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PERIOD 20 FINAL DATA REPORT

Kenny A. v Perdue

July 1 – December 31, 2015

Accountability Agent

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and the

Monitoring and Technical Assistance Team

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Definitions

Adoptive Placement means the interval during which a child is placed with a prospective adoptive family following the signing of the appropriate adoptive placement agreement form, but before the entry of the adoption decree by the court.

Child or Children or Class Member Children or Class Members mean a child or children who have been, are or will be alleged or adjudicated deprived who (1) are or will be in the custody of the State Defendants; and (2) have or will have an open case in Fulton County DFCS or DeKalb County DFCS.

Child Caring Institution (CCI) is any child-welfare facility which provides full-time room, board and watchful oversight (RBWO) to six or more children up to 18 years of age. Some CCIs are approved to care for youth up to age 21. The CCI must be approved through the Office of Provider Management (OPM) to serve children in DFCS custody.

Child Placing Agency (CPA) is agency that places children in foster and adoptive homes for individualized care, supervision and oversight. Child placing agencies are responsible for assessing the placement regarding the appropriateness of the room, board and watchful oversight that the prospective foster and adoptive families will provide. The CPA's employees and their foster and adoptive parents work as a team to provide a stabilizing and nurturing environment that promotes safety, permanency and well-being.

Corporal Punishment means any physical punishment on a child that inflicts pain.

CPA Foster Home is a foster home approved by a Child Placing Agency for the temporary placement of children in foster care.

DeKalb DFCS means DeKalb County Department of Family and Children Services.

DFCS when used alone means the Georgia Division of Family and Children Services.

DFCS Foster Home is a non-relative foster homes approved by DFCS for the temporary placement of children in foster care.

DFCS or CPA Adoptive Home is an adoptive home approved for the foster care placement of a child for whom the established goal is adoption. Adoptive homes must meet the regular

standards of care required for approved family foster homes and any conditions specified in that approval.

DFCS Relative Foster Home is a relative foster home approved by DFCS for the temporary placement of minor relatives. It is DFCS' preference that all relatives are approved as foster parents and receive a foster care per diem. The goal of relatives becoming foster parents is to ensure that the child has services to address his/her needs.

DHHS means the United States Department of Health and Human Services.

DHR means Georgia Department of Human Resources.

Discipline or Other Serious Foster Care Violation means and includes those acts or situations by the caregiver that pose an immediate or potential risk to the safety or well-being of the child in care. These may include, but are not limited to, inappropriate disciplinary measures (both physical/corporal and emotional), violations of supervision or other safety requirements that pose serious risk factors to the child.

EPSDT means the Early and Periodic Screening, Diagnosis and Treatment Program for individuals under 21 years of age contained in Title XIX of the Social Security Act, as amended.

Fictive Kin means a person who is known to a child as a relative, but is not, in fact, related by blood.

Foster Parent means volunteers who are trained and certified by DFCS or Child Placing Agencies to provide for the temporary care of children placed in the custody of DFCS. Foster parents work as a part of a team to assure that a child's physical, emotional, medical and psychological needs are met while they are in foster care. Although, it is not the goal to replace the child's parents, foster parents are asked to assume the responsibility of parenting the children placed in their home.

Foster Relative means biological kin who are trained and certified by DFCS to provide for the care of relative children placed in the custody of DFCS. Foster relatives work as a part of a team to assure that a child's physical, emotional, medical and psychological needs are met while they are in foster care. Although, it is not the goal to replace the child's parents, foster relatives are asked to assume the responsibility of parenting the children placed in their home.

Fulton DFCS means the Fulton County Department of Family and Children Services.

Georgia Health Check Program means Georgia Medicaid's well-child or preventive health care program adopted pursuant to EPSDT, and shall contain such components as they exist in the Georgia Health Check Program as of February 1, 2005.

Governor means the Governor of the State of Georgia.

Legal Guardianship means the appointment of an individual as a legal guardian for a child as authorized by either the probate court under O.C.G.A. Title 29 or the juvenile court under O.C.G.A. Chapter 15-11-2(36).

One Episode of Foster Care means the period of time that a child is in foster care from the date of removal from the home until the child is discharged from DFCS custody, except that a runaway does not trigger a new episode of foster care.

Permanent Legal Custody means custody granted in accordance with an order of the superior court or the juvenile court, which places a child in the custody of an individual or individuals until the child reaches 18 years of age.

Permanent Placement with Relatives means placing a child with a relative who is willing to assume long-term responsibility for the child, but has reasons for not adopting the child or obtaining guardianship or permanent legal custody, and it is in the child's best interests to remain in the home of the relative rather than be considered for adoption, permanent legal custody, or guardianship by another person. In such circumstances, there shall be in place an agreement for long-term care signed by DFCS and the relative committing to the permanency and stability of this placement unless it is necessary to disrupt the long-term placement.

Psychiatric Residential Treatment Facility (PRTF) is a temporary non-hospital facility with a provider agreement with a State Medicaid Agency to provide intensive therapeutic intervention to a child to ensure safety and stability. PRTFs offer intensive behavioral health services to children in Georgia.

Relatives are persons who are related by blood, marriage or adoption including the spouse of any of those persons even if the marriage was terminated by death or divorce.

Relative Placement refers to placement in the home of a relative or fictive kin who do not receive a foster care per diem for the care of the child. The relative placement may be a non-paid placement or the relative may receive TANF or an Enhanced Relative Rate (ERR) Subsidy. Fictive

kin are not eligible for TANF or an Enhanced Relative Rate (ERR) Subsidy. Fictive kin must become foster parents to receive financial assistance.

Placement with relatives or fictive kin may occur very quickly if there is a satisfactory CPS history check, safety and home assessment check, and a Georgia Crime Information Center (GCIC) check through the Office of the Inspector General (OIG) on all household members 18 years of age or older. A Relative or Non-Relative Care Assessment must be completed no later than 30 calendar days after the placement of a child.

State DFCS means the Division of Family and Children Services of the Georgia Department of Human Resources.

Suspected Abuse or Neglect means being based on reasonable cause to believe that a child may have been abused or neglected.

Suspected Corporal Punishment means being based on reasonable cause to believe that corporal punishment may have been used on a child.

INTRODUCTION

This report was prepared by the Accountability Agent and the Monitoring and Technical Assistance Team (MTAT) pursuant to the orders entered in *Kenny A. v. Perdue, Civ. Act. No. 1: 02-CV-1686-MHS (Superior Court of Fulton County)*, a civil rights class action brought on behalf of children in Fulton and DeKalb counties who are in the custody of the State of Georgia's Division of Family and Children's Services (DFCS). The *Kenny A.* class members are children who have been, are or will be alleged or adjudicated deprived who: 1) are or will be in the custody of any of the State Defendant's; and 2) have or will have an open case in Fulton County DFCS or DeKalb County DFCS.

The *Kenny A.* Consent Decree (Consent Decree) was entered on October 28, 2005 and was modified by agreed orders on December 15, 2008 and November 2, 2015. It requires improvements in the operations of the Division of Family and Children's Services and establishes the outcomes that are to be achieved by the State of Georgia on behalf of children entering or in custody and their families.

The Role of the Accountability Agent and the Monitoring and Technical Assistance Team

The Consent Decree established a process for accountability through the appointment of James T. Dimas and Sarah Morrison as the Court's independent Accountability Agents. The Consent Decree included a process for replacing these persons should one or both of them no longer be able to fulfill their duties under the agreement. Using this process, the parties first selected Karen Baynes-Dunning to replace Sarah Morrison, and then created a monitoring and technical assistance team through the appointment of Elizabeth Black, Jennifer Haight, and Steve Baynes in October 2015. This resulted in the establishment of the Monitoring and Technical Assistance Team (MTAT) with Karen Baynes-Dunning as sole Accountability Agent, to replace Mr. Dimas as co-Accountability Agent upon his resignation from the position.

The Accountability Agent and the Monitoring and Technical Assistance Team (MTAT) are responsible for providing public record reports on State Defendant's performance relative to the Consent Decree to the Court and to the parties. These reports are to be issued for each six-month reporting period. Parties are in the process of defining and reaching agreement on the scope of responsibility for the Accountability Agent and MTAT going forward.

This past year, the Accountability Agent and the MTAT have:

- 1) facilitated State G2 meetings every month;
- 2) shadowed DeKalb and Fulton County leaders;
- 3) learned about the State's overall priorities;
- 4) joined in the State's effort to improve the overall use of data to improve practice and outcomes through the Knowledge Management Team;
- 5) reviewed the State's performance over the past ten years;
- 6) met with stakeholders;
- 7) helped the parties work toward reaching an agreed upon plan for exiting the Consent Decree;
- 8) continued to manage case record reviews; and
- 9) reviewed reports from DFCS and submitted monitoring reports as required by the Consent Decree.

This is the 20th Monitoring Report issued. The previous monitoring reports are available on-line at http://www.childrensrights.org/class_action/georgia/# or <http://cslf.gsu.edu/technical-assistance/>.

Focus and Structure of this Monitoring Report

This monitoring report is designed to provide information to assist the parties and the Court in understanding the extent to which the State has met or is meeting specific provisions of the Consent Decree. The primary focus of this monitoring report is on the State's performance relative to the 31 outcomes in Section 15 of the Consent Decree in order to assess ongoing progress and to help inform negotiations between the parties as they seek to define an agreed upon path to exit from court oversight. This report also gives some historical context about progress over the past decade since parties entered into the Consent Decree. While it is intended to be a more streamlined report, there are also some other key Consent provisions that have been monitored and are included in this report:

- DFCS efforts to ensure that the placement process secures the most appropriate, least restrictive placement for all children, including the use of hotels and congregate care;
- DFCS efforts to meet the physical, dental, mental health, and developmental needs of children and youth;
- caseloads; and
- investigations of abuse in foster care.

Some of the other provisions, the ones requiring case managers to be doing certain activities related to case planning and placement, are under reconsideration as DFCS is in the process of

developing and implementing a case practice model; Solution-Based Casework. The parties agreed to revisit the monitoring of these provisions once the case practice model (Solution-Based Casework) has been further defined and agreed upon.

The monitoring report is divided into the following sections:

Part One: Introduction

Part Two: Summary of Period 20 Outcomes

Part Three: Safety

Part Four: Permanency

Part Five: Well-Being

Part Six: Strengthening the Service Delivery Infrastructure

Part Seven: Appendix

Summary of Progress Since 2005

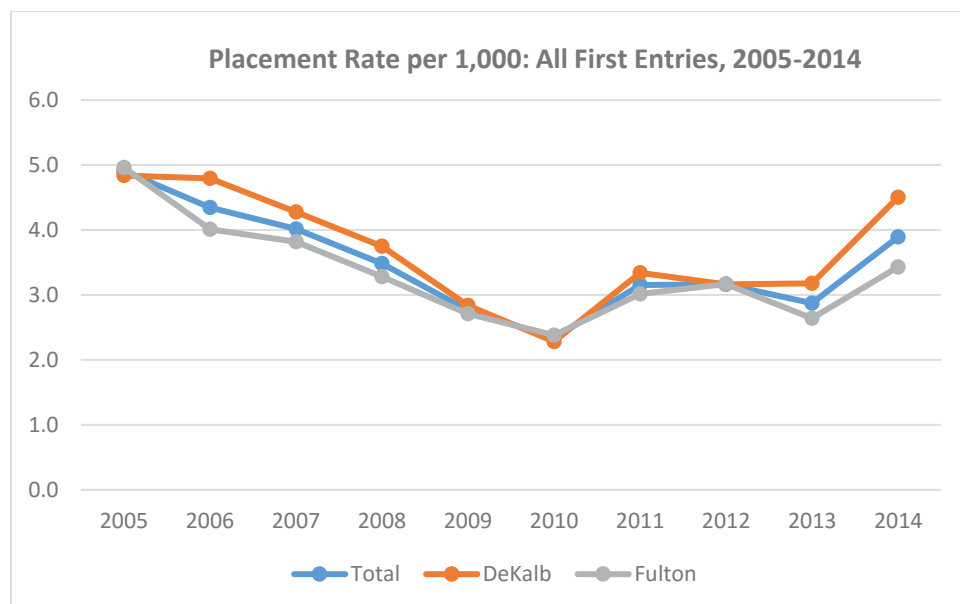
Below we present a high-level overview of the experiences of children and youth who have been in foster care in Fulton and DeKalb County during the last decade. These data are extracted from a longitudinal data file containing data through June 30, 2015.¹ In this overview, we present information about all first admissions – regardless of duration. As monitors, we are interested in and obligated to report on the experiences of ALL children. However, for purposes of understanding patterns associated with services provided to children at the first opportunity the State has to successfully work with children, youth, and their families – we focus in this section on that first experience. Not only does this represent the majority of children and youth served in the two counties, but it also represents that critical population of children and youth for whom the proper assessment and provision of services would mean a safe, brief and stable placement experience followed by lasting permanency.

One of the primary goals of DFCS is to meet the needs of abused and neglected children at home without removing them from their families and communities and bringing them into foster care. DFCS seeks to identify those children and youth who can safely remain at home with some additional supports and services.

The number of children and youth in the general population is a factor in the number of children and youth placed in foster care in a given jurisdiction. Jurisdictions with more children and youth in the general population are more likely to have higher numbers of children and youth in foster

¹ This longitudinal file was developed by researchers at Chapin Hall, based on data extracts from SHINES and formerly IDS containing placement histories for children placed in state custody. Spells of all durations are reflected in these data.

care simply because there are more children who are subject to abuse or neglect. It is therefore important to examine placement rates (number of children placed in foster care per 1,000 in the general population) in addition to the actual numbers to understand the variation that may exist for reasons other than the size of the general population. The first chart below shows placement rates overall, and for each county for the past ten years.



The risk of removal has dropped notably since a high of nearly five (5) placements per 1,000 children in the underlying population. A significant drop in 2010 has been followed by some increases, with 2014 showing the highest rate since 2007. More recent data from Period 19 and Period 20 suggests the increase in admissions has persisted through calendar year 2015.² The table below shows the number of children/youth entering care for the first time in each of the two counties since 2005, along with the associated placement rates.

² See Appendix A: The State reports that 1,398 children and youth entered foster care during calendar year 2015, however these data are not yet represented in the longitudinal file and do not exclude children who have previously been in foster care.

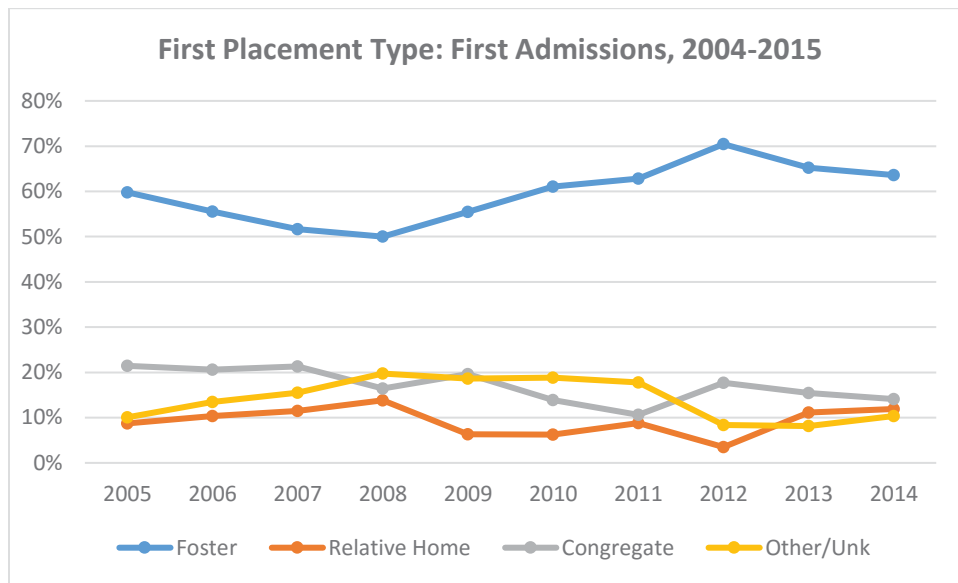
Admission Yr	All First Placements			Placement Rate per 1,000		
	Total	DeKalb	Fulton	Total	DeKalb	Fulton
2005	1,889	799	1,090	4.9	4.8	5.0
2006	1,673	792	881	4.3	4.8	4.0
2007	1,545	706	839	4.0	4.3	3.8
2008	1,340	619	721	3.5	3.7	3.3
2009	1,064	469	595	2.8	2.8	2.7
2010	900	377	523	2.3	2.3	2.4
2011	1,214	552	662	3.2	3.3	3.0
2012	1,218	522	696	3.2	3.2	3.2
2013	1,105	525	580	2.9	3.2	2.6
2014	1,497	744	753	3.9	4.5	3.4
2015 ³	736	401	335			

After removal, an important priority is to place children and youth in family settings, preferably with a family members, relatives, friends and members of the child's community who already have a connection with the child and commitment to the child. Relative placements help to minimize the trauma of removal, preserve the child's sense of belonging and attachment, and keep them connected to people and things that bring meaning and purpose. It is for this reason that DFCS has set of goal to place 50 percent of children in foster care in relative placements or relative foster homes. Not only does the Consent Decree stipulate that children under twelve (12) should not be placed in congregate settings, but best practices also dictate that whenever possible such settings should be avoided.

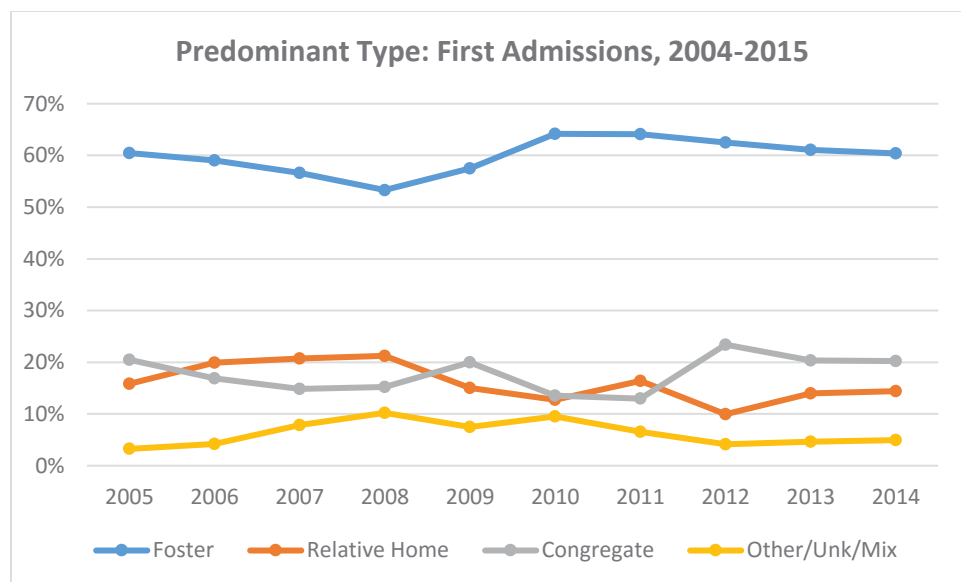
The chart below depicts the extent to which the two counties, together, have been able to increase their reliance on family settings and to decrease reliance on group settings as the initial placement option over the last decade. Since 2007 half or more of the children and youth entering placement for the first time are placed in family settings, DFCS or CPA foster or adoptive homes. This peaked in 2012 at 70 percent when there was a concerted effort on the part of DFCS to decrease the use of congregate care. This marked a point in time when Child Placing Agencies (CPAs) began to close group homes and cottages. The reliance on congregate or group settings had dropped from 20 percent in 2005 to as low as 10 percent in 2011, but shows a slight increase in the more recent years. Children placed in relative placements or relative foster homes

³ As of the date of this report, the longitudinal spell contained data through June 30, 2015, so the first half calendar year 2015 is reported above. No placement rates are generated for the six-month data.

represent a smaller proportion of placements, but is ticking up from 2012 where it declined to about three percent of first placements.



The next tables refine the narrative around placement type by displaying the type of placement in which children first entering care spend most of their placement episode. In other words, if the first placement is a short-term placement based on exigent circumstance, it shows the extent to which children and youth transition into a stable family setting for the remainder of their time in care. As the table below indicates, historically, and in recent years, most children and youth placed in the two counties remain in family settings in DFCS or CPA foster or adoptive homes. The proportion who end up in relative placements or relative foster homes has been on the uptick, although it was highest – at just over 20 percent in 2008. The recent year’s uptick has not reached the 20 percent mark. Reliance on congregate care as predominant placement type has hovered at around 20 percent for first entries, returning to 20 percent following a dip in 2010 and 2011.



Following placement into foster care, a critical system goal is to minimize placement disruption. Placement moves not only add trauma to an already difficult situation, but also disruptions are associated with longer episodes in care. Too often child welfare systems – in an effort to protect the physical safety of identified children – disconnect and punish children for the normal reactions to the trauma they have experienced in their lives. Children express these normal reactions to trauma in a myriad of ways, sometimes through maladaptive behaviors. Too often, the system’s response or intervention is to remove the child from his or her placement, which exacerbates the problem, instead of providing needed support to preserve relationships and placements. Children can heal from trauma, but this is only possible when they are experiencing safety and stability, and there is commitment and understanding on the part of their caregivers.⁴

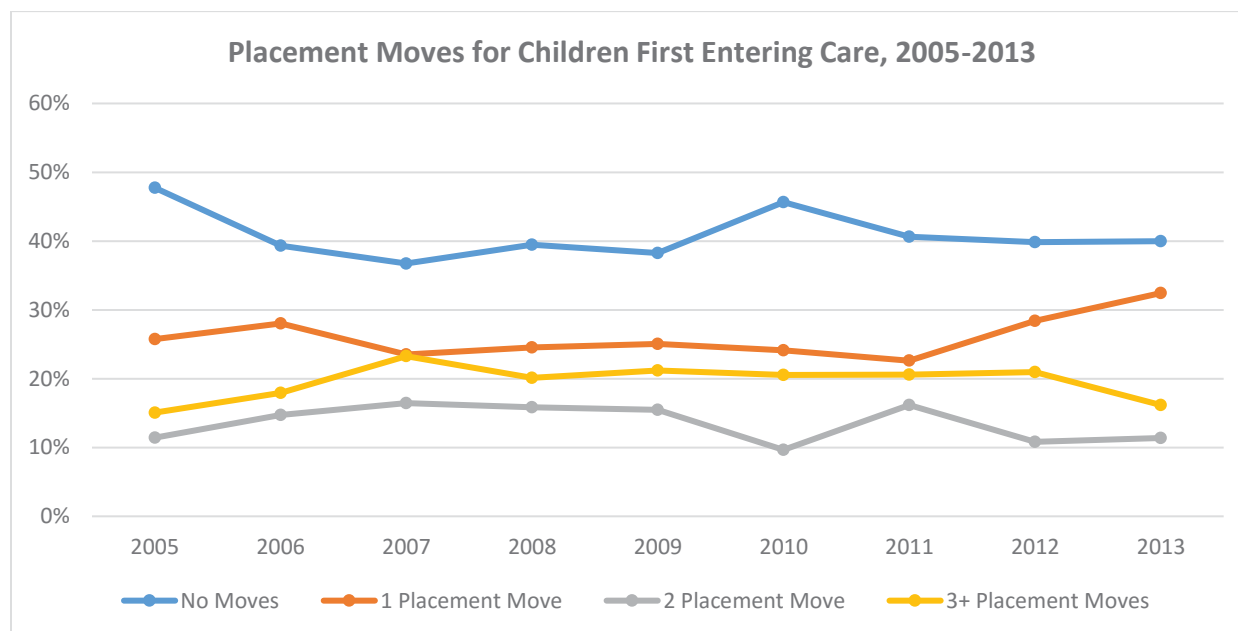
The table below shows movement history through June 2015 for children first entering care over the last ten years. We end our view with the 2013 entry group because, while most movement occurs early in a child’s placement episode, those children who have not exited (from younger entry cohorts) may yet experience a placement disruption. For that reason, we stop our review with the 2013 cohort and note that some children still in care from that group might yet move.

The retrospective data show that, over the last decade, most children who enter placements in the two counties do not experience multiple placement episodes. In fact, many children – about 40 percent -- experience only one placement and do not move at all during the first episode in care. About 25 percent of children first entering care move once. There are early indications (not

⁴ This idea is from the work of Amelia Franck Meyer, Founder and CEO of Alia.

yet final) that imply that the proportion of one-time movers may be growing slightly. The proportion of children moving three or more times has been steady at 20 percent.

Placement stability over the past decade has been stable – and mostly moderate. However, a closer look at the data will reveal that historically – and currently – among the three-plus movers are group of children and youth who move many times. Closer analysis shows that from 2005 even up to 2013 – nearly ten percent of an initial entry group move five or more times. Thus, placement stability surfaces as a persistent challenge in the two counties for the past decade.⁵

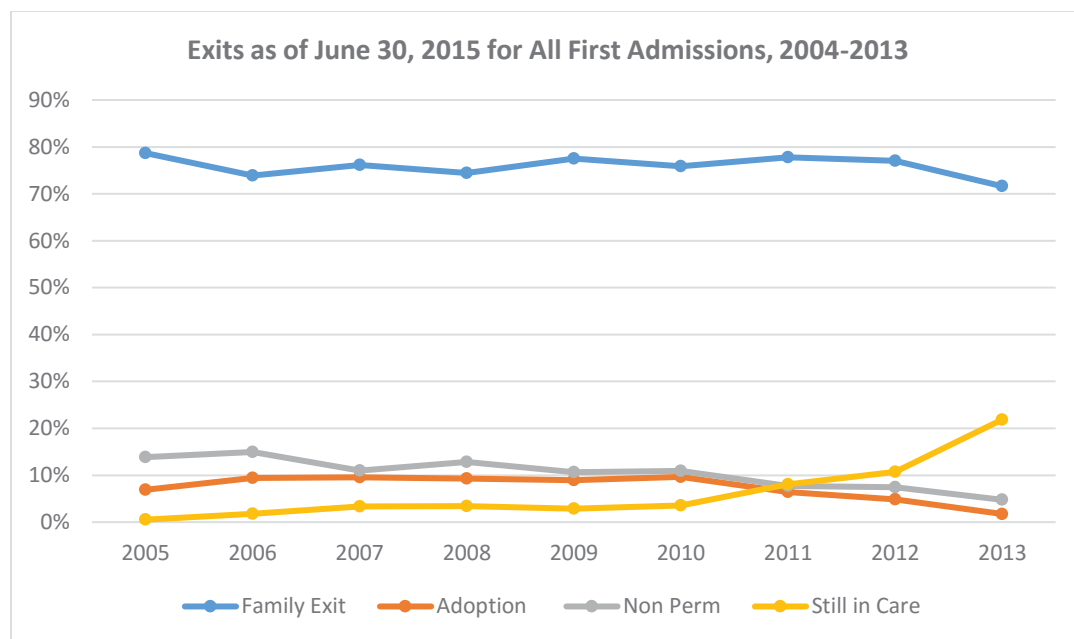


A primary goal of the child welfare system is to ensure that every child has a safe, permanent family, preferably their own. Permanency can be achieved through: 1) children returning to their parents or other family members; 2) family members becoming guardians or adoptive parents; or 3) the formation of a new family through adoption with previously unrelated persons. In addition, exits from foster care to permanency should be timely. Removal from home should be temporary, and should be followed as soon as safely possible by an exit to a home that will provide lasting permanency.

The historical data displayed below show exit patterns for first entrants from 2004-2013, the years for which we can observe a least one full year following the placement year. The data have been consistent for the past nine years. Most children first entering care – over 70 percent of them – return to a family home following removal. An additional ten percent are adopted. It is

⁵ These more granular data are not presented here, but are available upon request. Even the most recent entry cohorts include a group of youth who have experienced multiple moves (five or more since entry).

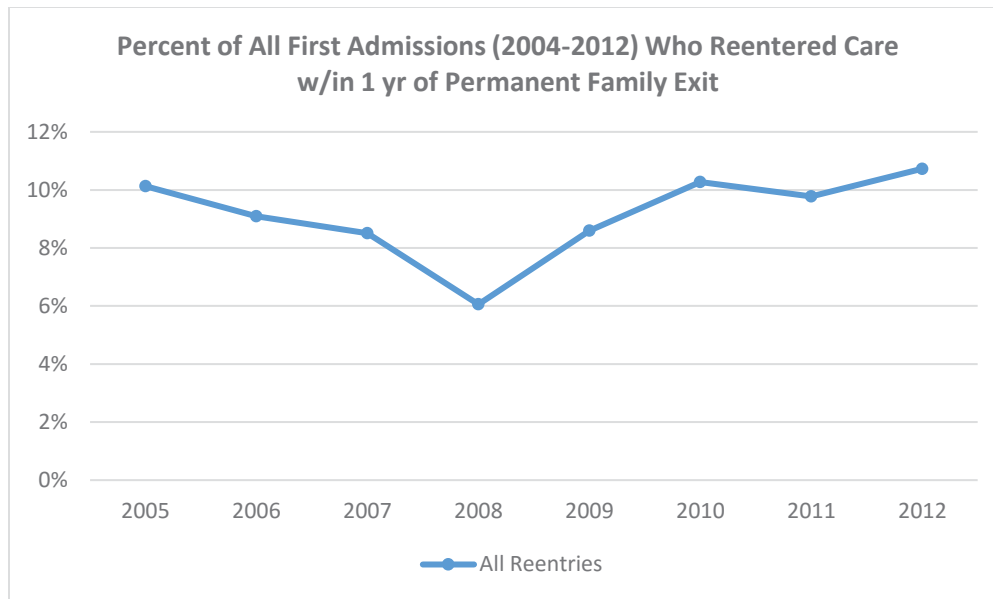
probable that the dip in the most recent years is because later entries have not yet had time to finish the adoption process. Non-permanent exits, which include aging out, running away, and other non-permanent exit types⁶ have decreased slightly from about 15 percent in the early years to just over 10 percent. The decline in the percent of children exiting to families in the most recent years is likely due to the proportion of children and youth in care who have not yet exited.⁷



Finally, an important element of achieving permanency is ensuring its durability. We want children who have returned to a family setting to find and maintain stability in that setting. Measuring reentry for children placed in the two counties – using a longitudinal perspective -- allows us to understand what has been typically true for children who entered care for the first time in the last nine years. As the table shows, a large majority of those children and youth return to a family setting. How many then revert to foster care within a year of that return home? The table below provides the answer to that question. As the graph below shows, reentry has been variable, challenging, and recently on the upswing in the two counties. In 2005, ten percent of first admission who exited to family returned to care within one year of that exit. Reentry rates then ticked downward, reaching a low of six percent in 2008. Since then, there has been a fairly steady rise, climbing to over ten percent for children from the 2012 cohort – the most recent group for whom enough time has elapsed to observe entry, exit, and reentry.

⁶ These include transition to an adult system (e.g. criminal justice, developmental delayed) child death, or unspecified exit types.

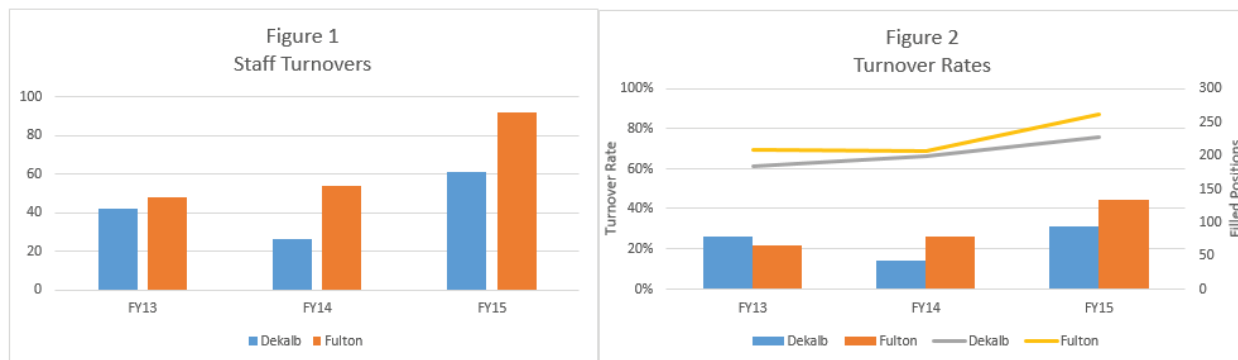
⁷ In addition, in 2014, the State changed its policy so that upon your 18th birthday and beyond, young persons have to opt out of care. This replaced the policy and practice that young persons were dropped from foster care and required to sign themselves back in.



This overview shows general patterns – most notably – it shows consistency. Areas of strength have generally stayed steady, but have not shown remarkable improvement. Similarly, many of those areas that presented challenges ten years ago remain challenging. Additionally, this overview is just that – a high-level depiction of dynamics in Fulton and DeKalb. This view leaves opaque important variation between the two counties and even within the two counties (subgroups by age or placement type may have different outcomes). Nevertheless, it serves as useful context, and provides a clear path to the development of baseline performance from which change associated with deliberate innovations practice can be anticipated, targeted, and tracked.

A review of staff turnover and caseloads over the past decade.

As the figures below show, the number of staff leaving DeKalb and Fulton counties in the last three fiscal years has ranged from a low of 25 (DeKalb 2014) to a high of 92 (Fulton 2015). In counties where the number of positions fluctuates but averages around 214, this produces very high turnover rates, as noted in the second figure below. In the most recent fiscal year, both DeKalb and Fulton showed increased turnover rates, (30% and 44%, respectively) even as the number of positions increased.



Georgia leaders were focused on staff recruitment a decade ago. Prompted in part by a 60 percent turnover rate at DFCS in 2004⁸, leaders at the time engaged the School of Social Work at the University of Georgia to help address concerns that too many newly hired and trained caseworkers were leaving.

The researchers and practitioners from the University of Georgia, Dr. Alberta Ellett, and Chad Ellett, found that too often decisions about hiring at DFCS were being made based on applicants who were available and willing to work for DFCS, rather than demonstrated qualifications. This team soon realized that Georgia's turnover rate was similar to many other jurisdictions: most of the turnover was occurring within the first two years of employment. From May 16, 2005 to September 1, 2011, turnover of newly hired employees was 28 percent. This meant that '28 percent of newly hired and trained employees during this period did not report to the first day of work or left DFCS/were terminated by DFCS during the three-month training and certification period. Nineteen percent of these persons reported that they did not know it was going to be like this.'⁹

One key component of this research was to pinpoint those characteristics that were common among DFCS workers who had chosen to remain in child welfare in Georgia. Employees, for example, with a professional commitment and concern about clients and the profession, who were able to manage in an unpredictable work environment and had a real desire to be self-reflective were found to stay on the job longer.¹⁰

⁸ Ellett, A.J., Ellett, C., Westbrook, T., and Lerner, B., (2006) Toward the Development of a Research-Based Employee Selection Protocol: Implications for Child Welfare Supervision, Administration and Professional Development. *The International Journal of Continuing Social Work Education*, Vol. 9, No. 2

⁹ Ibid. Page 118.

¹⁰ Here is the full list of characteristics: has a professional commitment to and concern about clients and the Social Services profession, exhibits a personal resilience and strong self-efficacy beliefs about the ability to work with clients to produce positive client outcomes, possesses efficient organizational and time management skills, demonstrates good oral and written communication skills, displays a positive perception of the work and profession, is an open-minded consensus builder who seeks input, objectively examines relevant information and considers a variety of options to resolve problems, has realistic expectations about the difficulty and challenges of the work, is able to handle an often unpredictable work environment, has a high tolerance for frustrating circumstances, balances the stressors in one's personal and professional lives, desires to be self-reflective about

Dr. Ellett and her team came to the conclusion that improved staff selection processes, plus strong supervision and mentoring, would result in a more professional and stable DFCS workforce, one that would be better able to serve children and families in need. The result was a two-year partnership (2005 to 2007) between the University of Georgia, School of Social Work and DFCS to develop an Employee Selection Protocol¹¹. The overall goal was to develop an evidence-informed approach to hiring and selecting those applicants best suited for child welfare work at DFCS.

Dr. Ellett and her team noted that it would be important over time to set performance expectations for assessment activities, develop measures of fidelity to assess the extent to which the Protocol is being implemented as designed and evaluate the impact on worker turnover.

Over the course of ten years of monitoring, each six-month report noted the counties' performance with respect to the caseload requirements. These reports describe periods of improvements followed by declines in the counties' overall efforts to reach and maintain both the required caseload caps as well as case manager continuity.¹² The bi-annual reports also revealed performance regarding case manager certifications, the transition to SHINES, and the on-going development of pre-service and service training opportunities through ETS.

The earliest reports contained generally positive results with transition to specialized case managers (for long-stayer cases) and the elimination of temporary workers. However, at the same time, what would become a recurring theme was that high turnover, as highlighted in the Period 2 report, was impacting caseloads. That report provided a summary of the pre-service training curriculum assessment as well as a lengthy list of recommendations to improve the quality of training.¹³ The following report continued to reflect on the need to recruit, train, support, and retain quality staff – and to think systematically about what would be required to do so.

Subsequent reports continued to reflect the improvements in performance which showed peaks in Period 7 (Jan-Jun 2009) and Period 10 (Jul-Dec 2010) and Period 11 (Jan-Jun 2011), with intervening dips, and then following Period 11 several years of decline that resulted in the implementation of a Curative Action Plan (CAP) during Period 15 (Jan –Jun 2013). Language in

one's work and to learn from others, has the physical stamina to perform the essential functions of the job and displays a sense of humor.

¹¹The resulting Employee Selection Protocol describes in some detail seven steps to select and hire the best candidates: 1) recruit and attract potential candidates, 2) offer each candidate the opportunity understand the job and self-assess the extent to which he or she would be a good fit, 3) candidate submits an electronic application that includes a statement of motivation and interest in doing the job, 4) screen the electronic application, 5) conduct a phone interview, 6) conduct an on-site assessment and in-person panel interview, and 7) make a decision to hire or not hire candidate.

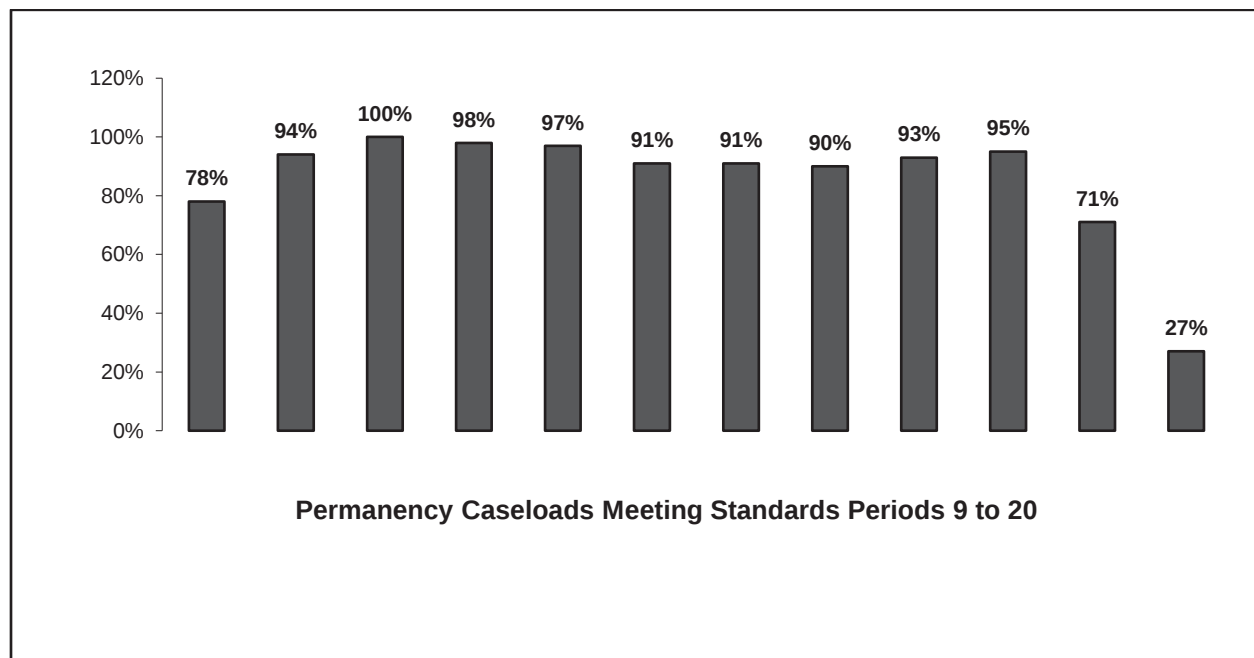
¹² See Monitoring Reports I – XVIII, retrieved http://www.childrensrights.org/class_action/georgia/#

¹³ Period II Monitoring Report, 117.

the Period 11 report re-emphasized the significant challenges high turnover placed on the workforce.

- “High turn-over rates continue to undermine the Department’s ability to achieve and maintain the Consent Decree’s outcome measures by contributing to high caseloads, low morale, errors in practice, and delays in service delivery, court reporting and documentation. More importantly, it likely results in children in care not being as safe, well, or reaching permanency as quickly as possible”
- “During interviews case managers and supervisors cited lack of communication, frequent changes in leadership, unclear processes and procedures and the 8 visits in 8 weeks of new placement requirement as the most prevalent reasons that their co-workers left the agency or transferred to other counties”

Despite this language, and the recommendation that the Department invest in research-informed system strategies to combat high turnover and low morale, DFCS has not rebounded to the higher levels of retention seen in the earlier periods. To pick one example, the figure below shows the percent of permanency workers assigned to 15 or fewer children and youth for eleven consecutive periods, thereby meeting the caseload standard performance for permanency workers. There is a notable decline in the percent of permanency workers maintaining the mandated level of cases. This drop, along with the higher turnover displayed above, and evidence of increased numbers of entries, suggests that sustained improvement in that measure may be hard to accomplish without combating the retention challenges.



In the spring of 2014, Governor Nathan Deal created the Child Welfare Reform Council, and tasked this body with reviewing the challenges currently facing Georgia's child welfare system, and making recommendations for system improvements that would result in improved outcomes for Georgia's most vulnerable children and families. In January 2015, the Council issued its report, which included a focus on caseworker burden, and identified that burden as a significant challenge in the GA child welfare system. The report noted that, "social workers are overburdened, so they cannot give enough time and effort to each family."¹⁴ Rightly, the report noted that overly taxed child welfare workers are not able to dedicate adequate effort on behalf of families. To ameliorate worker burden and the associated stress it produced, the Council report made a series of recommendations, some of which focused directly on workforce management or human resources, and others which focused on system capacities, which directly affect the workers' ability to do their jobs.¹⁵

The human resource recommendations included:

- managing caseloads better – adhering to 15:1 and 5:1 standards;
- provide opportunities for increased pay for case workers and supervisors – and make those increases be based on merit and qualifications;
- allow for advancement within positions (not just promotions);
- consider offering special skill qualifications for salary increase (program specific or other credentials);
- develop a culture that builds confidence and reduces fear of retribution; and
- partner with Georgia Tech to design processes that simplify and minimize administrative work.

The ancillary system improvement recommendation, which would have direct effect on the ease with which caseworkers could efficiently do their jobs included:

- improve SHINES;
- implement an electronic case management system;
- consider the use of mobile technology;
- leverage information across jurisdictions serving children and families; and
- use predictive analytics.¹⁶

Our review of the prior monitoring reports along with the more recent Council report shows that both the issues confronting the workforce (high caseloads/high turnover) and the recommendations to develop policies and practices to ameliorate them have been largely the same, but that progress has been less clear.

¹⁴ Georgia Child Welfare Reform Council Final Report the Governor, January 9, 2015.

¹⁵ IBID, 11

¹⁶ IBID, 12.

It is clear that high turnover remains a significant issue and that this turnover may be a connected to a range of system functions-- from training to supervision to compensation to culture – but there has not been a focused examination of the turnover phenomena that is clearly distinguished from the recruitment practices. Such a focused examination would include not only observations about the rate of turnover, but it would also include evidence-based theories regarding the drivers of high turnover, and evidence-based theories of how to combat the drivers of turnover so that workers in the system would be less likely to leave. This effort would then pave the way for the development and implementation of a plan to reduce turnover. The successful implementation of such a plan would not only address consistent recommendations to combat turnover, to promote worker satisfaction, confidence, and comfort in their positions, but in combination with a robust recruitment plan would likely result in observable improvements in worker caseloads.

Preliminary efforts to begin that focused examination began last fall. State G2 meetings in August and September 2015 focused on the Blueprint for Change, specifically the commitment on the part of top leaders to better support Georgia's child welfare workforce. As a result, leaders at all levels understand and agree on, not only some of the job-related pressures, but also some of the reasons staff are staying and ways they are taking care of each other and themselves.

Support for relatives and fictive kin in recent years.

Monitoring reports over the last decade recommended as a priority for State attention to improve timeliness of relative caregiver assessments as some of them were not being completed within 30 days of a child's placement.¹⁷ Earlier on in 2007, there were concerns that too few relative caregivers had been properly approved for placement.¹⁸

The recent statewide Child and Family Services Review (CFSR) assessment noted very low performance on the part of DFCS to make sure children are spending time with their own parents and siblings, being placed with relatives or preserving connections and relationships.¹⁹ Contributing factors for not placing children and youth with relatives cited were: 1) staff values regarding relatives; 2) staff's inability to engage fathers; and 3) denial of relative home evaluations for insufficient reasons. Georgia stakeholders also note the over-reliance on Georgia's Child Placing Agencies (CPAs) and Child Caring Institutions (CCIs) as a factor that contributes to the lack of concerted efforts to maintain positive relationships between children and their parents when they are in foster care.

There is more support available to relative and fictive kin than a decade ago. Then, many relatives were receiving a very small (\$10.00 per day) per diem and were not getting daycare or other

¹⁷ Period 15 and 16 Reports

¹⁸ Period 3 Report

¹⁹ Statewide Child and Family Services Review Assessment, March 2015, Page 44.

supports that were available to foster parents. DFCS, in most instances, was just giving these relatives custody and not considering the ongoing support that might be needed. In both DeKalb and Fulton counties, children were being removed from their own relative and fictive kin, for some period of time, to ensure basic background checks and home assessments could take place before being returned to them. These practices no longer represent what normally happens.

Now, DFCS staff persons believe that it has helped to have a team focused specifically on relatives and fictive kin. Families have a point of contact to help them access medical insurance for their own children, receive some financial support or get children enrolled in school. All relatives and fictive kin are eligible for an annual clothing allotment of \$415. There are support groups available and mini-trainings targeting these relative caregivers, which focus on issues specific to kin families, including helping them build a healthy way of relating to the child's parents. There is an enhanced relative rate available to children in relative placements that allows DFCS to pay relatives 80 percent of the foster care per diem: \$371 per month for young children, \$419 for children between the ages of six and twelve; and \$478 for teenagers. Requirements to receive this rate are very basic (i.e. home evaluation, criminal background check) compared to what is required to become a fully approved and licensed foster parent. There are more supports now for relatives and fictive kin to become fully licensed and approved foster parents and this is now the preferred option. Monthly financial support for these relative foster homes is the same as the financial support for DFCS foster homes: \$461 per month for young children; \$510 for children between the ages of six and twelve; and \$589 for teenagers. Needed background checks and home studies are happening in one day so that children never have to be removed from family when deprived.

Once fully licensed and approved, when children are not able to reunify with their parents, relative and kin caregivers are encouraged to adopt. Guardianship is available to these families, but must be approved by the state office for children under the age of 14.

It is DFCS policy to inform relative caregivers of the benefits and support that can be made available to them once a related child enters foster care. Even so, DFCS staff persons recognize there is still much to do to better support kinship caregivers with the training and resources they need.²⁰ DFCS staff persons understand that DFCS' reputation in the community is not very good with birth families and their extended family members.

DeKalb and Fulton County staff have been working to find and engage relative and kin caregivers. Their focus has been on holding kinship awareness events and mini-kinship care trainings, doing e-mail blasts on how to make kinship placements and sitting in on transfer meetings.

Recruitment and retention of foster and adoptive homes in the past decade.

DFCS contracted with Hornby Zeller Associates, Inc.²¹ to conduct an assessment in 2007 to

²⁰ 2012 Georgia Family Connections Kinship Care Report

²¹ Hornby Zeller, Inc. was identified by DFCS as a qualified external expert to conduct this assessment, which was a requirement of the 2005 Consent Decree (Section 5.A.1).

understand the extent to which available placements in DeKalb and Fulton counties were sufficient to meet the needs of children and youth in foster care in those same counties. Part of the charge was to identify any new or different placements resources and/or services that might be needed to better serve children and youth in foster care. Relying on data gathered before August 2007²², these consultants found: 1) a 'relatively serious' problem with the lack of foster home beds in Fulton County - fewer than one for every child in foster care; 2) an adequate number of DeKalb County foster home beds - 2.4 for every child in foster care; 3) lack of available placement resources for certain identified sub-populations in both Fulton and DeKalb counties- children over the age of six with emotional/behavioral needs and educational needs, African-American children and youth of any age, older youth, sibling groups and children with special needs.

June 2008 marked a significant milestone as DFCS began consistently placing children and youth from DeKalb and Fulton counties in fully approved and licensed foster, kinship and adoptive homes.

The DFCS Foster Care Services Section completed an assessment of foster home resources in January 2013. Recommendations include increasing the proportion of foster parents who complete training in DeKalb, increasing the number of homes from certain zip codes in Fulton, making better placement decisions in the first place, improving internal DFCS communication and learning from and replicating the support available for 'receiving homes'.²³

Monitoring reports over the past decade noted – as priorities for State attention in 2010 and 2011 – that both counties were falling short in meeting their own foster home recruitment and retention goals.²⁴

The recent statewide assessment for the federal Child and Family Services Review (CFSR) noted limited funding and lack of emphasis on diligent and targeted recruitment activities as primary reasons for the insufficient numbers and types of foster and adoptive parents in Georgia. This same assessment highlighted some improvements since 2007 including, but not limited to: 1) a new sibling incentive to promote siblings in foster care staying together; 2) the recent State Fiscal Year 2015 budget increase of \$250,000 for foster home development and; 3) support and the hiring of a state level Caregiver Recruitment and Retention Specialist.²⁵

The recruitment of foster and adoptive parents in Georgia is guided by resource development teams on the state and regional levels and documented in statewide and regional recruitment and retention plans. There is clear policy guidance on the expectations for general, targeted and

²² Primary data sources were the Comprehensive Child and Family Assessment (CCFA), interviews with private providers, a written survey, quantitative data from DFCS' Interim Data System (IDS) and a literature review.

²³ Period 18, Page 146

²⁴ Period 11, 12 and 13 Reports

²⁵ Statewide CFSR Assessment, Page 141

child specific recruitment and retention in Georgia.²⁶

In more recent years, DFCS has been focused on a number of general and targeted foster home recruitment efforts: increasing visibility through the media; following up on calls to Homes for Georgia's Kids; welcoming back homes that were closed at an earlier point in time in good standing; developing a tickler system to track inquiries to full approval/licensure; engaging current foster families who work at hospitals, corporations or other government agencies; targeting people who are willing and able to care for 13 to 17 years olds and/or sibling groups; and engaging the refugee community and Latin American Association for assistance.²⁷

DFCS staff persons understand that advertising must reflect children in foster care and their needs.

There has been a big demographic shift to more women in the workforce. Thus, fewer families have a person who is at home with the perceived flexibility needed to care for children. DFCS staff persons are finding that it is more difficult to identify potential foster and adoptive parents using methods that have historically worked. In DeKalb, for example, they used to be able to stick up signs in the community, which resulted in training classrooms full of potential foster and adoptive parents. This is no longer the case.

DFCS reports that it has been hard to find foster parents, particularly for children over the age of five, who are willing to co-parent with birth parents to care for children and support them to reunification.

Georgia's Blueprint for Change and the Kenny A. Class

Top leaders in Georgia have a vision for improving outcomes for children and families who come to the attention of the State's child welfare system. Prompted in part by some high profile and concerning child deaths, as mentioned above, Governor Nathan Deal helped make this happen when he created the Child Welfare Reform Council. Appointed by Governor Deal, executive, legislative, and judicial leaders, as well as advocates, in Georgia²⁸ spent the better part of 2014 working together to develop a shared vision for improving Georgia's child welfare system 'in order to better protect the State's most vulnerable citizens.'²⁹ This vision, along with identified

²⁶ Policy 14.6 Recruitment and Retention

²⁷ Period 16 and 17 Report

²⁸ Stephanie Blank, Georgia Early Childhood Alliance for Ready Students; Bob Bruder-Mattson, United Methodist Children's Home; Lamar Burkett, pastor, foster Parent, advocate; Melissa Carter, Barton Law and Policy Center; Hon. Valerie Clark, State Representative; Valerie Condit, Fulton County Schools; Dr. Cheryl Davenport Dozier, Savannah State University; Duaine Hathaway, Georgia CASA; Hon. Carolyn Hugley, State Representative; Donna Hyland, Children's Healthcare Atlanta; Hon. Burt Jones, State Senator; Hon. Fran Miller, State Senator; Meredith Ramaley, Smyrna Policy Department; Hon. Freddie Powell Sims, State Senator; Judge Steve Teske, Juvenile Court Clayton County; Judge Peggy Walker, Juvenile Court of Douglas County; Trya Walker, Chick-fil-a, Inc; Hon. Wendell Willard, State Representative; Ashley Willcott, Office of the Child Advocate; and Crystal Williams, former foster youth, EmpowerMent.

²⁹ Page 3, Child Welfare Reform Council Final Report to the Governor (January 2015)

challenges and recommendations, is spelled out in the Council's January 2015 Final Report to the Governor. Among a number of issues, the Council highlighted the need to: 1) reduce some of the burden on social workers, so they are better able to spend time with children and families in need; 2) reduce the number of times children are uprooted in foster care; and 3) increase the number of children who are exiting foster care to stable families.

The Council made specific, concrete recommendations (re-establish Georgia's Title IV-E Training Program, adopt a standard practice model, restructure DFCS so that the Director reports to the Governor) related to governance, personnel, and policy. There has been considerable effort to date to begin implementing these recommendations, including but not limited to, the creation of a reporting structure directly linking Governor Deal to DFCS Director, Bobby Cagle, and the selection of principal consultant to the Child Welfare Reform Council, Virginia Pryor, for the position of DFCS Deputy Director.

To bring together many of the recommendations from the Child Welfare Reform Council, DFCS created a Blueprint for Change to guide and focus their overall effort to improve outcomes for children and families. The Blueprint for Change is comprised of three core strategies: 1) to implement a solution-based casework practice model; 2) create a robust workforce; and 3) engage local government officials, birth parents, youth, foster parents, members of the faith community, frontline staff, and other constituents. Parties involved in the Kenny A. Consent Decree are working together to align the Blueprint for Change with requirements associated with the protected class of children and youth in DeKalb and Fulton counties. The reason for doing this is to align the requirements placed on DFCS, so that it can focus on effectively implementing its plan for change, and any unnecessary burden resulting from the management of separate initiatives can be minimized.

The Blueprint for Change is a major element of a package of strategies, that if implemented as envisioned, Georgia leaders believe will result in a more capable and stable DFCS workforce and better outcomes for Georgia's child welfare-involved children and families. Here is the list of priority strategies DFCS has identified to improve the outcomes for Kenny A. class members and children and youth in foster care throughout the State of Georgia:

- increase relative placements to 50 percent;
- stop placing children and youth in hotels;
- implement solution-based casework;
- create a robust workforce;
- engage constituents;
- reduce caseload sizes;
- keep kids safely at home and push for permanency;

- increase type and number of foster and adoptive homes; and
- use data more effectively and more systematically to drive improvement through the Knowledge Management Team.

If implemented and sustained, these strategies could have substantial impact on the class and replace most – if not all - of the recommended priorities for State attention for the past decade from the Accountability Agents. Past recommendations include, but are not limited to the following: improve partnerships with the courts; reduce and stabilize caseloads; make sure appropriate foster homes are available to children; accelerate the pace of permanency for children who have been in foster care for 12 months; monitor and assess the impact of policy and operational changes in real time; and increase the timeliness of relative care assessments.

In no particular order of importance, outlined below is a brief status update on each of these strategies. These status updates reflect the most recent information that is available and are not limited to Period 20.

Increase Relative Placements to 50 Percent

Director Cagle has set a goal of having 50 percent of children in foster care in Georgia placed in relative placements or relative foster homes.

As noted above in the summary of progress since 2005, the use of relatives in both counties has been up and down over the past couple of years. Between 15 and 25 percent of children in DeKalb County have been placed in relative placements or relative foster homes. Similarly, between 6 and 21 percent of children in Fulton County have been placed in relative placements or relative foster homes.

When taking a closer look at the data for the years 2010, 2011 and 2012, specifically at those young persons (teenagers) between the ages of 13 and 17, far fewer have been placed in DFCS or CPA foster homes (between 5% and 32%) and relative placements/relative foster homes (between 0% and 18%). Most of them have been placed in congregate care (between 43% and 82%), which has been on the rise in Fulton County and relatively steady in DeKalb County.

Stop Placing Children and Youth in Hotels

Georgia DFCS continued to place children and youth in hotels during the period.

The practice is that children are accompanied by behavioral aides, employed by CPAs or CCIs, when they stay overnight in hotels. Behavioral aides ensure children are checked into the hotel, sit (awake) in the hotel room with them overnight and are responsible for providing food. Each morning, the behavioral aide checks the child out of the hotel and the counties continue trying

to find an appropriate placement. During the day, the behavioral aide is responsible for getting the child to school or other appointments. Oftentimes, these responsibilities will fall to more than one behavioral aide due to changes in shifts. At the end of the day, if the county does not secure an appropriate placement, the county approves payment for another night in a hotel and notifies hotel personnel. One behavioral aide noted that the most difficult time of the day is the gap between leaving school and receiving notification about the next placement. Often, that notification does not occur until 9:00 p.m. in the evening.

Out of a belief that this is not an appropriate placement for children, DFCS has made the decision to end the use of hotels as placements for children and youth who enter foster care in DeKalb and Fulton counties no later than June 30, 2017. To do so, DFCS has developed and is in the process of implementing a plan to end the use of hotels as placements for class members. DFCS has already taken the following steps:

- developed Standard Operating Procedures for the use of hotels that went into effect on July 1, 2016, which spell out requirements for additional documentation that efforts were made to search for relatives and seek assistance from the State Placement Resource Operations Unit (State Pro Team) prior to requesting a hotel room for the placement of a child. The procedures require specific approvals, up to the Regional Director, to make hotel placements and expand the placement resources available to include Gwinnett, Cobb, and Clayton counties;
- sought assistance from and began contract negotiations with a number of qualified providers to help solve the problem; and
- began to study the State's placement operations to seek ways to improve resource development and placement matching processes.

The Accountability Agent and MTAT will continue to report on this comprehensive effort in future monitoring reports until this practice has come to an end.

Implement Solution-Based Casework

Through a well-defined selection process, DFCS identified Solution-Based Casework to be the basis for Georgia's approach to everyday child welfare practice with children and their families, known as a case practice model.

Undergirding Solution-Based Casework or SBC is a belief that, "human problems can only be accurately understood in light of the context in which they occur. Assessment and case planning processes must take into consideration environmental factors, client competencies, (the research this is available on) family development and relapse prevention strategies. Case plans

need to be more tied to everyday life events, measureable and accountable, tied to high-risk behaviors and plan for relapse prevention.”³⁰

SBC has a strong evidence base, which includes: Family Centered Practice; Ecological Perspective; Competence Centered Perspective; Family Life Cycle Theory; Postmodern Family Casework; Solution-Focused Family Therapy, and Relapse Prevention Theory.³¹

SBC is comprised of four milestones for case practice related to building consensus with the family, organizing and writing outcomes, building an action plan and then documenting and celebrating progress.

A Metro District Readiness Team (MDRT) has been chartered to manage implementation in DeKalb and Fulton counties under the guidance of the State Implementation Team. Initial implementation of Solution Based Casework began on July 1, 2016 in DeKalb and Fulton Counties.

Future reports will focus on this initial implementation and the extent to which SBC is being implemented as designed by caseworkers and supervisors in DeKalb and Fulton counties.

Engage Constituents

The Metro District Readiness Team (MDRT) set a goal to engage and educate as many constituents as possible about Solution Based Casework. These "constituent connections" began

³⁰ Christensen, D., Todahl, J, and Barrett.W. *Solution-Based Casework: An Introduction to Clinical and Case Management Skills in Casework Practice*. (2008)

³¹ Ibid. *Family-Centered Practice*: all children are entitled to live in permanent families, preferably his or her own biological family. *Ecological Perspective*: practitioners are encouraged to understand behavior in the context of the surrounding environment (i.e. job market, inflation, economic downturns, racism, gender discrimination, social policy). *Competence Centered Perspective*: casework practice has been influenced by physical and mental health treatment models that place primary emphasis on dysfunction (i.e. certain diagnoses lead to certain prescribed, corresponding interventions). Through this perspective, practitioners are encouraged to view individuals and families as active partners in the change process. This model emphasizes collaboration, client competence, individual and environmental change, solutions rather than cures, and mutually engaging relationships between clients and professionals. *Family Life Cycle Theory*: Based on the notion that families experience fairly predictable life stages and associated tasks. This theory is valuable for child welfare practice because it can help to organize the complexity of cases, normalize the challenges that families experience and develop partnerships based on a shared reality. “Good to anchor case planning in everyday life where danger occurs.” *Postmodern Family Casework*: These models do not assume that the social workers or therapists have more knowledge than the client about his or her problems. Client view is solicited, central and taken very seriously. What do you think the problem is here? How do you explain it to others? What do you need to overcome the problem? *Solution Focused Family Therapy*: This approach shifts away from focusing on diagnosing disease and dysfunction to taking pragmatic steps to solve problems. This means vigorously trailing exceptions to ‘bad behavior’ and using the inquiry process to build on those exceptions. *Relapse Prevention Theory*: This theory has usefulness in preventing relapses. Patterns must be recognized, the details around these patterns must be understood, practice is a part of it and there must be real clear relapse prevention plans developed. Assessments must include exactly how the destructive behavior occurred.

in December 2015 and have focused on judges, SAAGS, schools, hospitals, courts, frontline staff and various other stakeholders.

Create a Robust Workforce

Work has begun to create a more robust workforce in DeKalb and Fulton counties.

DFCS organized and supported a site visit for identified leaders to Buncombe County, North Carolina to learn about how leaders in that county reduced turnover rates from 39 percent in 2005 to 12 percent in 2015.

DFCS leaders who participated in the site visit in Buncombe County (Asheville), North Carolina found the trip to be illuminating in a number of ways. Salaries did not appear to be the reason that turnover rates went down dramatically. Salaries are higher in this county in North Carolina than in Georgia, but these salaries have been comparatively high all along, during periods of both high and low turnover. DFCS leaders, on the other hand, highlighted staff recruitment and selection, frontline staff engagement, leadership strength and authenticity and a focus on workforce well-being to be critical elements in Buncombe County's successful effort to reduce worker turnover.

Work has already begun in both Fulton and DeKalb counties to incorporate some of these elements. The County Director in Fulton County, for example, held a fireside chat with staff persons in that county responsible for keeping children safely in their own families to learn from them what they needed in order to feel more supported. These family preservation workers did not hesitate to share their concerns about the pressures of working long hours/after hours, deprivation process, lack of real support for families in need, communication and the sometimes confusing policy parameters that leave them feeling vulnerable. In turn, these workers and leaders in Fulton County are attempting to address some – if not all – of these issues. Both Fulton and DeKalb counties have established workgroups focused on employee retention.

DFCS has identified the beginning elements upon which Georgia will focus for supporting Georgia's workforce. Drawing from research conducted in 2006 by the Children's Defense Fund and Children's Right's, that identified the components of an effective child welfare workforce, leaders have begun to prioritize and consider those elements that seem the most important in Georgia.

In a recent State G2 meeting, even with some variation by position - state leaders more focused on leadership, training and quality assurance, regional leaders on manageable caseloads and workloads, county staff on employment incentives and pay increases - four key elements were identified overall as the most important for Georgia DFCS.

1. DFCS must be led by strong, visionary and committed child welfare professionals.
2. Child welfare caseloads and workloads must be kept at manageable levels.
3. Valuable employment incentives, including pay increases, benefits, and promotional opportunities, are essential for the development of an effective child welfare workforce.
4. The child welfare workforce must have safe and suitable workspace.

DFCS has also been championing the creation of the Metro District Department of Education and Professional Development (MDDEPD) to better equip new hires for child welfare practice. This Education Center provides six additional weeks of education and professional development on top of the already required four weeks of training. This experience includes: an over the shoulder mentor for 6 months after hire, a 3-day SHINES overview, a 2-day documentation overview, Leadership Training, CPR certification, Red Cross training, Customer Service training, Verbal Judo, CSEC training and field shadowing in their respective counties facilitated by a MDDEPD Mentor Specialist. Classes began for new hires on June 16, 2016.

Reduce Caseload Sizes

In Period 20, most (90 percent) supervisors were assigned five case managers and most family preservation workers (90 percent) were assigned 17 families or less. Good news – to be sure – but DeKalb and Fulton County DFCS also experienced some sharp declines in the percentage of caseworkers and supervisors assigned caseloads or supervisory ratios meeting Consent Decree standards during Period 20.

- A little over half (56%) of CPS investigators were assigned to investigate allegations of abuse or neglect for 12 families or less, the remainder exceeded this caseload standard at some point during the period.
- A quarter (27%) of Permanency case managers were assigned to promote permanency for 15 or fewer children and youth in foster care, the remainder exceeded this caseload standard at some point during the period.
- Less than half (43%) of specialized case managers were assigned to promote permanency and provide services to 12 or fewer children and youth who have been in foster care for more than 18 months, the remainder exceeded this caseload standard at some point during the period.

To address burgeoning caseloads, DFCS advocated for and received additional funds to cover the cost of additional positions and help address employee turnover. The Georgia FY 2017 budget includes \$14.7 million to address DFCS employee recruitment and retention needs in positions with high turnover. The Accountability Agent and the MTAT will be able to report on the use and impact of this investment in future reports on DeKalb and Fulton counties.

Safe at Home and Push for Permanency

Both Fulton and DeKalb counties, through a joint workgroup, have been examining which children and youth have been coming back into foster care and why they have been returning. Their initial focus has been to study the data before developing a solution that may not be the right fit for the problem(s) identified.

They have found that teenagers are often the ones re-entering foster care in DeKalb and Fulton counties, many of whom have been in the juvenile justice system in Georgia and/or have mental health problems. They have developed some hypotheses that: 1) some youth exited foster care prematurely; 2) more supports are needed to preserve families; and 3) aftercare policies may need revisiting.

Increase Type and Number of Foster and Adoptive Homes

Both DeKalb and Fulton counties are operating under recruitment and retention plans. The Accountability Agent and the MTAT will report on this strategy in more depth in future reporting periods.

Use Data More Effectively

DFCS has committed to building the habit to make better, data-informed decisions. To do so, five previously distinct units in the state office – data, SACWIS, education and training, policy and quality assurance units – are now operating as the Knowledge Management Unit. This unit is working to create a learning environment throughout the system. The regions need relevant, timely and user-friendly data. Knowledge Management’s job is to make sure regions know what they do and that the unit is available to support them.

Knowledge Management made a decision to step back and develop a strategic plan to help create the data system that will support DFCS’ improvement efforts. Through a partnership with Casey Family Programs, the unit is developing a plan to ensure that DFCS is using data effectively to understand and improve practice.

Next Steps

DFCS leaders at all levels are stepping back to define a “way of working together” to best implement these strategies in DeKalb and Fulton counties and improve outcomes for children and families. Part of this is an effort to define: 1) a methodical and coordinated process for implementing these strategies; 2) the support needed by the leaders who are responsible for outcomes in the counties; and 3) the data that will be used track and measure progress.

PART TWO - SUMMARY OF OUTCOMES

The Period 20 performance period (July 1, 2015- December 31, 2015) was a six-month period during which system leaders continued to manage system factors that put pressure on the child welfare system. These include dynamics that persisted from the prior period, most notably the continued and sharp increase in the number of children and youth entering in Fulton and DeKalb and continued challenges with worker turnover. DFCS leaders responded to immediate system concerns by continuing to rely on short-term solutions like the Welcome House and, after that closed, temporarily placing children in hotels. DFCS also continued to push forward with a focus on the three core elements of the Blueprint for Change.

The summary of outcome performance contained in this current report continues to reflect the challenges of responding expeditiously to these systems pressures. This response is simultaneous to also maintaining steadfast focus on longer-term system reform that is essential to generating and maintaining strong safety, permanency and well-being outcomes for children and families. Thus, overall Period 20 results show some small declines in performance in the core domains while also maintaining some important momentum towards improvement.

Safety

Three of the five safety measures relate to the *process* of investigation for children allegedly victimized while in care. Case review results show modest improvement for two of the three measures, and larger increase for Outcome 2 (time to completion of an investigation) such that it exceeded the 95 percent standard, reaching 99 percent. Additionally, the maltreatment in care metric, reversed course from the concerning increase in Period 19 to dip below the current standard during Period 20. Finally, the incidence of corporal punishment continued to meet the required threshold. Taken together – the counties’ performance reflects vigilance and close attention to the safety of children in their care.

Permanency

There was continued strength in Outcomes 8a and 8b, indicating that over half of the children entering care during the period achieved permanency within one year of their exit, and an additional seven percent exited with in their second year. This is well above the standard for 8a and consistent with recent performance on those important measures of permanency for children entering care. The case review revealed some recovery from setbacks in Period 19: Outcomes 19 (placement in county) and Outcome 27 (six-month review) rebounded from a decline, and Outcome 16 (placement with siblings) showed a notable improvement, as did Outcome 11 (adoption finalization). Not all declines from the previous period were reversed, however, and other key permanency measures stayed at a level below the standard or decreased. The reviews indicated that challenges in locating and maintaining family connections

as well as achieving specific case milestones are persistent. There was a notable drop in the diligent search efforts in the period. (Outcomes 7, 15, 23, 28). And the challenges of responding to caseworker turnover continues to put pressure on efforts to place children in the most optimal first placement, and to maintain the process of care standards over the life of a case. It is equally likely that those same pressures also affected the well-being measures discussed below.

Well-Being

Placement stability performance (Outcome 17) declined substantially for those cases reviewed for Period 19 and rebounded from that decline in Period 20. The rebound is a good sign, however this area remains a concern and will continue to be the subject of a great deal of focus from the MTAT going forward. It is possible that decline in movement in Period 20 may have been associated with the placement of some youth in the “Welcome House” which was an alternative to hotels that opened in the period. While that might have mitigated some movement associated with hotels stays, that option was neither a permanent solution to a pressing placement problem, nor is it still operational. With the removal of that option and in advance of a more effective long-term solution we may see an uptick in instability in the next period. However, the message from leadership is clear -- expanding the service array to depend more on relative caregivers and to better match a child/youth to a placement is top priority. MTAT expects to continue to work with state, regional, and county leadership as they develop and implement strategies that will improve placement options for children and youth and therefore reduce placement disruptions.

Infrastructure

During Period 20, the approval and/or licensure status (Outcome 25) of relative foster homes continues to be problematic. One of the State’s key initiatives moving forward is to place children with relatives whenever possible and appropriate. Thus, emphasis on approval/licensing these placements is critical.

Caseworker caseloads is a second area that poses regular challenges, and showed some notable dips in Period 20. Most significantly, the proportion of permanency workers assigned the appropriate number of cases declined drastically to a new and concerning low of 27 percent. The proportion of CPS caseworkers and adoptions caseworkers with the specified caseload also dropped notably in the period, although permanency worker caseloads moved significantly in the right direction. Taken together, this performance underscores the stress the workforce is under, and more than justifies leadership focus on workforce health as a core reform priority.

Taken together, the Period 20 reports suggest that Fulton and DeKalb county leadership – along with state leaders – continued to contend with mounting system pressures. The results indicate that their efforts to maintain progress – or even hold steady – on safety, permanency, and well-being outcomes were mixed. There was continued strength and improvement on measures related to child safety. This shows the appropriate attention to matters requiring urgent and

immediate attention. However, to develop and maintain whole system functioning, there is a clear need to focus those elements of practice and casework that required sustained effort and attention to see a case through to a safe and permanent conclusion.

As the State further clarifies and begins to install the system reforms that will be implemented as part of the Blueprint for Change, there is opportunity to reverse the decline in those areas that dipped, and to continue to build on existing strengths.

The chart beginning on the next page summarizes progress over the last three periods on the Kenny A. outcomes.

Kenny A. Outcomes: Recent Progress as of December 31, 2015

Safety Outcomes Children in Foster Care are Safe From Maltreatment in Care	Period 18 Performance	Period 19 Performance	Period 20 Performance
Outcome 1: At least 95% of all investigations of reports of abuse or neglect of foster children shall be commenced, in accordance with Section 2106 of the Social Services Manual, within 24 hours of receipt of report.	90%	90%	92%
Outcome 2: At least 95% of all investigations of reported abuse or neglect of foster children shall be completed, in accordance with Section 2106 of the Social Services Manual, within 30 days of receipt of report.	88%	93%	99%
Outcome 3: At least 99% of all investigations of reported abuse or neglect of foster children during the reporting period shall include timely, face-to-face, private contact with the alleged victim, including face-to-face contact with a child who is non-verbal due to age or for any other reason.	90%	89%	90%
Outcome 5: No more than 0.57% of all children in foster care shall be the victim of substantiated maltreatment while in foster care.	0.72%	1.16%	.45%
Outcome 6: 98% of all foster homes will not have an incident of corporal punishment within the previous 12 months.	99%	98%	99%
Permanency Outcomes Children in Placements Maintain Family Connections			
Outcome 7: At least 95% of all foster children entering care shall have had a diligent search for parents and relatives undertaken and documented within 60 days of entering foster care.	97%	96%	86%
Outcome 16: At least 80% of all foster children who entered foster care during the reporting period along with one or more siblings shall be placed with all of their siblings.	59%	56%	68%
Outcome 19: 90% of all children in care shall be placed in their own county (the county from which they were removed) or within a 50 mile radius of the home from which they were removed, subject to the exceptions in Paragraph 5.C.4.b (ii) and (iii).	97%	91%	97%
Outcome 21: At least 85% of all children with the goal of reunification shall have appropriate visitation with their parents to progress toward reunification	85%	80%	83%

Kenny A. Outcomes: Progress as of December 31, 2015

Permanency Outcomes Children in Placements Maintain Family Connections	Period 18 Performance	Period 19 Performance	Period 20 Performance
Outcome 23: At least 90% of the total minimum number of required monthly sibling-group visits shall have taken place during the reporting period. Children who have one or more siblings in custody with whom they are not placed shall be provided a visit with their siblings at least one time each month, unless the visit is harmful to one or more of the siblings, the sibling is placed out of state in compliance with ICPC, or the distance between the children's placement is more than 50 miles and the child is placed with a relative. ³²	92%	84%	85%
Permanency Outcomes Children Achieve Permanency			
Outcome 4: No more than 8.6% of all foster children entering custody shall have re-entered care within 12 months of the prior placement episode.	10.6 %	8.3%	12.8%
Outcome 8a: Of all the children entering custody following the entry of the Consent Decree, at least 40% shall have had one of the following permanency outcomes within 12 months or less after entering custody: reunification, permanent placement with relatives, permanent legal custody, adoption, or guardianship.	58%	58%	58%
Outcome 8b: Of all the children entering custody following the entry of the Consent Decree, at least 74% shall have had one of the following permanency outcomes within 12 months or less after entry: reunification, permanent placement with relatives, or shall have had one of the following permanency outcomes within 24 months or less after entering: adoption, permanent legal custody, or guardianship.	65%	65%	65%
Outcome 9: Children in custody for up to 24 months and still in custody upon entry of the Consent Decree (children in the "24 month backlog pool"): For all children remaining in the 24 month backlog pool after the third reporting period at least 40% by the end of the fourth reporting period shall have one of the following permanency outcomes: reunification, permanent placement with relatives, permanent legal custody, adoption, or guardianship.	16.7%	0% ³³	0% ³⁴

³² As part of a Stipulated Modification to the Consent Decree, the standard for Outcome 23 was modified. See *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

³³ Only three children remain in the Outcome 9 cohort at the end of Period 19.

³⁴ Only three children remain in the Outcome 9 cohort at the end of Period 20.

Kenny A. Outcomes: Progress as of December 31, 2015

Permanency Outcomes Children Achieve Permanency	Period 18 Performance	Period 19 Performance	Period 20 Performance
Outcome 10: Children in custody for more than 24 months and still in custody upon entry of the Consent Decree: For all children remaining in the over 24 month backlog pool after the third reporting period at least 35% by the end of the fourth reporting period shall have one of the following permanency outcomes: reunification, permanent placement with relatives, permanent legal custody, adoption, or guardianship.	0%	0% ³⁵	0% ³⁶
Outcome 11: For all children whose parental rights have been terminated or released during the reporting period, 80% will have adoptions or legal guardianships finalized within 12 months of final termination or release of parental rights	81%	56%	76%
Outcome 12: For children whose parental rights have been terminated or released and the child has an identified adoptive or legal guardian resource at the time of the entry of the Consent Decree, 90% shall have had their adoptions or legal guardianships finalized within six months after the entry of the Consent Decree.	94% One Time Measure Taken in Period I	N/A	N/A
Outcome 13: For all children for whom parental rights have been terminated or released at the time of entry of the Consent Decree, and the child does not have an identified adoptive resource, 95% shall have been registered on national, regional, and local adoption exchanges, and have an individualized adoption recruitment plan or plan for legal guardianship within 60 days of the Consent Decree.	30% One Time Measure Taken in Period I ³⁷	N/A	N/A
Outcome 14: No more than 5% of adoptions finalized during the reporting period shall disrupt within the 12 months subsequent to the reporting period.	0%	0%	0%
Outcome 15: Permanency efforts (15/22): At least 95% of all foster children who reached the point of being in state custody for 15 of the prior 22 months, shall have had either (1) a petition for the termination of parental rights filed as to both parents or legal caregivers as applicable OR (2) documented compelling reasons in the child's case record why termination of parental rights should not be filed.	96%	91%	91%

³⁵ Only two children remain in the OM10 cohort at the end of Period 19.

³⁶ Only two children remain in the OM10 cohort at the end of Period 20.

³⁷ The children to whom this outcome applied have recruitment plans. Those who have been discharged since Period I have been included in the Outcome 9 and 10 results.

Kenny A. Outcomes: Progress as of December 31, 2015

Permanency Outcomes Children Achieve Permanency	Period 18 Performance	Period 19 Performance	Period 20 Performance
Outcome 27: At least 95% of foster children in custody for six months or more shall have either had their six-month case plan review completed by the Juvenile Court within six months of their prior case plan review, or DFCS shall have submitted the child's six-month case plan to the Juvenile Court and filed a motion requesting a six-month case plan review within 45 days of the expiration of the six-month period following the last review.	95%	89%	92%
Outcome 28: At least 95% of foster children in custody for 12 or more months shall have either had a permanency hearing held by the Juvenile Court within 12 months of the time the child entered foster care or had his or her last permanency hearing, or DFCS shall have submitted the documents required by the Juvenile Court for and requested a permanency hearing within 45 days of the expiration of the 12-month period following the time the child entered foster care or had his or her last permanency hearing.	97%	92%	92%
Well-Being Outcomes Children Experience Stability and Worker Continuity			
Outcome 17: At least 95% of all children in care shall have had 2 or fewer moves during the prior 12 months in custody.	90%	77%	87%
Outcome 18: At least 90% of all children in care at a point in time during the reporting period shall have had 2 or fewer DFCS placement case managers during the prior 12 months in custody. This measure shall not apply to cases that are transferred to an adoption worker or Specialized Case Manager; case managers who have died, been terminated, or transferred to another county; or case managers who have covered a case during another case manager's sick or maternity leave.	93%	91%	86%
Outcome 20a: At least 96.25% of the total minimum number of twice -monthly face-to-face visits between case managers and all class member children required by Section 5.D.1.b during the reporting period occur. ³⁸	97%	96%	95%
Outcome 20b: At least 96.25% of the total minimum number of monthly private , face-to-face visits between case managers and all class member children required by Section 5.D.1.b during the reporting period occur. ³⁹	98%	97%	98%

³⁸As part of a Stipulated Modification to the Consent Decree, the standard for Outcome 20 was modified. See *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

³⁹ Ibid.

Well-Being Outcomes Children Experience Stability and Worker Continuity	Period 18 Performance	Period 19 Performance	Period 20 Performance
Outcome 22: At least 95% of the total minimum required monthly visits by case managers to caregivers during the reporting period occur. ⁴⁰	95%	94%	94%
Well-Being Outcomes Children and Youth Receive Services They Need			
Outcome 24: The percentage of youth discharged from foster care at age 18 or older with a high school diploma or GED will increase over baseline by 20 percentage points (baseline is 36%).	40%	Only Reported Once a Year	42%
Outcome 30: At least 85% of children in care shall not have any unmet medical, dental, mental health, education or other service needs, according to the service needs documented in the child's most recent case plan.	69%	77%	77%
Strengthened Infrastructure Outcomes Effective Oversight of Placement Settings			
Outcome 25: At least 98% of all foster placements serving class member children shall be in full approval and/or licensure status. ⁴¹	98%	96%	96%
Outcome 26: At least 95% of foster children in custody at a point in time during the reporting period shall have all applicable language in court orders necessary to assess qualification for federal funding under Title IV-E of the Social Security Act.	100%	100%	98%
Outcome 31: No more than 10% of all foster family home placements serving class member children at any time during the reporting period shall exceed the capacity limits referenced in Section 5.C.4.e. of the Consent Decree, concerning the requirement that no child shall be placed in a foster home if that placement will result in more than three (3) foster children in that foster home, or a total of six (6) children in the home, including the foster family's biological and/or adopted children. ⁴²	3%	1.4%	.6%

⁴⁰ As part of a Stipulated Modification to the Consent Decree, the standard for Outcome 22 was modified. See *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

⁴¹ As part of a Stipulated Modification to the Consent Decree, the methodology for Outcome 25 was modified. See *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

⁴² As part of a Stipulated Modification to the Consent Decree, the methodology for Outcome 31 was modified. See *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

PART THREE - SAFETY

Principle four of the Consent Decree asserts, “*the State has primary responsibility for the care and protection of the children who enter the foster care system.*”⁴³ As a result, several Consent Decree outcomes and requirements focus attention on the safety of children in the custody of the State (DHS/DFCS). The following sections report on the State’s progress in the areas related to maltreatment of children in foster care and the State’s process for investigating such allegations (Outcomes 5, 1, 2,3, and 6).

Based on current DFCS policy 5.19, special investigations are required, among several criteria, when a child is in DFCS custody and any person has allegedly maltreated that child, including a DFCS or Child Placing Agency (CPA) foster or adoptive parent, approved relative or non-relative caregiver, Child Caring Institution (CCI) staff and other placement resources for children in DFCS custody.

Children in Foster Care are Safe from Maltreatment

Outcome 1 - Maltreatment-in-care Investigations Commenced Within 24 Hours of Receipt of Report.

The Consent Decree states, “at least **95 percent** of all investigations of reports of abuse or neglect of foster children shall be commenced, in accordance with Section 2106 of the Social Services Manual, within 24 hours of receipt of report.” For Period 20, the Accountability Agent and Monitoring and Technical Assistance Team (MTAT) have relied on Chapter Five, Investigations, in the Georgia Division of Family and Children Services Child Welfare Policy Manual for current policy expectations related to special investigations of maltreatment in care.

The investigation process must include an interview and observation that is private and alone with each alleged victim child within the immediate, 24-hour response time to assess for child safety.⁴⁴

Outcome 1 relates to the timeframe in which an investigation of suspected maltreatment of a foster child has commenced. The unit of analysis is the investigation itself, which may involve multiple alleged child victims.

⁴³ See p. 4, Principle 4, of the Consent Decree.

⁴⁴ DFCS Policy 5.21 Conducting Special Investigations in Relative or Non-Relative Placements, DFCS Policy 5.22 Conducting Special Investigations in Residential and Non-Residential Facilities

State Performance

- ***The State Failed to Meet the Outcome Measure 1 Threshold.***

During Period 20, **92 percent** (79 of 86) of applicable investigations of maltreatment in care included face-to-face contacts made with at least one alleged victim within 24 hours.⁴⁵ Of the seven investigations not commenced within 24 hours, three of them were the responsibility of DeKalb and Fulton counties; the remaining ones fell to the Perimeter counties. In two of these investigations the alleged victim children were seen and removed from the placement setting before or at the time of the allegation. Although these cases did not meet the consent decree standard for Outcome 1, these children were protected from the alleged harm in that particular placement setting.

The reasons for not getting full credit for commencing these investigations varied. Some CPS investigators met the 24-hour response time, but did not interview the alleged victim children privately and separately or did not see them undressed as required for alleged physical abuse or for a possible injury related to a neglect allegation.⁴⁶ There were delays in sending referrals for investigations on the part of the CPS Intake Communications Center (CICC) in two investigations that did not meet response times. In one investigation, law enforcement did not assess the safety of the child victim and asked DFCS to do it, which did happen, but not by a CPS investigator.

This is according to file review data of all 88 maltreatment investigations completed during the Period. In these investigations, at least one victim child must be seen by a Child Protective Services (CPS) investigator or police to meet this 24-hour requirement. Other case managers do not count unless these persons have been certified as CPS investigators.

Summary data are displayed in the chart below from Period 20.

⁴⁵ Two investigations were removed from numerator and denominator because the alleged victim children were on runaway status and could not be interviewed.

⁴⁶ DFCS Policy on conducting investigations requires investigators to see infants under the age of one undressed to see if there are any physical signs of maltreatment. Any child 4 years of age or younger and the subject of physical abuse allegations must be seen undressed or to identify any injuries related to neglect allegations.

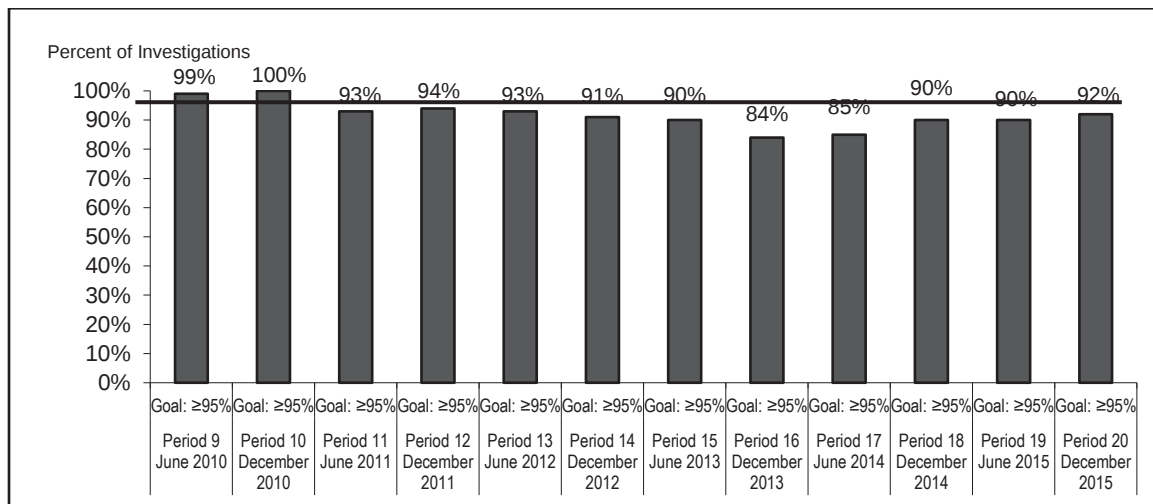
Outcome 1 – Commencement of Maltreatment-in-Care Investigations
N=86

Investigating County	Commenced Within 24 Hours		Not Commenced Within 24 Hours		Total	
	Number of Investigations	Percent of Total	Number of Investigations	Percent of Total	Number of Investigations	Percent of Total
DeKalb/Fulton	51	94%	3	6%	54	100%
Perimeter Counties	27	87%	4	13%	31	100%
State Special Investigations Unit ⁴⁷	1	100%	0	0%	1	100%
Total	79	92%	7	8%	86	100%

Source: Case File Review of All Maltreatment-in-Care Investigations, July to December, 2015.

This is similar to the Period 19 performance of 90 percent, and marks the ninth consecutive period in which the State failed to meet the required threshold. The graph below depicts the State's performance over the past 12 reporting periods.

Twelve Reporting Periods of State Performance on Outcome 1
Maltreatment-in-Care Investigations Commenced Within 24 Hours of Receipt of Report



Source: Case File Review of All Maltreatment-in-Care Investigations, January 2010 to December 2015.

⁴⁷ Allegations arising in congregate care facilities and in certain other circumstances may be investigated by the State Special Investigations Unit rather than a local DFCS office. During this period, some SSIU staff persons were deployed to assist other regions. In addition, the unit also experienced terminations and resignations.

Outcome 2 - Maltreatment-in-care Investigations Completed Within 30 Days of Report Receipt.

Outcome 2 relates to the length of time it takes to complete such investigations. The Consent Decree requires that “at least **95 percent** of all investigations of reported abuse or neglect of foster children shall be completed, in accordance with Section 2106 of the Social Services Manual, within 30 days of receipt of report. For this Period, the Accountability Agent and MTAT have relied on Chapter Five, Investigations, in the Georgia Division of Family and Children Services Child Welfare Policy Manual for current policy expectations related to special investigations of maltreatment in care.

Special investigations must be completed within 30 calendar days of receipt of an intake report to assess the allegations of abuse or neglect, determine if the child is safe, take action to protect a child who is determined to be unsafe and determine if the allegations should be substantiated or unsubstantiated.⁴⁸

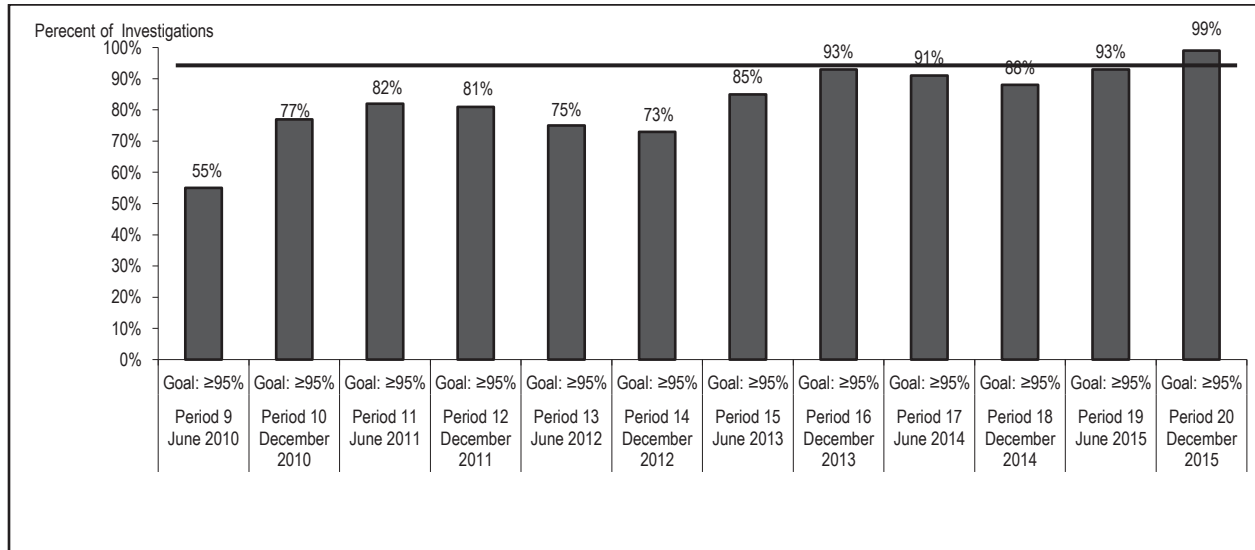
State Performance

- ***The State Surpassed the Outcome Measure 2 Threshold.***

According to the record review data, the State completed **99 percent** of maltreatment-in-care investigations (87 of 88) within 30 days during Period 20. This is an improvement from the Period 19 rate of 93 percent, and is the first time since the start of the consent decree that the State met and exceeded this outcome measure threshold. The graph below displays the State’s performance over the past 12 reporting periods.

⁴⁸ DFCS Policy 5.21 Conducting Special Investigations in Relative or Non-Relative Placements, DFCS Policy 5.22 Conducting Special Investigations in Residential and Non-Residential Facilities

**Twelve Reporting Periods of State Performance on Outcome 2
Maltreatment-in-care Investigations Completed Within 30 Days of Report Receipt**



Source: Case File Review of All Maltreatment-in-Care Investigations, January 2010 to December 2015.

During Period 20, performance demonstrates (99%) continued improvement from Period 18 performance (88%) and Period 19 performance (93%). The number of investigations of maltreatment in care dropped significantly (116 to 88) from Period 19 to 20. The chart below displays the Period 20 performance of DeKalb and Fulton counties, and the perimeter counties.

**Outcome 2 – Timely Investigations
N=88**

Investigating County	Completed in ≤ 30 Days		Completed in ≤ 45 Days		Total	
	Number	% of Total	Number	% of Total	Number	% of Total
DeKalb/Fulton	56	100%	56	100%	56	100%
Perimeter Counties	30	97%	31	100%	31	100%
State Special Investigations Unit ⁴⁹	1	100%	1	100%	1	100%
Total	87	99%	88	100%	88	100%

Source: Case File Review of All Maltreatment-in-Care Investigations, July to December, 2015.

⁴⁹ Allegations arising in congregate care facilities and in certain other circumstances may be investigated by the State Special Investigations Unit rather than a local DFCS office. During this period, some SSIU staff was deployed to assist other regions. In addition, the unit also experienced terminations and resignations.

Outcome 3 - Maltreatment-in-care Investigations with Timely Face-to-Face Private Contact All Alleged Victims.

Outcome 3 relates to the frequency with which such investigations include face-to-face contact with each alleged victim within 24 hours. The Consent Decree requires that “At least **99%** of all investigations of reported abuse or neglect of foster children during the reporting period shall include timely, face-to-face, private contact with the alleged victim, including face-to-face contact with a child who is non-verbal due to age or for any other reason.”

The investigation process must include an interview and observation that is private and alone with each alleged victim child within the immediate 24-hour response time to assess for child safety.⁵⁰

CPS investigators must see infants under the age of one undressed to see if there are any physical signs of maltreatment. Any child 4 years of age or younger and the subject of physical abuse allegations must be seen undressed or to identify any injuries related to neglect allegations.⁵¹

State Performance

- ***The State Failed to Meet the Outcome Measure 3 Threshold.***

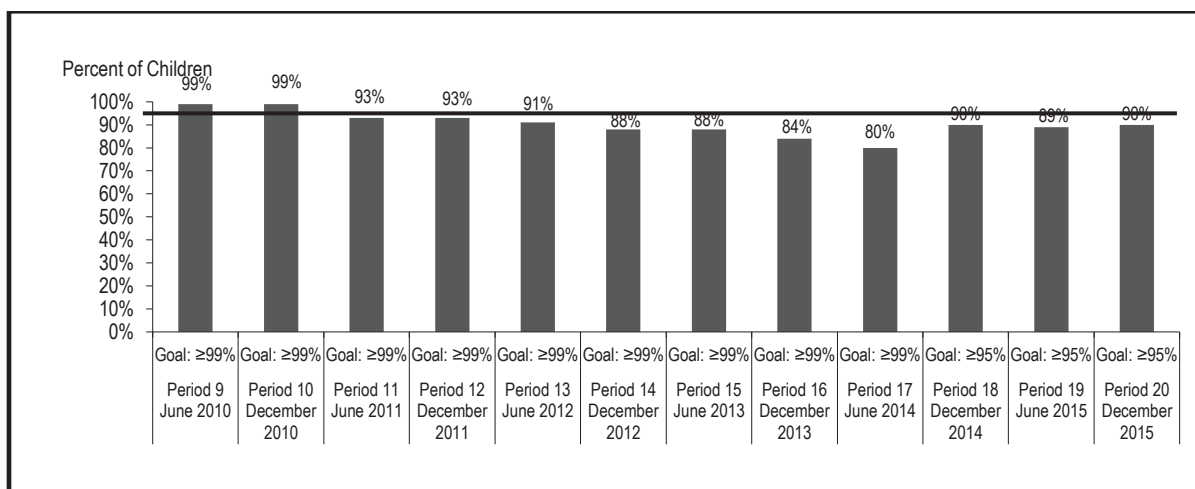
According to record review data from all investigations completed during Period 20, **90 percent** of the alleged victims of maltreatment in care (102 out of 113) had face-to-face, private contact with a CPS investigator within 24 hours.

This performance is the same as Period 19. Performance remains well below the Outcome 3 performance standard of 99 percent. The graph below illustrates the State’s performance on Outcome 3 for the last 12 reporting periods.

⁵⁰ DFCS Policy 5.21 Conducting Special Investigations in Relative or Non-Relative Placements, DFCS Policy 5.22 Conducting Special Investigations in Residential and Non-Residential Facilities

⁵¹ Ibid.

**Twelve Reporting Periods of State Performance on Outcome 3
Maltreatment-in-care Investigations with Timely Face-to-Face Private Contact
with All Alleged Victims**



Source: Case File Review of All Maltreatment-in-Care Investigations, January 2010 – December 2015.

Eleven alleged victim children did not have face-to-face, private contact within 24 hours; seven of them were not seen within 24 hours and four of them were seen but the investigator did not follow policy when interviewing the alleged victim child. Five of these alleged victim children were in cases investigated by DeKalb and Fulton counties, six of them were in cases investigated by perimeter counties or SSIU. It is also important to note that of the 11 alleged victim children for whom the response time was missed, eight were removed from the placement setting in which the maltreatment was alleged to have occurred within 24 hours, but were not interviewed within that timeframe.

In the cases investigated by perimeter counties, a CPS case manager made private, face-to-face contact within 24 hours with 34 out of 40 (85%) percent of the alleged victims, a decline from the Period 19 performance of 88 percent. DeKalb and Fulton Counties' Outcome 3 performance of 67 out of 72 (93%) was an improvement from their Period 19 performance of 89 percent. Displayed in the charts below are additional Outcome 3 data for Period 20.

Outcome 3 – Face-to-Face Contact with Alleged Maltreatment Victims within 24 Hours
N=113

Investigating County	CPS Contact Within 24 Hours		Removed Prior To or Within 24 Hours of Report		No CPS Contact Within 24 Hours		Total	
	Alleged Victims	Percent of Total	Alleged Victims	Percent of Total	Alleged Victims	Percent of Total	Alleged Victims	Percent of Total
DeKalb/Fulton	67	93%	4	4%	1	1%	72	100%
Perimeter Counties	34	85%	4	10%	2	5%	40	100%
State Special Investigations Unit ⁵²	1	100%	0	0%	0	0%	1	100%
Total	102	90%	8	7%	3	3%	113	100%

Source: Case File Review of All Maltreatment-in-Care Investigations, July to December 2015.

For the seven alleged victim children not seen at all within 24 hours, the factors contributing to delayed initial contact varied. During Period 20, a lack of documentation affected progress on outcomes 1 and 3, while a delayed referral by a placement case manager also greatly affected Outcome 3. The chart below reflects this data.

⁵² Allegations arising in congregate care facilities and in certain other circumstances may be investigated by the State Special Investigations Unit rather than a local DFCS office. During this period, some SSIU staff was deployed to assist other regions. In addition, the unit also experienced terminations and resignations.

Documented Factors Contributing to Delayed Initial Contact with Alleged Victims⁵³

Factors Contributing to Delayed Initial Contact	Period 18		Period 19		Period 20	
	7/1/2014 – 12/31/2014 Centralized Intake (CICC)		1/1/2015 – 6/30/2015 Centralized Intake (CICC)		7/1/2015 – 12/31/2015 Centralized Intake (CICC)	
	OM 1	OM 3	OM 1	OM 3	OM 1	OM 3
Delayed Reversal of Screen-out Decision	0	0	1	1	1	1
Delayed Referral by Placement Case Manager	2	3	2	2	0	3
Delayed Assignment to Investigator	3	3	1	1	0	0
Worker Making Contact Not CPS Certified	1	1	5	5	1	1
CICC Failed to Properly Record and Disposition Intake	1	1	0	0	1	1
No Documented Reason	1	2	3	8	2	1
Total	8	10	12	17	5	7

Source: Case File Review of All Maltreatment-in-Care Investigations, July 2014 to December 2015.

⁵³ The differing counts for Outcomes 1 and 3 reflect the different units of analysis for these outcomes; for Outcome 1 it is the investigation, for Outcome 3 it is the alleged victim.

**Proportion of Investigations Meeting Policy Requirements
(N shown is for Period 20 cases and varies based on
placement setting and other case characteristics)**

Investigation Policy Requirement	Percent of Applicable Files with Documentation of Compliance	
	Period 19	Period 20
Alleged maltreater was interviewed separately (N=86)	95%	90%
Investigator saw/interviewed every alleged maltreated child separately (N=88)	99%	95%
Continued safety of the child(ren) placed in the home was adequately evaluated and assessed (N=43)	95%	93%
Investigator reviewed the DFCS history of the foster parent/caregiver (N=59)	100%	95%
All approved foster parents/caregivers interviewed separately (N=88)	97%	89%
DFCS case managers required to visit in this foster care setting were contacted (N=88)	91%	91%
All other adults frequently in the home interviewed separately (N=20)	87%	80%
Investigator reviewed previous CPS reports for foster parents/caregivers (N=59)	90%	81%
At least two relevant collateral sources contacted during the investigation (N=75)	91%	80%
Investigator saw/interviewed each of the other children (non-alleged victims) separately (N=58)	90%	83%
Case record contains physical evidence to support case documentation (N=57)	77%	81%

Source: Case File review of all Maltreatment-in-Care Investigations, January to December, 2015

At the conclusion of maltreatment-in-care investigations, DFCS policy requires counties to send an “Administrative Packet” detailing the incident and findings to the Social Services Director within 10 days. If the incident occurred in a provider-supervised foster care setting, an investigative summary must also be sent to Residential Child Care (RCC) and Office of Provider Management (OPM).

Likewise, Section 12.B. of the Consent Decree requires all reports of suspected abuse or neglect of foster children in institutional, group, residential, or private provider-supervised foster family home settings to be referred to and reviewed by Residential Child Care (RCC) and the Office of Provider Management (OPM).⁵⁴ The purpose of the review specified in the Consent Decree is “...to determine whether a pattern of abuse or neglect exists within... [the provider agency]

⁵⁴ RCC licenses child placing agencies (CPA), child caring institutions (CCI), and outdoor therapeutic programs (OTP). OPM approves CPAs, CCIs, and OTPs wishing to serve DFCS children once they have been licensed by RCC.

that contributed to the abuse or neglect; whether the contract should be terminated; whether particular homes or facilities should be closed....”⁵⁵

To assess compliance with these provisions, the Accountability Agent collects data directly from RCC, OPM, and the DFCS Policy Unit to ascertain which maltreatment investigations involving foster children were reported to each office.

The policy unit was notified of most (98%) but not all of the investigations of maltreatment-in-care during Period 20.

**Policy Unit Notification of Period 20 Maltreatment-in-care Investigations
N=88**

Investigating County	Total Investigations	Notified		Not Notified	
	Number	Number	% of Total	Number	% of Total
DeKalb	31	31	100%		
Fulton	26	26	100%		
Bibb	1	0	0%	1	100%
Cherokee	1	1	100%		
Clayton	4	4	100%		
Cobb	5	4	80%	1	20%
Douglas	2	2	100%		
Fayette	2	2	100%		
Glynn	1	1	100%		
Gwinnett	5	5	100%		
Henry	2	2	100%		
Newton	1	1	100%		
Richmond	2	2	100%		
Rockdale	3	3	100%		
Taylor	1	1	100%		
Total	88	86	98%	2	2%

Source: Survey of Notification of CPS Investigations in Foster Care Settings, July 1 – December 31, 2015.

The Residential Child Care (RCC) Unit must be notified of all investigations of maltreatment-in-care in which the child is placed in a provider supervised foster care settings, including private agency supervised foster homes and child caring institutions. The alleged maltreater could have been anyone. DeKalb County completed the largest number of maltreatment-in-care investigations in provider supervised settings at 13 with 11 (85%) being reported to RCC. Fulton County completed nine maltreatment-in-care investigations with six (67%) being reported to RCC. Twelve perimeter counties accounted for the remaining 22 such investigations. These twelve perimeter counties reported all 22 of the investigations conducted to RCC.

⁵⁵ See Section 12 B, p. 28 of the Consent Decree.

**Residential Child Care Notification of
Period 20 Maltreatment-in-care Investigations
N=44⁵⁶**

Investigating County	Total Investigations	Notified		Not Notified	
	Number	Number	% of Total	Number	% of Total
DeKalb	13	11	85%	2	15%
Fulton	9	6	67%	3	33%
Cherokee	1	1	100%		
Clayton	3	3	100%		
Cobb	2	2	100%		
Fayette	2	2	100%		
Glynn	1	1	100%		
Gwinnett	4	4	100%		
Henry	2	2	100%		
Newton	1	1	100%		
Paulding	1	1	100%		
Richmond	2	2	100%		
Rockdale	2	2	100%		
Taylor	1	1	100%		
Total	48	39	89%	5	11%

Source: Survey of Notification of CPS Investigations in Foster Care Settings, July 1 – December 31, 2015.

The Office of Provider Management (OPM) Unit must be notified of all investigations of maltreatment-in-care in which the child is placed in provider supervised foster care settings operating under DFCS contracts, including private agency supervised foster homes and child caring institutions. The alleged maltreater could have been anyone. DeKalb County completed the largest number of maltreatment-in-care investigations in provider supervised settings at 12 with all 12 (100%) being reported to OPM. Fulton County completed nine maltreatment-in-care investigations with all nine (100%) being reported to OPM. Eleven perimeter counties accounted for the remaining 17 such investigations. These eleven perimeter counties reported all 17 of the investigations conducted to OPM.

⁵⁶ There was a total of 56 investigations that involved children placed in provider supervised settings, but twelve of them fell outside the jurisdiction of RCC and thus were excluded from the RCC tabulations. In five cases, the alleged maltreatment occurred in a Psychiatric Residential Treatment Facility (PRTF) which operate under contract to the Department of Behavioral Health and Disabilities and are regulated by the Department of Community Health, Healthcare Facility Regulation Division. In seven cases, the maltreatment occurred outside the placement setting (during a home visit or a relative visit (3), at a camp (2), and at a school/daycare (2)) and, as such, the investigation was not required to be reported to RCC.

Office of Provider Management
Notification of Period 19 Maltreatment-in-care Investigations
N=38⁵⁷

Investigating County	Total Investigations	Notified		Not Notified	
	Number	Number	% of Total	Number	% of Total
DeKalb	12	12	100%		
Fulton	9	9	100%		
Cherokee	1	1	100%		
Clayton	1	1	100%		
Cobb	2	2	100%		
Fayette	2	2	100%		
Glynn	1	1	100%		
Gwinnett	3	3	100%		
Henry	2	2	100%		
Newton	1	1	100%		
Paulding	1	1	100%		
Richmond	1	1	100%		
Rockdale	2	2	100%		
Total	38	38	100%		

Source: Survey of Notification of CPS Investigations in Foster Care Settings, July 1 – December 31, 2015.

Outcome 5 – Maltreatment in Foster Care

Measurement of Outcome 5 uses the federal definition as it existed in 2005: *“Of all children in foster care in the State during the period under review, 0.57 percent or fewer were the subject of substantiated or indicated maltreatment by a foster parent or facility staff member.”*⁵⁸

The data used to measure the outcome performance derive from a review of all 88 investigations of alleged maltreatment concerning 115 class member children in foster care in DeKalb and Fulton counties conducted during Period 20. There were 2,004 children and youth in foster care

⁵⁷There was a total of 56 investigations involving children placed in provider supervised settings, but 18 of these fell outside the jurisdiction of OPM and thus were excluded from the OPM tabulations presented in this table. In five cases, the alleged maltreatment occurred in Psychiatric Residential Treatment Facilities (PRTFs) which operate under contract with the Department of Behavioral Health and Developmental Disabilities and are regulated by the Department of Community Health, Healthcare Facility Regulation Division. In seven cases, the maltreatment occurred outside the placement setting (during a home visit or a relative visit (3), at a camp (2), and at a school/daycare (2)) and, as such, the investigation was not required to be reported to OPM. In six cases, OPM did not monitor or did not have a contract with the agency.

⁵⁸ U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families: Updated National Standards for the Child and Family Service Reviews and Guidance on Program Improvement Plans. Information Memorandum ACYF-CB-IM-01-07, August 16, 2003. That standard was later revised to .32, or 99.68 children should be free from maltreatment while in care.

in DeKalb and Fulton counties at any time during the Period, which is the denominator for this outcome measure.

The numerator for this measure is the number of substantiated victim children who were maltreated by a foster parent or facility staff person, which was the federal definition for this measure in 2005 at the time parties entered into the current Consent Decree. Excluded from this numerator are substantiations of maltreatment when the perpetrator is unknown, a birth parent, or relative caregivers or fictive kin who are not approved foster parents in Georgia, other members of the child's household and other child caring staff persons such as daycare providers, school teachers. In Period 20, there were 27 substantiated victim children in DeKalb and Fulton counties, nine (9) of them were maltreated by a foster parent or facility staff person.

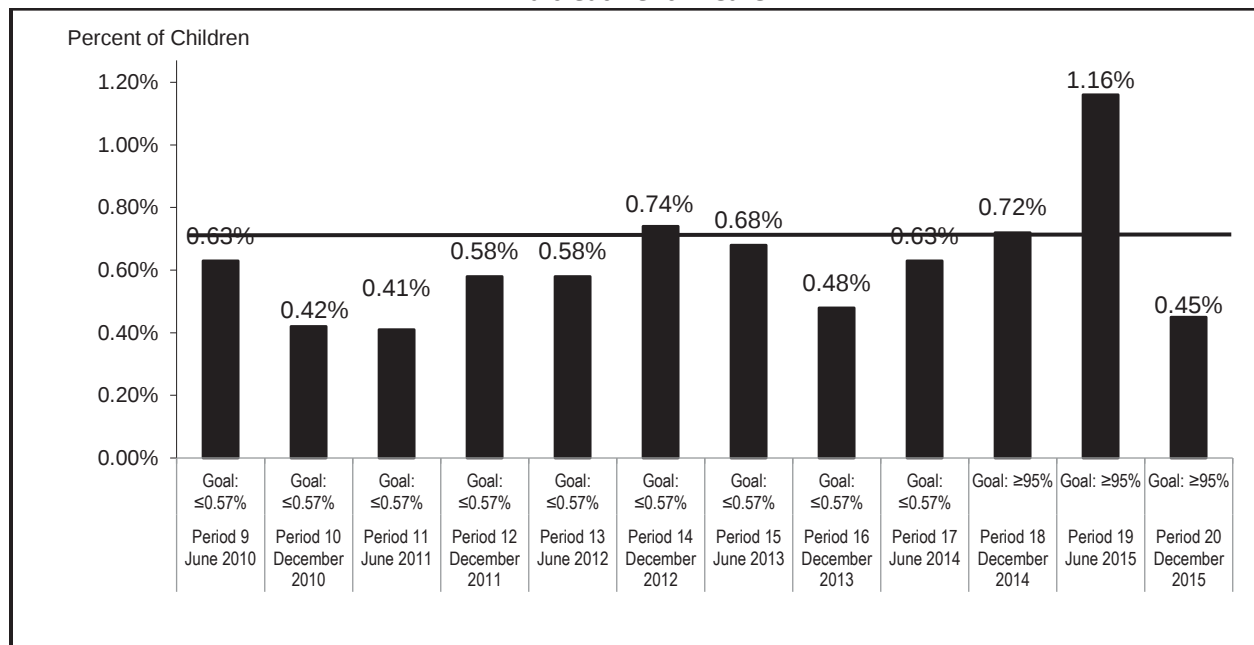
State Performance in Period 20

- ***The State Surpassed the Outcome 5 Threshold***

Of the 2,004 children and youth in foster care at any point in time during the Period, there were eight (8) investigations that resulted in there being nine (9) victims of substantiated maltreatment by a foster parent or facility staff person. These nine (9) victims, represent less than one (**0.45%**) percent of the population of children and youth in foster care during the Period. This is a marked improvement from Period 19 performance of **1.16** percent. This represents a decrease from 22 to nine children. Unlike Period 19 where several of the cases involved placements with two or more victims, only one of these cases involved two victims.

The graph below displays the State's performance over the past 12 reporting periods.

**Twelve Reporting Periods of State Performance on Outcome 5
Maltreatment in Care**



Source: Case File Review of All Maltreatment-in-Care Investigations, July to December 2015.

The types of maltreatment substantiated for these nine children consisted of the following: inadequate supervision (4 children); inadequate food, clothing and shelter (2 children); emotional abuse (1); sexual abuse and inadequate supervision (1 child) and physical abuse (1 child). Private provider-supervised foster homes accounted for three (33%) of these cases. There were five (56%) substantiated victims being cared for in Child Caring Institutions (CCIs). The other case involved a Primary Residential Treatment Facility (PRTF).

Among the substantiated cases of maltreatment, the following were particularly noteworthy:

- An allegation of abuse was made against the foster parents after one of the victim children disclosed he and another child in the home were not being properly fed, made to stand for extended periods of time and made to write an extensive number of sentences as a form of punishment. Both of these children in the home were removed.
- Allegations of neglect (N03-inadequate supervision) and abuse (S02-fondling) were made against two Primary Residential Treatment Facility (PRTF) staff members after three female residents disclosed they were being touched in sexually inappropriate manners. During the course of the investigation several children (victim and non-victim) and staff members were interviewed and the investigation was substantiated against one of the alleged maltreaters. According to a documented interview with the Director, one individual was terminated (the employee the allegation was substantiated against) and

the other would not have direct contact with the clients and would receive additional training and coaching.

Although not included in the measure's calculations, there were 18 other children from DeKalb and Fulton counties substantiated for being maltreated in foster care. Some of these children were maltreated by biological parents while visiting them, two of these were supervised and one was not. One was maltreated while visiting family members, another by a staff person at school. Two were maltreated by a biological parent's paramour when placed at home. The majority (10) of them are children who were maltreated by relatives in whose care they had been placed.

Outcome 6 – Corporal Punishment.

The Consent Decree prohibits the use of corporal punishment for children and youth in foster care and contains certain requirements for assessing allegations of corporal punishment.⁵⁹ The following section summarizes the extent to which DFCS met these agreed upon standards in Period 20.

Outcome 6 seeks to protect children in foster care from experiencing corporal punishment, which the Consent Decree defines as "...any physical punishment of a child that inflicts pain."⁶⁰ The Consent Decree requires that by the end of Period 4, 98 percent of all foster homes will not have an incident of corporal punishment within the previous 12 months.

State Performance

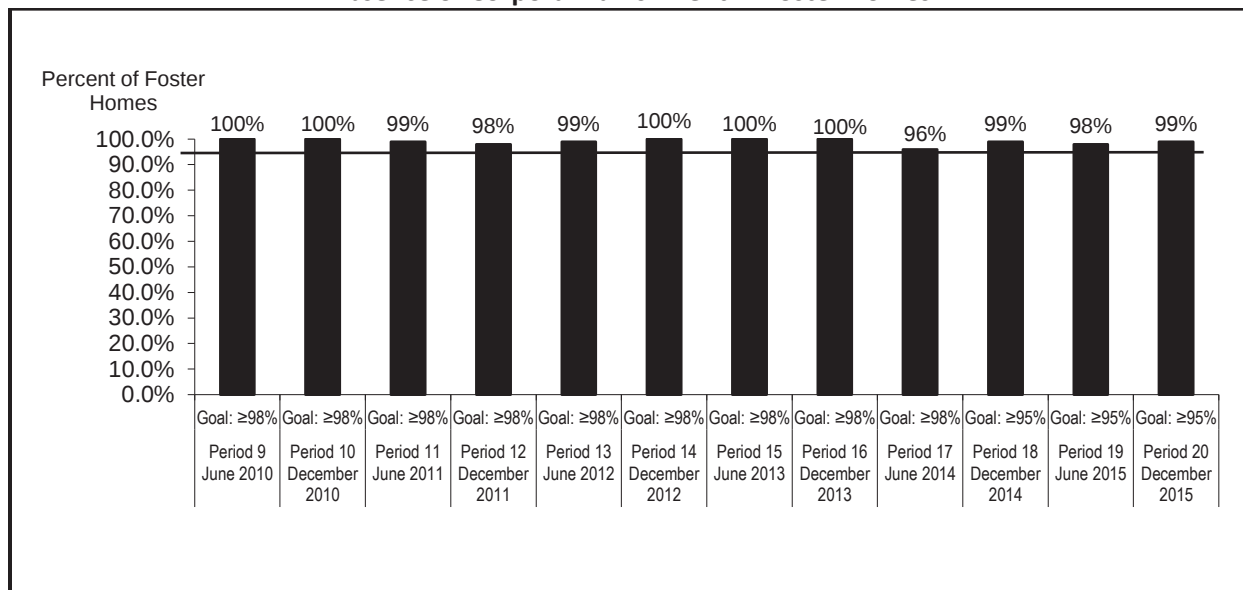
- ***The State Exceeded the Outcome Measure 6 Threshold.***

During Period 20, there were four allegations of corporal punishment of children in foster care and all four allegations were investigated by CPS. Three allegations were unsubstantiated and one was substantiated. In total, 81 of 82 foster homes sampled (99%) had no confirmed incidents of corporal punishment in the previous 12 months, thus meeting the Consent Decree standard. This was similar to the Period 19 rate of 98 percent.

⁵⁹ See pages 29 and 30, Section 12.C of the Consent Decree

⁶⁰ See p. 2 of the Consent Decree.

**Twelve Reporting Periods of State Performance on Outcome 6:
Absence of Corporal Punishment in Foster Homes**



Source: Case File Review of All Maltreatment-in-Care Investigations, January 2010 to December 2015.

a. Awareness of Corporal Punishment Prohibition

All placement settings are to prohibit the use of corporal punishment. In all but one of the 82 (99%) foster homes sampled, there was a signed statement by the foster parents or caregivers or other evidence in the file that: 1) they were told about the DFCS corporal punishment policies, and 2) that they agreed not to use corporal punishment.

b. Enforcement of Corporal Punishment Prohibition

Enforcement of the corporal punishment prohibition in DFCS-supervised foster homes is carried out by the county DFCS offices.

The Residential Child Care (RCC) Licensing section monitors, inspects, and licenses Child Caring Institutions, Child Placing Agencies, Outdoor Child Caring Programs, Children's Transitional Care Centers, Runway Homeless Youth Program and Maternity Homes. RCC requires Child Placing Agencies (CPAs) and Child Caring Institutions (CCIs) to have written policies prohibiting the use of corporal punishment as a condition of licensure.

The Office of Provider Management (OPM) is responsible for contracting with Child Caring Institutions (CCIs) and Child Placing Agencies (CPAs) for the provision of room, board and watchful oversight services. A CCI provides room, board and watchful oversight to six or more children through 18 years of age (21 if the young person has chosen to remain in foster care). The child or youth is generally placed with six or more in a residential setting, such as a group

home, on a campus or a self-contained facility. Independent Living (IL) and Transitional Living Programs (TLPs) are managed by CCIs. CPAs are child welfare agencies that place children in foster homes and resource homes for temporary care, supervision and oversight. These agencies are responsible for making sure the foster home is appropriate and able to meet the needs of the individual child or youth. There are 12 types of Room, Board, Watchful Oversight (RWBO) care that can be provided within CCIs or CPAs designed to meet more moderate needs of children and youth to the most acute.

Based on a core belief that children and youth served by these providers should be safe from abuse and neglect, exit to permanency and have their well-being needs met, OPM implemented a performance based placement system in 2010.

Specific to corporal punishment and part of the performance based placement system, CCIs, CPAs, Independent Living and Transitional Living Programs are given credit for:

- maintaining low percentages of children and youth involved in an incident that has been investigated and substantiated by CPS while in their care; and
- managing behavior in ways that do not re-traumatize children and youth.

OPM relies on onsite case record reviews, collateral contacts, and self-reported data from providers that has been validated to some extent to make sure that these providers are meeting contractual obligations.

c. Screening and Assessment of Corporal Punishment Allegations

Parties reached agreement in 2005 on several processes to be used when a report of suspected corporal punishment of a child in DFCS custody is received.⁶¹ Safeguards are in place to ensure that allegations are screened immediately by persons who have been trained in the relevant issues – including child protective services – and do not also have responsibility for the recruitment or selection of foster parents, adoptive parents, relative caregivers or other placement providers. If there is reasonable cause to believe that abuse or neglect has occurred, the report of corporal punishment must be handled as an abuse and neglect referral. All reports of corporal punishment in child caring institutions shall be treated as abuse and neglect referrals.

There are also specific provisions for reports of corporal punishment that do not result in abuse or neglect referrals and instead are assessed as policy violations.

Based in part on concerns raised in Period 18 about a new Chapter 15 policy allowing CPAs and CCIs to conduct their own policy violation assessment, including when there are allegations of corporal punishment, leaders in DeKalb and Fulton counties and other DFCS state office persons

⁶¹ See pages 29 and 30, Section 12.C.1 – 3 of the Consent Decree

outlined a process for assessing corporal punishment as a policy violation in a manner they believed would: 1) keep children and youth in foster care safe and protected from harm; 2) exceed statewide policy expectations; and 3) occur for every allegation of corporal punishment being assessed as a policy violation and not being investigated as an abuse of neglect referral. The Accountability Agent agreed to monitor the utilization and efficacy of this process.

To do so, the Accountability Agent and the MTAT worked with the case review team and GSU to modify the case review instruments to assess the extent to which the new policy violations process met these expectations in Period 20.

Here is what was found through the Period 20 review of 82 randomly selected foster homes. There were four referrals of alleged corporal punishment. All of these were made to the Child Protective Services Intake Communications Center (CICC) and all of them were screened in for a CPS investigation.

The one substantiation of corporal punishment resulted in a foster home closure.

PART FOUR - PERMANENCY

Several of the Consent Decree outcomes and practice requirements focus on various components of achieving permanency for children. This part reports on the State's progress in the areas related to children in DFCS custody maintaining their family connections and safely returning home or achieving permanency with new families.

Children in Placements Maintain Family Connections

Outcome 7 – Diligent Search

Outcome Measure 7 in the Consent Decree requires case managers to conduct and document a diligent search for parents and relatives within 60 days of entry for at least 95 percent of the children. The outcome requirement for undertaking a diligent search within 60 days was deemed to have been satisfied if one of the following conditions was met:

- The child was placed with a relative within 60 days after entering custody; **or**,
- A court order stated that the diligent search had been properly and timely submitted to the court; **or**,
- There were documented search efforts that included the following: interviewing children⁶² about adults in their lives or someone with whom they would want to live **and** interviewing one or more family members or family friends within 60 days **and**, when resources were identified, contacting or attempting to contact them.

State Performance

- ***The State did not meet the Outcome 7 Measure Threshold***

During Period 20, the counties documented diligent search efforts in 19 out of 22 (**86%**) of the cases reviewed. Due to the small sample size, performance for this measure is highly variable. The chart below displays additional information about the State's documented diligent search efforts, followed by a graph displaying the State's performance over the past twelve reporting periods.

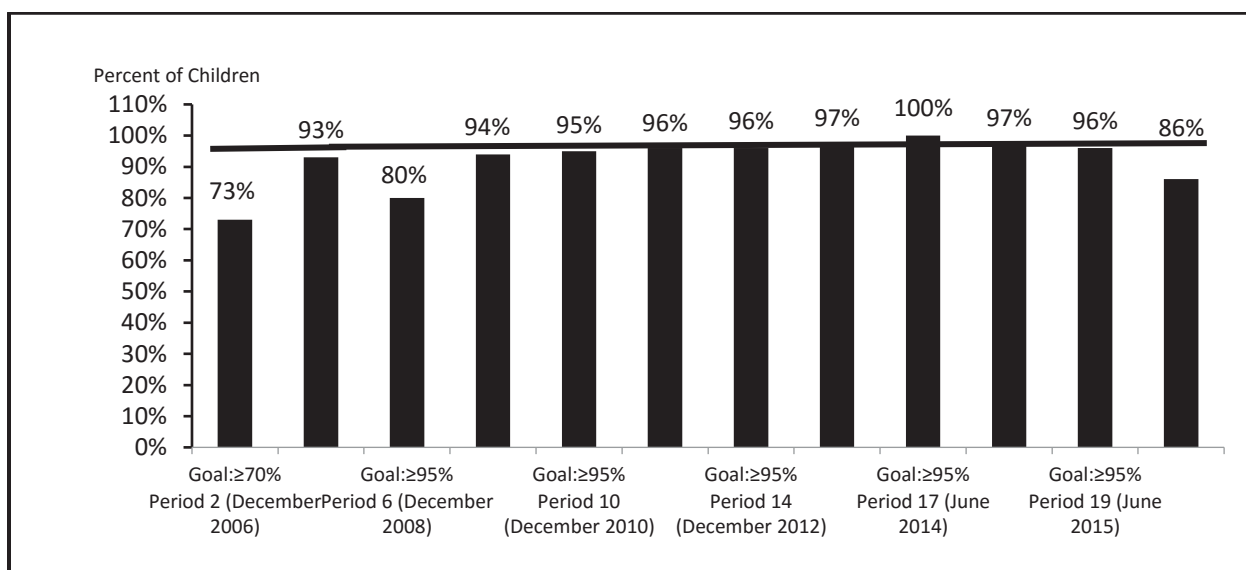
⁶² If the child was aged 3 or younger, the record review did not seek to determine if the child was interviewed.

Diligent Search Actions Undertaken**N=22**

Actions	Number	Percent
Children placed with a family resource within 60 days of entering custody	8	36%
Court order documented that the diligent search was “properly and timely” submitted	6	27%
Evidence of interviews with child and child’s family and others within first 60 days and contact made with one or more possible resource, as applicable	5	23%
Subtotal for Outcome Measurement	19	86%
Insufficient search activities in first 60 days: no documented interviews of children to gather information about relatives and significant others (children ranged in age from 5 to 17)	3	14%
Total	22	100%

Source: Case Record Review, July 1– December 31, 2015.

**Twelve Reporting Periods of State Performance on Outcome 7
Diligent Searches Undertaken Within 60 Days**



Source: Case Record Reviews

Outcome 16 – Sibling Placement.

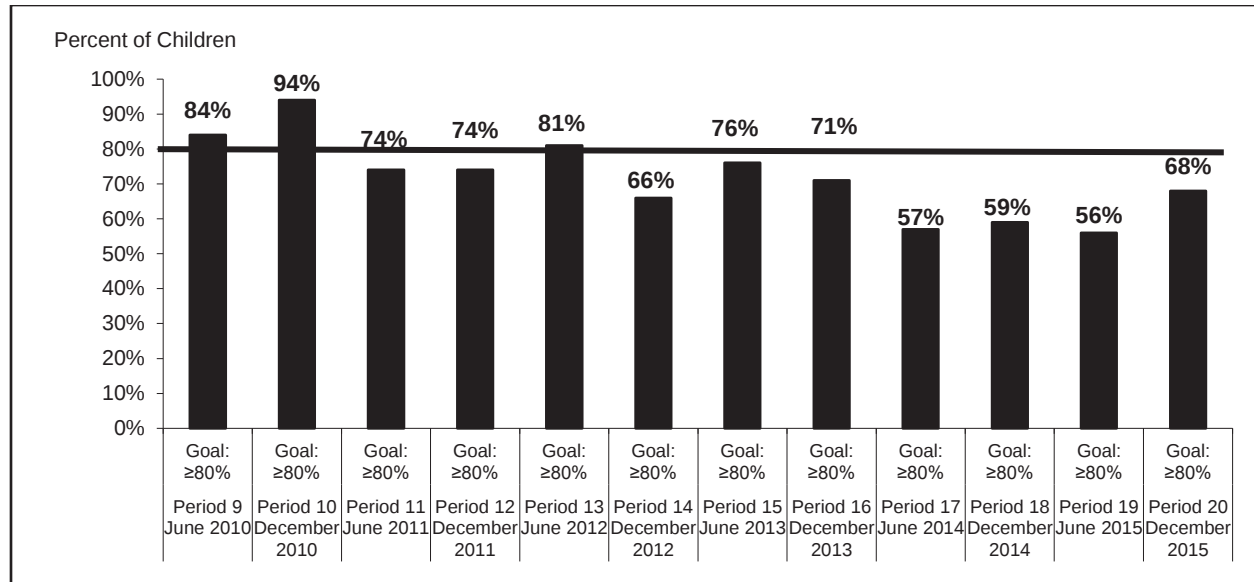
At least **80%** of all foster children who entered foster care during the reporting period along with one or more siblings shall be placed with all of their siblings.

State Performance

- ***The State Failed to Meet the Required Threshold for Outcome 16.***

During Period 20, the State's performance increased to 68 percent but was still below the threshold. The graph below depicts the State's performance over the past 12 reporting periods.

**Twelve Reporting Periods of State Performance on Outcome 16
All Siblings Placed Together in Foster Care**



Source: Verified State Data

Outcome 19 – Placement Proximity

Outcome 19 requires the State to place at least 90 percent of children in foster care within the same county from which they were removed or within a 50-mile radius of the home from which they were removed.⁶³ The Consent Decree allows for the following exceptions:

- Children with needs so exceptional that they cannot be met by family;
- Children placed with relatives through ICPC;
- Children is in an adoptive placement; and
- Children placed with parent/guardian.

State Performance

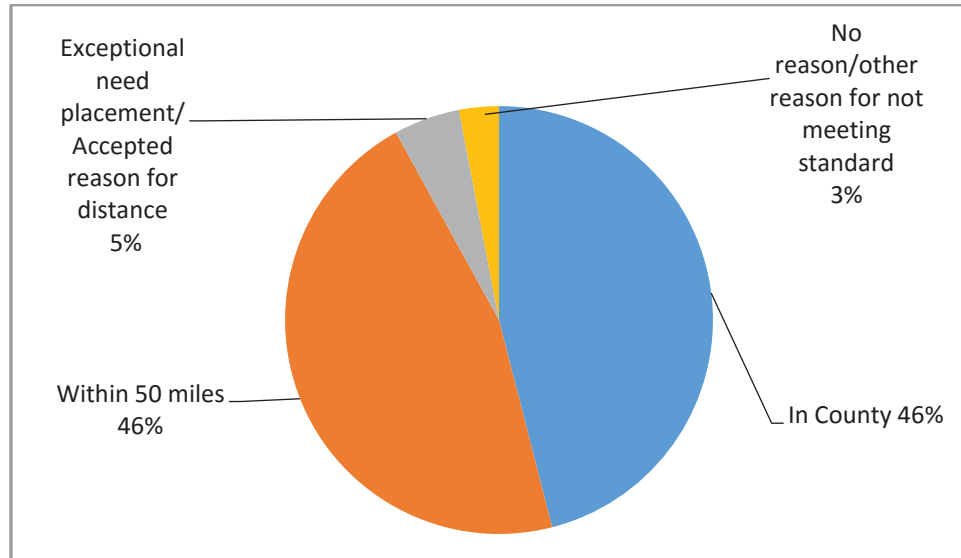
- ***The State Surpassed the Outcome 19 Threshold.***

During Period 20, out of the 91 children in the sample, the State placed 42 children (46%) within their home county; 42 children (46%) within a 50-mile radius of the home from which they were

⁶³ See p. 35, Outcome 19, of the Consent Decree.

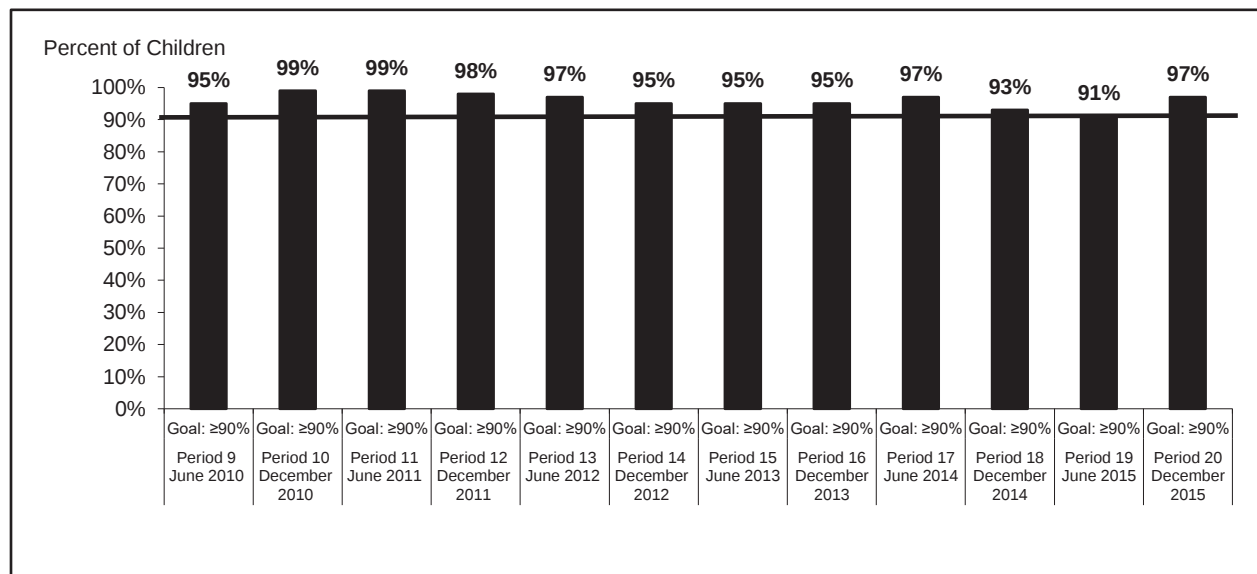
removed; five children (5%) had exceptional needs that required placement further away; and three children (3%) were not placed in proximity to their homes of removal. Thus, the State's performance for Period 20 was **97 percent**. This data is displayed in the pie chart below, followed by a graph depicting the State's performance over the past 12 reporting periods.

Child Placement Proximity to Home of Removal
N=91



Source: Foster Care Case Record Review for July to December, 2015.

Twelve Reporting Periods of State Performance on Outcome 19
Placement Proximity



Source: Review Period Foster Care Case Record Reviews January 2010 – December 2015.

Outcome 21 – Parent Child Visitation

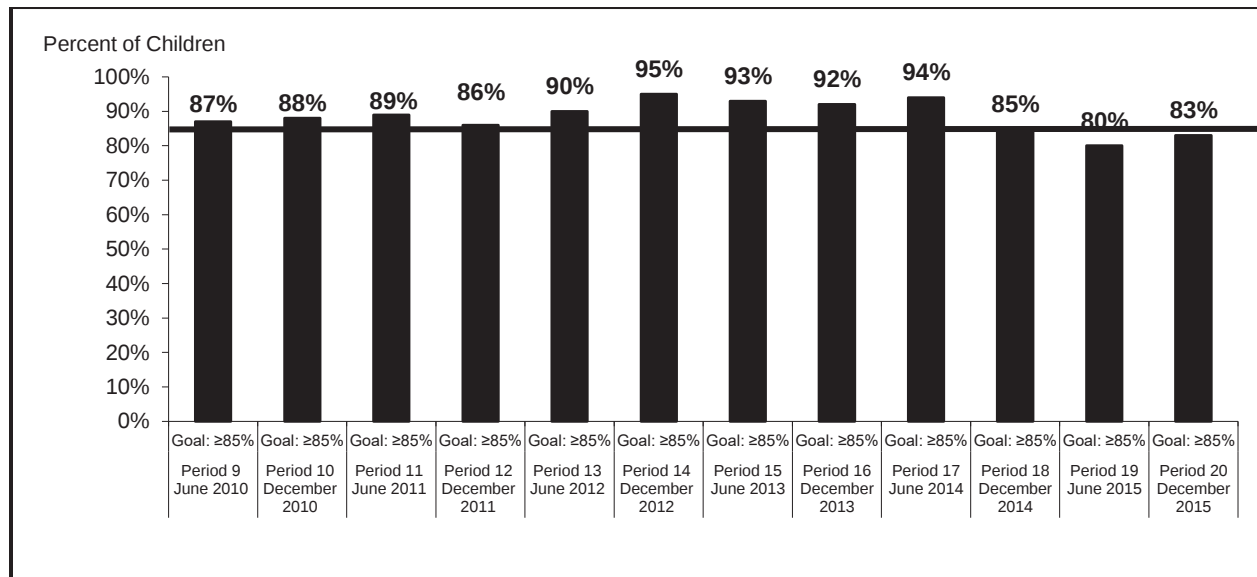
At least **85%** of all children with the goal of reunification shall have appropriate visitation with their parents to progress toward reunification.

State Performance

- ***The State Failed to Meet the Outcome 21 Threshold.***

During Period 20, the State's performance increased to 83 percent but is still below the threshold. The graph below depicts the State's performance over the past 12 reporting periods.

**Twelve Reporting Periods of State Performance on Outcome 21
Parent Child Visitation**



Source: Verified State Data

Outcome 23 – Sibling Visitation

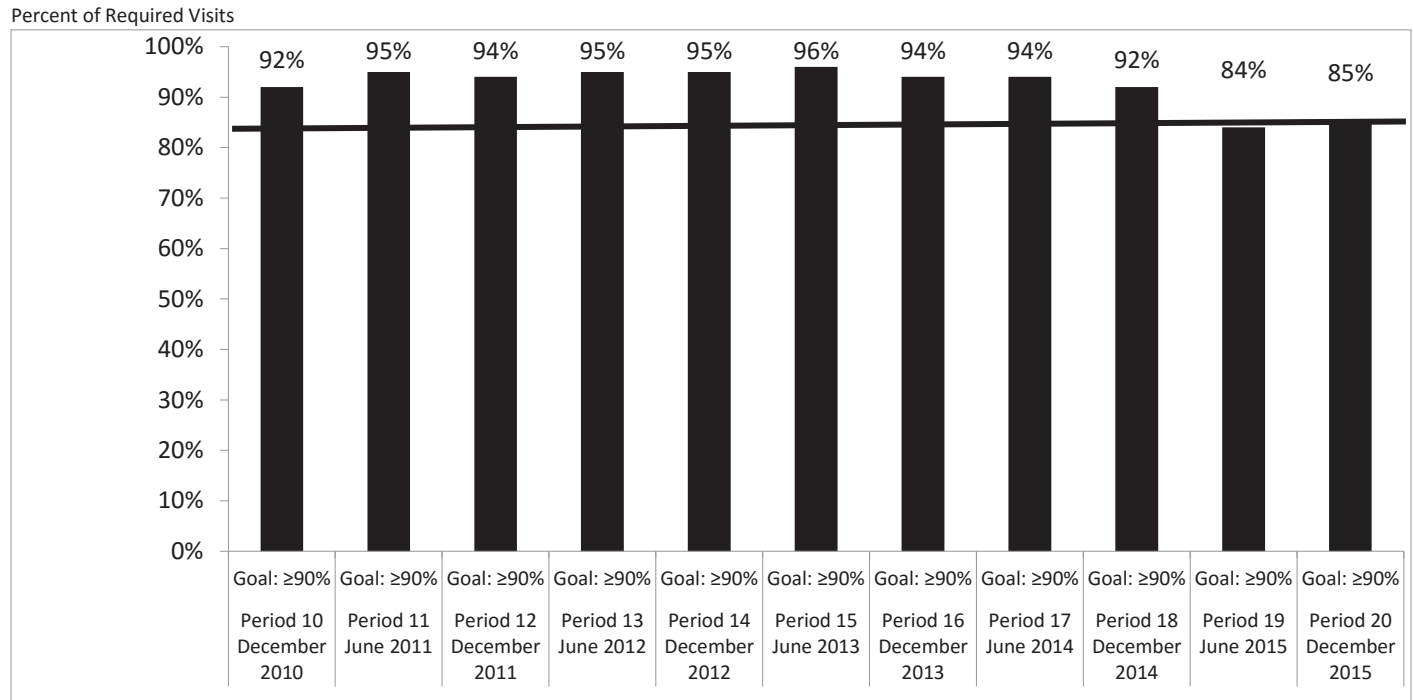
At least **90%** of the total minimum number of required monthly sibling-group visits shall have taken place during the reporting period. Children who have one or more siblings in custody with whom they are not placed shall be provided a visit with their siblings at least one time each month, unless the visit is harmful to one or more of the siblings, the sibling is placed out of state in compliance with ICPC, or the distance between the children's placement is more than 50 miles and the child is placed with a relative.

State Performance

- ***The State Failed to Meet the Required Threshold for Outcome 23.***

The Period 20 performance of 85% is similar to the P19 performance (84%) and is the second consecutive period that this measure has not been met. The graph below depicts the State's performance over the past twelve reporting periods.

**Eleven Reporting Periods of State Performance on Outcome 23
Sibling Visitation**



Source: Verified State Data

Children Achieve Permanency

Outcome 4 – Re-Entry into Custody.

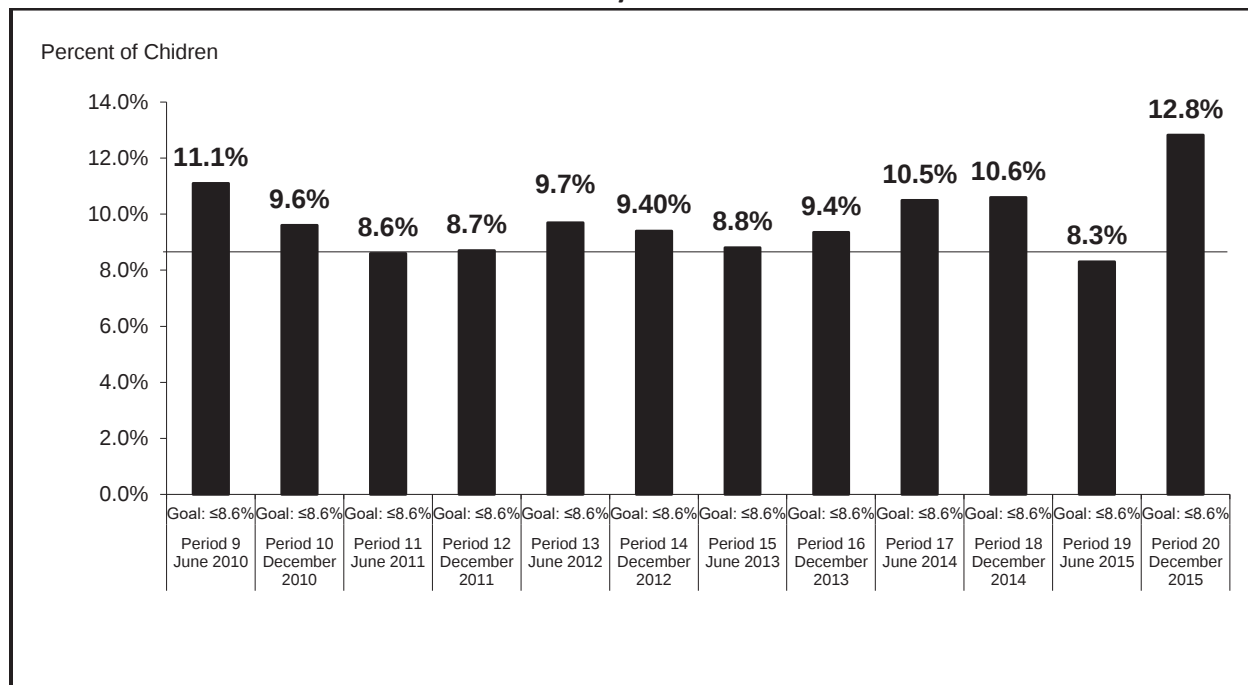
No more than **8.6%** of all foster children entering custody shall have re-entered care within 12 months of the prior placement episode.

State Performance

- ***The State Failed to Meet the Threshold Requirement for Outcome 4.***

The State's performance in Period 20 (**12.8%**) is the highest rate since the beginning of the consent decree. The graph below depicts the State's performance over the past twelve reporting periods.

**Twelve Reporting Periods of State Performance on Outcome 4
Re-entry into Care**



Source: Verified State Data

Outcome 8a and 8b – Permanency Exits for Children Who Entered Care On or After October 21, 2005.

8a - Of all the children entering custody following the entry of the Consent Decree, at least **40%** shall have had one of the following permanency outcomes within 12 months or less after entering custody: reunification, permanent placement with relatives, permanent legal custody, adoption, or guardianship.

The State's Period 20 performance of **58 percent** exceeds the required threshold. The State has consistently exceeded this outcome.

8b - Of all the children entering custody following the entry of the Consent Decree, at least **74%** shall have had one of the following permanency outcomes within 12 months or less after entry: reunification, permanent placement with relatives, or shall have had one of the following permanency outcomes within 24 months or less after entering: adoption, permanent legal custody, or guardianship.

The Period 20 performance of **65% percent** did not meet the required threshold. The State has never met this Consent Decree requirement but has generally trended in a positive direction.

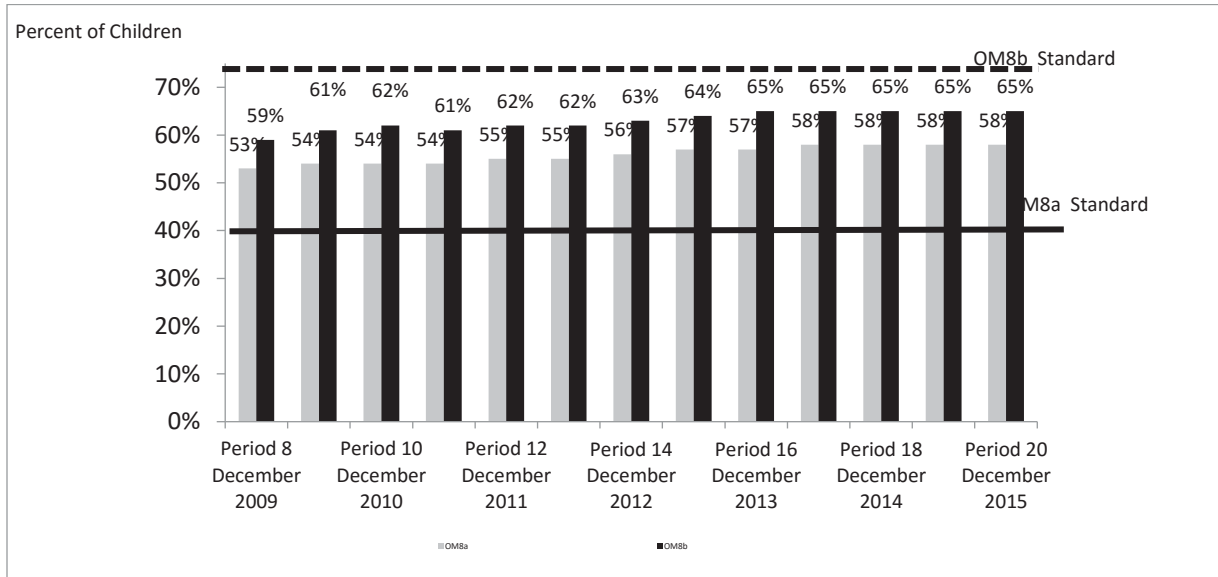
Outcome 8
Children Entering DFCS Custody on or after October 27, 2005
Who Exited to Permanency by June 30, 2015

	Children who entered custody on or since October 27, 2005	
Number of children in cohort	12096	
Exits as of June 30, 2015	8(a)	8(b)
Reunification within 12 months	5907	5907
Permanent Placement with Relatives within 12 months (still in state custody)	0	0
Permanent Legal Custody within 12 months (custody transferred from DFCS)	907	907
Permanent Legal Custody between 12 and 24 months (custody transferred from DFCS)		364
Adoption within 12 months	30	30
Adoptions between 12 and 24 months		233
Guardianship within 12 months	599	599
Guardianships between 12 and 24 months		265
Total Exits for Outcome Measurement	7443	8305
Percentage Exiting for Outcome Measurement	58%	65%
Number Exited to Permanency but not in required time frame	1845 (14%)	
Other exits (transfer to other counties, emancipation, etc.)	1187 (9%)	
Total number exiting	11337 (89%)	
Remaining number in cohort on June 30, 2015	1427 (11 %)	
Demographics of those still in DFCS custody at June 30, 2015	Average length of stay: 17.61 months	
	Median length of stay: 12.3 months	
	Average Age: 8 years	
	51% female, 49% male	

Source: SHINES, and county tracking systems.

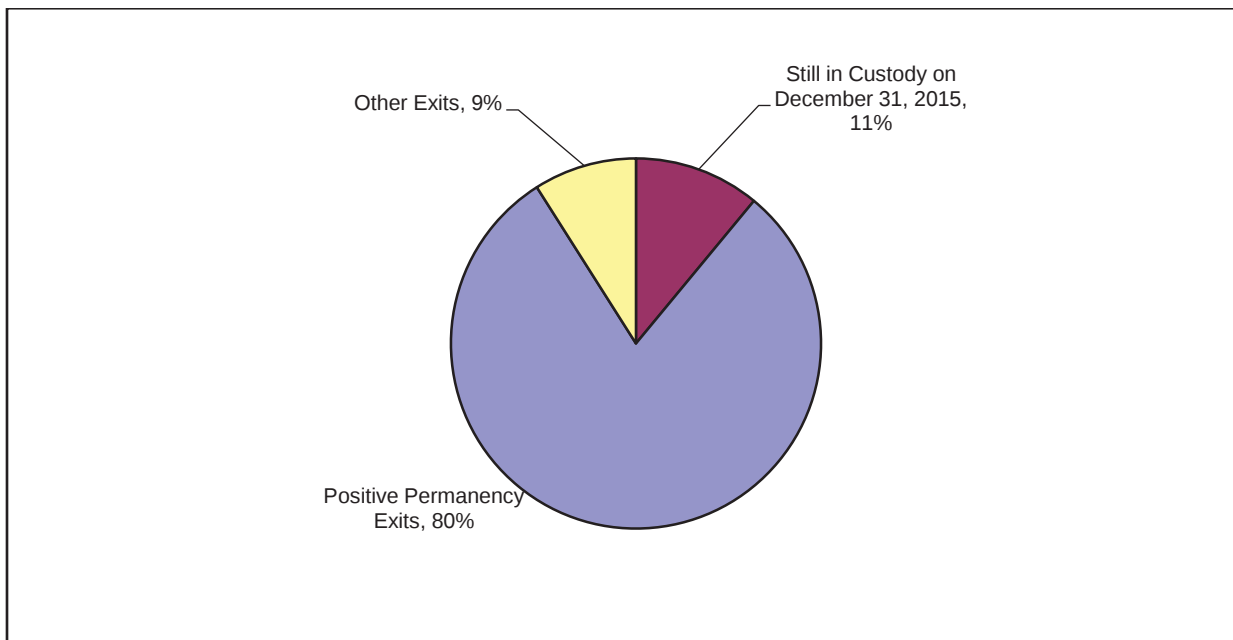
The following graph displays the State's performance over the 12 most recent reporting periods.

**Twelve Reporting Periods of State Performance on Outcome 8a and 8b
Permanency Exits for Children Who Entered Care On or After October 21, 2005**



Source: SHINES, and county tracking systems.

The pie chart below illustrates the exit outcomes for all children who have entered state custody since the start of the Consent Decree.



Source: SHINES, and county tracking systems. *Positive Permanency exits include reunification, adoption, guardianship, permanent legal custody, and permanent placement with relatives. Other exits include emancipation and transfer to other counties or states.

8b Special Cohort

As a result of ongoing discussions between the parties about the Outcome 8b performance and a request by Plaintiffs' Counsel in February 2012⁶⁴, the State began providing a special “entry cohort” analysis of the State’s 8b performance to shed more light on the State’s progress. To date, this analysis has considered the permanency results over 24 months for nine separate cohorts of children.

Specifically, this entry cohort analysis measures the proportion of children entering care in each of the designated reporting periods that achieved one of the stipulated permanency outcomes within 12 or 24 months of entry, as applicable. The result is displayed in this table.

**Children Achieving Timely Permanency within 24 Months of Entering Foster Care:
Results for Cohorts of Children Entering Periods 6 - 15**

Cohort 1	Cohort 2	Cohort 3	Cohort 4	Cohort 5	Cohort 6	Cohort 7	Cohort 8	Cohort 9	Cohort 10	Cohort 11
Period 6 July to December 2008	Period 7 January to June 2009	Period 8 July to December 2009	Period 9 January to June 2010	Period 10 July to December 2010	Period 11 January to June 2011	Period 12 July to December 2011	Period 13 January to June 2012	Period 14 July to December 2012	Period 15 January to June 2013	Period 16 July to December 2013
66%	70%	75%	73%	73%	72%	70%	68%	72%	69%	72%

Outcome 9 – Permanency Exits Among Children Who Had Been in the Custody of DeKalb or Fulton County Up to 24 Months as of October 27, 2005.

Children in custody for up to 24 months and still in custody upon entry of the Consent Decree (children in the “24-month backlog pool”): For all children remaining in the 24-month backlog pool after the third reporting period at least **40%** by the end of the fourth reporting period shall have one of the following permanency outcomes: reunification, permanent placement with relatives, permanent legal custody, adoption, or guardianship.

At the beginning of Period 20, there were 3 children remaining in the Outcome 9 cohort. None of these children achieved positive permanency exits. For the three children remaining in custody at the end of the period, none were under the age of 12. They are 12, 15 and 16 years of age. The primary permanency plan for each child is adoption and they each have mental health issues that impact their behavior.

⁶⁴ Email correspondence from Laurence D. Borten, Children’s Rights to Mark Cohen, Special Counsel to The Department of Human Services, February 17, 2012.

Outcome 10 – Permanency Exits Among Children Who Had Been in the Custody of DeKalb or Fulton County More than 24 Months as of October 27, 2005.

Children in custody for more than 24 months and still in custody upon entry of the Consent Decree: For all children remaining in the over 24-month backlog pool after the third reporting period at least **35%** by the end of the fourth reporting period shall have one of the following permanency outcomes: reunification, permanent placement with relatives, permanent legal custody, adoption, or guardianship.

At the beginning of Period 20 there were two children remaining in the Outcome 10 cohort. Neither of these children exited during the period. One child has several health issues requiring 16 hours of nursing per day. Neither child is under the age of 12. They are 14 and 17 years of age.

Outcome 11 – Adoptions within 12 Months of Termination of Parental Rights.

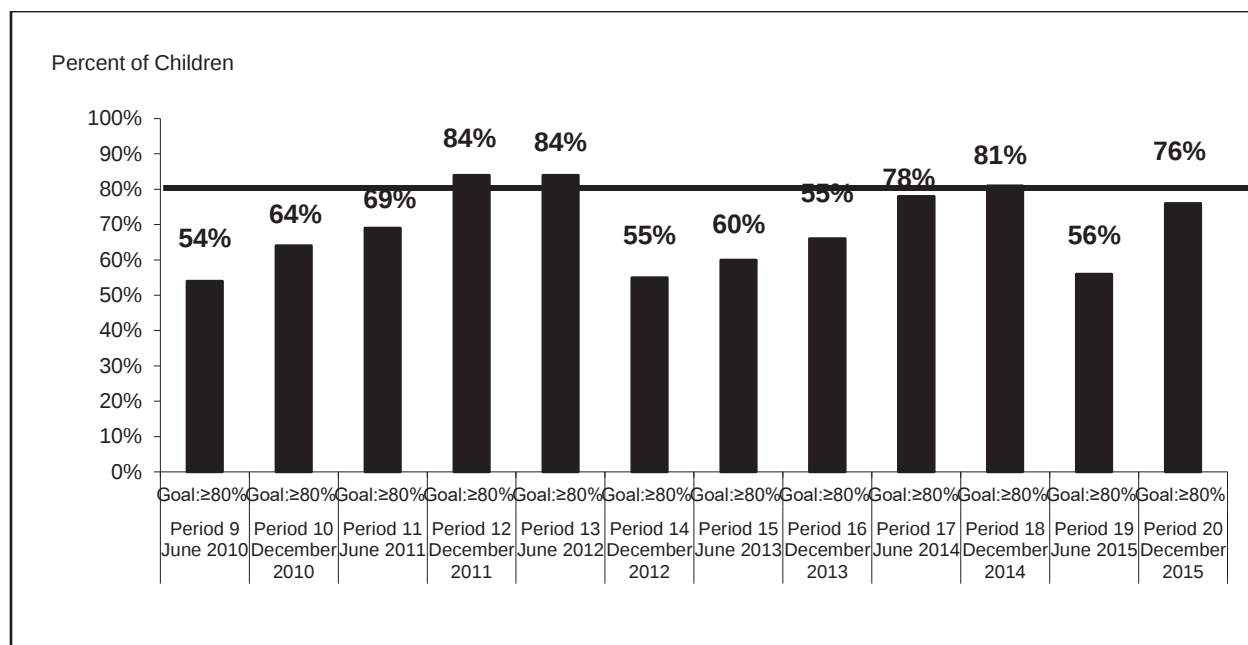
For all children whose parental rights have been terminated or released during the reporting period, **80%** will have adoptions or legal guardianships finalized within 12 months of final termination or release of parental rights.

State Performance

- ***The State Fell Short of the Outcome 11 Threshold.***

The State's performance increased significantly from 56 percent in Period 19 to **76 percent** in Period 20. The graph below depicts the State's performance over the past twelve reporting periods.

**Twelve Reporting Periods of State Performance on Outcome 11
Adoptions/Guardianships Finalized within 12 months of TPR**



Source: Verified State Data

Outcome 14 – Adoption Disruptions within 12 Months of Finalizations.

No more than **5%** of adoptions finalized during the reporting period shall disrupt within the 12 months subsequent to the reporting period.

Within the group of 44 children adopted between July 1 and December 31, 2014, none (0%) are known to have re-entered the State’s custody by December 31, 2015. The State has surpassed this outcome measure in every reporting period.

Other Practices and Processes to Promote Permanency

The State reports that regularly scheduled reviews of progress toward permanency take place in each county for children who reach their 13th month in care. According to State reported data, 264 children reached their 13th month in care in Period 20. Of these 264 children, 253 had their cases reviewed by the State Permanency Review Team. Reviewer concurrence with the goal and plan are typically low and often result in staffings to discuss appropriate case work. While the circumstances among these cases vary, there is a trend among cases in which the counties

maintain a goal of reunification, despite having documentation and compelling reasons to transition the case to another plan.

DFCS Permanency Reviews at the 13th and 25th Month in Custody

**13th Month Permanency Review Implementation
July 1 through December 31, 2015
N=264**

	Number	Percent
Total Cases Reviewed by State Permanency Reviewers	253	96%
Reviewer Concurrence with goal and plan	121	48%
Permanency Goal		
Reunification	186	74%
Permanent placement with relative	0	0%
Adoption	35	14%
Guardianship	25	10%
Another planned permanent living arrangement	7	3%
Totals	253	100%
Cases with current case plans (court sanctioned/approved)	190	75%

Source: Division of Family and Children's Services, State Permanency Review Project Director, 2015 Third and Fourth Quarterly Reports on 13th month Permanency Reviews.

**Family Team Meetings Convened for 13th Month Permanency Reviews
July 1 through December 31, 2015
N= varies**

	Number	Percent
Cases with "Family Team Meetings" (FTM) within the last 90 days (percentages based on the number of applicable cases =253)	54	21%
FTMs with mothers involved (percentages based on the number of FTMs held—excludes cases for which there was a TPR, a non-reunification order, the mother's whereabouts were unknown throughout the life of the case, or the mother was deceased—N=50)	21	42%
FTMs with fathers involved (percentages based on the number of FTMs held—excludes cases for which there was a TPR, a non-reunification order, the father's whereabouts were unknown throughout the life of the case, or the father was deceased—N=38)	4	11%
FTMs with relatives involved (percentages based on the number of FTMs held and potential relatives to invite — N=54)	15	27%
FTMs with foster parents involved (percentages based on the number of FTMs held and number of children with foster parents — N= 33)	15	45%
FTMs with service providers involved (percentages based on the number of FTMs held and number of children with service providers – N=53)	15	28%
FTMs had recommendations specific to Child/Family needs (percentages based on N=53)	49	92%

Source: Division of Family and Children's Services, State Permanency Review Project Director, 2015. Third and Fourth Quarterly Reports on 13th month Permanency Reviews.

13th Month Permanency Review: Engagement in Case Planning**July 1 through December 31, 2015****N=varies**

	Number	Percent
Active involvement in the case planning process		
Child (n=152)	148	97%
Mother (n=191)	184	96%
Father (n=99)	84	85%
Caretaker (n=253)	253	100%

Source: Division of Family and Children's Services, State Permanency Review Project Director, 2015. Third and Fourth Quarterly Reports on 13th month Permanency Reviews.

25th Month Permanency Review Implementation**July 1 through December 31, 2015****N=85**

	Number	Percent
Total Cases Staffed	80	94%
Reviewer Concurrence with County Plan	32	40%
Permanency Goal		
Reunification	44	55%
Permanent Placement with Relative	0	0%
Adoption	27	34%
Guardianship	7	9%
Another Planned Permanent Living Arrangement	2	2%
Totals	88	100%
Cases with current case plans (Court sanctioned/approved)	65	74%

Source: Division of Family and Children's Services, State Permanency Review Project Director, 2015. Third and Fourth Quarterly Reports on 25th month Permanency Reviews.

25th Month Permanency Review: Engagement in Case Planning**July 1 through December 31, 2015****N=varies**

	Number	Percent
Active involvement in the case planning process		
Child (n=47)	41	87%
Mother (n=47)	46	98%
Father (n=20)	19	95%
Caretaker (n=80)	80	100%

Source: Division of Family and Children's Services, State Permanency Review Project Director, 2015. Third and Fourth Quarterly Reports on 25th month Permanency Reviews.

Post Adoption Assistance

The State reported that 61 children were adopted between July 1 and December 31, 2015. This is significantly more than the number of children adopted in Period 19 (28) and Period 18 (40).

During Period 20, according to data obtained from the State Office of Adoptions, 61 (100%) of those children adopted were receiving or were scheduled to receive monthly Adoption Assistance benefits and Medicaid. This proportion is an increase from the proportion in Period 19 (96%). All families receiving monthly adoption assistance are also eligible to receive additional benefits to cover one-time, non-recurring expenses. They may apply for reimbursement of non-recurring expenses of up to \$1500 once the adoption is finalized. Timely reimbursement is somewhat dependent on how quickly families are able to obtain the signed adoption decree and submit the application to DFCS. Once submitted, all the appropriate data must be entered into SHINES to move the case into a post-adoption category. Sometimes, this occurs after the review period. Among the 61 families eligible for non-recurring adoption assistance, 100 percent had received these benefits by December 31, 2015. This is significantly more than the proportion of families receiving reimbursement by the end of the Period 19 (54%).

Outcome 15 – Permanency Actions for Children Reaching Their 15th Month in Custody of Most Recent 22 Months.

The Consent Decree Outcome 15 stipulates that 95 percent of children who reach their 15th month in care will have had either: 1) a petition for the termination of parental rights filed against both parents or legal caregivers, as applicable; or 2) a compelling reason documented in the case record as to why such action is not in the best interest of the child.⁶⁵

Under federal regulations and state law, there are three exceptions to the requirement that TPR petitions be filed after the 15th of 22 months in care. They are:

- The child is being cared for by a relative;
- The State has documented a “compelling reason” that filing a petition to terminate parental rights would not serve the child's best interests; (the allowable exception noted above) or

⁶⁵ See p. 34, Outcome 15, of the Consent Decree.

- The State has not made “reasonable efforts” to reunify the family.⁶⁶

Federal regulations state and DFCS policy advises that a “compelling reason” must be based on the individual case circumstances guided by what is in the best interest of the child.⁶⁷

The measurement of Outcome 15 is based on the entire population of children who, in Period 20, reached or exceeded their 15th month in custody out of the previous 22 months. As in previous periods, the Accountability Agent and the Monitoring and Technical Assistance Team (MTAT) reviewed the compelling reason provided for each child and compared it to past information. Information provided by the counties was also verified using data from the Period 20 review of 91 randomly selected foster care case records.

During Period 20, 729 children had reached or surpassed their 15th month in custody out of the previous 22 months. A group of 111 children (15% of 729), was excluded from the Outcome 15 performance measurement based on the placement of these children with relatives, as allowed under Federal law.

State Performance

- ***The State Did Not Meet the Outcome 15 Threshold.***

By December 31, 2015, **91 percent** of the children in care 15 of the previous 22 months were legally free to be adopted or the State had filed petitions to terminate parental rights or documented compelling reasons why it had not taken such action. This is the same as the Period 19 performance. The chart below summarizes the different components of the counties’ Period 20 performance, drawn from the data in their tracking systems. The graph that follows displays the State’s performance on Outcome 15 for the 12 most recent reporting periods.

⁶⁶Adoption and Safe Families Act, see also Social Services Manual Chapter 1000, Section 1002.7, Georgia Department of Human Services.

⁶⁷ See Social Services Manual, Section 1002.12.3, 1002.17, and 1013.11, Georgia Department of Human Services.

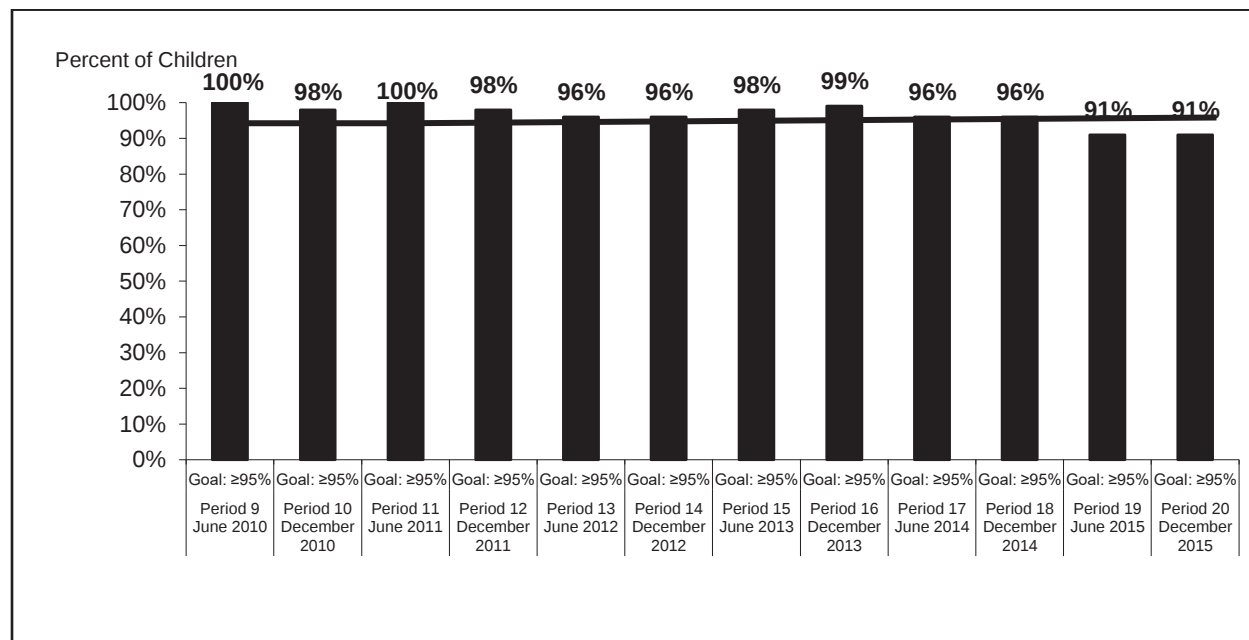
**Status of Children Who Had Been in DFCS Custody 15 of the previous 22 months
As of December 31, 2015**

REGION 14 OM 15 SUMMARY P20			Total		
			Number	Percent	Cumulative
Children who reached or surpassed their 15th month in custody of the past 22 months between July 1 and December, 2015.			729		
Excepted Subpopulations					
<i>Children placed with relatives</i>			111		
<i>The State has not made reasonable efforts to reunify the family</i>					
Number of Children for Outcome 15 Measurement			618		
Parental Rights of Both Parents have been terminated or relinquished			194	31.3%	31.3%
DFCS has filed a petition to complete the termination of the parental rights of both parents where applicable.			83	13.4%	44.7%
There is a documented compelling reason for not terminating parental rights.			286	46.3%	91.0%
	Reasons cited for not terminating parental rights	Number			
A1	There is a permanency goal of return home, approved by the Court and the child is expected to be reunited with parents within 6 months.	139			
A2	The child is a specified age (14) or older and objects to being adopted	71			
A3	The child has severe emotional or behavioral problems or a serious medical conditional and reunification remains an appropriate goal.	18			
A4	The child has a permanency goal other than adoption and is expected to achieve that goal within 12 months of establishing the goal.	52			
A5	Parents are deceased, or have voluntarily relinquished rights.	6			
A8	The child is an unaccompanied refugee minor as defined in 45 Code of Federal Regulations 400.11.	0			
A11	The child is a child of a teen mother who is also in the State's custody.	0			
A12	Other circumstances.	0			
There is no documented Compelling Reason not to file a petition to terminate parental rights					

There are plans to terminate parental rights, but a petition had not yet been filed as of December 31, 2015 or date of discharge.	55	9%	100%
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Source: Verified State Data

**Twelve Reporting Periods of State Performance on Outcome 15:
Children in Care 15 of the Previous 22 Months have Petitions for Terminating Parental Rights or a
Compelling Reason Not to Terminate Parental Rights**



Source: SHINES

Outcome 27 – Timely Semi-annual Judicial or Administrative Case Plan Reviews

Outcome 27 requires that at least 95 percent of the children have timely semi-annual reviews of their case plans. Children are expected to have case plans developed within 30 days of entering State custody. In accordance with the Consent Decree, the court or a designated panel must review these case plans within six months of entering foster care and every six months thereafter the child is in custody.⁶⁸

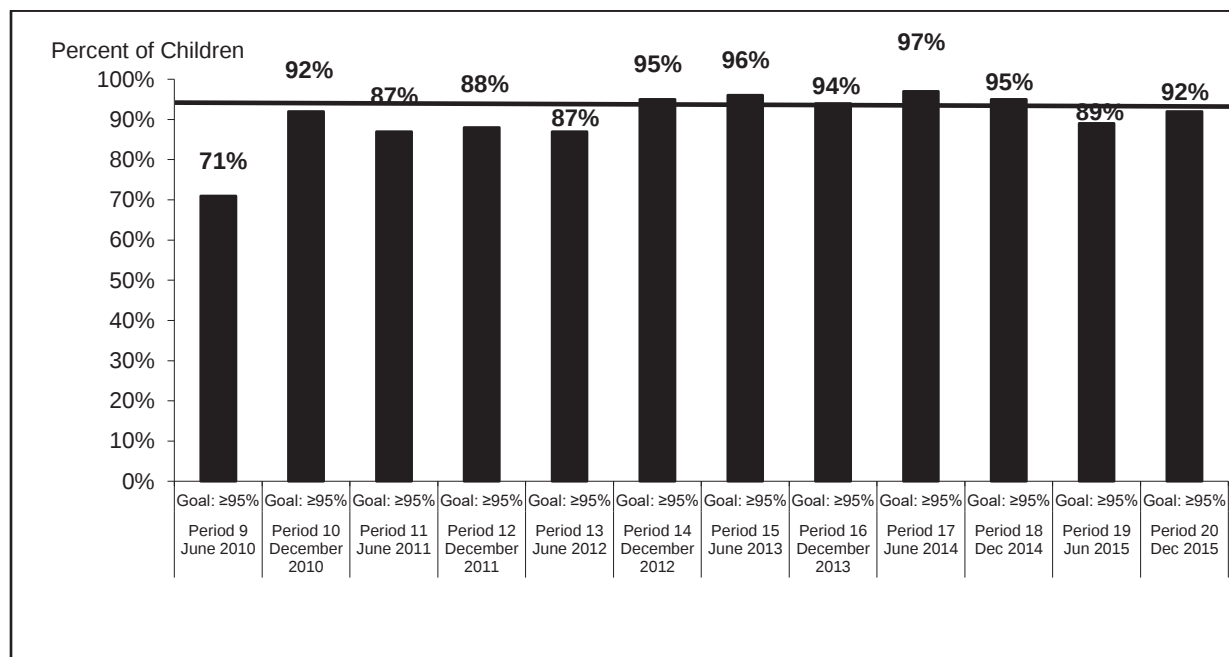
State Performance

- ***The State Did Not Meet the Outcome 27 Threshold.***

⁶⁸ See p. 7, paragraphs 4A.4 and pp. 7-8, paragraphs 4B.1-6, and p. 37, Outcome 27, of the Consent Decree.

For 65 of the 91 children in the foster care sample who had been in custody for six months or more by the end of the reporting period, case file documentation indicates that 60 children **(92%)** had documented timely plan reviews completed by the Juvenile Court or Judicial Citizen Review Panel (JCRP), or a timely request for such a review.

**Twelve Reporting Periods State Performance on Outcome 27:
Timely Semi-Annual Judicial/Citizen Panel Case Reviews**



Source: Review Period Foster Care Case Record Reviews, January 1 2010– December 31, 2015.

Among the 60 six-month reviews, only 22 (37%) of mothers, 2 (3%) of fathers, 7 (12%) children and 13 (22%) of relatives participated. Participation in these reviews is such an important factor in achieving timely permanency. The lack of participation during the reviews in Period 20 may reflect a lack of engagement between the agency and families. More information regarding these reviews is displayed in the chart below.

Characteristics of Six-month Case Reviews
N= 60
(Most recent plans reviewed between July and December, 2015)

Characteristic				Number	Percent	
Participants						
	Birth Mother			22	37%	
	Birth Father			2	3%	
	Child			7	12%	
	Relative caregivers/ Extended Family Members/ Informal Supports			13	22%	
	Foster parents/placement providers			11	18%	
	DFCS case manager			46	77%	
	DFCS supervisor			10	17%	
	Other DFCS representative			9	15%	
	CCFA provider			1	2%	
	Private agency social worker			5	8%	
	Medical and mental health professionals			2	3%	
	Parents’ attorney(s)			16	27%	
	SAAG (Special Assistant Attorney General)			15	25%	
	Child’s advocates (attorney, Guardian Ad Litem, CASA volunteer, Child Advocate) – at least one per child			31	52%	
Elements Evaluated/Considered						
	Necessity and appropriateness of child’s placement			39	65%	
	Reasonable efforts made to obtain permanency			40	67%	
	Degree of compliance with specific goals and action steps			36	60%	
	Progress made in improving conditions that caused removal			26	43%	
	Changes that need to be made to plan			10	17%	
	County recommendations			9	15%	
	Parent recommendations			1	2%	
JCRP conducted review (percentage based on n=60)				35	58%	
	Total JCRP reports submitted (percentage based on n=35)		23	66%		
		Number of reports with Panel findings (percentage based on n=35)	23	66%		
		Number of reports with Panel recommendations (percentage based on n=35)	22	63%		
		Number of reports with County findings (percentage based on n=35)	14	40%		
		Number of reports with County recommendations (percentage based on n=35)	14	40%		
Court conducted review (percentage based on n=60)				30	50%	
Plan adopted by Juvenile Court (percentage based on n=65)				40	67%	

Source: Case Record Review for July 1 – December 31, 2015.

Outcome 28 – Timely Annual Judicial Permanency Reviews.

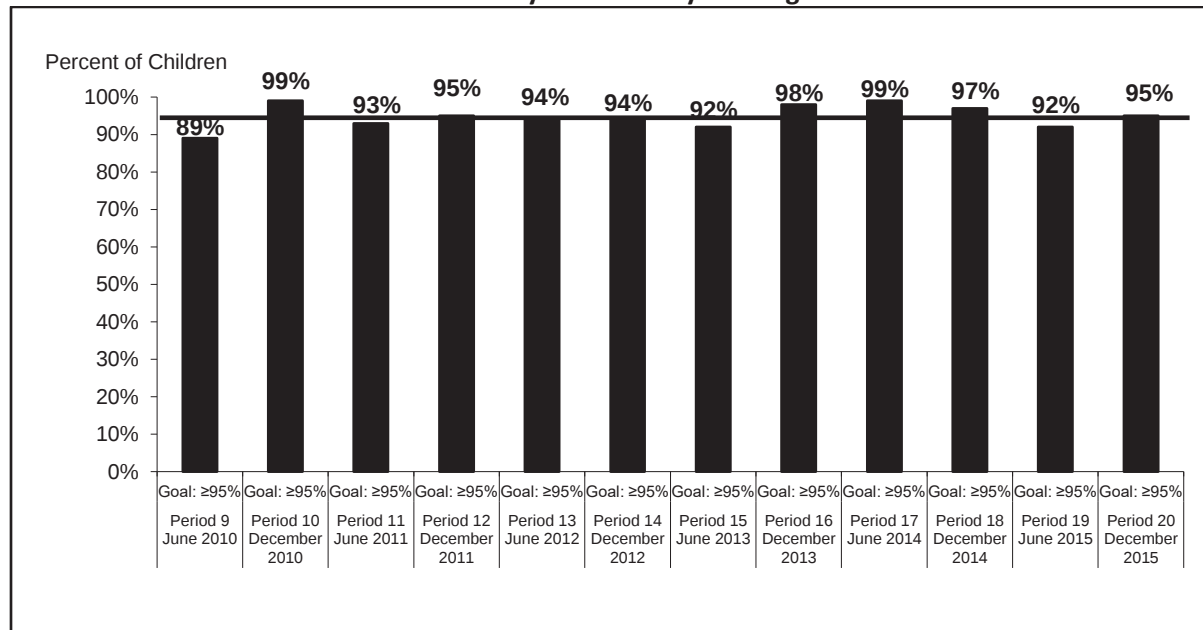
According to Federal and State policy and the Consent Decree, children are expected to have a judicial permanency hearing at least every 12 months they are in custody.⁶⁹ These hearings are held to determine whether the State is making reasonable efforts to help children achieve permanency. The performance threshold for Outcome 28 is 95 percent.

State Performance

- ***The State Met the Outcome 28 Threshold.***

During Period 20, 41 out of 43 children, 95 percent of children had a judicial permanency hearing in accordance with the Consent Decree. Depicted below is the State's performance over the past 12 reporting periods.

**Twelve Reporting Periods of State Performance on Outcome 28
Timely Permanency Hearings**



Source: Review Period Foster Care Case Record Reviews, January 2010 – December 2015.

⁶⁹ See p. 9, paragraph 4B.10, and p.37, Outcome 28, of the Consent Decree.

PART FIVE - WELL-BEING

The Consent Decree establishes six outcomes that are related to children's well-being.

Children Experience Stability and Worker Continuity

Outcome 17 – Placement Stability

With Outcome 17, the Consent Decree establishes a threshold for placement stability by requiring that at least 95 percent of children in custody have two or fewer placement moves during the most recent 12 months in custody.⁷⁰ For purposes of this measure, runaway episodes, hospitalizations for medical treatment or psychiatric diagnosis or crisis intervention, trial home visits, respite care, and detention in locked facilities are not considered placements. The measurement of Outcome 17 performance is based on the sample of 91 children in foster care at any time between July 1 and December 31, 2015.

State Performance

- ***The State Failed to Meet the Outcome 17 Threshold***

During Period 20, 79 out of 91 children (**87%**) experienced two or fewer placement moves during the most recent 12 months in custody. Displayed in the chart below are additional data for Period 20. Currently, data evaluated for this outcome are gathered through the case file review process. MTAT is working with the State to develop an effective process for gathering this data directly from SHINES in order to better ascertain the placement stability of all class children.

⁷⁰ See p. 35, Outcome 17 of the Consent Decree.

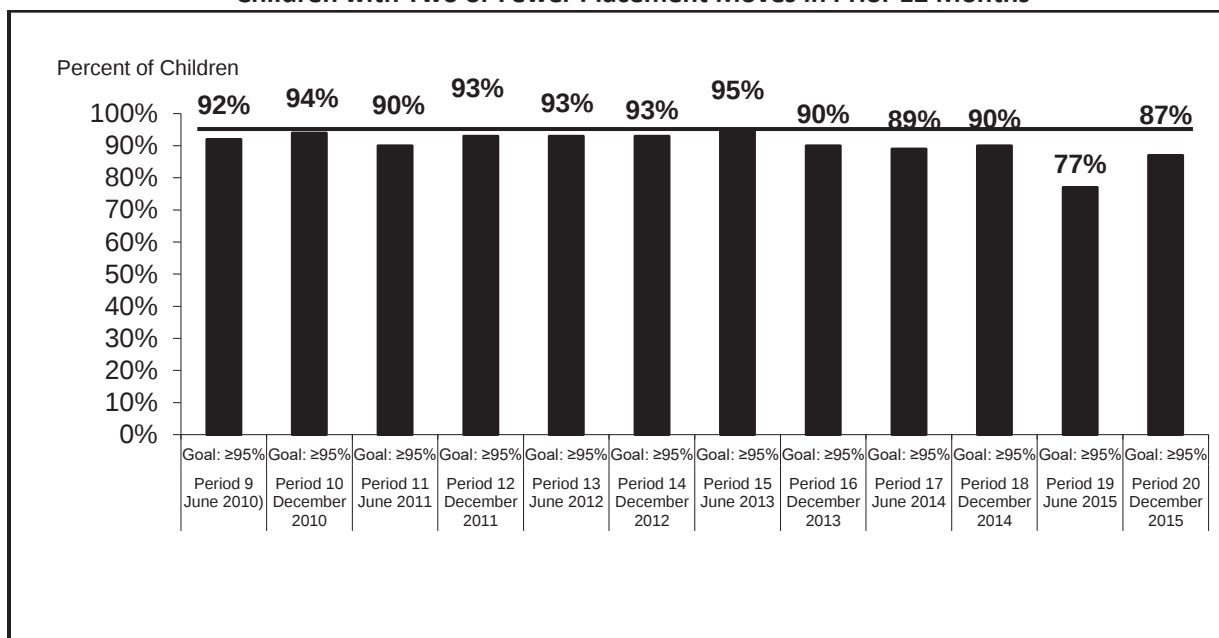
**Number of Placement Moves Experienced by Children in the 12 months prior to
November 30, 2015 or the Last Date of Custody**

Number of Moves	Number	Percent	Cumulative Percent
No Moves	45	50%	
One Move	22	24%	7%
Two Moves	12	13%	87%
Subtotal	79		
Three Moves	7	8%	95%
Four Moves	1	1%	96%
Five Moves	1	1%	97%
Six Moves or more	3	3%	100%
Total	91		

Source: Foster Care Case Record Review for July 1 – November 30, 2015.

As the graph below depicts the Period 20 performance (87%) marks a significant increase from the Period 19 performance (77%), however it is still lower than past history.

**Twelve Reporting Periods of State Performance on Outcome 17
Children with Two or Fewer Placement Moves in Prior 12 Months**



Source: Review Period Foster Care Case Record Reviews, July 1- November 30, 2015.

Outcome 18 – Worker Continuity

At least **90%** of all children in care at a point in time during the reporting period shall have had 2 or fewer DFCS placement case managers during the prior 12 months in custody. This measure shall not apply to cases that are transferred to an adoption worker or Specialized Case Manager;

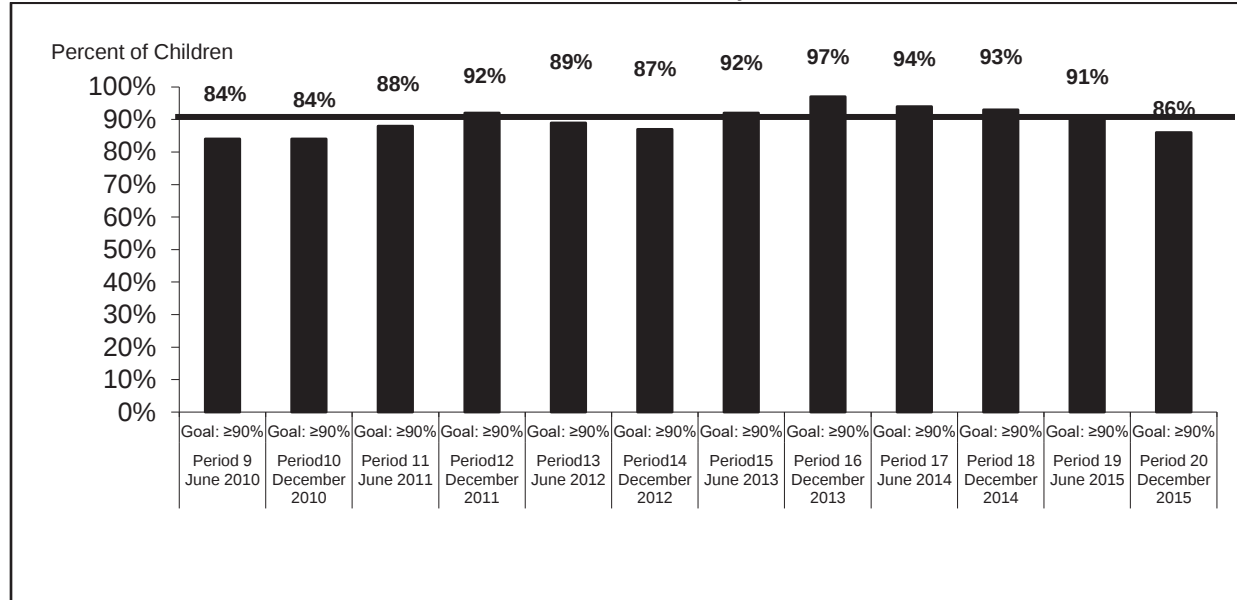
case managers who have died, been terminated, or transferred to another county; or case managers who have covered a case during another case manager's sick or maternity leave.

State Performance

- ***The State Failed to Meet the Outcome 18 Threshold.***

During Period 20, the State's performance decreased to 86 percent, which is below the required threshold. This is the first time since Period 14 that the State did not meet the 90 percent threshold requirement. The graph below depicts the State's performance over the past twelve reporting periods.

**Twelve Reporting Periods of State Performance on Outcome 18
Worker Continuity**



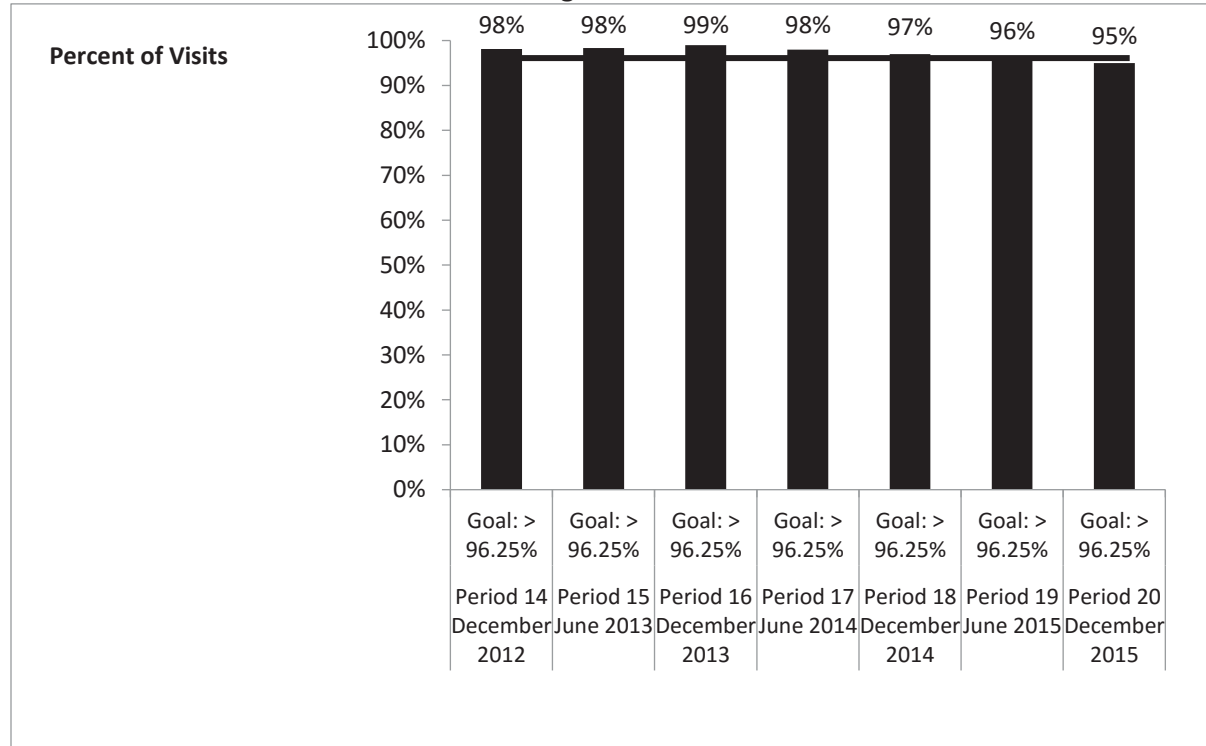
Source: Verified State Data

Outcome 20 – Case Manager Visits with Children

20a - At least 96.25% of the total minimum number of twice- monthly face-to-face visits between case managers and all class member children during the period occur.

The State achieved 95 percent of these visits during Period 20, which is below the threshold.

**Seven Reporting Periods of State Performance on Outcome 20a
Case Manager Visits with Children**

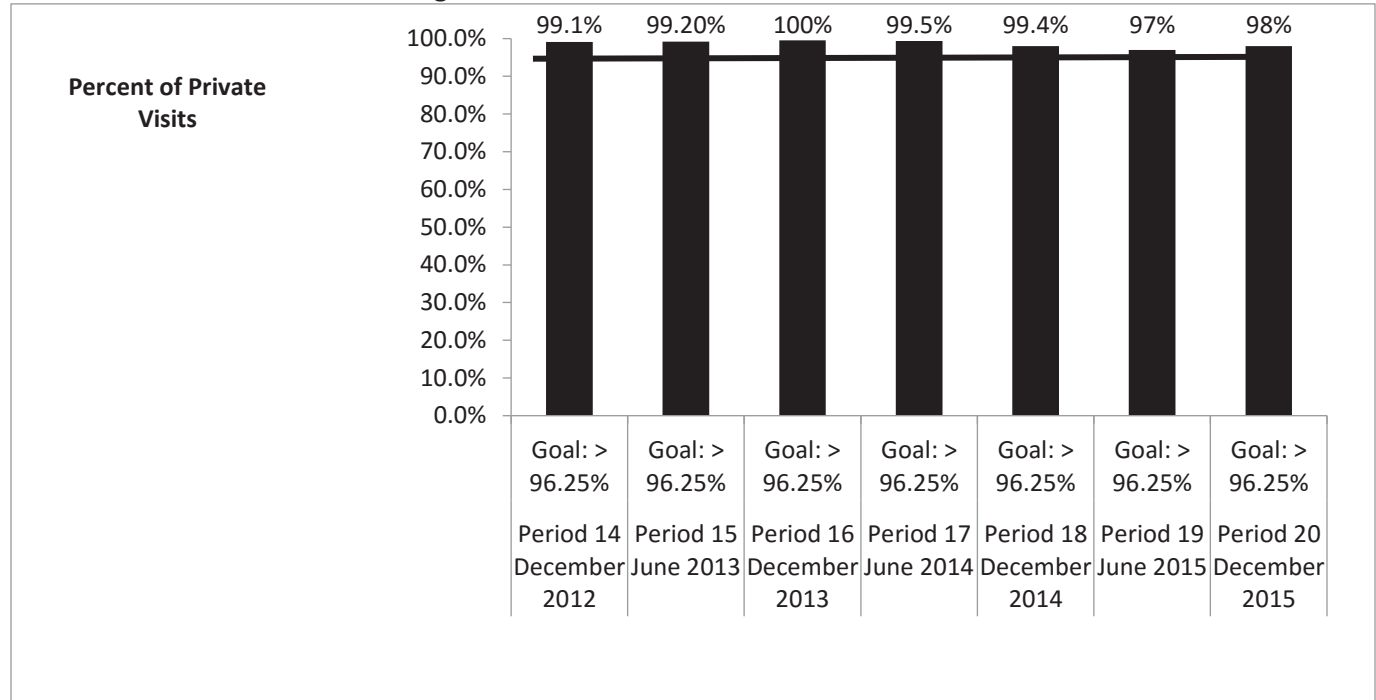


Source: Verified State Data

20b - At least **96.25%** of the total minimum number of monthly **private**, face-to-face visits between case managers and all class member children required by Section 5.D.1.b during the reporting period occur.

The State achieved 98 percent during Period 20 and has consistently exceeded this standard.

**Seven Reporting Periods of State Performance on Outcome 20b
Case Manager Private Face-to-Face Visits with Children**



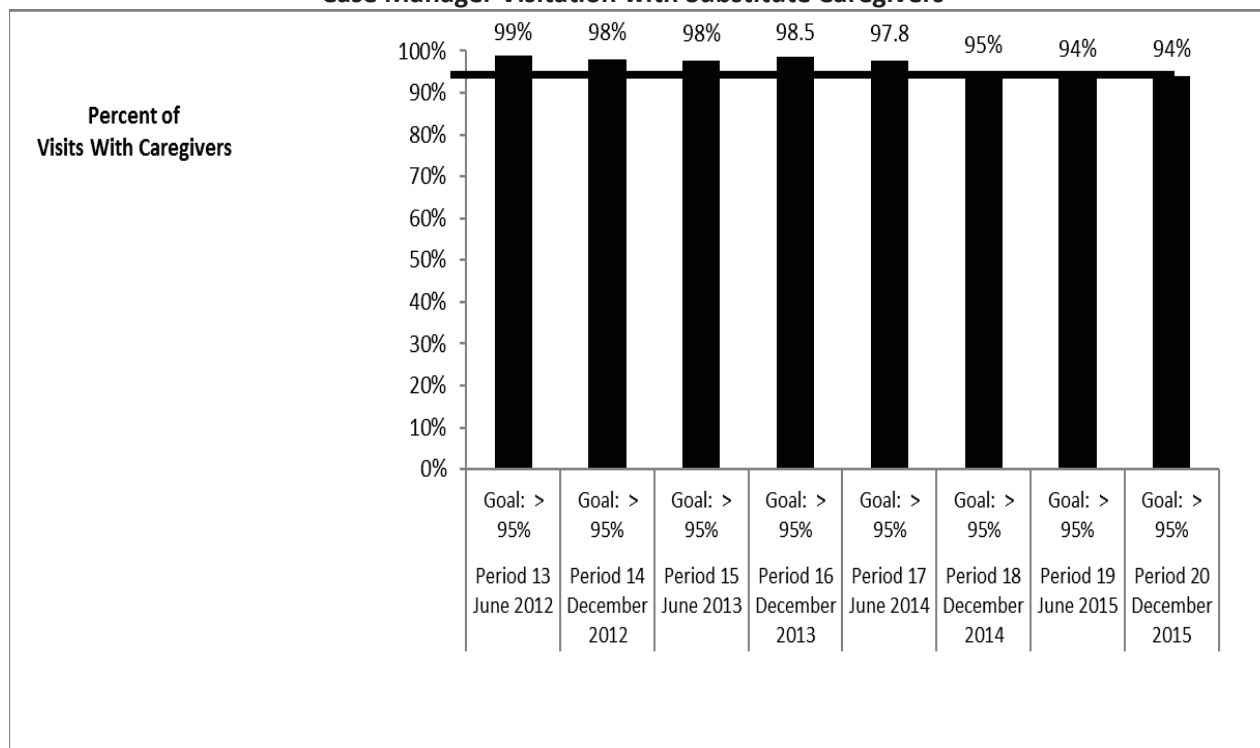
Source: Verified State Data

Outcome 22 – Case Manager Visitation with Substitute Caregivers

At least **95%** of the total minimum required monthly visits by case managers to caregivers during the reporting period occur.

The State performance was 94 percent during Period 20, which is similar to P19. This is the second consecutive period where the State's performance falls below the threshold.

**Seven Reporting Periods of State Performance on Outcome 22
Case Manager Visitation with Substitute Caregivers**



Source: Verified State Data

Children and Youth in Hotels

During Period 20, there were 119 children and youth who spent 947 nights in hotels in Metropolitan Atlanta. On average, these children and youth spent close to seven nights in hotels during the Period.

During Period 19, MTAT began collecting and reporting data on the number of children placed in hotels. The State began this emergency practice due to a lack of appropriate placement options for children entering foster care in Region 14. Due to the increase usage of hotels, during Period 20, DFCS opened and began operating two emergency placement homes called the “Welcome House”. MTAT visited the Welcome Houses and found the homes to be large, well-appointed homes in a nice family friendly neighborhood environment. The staffing and routines had evolved, however, concerns still remained regarding the sustainability of the model and the frequent visits from law enforcement. While this intervention was less than ideal, it did appear to mitigate the total number of hotel nights. However, the model was not sustainable, the neighbors expressed concerns and the Welcome Houses closed during Period 21. The information below is a quick snapshot of youth who were placed in hotels during Period 20.

Young Children in Congregate Care

The Consent Decree has several restrictions related to the use of group care,⁷¹ including limiting their use of congregate care for young children. The reported information is for all children under the age of 12 in care between January and June 2015; not for a sample of the entire foster care population. According to state reports, no children under the age of 12 were placed in group homes or child caring institutions except as allowed by the Consent Decree.

During Period 20, there was one child under the age of six who was placed with his mother in a group care setting designed for teen mothers. On December 31, 2015, eight children aged 6 to 11 were placed in hotels and eleven children were in group care facilities with more than 12 beds. Ten of these children were in psychiatric residential treatment facilities (PRTFs) with licensed maximum capacities of 40 or more. One child was placed in Georgia Baptist. The State provided documentation of the appropriate waiver supporting the need for the children to be placed in congregate care settings. During Period 20, the State also documented four children under the age of 12 who each spent one night in the South Fulton County DFCS Office.

The need for appropriate placements for all children who enter foster care or have a placement disrupt is paramount. The State has developed a plan of action to address this placement crisis. MTAT will be providing technical assistance as the counties implement these strategies and will continue reporting data that reflects the State's progress.

Children Receive the Medical, Dental and Mental Health Services They Need

Outcome 30 – Meeting the Needs of Children as Identified in their Case Plans

The Consent Decree specifies that the needs to be considered for achieving Outcome 30 are those medical, dental, mental health, educational and other needs identified in the child's most recent case plan.⁷² Case plans are to be developed within 30 days of a child's entry into foster care and updated every six months thereafter. The performance threshold for this outcome is 85 percent, and requires that all identified needs are met. Thus, partial compliance does not count toward meeting the threshold standard. The measurement of Outcome 30 performance is based on the sample of 91 children in foster care at any time between July 1 and December 31, 2015.

⁷¹ See p. 16-17, paragraph 5C.5f of the Consent Decree.

⁷² See p 38, Outcome 30 of the Consent Decree.

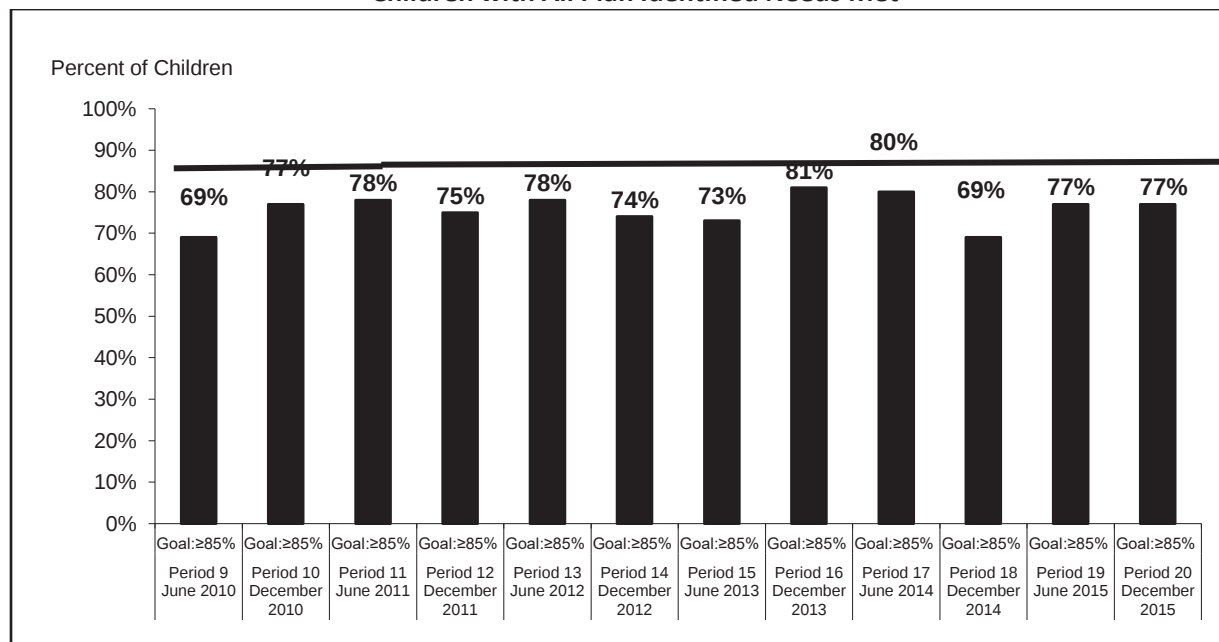
Among the 91 children in the sample, 84 children had one or more case plans in their records. Three of the seven children who did not have case plans in their records had been in custody fewer than 30 days during the review period and a completed plan was not yet required. Of the 88 children who should have had case plans, 80 (91% of 88) were current – they had been developed within seven months of November 30, 2015 or the child’s discharge date. Another four (5% of 88) were seven to 12 months old and none were over 12 months old. The outcome performance is based on 84 children who had complete plans, even if they were not up-to-date. Eighty-three of these case plans identified needs of the children.

State Performance

- *The State Fell Short of the Outcome 30 Threshold*

Based on case file documentation and reviewer judgment, **65 children (77%)** of 84 children with needs identified in their case plans had all the plan-identified needs met. The graph below displays the State’s performance over the last 12 reporting periods.

**Twelve Reporting Periods of State Performance on Outcome 30:
Children with All Plan Identified Needs Met**



Source: Reporting Period Foster Care Case Record Reviews, July 2010 – December 2015.

The chart below provides a breakdown of the needs identified and the percentage of needs met in each category during Period 20.

Proportion of Children with Needs Identified in Most Recent Case Plans and the Proportion with Needs Met, as of December 31, 2015 or last Date of Custody

Children with Case Plans n=84			Children Received/Receiving Services n varies depending on need identified		
	Number	Percent		Number	Percent of identified need
One or More Need Identified (routine or child-specific)	84	100%	All Identified Needs Met (n=84)	65	77%
Frequency of different identified needs			Frequency of different needs being met		
Medical	84	100%		76	90%
Dental	84	100%		71	85%
Mental Health	61	73%		55	90%
Educational/ Developmental	84	100%		78	93%

Source: Case Record Review, July1 – December 31, 2015.

1. Initial Screenings for Children Entering Care

a. Initial Health and Dental Screenings

The State's overall performance on initial health and dental screenings is measured by the subsample of children who entered care and had been in custody at least 10 days. During Period 20, 27 children out of the sample of 91 cases entered care during the period and remained at least 10 days.⁷³ As in previous reports, caution should be exercised in interpreting these and other results drawn from the subsample of children who entered care because the sample size is very small and they were not randomly selected from the entire population entering custody during the period.

As shown in the chart below, sixteen children (59%) had documented health screens within 10 days of entering care, which is a significant increase from Period 19 (16%) When the ten-day time

frame is relaxed, 26 of the 27 children (96%) received an initial health screen. For those children whose health screens fell outside the 10-day window, the elapsed time ranged from 11 to 41 days. One child did not receive an initial health screen.

Eleven children (41%) had a documented dental screen within 10 days. The total proportion receiving an entry dental screening was 78 percent. The 10 children who received their initial dental screens late, received those 11 to 41 days after entering care. Six children have no documented initial dental screens in their files.

Initial Health and Dental Exams at Foster Care Entry:

July 1 - December 31, 2015

N=27

<i>Screen</i>	Number	Percent	Cumulative Percent
<i>Initial Health Screen at Foster Care Entry</i>			
Received within 10 days	16	59%	
Received, but not within 10 days (11 to 41 days)	10	37%	96%
No initial health screen received by June 30, 2015	1	4%	100%
Total	27	100%	
<i>Initial Dental Screen at Foster Care Entry</i> (includes infants for a "gum check")			
Received within 10 days	11	41%	
Received, but not within 10 days (11-41 days)	10	37%	78%
No initial dental screen received by June 30, 2015	6	22%	100%
Total	27	100%	

Source: Case record review, July 1 – December 31, 2015.

Due to the low performance on initial health and dental screens during Period 19, the counties collaborated with Amerigroup to offer a mobile health clinic in the parking lot of the agency once a week. Thus, when children enter care, they are taken to the mobile health clinic for their health and dental screenings during their first week in care. Due to the increase in performance, it appears that this intervention is making a difference in the number of children who receive initial health and dental screens. MTAT will continue monitoring this intervention and analyze its effectiveness during the Period 21 report.

b. Initial Developmental /Mental Health Assessment

The Consent Decree requires that all children under the age of four years receive a developmental assessment in compliance with EPSDT standards within 30 days of placement.⁷⁴ Children four years of age or older are expected to receive a mental health screening in

⁷⁴ See p. 20, paragraph 6A.3 of the Consent Decree.

compliance with EPSDT standards within 30 days of placement.⁷⁵ Within the sample of 91 children in foster care in Period 20, 8 children were younger than age four, were in custody at least 30 days, and entered care on or after July 1, 2015.⁷⁶ Fourteen children in the foster care sample were age four or older, remained in care 30 days or more, and entered DFCS custody on or after July 1, 2015.

Two children under the age of four did not receive a developmental assessment; only three were completed within 30 days. The 3 children who did not receive developmental assessments within 30 days had them completed between within 61 days after entering custody. The total percentage of children under four years of age who received their initial developmental assessment increased from 46 percent in Period 19 to 75 percent in Period 20.

For children over the age of four, there were 4 children in custody 30 days or more who did not have mental health assessment; 9 were completed within 30 days, which is 64 percent compared to the 56 percent completed within 30 days during Period 19. One child had the assessment completed between 31 to 69 days after entering care. The chart below summarizes this information.

**Initial Developmental and Mental Health Assessments at Foster Care Entry:
June 1, 2015 – November 30, 2015
N=varies depending on the assessment**

Assessment	Number	Percent	Cumulative Percent
Initial Developmental Assessment (children younger than age 4) (n=8)			
Received within 30 days	3	38%	
Received, but not within 30 days (31-61 days)	3	37%	75%
No initial Developmental Assessment received	2	25%	100%
Total	8	100%	100%
Assessment	Number	Percent	Cumulative Percent
Initial Mental Health Assessment (children aged 4 and older) (n=14)			
Received within 30 days (includes pre-assessments)	9	64%	
Received, but not within 30 days (31 to 69 days)	1	7%	71%
No Initial Mental Health Assessment	4	29%	100%
Total	14	100%	100%

Source: Foster Care Case Record Review, July 1 – November 30, 2015.

⁷⁵ See p. 20, paragraph 6A.3 of the Consent Decree.

⁷⁶ In order to have a larger pool of children in the sample for whom the responsiveness to identified needs could be measured, the record review was designed to collect information on children who entered custody in December 2014 and, therefore, had sufficient time for identified needs to be addressed in Period 20.

c. Initial Case Plans

Eighteen (78%) of the 23 children entering custody during the reporting period and remaining more than 30 days had an initial case plan developed by December 31, 2015 or their last date in custody. Twelve of the 18 (67%) were completed within 30 days of entering care, 5(28%) were completed between 31 and 60 days, and 1 (6%) were completed greater than 60 days.

2. Periodic Health and Dental Screening

In addition to requiring health and developmental assessments when a child enters foster care, the Consent Decree requires all children to receive periodic health screenings⁷⁷ in accordance with the Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT)/Georgia Health Check Program standards.⁷⁸ DFCS' performance with respect to meeting these standards is discussed below. The case record review of 91 children in placement collected information about the timeliness of the required routine health and dental examinations provided (often referred to as "well-child" care) during their time in custody.

Overall, 89 of the 91 children (98%) appeared to be current with their "well child" visits as of December 31, 2015 because of receiving a required health screen prior to or during reporting Period 19; or receiving a health screen during Period 20 that brought them up-to-date. This is similar to the proportion found in Period 19 (96%). The chart below displays this information.

Status of Health Screening for Children⁷⁹
July 1 – December 31, 2015
N=91

Component and Action	Number	Percent	Cumulative Percent
No health screen required during period, children current with health check-ups during entire period	17	19%	
Children receiving timely health screens (according to EPSDT schedule) between July 1 and December 31, 2015	72	79%	98%
Required well child health screen(s) not received between July 1 and December 31, 2015	2	2%	100%
TOTAL	91	100%	

Source: Foster Care Case Record Review, July 1 – December 31, 2015.

⁷⁷ See p. 30, paragraph 13A in the Consent Decree.

⁷⁸ See p. 20, paragraphs 6A 1 and 2, and p.21, 6B, paragraphs 1-8 of the Consent Decree.

⁷⁹ Includes initial health screens completed for children entering foster care in Period 18. EPSDT components are not always documented, see narrative.

As reflected in chart below, routine dental screenings were assessed for 91 children, with separate analysis for children over and under the age of three as of December 31, 2015.⁸⁰ Overall, 67 of the 71 children (94%) who required a dental screen were either current or received their dental screens during Period 20. This is a significant increase from the performance of 78 percent during Period 19. Twenty-seven (38%) of these exams were not done timely. For children under the age of three, 17 out of 20 (85%) were either current or received their oral health screen during Period 19. Six children received a late initial oral health screen.

The dental screen documentation consisted of either a dental report from a dental care provider, case manager notes, a reference in a Comprehensive Child and Family Assessment (CCFA), an entry in the SHINES health log or a combination of these forms.

Status of Dental Screening⁸¹
July 1- December 31, 2015
N=91

Component and Action Children aged 3 and older n=73	Number	Percent	Cumulative Percent
No annual dental exam required during period, children current with annual requirement during entire period	15	21%	
Children receiving a timely annual dental exam during period	25	35%	56%
Received more than 12 months after previous exam	17	24%	80%
Initial received more than 10 days after entering foster care	10	14%	94%
Required annual (or initial) dental exam not received as of December 31, 2015	4	6%	100%
TOTAL	71	100%	100%
Component and Action Children under the age of 3 N=20	Number	Percent	Cumulative Percent
No annual oral health screen due during entire period	3	15%	
Received a timely initial or annual oral health screen	8	40%	55%
Received a late initial oral health screen	6	30%	85%
No annual oral health screen	3	15%	100%
TOTAL	20	100%	100%

Source: Foster Care Case Record Review, July 1 – December 31, 2015.

⁸⁰ The Consent Decree stipulates that “all children age 3 and over shall receive at least one annual screening in compliance with EPSDT standards...” see Section 6B paragraph 8 on p.21. Children younger than age 3 may have oral exams as part of their regular well-child visits and documentation of this component has improved sufficiently to provide the separate analysis.

⁸¹ Includes initial dentals for children entering foster care in Period 20.

PART SIX – STRENGTHENING THE SERVICE DELIVERY INFRASTRUCTURE

Several of the Consent Decree requirements focus on DHS/DFCS organizational capabilities, with the intent of enhancing or creating capacity thought to be instrumental to the achievement of desired outcomes. This includes specialized staff, caseload sizes, workforce skill development, and having the resources and services to meet needs. This part reports on the progress of the State in meeting Outcomes 25, 26 and 31 as well as capacity requirements.

Oversight of Placement Settings

Outcome 25 - Approved Placement Settings for Children

Outcome 25 stipulates that, “By the end of the tenth reporting period, at least 98% of all foster placements serving class member children shall be in full approval and/or licensure status. Measurement of performance is based on the entire universe of out-of-home care placements subject to a DHS licensure or approval process. In computing this percentage, each placement shall be weighted by the approved and/or licensed capacity of that placement.”⁸²

State Performance

- *The State Did Not Meet the Outcome 25 Threshold*

At the end of Period 20, 700 of 767 placements subject to a DHS approval or licensure process were in full approval and/or licensure status. These placements had an approved or licensed capacity of 3013 children while the capacity of all placements with a child in care on December 31, 2015 was 3141 children; yielding an Outcome 25 measurement of 95.9%. State leadership has set a goal of placing 50 percent of children in fully approved relative homes. However, the State continues to struggle with getting relative placements fully approved. In Period 20, only 68.9 percent of relative placements were in full approval/licensure status on the last day of the period which was a decline from Period 19 (73.9 percent). Thus, figuring out the barriers to getting relatives approved will be essential. Additional detail on this measurement appears in the chart below, followed by a graph that displays the State’s performance over the past 12 reporting period.

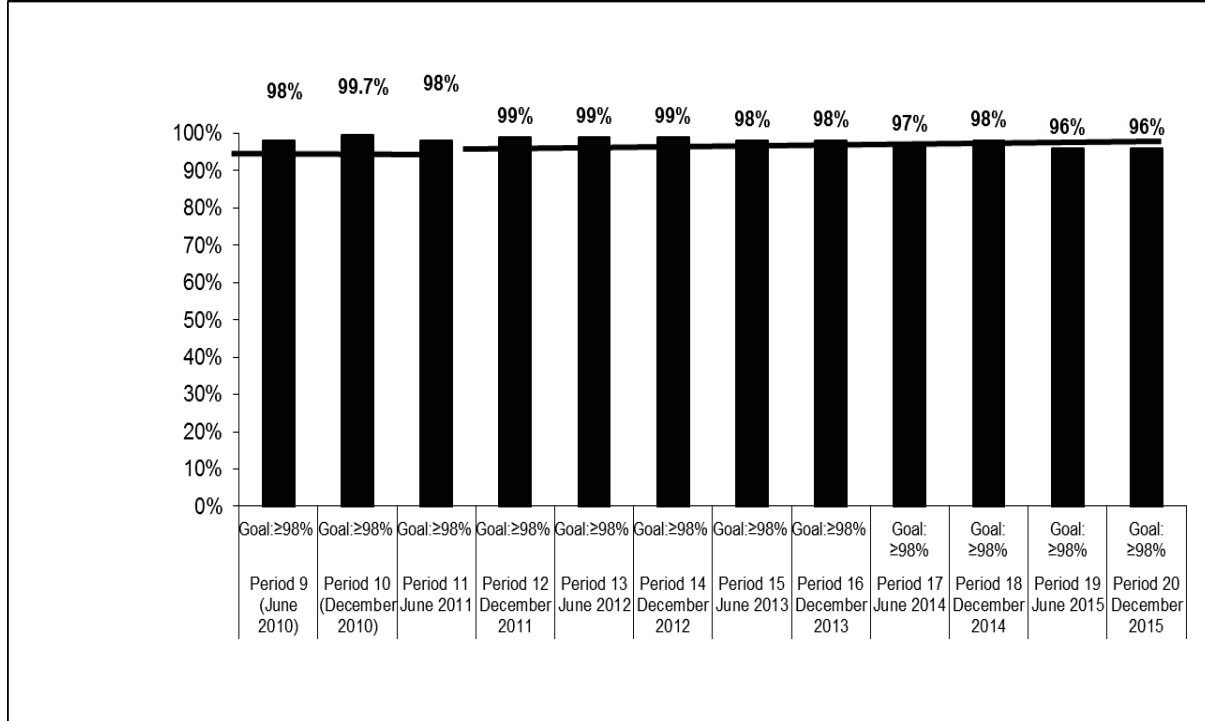
⁸² See p. 4, *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

Outcome 25 – Placements in Full Approval Status

Placement Type	Number of Placements with a Class Member in Care on 12/31/2015	Number of Placements with a Class Member in Care on 12/31/2015 that were in Full Approval Status	Overall Capacity of Placement Settings with a Class Member in Care on 12/31/2015	Capacity of Placements with a Class Member in Care on 12/31/2015 that were in Full Approval Status	Capacity of Placements in Full Approval Status as a Percentage of Overall Placement Capacity
Relative Placement	190	131	313	217	69.3%
DFCS - supervised Foster Home	90	89	214	209	97.7%
Provider - supervised Foster Home	381	375	1037	1016	98%
Child Caring Institution	106	105	1577	1571	99.6%
Total	767	700	3141	3013	95.9%

Data source: SHINES

**Twelve Reporting Periods of State Performance on Outcome 25
Children Placed in Settings that are in Full Approval and/or Licensure Status**



Periods 8-9: Percent of Children in Placements in Full Approval Status/Periods 10-19: Percent of Placements in Full Approval Status

Sources - Periods 8-9: Placement file reviews, Georgia's ICPC records, child placing agency records, and SHINES; Periods 10-19: SHINES.

Outcome 31 – Foster Home Capacity Limits

Outcome 31 stipulates, “By the end of the tenth reporting period and continuing thereafter, no more than ten percent of all foster family home placements serving class member children at any time during the reporting period shall exceed the capacity limits referenced in Section 5.C.4.e. of this Consent Decree...”^{83,84} The measurement is based on the entire universe of family foster homes that had a class member child in care on the last day of the reporting period.

⁸³ See p. 4, *Kenny A. v. Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

⁸⁴ The Section 5.c.4.e capacity limits provide that “No child shall be placed in a foster home if that placement will result in more than three (3) foster children in that foster home, or a total of six (6) children in the home, including the foster family's biological and/or adopted children.... The only exception to these limits shall be circumstances in which the placement of a sibling group in a foster home with no other children in the home would exceed one or more of these limits.” See p. 16 of the Consent Decree.

State Performance

- ***The State Surpassed the Outcome 31 Threshold.***

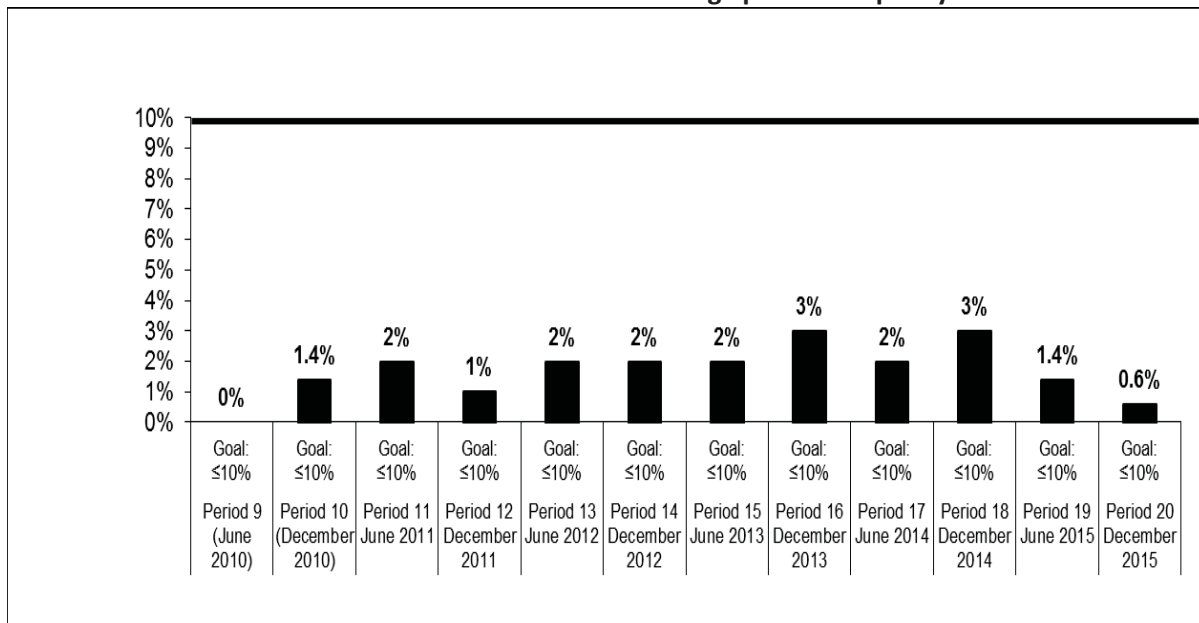
Of the 960 family foster homes that had a child in care at any point during the period July 1 to December 31, 2015, 471 (49%) continued to have one or more children placed in them on December 31, 2015. Three of these 471 foster homes (**0.6%**) exceeded the Consent Decree's capacity limits. The chart below provides additional information regarding these homes, followed by a graph of the State's performance over the past 12 reporting periods. This is the 20th consecutive period in which the State has surpassed the ten percent threshold.

Outcome 31 – Foster Homes Exceeding Capacity Limits
N = 471

	Placement Type	Foster Homes with One or More Children in Care at Any Time During Period 20	Foster Homes with One or More Children in Care on 12/31/15	Foster Homes with > 3 Foster Children on 12/31/15	Foster Homes with ≥ 6 Children in Total on 12/31/2015	Number of Foster Homes with > 3 Foster Children and/or ≥ 6 Children in Total on 12/31/15	Percent of Foster Homes with > 3 Foster Children and/or ≥ 6 Children in Total on 12/31/2015
DFCS & Relative FHs	DFCS - Supervised Foster Homes	165	90	1	0	1	1.1%
CPA Homes	Provider Supervised Foster Homes	795	381	2	0	2	0.5%
	Total	960	471	3	0	3	0.6%

Data Source: SHINES

**Twelve Reporting Periods of State Performance on Outcome 31
Children are Not in Foster Homes Exceeding Specified Capacity Limits**



Periods 8-9: Percent of Children in Placements in Full Approval Status/Periods 10-20: Percent of Placements in Full Approval Status

Caseloads and Supervisory Ratios

The Consent Decree establishes caseload caps for five primary types of case managers responsible for direct interventions with children and families.

Case Manager Types and Respective Caseload Caps

Case Manager Function	Responsibility	Caseload Cap
Child Protective Services Investigators (CPS Investigations)	Respond to and investigate reports of child maltreatment. These individuals may also respond to reports of families in need who are considered candidates for Family Support services.	12 cases (the equivalent of 12 families)
Family Preservation (Child Protective Services On-Going) Case Managers	Provide services to and supervise the safety of children who are not taken into state custody and remain in their own homes.	17 cases (the equivalent of 17 families)
Permanency Case Managers ⁸⁵	Provide services to the children and families of children who are in the state's custody.	15 cases (the equivalent of 15 children)
Adoptions Case Managers	Provide services to children whose parents' parental rights have been terminated and who have the permanency goal of adoption.	16 cases (the equivalent of 16 children)
Specialized Case Managers	Provide services to the children and families of children who have been in state custody 18 months or more.	12 cases (the equivalent of 12 children)

⁸⁵ The state has designated "placement" case managers as "permanency" case managers to emphasize their primary purpose is to promote permanency in the lives of children.

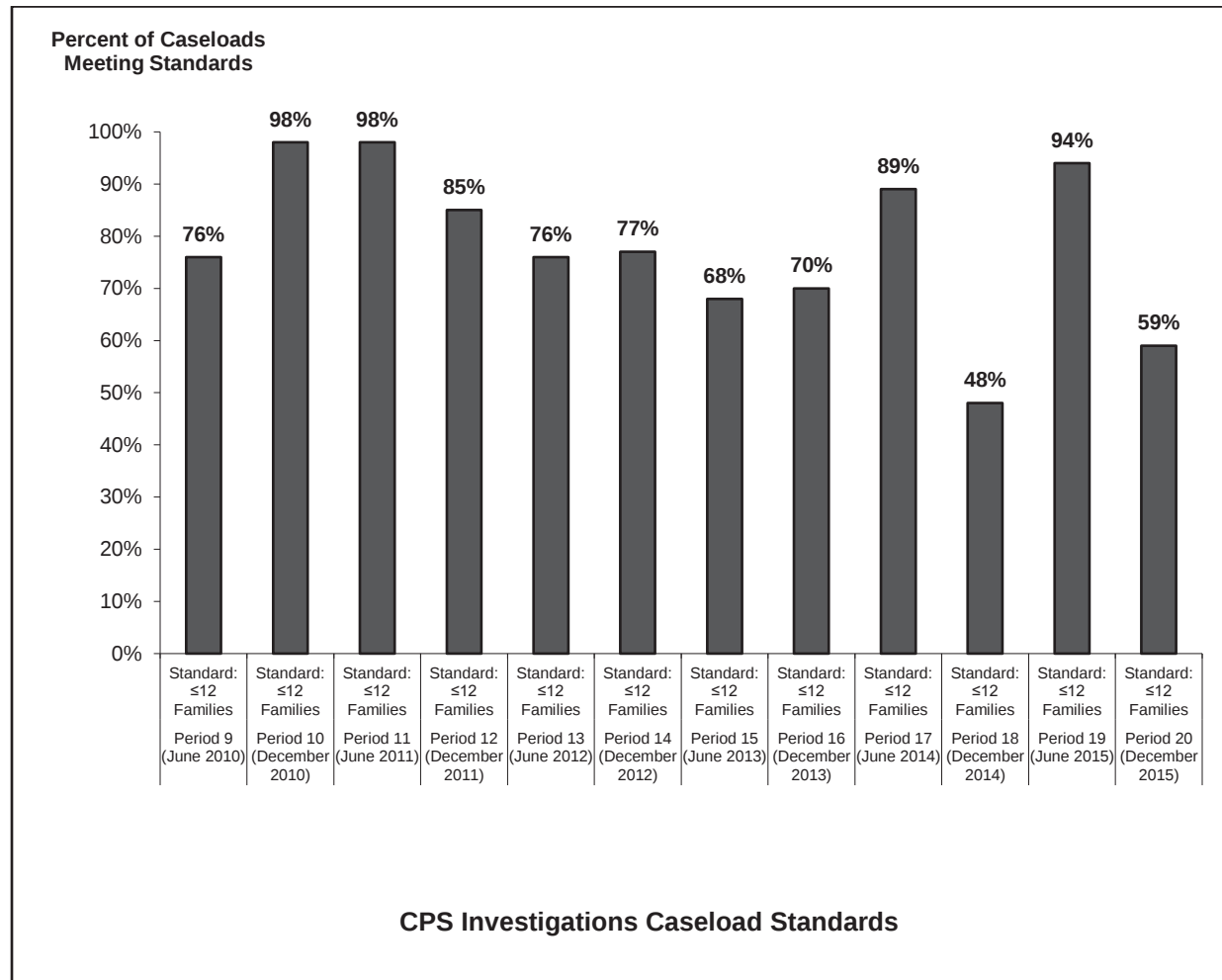
Case Manager Function	Caseload Cap: Number of cases (families and children)			Actual Performance				
		Number of Active Staff on 12/31/15	Number of Active, On-leave Staff on 12/31/15	Meeting Caps on Assigned Caseload		Not Meeting Cap On Assigned Caseload		Cases Assigned to Workers On Leave/ Supervisors
				Number	%	Number	%	Number
CPS Investigations	12 families	58	0	34	59%	24	41%	141
Family Preservation	17 families	37	0	33	89%	4	11%	6
Permanency Case Manager	15 children	67	0	18	27%	49	73%	5
Specialized Case Manager	12 children	23	0	10	43%	13	57%	0
Adoption Case Manager	16 children	*	0					
Total	12 children	185	0	95	52%	90	48%	152

Source: Verified State Data

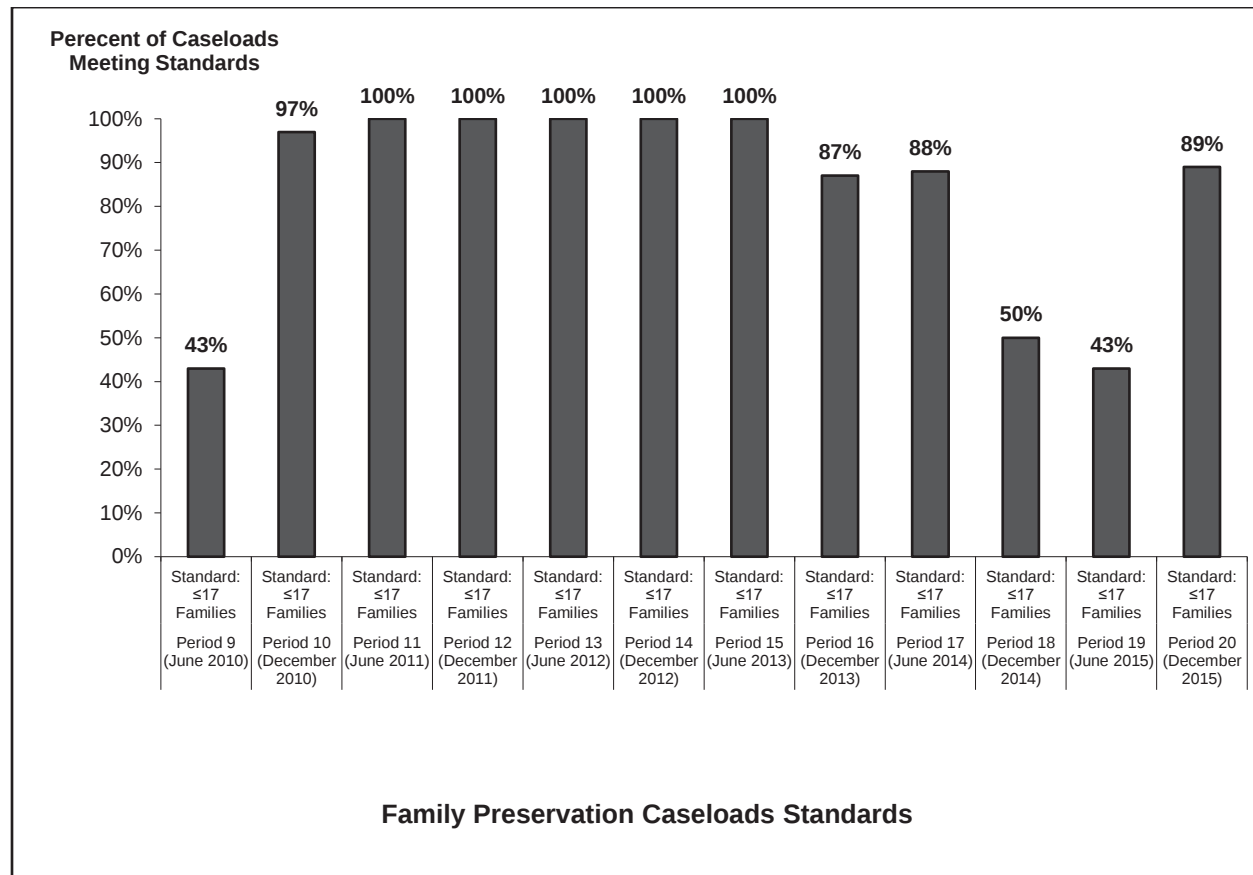
During Period 18, the high number of new cases, coupled with the high turn-over rate of case managers leaving the agency, resulted in a significant decline in the number of caseloads meeting the agreed upon caps. As a result, the parties entered into a modified CAP requiring the State to provide weekly and monthly caseload reports, as well as quarterly reports of more detailed information about investigations.

For Period 20 the state's performance in regards to case manager functions was mixed compared to P19. Period 20 CPS Investigations caseload performance drastically decreased from 94% in P19 to 59% in P20. The State's performance for Family Preservation improved significantly from 43% in P19 to 89% in P20. However, the remaining case manager functions declined in efforts to meet the required caps. Permanency case managers decreased considerably from 71 percent in Period 19 to **27 percent** in Period 20 and marks the second consecutive period where there was a sharp decline. P18 performance was as high as 95% so this significant decline is very alarming and should be addressed immediately. Specialized case managers also decreased from 62% in P19 to 43% in P20.

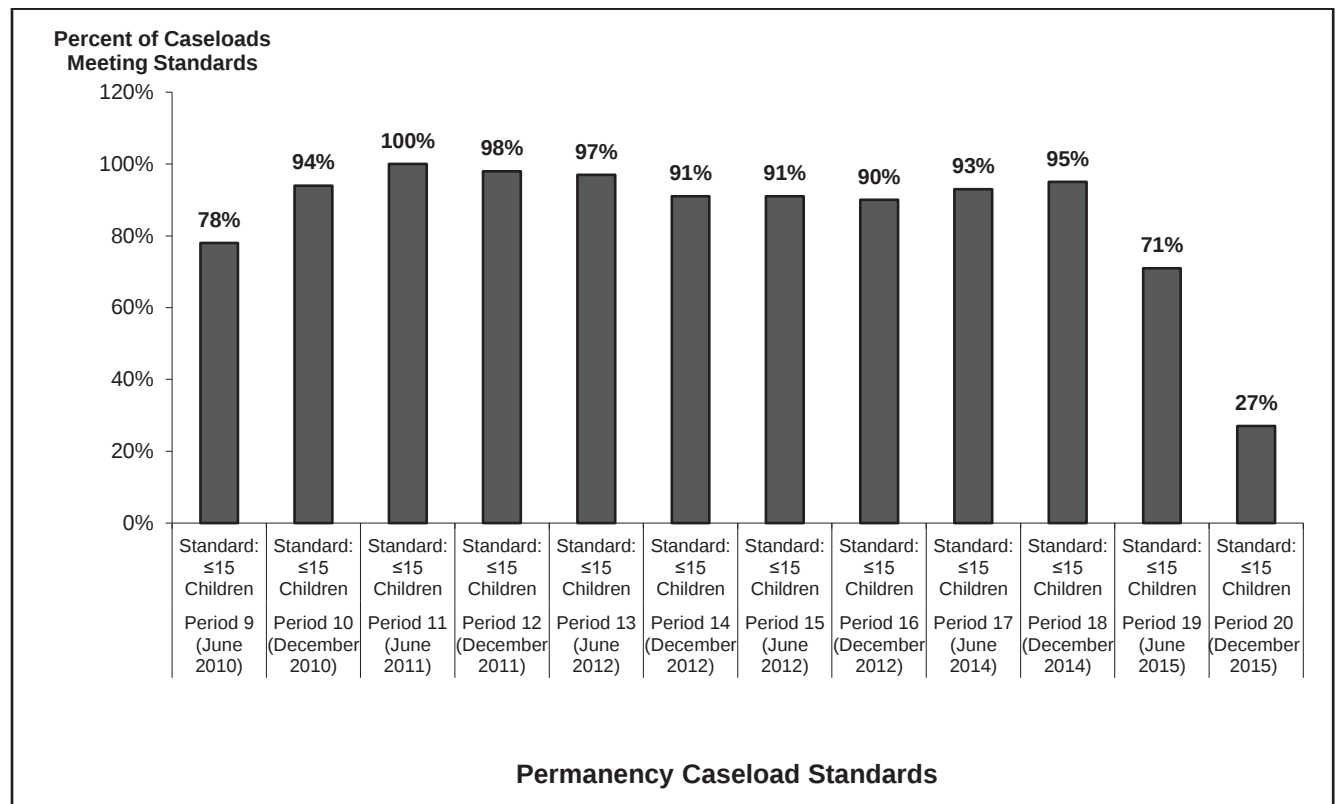
During Period 20, the State's performance for CPS Investigations caseloads decreased significantly from 94% in P19 to 59% in P20.



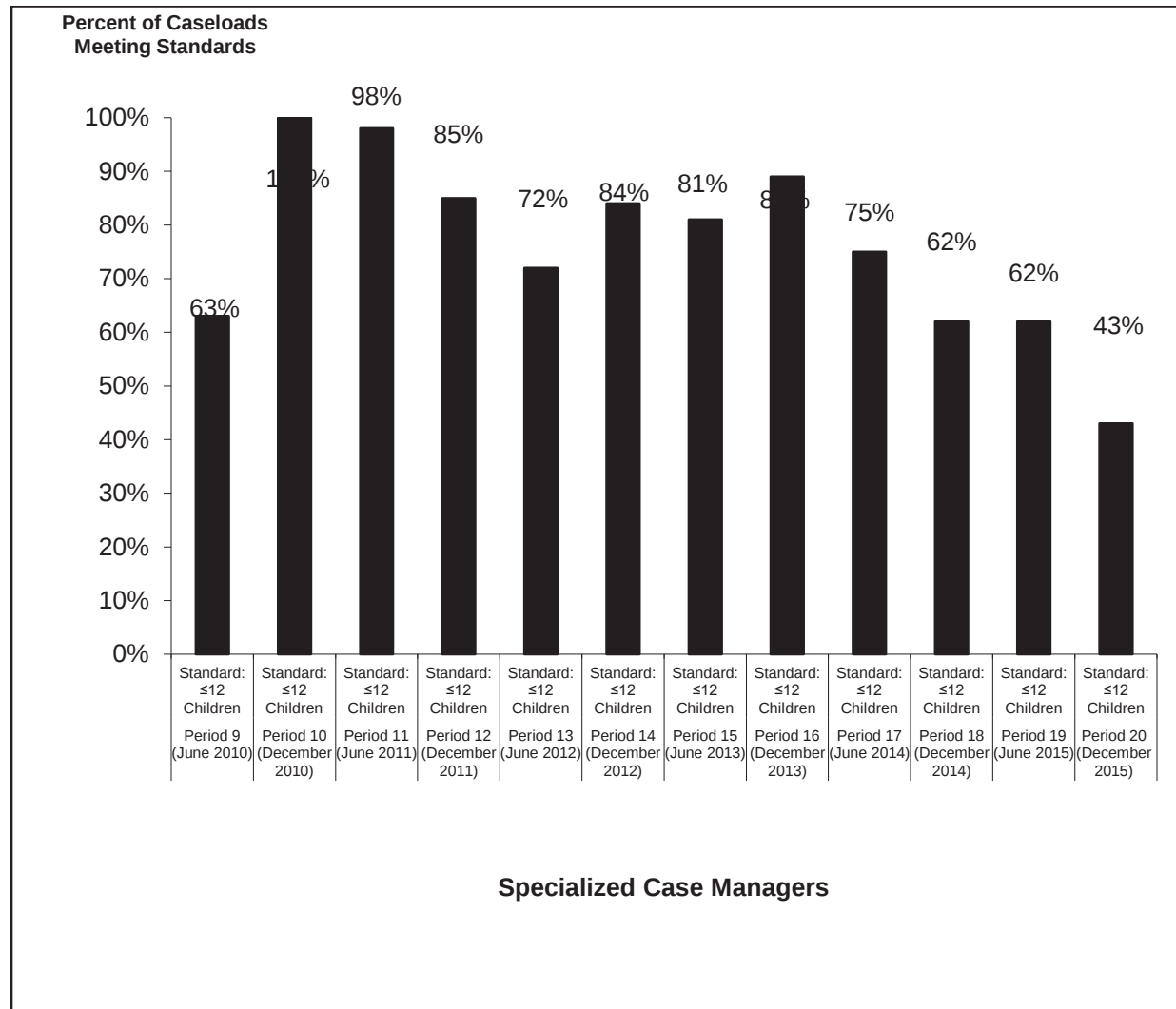
The State greatly improved its performance for Family Preservation Caseloads from 43 percent in Period 9 to 89% in Period 20.



During Period 20, the State's performance significantly dropped from 95 percent in Period 19 to 71 percent. This is the lowest performance since the beginning of the Consent Decree.



The State's performance for Specialized Caseloads meeting the required cap declined from 62% in P19 to 43% in P20.



Supervisory Ratios

In addition to caseload caps, the Consent Decree establishes supervisory ratios. Each supervisor should supervise no more than five case managers at any one time.

Program/Service Area	Number of Units	Meeting 1 to 5 ratio		Not Meeting 1 to 5 ratio	
		Number	%	Number	%
Child Protective Services (Investigations and Family Preservation)	19	17	89%	2	11%
Permanency Case Managers* (Regular and Specialized caseloads)	22	20	91%	2	9%
Adoption	0	n/a	n/a	n/a	n/a
Total	41	37	90%	4	10%

Source: Verified State Data

Building Workforce Skills***Education and Training Services Section***

Effective July 1, 2015, Lee Biggar was promoted to Director of the Knowledge Management Unit and Laurence Nelson became ETS Training Director September 16, 2015.

Training System Blueprint

The ETS Training System Blueprint was developed to outline a long-term plan to continue to strengthen the training system. It was reorganized this reporting period to help manage the projects. Below is a chart that outlines the goals to be completed.

ETS Blueprint Categories	Projects
Learning Academy	- Competency Based Certification Process (Case Managers) - Instructional Design Strategy/ Incorporation of GA's Practice Model/SBC - Individual Training Needs Assessment - Training Evaluation - Transfer of Learning/Integration of Learning Activities - Sequenced Progressive Training

Coaching/Mentoring	• IV-E Program • Field Practice Coach Program • Supervisor Mentor Program • Supervisor Development/ Curriculum Revisions and Implementation
Quality Improvement	• Education and Training QA • Formalize ETS/Stakeholder Partnerships • CQI Improvement • ETS Staff Development Program • Develop Internal Policy and Procedures • Enhance Organizational Structure • Funding Sources • Employee Selection Protocol
Technology/Communication	• Expanded and Enhanced Training Formats • Strengthen Technology Systems • Marketing • Develop Classroom Facilities

Many of the areas listed above are addressed in the report below, and ETS staff continue to work on these projects in addition to their training, writing and special project duties.

New Worker Academy

October 2, 2015, a group of ETS staff along with ETS Director Laurence Nelson, and the unit managers, Betsy Lerner, Jason Sauls, and Amy Mobley toured the facility of the Georgia Public Safety Training, GPSTC, in Forsyth Georgia. The purpose of the meeting was to explore how police and other emergency personnel are trained in Georgia through their Academy. ETS was able to gain insight into GPSTCs challenges and successes with development and maintenance of their professional training organization. A list of "take-aways" from the visit (regarding applicability of creating a similar Academy for DFCS staff) was created/shared with the section for further consideration as to next steps of the project. In December 2015 the Academy project was reassessed and reassigned to be the "end result" of the work of the other blueprint groups.

IV-E Child Welfare Education Program

The Title IV-E Child Welfare Education Program, formerly referred to as the IV-E Program, has been reinstated in Georgia. The participating schools of Social Work: Albany State University,

Georgia State University, Savannah State University, University of Georgia, and Valdosta State University, conducted selection process sessions for applicants during the summer of 2015. IV-E Program students began classes in August 2015 for the fall semester. There are currently a total of seventy-nine students enrolled among the five participating schools. A total of twenty students are expected to graduate by the end of the 2015-2016 academic year. Communication has begun with Augusta University, Dalton State College and Kennesaw State University about adding them to the Program for fall 2016. Their addition to the Program will be determined by their ability to have enough certified public expenditures to maximize reimbursement to pay their respective school's Program expenses.

ETS Staff Development and Competency

ETS partnered with the Georgia's Better Brains for Babies program and the DFCS Office of Prevention to provide an overview of the new brain research on babies to Education and Training instructional designers, trainers and management, December 2015. The goal was to help the training staff understand the importance of infant and child brain development and incorporate the information into training sessions and content. Two trainers completed the Better Brains for Babies Train the Trainer February 2016 and will be able to provide this classroom training to social services staff by request.

Practice Model Integration (Solution-Based Casework)

Thirteen Practice Model Coaches and two Practice Model Coach Supervisors for Georgia's Practice Model were hired between July-December 2015. Two more coaches will be hired in the next reporting period. Thirteen of the coaches along with their two Unit Managers and four trainers from Education and Training Services (ETS) assigned to train and help staff implement the Solution Based Casework process, have received the initial coaches training from Dr. Dana Christensen. This training is designed to prepare the coaches to train staff during the rollout of Georgia's Comprehensive Practice Model that is scheduled to start May 2016 with the Initial Safety Assessment training and with the Solution Based Casework implementation starting July 2016.

The Practice Model Coach Unit Managers presented an overview of Georgia's Comprehensive Practice Model at the SAAG Conference November 2015. The goal was to provide an overview of how Georgia's Comprehensive Practice Model will work as well as how the SBC principles will play a major role in how DFCS communicates and works with families.

Case Manager and Supervisor Certification

Position Title	Fully Certified	Results Pending	Provisional	Not Certified	Total*
Case Managers					
CPS Investigators	58	0	0	0	58
CPS On-Going Case Managers	35	0	2	0	37
Permanency Case Managers (Regular and Specialized Caseloads)	66	0	4	0	70
Adoption Case Managers	20	0	0	0	20
TOTAL	179	0	6	0	185
Supervisors					
CPS (Investigations and On-Going)	15	0	NA	3	18
Permanency (Regular and Specialized Caseloads)	13	0	NA	4	17
Adoption	5	0	NA	0	5
TOTAL	33	0	NA	7	40

Source: Verified State Data

Maximizing Federal Funding

Outcome 26 – Required IV-E Language in Court Orders

Outcome 26 relates to DFCS having the proper documentation in a child's file to support an appropriate claim for Federal reimbursement under the Title IV-E program. For children who entered care on or after October 27, 2005, judicial determinations that leaving children in their homes would be "...*contrary to the welfare...*" of the children must be made in the first order that authorizes the State agency's action to remove the child from home. In practice, this is often the court order from the 72-hour hearing. In addition, there must be documentation of a judicial determination made no later than 60 days from the date of the child's removal from the home that "*reasonable efforts*" were made to prevent the child's removal from his/her family. If either of these requirements are not met the State cannot claim federal Title IV-E reimbursement for the child's care the entire time the child is in custody even though the child's family meets the Title IV-E income test. All children in State custody after the Consent Decree's effective date should have a permanency hearing at least every 12 months with the appropriate language about the State's "*reasonable efforts*" to achieve permanency included in the subsequent court orders. If these determinations do not occur timely or the language is not child specific, there is a gap in the child's eligibility until the determination is appropriately made. The State cannot claim federal reimbursement for the period of the gap.

a. Interpretation and Measurement Issues

Performance for this measure is based on a record review of a sample of 91 children in foster care.⁸⁶

Most of the children (87 of 91) in the sample who entered foster care during the period had court orders from a shelter care order or 72-hour hearing containing the required IV-E language that it would have been contrary to their welfare to remain at home with their parents or caregivers.

Of those 91 children, 80 of them remained in foster care for 60 days or more. Almost all of those children (78 of 80) had judicial determinations that reasonable efforts were made to prevent their removal from their parents or caregivers.

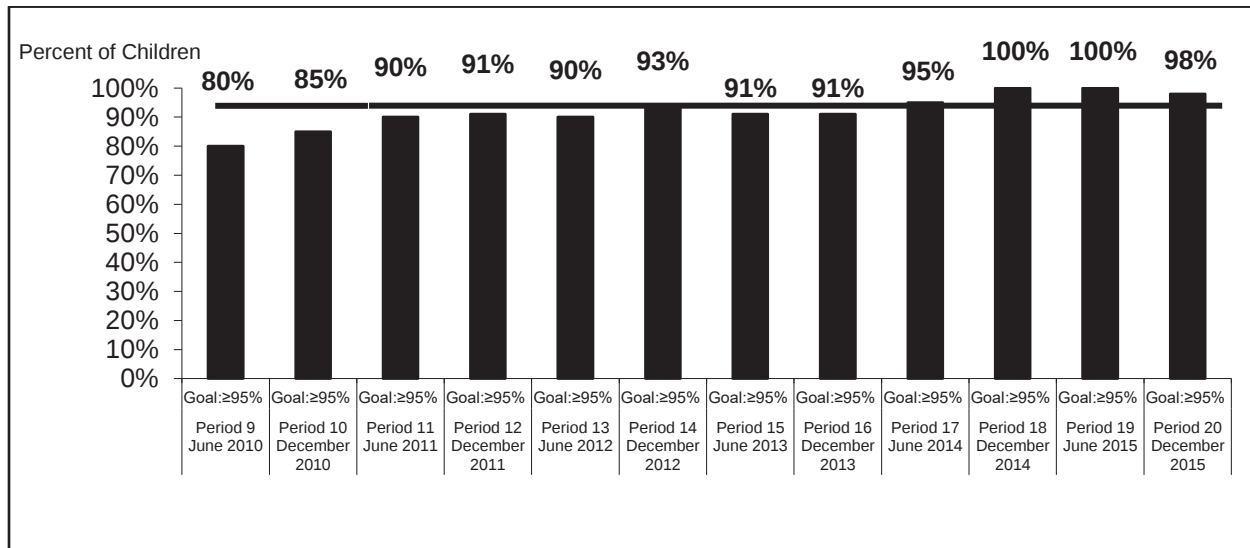
State Performance

- ***The State Surpassed the Outcome 26 Threshold.***

⁸⁶ See pp 36-37, Outcome 26 of the Consent Decree.

Of the 171 judicial determinations during the period, 168 (98%) of them contained the appropriate IV-E language.

Twelve Reporting Periods of State Performance on Outcome 26
Court Orders Contain Required Language to Support IV-E Funding Claims

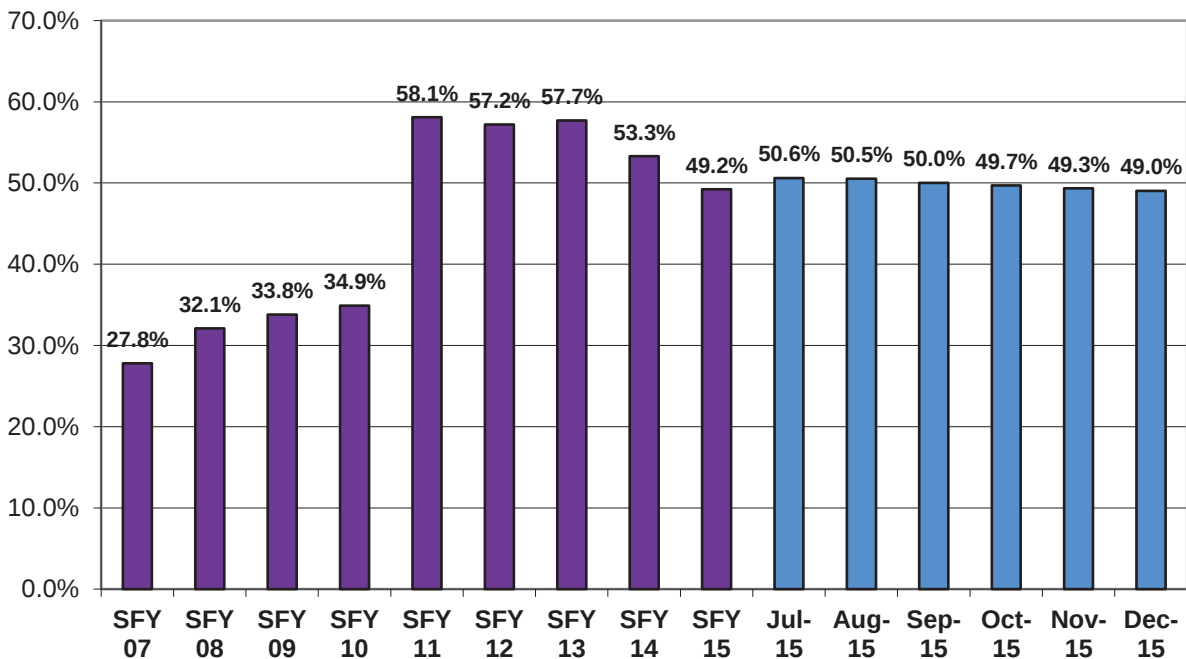


Source: Review Period Foster Care Case Record Reviews, January 2010 – December 2015.

State IV-E Penetration Rates

The ability of the State to claim federal reimbursement of foster care expenditures is referred to as the “IV-E penetration rate.” The higher the rate, the more reimbursement the State can claim from the federal government to cover the costs associated with providing safe and stable placements.

The State's penetration rate in Period 20 was approximately **49 percent**, similar to the rate for SFY 2015.



Appendix A

Selected Characteristics of the Children in the Custody of DeKalb and Fulton Counties

Presented below is additional information about the 1422 children in the custody of DeKalb and Fulton counties on December 31, 2015. The information is reported by the State and has not been independently verified by the Accountability Agents.

Table C-1

Gender of Children Remaining in Custody on December 31, 2015

N=1422

Gender	Percent of Children
Male	51%
Female	49%
Total	100%

Source: Georgia SHINES

Table C-2

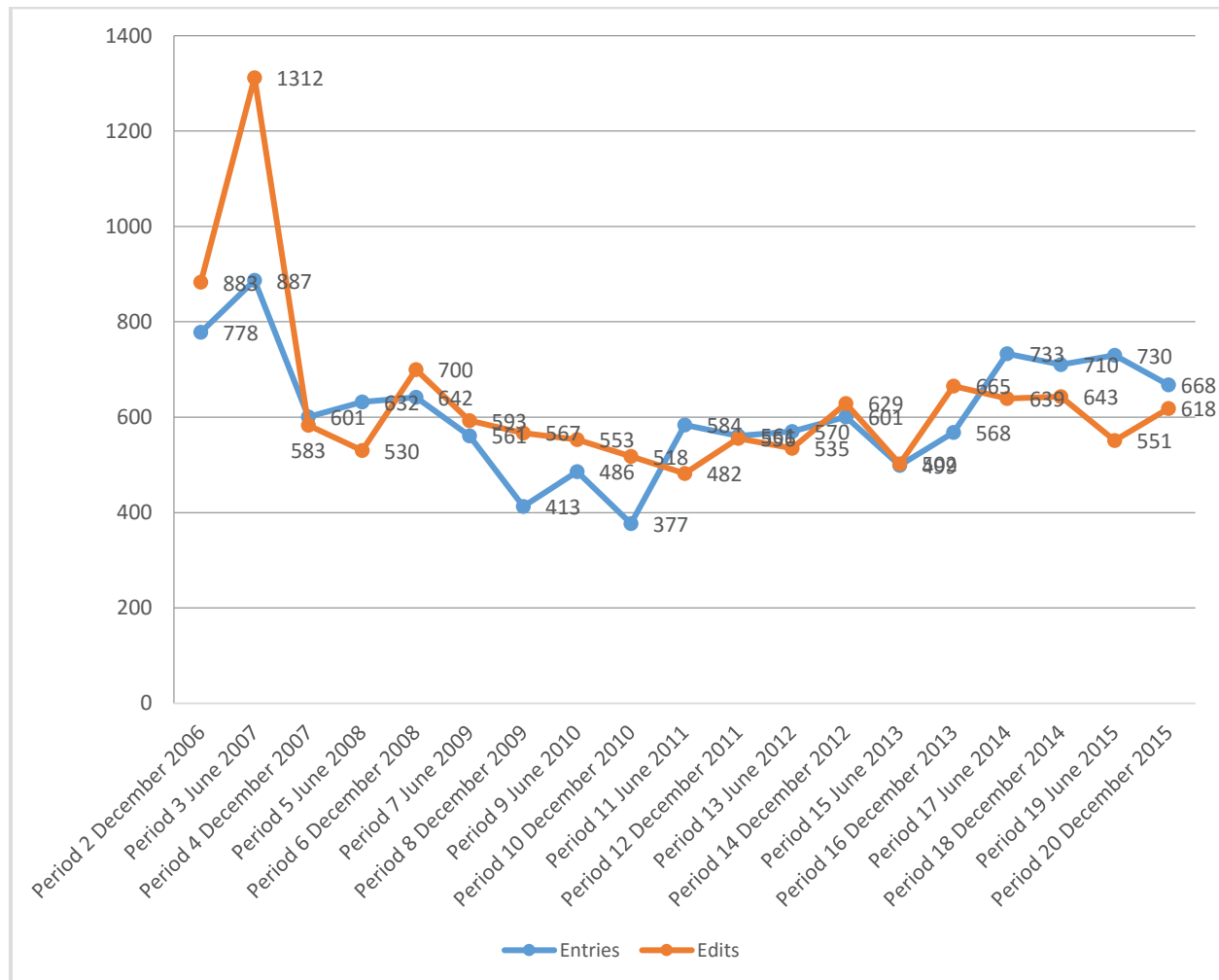
Age of Children Remaining in Custody on December 31, 2015

N=1422

Age Group	Percent of Children
Ages 0 to age 3 years	25%
Ages 3 to 6 years	17%
Ages 6 to 10 years	18%
Ages 10 to 13 years	10%
Ages 13 to 16 years	16%
Ages 16 to 17 years	13%
Total	100%

Source: Georgia SHINES; User Defined Report.

**Number of Children Entering and Exiting DeKalb and Fulton Custody since July 1, 2006
in Six-Month Increments***



Source: IDS and SHINES: *An additional 294 children entered between October 27, 2005 and December 31, 2005.

*Periods prior to Period 11 (January –June 2011) include youth under the age of 18 placed voluntarily in DFCS as well as those adjudicated into custody.

Foster Home Count***DeKalb County and Fulton County Foster Home Capacity Building Progress***

The table below indicates that in the six-month period between July and December 2015 there was a net increase in both Fulton and DeKalb counties in the number of foster homes and beds available for children and youth.

County	Baseline March 31, 2008		Period 19 Status June 30, 2015		Period 20 Status Dec 31, 2015		Progress: Net Gain (Loss) Period 18-19		DFCS Goals for Period 21 (Jan-Jun 2016)	
	Beds	Homes	Beds	Homes	Beds	Homes	Beds	Homes	Beds	Homes
DeKalb										
<i>County Supervised Homes</i>	418	209	167	95	159	92	-8	-3	175	100
<i>CPA Supervised Homes</i>			566	217	597	224	31	7		
Total			733	312	756	316	23	4		
Fulton										
<i>County Supervised Homes</i>	504	238	192	104	210	113	18	9	226	121
<i>CPA Supervised Homes</i>			442	155	479	173	18	37		
Total			634	259	689	286	36	46		
Two-County Total			1367	571	1445	602	59	50		

Source: Region 14 reporting and the Office of Provider Management.

Appendix B

Data Sources and Methodology for Measuring State Performance in Reporting Period 20

The Accountability Agent and the Monitoring and Technical Assistance Team (MTAT) used several methods to arrive at the judgments, conclusions and recommendations contained in this report: (1) review of written materials and data supplied by the State and counties; (2) interviews; (3) extensive case record reviews; and (4) strategic engagement of State and county personnel for pro-active, hands-on monitoring through bimonthly meetings known as G2 meetings. This appendix describes these data sources and methods.

Four primary sources of information were used to assess the State of Georgia's progress during Period 12, July to December 2015. The challenge for data collection and analyses in Period 20 was the continued need to use both SHINES, the statewide-automated child welfare system and paper files. Fulton and DeKalb Counties implemented SHINES in June 2008 and ended all new data entry into the previous system, IDS, on May 28, 2008. Children who entered custody before the conversion to SHINES may have extensive paper files and even those entering after the switch to SHINES have paper files with external documentation that has not been scanned into SHINES. The timeliness of scanning external documentation into SHINES is improving but record reviews still generally need both the paper documentation and SHINES access to complete all data collection.

1.State Data System – SHINES

The first source of information is the DFCS administrative data housed in Georgia SHINES.

Like all information systems, the accuracy of SHINES data is a function of the accuracy with which data put into the system. Most of the identified discrepancies were caused by human error. Typically, mistakes in interpretation and coding of the facts contained in the case record or data entry result in erroneous data entered into the system.

2. Document Review and Interviews

During the monitoring period, the Accountability Agent and the Monitoring and Technical Assistance Team collected written reports and materials including, but not limited to foster care and adoption policy, provider reporting and the use of hotels. At the local county level, interviews were conducted primarily with county leadership. At the state level, interviews were conducted with top leaders, members of the Knowledge Management Team, Kenny A. leads, and persons responsible for training and education, quality assurance and provider management.

3. Structured Case Record Reviews

A third source of information are structured case record reviews. Four case record reviews were conducted: 1) all investigations of maltreatment-in-care during the period; 2) foster home approval and capacity, 3) children in foster care placements who entered foster care at any time up to December 31, 2015, and 4) children in foster care placements during the period. The chart below summarizes sample characteristics of each review. The following discussion provides more detail on the sampling approach, review instrument design, review logistics, reviewer qualifications and training, quality assurance, and analytical processes.

a. Sampling Approach

As indicated in the chart below, 100 percent of the investigations of maltreatment-in-care completed between July 1 and December 31, 2015 were read. Therefore, observed differences in these results do not reflect sampling error.

For the three other case record reviews, random samples were drawn from two different universes:

- All foster homes that had a DeKalb or Fulton child placed in the home at any time between July 1 and December 31, 2015. This included private agency supervised homes as well as DFCS supervised homes.
- All foster care cases (children) active in DeKalb and Fulton counties anytime between July 1 and December 31, 2015.
- All foster care cases (children) active in DeKalb and Fulton counties who entered foster care after July 1 1, 2015 and remained at least 60 days.

For each of these reviews, samples were drawn such that the findings would have no more than a +/- 10% error rate at a 95% confidence level. This sampling methodology was determined to be a reasonable estimation of performance and agreed upon for this streamlined evaluation period.

Target of Review	Universe of Cases	Desired Sample Size	Actual Number of Cases Reviewed	Margin of Error
Investigations of Maltreatment in Care	88	100% of maltreatment in care investigations during period	88	Not Applicable
Foster Homes	602	82	82	+/- 10 percent
Children in Foster Care who entered Foster Care any time before December 2015	2004	91	91	+/- 10 percent

b. Instrument Design

Four separate data collection instruments were used, one for each review. They have been developed over time in conjunction with the DFCS Program Evaluation and Analysis Section and consultants from Georgia State University (GSU) schools of public administration and social work. The instruments were field tested and reviewed by Counsel for the Plaintiffs and by the State; many changes recommended by the reviewers were incorporated into the final instruments. As is typical with case record reviews, reviewers encountered some problems with some of the questions. Learning from each iteration is incorporated into the next case record review.

c. Data Collection Schedule and Logistics

Planning for the data collection effort began with discussions with DFCS and GSU regarding formatting data instruments for efficient data capture and analysis. As in previous periods, each of the review guides was set up as a SAS-based form for electronic information entry directly into a database through a GSU secure web site. This eliminated a separate data entry step.

Records selected from private agencies were reviewed at the respective private agencies. The remaining records for investigations, foster care, and DFCS supervised foster homes were reviewed at the county offices where the active cases are maintained. Closed records were brought to these sites for review.

d. Review Team Qualifications and Training

DFCS staff persons were the primary case readers. These staff members have many years of experience in DFCS and are very familiar with the DFCS's policies and practices. They have been selected over the years for this task based on their skills, experience, and knowledge.

There were training session before commencing these reviews. The training consisted of reviewing and discussing the wording and meaning of each question on the data collection instruments. Additional changes were made to the guides as a result of these discussions.

e. Quality Assurance

Reading accuracy and inter-reader reliability was addressed by an extensive quality assurance process that included constant “calibration” and a “second read” of the records. Two senior DFCS reviewers were designated team leaders. They were responsible for responding to reviewer questions regarding clarification or how to interpret information contained in the record and consulting with the Accountability Agent and MTAT when necessary. These team leaders shared with one another the questions being asked and the responses they were giving to reviewers to assure consistency. In this way, patterns among questions were monitored and instructions were clarified for all reviewers as necessary. Team leaders reviewed each reviewer’s work at the completion of each review. Finally, reviewers were encouraged to provide explanatory comments for their responses if they felt the situation they found did not adequately fit the question being asked or additional detail for some critical questions was desired.

The Georgia State University (GSU) project coordinator and several research assistants with master’s degrees in social work or a related field and backgrounds in child welfare and case record review provided an additional level of Quality Assurance (QA). The GSU QA team reviewed 33 percent of the case records reviewed. Review guides that had different responses from the GSU QA staff and the PEAS reviewers were set aside, investigated and resolved as possible by the GSU project coordinator and PEAS team leaders and changes were made to the data set as necessary. Time was set aside in the schedule to review the completed review guides in question and do any necessary clean up.

To calculate inter-rater reliability GSU selected variables from all three files (CPS Investigations, Foster Homes, and Foster Care) where both the reviewers and the QA reviewers had access to the same information in the case file. Each response was not tested for inter-rater reliability. Correlations between the reviewer results and the QA reviewer results were calculated using Cronbach’s Alpha to determine how well a set of items, in this case the reviewer responses and the QA reviewer responses, correlate or match. Cronbach's Alpha is not a statistical test - it is a coefficient of reliability (or consistency). Note: when a Cronbach’s Alpha is used in a Social Science research situation, like the Kenny A. case review, a reliability coefficient of .70 or higher indicates that there is an almost zero probability that the reviewer and QA reviewer would achieve these results by chance.

The Cronbach’s Alpha coefficients for each of the data sets were between .91 and .99. All measures were above the threshold of .70.

f. Data Analysis

Microsoft Excel and SAS software were used for analyzing the collected data and calculating inter-rater reliability. GSU staff assisted in creating descriptive statistics for the Accountability Agent and Monitoring and Technical Assistance Team.

4. Meetings with the management teams of Fulton and DeKalb County DFCS (G2)

The Accountability Agents met once or twice each month with Fulton and DeKalb directors, senior management, supervisors and case managers, and senior central office staff. These meetings allowed for hands-on monitoring and data verification.