	3	1	3	3	4	2	31	9
Other Financial Assistance	8	7	5	1	7	46	2	1	1	0	12	1	2	37	7
	14	4	15	7	16	7	0	2	0	6	3	12	2	78	18

*Reporting Period A is October 1st to March 31st and Reporting Period B is April 1st to September 30th.

**Special Education: The term "special education," means specifically designed instruction, at no cost to parents, to meet the unique needs of a child with a disability. Independent Living Needs Assessment: A systematic procedure to identify a youth's basic skills, emotional and social capabilities, strengths, and needs to match the youth with appropriate independent living services. The independent living needs assessment may address knowledge of basic living skills, job readiness, money management abilities, decision-making skills, goal setting task completion and transitional living needs.

Serving Youth of Various Ages and Stages of Achieving Independence

Older youth in foster care are often at the stage where they are making plans and actively seeking to exit from care. Some of these youth may or may not have had positive experiences in foster care, but they are ready to move forward to the next stage of life. Georgia has experienced administrative barriers to serving youth. The differences in experiences and engagement while in care can produce varying behaviors and responses when working to provide independent living services to youth within each county and region. Additionally, occasional staff turnover within ILP and at the local county level may impact the youth's transitional process, as integral adult figures in the youth's life may be lost. To assist in mitigating these administrative barriers to serving youth and to supporting youth at any stage in care, ILP will continue to implement intentional and strategic ways to engage and maintain engagement of all youth in ILP, regardless of youth transition and stage. State and/or administrative barriers that impede Georgia's ability to serve a broad range of youth and how these barriers can be addressed is discussed later in this section of the plan.

Georgia will continue to provide ILP services statewide to youth in and out of foster care between the ages of 14 and 21. Youth will remain eligible up until the age of 21, and youth who are in post-secondary education programs will retain eligibility through age 25. All eligible youth will be provided services and support regardless

of race, ethnicity, gender, disability or sexual preference. As described in detail in the next section, ILP services also span the various stages of achieving independence.

ILP will continue to utilize a range of approaches to equip foster care youth with the skills, knowledge, competencies, and confidence they need to transition successfully to adulthood. The following section describes how Georgia is serving youth under age 16, youth ages 16-18, youth in foster care ages 18-20, former foster care youth ages 18-20 and youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption. This section includes a table indicating the specific strategy, the specific program/service, a description of the program/service, the targeted age group and the frequency of the program/service, as applicable.

Table 29: ILP Strategies for Helping Youth Transition to Self-Sufficiency

Program/Service	Description	Targeted Age Group	Frequency
Certified Life Coaches	Certified[18] Life Coaches assist youth in setting and reaching goals using a variety of tools and techniques and provide activities for youth to practice life skills.	Ages 14-21	Daily
ILP Workshops	ILP Workshops are workshops based on life skills. The workshops are offered monthly in each of the 15 regions and cover topics to develop and strengthen daily living skills of youth, such as financial literacy, career exploration, academic support, healthy relationships, housing education, household management, work readiness/preparation, job placement, and post-secondary planning.	Ages 14-21	Monthly
	ILP offers Online Life Skills Workshops through partnerships with Smart Horizons and V-Street to help youth gain additional life skills, even if they are unable to leave their placement due to safety restraints or behavioral challenges. The curriculum consists of topics on Health and Leisure, Financial Management, Relationships, Life Skills, and Career and School.	Ages 14-21	As needed
Youth Conferences	Launched in March 2014, DFCS will conduct an annual Teens R 4 Me Conference for approximately 450 participants, focused on supporting foster youth as they transition out of care. The conference will equip participants with resources, skills, and tools in five key areas needed for success: connectivity, education, employability, health, and safety.	Ages 14–21	Annually
	During the next five years, ILP will conduct a two-day Career Exploration and Job Preparation Conference annually with approximately 200 youth. The conference will be implemented in partnership with Youth on the Move and will use hands-on strategies to educate youth on the entire process of seeking, obtaining and maintaining employment, beginning with completing an application, resume writing, dressing for success, and interviewing with employers.	Ages 14–21	Annually

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[18] Certified Life Coaches must complete certification training provided by the State ILP Manager that addresses ILP Policy, Casey Life Skills Assessment, life skills practices and activities, the development of service plans, and the delivery of services.

Program/Service	Description	Targeted Age Group	Frequency
Financial Literacy and ILP Match Savings Program	The Match Savings Program is a component of the collaboration between ILP and the Jim Casey Youth Opportunity Initiative (JCYOI). The purpose of the program is to assist youth in foster care or transitioning from care to accumulate assets and to help ensure that these youth have the resources needed for independent living. Youth may deposit funds into their accounts, which are set up at a financial institution in the community. Deposited funds are matched with Chafee funds up to $1,000.	Ages 14–21	As needed for program enrollment and completion
	Financial Literacy Training is a requirement for participation in the Match Savings Program. The curriculum, *Keys to Your Financial Future*, was designed for foster youth and established through the partnership with JCYOI and the Georgia Youth Opportunities Initiatives. Through financial literacy classes, youth learn to maintain working budgets, establish relationships with mainstream financial institutions, reduce debt, develop a savings plan, prepare a savings goal, and avoid predatory lenders.	Ages 14–21	As needed for program enrollment and completion
DFCS Life Skills Academy	In 2013, ILP expanded the Higher Education Institute (HEI) Conference to develop a year-round curriculum supporting youth in grades 9-12 called DFCS Life Skills Academy. The DFCS Life Skills Academy curriculum is grade-specific and builds on skills and knowledge (money management, job-readiness, housing, etc.) covered as youth progress from one grade to the next. During FFY 2014, the curriculum for grades 11 and 12 is being created. In FFY 2015, ILP will begin curriculum development for grades 9 and 10. The frequency of this program will be determined by the end of FFY 2015.	Ages 14–21	To be determined
Credit Report Services	To address the Child and Family Services Improvement and Innovation Act (P.L.112-34) (Section 475(5) (I), DFCS has secured contracts with the three nationwide credit report agencies (Experian, TransUnion and Equifax) and has hired an ILP Credit Report Specialist to manage the process.	Ages 16–17	As needed

The ability to generate income sufficient to meet daily living needs is inarguably the single most important factor in establishing and sustaining independence. Research shows that youth who transition from foster care too often face major challenges in gaining and maintaining employment. Internships are integral for sustainable employment. Increasing internship opportunities will allow youth to gain access to social and cultural capital needed to obtain a meaningful career in the workforce and establish economic independence. As shown in the following chart, ILP will offer foster youth a number of programs and services to support career preparation, job training, real-life employment experiences, and work-based learning practices, which should help youth develop life-long employment aspirations, make informed choices about possible careers, and obtain employment.

Table 30: ILP Strategy for Helping Youth Receive Education, Training, and Services Necessary for Employment

Program/Service	Description	Targeted Age Group	Frequency
ILP Employment Opportunity Program	ILP Employment Opportunity Program is a year-round program that will facilitate subsidized work experiences for select young adults between the ages of 18 and 24. In previous years, participants were placed in administrative and customer support positions within DFCS programs, DFCS county offices and regional ILP offices. In the next five years, the program will be expanding partnerships with community employers, who are preparing to offer employment opportunities to the youth upon their completion of the program. To be eligible, youth must have prior work experience and/or pre-employment training through the Department of Labor Workforce Investment Act or ILP.	Ages 18–24	Annual
Youth on the MOVE (Motivated to Obtain Valuable Employment)	Ringer Center of Excellence, an ILP community partner, will offer Youth on the MOVE interactive and innovative workshops and online training to foster care youth. Youth on the Move will include three strands of training: *Work Ethics* will focus on professional work ethics and the importance of office integrity; *Effective Communication* will focus on professional and positive communication between employers and employees; and *Personal Appearance* will introduce proper attire for a work environment, proper hygiene, personal appearance and self-confidence.	Ages 14–21	Annual
Real Life Career Prep Program	Real Life Career Prep Workshop is an interactive workshop that will provide youth with a hands-on approach to managing money, finding housing, interviewing for a job, preparing for college, and undertaking other basic tasks of self-sufficiency. Participants receive a Real Life Prep Passport and Real Life Prep Handbook. The workshop will continue to be facilitated by Gift for a Child, an ILP community partner since 2006.	Ages 17–21	Annual
Strengths Finder	Based on more than 50 years of research conducted by Dr. Donald O. Clifton, ILP will continue to offer the Strengths Finder Program to help youth identify the specific strengths they bring to a team and how to work with others to accomplish more than they could on their own. The program is a combination of interactive learning and hands-on activities that allow participants to explore their team style and see the consequences of working independently versus working with the team.	Ages 14–21	Semi-annually

Program/Service	Description	Targeted Age Group	Frequency
TeenWork Internship Program	ILP will continue to refer youth to the Georgia TeenWork Internship Program. The Georgia TeenWork Internship Program (GTIP) is an opportunity for Georgia's foster care youth 15 - 17 years of age to participate in valuable career preparatory opportunities (training and work experience) within their communities. The program provides valuable training and career preparatory opportunities with local businesses, non-profit organizations and government agencies. Many of the youth placed by the program have worked at local Boys and Girls Clubs, YMCA centers and various restaurants, taking into account their individual career goals and activities.	Ages 15–17	Seasonal and Holidays
Dress for Success	ILP will continue to sponsor Dress for Success, held in conjunction with the annual Celebration of Excellence. All youth completing high school, college or technical school will receive coaching regarding appropriate attire for interviewing and entering the workforce. All graduates will receive funding to purchase wardrobe-building items.	Ages 17–21	Annually
Health Career Exploration Institute	In collaboration with the Area Health Education Centers throughout the state, ILP will conduct a two-day Health Career Exploration Institute in the form of workshops. The workshops will expose youth to various health careers, including opportunities to interact with health care professionals from various hospitals, receive classroom instruction and participate in hands-on medical and dental exercises. Youth receive resource materials that describe a variety of health careers, corresponding educational requirements, and average wage earnings.	Ages 14–21	Annually
Career Exploration Institute	ILP will continue to sponsor a two-day weekend workshop called Hands on Career Exploration Institute. The workshop will provide youth with exposure to various career fields. An experienced faculty will provide instruction on the educational and training criteria necessary to enter the fields of Culinary Arts, Automotive Technology, Hospitality, and Customer Service. Participants elect one career track, per institute, and will receive instruction regarding how to properly use the tools and other supplies that correspond to their selected career track. At the end of the training, youth will present their completed projects and will be rewarded with tools and supplies that will allow them to hone their skills long after the training is concluded.	Ages 14–21	Annually

Program/Service	Description	Targeted Age Group	Frequency
Computer Workshops	ILP will continue to offer regional Computer Workshops, providing youth instruction on how to set up and properly use a computer. Microsoft-certified instructors/certified educators will train youth on using MS Word, PowerPoint and Excel. As a culminating activity, youth will design a PowerPoint presentation and answer questions that describe their experience. Each youth receives an illustrated course guide that covers the objectives required to pass the Microsoft Office Use Specialist program exam, as well as a computer and printer to be used to aid in research and the completion of homework assignments in both high school and college. Participants will be high school seniors with post-secondary education plans and current post-secondary students, to include technical college students.	Ages 18–20	Annually
Employment Assistance Institute	In FFY 2015, ILP will launch a new two-day Employment Assistance Institute that will combine educating youth on the entire process of seeking, obtaining, and maintaining employment, with real-life opportunities to interview with local employers for internships or part-time or summer employment.	Ages 18–23	Annual

To assist Georgia's foster youth in achieving greater educational outcomes, ILP will continue to offer an array of supports that address possible gaps and promote educational success for foster youth. Georgia's secondary education programs and services will assist youth in attaining the required grades to complete high school, receive a high school diploma or General Educational Development (GED) certificate of completion, and pursue post-secondary education. Specifically, as shown in Table 7, the ILP strategy for supporting youth to succeed in high school and prepare for post-secondary training and education will feature the following types of assistance:

- Academic support, including tutorial services by referral or financial support, summer and/or evening school, and GED preparation and testing
- College tours and college preparatory workshops (e.g., completing the application process and understanding requirements, preparing for college life experience, accessing resources on campus, including tutorial services, obtaining financial assistance, including work study, scholarships and loans, and developing study skills and note-taking techniques)
- College readiness support and how to effectively support academic achievement
- Financial/resource assistance for extra-curricular activities, enrichment, safety activities, driver's education, laptop and printer, ACT/SAT testing, college applications, and graduation fees

Table 31: ILP Strategy for Helping Youth Succeed in Postsecondary Education and Training

Program/Service	Description	Targeted Age Group	Frequency
College Grad Network	Hosted by the NSORO Foundation, ILP will continue to sponsor College Graduate Network events for foster youth college graduates and NSORO Foundation scholarship recipients. The event will offer youth a unique opportunity to network with other college graduates to discuss challenges, accomplishments and college experiences.	Age 17- 21	Annual
Celebration of Excellence	Because acknowledging and rewarding educational attainment serves as an incentive for youth to succeed academically, ILP will continue to offer the Celebration of Excellence (COE) event. All graduates will be honored at an annual graduation observance that recognizes youth in foster care and aftercare who have completed high school, technical school or college. COE is a collaborative effort between ILP, Gift for a Child, the Floyd Bryant Agency, the LEAD Foundation, the NSORO Foundation, several community organizations, and numerous private donors who support the COE Scholarship program.	Ages 17-25	Annual
College Bound Program	College Bound Program operated by The JW Fanning Institute for Leadership Development at the University of Georgia will continue to offer a free one-week pre-collegiate residential program for youth in foster care. The program is supported with funds from the NSORO Foundation. Youth will participate in various aspects of campus life and will receive instruction from admissions counselors, financial aid representatives, major and career advisors, university professors, Georgia youth advocates, and current UGA students as mentors.	Ages 15–21	Annual
Orange Duffel Bag Afterschool Coaching Program	Launched in 2011, the Orange Duffel Bag Foundation (ODBF) offers foster youth a 12-week Afterschool Coaching Program. The program is designed to assist participants in developing a comprehensive life plan to achieve a high school diploma or GED, enroll in postsecondary education, and gain relevant employment. Upon graduation, youth are provided with a laptop to help them further their education, and youth are connected with an advocate who will continue to help them effectively overcome barriers, as needed.	Ages 14– 18	Annually during the school year
Orange Duffel Bag Coaching for College Completion Program	In 2013, ODBF started the Coaching for College Completion (CCC) Program. The program will offer foster youth and former foster youth college assistance with creating self-driven education and life plans that empower them to further their post-secondary education. The program classes will connect youth to college advisors to help them navigate the academic and social aspects of post-secondary education. Upon successfully completing the CCC program, youth will earn a $200 scholarship.	Ages 18– 21	Ongoing year-round
DFCS Life Skills Academy	Described under preceding table, ILP Strategies for Helping Youth Transition to Self-Sufficiency in this section.	Ages 14– 21	To be determined

Program/Service	Description	Targeted Age Group	Frequency
College 411 Scholarship Resources	ILP will work with youth to explore various funding and scholarship resources through Georgia College 411, e.g., NSORO Foundation Scholarship, Hope Scholarship, and Zell Miller Scholarship. In 2013, Georgia created a scholarship fund for foster youth (Katherine Herren Legacy Scholarship Fund), which is funded by in-kind donations from state employees.	Ages 16–25	Ongoing year-round
Post-Secondary College Tours	ILP will continue to conduct Tours with Post-Secondary Institutions in Georgia. Colleges and universities will allow youth to spend a day on campus to learn about the college admissions process, financial aid, SAT preparation, and technical college options. Technical college tours will also be offered for youth to observe activities within several departments of the technical college such as automotive, cosmetology, etc.	Ages 16– 21	Annual

Providing Youth Aging Out of Foster Care with Personal and Emotional Support

According to Casey Family Programs,[19] when older youth have a permanent connection to a supportive and loving family (e.g., caring adults) and receive the supports and services they need to successfully transition to adulthood, they are more likely to avoid potential negative consequences that affect youth. These relationships with caring adults make all the difference when it comes to transitioning successfully from foster care to adulthood. By exposing Georgia's youth to caregivers, service providers, volunteers, and community partners, networking opportunities will be created in an environment where supportive, long-lasting relationships can develop and flourish. Through the transition planning process, youth will continue to receive guidance and support in identifying a support system. At the local level, DFCS Field Operations will continue to assist youth in preserving family connections and establishing supportive connections in the community as the youth transition to adulthood.

Over the next five years (2015-2019), ILP will expand the mentoring resources available for foster care youth. In FFY 2014, DFCS launched a new specialized mentoring program for foster youth (Fatherhood Agent Youth Engagement Program) that includes a partnership with the Georgia Division of Child Support Services (DCSS). DFCS has also established a partnership with a local state organization, the Foster Care Support Foundation, to implement an additional mentorship program. This program will be implemented by FFY 2015.

Fatherhood Agent Youth Engagement Program

DFCS and the Division of Child Support Services (DCSS) are collaborating, sharing resources and have developed a new DFCS youth mentoring initiative entitled the *Fatherhood Agent Youth Engagement Program (FAYEP)*. FAYEP was created as an additional support for older youth in foster care to provide support that promotes their positive transition into adulthood. Through FAYEP, DFCS will ensure youth have additional resources that support the current services and activities provided through ILP. The goal of FAYEP is to ultimately ensure youth are well prepared for life after care by ensuring they are safe, educated, healthy, employable, and connected to a network that is invested in their well-being and future success. The current Fatherhood Program within DCSS has been successful through its Fatherhood Agents with assisting non-

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[19] Research provided by Casey Family Programs (Improving Outcomes for Older Youth in Foster Care) at: http://www.casey.org/resources/publications/pdf/WhitePaper_ImprovingOutcomesOlderYouth_FR.pdf

custodial parents in connecting to local educational and employment resources, while overcoming barriers related to transportation, criminal backgrounds, substance abuse and mental health. Another program highlight has been its' successful mentoring component. The vision for FAYEP is that the Fatherhood Agents' current methods and tools used to work with non-custodial parents will be applied to working with older youth in foster care and young adults who are transitioning to independence, specifically in the areas of education and employment. These methods include resource development, accountability, local network connections and mentorship.

Foster Care Support Foundation
The Foster Care Support Foundation is an organization that strives to enrich the lives of Georgia's foster children and assist the state of Georgia in acquiring and retaining foster parents. The organization currently provides free clothing, infant equipment and developmental toys to thousands of children in foster care. They also serve grandparents raising grandchildren and relatives temporarily caring for relative's children. As an additional program provided to youth in foster care, specifically older youth in care, DFCS has partnered with the Foster Care Support Foundation to implement a mentorship program where youth in foster care are connected to a mentor. This mentor will serve as the youth's *big brother or big sister* and will provide guidance and support to the youth in the areas of academic planning, personal development and professional development.

Serving Youth Older than 16 Years of Age Who Left Foster Care for Kinship Guardianship or Adoption
ILP will continue to serve youth over the age of 16 who left care because of kinship, guardianship or adoption with the full set of programs, services and activities that are available to all foster care youth. There are no differences between services offered to this population and other youth eligible for the ILP services.

Assessments/Tools for Youth Likely to Remain in Foster Care
Over the next five years (2015-2019), ILP will work with DFCS Field Operations to ensure that appropriate assessment, planning, service delivery, and active engagement of youth contribute to the development of effective transition plans for self-sufficiency. DFCS will continue to use the Casey Life Skills Assessment (CLSA) as the primary tool to evaluate youth developmental stages and determine the needs of foster care youth. The CLSA tool was developed by Casey Family Programs (Casey) from 1994-2000 as a tool for child welfare to assess life skills of youth. The CLSA is not an exhaustive list of all the skills needed to live independently; rather, it provides an indication of skill level and readiness. The assessments are designed as the first step in preparing youth to live independently. Other steps include goal setting, action planning, instruction, learning, and application, followed again by assessment to measure progress. The life skills assessments inform the provision of services because they provide instant feedback to allow the development of customized learning plans that then provide a clear outline of next steps. During FFY 2015-2019, ILP will research and possibly pilot additional assessment options that might augment the CLSA to provide a more holistic approach to assessing the needs of Georgia's foster youth.

The CLSA will be administered upon the youth's entry in foster care and at ages 14, 16 and 17½; the assessment will be used as a basis for the goals of the Written Transitional Living Plan (WTLP). The CLSA may be used more frequently as the WTLP is updated or based on the individual needs of the youth. Additionally, the CLSA can be used as an assessment technique to determine whether or not the youth has demonstrated mastery of a skill.

Georgia will continue to provide services aligned with the nine CLSA life skills domains, which are:
1. Career planning
2. Communication
3. Daily living
4. Home life

5. Housing and money management
6. Self-care
7. Social relationships
8. Work life
9. Work and study skills

The WTLP provides youth and case managers with a structured process to identify goals that lead to self-sufficiency, positive life outcomes and stability. Based on the results of the CLSA, the WTLP is a data-driven plan developed for each foster care youth, ages 14 to 21, to identify youth-specific goals for employment, education, life skills, permanency, a support system (positive adult connection), achievement objectives, and services to address identified needs. To develop and implement the WTLP, a partnership between the youth and DFCS is established. DFCS recognizes that the needs and desires of the youth must be the driving force of the plan and that youth are much more likely to commit to a plan that incorporated their voice. Each party is responsible for taking steps to ensure that the youth succeeds. The WTLP should always be seen as the youth's plan, developed with assistance from the case manager.

During 2015-2019, ILP will continue to monitor and provide consultation on the quality of the WTLP to ensure youth needs and services are addressed for greater outcomes. If additional assistance is needed, the ILP Specialists also provide technical assistance on the WTLP to the regional staff including the case managers, supervisors and field program specialists. Nonetheless, there have been concerns regarding the quality of the WTLP, with respect to the following areas:

- Timely completion of the plan
- Youth participation
- Required goals being addressed
- Goals specific to the needs and services of the youth
- The number of expired WTLPs

Beginning in FFY 2015, ILP will launch a Quality Assurance and Training process aimed at helping DFCS field operations staff strengthen the quality of the WTLP. The Quality Assurance Evaluation will be conducted quarterly with a random sample of completed plans. Conducted by ILP staff, the quarterly evaluation audit will evaluate compliance and provide the Regional and County Directors with an audit review report and summary of findings. Based on the results of the audit, ILP will offer regional-level training on WTLP.

Statutory and/or Administrative Barriers
ILP identified a number of barriers or challenges that might arise in serving Georgia's foster youth and how these issues might be addressed:

- *Addressing barriers to foster care youth obtaining state-recognized identification cards.* Beginning in FFY 2015, Georgia will engage in a partnership with the Georgia Department of Driving Services (DDS) to expedite the process for foster care youth to obtain driving permits, driver licenses and state-recognized identification cards. ILP and DDS will address the problem of too few foster children getting state identification cards that can be obtained as early as 14, mostly because they lack the required documentation, namely birth certificates and social security cards.

- *Providing ongoing, authentic engagement of foster youth.* As previously described in the Youth and Stakeholder Consultation section, in FFY 2015 ILP will create a statewide Youth Leadership Council,

which will engage foster youth in ongoing and meaningful ways to improve both services and outcomes. The Youth Leadership Council will engage youth in discussions and strategies for improving NYTD outcomes, informing service delivery and increasing retention rates for high school completion and college entry.

- *Increasing involvement of Georgia's institutions of higher education in the educational success of foster care youth and young adults.* Georgia's foster care youth lack supportive services or on-campus programs once they are enrolled at a college or university. According to EmpowerMEnt, fewer than 20% of Georgia's eligible foster care youth in care advance to higher education compared to 60% of youth in the general population; very few will obtain a bachelor's degree. Over the next five years, ILP will develop a strategy for increasing awareness among Georgia's public and private colleges and universities of the needs of foster care college students and addressing the need for greater post-secondary support.

- *Meeting the diverse needs of foster care youth with developmental disabilities.* During FFY 2015-2019, ILP will broaden its reach with community partners to identify agencies that specialize in engaging developmentally disabled youth in effective ways, so as to increase the resources for these youth and increase the number of these youth that can achieve independence.

Regarding Youth ages 18 through 20, see Georgia's signed Certification in Attachment J, which provides assurance that ILP will not allot more than 30% of federal CFCIP funds to support room and board for youth who transitioned out of foster care after the age of 18, but who have not yet reached the age of 21. In Georgia, the monthly housing subsidy plus start-up costs constitutes room and board. DFCS will use its Transitional Living Support Program and Emergency Assistance to Prevent Homelessness service to make room and board available to youth ages 18-20 who are not in foster care.

Transitional Living Support Program

The Transitional Living Support Program (TLSP) provides transitional services for youth in care residing in an ILP single-occupancy apartment with funding to support housing-related startup cost.

TLSP continues to provide services for former foster youth and young adults with short-term assistance, including monthly financial support, furniture and housing supplies assistance, as well as individualized life coaching services provided by a DFCS-approved provider and/or housing support to aid youth in the transition from foster care to adulthood. TLSP eligible youth are those who have remained in foster care until age 18, but who have not yet attained age 21 and whose DFCS case has been closed. TLSP for aftercare youth is supported entirely by CFCIP funds that are used to pay a monthly housing subsidy up to $600 for a period of one year or until the youth reaches his or her 21st birthday or the $8,000 funding limit, whichever event comes first.

These services are most appropriate for those youth who solidly demonstrate the skills, knowledge and stability to successfully maintain a household with limited supervision. If a youth is approved, the Written Transitional Living Plan is updated to reflect TLSP as a service and to identify the amount and duration of financial support.

In Georgia, as previously defined, the monthly housing subsidy plus start-up costs constitutes *room and board.* Housing support funds can also be used for the following:

- Transitional living assessments to determine youth participation
- Targeted life skills training and related fees
- Short-term counseling and support group related expenses

- Individualized life coaching related expenses
- Housing-related start-up costs, such as first month's rent, security deposits, renter's insurance, utility and telephone connection fees (though no cable or satellite television installation fees are allowable), basic furniture items (e.g., bed, chest of drawers and kitchen table and chairs), and cooking and housing/cleaning supplies

Emergency Assistance to Prevent Homelessness

ILP will also continue to provide former foster care youth and young adults with emergency assistance to prevent homelessness. Youth applying for emergency assistance will be offered time-limited supportive services along with life coaching to assist them in maintaining self-sufficiency. Short-term (90 days or less) emergency financial assistance will be provided for the following purposes:

- Food costs (e.g., perishable and non-perishable food items that do not exceed a total cost of $75 per request or $225 per FFY)
- Clothing costs (e.g., wardrobe items or uniforms required for employment, training or educational activities for which the total cost is not to exceed $300 per FFY)
- Housing and/or rent payments up to $600 per month for no more than three months or $1,800 per FFY
- Medical expenses (e.g., funds for prescriptions, medical, dental, and eye exams or procedures, which are not to exceed $500 per FFY)
- Transportation (e.g., transit pass, bus, train or airline ticket not to exceed $350 per request or $700 per FFY)

The total combined assistance for emergency financial support should not exceed $3,000 per FFY per youth and may be denied if supporting documentation necessary for payment or reimbursement is not provided. Funding is intended to help youth stabilize living conditions and/or personal circumstances and program services will be closely monitored by ILP staff.

Plan to Extend Title IV-E Foster Care Assistance to Young People Ages 18-21

Currently, Extended Youth Support Services (EYSS) is a voluntary agreement between the youth (18 to 21 years of age) and DFCS to continue foster care services. DFCS utilizes EYSS to provide youth with continued support from the agency and to offer post-foster care services. Youth are eligible for EYSS if they meet the following requirements:

- ILP eligibility requirements were met prior to their 18th birthday;
- Youth turned 18 years old while in foster care and permanency had not been achieved;
- Youth desires to continue to receive foster care services (EYSS) in order to accomplish specific goals related to the WTLP; and
- Youth who did not elect EYSS when initially eligible request EYSS no more than six months after their 18th birthday.

Through EYSS, youth will be able to request foster care services for up to six months after their 18th birthday. The current DFCS EYSS policy not only permits youth to sign themselves back into care, but the policy was updated to extend opportunities for youth who are not doing well in the community to return back into care up to age 21. There is a waiver process authorizing the State ILP Manager to approve waivers for youth eligible for EYSS who elected to sign themselves out of care and now wish to elect EYSS (sign back into care) more than six months after their 18th birthday, but prior to their 21st birthday.

During FFY 2015-2019, DFCS will assess and explore options to provide additional assistance to youth ages 18-21, including the option of extending Title IV-E foster care assistance. However, if Title IV-E foster care assistance is extended, it will not impact the CFCIP services offered to youth.

Georgia recognizes the importance of identifying (1) the number of young adults who remain in foster care at their 18th birthday and under what program conditions and (2) the services and supports that young adults ages 18-20 receive in employment settings. As a result, over the next five years, DFCS will create a more comprehensive system that will track and accurately provide this type of information. In addition to the aforementioned information, the placement data in the following table will also be considered in the implementation of any option identified to provide additional assistance to youth ages 18-21.

Table 32: Type of Placement Settings Young Adults Reside In After the Age of 18 and the Developmentally Appropriate Status of the Setting [20]

Placement Type	Placement Setting	Number of Youth Age 18+ FY 2013	Number of Youth Age 18+ FY 2014 (ytd)	Total	Purpose of Placement/Developmental Appropriateness
Child Care Institution (CCI)	Group Home, Transitional Living Placement Programs, Independent Living Apartment Programs	381	277	658	Design to prepare youth, transitioning out of foster care, by providing life skills training and life coaching services.
Foster Home	Child Placement Agency (CPA) Family Foster Home	194	136	330	Provide a nurturing environment with a supportive adult to instill stability and a sense of normalcy and family.
	DFCS Family Foster Home	96	57	153	
	CCI Family Foster Home	2	1	3	
Family/Relative Placement	Parent	14	10	24	Preserves the family connection to the youth and promotes long term commitment, a sense of belonging and normalcy.
	Relative - Unpaid	41	28	69	
	Relative - Paid	9	5	14	
	Relative Foster Home	5	4	9	
	The Interstate Compact on the Placement of Children (ICPC) - Relative	2	2	4	
Adoptive Placement	Adoptive Home	15	16	31	The homes provide a nurturing environment that promotes youth development, stability, a sense of normalcy and family and provides long term commitment and permanency to the youth.
	Other Adoptive Home	4	4	8	
Other Resource/ Person	Supportive Adult/ Post-Secondary On Campus Housing	116	83	199	Youth have elected and chosen to live with their supportive adult or live on campus of a post-secondary institution

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[20] Data obtained from the DFCS SHINES system

Placement Type	Placement Setting	Number of Youth Age 18+ FY 2013	Number of Youth Age 18+ FY 2014 (ytd)	Total	Purpose of Placement/Developmental Appropriateness
ILP/Aftercare	Youth Selected Domicile	19	18	37	Youth have elected to live on their own, applying the skills they learned and participating in ILP services.
High Risk Youth	Runaway	21	18	39	DFCS continue to assess the needs for these youth to implement appropriate services and will identify placements that will support their needs.
	Hospital	18	8	26	
	Youth Development Campuses(YDC)/Regional Youth Detention Centers (RYDC)	12	9	21	

Additionally, Georgia will evaluate the present services, programs and supports offered to special needs populations by internal and external providers and expand or develop additional services, programs and supports as needed. Some examples of the current services, programs and supports offered to special needs populations follow.

Young Adults who are Pregnant and Parenting
The Georgia Campaign for Adolescent Power and Potential (GCAPP) offers Second Chance Homes, which provide safe, family-like living situations for young mothers ages 13-21 and their children, as well as some pregnant teens. In partnership with DFCS, GCAPP operates a network of seven (7) Second Chance Homes.

Teen Parent Connection is operated through Multi-Agency Alliance for Children (MAAC) as a collaborative partnership with DFCS to provide support, guidance and assistance needed by teen mothers and fathers in state custody to succeed as adults and parents.

Young Adults with Histories of Substance Abuse, Mental Health, and/or Human Trafficking
For youth and young adults with histories of issues and struggles related to substance abuse, mental health, and human trafficking, ILP provides or refers to services, including workshops on risk factors, treatment, and support groups, that aim to stabilize the youth. (See Attachment D: Health Care Oversight and Coordination Plan for more information regarding the substance abuse and mental health care services provided to youth.) Human trafficking is an area in which DFCS is establishing collaborative efforts with several state and community organizations to develop policy and protocols regarding placement, treatment and supportive services. Specifically, DFCS is collaborating with the Governor's Office of Children and Families (GOCF) and Georgia Cares (Division of Aging Services) to ensure youth receive appropriate assessments and that there is a coordination of services for youth identified as sexually exploited. As described in Attachment D, all youth receive an Early Periodic Screening, Diagnosis, and Treatment (EPSDT) screening, to include trauma-informed assessments.

According to the U.S. Department of Health and Human Services,[21] when victims of human trafficking had access to trauma-informed or trauma-specific services, they recovered from the trafficking experience more quickly and were better able to work on other aspects of their lives, such as obtaining an education or seeking employment.

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[21] Research provided by U.S. Health and Human Services (Study of HHS Programs Serving Human Trafficking Victims) at: http://aspe.hhs.gov/hsp/07/humantrafficking/final/index.shtml

Thus, DFCS will focus on ensuring children and youth receive trauma-informed therapeutic services. Currently, DFCS has two placement providers (WellSpring Living and Georgia Baptist Children's Home and Family Ministries, Inc.) who focus specifically on the Commercially Sexually Exploited Child (CSEC) population. Youth receive specific trauma-focused outpatient treatment (Trauma-Focused (TF), Cognitive Behavior Therapy (CBT) and Dialectical Behavior Therapy (DBT)). Additionally, those CSEC youth who require in-patient psychiatric treatment can obtain similar services through a special program for CSEC youth at Devereux Georgia Treatment Network (DFCS Approved Placement Provider). Please refer to the section on Collaboration below for more information.

Youth with Criminal Histories
Georgia makes every effort to ensure youth with criminal histories receive the necessary and appropriate services to support a successful re-integration into the community. Accordingly, during FFY 2014, the Georgia Re-Entry Taskforce was established, which is a collaborative effort between the Department of Juvenile Justice (DJJ), DFCS and internal and external stakeholders to coordinate services for the purpose of ensuring this population of youth receive the necessary and appropriate support services.

The strategic focus of the taskforce is to promote public safety and increase success rates of returning youth who transition from secure facilities by fostering effective, evidence-based risk and need management and treatment. The strategic goal is to promote offender-/youth reentry-focused programming and service delivery. The primary strategy is to enhance youth rehabilitation and transition processes to facilitate successful reintegration into the community by engaging services, resources and support from entities and experts outside of DJJ that can help prepare youth for transition and support youth upon reentry.

Young Adults with Developmental Disabilities
As previously described, the WTLP is designed to identify and address youth-specific needs. Young adults with developmental disabilities require specialized services and support to achieve and sustain individual levels of self-sufficiency. The Independent Living Specialist, in conjunction with community agencies and organizations, provides services to the disabled youth to ensure their individualized needs are addressed as outlined in their WTLP. ILP will, where appropriate, refer and connect these young adults to long-term support programs for supportive living arrangements, ongoing daily needs and other special programs as needed through a wide array of community partners.

Over the next five years (FFY 2015-2019), ILP aims to substantially bolster the resources for developmentally disabled youth (such as specialized vocational training) so that they have greater support and likelihood of establishing independence. Please refer to Attachment D: Health Care Oversight and Coordination Plan for more information regarding health care services provided to youth with developmental disabilities.

Based on DFCS youth focus groups, youth conferences (e.g., TeensR4Me) and interviews with youth who want to come back into care, when youth were given the opportunity to express why they leave extended foster care before age 21, they cited the following reasons:
- Some wanted to remain in care, but were inadvertently discharged due to a lack of understanding of the extended care process.
- Some did not experience a bond/connection with DFCS staff and therefore lacked the inclination to remain in extended care.
- For some, their experience(s) in foster care, prior to attaining 18 years of age, were disheartening (e.g., inappropriate/mismatched placement setting), and they did not want to have a similar experience(s).

- Some did not feel they had received freedom as an adult, to include being an active participant in their care planning process.

ILP Supports

Georgia recognizes that youth may or may not want to receive extended foster care services for a number of reasons. In response to this issue, as previously referenced in the Regarding Youth Ages 18-20 section, DFCS currently offers extended support services (EYSS) to youth on voluntary bases. Additionally, during FFY 2015-2019, DFCS will assess and explore options of providing additional assistance to youth ages 18-21, to include new or expanded services. Further, as described in the CFCIP Training section, DFCS will provide training to field operations staff and CASAs regarding supports for youth transitioning out of foster care, among other topics.

Youth in foster care are among the most educationally vulnerable children in the nation. More than half of all children in foster care suffer from serious health problems, developmental delays and other disabilities that can compromise their educational growth. Instability in school placement, lack of continuity of educational services and lack of parental and advocacy participation in their school lives are all challenges that foster children face through their school years. According to the New York State Permanent Judicial Commission on Justice for Children,[22] youth in foster care:

- Do not perform as well as their peers, lagging in achievement, repeating grades, and failing classes;
- Experience frequent changes in placement;
- Are twice as likely to drop out of high school as their peers;
- Experience inappropriate school placements and lost, misplaced, or inaccessible school records;
- Experience delays in school enrollment;
- Receive special educational services at three to five times above the national standard; and
- Exhibit substantial behavioral and emotional problems that can compromise their ability to learn or function at school.

To ensure foster youth achieve greater educational outcomes, ILP will continue to offer supports designed to address gaps and deficiencies at the system-level and promote education success for youth. Below are the programs and services that comprise the ILP strategies to support foster care youth in secondary education and post-secondary education.

Secondary Education Support Strategy
- Tutorial services
- Summer and/or evening school programs
- Workshops on accessing educational resources, study skills and note-taking techniques
- Academic support services provided by specially trained Certified Life Coaches
- Financial assistance for enrichment and extra-curricular activities (e.g., YMCA, summer camp, community workshops, and high school sports), safety activities, driver's education, ACT/SAT preparation and test fees, college application fees, and graduation-related costs
- Laptop and printer

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[22] Research provided by New York State Permanent Judicial Commission on Justice for Children (Addressing the Educational Needs of Children in Foster Care) at: http://www.nycourts.gov/ip/justiceforchildren/PDF/EducationalNeeds.pdf

Post-Secondary Education Support Strategy
- Workshops on higher education application processes and requirements
- College Life experience programs, including annual college tours
- Information and referrals related to campus-based academic resources, including tutorial services, overall study skills training and note-taking technique classes
- Information and referrals related to college financial assistance opportunities, such as work study, scholarships, and loans
- Financial assistance for college tuition and room and board
- Transportation assistance
- Financial assistance for post-secondary training and education, including books, supplies, tools, and equipment
- College-focused academic support services provided by specially trained Certified Life Coaches
- Care packages for college students living in campus

Collaboration with Other Private and Public Agencies

The successful execution of this new five-year plan is dependent, in large part, on the agency's and the youths' ability to be involved and work collaboratively with the public (other state agencies) and private (community partners) sectors. To successfully achieve the purposes of Chafee, it is imperative that every aspect of the program delivery includes collaboration.

The following public agencies will support ILP services for youth at the state and regional levels:
- Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD)
- Georgia Department of Public Health (DPH)
- Georgia Department of Community Health (DCH)
- Georgia Department of Technical and Adult Education (DTAE)
- Georgia Department of Labor (DOL)
- Georgia Department of Education (DOE)
- Georgia Department of Community Affairs (DCA)
- Georgia Department of Juvenile Justice (DJJ)
- Georgia Department of Corrections (DOC)
- Georgia Department of Administrative Services (DOAS)
- Public Housing Authorities
- Public Colleges and Universities

Georgia will continue to coordinate CFCIP efforts with other federal and state programs for youth. As described in the Regarding Youth Ages 18-20 section of this plan, DFCS currently has a Transitional Living Support Program that provides needed resources and services to youth who are transitioning out of foster care. In addition to this program, the following programs are available for youth in foster care:

Georgia's Personal Responsibility Education Program (PREP) Program
Please refer to Attachment D: Health Care Oversight and Coordination Plan of this plan for information as it relates to the provision of this program, to include educating foster youth on both abstinence and contraception for the prevention of unintended pregnancy and sexually transmitted infections (STI's), including HIV/AIDS.

Kick-Start Independent Housing Program

In 2014, ILP implemented a new statewide program under Family Unification Program (FUP), called KickStart Independent Housing Program (KIHP), which would incorporate a life/asset coaching and mentoring component to support the goals of attaining permanent housing and independency at the completion of the program. KIHP is an 18-month program for youth at risk of being homeless and/or experiencing homelessness between the ages of 18-21. The Life/Asset Coaches conduct purposeful contacts with youth, which require an assessment of issues pertinent to case planning, service delivery, success within the program, safety and well-being including, but not limited to:

- Education Status
- Employment Status
- Mental Status
- Medical and Dental Status
- Financial Status/Needs/Goals
- Safety/Risk Assessment of Home Environment
- Support Relationships (Siblings, Family, Mentor, Identified Positive Adult Connection)

Community-Based Alternatives for Disabled Youth

The Georgia DBHDD facilitates community-based alternatives for disabled youth in foster care. Collaborative partnerships with agencies such as Georgia Move, Youth EmpowerMEnt (MAAC) and Transition Youth (CHRIS Kids) provide a mechanism for youth with disabilities to experience programs/activities that embrace their special needs, while simultaneously allowing them to show case their extraordinary gifts. Please also see the Young Adults with Developmental Disabilities section, within the Regarding Youth Ages 18-20 section, of this plan for more information on services for youth with disabilities.

Georgia TeenWork Internship Program

Please refer to the Serving Youth of Various Ages and Stages of Achieving Independence section for information about the DFCS TeenWork Internship Program, a school-to-work program designed to ensure that Georgia's foster youth are equipped with the skills and opportunities necessary to enable them to mature into well-balanced and self-sufficient members of society.

Coordinated Services with Youth Shelters and Other Programs Serving Youth

ILP will continue to make every effort to assist youth transitioning out of foster care with establishing residential stability. However, in the event that DFCS is unable to immediately solidify housing or a permanent residential solution, youth are referred to local shelters with which DFCS has established a relationship (e.g., Covenant House).

Coordinated Efforts with DCH (Medicaid Agency) to Implement the Provisions of the Patient Protection and Affordable Care Act

ILP, in partnership with DCH, will ensure that all youth and young adults (ages 18 to 26) in and out of care receive mandatory medical coverage. This partnership has established the following goals for FFY 2015-2019:

- To improve access to health care services, particularly for physical and behavioral health services covered by the Medicaid program.
- Increase continuity of care, including when youth transition in and out of foster care.
- Enhance health outcomes, providing additional care coordination and improved physical and behavioral health oversight.

To achieve these goals, DFCS will continue to notify all youth in care who are age 17 and older of their eligibility to receive Chafee Independence Program Medicaid. Chafee Medicaid covers youth from ages of 18-21, if the youth meets the following eligibility criteria:

1. Aged out of foster care at age 18 or older and received benefits on their 18th birthday;
2. Is a Georgia resident;
3. Is a citizen of the United States;
4. Can verify their identity; and
5. Has a social security number or has an application for a social security number.

Please refer to Attachment D: Health Care Oversight and Coordination Plan for more information as it relates to the provision of health care services.

<u>Collaboration with other Governmental or Community Entities to Promote a Safe Transition to Independency by reducing the risk that youth and young adults in the child welfare system will be victims of human trafficking</u>

DFCS recognizes the need to promote a safe transition to independence by reducing the risk that foster care youth will become victims of human trafficking. DFCS continuously collaborates with DPH, DJJ and DBHDD to review shared populations of customers and identify barriers to services for those customers, to include the commercial sexually exploited children (CSEC) population. Please refer to *Attachment D: Health Care Oversight and Coordination Plan* for more information as it relates to this collaborative effort. Further, over the next five years, DFCS will implement and institutionalize a trauma-informed practice, to include identifying and collaborating with community organizations that serve the CSEC population. Please refer to Section 3: Plan for Improvement, Goal 5, for more information as it relates to interventions to support this population of youth.

In addition to the public sector support, ILP also has an array of private stakeholder and community partnerships and initiatives that will continue to be a vital part of efforts to strengthen its delivery of services and outcomes for foster youth both in and out of care. The major principles of collaboration resulting in greater outcomes for youth are:

- Engaging youth in all aspects of the work
- Engaging the community to build and strengthen community partnerships
- Collaborating to improve systems, programs and services

For FFY 2015-2019, ILP will benefit from the following private stakeholder and community collaborations:

<u>Jim Casey Youth Opportunity Initiative (JCYOI)/Georgia Youth Opportunities Initiative (GYOI)</u>
 In an ongoing partnership with JCYOI, Georgia will continue to fully implement the components of GYOI. GYOI is a collaborative comprised of public, private and nonprofit organizations, including businesses that work to improve outcomes for youth transitioning out of foster care. Services are provided to youth ages 14-24. Outcomes are achieved in the following areas: permanency, employment, education, housing, financial capability, personal and community engagement, and physical and mental health. GYOI partners with DFCS to provide supportive services to youth through Individual Development Accounts (IDA), Youth Engagement through Georgia EmpowerMEnt and the Community Partnership Group.

<u>Youth Engagement through Georgia EmpowerMEnt</u>
As previously referenced, EmpowerMEnt is the GYOI youth advocacy and leadership board comprised of former and current foster youth in Georgia who are working with community leaders to improve the foster care system.

Foster youth in care and foster youth alumni were trained to be advocates and voices for youth in care and collaborate with others to change the system for the better. Examples of past collaborations between ILP and EmpowerMEnt include:

- Engaging in joint advocacy efforts (e.g., approval of House Bill 242 Juvenile Code Re-Write, revisions of the State Health Care Oversight and Coordination Plan for Children in Foster Care)
- Conducting an annual *ILP Forum*, which provides an opportunity for all stakeholders to receive current ILP information, for youth to share their experiences and for partners to share the innovative programs and supports they implement for foster care youth
- Facilitating a *Higher Education Institute*, which gave foster care youth a true account of the college experience and provided key information about the college application process
- Conducting a cross-training effort with multiple partners to support Georgia's youth in transition through the use of Transitional Round Tables
- Referring over 50 youth to serve as peer mentors for foster youth and help them navigate the transition process
- Presenting several Youth Summits across the state and workshop on Youth Legal Rights
- Implementing a Youth Think Tank to assist ILP in brainstorming strategies for improving outcomes for youth in and out of foster care
- Co-planning the first TeensR4ME conference, which focused on equipping and empowering youth with information through work session under the five priority areas for Georgia youth: education, employability, connectedness, health, and safety

JW Fanning Institute for Leadership Development at UGA

ILP and the JW Fanning Institute for Leadership Development at UGA are engaged in a statewide initiative representing collaboration between post-secondary education system and DFCS stakeholders to improve educational outcomes for youth transitioning from foster care. The goal of the initiative, involving the College Access Challenge Grant, is to create a network of support at several post-secondary institutions that institute services and support foster youth that would increase the retention and graduation rates.

Emerging Adults Initiative (EAI)

EAI is a cross-agency initiative aimed at addressing issues that youth and young adults encounter as they transition to adulthood. This initiative will create developmentally appropriate and effective youth-guided local systems of care to improve outcomes in the areas of education, employment, housing, mental health and co-occurring disorders and decrease contacts with the juvenile and criminal justice systems.

Orange Duffel Bag Foundation (ODBF)

ILP works with the Orange Duffel Bag Foundation on two distinct programs that promote educational attainment. More information is available in the previous section.

In an effort to raise awareness about the needs of youth in foster care, as referenced in the CFCIP Training section of this plan, ILP will plan and facilitate a series of trainings for Georgia's colleges and universities focused on improving awareness and understanding of the educational and support needs of foster youth. Additionally, DFCS has youth focus groups, a youth think tank and a Youth Council (FFY 2015-2019) that allow youth an opportunity to voice their concerns about the current services they receive as well as any additional services they need.

Determining Eligibility for Benefits and Services

Based on the administration and oversight provided by ILP, DFCS has established objective criteria for determining eligibility of youth for CFCIP benefits and services and for ensuring equitable treatment of all participating youth. ILP offers services and support to youth who meet the following eligibility criteria:

- A youth deprived by a Georgia court, who is or was in the temporary or permanent custody of DFCS for at least six months,[23] or the youth is/was dually adjudicated;[24] and
- Youth is a citizen or a permanent legal resident of the United States and a legal resident of Georgia.[25]

In addition, in compliance with CFCIP requirements, Georgia assures that ILP services and assistance will remain available for eligible youth who are temporarily residing out of state.

Cooperation in National Evaluations

Georgia assures that it will cooperate fully and enthusiastically in any national evaluation of the effects of the programs in achieving the CFCIP purposes.

Education and Training Vouchers (ETV) Program

In Georgia, DFCS administers the Education and Training Vouchers program. With efficient programmatic oversight, ETV funds will continue to be used to cover costs associated with youth attending institutions of higher education for the purpose of completing an undergraduate degree, training certificate or diploma. Funds will not exceed $5,000 per federal fiscal year. Vouchers will be made available to youth eligible for the State CFCIP and those who are adopted from foster care after attaining age 16. Youth participating in the program on the date they turned age 21 will remain eligible until they attain age 23, as long as they are making satisfactory progress toward the completion of that post-secondary program.

Chafee Education and Training Voucher Provisions/Requirements

Amount	• Cannot exceed $5,000 per year
Age Limits	• Up to age 23
Eligibility of Adopted Youth	• Youth adopted from foster care after attaining age 16 are eligible
Eligibility of Youth Who Achieved Other Types of Permanency	• No provision
Enrollment Requirements	• Youth will remain eligible until age 23 as long as they are enrolled in a full-time post-secondary program and are making satisfactory progress toward program completion

Examples of allowable college and training related expenses include the following:
- Tuition assistance
- Tutorial services

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[23] The six months is noncontiguous time. For example: the youth was in care for three months when he was 5 and then for two months at age 9 and finally for 1 month at age 14. This youth would meet the six-month requirement. All eligible youth must be in care at some point on or after their 14th birthday, but could accumulate the six months prior to turning age 14 and be eligible for aftercare services.

[24] A youth is dually adjudicated if he or she is in the legal custody of DFCS and is receiving services through DJJ.

- Room and board assistance
- Transportation assistance to and from institutions outside of the home region or state
- Financial assistance for books, supplies, tools, equipment and uniforms
- Stipends
- Personal computers and printers
- Care packages

Regional ILP staff members will promote the ETV program in annual workshops for all seniors. The ETV program will be discussed with youth in transition planning meetings and information will be available on the ILP website (georgiailp.org). Also, youth support partners who are part of MAAC and former ETV recipients will serve as program educators for youth with whom they work. Through ILP, Georgia will leverage partnerships with public and private institutions of higher education, other stakeholders and constituents specific to ETV to use data to improve and strengthen the ETV program and to increase program implementation. Through these partnerships, ILP will establish goals, outcomes and strategies to support ETV and retain youth in post-secondary education institutions by determining how the goals will be measured as well as assessing resources, barriers and needs.

ILP will ensure the total amount of educational assistance to youth under CFCIP and any other federal assistance program does not exceed the total cost as defined in section 472 of the Higher Education Act of 1965. Youth receiving ETV are required to submit the institution's Account Summary and Financial Aid Award Letter so that ILP can review the itemize educational costs and determine the unmet amount/balance. The institution's Account Summary provides an itemized list of cost associated with the youth's attendance at the institution as well as the remaining balance (less financial aid) required to be met in order to satisfy the institution's education cost. The Financial Aid Award Letter provides an itemize list of funding, to include the funding source. ILP works closely with the institution's Financial Aid Department to ensure there is not a duplication of benefits. By requiring eligible youth to submit the institution's Account Summary and Financial Aid Award Letter, ILP is able to ensure the total cost is not exceeded as well as ensure there is not a duplication of benefits, as it will only provide funding for the remaining balance (as supported by the total cost, defined in section 472 of the Higher Education Act of 1965).

Consultation with Tribes

ILP will continue to work with DFCS Field Operations staff to ensure that CFCIP/ETV benefits and services are available to all youth, including those who do belong to Indian Tribes, to support positive outcomes for this identified population. Georgia assures that all eligible youth will continue to be provided with high quality foster care services and supports regardless of race, ethnicity, gender, disability, or sexual preference. Please refer to Section 5: Consultation and Coordination between States and Tribes of this plan for more information as it relates to this area.

CFCIP Program Improvement Efforts

Georgia will continue to engage youth in all aspects of their work at the local, state and national levels. Youth in care and alumni will serve as partners and advisors for ILP and all related agency efforts (e.g., CFSR).

As previously described in the Youth and Stakeholder Consultation section, during the next five-years, ILP will launch a statewide Youth Leadership Council that will convene at least monthly (either online or in-person) to address emerging issues, review NYTD data and formulate recommendations for improving services and outcomes of youth in foster care and those aging out of care.

As previously described in the Collaboration with Other Private and Public Agencies section, ILP will continue to facilitate the annual *ILP Forum* in partnership with Georgia EmpowerMEnt, which provides an opportunity for all

stakeholders (foster youth, DFCS staff, and public and private partners) to receive current ILP information, for youth to share their experiences, and for partners to share the innovative programs and supports they can provide for foster care youth. The ILP Forum features a youth panel as well as opportunities for networking and providing clarification of any related ILP information to all participants.

Please refer to the Youth and Stakeholder Consultation section for information on Georgia's plan to continuously involve youth in assessment, improvement and evaluation of CFCIP services and outcomes for youth over the next five years.

CFCIP Training

During the next five years, ILP will maintain its commitment to ensuring that all DFCS Field Operations staff, private RBWO placement providers and caregivers have the requisite skills, knowledge and training to provide effective services and supports for older youth in care and those transitioning out of care. All of the training activities planned for FFY 2015-2019 will directly support ILP outcomes and objectives, focusing on the safety, permanency and well-being of Georgia's foster youth and young adults. As such, ILP will continue to conduct ongoing regional and statewide training for DFCS Field Operations staff, private RBWO placement providers, caregivers and community partners on the requirements of the CFCIP and ETV legislation, NYTD, current laws impacting older foster youth, ILP policy and services/programs, development of services plans, delivery of services, transition planning, and issues/barriers confronting adolescents preparing for independent living. Other examples of training include:

- The ILP Life Coach certification program will continue to train and certify RBWO placement providers to serve as youth Life Coaches
- In collaboration with the Barton Law Clinic and dependency law judges, ILP will provide training and education to attorneys, CASAs and other child advocates in the areas of Another Planned Permanent Living Arrangement (APPLA) and ILP
- As part of the annual TeensR4Me Conference, ILP will provide a full day of training for DFCS Field Operations Staff and CASAs on the following:
    a. Improving the quality of purposeful visits (Every Child Every Month) to older youth in care.
    b. Equipping youth with resources and information that support a successful transition to adulthood (based on the five (5) priority areas for Georgia youth: education, employability, connectedness, health and safety)
    c. Policy updates and translating the policies into practices.
  ILP will plan and facilitate a series of trainings for Georgia's colleges and universities focused on improving awareness and understanding of the educational and support needs of foster youth
  Please refer to *Collaboration with other Governmental or Community Entities to Promote a Safe Transition to Independency by reducing the risk that youth and young adults in the child welfare system will be victims of human trafficking section* for more information about this training initiative.

SECTION 7 – MONTHLY CASE WORKER VISIT FORMULA GRANTS AND STANDARDS FOR CASE WORKER VISITS

In response to the national Child and Family Services Review (CFSR) findings, the Child and Family Services Improvement Act of 2006 required states to achieve benchmarks with regard to case manager visits to children. The findings suggested that there is a strong correlation between frequent case worker visits and positive child outcomes. Under the Act, states were required by year 2011 to ensure that, at a minimum, 90 percent of children in care were seen every month they were in care and 50 percent or more of those visits occurred in the child's residence. That requirement was later revised by the Child and Family Services Improvement and Innovation Act (P.L. 112-34), which specified that the total number of visits made by case workers on a monthly basis to children in foster care, during a fiscal year, must not be less than 90 percent of the total number of such visits that would occur if each child were visited once every month while in care. By FFY 2015, the monthly case worker visits percentage will increase to 95 percent and at least 50 percent of the total number of monthly visits made by case workers to children in foster care during a fiscal year must occur in the child's residence.

Effective October 1, 2011, pursuant to federal program instructions issued October 6, 2011 (ACYF-CB-IM-11-06) and January 6, 2012 (ACYF-CB-PI-12-01), additional children included in the reporting population are children who are covered by a Title IV-E agreement between the state IV-E agency and another agency. Currently, DFCS has such an agreement with the Department of Juvenile Justice.[26] Children who are housed in a secured facility are not included in the reporting population as they are not considered to be in a foster care placement (see section 472 (c) of the Child and Family Services Improvement and Innovation Act and 45 CFR 1355.20).

Georgia SHINES Every Child, Every Month (ECEM) data reports and LENSES (automated business intelligence dashboards) have been updated to reflect new data reporting methodology as mandated by P.L. 112-34. Data computations continue to be based on universal data rather than a sampling of cases. In accordance with federal instructions, DFCS will measure and report the number of visits made by case workers on a monthly basis to children in foster care during each fiscal year rather than the number of children who were visited every month they were in care.

The Child and Family Services Improvement and Innovation Act also specifies that states must use monthly case worker visit funding to "improve the quality of case worker visits with an emphasis on improving case worker decision-making on the safety, permanency and well-being of foster children and case worker recruitment, retention and training" (section 436(b)(4)(B)(i) of the Act). Accordingly, Georgia will continue to identify and implement strategies that promote quality case worker visits, case worker recruitment, retention and training efforts and improve case worker decision-making to ensure the safety, permanency and well-being of children and youth in foster care. Georgia's plan to use the Monthly Case worker Visit Grant (ECEM) over the next five (5) years is discussed later in this section.

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[26] Georgia does not currently have any IV-E agreements with any Indian tribes. See Section 5, Consultation and Coordination between States and Tribes, for more information concerning this topic.

Georgia Policy Standards

The DFCS-assigned Social Services Case Manager (SSCM) ensures a face-to-face purposeful visit is made every calendar month with:

1. Children in foster care [27] and
2. Children in a pre-adoptive placement.

The SSCM or their designee[28] also conducts a face-to-face purposeful visit every calendar month with children in DFCS custody placed outside of Georgia via an approved Interstate Compact on the Placement of Children (ICPC).

The local DFCS county director may grant a waiver to allow a designee to conduct the monthly purposeful visit. All waiver requests are evaluated on a case-by-case basis and granted when exigent circumstances prevent the assigned case manager from completing the required visit. Conditions which may necessitate a designee waiver include, but are not limited to, staff shortages, emergency or medical leave and/or suspensions or reassignments necessary to ensure the timely completion of full case management and visiting responsibilities for all children in care.

The case manager or designee may conduct some visits at an alternative location, but DFCS ensures that at least 50 percent of all purposeful visits occur in the child's residence. When not visiting in the child's residence, case managers may conduct the visit in a child-friendly setting (e.g. visitation center, recreational areas, restaurants, parks, etc.). However, each purposeful visit focuses on safety, permanency and/or well-being to facilitate:

1. Service coordination and delivery; or
2. One or more case planning goals.

As per Section 422(b)(17) of the Child and Family Services Improvement and Innovation Act, monthly case worker visit requirements may be met by "any case worker with whom the title IV-B/IV-E agency has assigned or contracted case management or visitation responsibilities." ECEM requirements were incorporated into the Room Board & Watchful Oversight (RBWO) contracts as a monthly requirement for contracted providers. Provider training is regularly offered throughout the state and webinars are posted for viewing for those who are unable to attend or participate. Each Child Caring Institution (CCI) or Child Placing Agency (CPA) conducts at least one purposeful visit each calendar month with each child placed with their agency and the visits conform to the DFCS purposeful visit policy and practice. All providers receive copies of policies and templates to guide their documentation efforts. As of SFY 2012, providers are required to enter all ECEM visits directly into Georgia SHINES via the SHINES portal.

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[27] *In foster care* as defined by 45 CFR 1355.20. This includes, but is not limited to, placements out of county, placements in foster family homes, foster homes of relatives, unpaid relative placements, group homes, emergency shelters, residential facilities, child care institutions, and pre-adoptive homes.

[28] Any case worker/private provider or other party, whether in-state or out-of-state, which DFCS has assigned/contracted case management or visitation responsibilities.

Visit Content (Quality)

Georgia recognizes the importance of conducting quality visits. Quality visits are well planned and focus on issues pertinent to case planning and service delivery to ensure the safety, permanency and well-being of children and youth in foster care. Accordingly, during each quality visit with children and youth, case managers are required to:

- Adequately assess risk of harm to children/youth;
- Identify needs and provision of services for children/youth, parents and foster parents; and
- Effectively involve children and parents in their case planning.

Quality is tracked and measured via the Quality Case Review process performed by the Office of Quality Management (OQM). The review assessments are based on case record reviews, case-specific interviews, stakeholder feedback and SHINES/data quality reviews. The review of SHINES data follows a standardized review guide, which focuses on the integrity of data entry in the SHINES system. Along with assessing whether the above components of a visit were done satisfactorily, the quality reviewers also take into account whether documentation was done timely and accurately. OQM is responsible for reporting outcomes to the field and the state office. The Quality Assurance team is responsible for identifying trends, accomplishments and shortcomings with regions, while the Continuous Quality Improvement team is responsible for assisting regions with developing plans of action to address identified trends.

Table 33. Visit Quality

Quality Assurance Statewide Trend Report: CFSR Round 2 Item 19: Case worker Visits With Child (Permanency Cases Only; Case Worker-Child Visits Only)								
Federal Standard	FFY 2012	FFY 2013	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018	FFY 2019
90%	94%*	74%**						

*Based on a review of Regions 1, 3, 4, 5, 6, 7, 9, 10, 11, 13, 14 and factors in the frequency with which visits were made as well as the quality.

** Reflects Six-Month Trend report for FFY 2014 (October 2013 – March 2014). This data is based on statewide reviews and is reflective of quality only. Subsequent fiscal year data will be measured using this method.

Visit Frequency

While various legislative mandates, decrees, agreements, state initiatives and the needs of a child may make it necessary or advisable to visit with a particular child on a more frequent basis, all of Georgia's children in care are visited at least once a month per ECEM. Georgia SHINES is used to store, track and tabulate data regarding the frequency of visits to children in care. The tracking includes all children who were in DFCS's custody (age 17 years or younger for at least 24 hours) at least one full calendar month throughout the tracking period, per federal fiscal year, thereby providing a statistically valid basis for determining a statewide percentage of children visited each month and percentage visited in the home. Additionally, only those children who were in care for at least one full calendar month are included in the aggregate number of children served in foster care. Children on runaway status, in a boarding county, away at college, or who have gone home for a trial visit are also included in this aggregate number.

Tools used to track DFCS's day-to-day progress in making frequent visits and seeing children in their home include ECEM LENSES, SHINES Reports, and SHINES tabs/pages (i.e., Case Watch, Case Contact Standards and Case Summary).

Table 34. Visit Frequency

ECEM: Percentage of visits made on a monthly basis by case workers to children in care		
Year	Target	Actual
FFY 2012	90%	99%
FFY 2013	90%	98%
FFY 2014	90%	
FFY 2015	95%	
FFY 2016	95%	

Table 35. In-home Visit Frequency

ECEM: Percent of case worker-child visits that occurred in the child's home		
Year	Target	Actual
FFY 2012	= or >50%	91%
FFY 2013	= or >50%	91%
FFY 2014		
FFY 2015		
FFY 2016		

ECEM Goals and Strategies

During the period of 2010 – 2014, the main strategies used at the local county levels to achieve frequency and quality of visits were cadence meetings, data tracking and case record reviews. Based on the results of a regional leadership survey, shadowing/mentoring/coaching, improving the quality of staffing sessions and using SHINES and LENSES to track data were all identified as the most needed strategies to ensure the safety, permanency and well-being of children and youth in foster care. DFCS will continue to use the aforementioned strategies as well as deploy new or enhanced strategies. To continue efforts in improving the quality of case worker visits, meeting state and federal standards for case worker visits and improving case worker recruitment, retention and training, the following ECEM Goals will be accomplished for the 2015-2019 period:

- Improve Case worker Recruitment, Retention and Training Strategies
- Improve Quality Supervision
- Improve Quality Documentation
- Improve Quality Visits to Older Youth
- Meet/Exceed Frequency and Quality Targets
- Improve Data (collecting, tracking, reporting) Fidelity

The following strategies have been identified to achieve ECEM goals over the next five years:

1. Conduct Cadences/Panels/Report Outs:

   The weekly cadence meetings were initiated during the first five years of ECEM implementation and remain one of the most popular ways for staff to stay mindful of their targets and percentages. The weekly meetings are used to not only report on statistical progress, but to also discuss quality of visits and review findings and best practices. The agency has found that this process provides consistency, transparency and productive feedback. Other discussion and feedback strategies include the permanency roundtables. In addition to having cadence meetings, DFCS will have more multi-section, multi-discipline meetings to enhance cross training and comprehensive understanding of the work.

2. Enhance Visitation Practice:

   DFCS enhances visitation practice by encouraging staff to make sure that when they visit a home, they see every child in the home and not only the child they were scheduled to see. The agency further reminds staff how important it is to interview caregivers and offered training to help them to be better able to interact with and engage caregivers during visits. Based on the juvenile code rewrite, it is anticipated that some youth will be spending more time in court. Case managers will be encouraged to use this time to talk with youth, get to know them further and get a better grasp on what permanency means to them. Each additional face-to-face meeting offers another opportunity to interact with the youth and increases the odds that the case manager will appropriately assess the needs of the youth.

3. Provide Professional Development Opportunities for the Case Manager:

   DFCS ensures new case worker staff receive the required training on monthly visits. Specifically, the "More than Words" training assists the case manager with interviewing and interpersonal skills.

   Based on the needs of the children and youth in care, DFCS provides different training to equip case managers with the necessary skills and tools to provide quality casework. Such strategies as live learning sessions (case manager trainees view live case manager work), teamwork, coaching/mentoring, peer support and templates and guides provide an array of professional developmental opportunities for new and existing case managers.

   Over the next five years, DFCS will offer additional training to include *understanding collaterals (*enhance trainings on the importance of finding and maintaining contacts with collaterals and preserving child connections) and *viewing the role of the case manager* (teaching case managers to become less compliance-minded and more social work-driven). Additionally, more staffing sessions and live-learning opportunities will be provided. Staff training sessions (staffings) are regular sessions between case managers and supervisors where case managers' case work is reviewed and supervisors provide counsel and feedback. In addition to helping case managers improve their practice, this type of training will equip supervisors to be better able to provide guidance to case managers and recommend proactive steps for improving visits to children. DFCS will encourage opportunities for case managers to watch actual visits being conducted and documented, support supervisors in increasing their availability to lead one-on-one demonstrations of good practice, and facilitate the ability of staff to learn from their peers.

Research on professional development opportunities for case worker staff will be conducted and ECEM funding will be used to support participation in training sessions and conferences. During DFCS's sponsored conferences, workshops on topics relevant to the working needs of staff and their ability to make frequent and quality visits will be included. DFCS will also encourage other conference hosts to include topics of the same.

4. Provide Professional Development Opportunities for the Case worker Supervisor:

During 2011, it became evident that more attention needed to be placed on case worker supervisors if DFCS to improve case manager skills and practice. A well-trained supervisory staff not only improves the quality of supervision, it positively impacts case manager retention as well. When supervisors are able to guide and lead effectively, staff under their direction are more confident in their work, become proficient more quickly and feel better supported. Excellent supervision often leads to excellent outcomes in employee work performance and job satisfaction. As stated above, research on professional development opportunities for case worker staff will be conducted and ECEM funding will be used to support participation in training sessions and conferences.

5. Provide Data Tracking Training:

Overall, the use of Georgia SHINES and LENSES to track data is the most common method used to ensure the frequency of visits to children. Data tracking training will be provided to improve staff ability to access, understand and effectively use SHINES, LENSES and OQM reviews and reports. This training will better equip supervisors to identify missing data elements when they read cases and to determine whether visits are well planned and focus on issues pertinent to case planning and service delivery. The training sessions will also assist staff in determining whether risk of harm is adequately assessed, needs are identified, service provisions are made, and whether children and parents have been involved in the case planning process.

6. Improve Documentation Practice:

Quality documentation has always been a major concern and area needing improvement. To improve timeliness, DFCS instituted specific turnaround times to get the documentation done and also established work time hours to help staff find the time to work on the documentation uninterrupted. In addition to permanency roundtables, DFCS has also incorporated documentation roundtables into practice. Alongside the mantra to visit "every child, every month," the agency is also encouraging staff to document "every case, every month."

7. Improve Communication and Accountability:

Although these strategies were reported a little less frequently than the others, DFCS has increased efforts to address individual performance levels. Discussing specific concerns at individual meetings, adding ECEM requirements to performance evaluations and in more extreme cases bringing county and regional leaders into the meetings were a few of the strategies used to improve communication and accountability. During the next five years, attention will be given to holding supervisors, managers and other leaders accountable. Leaders will need to take steps to follow up on requested actions, educate staff on the specific requirements, help to clear barriers and also respond to requests for help. Further, the agency will also seek collaborative, judicial and community partners to assist in strategically planning

ways to support case workers and ensure the safety, permanency and well-being of the children and youth in foster care.

8.   Provide Individual and Group Incentives for High Achievement:

From 2010 to 2012, DFCS did not spend a lot of time incentivizing the work, particularly because nearly every region was already achieving the benchmarks. However, as more attention is being given to improve quality and as higher targets are mandated for future years, the agency needs to ramp up efforts to incentivize. In order to increase staff morale and positively influence the retention of quality workers, ECEM will offer *standard bearer* incentives that recognize staff for going the extra mile to ensure high quality and/or frequency of visits to children in care. The goal is to cultivate an environment where staff members persistently believe that what they do at a visit is as critical as actually making a visit. DFCS will also work to incentivize quality documentation. DFCS will heighten awareness around the significance of entering documentation timely and accurately and the importance of supervisors being able to ascertain whether a quality visit has occurred based on the documentation they read. If done effectively, the standard bearer incentives should bring about an increase in the quantity of case records that get reviewed and read, enhance DFCS's ability to identify, lift up and share examples of excellence, and increase the number of regions that meet or exceed targets, thereby producing greater positive outcomes for children and youth in foster care.

9.   Develop and Implement Case Transition Protocols:

Careful and clear protocols for case transitioning will help to ensure children do not miss visits when their cases are being transitioned to another case manager because a staff member has gone on vacation, has otherwise vacated the agency, or because of internal case stage progression. DFCS will work to ensure regions have protocols in place to support a continuity of quality of care and to track and reduce the number of times a case needs to be transferred to another worker.

10. Adopt and Support Collaborative Campaigns that will Positively Impact Case worker Decision-Making and Case worker Recruitment, Retention and Training:

The campaigns should achieve one or more of the following goals:
- Visibly and tangibly demonstrate that DFCS cares about staff as both employees and individuals;
- Enable case managers to "find personal challenge and meaning in the work [and to secure] a professional organizational culture of collegiality and strong supervisory, leadership and administrative support";[29]
- Extend opportunities for external stakeholders (policymakers, general public, foster parents, courts, etc.) to assist and/or demonstrate their appreciation of social services workers and the children and families they serve;
- Increase collaborative efforts with external stakeholders for the betterment of child welfare outcomes; and
- Further empower case managers by supporting initiatives that make work more manageable, enhance professional development and facilitate the worker's ability to achieve excellence in performance.

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[29] Workforce Retention Study, University of GA, Alberta Ellett et al. 2006

11.   SHINES and Technology Enhancements:

DFCS would like to enhance the ECEM reports that track visit frequency and quality. Technology changes rapidly, and DFCS must make investments to ensure staff have user-friendly technologies to enter documentation into SHINES accurately and timely. Further, staff members need to be able to efficiently export, review and use data from SHINES. ECEM funds have been used in the past to bolster the SACWIS system and to adapt to legislative changes regarding tracking and reporting methodology. Going forward funding will continue to be used in this manner as necessary. However, DFCS will also work to remain abreast of new technological developments, particularly where further enhancements or support efforts are necessary to improve child outcomes.

SECTION 8 – ADOPTION INCENTIVE PAYMENTS

Over the next five years, Georgia will utilize any awarded adoption incentive funds to augment four existing pre-adoption services:

1. Recruitment: to identify and locate families for children available for adoption. By deploying marketing and recruitment strategies, Georgia is able to build public interest and awareness of the need for foster and adoptive parents.

2. Assessment: to provide family assessments that evaluate prospective adoptive families and their homes to ensure their capacity to meet the needs of Georgia's special needs children.

3. Preparation: to prepare adoptive families for what is needed to be approved as an adoptive home, including, but not limited to, training on first aid procedures and cardiopulmonary resuscitation (CPR) as well as post-placement supervision. Every family is different, but during the course of approval, certain courses/trainings are needed before the adoption is finalized. The type of training relates to the type of special needs the child may have.

4. Training: This service is for adoptive parents. Each year adoptive (and foster) parents must complete a certain number of training hours in order to keep their license and home(s) approved and in active status. The training consists of preparation training sessions for families, group and individual training.

In addition to the aforementioned services, pre-adoption services also provide the adoptive family with support services that will assist them in maintaining the placement of children until the point of finalization of the adoption and beyond.

DFCS will ensure that any awarded incentive funds are expended timely in accordance with both section 473(A) of the Social Security Act and the notice of grant award by establishing and following plans that address the activity to be accomplished, timeframe for completion as well as timeframe for obligation and expenditure of funds.

SECTION 9 – CHILD WELFARE DEMONSTRATION ACTIVITIES

Georgia does not have any child welfare demonstration activities.

SECTION 10 – TARGETED PLANS WITHIN THE CFSP

See Attachments C-F

SECTION 11 – FINANCIAL INFORMATION

1. Payment Limitations – Title IV-B, Subpart 1

- States may not spend more Title IV-B, subpart 1, funds for child care, foster care maintenance and adoption assistance payments in FY 2015 than the state expended for those purposes in FY 2005 (section 424(c) of the Act). The CFSP submission must include information on the amount of FY 2005 Title IV-B, subpart 1, funds that the state expended for child care, foster care maintenance, and adoption assistance payments for comparison purposes. States are also advised to retain this information in their files for comparison with expenditure amounts in future fiscal years.

  Georgia's Federal Fiscal Year (FFY) 2005, Title IV-B, subpart 1 funds: $1,486,000
  Georgia's projected FFY 2015, Title IV-B, subpart 1 funds: $1,486,000

- The amount of state expenditures of non-federal funds for foster care maintenance payments that may be used as match for the FY 2015 title IV-B, subpart 1 award may not exceed the amount of such non-federal expenditures applied as state match for Title IV-B, subpart 1 for the FY 2005 grant (section 424(d) of the Act). The CFSP submission must include information on the amount of non-federal funds that were expended by the state for foster care maintenance payments and used as part of the Title IV-B, subpart 1 state match for FY 2005. States are also advised to retain this information in their files for comparison with expenditure amounts in future fiscal years.

  Georgia's amount of non-federal funds that were expended as part of the Title IV-B, subpart 1 state match for FFY 2005: $5,955,414

  Georgia's projected amount of non-federal funds that will be expended as part of the Title IV-B, subpart 1 state match for FFY 2015: $3,426,834

- States may spend no more than ten percent of Title IV-B, subpart 1 federal funds for administrative costs (section 424(e) of the Act). States must provide the estimated expenditures for administrative costs, if any, on the CFS-101, Parts I and II.

See Attachments G and H.

2. Payment Limitations – Title IV-B, Subpart 2

- States are required to spend a significant portion of their Title IV-B, subpart 2 PSSF grant for each of the four service categories of PSSF: family preservation, community-based family support, time-limited family reunification, and adoption promotion and support services. For each service category with a percentage of funds that does not approximate 20 percent of the grant total, the state must provide in the narrative portion of the APSR a rationale for the disproportion. The amount allocated to each of the service categories should only include funds for service delivery. States should report separately the amount to be allocated to planning and service coordination. States must provide the estimated expenditures for the described services on the CFS-101, Part II.

    See Attachment H.

- States may spend no more than ten percent of federal funds under Title IV-B, subpart 2 for administrative costs (section 434(d) of the Act). This limitation applies to both the PSSF program and the Monthly Case worker Visit grant. States must provide the estimated expenditures for administrative costs, if any, on the CFS-101, Parts I and II.

    See Attachments G and H.

- States must provide the FY 2012 state and local share expenditure amounts for the purposes of Title IV-B, subpart 2 for comparison with the state's 1992 base year amount, as required to meet the non-supplanting of funds requirements in section 432(a)(7)(A) of the Act.

    Georgia's 1992 base year amount was $3,236,669. FY 2012 state and local share expenditure amounts for IV-B, subpart 2 was $3,999,686.

3. FY 2014 Funding—Revised CFS-101 Budget Request

- If the state's final FY 2014 allotment for any of the programs addressed in the APSR is greater than the amount indicated on its previously submitted and approved CFS-101 for FY 2014, and the state wishes to receive that higher amount of funding, it must submit a revised FY 2014 budget form reflecting the higher level of funding (CFS-101, Part I). A revised CFS-101 is not required if the final allocation is less than the amount previously approved on the CFS-101 for FY 2014.

    Not Applicable

- Unneeded portions of FY 2014 state allocations of Title IV-B, CFCIP, and ETV funds may be re-allotted to other states so that the total appropriation remains available for program purposes (sections 423(e), 433(d) and 477(d)(4) of the Act). Therefore, if the state intends to release or apply for funds for reallocation for the Title IV-B, subpart 2, the CFCIP, or the ETV program, please note the amounts you are releasing or requesting on the appropriate lines of a revised FY 2014 CFS-101. ACF will re-allocate

the funds in accordance with the prescribed formulas. Funds will be re-allocated before the end of the fiscal year and must be expended by September 30, 2015.

Not Applicable

4. FY 2015 Budget Request-CFS 101, Parts I and II

See Attachments G and H.

5. FY 2012 Title IV-B Expenditure Report- CFS 101, Part III

See Attachment I.

SECTION 12 – ASSURANCES AND CERTIFICATIONS

See Attachment J.