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PERIOD I MONITORING REPORT

Kenny A. v Perdue

October 27, 2005 to June 30, 2006

Accountability Agents:

James T. Dimas and Sarah A. Morrison

November 3, 2006

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Part I INTRODUCTION

Background, Purpose, Scope, and Organization of this Report

This is the first report prepared by the Accountability Agents for the *Kenny A. v Purdue* Consent Decree to review the State Defendant's progress between October 27, 2005 and June 30, 2006 in achieving improved child welfare outcomes and meeting its other obligations under the Consent Decree. The *Kenny A. v Purdue* Consent Decree established James T. Dimas and Sarah A. Morrison as independent Accountability Agents with responsibility to produce public reports every six months. This introduction is intended to provide a brief overview of the *Kenny A.* Consent Decree and the Accountability Agent's approach being employed to assess the State's performance, as well as the scope and organization of this report.

A. The Kenny A. v Purdue Consent Decree

Consent Decrees are legal agreements between the parties to a court case that are used to avoid the expense, time-consuming nature, and uncertainties of bench trials. The *Kenny A.* Consent Decree requires the State Defendants – the Georgia Department of Human Resources (DHR) and its Division of Family and Children Services (DFCS) – to provide certain services and interventions to, and to achieve certain outcomes on behalf of children in the plaintiff class – defined as "...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 Defendants; and (2) have or will have an open case in Fulton County DFCS or DeKalb County DFCS."¹

Consent Decrees typically specify a set of conditions that must be met in order for the Consent Decree to terminate. Termination of the *Kenny A.* Consent Decree is primarily outcome driven. That is, to exit federal court oversight, the State Defendants have agreed to achieve and sustain a series of 31 outcomes related to the safety, permanency, and well-being of the DeKalb and Fulton County children served by DFCS. The plaintiffs reserve the right to contest a motion to terminate the Consent Decree if there are no pending noncompliance notices or motions before the Court concerning any other provision of the Consent Decree. For purposes of analysis and communication, the outcomes have been organized in this report into seven thematic groupings. Exhibit I-1 displays these groupings. Appendix A includes the actual wording of each outcome from the Consent Decree.

In addition to achieving and sustaining these 31 outcomes, State Defendants also agreed to implement or strengthen certain policies and practices, follow certain processes, and enhance certain aspects of DFCS infrastructure to better serve children and families. The intent of these interventions is to enable the State to achieve the desired outcomes. The mandated policies and

¹ Throughout this report, the use of the term "children," unless otherwise specified, refers to children in the plaintiff class.

practices include such things as child and family assessments and family team meetings. The required processes include foster parent licensing and support and conducting case reviews to assure quality. Infrastructure items include specialized staff, training, reducing caseloads, and implementing a Statewide Automated Child Welfare Information System (SACWIS). Some are new requirements and others are existing agency policy and practice requirements receiving heightened attention.

EXHIBIT I-1:
Thematic Grouping of *Kenny A* Outcomes

Safety

1. *Children in Foster Care are Safe from Maltreatment*

- Consent Decree Outcomes 1, 2, and 3 related to investigations of maltreatment in care.
- Consent Decree Outcomes 5 and 6 related to the incidents of substantiated maltreatment in care and corporal punishment.

Permanency

2. *Children in Placements Maintain Family Connections*

- Consent Decree Outcomes 7, 16, and 19 related to keeping children connected to family and community at the time of placement.
- Consent Decree Outcomes 21 and 23 related to visitation among family members.

3. *Children Achieve Permanency*

- Consent Decree Outcomes 4 and 14 related to re-entry into care.
- Consent Decree Outcomes 8a & b, 9, 10, 11, 12, 13, and 15 related to positive permanency exits.
- Consent Decree Outcomes 27 and 28 related to timely and complete court review of permanency efforts.

Well Being

4. *Children Experience Stable Placements and Worker Continuity*

- Consent Decree Outcome 17 relates to placement stability.
- Consent Decree Outcomes 18, 20, and 22 relate to worker continuity and contacts children and caregivers.

5. *Children and Youth Receive the Services they Need*

- Consent Decree Outcome 24 relates to the educational achievement of those youth who “age out” of foster care.
- Consent Decree Outcome 30 relates to meeting children’s service needs.

Strengthened Infrastructure

6. *Effective Oversight of Placement Settings*

- Consent Decree Outcomes 25 and 31 related to placement setting conditions.

7. *Timely and Complete Court Orders*

- Consent Decree Outcomes 26 and 29 related to DFCS authority to assume and continue custody.

B. Approach to Monitoring

According to the Consent Decree, the court-appointed accountability agents are responsible for conducting "... the factual investigation and verification of data and state documentation necessary to compile and to issue public record reports on State Defendants' performance relative to the terms of the Consent Decree...."² The approach to fulfilling this responsibility emphasizes achievement, objectivity, engagement, and continuous improvement.

First, we are committed to helping the State achieve and sustain improved outcomes for the children served by DeKalb and Fulton County DFCS. Second, we are employing methods that allow constant, objective measurement of progress using verified data and information. Third, we seek to engage State and County leadership to work collaboratively in discovery and analysis rather than remaining distant from them. This means that, while maintaining the objectivity necessary for monitoring, we are working with the State and County leadership to verify data, explore information, consider strategies and arrive at recommendations for change. Finally we seek to use all of the foregoing to support organizational learning about what actually works to produce the desired outcomes, and to galvanize organization-wide commitment to continuously improving those outcomes.

This approach takes advantage of the measurement tools traditionally available to monitors – interviews, system document and data analysis, and case record reviews.³ But, in addition, we have leveraged our access to the people doing the work and the operational data describing it into a learning process focused on continuous improvement known as the "G2." The G2 process is driven by twice-monthly meetings with the management and field staff of the Fulton and DeKalb County DFCS offices and members of the central office leadership team. These three-hour meetings employ an iterative process of data-based hypothesis development, testing, and refinement.

C. Report Scope and Organization

This report describes the State's performance relative to 1) the immediate and short-term actions required in the first 60 days to six months of the Consent Decree; 2) the outcome measures that are to be achieved by the end of the first reporting period; and 3) progress implementing required policies, practices, and infrastructure. The immediate and short-term actions include two "Corrective Actions" required by the end of the first reporting period related to child safety and well-being.⁴ The outcomes reported consist of four child safety outcomes (outcomes numbered 1, 2, 3, and 5); and two permanency outcomes (outcomes numbered 12 and 13.) The first threshold of one infrastructure outcome (outcome numbered 25,) was required by the end of the first reporting period. However, as discussed in Parts II and VI, this outcome could not

² See p. 38, paragraph 16 A of the Consent Decree

³ See Appendix B for a full description of the methodology used to produce the reported information.

⁴ See pp. 30-31 of the Consent Decree.

be satisfactorily measured at this time. No child well-being outcomes were due in the first reporting period of the Consent Decree, October 27, 2005 to June 30, 2006.⁵ Where pertinent, the report includes a discussion of the interpretation and measurement issues encountered in assessing progress toward the required outcomes.

The remaining requirements in the Consent Decree generally represent practice standards to be implemented or administrative capacities or capabilities that must exist, without reference to specific numerical targets or time frames. In the absence of a firm “yardstick” to use in measuring State progress on these items, this first report frequently refers to data from the Department’s Internal Data System (IDS) and a case record review in October and November 2005, immediately preceding and following the Consent Decree developed by the DFCS Evaluation and Reporting Section (E&R) as frames of reference. However, there are limitations to the comparisons, especially with the record review. The E&R case record review used a different sampling approach with a slightly larger margin of error than the sampling approach used in the case record reviews to collect much of the data used in this report. In addition, the data collection questions varied. Future reports will assess progress against the new baseline established by this and subsequent reports. More information about the E&R baseline record review is provided in Appendix B.

Finally, this report verifies the integrity of data reported by the State on the number of children in Fulton or DeKalb Counties that experienced repeat maltreatment during the reporting period.⁶

Appendix B details the data collection methods used to inform all of the conclusions in this report. It is important to note here that the sampling approach for 3 of the 4 case record reviews were designed to have a margin of error of no more than a plus/minus 7 percent. The fourth record review did not use a sample, but, instead reviewed the entire universe of investigations of maltreatment in care. The margin of error means that for any frequencies reported for the entire randomly drawn samples from the children in foster care placements population, children with the goal of adoption, or foster homes, the actual proportion in the populations from which those samples are drawn could be 7 percent lower or 7 percent higher. In addition, reported frequencies for subsets of the populations, for example children who entered care after the Consent Decree or children whose parental rights have been terminated, are subject to a larger margin of error, making them less representative of the population as a whole.

⁵ The entire list of outcome measures, grouped as in Exhibit A, appears in Appendix A. The entire list of outcomes appears in numerical order in pages 31-38 of the Consent Decree.

⁶ Required in the Miscellaneous Provisions of the Consent Decree (pp. 45-46). A second item in these provisions relates to children who may experience substantiated maltreatment after being referred to DHR’s Diversion program. This measure requires a 365 day “look-back” and, therefore, will be covered in the Accountability Agent’s report for the period ending June 30, 2007.

The remainder of the report is organized into the following parts:

Part II, Conclusions and Recommendations summarizes the accomplishments and status of State and County actions taken during the first reporting period. It offers several recommendations which we believe are necessary for the State and Counties to make further progress.

Part III, Safety of Children in Care includes an assessment of the State's performance on the immediate actions and outcomes due by the end of the first reporting period related to keeping children in its care safe from maltreatment.

Part IV, Children Achieving Permanency includes an assessment of the State's performance on the immediate actions and outcomes due by the end of the first reporting period related to achieving permanent family connections for children in its care.

Part V, Children's Well Being in Care includes an assessment of the State's performance on the immediate actions due by then end of this first reporting period related to providing for the well-being of children in its care.

Part VI, Strengthening the Infrastructure includes an assessment of the State's progress in achieving Outcome 25 and implementing required infrastructure components related to providing services to families and children.

Part VII, Miscellaneous Provisions provides verified data regarding the re-maltreatment rate of children in DeKalb and Fulton Counties.

Two appendixes provide the full wording for all 31 outcomes and, as noted above, a description of the data collection and analysis methods employed to produce this report.

D. Note about Report Timing

The *Kenny A. Consent Decree* became effective October 27, 2005. Regarding the Accountability Agents' reports, it specifies: "These reports shall be issued for each six month reporting period, commencing approximately 90 days after the close of the first reporting period."⁷ This report, however, covers the period October 27, 2005 to June 30, 2006, slightly more than eight months. This irregular first reporting period was proposed by the Accountability Agents and agreed to by all parties to enable all subsequent reports to cover a period (January to June or July to December) that could be more efficiently supported by the State's data systems and would make greater sense to the public. We appreciate the parties' willingness to accommodate this change.

⁷ See p. 38, paragraph 16A of the Consent Decree

Part II CONCLUSIONS AND RECOMMENDATIONS

During the eight-month period covered by this report, the Georgia Department of Human Resources and the Division Family and Children Services have demonstrated progress toward achieving what was expected for this first period. Four of the seven outcomes to be achieved by June 30, 2006 were achieved. State performance in the remaining three outcome areas, although falling short of the desired targets, reflects significant and, we believe, sustainable improvement. Most of the immediate short-term actions required for this period were satisfactorily completed.

Over the course of this first period, the following four areas for priority attention by the State and Counties emerged:

- First, the State's management and accountability for the performance of provider-supervised foster homes needs to be strengthened. This includes improving collaboration among all parties responsible for the licensing, approval, and management of private foster care providers, and the completeness of the information in the State's information systems about the placements they supervise.
- Second, the State needs to build on the newly created permanency report required for children entering their 13th month of care and make it increasingly a practice focused on an active problem solving and direction setting activity for all those with responsibility for helping children achieve lasting permanence.
- Third, the State should continue working to institutionalize better systems for ensuring and documenting that children in care are receiving routine health screening and medical treatment as indicated.
- Fourth, the State should continue its effective use of the G2 process. This process has proven effective in coordinating state and local action on priority issues, building problem solving and accountability capacity among State and field office staff, showcasing local effective practices, and learning what works and what does not to keep children in care safe and well.

We have conveyed these and other recommendations to the State and steps are already being taken to implement them.

The remainder of this section highlights the State's major accomplishments and opportunities for improvement in four distinct areas of responsibility: Keeping Children Safe, Helping Children Achieve Permanency, Providing for the Well-Being of Children in Care, and Creating a Supportive Infrastructure.

A. *Keeping Children Safe*

1. Required Immediate Actions

- **Corrective Action 13B:** *Identify and Revisit Placement Settings with Recent History of Two or More Substantiated Reports of Maltreatment.*

This action was completed within the timeframes specified. Six separate Child Caring Institutions (CCIs) were identified as having had two or more substantiated reports of maltreatment in the 18 months preceding the entry of the Consent Decree. No foster homes had multiple substantiated reports. The identified CCIs had unannounced visits by June 30, 2006. No new concerns were identified. However, DFCS decided to remove all of the children in its custody from one facility based on the pattern of concerns raised by the re-investigation of the past issues.

Recommendation: Four separate organizational components within the Department of Human Resources and the counties are responsible for oversight of private placement settings. The Office of Regulatory Services (ORS) is responsible for licensing and investigating possible licensure violations. The Treatment Services Unit (TSU) is responsible for approving and revoking DFCS contracts with private foster care providers, semi-annual utilization reviews, and responding to concerns raised about the placement settings. Each county has a special investigations unit that responds to reports of maltreatment in private and DFCS-supervised placement settings. The DFCS Evaluation and Reporting Section and TSU both track various aspects of the foster care process. The implementation of Corrective Action 13B revealed multiple opportunities to strengthen communication, management and accountability regarding the performance of private providers. The collaboration among these entities needs to be strengthened to assure timely and effective identification and sharing of performance concerns. The State is currently restructuring TSU which should afford an excellent opportunity to address these concerns.

2. Expected Outcomes

- **Outcome 5:** *By the end of the first reporting period, **no more than 1.27%** of all children in foster care shall be the victim of substantiated maltreatment while in foster care. **First period performance: Outcome achieved,** the rate of substantiated maltreatment of children in foster care during the reporting period was **0.54 percent.***
- **Outcome 1:** *By the end of the first reporting period, **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. **First period performance: 91 percent.***

- **Outcome 3:** *By the end of the first reporting period, 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 alleged victim, including face-to-face contact with a child who is non-verbal due to age or for any other reason. First period performance: 85 percent.*
- **Outcome 2:** *By the end of the first reporting period, 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. First period performance: 83 percent.*

These outcomes were not achieved, but clear progress was demonstrated. On each of these Outcomes, the creation of a Special Investigations Unit in DeKalb County (Fulton County already had such a unit) propelled improvement over the course of the reporting period. The rate of improvement and the levels achieved by the end of the reporting period suggest that Outcomes 1 and 2 can be achieved by December 31, 2006.

Caseload demographics make attaining and sustaining the performance target for Outcome 3 uncertain. In the first reporting period, there were 104 foster children that were alleged to be victims of maltreatment in care (maltreatment was substantiated for 18 of these children.) The 99 percent standard stipulated in Outcome 3 would fail to be achieved if even two of those children were not seen face-to-face within 24 hours. During this reporting period, one DeKalb County case in which educational neglect was alleged involved three teens aged 16-18 who had been leaving school after first period. The investigator arrived at their foster home within 24 hours and spoke to the teens in question, but they denied their identities and fled before the investigator could interview them about the allegations. Therefore this case did not meet the 24 hour contact standard and by itself precluded the State from meeting Outcome 3. At this time, we do not know if this example was a unique occurrence or whether teens willfully avoiding face-to-face contact could perpetually frustrate the State's best efforts to meet this standard. Given the fact that 11% of the children currently in care in Fulton and DeKalb are aged 16-18, this is an issue for the State to monitor.

B. *Helping Children Achieve Permanency*

1. Required Immediate Action

- *Generate Individual Permanency Reports For Children Who Had Reached their 13th Month in Care by October 27, 2005.*

This action was completed within the timeframes specified. By February 27, 2006 the Counties prepared Permanency Reports for nearly 1200 children who had reached their 13th month in care before or on October 27, 2005. Thus, the letter of the Consent Decree was met. However, the quality of the work appears to have been inconsistent and the effectiveness of this initial process limited. As required in the Consent Decree, this has become an on-going practice

at the 13th month and 25th month of care and DFCS is taking steps to refine the practice and improve the quality.

Recommendation: We support the State's efforts to refine the practice and have made suggestions for streamlining forms, improving quality, and making the practice more meaningful and useful to all involved. This practice can be further strengthened through focused supervision and a collaborative effort between the counties and DFCS' central office that steps away from a literal compliance with the Consent Decree and focuses on the desired results the practice can achieve: shared decision making around strategies and actions that help children achieve positive permanency outcomes more quickly.

2. Expected Outcomes

- **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. First period performance: Outcome achieved, 135 children, 94 percent of 144 awaiting adoption with an identified resource on October 27, 2005 were adopted by April 27, 2006.*
- **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. First period performance: Outcome achieved, 100 percent of the 40 children who did not have an identified or potential adoptive resource on October 27, 2005 were registered on adoption exchanges and had individual recruitment plans.*

C. Providing for the Well-Being of Children in Care

1. Required Immediate Actions

- **Corrective Action 13A:** *Obtain Updated Medical Examinations for Children in Care Prior to the Consent Decree.*

This action was not completed. The Consent Decree required the State to obtain updated medical exams for two cohorts of children: 1) those who had been in care 12 months or more prior to the Consent Decree who had not had a medical exam in the previous 12 months and 2) those children who had been in care less than 12 months but more than 30 days prior to the Consent Decree but who had not received an initial medical exam since entering care. Despite extensive efforts to identify the children and youth who required this corrective action and arranging for accessible medical personnel to complete the needed medical examinations in a

timely way, not all identified children received the appropriate examinations. By June 30, 2006, county tracking data indicated that 533 children, 79 percent of the identified group from the combined cohorts, had received the required medical exams. Of the 140 children who had not, 77 exited foster care before receiving updated medicals and 15 children received medical examinations between July 1 and mid-August 2006. The remaining 48 children still needed them as of mid-August. The case record review of a sample of 165 children in foster care during the review period also indicated gaps in routine medical examinations.

Recommendation: When this performance was raised with State and county leadership, they immediately sought a means to improve their tracking efforts to better assure children are receiving routine medical attention as dictated by the Early Periodic Screening, Diagnosis, and Treatment (EPSDT)/Georgia Check program schedule. They have enlisted the assistance of the Division of Public Health to track the routine health care obtained for children in foster care and alert case managers to the need to schedule an examination. We support this activity. This is an excellent step for assuring children receive routine care in the future, but the State should also ensure through supervision that any children currently in care who have not received routine examinations receive them now.

D. Strengthening the Infrastructure

1. Required Immediate Actions

- **Establish Specialized Caseloads for Children Who Reach Their 18th Month in Care and Cap them at 12 Children per Case Manager.**

This action was completed, but not within the expected timeframe and not in strict conformance with the Consent Decree in an effort to better address the needs of children with the goal of adoption who would otherwise be assigned to a Specialized Case Manager. The Consent Decree stipulated that children who had reached their 18th month in care as of the Consent Decree were to be assigned to specialized case managers with capped caseloads of no more than 12 children per case manager within two months. This action was completed, but it took five rather than the two months. Most of these caseloads were established by the beginning of February 2006, but many children from the original cohort were still being assigned in March. As children reach their 18th month in care, they are transferred to a specialized case manager or, if the child's goal is adoption, they have been transferred to "specialized adoption case managers." Caseload caps for both the specialized case managers and specialized adoption case managers are being tracked by the counties and have reportedly been, with a few exceptions, maintained at 12 children per worker. The exceptions have ranged from 13 to 16 children per worker. The counties report that these exceptions have been primarily caused by sibling groups being assigned as a group to one case manager and transitioning cases from one case manager to another. We have reviewed county caseload

assignments, internal-county tracking system data, and written communication from county directors information that indicates program administrators are constantly continually tracking these caseloads and making reassignments as quickly as possible should the cap be exceeded.

Our concerns regarding implementation of this new practice stem not only from the exceptions that exceed the caseload cap, but also from the potential for an unintended consequence to occur. As the counties have implemented and stabilized these new caseloads, initial reassignments to specialized case managers and subsequent reassignments among the caseloads has come at the expense of caseworker continuity. This, in turn, has reportedly affected the timeliness of visits between case managers and children and effectiveness of the permanency efforts with some youth. If the number of children reaching their 18th month in care continues to exceed the number exiting care after their 18th month, specialized caseloads will continue to be formed and worker continuity will continue to be upset not only for those children being assigned to a specialized case manager but also for those who lose a case manager who is given a specialized caseload.

In the next several months, we intend to learn more about the Specialized Caseloads directly from the assigned case managers. We will be conducting focus groups and administering surveys to better understand the achievements and barriers in their work.

Recommendation: The State and Counties should use existing and new case practices to minimize the number of children who reach their 18th month in care. These practices include diligent search for relatives and frequent contact with extended birth families and social networks early in the child's time in care. By the time a child reaches his or her 18th month in care, many family and community connections may have been lost. Also, the previous recommendation to strengthen the 13th month permanency review process applies here as well. This process can be used to establish steps that can effectively lead to permanency exits before children reach their 18th month in care.

In addition, the stipulation in the Consent Decree that the specialized case manager be the sole case manager and, "to the extent possible" remain the child's case manager for the remaining period of time the child is in care even if adoption is sought for the child's permanency suggests that the State needs to identify the critical knowledge, skills and supports for the Specialized Case Managers to have or obtain for them to successfully execute their responsibilities.

Several other immediate actions were stipulated for the first reporting period. The status of these activities is summarized in Table II-1.

Table II-1

Immediate First-Period Activities to Strengthen the Foster Care System Infrastructure.

Activity	First-Period Status
Establish Basic Foster Care Maintenance Payments for All Foster Homes	This action was completed. All foster homes received the stipulated maintenance payment rates.
Establish a Rate Reimbursement Task Force	This action was completed. However, the original scope of work for the Task Force has been modified by new mandates the State received from the federal government requiring changes to the Level of Care reimbursement program. DHR and Counsel for Plaintiffs met with the Task Force to agreed to an amended scope of work.
Performance-Based Contracting	This action was not completed. The state was unable to complete this action while the above mentioned changes to the Level of Care reimbursement program were being finalized. We hope to see significant progress on this action during the second reporting period.
Contract with External Expert to Conduct a Needs Assessment	This action was completed but not within the designated time frame. Problems in recruiting qualified bidders and delays in the selection process stemming from the time required for the State and Plaintiff's Counsel to reach agreement on the vendor has delayed implementation of the needs assessment study. A contractor has been selected, but a contract has not been executed.
Statewide Automated Child Welfare Information System (SACWIS)	This action was completed. The contract with the selected SACWIS vendor was awarded within the required timeframe, although a protest from one of the unsuccessful bidders delayed implementation of the contract. The date by which the completed SACWIS is to be implemented statewide is January 2008.
Automated Information System for Foster Care Resources	This action was completed. Modifications to the Placement Central system to capture the required data elements were developed and demonstrated to the accountability agents within the required time frame.

2. Outcome Expected

- **Outcome 25:** *By the end of the first reporting period, at least 85% of all foster children in custody at a point in time during the reporting period shall be in placements that are in full approval and/or licensure status.* **First period performance:** For the first reporting period, the Accountability Agents were unable to rigorously assess the extent to which this requirement was met.

Outcome 25 presented the most difficult measurement challenge of any of the Outcomes due in the first reporting period. Outcome 25 could not be satisfactorily measured for the first reporting period for two reasons. First, the definition of the measure contained in the Consent Decree is a mismatch with the available data sources. To operationalize the measure as specified in the Consent Decree, data on the current approval status of individual foster placements on a particular date must be linked to data about the number of class member children in those individual homes on that same date. Doing this with the appropriate degree of rigor proved to be an insurmountable challenge, although much was learned from trying to overcome it.

Second, there is a difference between the parties on whether the term “full approval and/or licensure status” was a designation that referred specifically to the regulatory process through which foster homes and group homes are approved to receive foster children and DFCS funding, or was intended as a generic description that referred also to the approval of other types of placements.

Recommendations:

- The parties should agree to the use of the percentage of *placements* in approved status at a point in time as a proxy for the percentage of *children in placements* in approved status at a point in time. In the process of testing various measurement approaches, we learned that for DFCS-supervised homes there was no significant difference between the proportion of homes in full approval status at a point-in-time, and the proportion of children placed in homes in full approval status at that same point-in-time. This recommended alternative not only increases the likelihood that the Accountability Agents would be able to produce a satisfactory measurement for Outcome 25, it would also enable the State more readily to track its own performance and make mid-course corrections as necessary.
- The parties must come to an agreement about the applicability of Outcome 25 to placements outside the regulatory environment. The Accountability Agents hope such an agreement can be reached promptly so any needed modifications to the data collection methodology can be made in time for our second period report.
- DFCS should immediately assess the adequacy of documentation in provider-supervised foster home records. In attempting to find a viable measurement methodology for Outcome 25, it became clear that the files of provider-supervised foster homes provided inadequate

evidence of compliance with DFCS approval standards. It is presently unknown whether the apparent lower conformance with DFCS approval standards is reflective of inadequate compliance with such standards, inadequate documentation of such compliance, the unfamiliarity of the file review team with the CPA file structure, or some combination of the three.

- Efforts currently underway within DFCS to populate Placement Central and TSU's LORE system with data on all provider-supervised foster homes need to be continued and adequately supported. The Accountability Agents regard completing the automation of data on provider-supervised foster homes as critical to DFCS' ability to effectively manage the performance of such homes.

Part III SAFETY

Children in Foster Care are Safe from Maltreatment

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."*⁸ As a result of this responsibility, several Consent Decree requirements and outcomes focus attention on the safety of children in the custody of DHR/DFCS. The first part of this chapter reports on DFCS' fulfillment of Corrective Action 13 B, inspection of placement settings with two or more substantiated reports of maltreatment of children in their care. The second part reports on the State's progress in achieving several outcomes focused on the rate of maltreatment in care and the investigatory process. Finally, this chapter concludes with a discussion of the practices and process employed to address reports and concerns of maltreatment in care.

A. Immediate Action: Follow-up with Placement Settings with Past Multiple Substantiated Maltreatment

One of two immediate corrective actions specified in the Consent Decree required DFCS to identify and follow-up with *"...all foster care placements (foster family homes or non-foster family homes, DFCS-supervised, or private provider-supervised) in which one or more class member children have been placed in the past six months, for which placements there have been 2 or more substantiated reports of abuse or neglect in the past 18 months."*⁹ By the end of the first reporting period, DFCS was to make unannounced inspections of these placement settings and take appropriate actions based on what the inspections revealed.

a. Interpretation and Measurement Issues

Measurement of this corrective action is fairly straight forward; however an interpretation issue concerns the application of this requirement in the private provider setting.

In Georgia, privately operated placement settings generally fall into one of three categories: Child Caring Institutions (CCI) – commonly referred to as facilities and group homes; Outdoor Therapeutic Programs (OTP) – wilderness, camp-like settings serving young people with serious emotional disturbances -- and Child Placing Agencies (CPA) – private agencies that recruit, support, and supervise networks of foster or adoptive homes. In interpreting the requirements of this corrective action, we believe they apply somewhat differently to these three private provider types.

⁸ See p. 4, Principle 4, of the Consent Decree

⁹ See p. 30, Corrective Action 13B of the Consent Decree

Specifically, we believe the “non-foster family homes” language pertains to the CCIIs and OTPs because these agencies or programs are the actual placement settings for children. Unannounced inspections of the CCIIs and OTPs that meet the criteria specified in Corrective Action 13 B would allow for the assessment of current placement conditions. Resulting corrective actions, as appropriate, would be applied to these physical locations.

With regard to foster homes, both DFCS supervised and privately supervised, we concluded that the unannounced inspections and appropriate corrective actions were to be applied to every individual foster home that had had two or more maltreatment substantiations. In the case of CPAs, the homes themselves, not the supervising agency, are the physical placement settings. Unannounced visits to CPAs or DFCS offices alone would not enable these placement settings to be assessed.

b. Findings

▪ ***DFCS Conducted Unannounced Visits of Six Placement Settings with Past Multiple Maltreatment Substantiations***

By the end of December 2005, DFCS identified five separate Child Caring Institutions and no foster homes that met the criteria established in the Consent Decree. A sixth facility was added as a result of a substantiated report in January 2006. These programs were identified through investigation summaries submitted by all counties to the Treatment Services Unit and through the State’s Internal Data System (IDS). Table III-1 summarizes the original incidents and the results of the past corrective actions and current inspection findings. Not all of the initial incidents involved children in the custody of DeKalb or Fulton County DFCS. In addition, because many of the locations were outside of DeKalb or Fulton counties, they were initially investigated by the county with jurisdiction.

All six facilities had unannounced visits in May and June 2006 by teams of two staff from the Treatment Services Unit (TSU). These visits were in addition to the routine twice-yearly on-site utilization reviews conducted by TSU.

▪ ***No current risks to the health, safety, and well-being of the resident children were identified in the visits.***

During the unannounced visits, the teams reviewed the original issues with agency authorities as well as conducted inspections of the facilities, reviewed records, and interviewed currently children placed currently. The teams learned what actions the agencies have taken as a result of the original substantiations. No current risks to health, safety, and well-being of the children living in these settings were uncovered in the inspections.

The recommendations and actions of the CPS investigations staff, the Office of Regulatory Services (ORS), and/or the Treatment Services Unit (TSU) at the time maltreatment were as substantiated included licensing citations, removal of children from the placement setting, revoking approval for DFCS placements, and additional staff training. As summarized in Table II-1, the CCI's response to ORS and DFCS findings included a variety of actions depending on the circumstances. Staff members received more training. Procedures were revised and re-emphasized. Surveillance equipment was installed. Staffing ratios were increased. Some staff had their employment terminated.

Although no health, safety, or well-being issues were identified in these inspections, we did express concern about one of the facilities receiving an extended license to serve children aged 10 and 11 as well as children aged 12 to 18 following one of the substantiations. At the time of the incident, the agency's request for such an extension was pending, but they had admitted children under the age of 12. In fact, the substantiated incident involved a child as young as 8. In addition to the substantiation, the Office of Regulatory Services cited the facility for a number of licensing violations, including having children for whom they were not licensed. Subsequently, ORS approved the application for the extended age range. Once identified, the Commissioner and DFCS Director acted quickly to review this concern and decided to remove all children in DFCS custody from the facility. Furthermore, as a result of departmental discussions with the facility, we understand the facility has resigned its contract with the Department.

While these steps resolved our immediate concerns regarding the provider, we regard the incident itself as an indication that TSU and ORS need to strengthen their collaboration with each other and the Counties, and improve the rigor with which they seek out and address patterns of inadequate performance among placement providers. This recommendation is reiterated in our discussion of State compliance with certain process requirements pertaining to maltreatment in care investigations discussed later in this chapter under Section C.

All County DFCS directors have received copies of the inspection reports generated as a consequence of these unannounced visits.

Table III-1

Summary Description of Unannounced Visits as Required by Corrective Action 13B

	Type of Facility and Description of Substantiations	Actions Taken and Unannounced Visit Findings
1	Child Caring Institution: Group Homes – 2 locations 2 incidents of inadequate supervision (February and April 2005,) one at each of the agency's locations	Response to Substantiations: Incident 1: reprimanded staff and transferred to other facility; training, and increased staff coverage. Incident 2: staff terminated. Overall: Agency complied with DFCS recommendations. Unannounced Visit Results: children safe; minor maintenance required in staff bathroom; child in need of a phone card.
2	Child Caring Institution: Cottage setting 2 incidents of inadequate supervision (July 2004 and April 2005) 2 incidents of physical abuse (April and June 2005)	Response to Substantiations: Incident 1 (July 2004): child moved to a more suitable placement; staff coaching and training around proper supervision, detailed program guidelines; independent living program cottage where incident took place is now closed and there are no residents in the cottage. Incident 2 (April 2005): staff received additional monitoring and coaching; agency completed Corrective Action plan for ORS. Incident 3 (April 2005): child moved to another bedroom to avoid future physical confrontations with another resident, retrained staff on proper crisis intervention techniques; completed corrective action plan for ORS. Incident 4 (June 2005): one worker was terminated for inappropriate restraint; another was demoted for not reporting incident. Overall: Cameras have been added in hall, additional staff have been hired, and additional training has been conducted. Unannounced Visit Results: Changes made appear to have been effective, no safety or well being issues raised.
3	Child Caring Institution: 3 incidents of inadequate supervision (April 2004, January and August 2005)	Response to Substantiations: Incident 1: child was moved to another placement setting, agency increased supervision. Incident 2: documentation insufficient to determine what happened. Incident 3: staff member was terminated.

	Type of Facility and Description of Substantiations	Actions Taken and Unannounced Visit Findings
		Unannounced Visit Results: No risks to health, safety, or well being of the children were identified.
4	Child Caring Institution: Specialty Hospital 1 incident of physical abuse (February 2005) 1 incident of inadequate supervision (July 2005)	Response to Substantiations: Incident 1: staff member was terminated, all staff received increased training, additional screening of job applicants was established and increased supervision of new staff. Incident 2: training, new policy and process for room assignments; a door separates younger and older children's units; more use of cameras to document and monitor staff performance and use as learning tools; annual recertification. Overall: Agency completed corrective action plans for DFCS and ORS. Unannounced Visit Results: No risks to health, safety, or well being of the children were identified.
5	Child Caring Institution: 2 incidents of inadequate supervision (November 2005 and January 2006)	Response to Substantiations: Incident 1: employee was terminated before DFCS received report. Incident 2: cameras installed, staff training. Overall: Agency completed corrective action plans for DFCS and ORS. Unannounced Visit Results: No risks to health, safety, or well being of the children were identified. In August 2006, this institution resigned its contract with DFCS; all children in DFCS custody have been removed and placed elsewhere.
6	Child Caring Institution: Group Home 1 incident of sexual misconduct that was reported 5 times, once for each child involved (June 2004)	Response to Substantiations: Staff terminated; locks on most doors, increased supervision of residents, stricter house rules. Unannounced Visit Results: No risks to health, safety, or well being of the children were identified.

Source: Compiled from the Treatment Services Unit reports of unannounced visits in 2006.

- *No Current Foster Homes have a History of Multiple Substantiations.*

Within DFCS, the policy is to close a DFCS supervised home when one report of maltreatment has been substantiated. We found no evidence that this policy is not being carried out. Therefore, there were no DFCS supervised homes with two or more substantiated reports of maltreatment in the designated time period. Among the foster homes supervised by Child Placing Agencies, three agencies had a total of eight separate foster homes and/or pre-adoptive homes that had one substantiated report each. None of the individual foster homes had more than one substantiated report and did not receive unannounced visits. However, the DFCS visits to the supervising CPAs found that five of the eight foster homes had been closed by the CPAs after the original investigations were completed; a sixth one was reportedly closed in June. Two homes remain open but are not serving children in the custody of DeKalb or Fulton DFCS.

B. Outcome Achievement: Outcomes 1, 2, 3, and 5

As previously noted, five of the Consent Decree outcomes are clustered around keeping children safe while they are in care and quickly addressing safety issues as they occur. Four of these outcomes were to be achieved in the first reporting period. The fifth is to be achieved in the second reporting period which ends December 31, 2006. Table III-2 presents the state's performance on the four outcomes due in the first reporting period. The following discussion provides a summary of State performance as well as the interpretation and measurement issues associated with the outcomes, and information about issues surrounding the work that provide a context for understanding the State's performance.

1. Maltreatment in Care: Occurrence and Investigation of Reports

Outcome 5 – Maltreatment in Foster Care

Outcome 5 lies at the very heart of the Consent Decree. It is about keeping children in foster care safe from maltreatment. Child welfare systems have no higher obligation. By definition, children in foster care have already experienced some form of maltreatment in the home from which they were removed. The prospect of them experiencing maltreatment again in the foster care setting is deeply disturbing.

Table III-2

Children in Foster Care are Safe from Maltreatment: Progress as of June 30, 2006

Consent Decree Outcome	1 st Period Performance
Outcome 5: By the end of the first reporting period, no more than 1.27% of all children in foster care shall be the victim of substantiated maltreatment while in foster care.	0.54% Achieved
Outcome 1: By the end of the first reporting period, 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.	91% Not Achieved
Outcome 2: By the end of the first reporting period, 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.	83% Not Achieved
Outcome 3: By the end of the first reporting period, 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 alleged victim, including face-to-face contact with a child who is non-verbal due to age or for any other reason.	85% Not Achieved

a. Interpretation and Measurement Issues

After careful consideration, Outcome 5 was operationally defined as the percentage of children in care during the reporting period that experience maltreatment in care during the reporting period. Performance was measured by a cumulative look across the entire reporting period, not just at one point in time during the reporting period. The interpretation and measurement issues are described below.

The interpretation issue centers on the meaning attributed to the words “...*shall be the victim of substantiated maltreatment while in foster care.*” This could be interpreted to mean that any child who had *ever* experienced maltreatment while in foster care (even if it was years ago) should be counted in this percentage. Although this is perhaps the most obvious and literal interpretation of these words, such an interpretation would be unhelpful to the cause of improving Georgia’s child welfare system.

First, a central precept of the Consent Decree is that it will bring about improvements in Georgia’s child welfare system. Interpreting this measure in a way that places it beyond the influence of the State’s *current and future* efforts to improve would be incongruous with this precept. We believe that when the Consent Decree language is less than definitive, it should be construed to avoid establishing incentives that are inconsistent with spirit of improving Georgia’s child welfare system.

The measurement issue inherent in Outcome 5 derives from the words *“By the end of the first reporting period...”* Taken literally, these words seem to suggest that this is a point-in-time measure to be taken on the last day of the first reporting period. In other words, what percentage of the children in care on June 30, 2006 had experienced maltreatment while in care? In the child welfare field, such a point-in-time approach is a common method of obtaining a census of children in care but it is not the best way to gauge real system performance.

b. State Performance

▪ The State Exceeded First Period and All Subsequent Period Outcome 5 Thresholds

As noted in Table III-2 for Outcome 5, about one-half of one percent (0.54%) of all children in foster care between October 27, 2005 and June 30, 2006 had been victims of substantiated maltreatment during that time period. Our review found 18 instances of substantiated maltreatment among the 3,349 children in care at any point during the reporting period. That places the State not only well below the first period standard of 1.27 percent, but below the second and third period standards as well (0.94% and 0.57%, respectively). This indicates that DFCS is doing an excellent job of protecting the Fulton and DeKalb children in Georgia’s foster care system from maltreatment. These data are based on our review of all of the investigations of maltreatment in care completed during the reporting period.

c. Operational Context

As indicated in the Introduction, a by-product of the G2 process has been significant improvement in the quality of some of the data produced by DFCS primary administrative data system, “IDS.” Nowhere is this more evident than with data related to maltreatment in care.

Baseline data runs for Outcome 5 taken in November 2005 indicated that DeKalb and Fulton Counties together were at 1.8 percent on this measure. As a result, initial G2 discussions focused on why maltreatment in care was occurring and what the counties could do to reduce the incidence of it. One of the hypotheses offered was that maltreatment in care was not occurring as frequently as the data suggested, but rather, field staff were incorrectly coding data describing reported maltreatment before it was entered into IDS. To investigate this hypothesis, the Evaluation and Reporting (E&R) unit began producing detailed listings of the data in IDS related to each incident identified as maltreatment in foster care. As the counties reviewed and investigated these listings, it was learned that a few common coding errors were significantly inflating this percentage. The most common coding error made it appear that a significant number of children had been maltreated in foster care when, in reality, they had been maltreated in their homes and then removed to foster care. After this pattern was reported in the G2, policy guidance was updated, hard copy forms and data fields in IDS were revised, and additional staff training was provided to address the problem. As a result of these changes, the accuracy of the IDS data on maltreatment in care is improving.

The existence of such coding errors was further validated during the case record review of investigations of maltreatment in care. The record review was designed to include all investigations, not a sample as in the other record reviews. From an initial listing of 145 records of cases believed to reflect child maltreatment while in foster care based on IDS designation, 93 cases (64%) were eliminated because the investigative record indicated the maltreatment actually occurred prior to the child's removal and placement in care.

Outcomes 1, 2, and 3 – Maltreatment Investigation Process Measures

While Outcome 5 focuses on the result of reduced maltreatment in care, Outcomes 1, 3, and 2 measure important aspects of the process through which allegations of maltreatment in foster care settings are investigated. Outcome 1 relates to the timeframe in which an investigation of suspected maltreatment of a foster child is commenced. Outcome 3 relates to the frequency with which such investigations include timely, face-to-face contact with the alleged victim. Because DFCS policy defines the point at which face-to-face contact with the alleged victim is made as the point at which an investigation "commences," they are very similar measures; the primary difference between them is the unit of analysis. For Outcome 1, the unit of analysis is the investigation itself (which may involve multiple alleged victims). For Outcome 3, the unit of analysis is the individual child who is an alleged victim. Outcome 2 relates to the length of time it takes to complete such investigations.

Over the course of the reporting period, the Counties made significant improvement in their performance on these three areas although they did not achieve the outcome levels.

a. Interpretation and Measurement

Outcomes 1, 2, and 3 use the same "*By the end of the first reporting period...*" language used in Outcome 5. Again, this might be construed to grant the state the entire reporting period in which to improve these measures. However, unlike Outcome 5, there is no standard practice in the child welfare field of operationalizing measures such as these with a point-in-time measurement approach (which, taken literally, would apply these percentages and timeframes only to investigations completed on the final day of the reporting period). Rather, it is standard practice in the child welfare field to calculate statistics such as these on a monthly or quarterly basis, as a percentage for all investigations completed during a given month or fiscal quarter. Therefore we have elected to report these as percentages covering the entire reporting period. As such, it should be understood that they reflect the level of performance at the beginning of the reporting period (when it might be expected to be poorer) as well as at the end (by which it may have improved).

b. State Performance

- **91 percent of Investigations of Maltreatment in Care were commenced within 24 hours.**

Case record review data from all investigations completed during the reporting period indicate that 91 percent of maltreatment in care investigations were commenced within 24 hours. Outcome 1 requires that by the end of the first reporting period, 95 percent of such investigations be commenced within 24 hours. Although this outcome was not achieved, the State's performance reflects significant improvement since 2005, when fewer than approximately two-thirds of the completed investigations met this standard

- **83 percent of Investigations of Maltreatment in Care are Completed Within 30 days in Accordance with State Standards**

Case record review data from all investigations completed during the reporting period indicate that 83 percent of maltreatment investigations involving foster children were completed within 30 days. (Another 8 percent of such cases were investigated within 36 days.) Outcome 2 requires that by the end of the first reporting period, 95 percent of such investigations be completed, in accordance with DFCS policy, within 30 days. Although this outcome was not achieved, the State's performance reflects significant improvement since 2005, when fewer than half of the completed investigations met this standard.

The case record review explored the extent to which these investigations were conducted "...in accordance with Section 2106 of the Social Services Manual." Section 2106 contains guidance on the many aspects of properly conducting special investigations, such as separately interviewing the parties involved, making two collateral contacts, evaluating the likelihood of continued safety, etc. Each of those requirements was assessed in the case record review. Compliance with the particular aspects of Section 2106 varied somewhat, but for most of the requirements substantively related to child safety (e.g., separate interviews, collateral contacts, continued safety evaluations) compliance was found to be in the 80-94 percent range, which we regard as acceptable for the first reporting period.

For some of the more process-oriented requirements (e.g., foster parent notification of the right to have an advocate present, review of the child's placement history for patterns of child behavior or additional information) documentation of compliance was much weaker – in the 40-50% range for some items. Our concern about these process-related requirements is tempered by the knowledge that the State is doing quite well in producing the desired outcomes related to maltreatment in care. However, we strongly encourage the State to continue working to improve compliance with all requirements of Section 2106 and intend to focus some future G2 activities on this issue. Compliance with the requirements of Section 2106 in future reporting periods will continue to be monitored.

- **85 percent of Investigations of Maltreatment have Face-to-Face, Private Contact With the Alleged Child Victim Within 24 Hours**

Case record review data from all investigations completed during the reporting period indicate that face-to-face, private contact with the alleged victim of maltreatment in care occurred within 24 hours in 85 percent of the investigations. Outcome 3 requires that by the end of the first reporting period, such contacts be made in 99 percent of such investigations. As with Outcomes 1 and 2, the State's performance on this outcome has improved since the 2005, when the E&R baseline data indicated that 68 percent of the investigations had face-to-face contact within 24 hours.

Caseload demographics make the State's prospects for attaining and sustaining the performance target for Outcome 3 uncertain. In the first reporting period, there were 104 foster children that were alleged to be victims of maltreatment in care (maltreatment was substantiated for 18 of these children). The 99 percent standard stipulated in Outcome 3 would fail to be achieved if even two of those children were not seen face-to-face within 24 hours. During this reporting period, one DeKalb County case in which educational neglect was alleged involved three teens aged 16-18 who had been leaving school after first period. The investigator arrived at their foster home within 24 hours and spoke to the teens in question, but they denied their identities and fled before the investigator could interview them about the allegations. Therefore this case did not meet the 24 hour contact standard and by itself precluded the State from meeting Outcome 3. At this time, it is not known if this example was an unusual occurrence or whether teens willfully avoiding face-to-face contact could perpetually frustrate the State's best efforts to meet this standard. Given the fact that teens aged 16-18 comprise 11.3 percent of the children currently in care in Fulton and DeKalb; this is an issue the State needs to monitor closely.

c. Operational Context

The shortfalls in the three outcomes related to the investigations process reflect weaker performance at the beginning of the reporting period that appears to have improved over the course of the reporting period. This weaker performance was likely the result of a learning curve during the first few months of the Consent Decree associated with a major change in the way investigations of maltreatment in care were organized and conducted in DeKalb County.

At an early G2 meeting, data were examined from the period preceding the Consent Decree that showed Fulton County was performing better than DeKalb on several measures related to maltreatment in care investigations. In the ensuing discussion, the hypothesis was offered that the primary reason for the difference was that all maltreatment in care investigations in Fulton County were handled by a Special Investigations Unit, consisting chiefly of highly experienced investigators. In DeKalb, investigations of maltreatment in care during the period in question were handled by the regular Child Protective Services (CPS) Investigations Unit, where they had to compete for time and attention with any other report of suspected maltreatment. In

November 2005 DeKalb County formed its own Special Investigations Unit. DeKalb's performance on the entire range of indicators related to maltreatment in care has steadily improved since then.

The Accountability Agents met separately with the Special Investigations Units in Fulton and DeKalb and were impressed with their professionalism and the sense of urgency they displayed about keeping children in care safe. With these units in place in both counties and the improved performance that occurred during the reporting period, we anticipate continued high performance on these outcomes can be achieved.

C. Other Practice/Process Requirements Regarding Maltreatment in Care Investigations

Section 12 of the Consent Decree contains other requirements pertaining to the process of investigating and responding to reports of maltreatment in care.¹⁰ The following discussion summarizes the State's implementation of these requirements.

1. Investigations of Reports of Maltreatment in Care

Section 12 A requires all reports of suspected maltreatment of children in foster care to be investigated by child protective services staff (rather than foster care staff) in the manner and time frame provided by law and DFCS policy. Based on interviews with Fulton and DeKalb County staff, with staff of the Social Services Treatment Services Unit and the Office of Regulatory Services, and the review of 100 percent of the reports of maltreatment in care completed during the reporting period, the State has successfully implemented the requirement that all reports of maltreatment in foster care be investigated by CPS staff. The extent to which these investigations comport to the required timeframes and other aspects of the policy guidance governing the proper conduct of special investigations is addressed in the previous discussion of Outcomes 1 and 2.

2. Referrals of Reports of Maltreatment in Care in Private Provider Settings to the Office of Regulatory Services and the Treatment Services Unit

Section 12 B 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 the Office of Regulatory Services (ORS) and the Social Services Treatment Services Unit (TSU).¹¹ The purpose of the review specified in the Consent Decree is "...to

¹⁰ See pp.28-30 of the Consent Decree

¹¹ ORS licenses child placing agencies (CPA), child caring institutions (CCI), and outdoor therapeutic programs (OTP). TSU approves CPAs, CCIs, and OTPs wishing to serve DFCS children once they have been licensed by ORS.

determine whether a pattern of abuse or neglect exists within... [the provider agency].... that contributed to the abuse or neglect; whether the contract should be terminated; whether particular homes or facilities should be closed....”¹²

The assessment of State compliance with Section 12 B is based on extensive review of the cases covered by Section 13 B (previously described,) data from the review of 100 percent of the maltreatment in care reports, and interviews with staff of DeKalb and Fulton Counties as well as ORS, TSU, and other Central Office staff. DFCS policy requires counties, at the conclusion of maltreatment in care investigations, to send an “Administrative Packet” detailing the incident and findings through the Social Services Director to TSU and ORS within ten days. Historically, this process could best be described as a “passive surveillance,” approach. That is, TSU and ORS have relied on the counties, of their own volition, to send in the required reports in a timely manner. No mechanism existed at the time of our interviews to ensure that all required reports had been received from the Counties (such a mechanism would represent an “active surveillance” system).

Information compiled from the record review of maltreatment in care investigations indicates that county compliance with this requirement needs significant improvement. Of the 45 reports of maltreatment in provider-supervised settings reviewed: 5 (11%) contained administrative packets and documentation that those packets were timely submitted to the State office; 16 (36%) contained administrative packets and documentation that they were submitted to the State office but not within the required ten days; 13 (29%) contained administrative packets but no documentation that they were submitted to the State office; and 11 (24%) contained no administrative packet. During this reporting period State office files were not reviewed to reconcile the administrative packets received against the list of maltreatment in care investigation files that were reviewed. Such reconciliation will be performed during the next reporting period to ascertain whether these data are indicative of a reporting problem, a documentation problem, or both.

Relying on passive surveillance cannot help but compromise the ability of ORS and TSU “...to determine whether a pattern of abuse or neglect exists....” in foster care placements. In addition, the rigor with which ORS and TSU search for patterns in the required reports needs to be strengthened.

The review of DFCS activity related to Corrective Action 13 B, as previously described revealed one situation (out of six fitting the Section 13 B definition¹³) in which ORS and TSU failed to identify (or at least to respond appropriately to) a situation in which such a pattern appeared evident to the Accountability Agents. (See the previous discussion regarding Corrective Action 13B).

¹² Kenny A Consent Decree, Section 12 B, p. 28.

¹³ Foster care placements in which one or more class member children had been placed within the past 6 months, and for which placements there had been two or more substantiated reports of maltreatment within the previous 18 months, Kenny A. Consent Decree, Section 13 B, p.31.

When this situation was raised to their attention, the Commissioner and DFCS Director took immediate action to safeguard the children that had been in that placement setting, to sanction the provider, and to hold the DFCS staff involved accountable. Further, the DFCS Director has ordered that an active surveillance system be created to ensure all administrative packets describing investigations of maltreatment in care are timely received by the Social Services Director, ORS, and TSU.

We strongly support this development and recommend that steps be taken by DFCS to further strengthen communication between ORS, TSU and the Counties and to ensure that the Counties timely submit completed administrative packets to the State office; and that ORS and TSU rigorously review reports of maltreatment in care to quickly identify and respond to patterns that may be evident in the reports. We will continue to closely monitor the implementation of the active surveillance system and any steps taken to implement these other recommendations.

3. Safeguarding Against and Investigating Incidents of Corporal Punishment

Section 12 C¹⁴ contains process and practice requirements related to the prohibition of corporal punishment in foster care settings and investigations of reports of corporal punishment. The following discussion summarizes the requirements and how DFCS is meeting them.

▪ Awareness of Corporal Punishment Prohibition

All placement settings are to prohibit the use of corporal punishment. In 99 percent of 166 foster home records sampled, there was a signed written statement or other evidence that foster parents understood and agreed to comply with DFCS' prohibition on the use of corporal punishment.

▪ Enforcement of Corporal Punishment Prohibition

Enforcement of this provision in DFCS supervised homes is carried out by the County DFCS offices. Enforcement in private provider placements is carried out by the CPA, ORS and TSU. ORS requires CPAs CCI and OTPs to have written policies prohibiting corporal punishment as a condition of licensure. ORS monitors compliance with this requirement by means of a pre-licensure review of all provider policies. They also review the files of CPAs to confirm that they have reviewed the DFCS disciplinary policy with the private foster homes they supervise. TSU conducts utilization reviews every six months for every child placed in a CCI or a CPA-supervised foster home. As part of each utilization review, TSU staff meet with the facility treatment teams to discuss individual needs of the children in care and conducts face-to-face, private interviews with 10 percent of the children in each group home supervised by each CPA. In addition, prior to contract approval or re-approval, TSU checks for any prior ORS citations and visits three randomly selected foster homes of each CPA.

¹⁴ See pp 29-30, paragraph 12C in the Consent Decree

- **Compliance with Corporal Punishment Prohibition**

Actual compliance with the corporal punishment prohibition appears to be extremely good. Our review of 165 randomly selected placement records of children in foster care during the reporting period identified only one confirmed instance of corporal punishment used against a foster child (0.6% of the records reviewed). Response to this one incident was exemplary. The allegation was investigated by both the county CPS unit and the state TSU, the child was moved and the foster home was closed. The review of all maltreatment in care investigations completed during the reporting period found a total of 15 allegations of suspected corporal punishment that resulted in CPS investigations. Four of these were from DFCS supervised foster homes, eight were from provider supervised foster homes, and three were from group home/residential care facilities. Interestingly, nine of these 15 investigations involved children in the custody of DeKalb or Fulton counties that were placed in other counties. Three of these investigations produced substantiations of maltreatment. In 11 of the 12 unsubstantiated cases the file reviewers offered the judgment that the case documentation (interviews, physical evidence, etc.) validated the conclusion that maltreatment had not occurred.

However, while all corporal punishment in foster care settings is prohibited, not all corporal punishment meets the criteria that trigger a maltreatment investigation. Our foster home record review looked for any evidence in the record that foster parents or other placement resources may have used corporal punishment or permitted it to be used on any foster child. Such evidence was found in only 2 percent (4 of 165) records reviewed.

- **Screening and Investigation Allegations of Corporal Punishment**

Allegations of corporal punishment must be screened by qualified CPS (rather than foster care) staff. Depending on the screening conclusions, the allegations may be responded to differently. Where reasonable cause exists to believe abuse or neglect occurred, or if the allegations arose in a group care setting, the allegations must be treated as an abuse referral and investigated accordingly. If the screener concludes that reasonable cause does not exist, the Consent Decree requires a timely assessment of the allegations and placing “holds” on any further placements until the assessment is complete. It also stipulates conditions under which homes must be closed, and conditions under which homes may remain open under a corrective action plan.

Interviews with the Special Investigations units in DeKalb and Fulton indicate that both counties are handling allegations of corporal punishment consistent with these provisions.

Both counties use experienced CPS supervisors to assess incoming corporal punishment allegations. In DeKalb, all complaints of any kind of physical discipline of foster children are automatically referred to the CPS Special Investigations unit with a 24 hour response time. In Fulton County, incoming complaints are screened by the Special Investigations Supervisor: those showing reasonable cause are investigated by the Special Investigations unit with a 24 hour response time; those lacking reasonable cause are referred to the Resource Development unit (for a DFCS supervised foster home) or the Child Placing Agency and ORS (for a private

provider supervised foster home) for response. In both counties, any complaint of corporal punishment of children in group homes automatically receives a CPS investigation.

The review of all maltreatment in care investigations found that of the 15 CPS investigations prompted by an allegation of corporal punishment:

- 14 were assigned 24 hour response times;
- 14 had face-to-face contact with the alleged victim within 24 hours;
- 15 showed evidence that the continued safety of the child was evaluated; and,
- 10 were completed within the 30 days required by DFCS policy (four of the five that did not meet the 30 day time frame were in counties other than DeKalb and Fulton).

However, for the 11 investigations that occurred in private settings, in only five instances was there documentation in the case record indicating ORS had been notified, and there was documentation indicating TSU had been notified in only two cases. As previously mentioned, we are our concerned that collaboration, communication, and joint problem-solving among ORS, TSU, and the counties needs to be strengthened in order for private provider performance to be better managed. Enabling this will require the counties to be more conscientious about timely sharing of investigative information with ORS and TSU.

In both Counties, corporal punishment allegations against DFCS supervised homes that do not meet the criteria for a CPS investigation receive an "assessment." The Resource Development staffs in each county conduct the assessment in the home and decide if the home should be closed, placed under a corrective action plan, or if counseling or other support services are needed. While the assessment is being conducted, the home is to be placed on "hold" (barred from receiving additional placements). Both counties indicated that if the allegation revealed a policy violation that had a direct impact on safety or represented a serious risk, they would send the case to CPS and a special investigation would be opened. Both counties also indicated that if a policy violation was a home's second violation, or the family was not amenable to change, the home would be closed. The foster home record review identified only one DFCS supervised foster home with an allegation of corporal punishment that did not meet the criteria for a CPS investigation. That case appears to have been handled consistent with the representations made by the DeKalb and Fulton County staff, except that the assessment report contained no indication that the home had been placed on hold during the assessment process. That home remained open under a corrective action plan that was signed by the foster parent and was implemented.

The interviews revealed that DeKalb and Fulton County each has a different method for responding to corporal punishment allegations against private provider supervised foster homes that fail to meet the criteria for a CPS investigation. In DeKalb County, all allegations of corporal punishment in provider supervised foster homes are handled by the special investigations unit. Cases that fail to meet the criteria for a CPS investigation receive an "assessment" from the special investigations unit. The results of those assessments are

reportedly shared with TSU and ORS. In Fulton County, we were told allegations of corporal punishment in provider supervised foster homes that fail to meet the criteria for a CPS investigation are referred to the supervising CPA and to ORS for response. The foster home record review identified two CPA supervised foster homes with an allegation of corporal punishment that did not meet the criteria for a CPS investigation. Based on the data available from the foster home record review, these cases appear to have been handled consistent with the representations made by DeKalb and Fulton staff.

Part IV PERMANENCY

Children in Care Maintain Family Connections and Achieve Permanency

As described in the Introduction, 19 separate outcomes are clustered in the category of “Permanency.” Of these 19, Outcomes 12 and 13 were to be achieved in this first reporting period. Most of the remaining 17 outcomes are expected to be achieved by December 31, 2006. In addition, there are numerous practice requirements in the Consent Decree and DFCS policy guidance related to the permanency.

The first part of this chapter provides results from the case record review regarding the implementation of the requirements that are to intended to assure children in care maintain family and community connections. The second part discusses Outcomes 12 and 13 as well as the practices being implemented by DeKalb and Fulton DFCS to help children achieve permanency. This includes the new practice of generating permanency reports for children who reach their 13th month in care.

A. Efforts to help Children Maintain Family Connections

One of the Consent Decree principles is “*all non-destructive family ties should be maintained and nurtured.*”¹⁵ Preserving connections between a child and her family, friends, and community can be an essential strategy for achieving permanency when those relationships are not destructive. Preservation starts with placing the children with family resources when ever possible and also includes placing children as close to home as possible and with their siblings. Once in care, visitation among family members – children with their birth parents and children with their siblings – continues the connection.

As part of the Consent Decree, the State agreed to follow several placement standards, including placing children in their own county or within 50 miles of the home from which they were removed,¹⁶ and placing children with their siblings who enter care at the same time. Once placed, the Family Team Meeting is one of the vehicles to be used to establish the necessary steps to ensure sibling visitation¹⁷ and the frequency of visits between the child and the child’s parents and significant family members.¹⁸ Beginning with the period July 1 to December 31, 2006, some of these standards become outcomes to be achieved. Listed below are key findings from the case record review regarding placements for the children in the sample of all children in foster care.

¹⁵ See p. 4, principle 2 in the Consent Decree

¹⁶ See p 16, paragraph 5C.4, subparagraph b in the Consent Decree

¹⁷ See p. 6, paragraph 4A, subparagraph 2c.iv in the Consent Decree

¹⁸ See p. 6, paragraph 4A, subparagraph 2c.vi in the Consent Decree

- **20 percent** of the 123 children in the sample who were still in care on June 30, 2006 were placed with relatives. Their placement settings included relative homes, relative homes approved and reimbursed as foster care, and with parents themselves as custody was being returned. This is lower than the 2005 E&R baseline that found about 44 percent of the children were placed with relatives.
- **83 percent** of the 123 children in the sample who were still in care on June 30, 2006 were placed in the county or within a 50 mile radius of the home from which they were removed. This is lower than the proportion found in the 2005 E&R baseline.¹⁹ In the case record review, the reviewers were asked to consider whether the child was placed in a county bordering either DeKalb or Fulton counties as a proxy measure for the 50 mile radius. Given the geography of the area, it is possible for a child to be placed closer to home by being placed in a bordering county than being placed in his or her own county. For the children who were not living in the defined proximity, the reasons for not placing them closer to home included 1) needs of the child being better met by a family or facility further away, or 2) child being placed with relatives that are at a greater distance. In one instance, the reviewer could not find documentation of the placement address.
- **45 percent (41)** of the 92 children in the sample with siblings in care were placed with all of their siblings. This is slightly higher than the 2005 E&R baseline. Another 14 percent were placed with some of their siblings and the remaining 41 percent (38) who were not placed with any of their siblings. Reasons documented for separating siblings included:
 - o At least one of the siblings has exceptional needs that require a specialized family or facility (39 percent.)
 - o Large sibling group (6 percent.)
 - o Relatives taking different siblings (8 percent)
 - o Other reasons including not coming into care together and one sibling being on runaway status (22 percent).

Among the remaining children who were not placed with any of their siblings there was no documentation to indicate why they were not placed together in 26 percent of records. Immediate efforts by the case manager to locate a placement setting where the children separated at entry could be reunited were documented in 25 percent of the cases.

¹⁹ E&R used a different approach to measuring proximity in its baseline. For each child not placed in his or her home county, the reviewers used an on-line mapping service to calculate the driving distance between the home and the placement setting.

- **62 percent** of the 26 children who entered care since October 27, 2005 and were in care at least 60 days had a documented diligent search for relatives who could be a resource to the children and families. This is similar to the 2005 E & R baseline.
- **45 percent** of the 56 cases reviewed where visits with birth mothers were applicable²⁰ did not have documentation that visits occurred between October 27, 2005 and June 30, 2006 despite documentation in 73 percent of the files that indicated birth mothers would be visiting with their children at least monthly. Twenty-three percent of the children had documented regular visitation with their birth mothers. In 32 percent of the cases, there was documentation of some visits, but no pattern was discernable to our file reviewers. Visitation with birth fathers appears to be hampered by the father's lack of involvement with their children or the agency's lack of knowledge of the father's residence. As a result, the number of fathers for whom visits were applicable was very small and the documentation of actual visits indicated few fathers had frequent visits.
- For **25 percent** of the 51 children in the sample who were separated from some or all of their siblings, monthly or more frequent visits with their siblings were documented in the file. Half had documented visits but not in any typical pattern. However, readers found no documentation of any visits with siblings for 25 percent of the children.

B. Efforts to Assure Children Achieve Permanency

The first principle of the consent decree refers to the responsibility of Georgia's child welfare system to *"actively promote and support the opportunity for children to grow up within a safe, nurturing family, either their own biological family or, if that is not possible, within an adoptive family."* Toward that end, there are several outcomes focused on moving children in care into permanent families. Furthermore, there are several practices, both new and existing, that DHR/DFCS agreed to implement or maintain to assess a child's available permanency options and the actions required to achieve permanency.

As context for this discussion, Table IV-1 displays the distribution of permanency goals for the 155 children in the sample who had been in care at least 30 days. For 90 percent of the cases in which a permanency goal had been assigned, the reviewers saw documentation that supported the appropriateness of the goal. Over half (54%) of the children had a judicially determined or presumed goal of reunification.²¹ All 21 children with the presumed goal of reunification had been in care less than 12 months. Eleven percent of the 155 children had a goal of adoption. Seven percent had the goal of placement with a fit and willing relative. In Georgia, "another

²⁰ These are cases where – the goal is reunification, mother's location is known, visits are allowed, visits are feasible, and child is not placed with mother.

²¹ See Georgia Social Services Manual Chapter 1006.4 and Josylyn-Gaul, D., *Georgia's Responsibilities Toward Children in Foster Care: A Reference Manual*, Karen Worthington, editor, the Barton Child Law and Policy Clinic of Emory University (1st ed. Dec. 2004). P 43.

planned permanent living arrangement” (APPLA) refers to either emancipation when a youth reaches the age of 18 or long term foster care and 18 percent of the children had this goal. Seven of those children were age 18 or older. For five percent, a permanency goal was not documented.

Table IV-1
Permanency Goals of Children in Care Over 30 Days
N= 155

Permanency Goal	Number	Percent
Judicially Determined/ Presumed Reunification*	84	54%
Adoption	17	11%
Placement with a Fit and Willing Relative (1 child was over the age of 18)	10	7%
Another Planned Permanent Living Arrangement (7 children were over the age of 18)	28	18%
Two goals indicated (reunification and adoption, reunification and living with a relative, APPLA and living with a relative, etc)	8	5%
No goal documented	8	5%
Total	155	100%

Source: Case Record Review, July 2006. * Presumed re-unification goal for 21 children in care for less than 12 months.

When children exit care, it is everyone’s hope that they have achieved permanency. Unfortunately, circumstances sometimes require children to reenter care to assure their safety. **Fourteen percent** of 43 children in the foster care sample who entered care between October 27, 2005 and June 30, 2006, re-entered DFCS custody within 12 months of a prior discharge. Given the margin of error, this proportion is similar to the 11 percent reported from IDS for the same period but considerably lower than 2005 E&R baseline of 23 percent.

The remainder of this section reports on the State’s performance on both the immediate action items and outcomes to be achieved in the first reporting period. In addition, it reports on the State’s implementation of existing policy and practice for external review of permanency planning. Finally, it provides some insight about the adoption process gathered from the case record review.

1. **Immediate Action: Permanency Reports for Children Who Had Reached 13th month in care at October 27, 2005**

The Consent Decree added a new DFCS internal review process requirement to assure agency-shared decision making about permanency plans for children at critical milestones in care. These reviews are to take place once a child reaches his/her 13th month in care and again if the 25th month is reached. When a child reaches one of these milestones, Fulton and DeKalb DFCS are to prepare and forward a Permanency Report to the State Social Services Director. The permanency report reflects the County's decisions and plans to move the child toward permanency given the identified barriers that have prevented permanency from being achieved. The report is to be supported by the results of a Family Team Meeting covering multiple issues and it is to include five specific elements: 1) the Comprehensive Child and Family Assessment, 2) a profile description of each child, 3) the case plan, 4) list of impediments for achieving permanency, and 5) a list of steps to be taken by county to achieve permanency. The report is to be reviewed by the State Social Services Director or a designee. The Director is either to concur with the conclusions and steps in the report or to refer the case to a county/state staffing which is to be held within 10 days. In this way, the plans for the child can become shared by agency leadership as well as the county case management team.

- **Initial implementation time frames required by the Consent Decree were met by the Counties and State.**

This new practice was to be immediately implemented with all those children who had already reached their 13th month in care at the entry of the Consent Decree and these reports were to be completed by the counties within the first 120 days. This deadline was met. The state reviews also occurred within the stipulated timeframe.

A report from DFCS indicates permanency reports were developed for nearly 1200 children between October 27, 2005 and the end of February 2006. Table IV-2 summarizes the review findings. Approximately two-thirds of the children were from Fulton County DFCS caseloads with the remaining third from DeKalb County DFCS.

The review team authorized by the State DFCS Director under the direction of the State Risk Director²² included Field Program Specialists, Regional Adoption Coordinators, and Risk Consultants. Going beyond the minimum requirements of the Consent Decree, this team reviewed the reports onsite at each county. They not only reviewed the reports and the required supporting documentation, they also did a structured case reading of the case files to gather additional insights and clarifications.

²² The position of Social Services Director became vacant in January 2006. The State Risk Director was designated to oversee the permanency report reviews.

The review team concurred with the permanency reports in 83 percent of the cases. County-state staffings were held immediately for 27 percent or 317 cases where there was a lack of concurrence or another reason. These staffings occurred between February 1 and 24, 2006 and included a Regional Adoption Coordinator, a field program specialist, county supervisor and/or case manager as well as the reviewer. Other reasons for holding a county staffing included the lack of essential documentation such as a current case plan, or a comprehensive child and family assessment, or for need to discuss additional action items to assure permanency outcomes.

As noted in Table IV-2, nearly one-third of the children reviewed had the goal of adoption. Nearly another third had the permanency goal of "another planned permanent living arrangement" (APPLA). These findings are not surprising given the length of stay these children had already had in foster care as of the end of October 2005.

The degree to which state reviewers concurred with the permanency report actions varied by type of permanency goal. They concurred with 90 percent of the permanency reports in cases with a permanency goal of adoption. In cases with a permanency goal of another planned permanent living arrangement, the reviewers concurred with 86 percent of the permanency reports. In cases with a permanency goal of reunification (representing less than a quarter of all the permanency reports reviewed), reviewers concurred with the reports in two thirds of the cases. This means that a larger proportion of cases with APPLA or reunification goals received additional review and discussion in county staffings.

In terms of desired practice, about 90 percent of the permanency reports were supported with "Family Team Meetings," but when they occurred, one third actually had family members present. The state reviewers found that the majority of reports included specific child/family member needs despite the lack of family involvement in the process.

Table IV-2

Initial Permanency Report Implementation in the first 120 days of the *Kenny A* Consent Decree

	DeKalb		Fulton		Both	
	No.	%	No	%	No	%
Total Cases	398	33.6	788	66.4%	1186	
Reviewer Concurrence	329	82.7%	650	82.5%	979	82.5%
Permanency Goal						
Reunification	158	20.1%	105	26.4%	263	22.2%
Permanent Placement with relative	95	12.1%	58	14.6%	153	12.9%
Adoption	279	35.4%	97	24.4%	376	31.7%
Guardianship	8	1.0%	6	1.5%	14	1.2%
Another planned permanent arrangement	248	31.5%	132	33.2%	380	32.0%
Totals	788	100.%	398	100.%	1186	100.%
Practice Findings						
Cases with "Family Team Meetings" within the last 90 days	331	83.7%	773	98.1%	1064	89.7%
Cases with relatives involved in FTM	161	40.5%	243	30.8%	404	34.1%
Cases with recommendations specific to Family/Child Needs	308	77.4%	663	81.9%	971	81.9%

Source: Division of Family and Children's Services, State Risk Director.

- **Quality of initial implementation appears to have been inconsistent.**

The Accountability Agents' initial conversations with the County directors surfaced mutual concerns about the quality of the work to be completed with so many cases in such a short period of time. A subsequent qualitative review of a small, randomly drawn sample of 65 permanency reports with their supporting documentation maintained at the State's Central office confirmed the validity of these initial concerns.

The qualitative review suggests that the required pace to meet the letter of the Consent Decree time frame had some negative unintended consequences. Family team meetings were hastily convened. Forms quickly designed to meet the perceived requirements of the Consent Decree appear to be duplicative requiring the same or similar information in different formats. The quality of the documentation was erratic making the information contained in the reports less meaningful.

Although the percent of relative involvement in the Family Team Meetings (FTMs) was low, it is similar to the total percentage of cases with the goals of reunification, permanent placement with a relative, and guardianship. Approximately 36 percent of the cases reviewed had one of these three goals and 34 percent of the FTMs had relatives present. The State report does not indicate whether there was a relationship between these two percentages. In other words, it may have been more likely that families and relatives were present if the goal was one that families or relatives were directly involved in achieving. This would be an important relationship for the State to track in the future to effectively measure progress in this aspect of the permanency report.

State reviewers often identified inconsistencies and, in some instances, the inconsistencies or lack of adequate documentation prompted them to request a county staffing even if they concurred with the permanency goal itself. However, the qualitative sample review suggests that the State reviewers themselves were inconsistent in identifying and raising issues. The issues they were able to identify in the compressed timeframe appear largely to be superficial. Multiple levels of review provided some quality check to the review process. Inconsistencies at one level of reviews were often caught by a more senior reviewer and a staffing was requested. Further, pressure to complete the task did not allow the review team to give direct feedback to case managers and supervisors unless there was a subsequent staffing.

▪ **The Impact of the Initial Permanency Reports May Have Been Limited**

It became apparent, while preparing for the Accountability Agents' case record reviews, that the permanency reports were not systematically included in each child's actual case file. In fact, during the record review, permanency reports were not found in one-third of the applicable foster care files.²³ A small number of these files did contain pieces, such as the review sheet, or the permanency report package transmittal letter indicating that a report and review likely were completed.

In the review of 65 permanency report packages filed in DFCS central offices, we did see many Permanency Reports with specific steps to address impediments to permanency. The quality of this work varied. For example, in some reports, the steps included helping clients to apply for Supplemental Security Income (SSI) or referring youths to the Independent Living Program coordinator. Others included steps for achieving court action – getting orders to extend custody before a petition to terminate parental rights could be filed. In a few others, however, the steps were vague or not actionable, such as “continue to provide services to child until the age of 18” or “diligent search has not revealed any viable resources.”

The case record review of 165 records of all children in foster care and of 115 children in care with the goal of adoption were designed to capture information about what effect these Permanency Reports had on case practice. In the foster care sample, 68 children had reached

²³ Applicable foster care files were those of children who had reached their 13th month in care by October 27, 2005.

their 13th month in care by the entry of the Consent Decree and the reviewers collected information from 57 records.²⁴ Of these 57 records, 68 percent or 39 contained permanency reports. Table IV-3 lists the components found in the 39 reports.

Table IV-3
Initial Permanency Reports for Children: Components in Reports
N=39

Components	Number	Percent
Results of Family Team Meeting	21	54%
Profile description of child	34	87%
Case plan	2	5%
Comprehensive Child and Family Assessment	26	67%
Impediments to achieving permanency	31	79%
Steps to be taken by county to achieve permanency for child	35	90%

Among the 39 cases with reports, 62 percent had evidence that some or all of the recommendations were implemented. In the adoption case record sample, 98 children had reached their 13th month by the entry of the Consent Decree. Of the 98 children, 67 percent had permanency reports and documentation indicated that some or all of the recommendations from the permanency reports had or were being implemented in 83 percent of cases.

▪ Implementation of Permanency Report Requirement Continues to be Refined

The state continues to generate and review approximately 50 permanency reports each month. They are divided among those children who have reached or are about to reach their 13th or 25th month in care. The case record review of children in foster care included 19 children who had reached their 13th month in care between October 27, 2005 and June 30, 2006. Among these 19 children, 16 should have had permanency reports in their case files.²⁵ The case record review found 13 (81%) with permanency reports.

According to the State Risk Director, DFCS has made changes to the Permanency Reporting and Review process since the end of February. From their learning, they reportedly have:

- Drafted a procedure review manual;
- Established regular monthly review and subsequent staffing schedules with the counties;
- Created a core group of trained reviewers who are doing the monthly reviews, thus improving consistency among reviewers.

²⁴ Four of the 68 children exited care in the first 60 days after the Consent Decree and did not have a permanency review before discharge. Coding error inadvertently omitted collecting information from 7 records.

²⁵ Three of the 19 children exited care in their 13th month.

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- Divided the reviewers into review teams of two: one reviewer reads the report, supporting documentation, and pertinent segments of the case file; the other reviewer reads just the report and summary documentation and the reviewers confer on their decision;
 - Added “debriefing” sessions with county representatives at the end of each review period to share findings

DFCS plans to create a data base that will allow them to track issues identified and recommendations made. This will better enable them to follow-up with counties and to identify trends to be referred to training or policy. A report regarding the more recent permanency reports and review process indicate that Family Team Meetings that involve family members are still limited. During May through August, about 37 percent of the FTMs convened for this purpose had family members involved. While this is a slight improvement from the initial implementation and suggests that practice is headed in the right direction, continued attention to this effort is needed.

- **Additional refinements recommended.**

To refine the process even further, we have suggested streamlining the forms used, collecting more qualitative information, and working with the county directors to assure the reviews are effectively promoting changed practice and strategic decision making about cases. Specifically, the 13th month review could be used to better assess and plan for the necessary actions that might enable a child to have a positive permanency exit before reaching the 18th month in care. For example, the county directors have suggested that the effort should include greater emphasis on risk assessment to enable better decisions about the supports needed to make reunification successful. We have encouraged the incorporation of this idea into the process.

2. Outcome Achievement

The State achieved both Outcomes 12 and 13 by April 27, 2006. Table IV-4 provides the language of the Consent Decree and the degree of achievement. The narrative following the table describes the interpretation and measurement issues encountered with these outcomes and provides more detail on the outcome achievement.

Table IV-4
Outcomes 12 and 13 Performance

Consent Decree Outcome	Achievement at June 30, 2006
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% Achieved
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.	100% Achieved

a. Interpretation and Measurement Issues

Outcome 12 presented no measurement issue, but did pose an issue of interpretation. Specifically, at what point in the permanency process is a *potential* adoptive or legal guardian family deemed to be an “...identified adoptive or legal guardian resource?” Both foster families and relatives may express interest in adopting a child, but they can, and do, change their minds. This means that the State may believe it has an adoptive resource for a child only to determine, as the adoption process moves along, that the actual commitment of the resource is less than their expressed interest.

In studying the adoption process in the State of Georgia, we came to the preliminary conclusion that the clearest test of an “*identified adoptive resource*” was whether a *potential* adoptive parent had signed a “Placement Agreement (Form 33).” By signing this instrument the *potential* adoptive parent declares their intention to “receive into our (my) home [and] make the child permanently ours (mine) through legal adoption.” After the Placement Agreement is executed, DFCS supervises the placement for a period of six months to assure the child is adjusting and the new family is successfully forming. This supervision period may be shorter if the child already resides with the adopting family as a foster child. Although signing this agreement does not prevent a potential adoptive family from later changing its mind, it is a clear indication of their willingness to be party to the transaction.

However, as the result of a G2 meeting discussion about strategies for improving adoption outcomes, a workgroup was convened to work on adoption-related issues. This work group recommended that the definition of an “*identified adoptive resource*” should set the bar higher than a signed Form 33. Their reasoning was that once the Form 33 is signed, virtually all adoptions are completed within the six-month time frame specified in Outcome 12. The

workgroup felt that although the signed Form 33 was a logical and legitimate definition of an *"identified adoptive resource,"* it would do too little to prompt improvement. Another definitive but earlier step in the process is the Agency's placement approval. Therefore the work group recommended that an *"identified adoptive resource"* should be defined as *"a family unit whose family evaluation is approved for the placement of a child or children into the home for the purpose of adoption."* This recommended higher standard was accepted.

Outcome 13 requires a definition of when a child has no identified adoptive resource. The same family decision making issues that affect pinpointing a reasonable definition for Outcome 12 affect defining when a child has a resource with whom DFCS can engage in the adoption process. One day the child may have a viable resource and the next day they may not. In addition to the group of children who are living in homes that are approved placements for the purpose of adoption, there are two other segments in the population of children for whom the permanency goal is adoption. One segment includes children who are currently living in foster homes or with relatives who may be viable resources for the children and are being pursued as such. However, these families have not yet expressed a definitive desire to move forward with the adoption process. The second segment of this population are the children who do not have any viable adoptive or guardian resource because their extended family and/or foster family are not available, are unable, or are unwilling to adopt. These are children for whom recruitment efforts are most needed. Therefore, the children who met the criteria for Outcome 13 are those children in this third segment of the population – those children who did not have any viable adoptive or guardian resource on October 27, 2005.

b. State Performance

▪ **135 Children (94 percent of 144) Achieved Permanent Homes in Six Months (Outcome 12)**

On October 27, 2005, 144 children were legally free, had identified, approved adoptive or guardian resources and were not adopted. Six months later, by April 27, 2006, 135 (94 percent) of these children had achieved permanency through adoption or guardianship. The Consent Decree required the State to have 90 percent of children in these circumstances adopted within six months of the final Consent Decree. This outcome was achieved.

▪ **40 Children Moved Closer to Permanency With Individualized Adoption Recruitment Plans and Enrollment in Local, Regional and National Adoption Registries. (Outcome 13)**

On October 27, 2005, 40 children did not have an identified adoptive or guardian resource (see definition above.) Of the 40 children, 33 (83 percent) were age 10 or older; 18 (45 percent) were age 12 or older. All of these children had individualized adoption plans and were registered with state and national photo listings of children awaiting adoption by the end of December 2005.

To validate this accomplishment, the Accountability Agents found all the children registered with state and regional programs and reviewed a sample of the recruitment plans. Exhibit IV-1 summarizes the outlets DHR/DFCS uses to help loving families become aware of these children. In addition, in June, the Office of Adoptions initiated a series of statewide opportunities for staff of DFCS and private Adoption Agencies to meet and attempt a “paper match” of children and families. From all of the recruitment efforts to date, DFCS reports that a few of the children are about to or have recently been placed with newly identified resources. For a few others, they have received inquiries and meetings are being arranged for the selected children to meet the interested families.

The review of a sample of the recruitment plans, highlighted both characteristics about the children that make recruitment challenging and characteristics about the recruitment efforts:

Child Characteristics

- Children with difficult behaviors and medication requirements that require an adoptive family willing and able to receive special training on how to manage the behaviors.
- Children who have had past potential adoptive situations disrupt in the past.
- Children whose therapists and psychiatrists recommend putting a “hold” on recruitment while a child is in treatment or until the child is comfortable with the prospect of adoption.
- Children who want to be adopted with one or more siblings.
- Children who are content with stable foster home placements and do not want to be adopted.

Recruitment efforts

- The recruitment plan format encourages exploration of a wide variety of resources including relatives, friends, neighbors, teachers, mentors, past foster parents, etc.
- Case managers are contacting former foster and adoptive families to revisit their decisions not to pursue adoption of the children.
- Most recruitment plans specify the strategies listed in Exhibit IV-1.
- Some case managers are contacting private agencies and making inquiries on behalf of the children.
- Some case managers keep the registries up to date.
- Recruitment plans are inconsistent regarding detail on the actions taken to be taken or on behalf of the children; more complete resource identification appears to be associated with more successfully recruitment.

Exhibit IV-1

DFCS uses multiple outlets to generate awareness of children available for adoptionNational Programs

- o **AdoptUSKids.org**, a national photo listing service for children awaiting adoption across the United States sponsored by the US Department of Health and Human Services, Children's Bureau
- o **Children Awaiting Parents, Inc. (CAP)**, a national, not-for-profit organization dedicated to finding adoptive homes for America's waiting children.

State and Local Programs

- o **Office of Adoptions web site** features a regularly changing photo listing of children available for adoption.
- o **My Turn Now, Inc.**, a not-for-profit advocacy organization that publicizes the availability for adoption of children with special needs. My Turn Now, in a public-private partnership with the Georgia Department of Human Resources publishes and updates bi-monthly a listing book containing photographs and descriptions of Georgia children with special needs who are eligible for adoption. My Turn Now also places this photo listing on its website, www.myturnnow.com.
- o **Wednesday's Child - Georgia** is a partnership of the [Freddie Mac Foundation](#), [WAGA Fox 5 Atlanta](#) and the [Georgia Department of Human Resources, Office of Adoptions](#), formed to help find families for children in foster care with special needs. Airing since November 2000, this is a weekly news feature on Fox 5-TV channel.
- o **Heart Gallery May-June 2006.** The Heart Gallery, sponsored by "A Gift for A Child" is a concept that has been used in many states. It is a professional gallery format photo exhibit, of children available for adoption. It was created to raise interest and awareness about children in need of an adoptive family. Over 50 children were featured in the exhibit.
- o **Quarterly Office of Adoptions Adoption Video Conference.** This is an opportunity for potential adoptive families and available children to observe and talk with one another through video conferencing.

Source: Compiled from material provided by the DFCS Office of Adoption websites of identified organizations.

3. Existing Policy Implementation

The new Permanency Report process previously described adds to several existing practices required by both federal and state policy that are designed to have outside authorities – the Juvenile Court or a designated panel – review permanency plans every six months. DFCS is responsible for scheduling these reviews and completing them in a timely fashion.²⁶ The case record review of 165 children in foster care yielded the following findings.

²⁶ See pp. 7-9, paragraph 4B and its subparagraphs in the Consent Decree.

- **36 percent** of the records of children in care six months or more had documentation of timely six-month reviews. This represents 45 of 126 plans. This is similar to the E & R 2005 baseline finding of 34 percent. The Consent Decree requires a child's case plan to be reviewed within six months of the child's placement and every six months thereafter by either a Judicial Citizen Review Panel (JCRP) or the Juvenile Court.²⁷ The Consent Decree requires DFCS to follow-up within 45 days if a six month review is not held when it is due.²⁸ File documentation indicated that this happened very infrequently. Table IV-5 provides the information captured from the case files regarding 45 documented six-month reviews.

²⁷ See p. 7, paragraph 4B, subparagraph 1

²⁸ See p. 9, paragraph 4B, sub paragraph 9 in the Consent Decree

Table IV-5
Characteristics of Six-month Case Reviews
N=45

Characteristic			Number	Percent
Participants				
	Birth Mother		14	31%
	Birth Father		3	7%
	Child		16	36%
	Pre-adoptive parents		0	0%
	Relative care givers		8	19%
	Foster parents/placement providers		18	40%
	DFCS case manager		44	98%
	DFCS supervisor		5	11%
	Other DFCS representative		4	9%
	CCFA provider		3	7%
	Private agency case manager		6	13%
	Medical and mental health professionals		0	0%
	Public Health representatives		0	0%
	School representatives		3	7%
Elements Evaluated/Considered				
	Necessity and appropriateness of child’s placement		42	93%
	Reasonable efforts made to obtain permanency		42	93%
	Degree of compliance with specific goals and action steps		34	76%
	Progress made in improving conditions that caused removal		25	56%
	Changes that need to be made to plan		17	38%
	County recommendations		17	38%
	Parent recommendations		4	9%
JCRP conducted review			38	84%
	Total JCRP reports submitted		22	
		Number of reports with Panel findings	20	
		Number of reports with Panel recommendations	21	
		Number of reports with County findings	14	
		Number of reports with County recommendations	13	
		Number of reports with County proposed plan for permanency	21	
Court conducted review			5	11%
		Number of Court reviews where County submitted plan	2	
Plan adopted by Juvenile Court			21	47%

Source: Case Record Review, July 2006

- **67 percent (60) of the** 89 children in the foster care sample in care for 12 months or more had Permanency Hearings convened at 12 months and there was a subsequent order regarding the child's permanency plan. This is similar to the 70 percent E&R 2005 baseline findings. There was little documentation regarding DFCS action to prompt a convening of a permanency hearing when it did not occur. In five of the 29 cases where there was no documentation of the hearing, there was documentation that DFCS requested one within 45 days of when the hearing should have been held.

4. Insight into Current Practice with Children who have the Goal of Adoption

The Consent Decree has few requirements for adoption practice that are separate from the requirements for permanency practice for all children. These few requirements include determining the appropriateness of foster parents to adopt and making known to them the availability of adoption assistance. The adoption assistance is to be based on the child's need, not to exceed the family foster care maintenance payments and is to be determined before the signing of the adoption placement agreement. When there is no adoptive resource for a child, DFCS is to undertake child-specific recruitment. In line with Federal policy, DFCS is also required to consider terminating parental rights if the child has been in care 15 of the previous 22 months, unless there are "compelling reasons" not to take such action. Finally, DFCS is to make available post adoption services to support and stabilize adoptions, where appropriate, for at least 18 months after finalization.²⁹ There also are specific requirements regarding the frequency of case manager visitation with children in adoptive placements. The findings from the case record review for these requirements are covered later in this report, in Part V, Section A. Before reviewing the State's progress in implementing these specific requirements, the report provides some information about the Adoption caseload as revealed in the case record review.

▪ Adoption Caseload Characteristics

The case record review of 115 records of children with the goal of Adoption indicated the following critical characteristics about the children, all of which can influence achievement of the permanency goal:

- **Age:** The children ranged from infants to teenagers as old as 17. Over half of the children were age 8 or older as of June 30, 2006.
- **Length of time in care:** On average, children had been in care about 54 months, or just over 4 years as of June 30, 2006. Some of the children had recently entered care and at least one child had been in care 14 years.

²⁹ See pp.10-11, paragraph 4E and its subparagraphs in the Consent Decree.

- **Placement setting:** 97 percent of the children in the sample were in family placement settings: adoptive homes, family foster homes, relative foster homes, relative homes, therapeutic and emergency foster homes. The remaining children were in residential settings. The large proportion of children in family settings is encouraging.³⁰ Almost two-thirds of the foster parents of children who are legally free for adoption are interested in adopting the children.
- **Status of parental rights:** 69 percent (79) of the children in the sample are legally free to be adopted. For another four percent, at least one of the parent's rights had been relinquished or terminated.
- **Case management assignment:** 84 percent are assigned to either a specialized case manager or a case manager specializing in adoptions. Under some circumstances, a child may have had both types of case managers in the last 8 months. The adoption process involves a series of legal as well as case management steps that are generally not part of the everyday routine for case managers responsible for children in foster care. Many child welfare agencies have designated separate case managers to handle caseloads of only those children for whom adoption is the goal with the intent that specialization will facilitate more timely adoption. The newly designated specialized case managers³¹ offers the opportunity for increased attention to permanency goals and what can be done to achieve them. However, they may not be as familiar with the adoption process as the adoption specialists and a child may be transferred to an adoption specialist if the specialized case manager is successful in identifying a viable adoptive resource. This issue is further discussed later in this report in section 6A.
- **Goal clarity and currency:** Although the sample was drawn based on the permanency goal identified in IDS, there were two records where it appeared that Adoption is not, in fact, the goal and is not what is driving case planning. For example, one reviewer wrote, *"CPRS and IDS show adoption as child's plan. However, Court Order of 4/25/05 changed permanency plan to Another Planned Living Arrangement."* And, another reviewer noted, *"Foster Parents have signed Long Term Foster Care (LTFC) Agreement and Court Order of 4/28/05 changed permanency plan to LTFC. CPRS and IDS still identify this as adoptive case."*

▪ **Barriers to Achieving a Timely Adoption**

There are two major milestones in the adoption process. The first is the point at which the child is legally free to be adopted – when parental rights have been terminated or relinquished. The second point is when the adoption is finalized and the child is not only emotionally, but legally part of a new family. There are several circumstances that can delay these milestones from occurring, thus delaying the whole process.

³⁰ See p. 18, paragraph 5C4 subparagraph g in the Consent Decree

³¹ See pp. 11, paragraph 4F in the Consent Decree

Before seeking to terminate parental rights, DFCS must work with the parents to resolve the safety and risk issues that brought the children into care in the first place. Federal and state policy have established time frames for this effort to allow all parties, but particularly the parents, an opportunity to complete the required steps but prevent the children from being left to “drift” in foster care. From the information found in the reviewed case records, the primary barrier to terminating parental rights for the 36 children in the sample who were not legally free for adoption is court continuances. Reviewers found court continuances a barrier in 15 of the 36 cases. Reviewer comments about this barrier provide additional insight:

- o *There is documentation to indicate the agency has allowed custody to expire. Another petition has been filed as of 03/06 but there is no order for that hearing. Due to the aforementioned, TPR had to be continued.*
- o *Petition was filed 4-12-05. The TPR hearing has been continued approximately 6 times.*
- o *Documentation indicated court dismissed TPR due to failure of DFCS to complete a diligent search for relatives and home evaluations. The agency documented intent to continue seeking TPR.*
- o *Non reunification order 7-11-05, TPR pending*
- o *TPR petition was filed but the court did not grant the department’s motion... The Court ordered the department to continue to work with the parents.*

To a lesser extent, other related barriers include the following:

- Delayed submission of material to the State Assistant Attorney General (SAAG) for preparation of the termination of parental rights filing (6 cases);
- Delays by the SAAG in completing and filing petitions (3 cases);
- Goal is not adoption (2 cases); and.
- Parents who can not be located in order to be properly notified and given the chance to be in court (2 cases).

After parental rights are relinquished or terminated, DFCS can proceed with finding an appropriate adoptive family for the child, if one has not already been identified, and arranging for on-going support for the family as dictated by the child’s needs and eligibility. Within the sample of 115 children with the goal of adoption, 79 were legally free for adoption. These 79 children had been waiting an average of 28 months, for adoption since their parents’ rights were terminated. The range is wide, however. Half had been waiting about 17 months while the extremes included children who had been waiting less than a month (9%), while others had been waiting over 70 months (8%).

From the information found in the case records of the 79 children in the sample who are legally free for adoption, the barriers to finalization by the end of 2006 include:

- o The lack of an adoptive resource or recent disruptions in planned adoptions (14 cases.)
For example, one reviewer noted, *“Identified resource disrupted on 6/2/06. child had been*

placed there since 12/01/02. Family has proceeded with adopting his sister;"

- o The child's behavioral or health issues (5 cases.) For example, two reviewers commented, "...child has special needs, violent behavior, and extremely poor impulse control. Also has a history of sexually inappropriate behavior with younger children...." and "Child had mental health issues that needed to be addressed in the past. This delayed the search for a resource for a time. The department is actively seeking a resource at this time;"
- o Children that are parts of a sibling group to be adopted together (2);
- o Foster parents have not completed the appropriate documents or home study not complete (2);
- o Parents appealing the decision to terminate their rights(1);
- o Child does not want to be adopted (1); and,
- o Foster parents divorcing (1.)

▪ **Parental rights status of those children in care 15 of the previous 22 months.**

To prevent children from long-term foster care stays, Federal law and the Consent Decree require DFCS to file for termination of parental rights when a child has been in care for 15 of the previous 22 months or to document "compelling reasons" why such action is not in the best interest of the child. Within the sample of foster care records reviewed, there were 69 children who had been in DFCS custody for 15 of the prior 22 months and still had open cases on June 30, 2006. Among these 69 children, DFCS had filed to terminate parental rights or had documented reasons not to for 56 children, or 81 percent. In the remaining 13 cases, documentation was insufficient to determine the actions being taken or there were no documented reasons for not filing for termination of parental rights. Federal regulations state that compelling reasons must be based on individual case circumstances but guided by what is in the best interest of the child. Examples of the reasons found in the records included 1) children living with relatives, 2) emotional and delinquent behaviors, 3) children do not want to be adopted, and 4) mothers completing case goals. In one instance, the reviewer noted that court did not grant TPR because there was no adoptive resource for the child.

5. Assuring Permanency after Case Closure With Supportive Services

The Consent Decree requires DFCS to make monthly visits to children who are discharged when the Juvenile Court orders aftercare visitation, and to determine if additional services are necessary.³² In addition, DFCS is to make available post-adoption services to support and stabilize adoptions for at least 19 months following adoption finalization.³³ Finally, the newly created specialized case manager position is responsible for convening a discharge planning meeting 30 days before discharge.³⁴

³² See p.10, paragraph 4C.6 in the Consent Decree

³³ See p. 11, paragraph 4D.2 in the Consent Decree.

³⁴ See p. 12, paragraph 4F.3e in the Consent Decree

- **Aftercare planning appears to be limited.** Through the G2 process, the counties explored the hypothesis that effective case closure and the use of after care services can reduce the number of children who re-enter care. Although there was general agreement that this is a reasonable hypothesis and case managers and supervisors noted referring families to private agencies and conducting visits, actual recording of after care services in IDS proved unreliable and prevented hypothesis testing. The case record review attempted to gather some basic information about case closure that would shed light on this practice. About one quarter (41) of the 165 children in the foster care sample were discharged between October 27, 2005 and June 30, 2006. Among those that were discharged, 32 children had achieved their permanency goal, most of the goals being reunification. Either the permanency goal was not achieved or there was no documentation in 9 cases. Three children had documented aftercare plans and all three plans appear to have been implemented based on the documentation. In addition to these three, 5 children continued to receive services without being in custody. Their cases were transferred to Child Protective Services or kept open in placement to receive on-going services. Two youth who had reached age 18 received services either through returning to care or through the Independent Living Program. In addition, one relative care giver received a relative subsidy and there was documentation of aftercare referrals. In at least two cases where aftercare services were not provided, the children were returned to their families shortly after entering care because the petition to deprive the children was dismissed or the allegations of maltreatment were not substantiated. Aftercare visits were ordered in 5 cases but documentation indicates the visits were implemented in 3 cases. Nine discharged children had been assigned a specialized case manager and two had discharge planning meetings prior to discharge.
- **32 percent (25)** of the 79 children who are legally free for adoption, had documentation that their eligibility for adoption assistance had been determined. Among the 25, 3 children are not eligible because they are under age one. However, over 90 percent the 54 children for whom there was not documentation about eligibility determination are potentially eligible for some form of Adoption Assistance due to their age or race. According to DFCS policy, eligibility is formally determined prior to families signing an "Adoption Placement Agreement" (Form 33.) When a family is prepared to make the commitment the agreement represents, the child's eligibility is confirmed and the amount and form of assistance is discussed with the family which is then included in an application submitted to the State Adoption Office with the Placement Agreement. The exact timing of this process with regard to the Consent Decree requirement that the "amount and term of the adoption assistance subsidy will be determined prior to signing of the adoptive placement agreement" will be confirmed in subsequent reporting periods. What is understood now is that the case manager's work leading up to the Adoption Placement Agreement does focus on removing barriers and facilitating the adoption if it is in the best interest of the child.

Among the 22 children with documented eligibility for adoption assistance, 16 had documentation of the type of assistance the family would be receiving. All 16 are to receive Medicaid, 12 are to receive a monthly assistance payment, 4 are to receive payment for non recurring adoption expenses; 1 is to receive deferred adoption assistance; and 1 will receive a specialized per diem rate. For the few for whom monthly adoption assistance payments had been calculated, the amounts ranged from about \$390 to \$760 per month. The case record review readers agreed that these amounts were appropriate based on the needs of the child from documentation in the file.

Part V WELL-BEING

Children in Care Experience Stable Placements, Worker Continuity, and Receive the Services They Need

One of the Consent Decree principles is “Children in foster care should have stable placements that meet their needs and services necessary to address both the trauma of foster care and the problems surrounding their removal from their family.”³⁵ In addition, six of the Consent Decree outcomes focus on the well-being of children while they are in care. None of these outcomes were expected to be achieved in the first reporting period. However, there were immediate actions regarding medical care and numerous practice requirements in the Consent Decree and DFCS policy guidance designed to assure children have stable placements and get the services they need. This chapter reports on these actions and requirements.

A. The Placement Experience

This section describes the DFCS placement process and the stability of placements. This includes county placement activities, the use of temporary placement settings, most frequently used placement settings, efforts to minimize trauma and placement moves. In addition, worker continuity and the frequency of worker contacts with children and their caregivers are discussed.

1. Placement Process

The placement process works somewhat differently in Fulton and DeKalb counties. In DeKalb County a Placement Expediter Unit handles intake for any child who is adjudicated deprived and removed from their home; whether the child is to be placed with relatives, a DFCS-supervised or provider-supervised foster home. Each child served by the Placement Expeditors receives an assessment of their immediate needs. Children that are going to remain in care are referred to a handful of providers for more complete or specific assessments. The Placement Expediter Unit is staffed until 2:00 a.m. every day to deal with emergency removals. They are responsible for getting children placed within the 23 hour limit specified in the Consent Decree.

Based on the child’s needs and family situation, they may be placed with relatives, in a DFCS-supervised foster home, a provider-supervised foster home, or a group home. Typically, children without suitable and willing relatives who are placed with DFCS-supervised homes if they are relatively low-needs cases; and with private provider-supervised homes if they have higher needs. However, with appropriate wrap around services which are identified and approved by the placement expeditor, higher needs children may be placed in DFCS-supervised homes that are in closer proximity to the home from which they were removed.

³⁵ See p. 4, paragraph 7 in the Consent Decree

If a child is to be placed with a DFCS-supervised home, the Placement Expeditors work with the Resource and Development (R&D) unit. Case managers in the R&D unit are responsible for maintaining and monitoring individual DFCS-supervised homes. This includes being the principal DFCS liaison with each home, providing consultation and technical assistance, checking each home's census against their approved capacity and updating Placement Central accordingly, developing any needed corrective action plans and monitoring progress toward their completion, and performing the initial approval and annual re-evaluation of each home.

If a child is to be placed in a private provider-supervised foster home, the Placement Expediter works with the selected Child Placing Agency to have a child placed in one of the homes they supervise. CPAs have their own monitors that perform functions similar to those of the R&D unit for the homes they directly supervise. The DFCS Treatment Services Unit (TSU) is responsible for overseeing the CPA compliance with all DFCS policies and mandates.

If a child is to be placed in a group home, the Placement Expediter works with the individual Child Caring Institution. DFCS TSU directly oversees these institutions and is responsible for monitoring each institution's census against their approved capacity, developing needed corrective action plans and monitoring progress toward their completion, and performing the initial approval and annual re-evaluation of each institution.

The placement process in Fulton County operates similar to DeKalb's with a somewhat different division of labor and assessment process. Fulton does not have a "placement expeditor" role that handles intake for any child removed from the home. In Fulton County, most of the functions performed by Placement Expeditors in DeKalb are performed by the Fulton R&D Unit with one important exception. In Fulton, CPS case managers are responsible for starting a diligent search for a suitable, fit and willing relative (this search may be handed off to a placement case manager) or other "immediate safety resource" (who may be a neighbor, family friend, etc.) to take a child who must be removed from the home. Fulton County's practice has been employing a form of Family Team Meetings referred to as a "removal Team Decision Making" meeting. This meeting provides an opportunity for assessing the child and family's needs and identifying an immediate safety resource. If a suitable relative or safety resource cannot be identified, or if children are emergency removals that come in overnight, they come to the Fulton R&D Unit and are assessed and placed in DFCS-supervised or provider-supervised foster homes, or in group care.

The Consent Decree has several requirements addressing placement appropriateness. It requires that "no child shall be placed in an emergency or temporary facility....for more than 30 days." It stipulates that no child shall spend more than 23 hours in a County DFCS office or any facility providing intake functions.³⁶ It also requires a child's initial placement to be re-

³⁶ See p. 16, paragraph 5C4.c in the Consent Decree

evaluated within 30 days of entering care.³⁷ The child is to be moved if recommended by the evaluation.³⁸ With regard to current practice in meeting these requirements, the case record review of a sample of children in foster care revealed the following:

- **21 percent** of the 76 children in the foster care sample who entered care or changed placement after October 27, 2005³⁹ experienced some time in an emergency or temporary setting. Of the 16 children represented by the 21 percent, four children were placed in more than one such facility. Nearly all (14) of the children spent 30 days or less in such facilities.⁴⁰ File documentation indicated that only one child spent more than 23 hours in a County DFCS office or a facility providing an intake function before being appropriately placed in a foster home.⁴¹
- **51 percent** (39) of the substitute care givers for the 76 children who entered care or changed placements who had a placement during the period appear to have received some essential information at time of placement. Table V-1 arrays the information provided.

Table V-1

Information Given to Substitute Care Providers at Time of Placement between October 27, 2005 and June 30, 2006

N=76

Information provided	Number	Percent
24 hour/7 days a week contact information	19	25%
Family history	5	7%
Medical information	12	16%
Dental information	3	4%
Educational/Developmental information	9	12%
Mental health information	6	8%
Other (placement forms, Medicaid card, WIC voucher, child's criminal history)	7	9%
No information provided/documented	37	49%

Source: Case Record Review, July 2006

- **63 percent**, (27), of the 43 children entering care on or after October 27, 2005 had a completed Comprehensive Child and Family Assessment (CCFA) in their files. The

³⁷ See p. 15, paragraph C1 in the Consent Decree

³⁸ See p. 15, paragraph C2 in the Consent Decree

³⁹ Forty-three children in the sample entered care on or after October 27, 2005 and thirty-three children who had entered care before that date were placed in their most recent placement setting between October 27, 2005 and June 30, 2006.

⁴⁰ One of the two children who appear to have spent more than 30 days was hospitalized.

⁴¹ Documentation indicated the child spent approximately 48 hours in a resource center.

CCFA is the primary vehicle for evaluating the initial placement within 30 days of a child's entry into care and making recommendations for change if necessary. A placement assessment was included in 19 of the 27 CCFAs. The two children, for whom placement changes were recommended as a result of the CCFAs, were moved. By June 30, 38 percent of the children remained in the initial placement and 62 percent experienced a placement move. These moves included returning home and moving from an initial placement in an Emergency Shelter/assessment center to another placement setting, generally a foster home.

- **80 percent** of the 124 children in the sample who were still in care on June 30, 2006⁴² were in family placement settings at that time. These settings included family foster homes, relative foster homes, relative homes, therapeutic and emergency foster homes. The remaining children were in residential or hospital settings. Table V-2 provides detail of children's placement settings.
- **94 percent** (116) of the 124 children remaining in care on June 30 2006 were in appropriate placements in accordance with their individual needs as determined by the case record reviewers based on the documentation in the case records.⁴³ For 5 children, there was insufficient documentation in the records for the reviewers to make an assessment. Available documentation indicated that two children were on a waitlist for a particular placement. One child is waiting for an adoptive home placement and another is waiting for a foster home placement in a home that had not yet been approved.

⁴² The children still in care are those children in the sample of 165 children in care at any time between October 27, 2005 and June 30, 2006 for whom there was no documentation that the case had been closed before June 30, 2006.

⁴³ Documentation used to determine appropriateness of placement included the current Comprehensive Child and Family Assessments, its predecessor the "First Placement Best Placement" process, case plans and other material related to child needs.

Table V-12
Placement Settings of Children in Care on June 30, 2006
(N= 1243)

Placement Type	Number	Percent
Emergency Shelter/Assessment Center	0	0
Emergency Foster Home	1	1%
Foster Home (DFCS or Private Agency Supervised)	68	55%
Relative Home (Foster and non Foster Home)	23	19%
Therapeutic Foster Home	6	5%
Returned to Parents	1	1%
Group Home	12	10%
Residential Treatment Facility/ Child Caring Institution	6	5%
Hospital	4	3%
Runaway status	1	1%
Unable to Determine Current Placement Setting	12	12%
Total	124	101%

Source: July 2006 Case Record Review; percentages greater than 100 due to rounding.

2. Placement Stability, Worker Continuity, Efforts to Minimize Trauma, and Worker Contacts with Children and Caregivers

Once placed in an appropriate setting, a casework goal is to maintain the stability of the placement and avoid the trauma of disruption and placement in another setting. This can be accomplished, in part, by initially placing children in homes that can meet their needs, supporting the caregiver and the child, and assuring the child has the same case manager over the course of his placement and frequent contacts with the case manager. Although the Consent Decree suggests the frequency and intensity of in-placement visits and other visits with a child “shall be determined by the individual needs of the child,” it does stipulate minimum requirements for the first eight weeks of a new placement and subsequent months in care.⁴⁴ The Consent Decree also establishes several outcomes designed to minimize placement moves for most children,⁴⁵ maintain worker continuity,⁴⁶ and promote frequent contact between case managers and children in care⁴⁷ and the substitute caregivers.⁴⁸

⁴⁴ See p. 19, section D in the Consent Decree

⁴⁵ See p. 35, Outcome 17 in the Consent Decree

⁴⁶ See p. 35, Outcome 18, in the Consent Decree

⁴⁷ See p. 37, Outcome 20 in the Consent Decree

⁴⁸ See p. 36, Outcome 22 in the Consent Decree

- **Placement Stability:** 69 percent of the 165 children in the foster care sample experienced two or fewer moves during the previous 12 months in custody. This is substantially different from both the 2005 E&R baseline which indicated that 84 percent of the children had 2 or fewer moves and the 97 percent reported from the Internal Data System (IDS) as of May 31, 2006. Part of the discrepancy between the case records and IDS may result from private agencies moving children among its supervised foster homes without informing or belatedly informing DFCS case managers. This hypothesis has been posed in G2 meetings and there was evidence in the case files that suggest this does occur. The information about the child's move, therefore, does not get appropriately entered into the data system. This is an area for further review as DFCS moves to completely populate Placement Central within IDS and keep it current. It is also another aspect of improving oversight of contract providers.
- **Worker Continuity:** 81 (49%) percent of the 165 children in the foster care sample experienced one case manager in two or fewer case managers in the previous the 12 months in custody. or since entering care after the Consent Decree. Another 49 (30%) had two case managers and 25 (15%) had three. A few children (5) are known to have experienced up to four case managers in a year as indicated in Table V-3. The reassignment of case managers for some children in the past eight months is not surprising given the new requirement to establish specialized caseloads for children in care 18 months or more.⁴⁹ In addition, the counties continue to experience turnover among all case managers, even those with lower caseloads. In fact, 29 of the 49 children who had two case managers in the previous 12 months had been transferred to new workers for just these reasons. Although the Consent Decree exempts case manager changes dictated by transfers to special caseloads and natural personnel attrition, these events do cause disruptions for children. The reasons for case manager changes were not always sufficiently documented in the records; however 41 percent of the 82 children who experienced at least one documented change in case managers had been transferred to a specialized case manager. In addition, reasons for case manager changes in the remaining 20 cases were not documented. About 10 percent had experienced a transfer to an adoption specialist and 6 percent were transferred as the result of a worker's termination or transfer. In the 25 cases where children experienced 3 case managers, at least one of the moves in 12 cases was attributed to a transfer to a specialized case manager or the result of personnel attrition but reasons for the many of the reassignments was not documented.

⁴⁹ See p. 11, paragraph 4F.1, in the Consent Decree

Table V-3
Number of Case Managers Experienced by All Children in Care
N=165

Number of Case Managers Experienced in the Previous 12 Months in Care	Number	Percent
One Case Manager	81	49%
Two Case Managers	49	30%
Three Case Managers	25	15%
Four Case Managers	5	3%
Unable to determine from the documentation	5	3%
Total	165	100%

Source: Case Record Review, July 2006.

- **Minimizing the Trauma of Change:** For 25 percent of the 76 children in the sample who entered care or experienced a placement change during the review period, the case record documented the efforts made by the case manager to minimize the potential trauma of the experience.⁵⁰ This is a smaller proportion than the 70 percent in the 2005 E&R baseline review. “Minimizing trauma” was defined as any steps the case manager took to ease the fears and concerns of the child and or to keep the child as connected to family and community as possible. As previously indicated, 31 percent of the 165 children in care experienced more than two placement moves in their previous 12 months in care. Therefore, some of the children in this subset may have experienced more than one placement change during the 8-month review period. However, the case record review did not collect information about the practice around each change. Examples of the efforts that were found in the Accountability Agent’s file review include:
 - *Child in therapy and case manager was in the process of allowing the therapist help deal with informing the child of his new placement.*
 - *Child had transitional visits prior to relative placement*
 - *Placed with relative. DFCS scheduled visits prior to placement and custody transfer.*
 - *Child was placed in a relative foster home, and there was communication between the case manager and the relative prior to the placement.*
 - *Child was in hospital at the time of placement. Per documentation, foster parent visited child in hospital several times prior to his discharge. No documentation that the agency arranged this or provided other services.*

⁵⁰ See p. 18, paragraph 5C.5 in the Consent Decree

- **Case manager visitation with the children they are supervising.** There are several different visitation requirements. The requirement depends on the child's permanency goal and if they experience a new placement. The discussion below highlights the findings regarding these different requirements.
- **Documented case manager visits with children in the first 8 weeks of a new foster care placement.**

The Consent Decree stipulates a nearly weekly visitation schedule for the first eight weeks of a new placement.⁵¹ Of the 76 children in the sample of all foster children who entered or changed placements during the reporting period, 22 were in care less than 8 weeks between placement and June 30, 2006. Table V-4 displays the number of children each week and summarizes the number of documented visits found. As indicated, 20 percent received placement visit from their case managers in the first week of the placement. Between the third and eighth week in care, 37 children received at least one visit with a case manager. Using the percentage of children for descriptive purposes is imprecise because of the declining number of children in care each week. Seven children had six or more additional visits during the eight-week period while 29 children had less than six additional visits. For 33 of the children, there was insufficient documentation to determine the number or timing of visits in the first 8 weeks. Among the 52 children who were in care after 8 weeks, 7, or 13 percent received twice monthly visits in the time remaining in the review period.

Table V-4
Case Manager Visits with Children in the First 8 Weeks of a New Foster Care Placement

N=Varies by week

Timeframe	Number of children in new placement during timeframe	Number of children		
Week 1	76	15 children received one visit (20% of 76)		
Week 3	69	37 children received one visit sometime between the 3 rd and 8 th week	7 children received an additional 6 visits or more during the 8-week period.	29 children had fewer than 6 additional visits during the 8-week period
Week 4	65			
Week 5	64			
Week 6	59			
Week 7	56			
Week 8	54			

Source: Case Record Review, July 2006

⁵¹ See p. 19, paragraph 5D.1 in the Consent Decree

- **Documented case manager visits for those who did not experience a new placement during the time period.**

Among those in care without a placement change (89 children,) **3 percent** received twice-monthly visits. This is similar to the 2005 E&R baseline. Prior to the Consent Decree, case managers had been expected to make monthly visits and this was the more typical pattern found through out much of the first reporting period. In a few records, there were indicators of improvement toward the end of the reporting period with more frequent visits taking place since April.

- **Documented case manager visits with children in new adoptive placements**

Similar to the special visitation requirements for a new foster care placement, children placed in a new adoptive home are also required to receive case manager visits according to a minimum schedule.⁵² In the sample of 115 children with the goal of adoption, five children experienced at least one adoptive home placement during the reporting period. Four of these five children had documented case manager in-placement visits on the day they were placed. One of the five had at least one in-placement visit per month after being placed but before the adoption petition was filed.

- **Documented case manager visits with children with the goal of adoption.**

Twenty-six children in the adoption sample experienced a new placement during the reporting period that was not an adoptive placement. These children should receive visits according to the schedule applied for all new foster care placements as previously discussed. Among the 26 children, 1 had a case manager visit in the first week of placement. Five of the 26 children or 19% had a case manager visit between the 3rd and 8th week of the placement and 3 children experienced an additional 6 visits over the 8 week period. Eight children had less than an additional six visits.

Seventy-nine children had been in non-adoptive placements since before the Consent Decree. Six (8%) of these 79 children had 2 visits per month with their case managers

- **Case manager visitation with placement providers and birth parents: Almost 32 percent of 150 records in the foster care sample⁵³ and 41 percent of the 115 in the adoption sample indicated that case managers had monthly visits with foster parents or other placement providers. This is higher than the 2005 E&R baseline which indicated monthly visits with caregivers was were occurring in 7 percent of the cases. Although not a target outcome of**

⁵² See p. 19 Section 5D, paragraph 1a of the Consent Decree.

⁵³ Fifteen records were not applicable for the analysis because 1) the child's case was open less than a month during the reporting period, 2) the child was on runaway status, 3) child was placed with parents, or 4) child placed with relatives out of state.

the Consent Decree, another topic of discussion in the G2 and a practice of demonstrated effectiveness is frequent contact with birth families when reunification is the goal. In the reunification cases in the foster care sample, documentation indicated that 30 percent of the birth families had monthly contact with their case managers.

Concern about the level of visitation between case managers and children as reflected in the 2005 E&R baseline has made this an on-going topic of discussion in the G2 meetings since April. The frequency of visits by worker and supervisory units is being tracked manually and reported by the counties and the quality of visits is being explored by showcasing the efforts of high-performing case managers. Available data from the county and IDS has been used to demonstrate to the G2 participants the relationship between worker visits with children and positive permanency outcomes for the children. Similar to the national data reviewed in the G2, the local data does support that more frequent visits with children contribute to their exiting care to positive permanency outcomes. The twice-monthly county reporting of case manager visitation leads us to expect significant improvement in this area by the end of the year.

B. Meeting the Needs of Children, Youth, and Families

In addition to safe, appropriate, and stable placement settings, DFCS is required to provide for the physical, developmental, and emotional needs of children in its custody. It is responsible for providing services to birth and foster parents as well to enable families to be effectively reunited or foster parents to more effectively address the needs of the children in their care. This section of the report summarizes the State's performance in meeting the identified needs of children, youth, and families beginning with its performance in meeting an immediate action requirement of the Consent Decree regarding medical examinations for children who did not have current exams at the entry of the Consent Decree. It also presents the baseline for Outcome 24, the proportion of older youth – age 18 or older who are discharged from foster care with a high school diploma or GED certificate. A final discussion in this section focuses on key findings from the case record review regarding DFCS' efforts to meet critical child and family service needs.

1. Basic Needs

Within the foster care sample of 165 records, 158 cases were applicable⁵⁴ for assessing whether children's basic needs of food, shelter, and clothing were being met⁵⁵. The seven cases that were not assessed included children whose time in care was too brief or they were on run away status. Among the 158 children, the case record information indicated that 97 percent of the children were getting basic needs met. In 3 percent of the records, the documentation was insufficient to determine if these needs were being met. In the adoption sample 100 percent of

⁵⁴ Seven cases were not applicable because the children were on run away status and there was no means to determine if basic needs were being met or the children had been returned to parents after a short stay in care.

⁵⁵ See p. 18, paragraph 5C.5j in the Consent Decree

the children were getting their basic needs met according to the documentation.

2. Identifying and Addressing Physical Health Needs

The Consent Decree requires both an immediate, corrective action with regard to children's health screenings⁵⁶ as well as on-going regular screening and treatment.⁵⁷ DFCS' performance in these areas as well as newly formulated plans for improving performance are discussed in the following section.

- **Immediate Action: Children needing a medical exam were identified by the end of December 2005.**

DFCS Program Field Specialists conducted a case record review of all children in care in each county in November and December 2005 to identify the children who needed medical exams. According to the reviewers, it was clear in some of the records a medical exam was needed. In others, however, they saw information in case notes, court reports, and other case documentation that the child had received more recent medical attention than was officially documented in the file. Therefore, at the end of the case review, the reviewers were able to identify those children whose medical exams were current and those children who needed a medical exam or their files needed to be brought up-to-date with the information from their most recent medical examinations.

Table V-5 summarizes the results of the Program Field Specialists' review. Of the records, 167 were children that did not meet the criteria for this corrective action for several reasons. Their cases had been closed, they were receiving after care services only, or they were young adults who had voluntarily returned to the care but not the custody of DFCS. Of the 2177 children for whom the criteria did apply, just over two-thirds of the children (69 percent) had current examinations. The remaining 673, or 31 percent, needed exams, or they needed their records brought up to date with the appropriate documentation to assure the medical examinations were current.

⁵⁶ See p. 30, paragraph 13A in the Consent Decree.

⁵⁷ See p. 20, paragraphs 6A 1 and 2, and p.21, 6B, paragraphs 1-8 in the Consent Decree

Table V-5
Status of Medical Exams for Children in Custody as of December 2005
(Corrective Action 13A)

Category		Number	Percentage
Children in care 12 months or more on 10/27/2005		1429	
Children in care less than 12 months but more than 30 days on 10/27/2005		915	
Total Number of records read		2344	
Cases that were not applicable for action (closed before the consent decree or during the 60 day identification period, children not in DFCS custody, youth older than 18 in care voluntarily)		167	
Total applicable cases		2177	
Children with current medical examinations		1504	69%
	Children in care 12 months or more on 10/27/2005	755	
	Children in care less than 12 months but more than 30 days on 10/27/2005	749	
Children needing medical examinations or updated documentation in the file as of December 27, 2005		673	31%
	Children in care 12 months or more without an annual exam	555	
	Children in care less than 12 months but more than 30 days who did not receive a medical evaluation after entering care	118	
Total		2177	100%

Source: County data compiled from state conducted record review and county tracking systems.

- **Immediate Action: Not all children needing a medical exam received one by June 30, 2006.**

Both the county tracking systems and the case record review indicate that some number of children in the identified pool did not have updated medical examinations when their cases were closed or at June 30, 2006, as applicable. County tracking data indicated that 140 children, (21 percent of the 673 in need of examinations) had not received the required medical exams. Of the 140 children, 77 exited care prior to receiving updated medicals and 15 children received medical examinations between July 1 and mid-August 2006. Of the children originally identified in need of medical exams that still had open DFCS cases as of mid-August, 48 had not received these exams. The Accountability Agents received copies of the electronic spreadsheets the counties used to compile and update the results of the

previously cited file review of all children in the two segments of the pre-Consent Decree population in care. Because this tracking system was not operational from the very beginning of the activity, the Accountability Agents worked with county personnel to identify gaps and questions that needed to be answered about the status of the children. This lack of an effective tracking system from the start is likely one of the reasons children did exit care without the required follow-up medical examinations. As another means of validating this action, a segment of the record review of the sample of children in foster care was designed to capture information about this Corrective Action effort. Reviewers were asked specifically to look for medical gaps and follow up examinations for children in the sample who met the criteria for Corrective Action 13A.

The case record review revealed a similar gap in successful completion of this action by June 30, 2006. There were 107 children in the sample of all children in foster care who had been in care at least 30 days prior to the Consent Decree. Of these 107, 75 children or 70 percent had received medical examinations in the previous 12 months or, if in care less than 12 months, since entering care. Among the remaining 32 case files, there was documentation to indicate that 4 children had updated medical exams. In 28 (26 percent) case files, there was insufficient documentation to determine if medical exams had been completed.

▪ **Assuring regular health and dental screening and timely assessment**

While the corrective action targeted children in care at a specific point in time, the separate case record review of all children in foster care and those with the goal of adoption indicated that a portion of children had not been receiving regular health screening and were not current with their exams at the end of June 2006. When children did not appear to be receiving routine examinations, reviewers were asked to provide additional information from the case records. The findings include:

- **60 percent (99)** of the children in the foster care sample of a total of 165 children were current with their health screenings per the schedule set forth in the Early and Periodic Screening, Diagnosis and Treatment (ESDT)/ Georgia Check program and 48 percent were current with their dental screenings per EPSDT/Georgia Check. Among the children in the separate review of children with the goal of adoption, a higher proportion - 69 percent - was current with necessary physical health screens per EPSDT/Georgia Check.
- **55 percent** of the 43 children entering foster care on or after October 27, 2005 had health screens within 10 days of entering or entered directly from the hospital. Another 12 percent (5) had their health screens within 30 days of entering care. Twenty-one percent of the children (8) who entered care on or after October 27, 2005 had dental screens within 10 days of entering or entered directly from the hospital. Another 8 had them but not within the 10 days and 55 percent (23) did not have them per the lack of documentation in the files.

▪ **Needed medical treatment.**

Of the 165 children in the foster care sample, 99 were current with their health screens. Of these 99 children, 58 percent (57) did not have any identified health needs. Forty-two percent (42) of the children did have treatment needs identified in the health screenings. Of the 42 children with identified health needs, 36 children (85%) received documented treatment for the identified needs. This is slightly higher than the 57 percent in the 2005 E&R baseline. Less is known among those 66 children who did not have current health screenings, but there was some other file documentation for four children indicating they were getting their acute health needs met. From the files, reviewers noted:

Treatment needed and received:

- *There was no evidence of screening, but child had treatment for a fractured clavicle and received needed immunizations.*
- *Child received medication and treatment for eye injury and eyeglasses.*
- *Child has had minor infections and ailments and has been treated for them.*
- *Child received treatment for asthma while in care.*
- *Although there is evidence that this child is seeing a physician by reports of her diabetic blood levels, there was no evidence of a physical exam. The child's diabetes is being treated.*
- *Cleft anomaly received treatment*
- *Received 4 Fillings.*
- *Child's sickle cell anemia is receiving on-going treatment.*

Treatment needed:

- *No documentation found of how child's asthma is being treated.*
- *The dental screening indicated the child needed treatment for damaged teeth. No documentation that this has been completed.*
- *Screening indicated need for cavities to be filled, no documentation that this has occurred.*
- *The physical health examination indicated that the child had poor dental hygiene. There is no indication that a follow up or conversation about the child's dental needs occurred.*

Medical service needs are not always identified and recorded properly in case plans. While this does not necessarily mean children have not received needed medical services, this information should be reflected in case plans. Reviewers found at least some medical service needs addressed in 32 plans. In reviewing the comments made by reviewers regarding the limited number of plans with medical needs identified and addressed, the primary reasons why there were no health needs identified included: 1) the child had no specific health needs, 2) the record contained no current health screenings that would have indicated needs, or 3) case plans were out of date or there was no case plan because the children had been in care less than 30 days. Findings in the sample of children with the goal of adoption were similar. Reviewer comments about their findings included:

Case plans addressing health needs

- See referrals only
- Child referred for speech.
- According to the case plan dated 05/05/06 the child has asthma and uses his pump as needed.
- Plan indicates on-going treatment for sickle cell anemia.

Case plans not addressing health needs

- The case plan does not specifically list the medical needs as identified in the CCFA, FTM or during the baby's discharge from the hospital.
- Case plan does not include an explanation of medical needs.
- The case plan doesn't list any medical needs; however, other documentation indicates child suffers from seizure disorder.
- Not documented on the case plan. Found in the assessment documentation for Group Home. Child requires periodic MRI to screen for genetic disorder. No documentation of MRI.
- No current documentation of health screening. Health information on the case plan was not updated. Medical needs identified by placement provider notes and treatment plan.
- Child has many ongoing needs that are being met, but not documented in CPRS [case plan]
- The doctor recommended that the child see an optometrist. There is no indication that the child has seen an optometrist to date. This was the only need identified.
- Dental needs are not specified in the case plan but documentation identifies the dental needs and indicate the child's dental needs are being met.
- Although no needs are identified in case plan, child does need treatment and per documentation is receiving this.

- **Health Status of Foster Children.**

Despite the gaps in health screenings and medical issues identified in case planning, among the 165 children in the foster care sample file documentation including health screenings, case notes reflecting conversations with foster parents, and Comprehensive Child and Family Service Assessments suggested to the reviewers that the overall health of the majority (59%) of children was good, with no health concerns at this time. Table V-6 provides the summary of the reviewer judgments.

Table V-6
Health (Physical and Dental) Status of Children in Foster Care
October 27, 2005-June 30, 2006
N=165

Description of Child's Overall Health	Number	Percent
Good health, no concerns at this time	97	59%
Generally good, but requires some medication and monitoring	32	19%
Medically fragile	9	6%
Needs unaddressed	2	1%
Other (examples: respiratory problems, eye glasses, treatment for pre-custody injury)	3	2%
No documentation to determine (includes children on runaway status, child in care only 7 days, no dental health information to get complete picture)	22	13%
Total	165	100%

Source: Case Record Review, July 2006.

Of the two cases with unaddressed needs, one child has a genetic disorder that requires periodic screening and the other had a physical with no documented follow-up on findings. Similarly, in the sample of 115 children with the goal of adoption, file documentation indicated that 65 percent of the children were in good health, with another 22 percent requiring some medication and monitoring. Ten percent appeared to be medically fragile.

▪ **DFCS/ Division of Public Health collaboration on health screenings and treatment.**

Seeking to strengthen its tracking and oversight of child health (medical and dental) screening and treatment, DFCS has enlisted the assistance of the Public Health Division, within the Department of Human Resources. According to DFCS staff, a kick-off meeting held in early September 2006 resulted in some key agreements about roles and responsibilities for the improvements. Although still in the planning stage, DFCS anticipates referring children in its custody to the Division of Community Health (DCH) for appropriate tracking of routine care. DCH will track the required screenings based on the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) schedule and alert DFCS and foster families when screenings are due. DCH will also be able to alert DFCS when an appointment is not kept. DFCS and DCH have identified local county contacts to address barriers as they arise. After this system is established for DeKalb and Fulton DFCS the State plans to take it statewide.

This appears to be a sound plan to address a critical need. It has the potential for greatly improving the timeliness of child health screenings and case record documentation regarding the screenings. Assuring that health needs are adequately captured in case plans will require active supervision.

3. Identifying and Addressing Mental Health Needs

The Consent Decree requires that all children four years of age or older receive a mental health screening within 30 days of placement in compliance with EPSDT standards.⁵⁸ The case record review yielded limited information about this practice because it is new and applies to children aged 4 and older. A small number (28) of the children in the foster care sample who entered care on or after October 27, 2005 met the criteria. Among these children, information was collected from 27 cases.⁵⁹ Of these 27 children, 15 had a documented initial mental health screening and 11 of those were completed within 30 days. This is much too small a sample from which to make generalizations, but it does suggest an area for closer review with supervisors and case managers.

Among the 165 children in the foster care sample, documentation in 97 files indicated the children had mental health needs and 71 percent (69) of the 97 children were receiving treatment for their needs. As with the identified health needs, this information was not always included in the case plans. Similarly, in the adoption sample, mental health needs were referenced in 33 case plans. From the foster care sample, reviewers noted the following:

Treatment: Needed and Received

- *Wraparound services provide.*
- *Child is currently in family counseling, addressing anger and anxiety issues.*
- *No documentation in case plan, however child is receiving therapeutic counseling for sexual acting out/ behavioral problems.*
- *Counseling through Group home.*
- *Child is receiving counseling to address issues around his anger and anxiety.*
- *The case plan doesn't document any mental health needs, however, child was being followed by a psychologist and psychiatrist. She was diagnosed with w/ADHD and prescribed medication.*
- *Child received mental health counseling and medication management before leaving foster care.*
- *Counseling and medication for ADHD.*
- *Based on documentation child was receiving services from a provider prior to custody and will continue with this provider.*

⁵⁸ See p. 20, paragraph 6A.3 in the Consent Decree.

⁵⁹ Coding error inadvertently omitted one record.

- *Child is diagnosed with depression and is receiving counseling services.*

Treatment Needed

- *Child's psychological recommended that he participate in Allateen to address his issues around his mother's drug use and the extent of his involvement. There is no indication that he has begun this process or been referred.*
- *There is no evidence that this child's current fragile mental health needs are being met*
- *Child has mental health needs. A referral for wrap around to assist with child's behavior in foster home was made 6/13, but there is no documentation that child received any services during review period.*
- *No mental service needs documented in case plan, however, Child is experiencing symptoms of depression and anxiety related to unresolved grief over the loss of her mother.*

Case plan documentation

- *Needs clearly identified, Service Plan also addressed the needs but no documentation to support results.*
- *Case plan just indicates that there are ongoing medical/psychological needs but it does not identify what the needs are.*
- *Date of Psychological and medication recorded on the Case Plan. Other source included documentation, health records and copy of Psychological.*
- *Counseling was recommended in psychological evaluation but no record that this was received. Not mentioned in case plan.*
- *The identified needs are not noted in the case plan but are noted in other areas of the case file ie. Psychological and CCFA.*
- *Recommendation for individual counseling and evaluation for psycho pharmaceutical treatment.*

Among the 165 children still in care on June 30, 2006, 125 were old age 4 or older. The case record review asked reviewers to consider all file documentation to determine the overall mental health status of the children. They were told to look for mental health assessments, case notes, and the Comprehensive Child and Family Services Assessments to make a judgment among a set of descriptions. Table V-7 provides a summary of these judgments. Among the children in the sample of children with the goal of adoption, 75 percent appeared to have good or generally good mental health. About 21 percent were considered fragile.

Table V-7
Mental Health Status of Children Ages 4 and Older in Foster Care
October 27, 2005-June 30, 2006
N=125

Description of Child's Overall Mental Health	Number	Percent
Good mental health, no concerns at this time	33	26%
Generally good, but requires some medication and monitoring and/or counseling	52	42%
Mental health is fragile and requires on-going therapeutic treatment	16	13%
Needs unaddressed	9	7%
Other (examples: child receives support and guidance from group home staff, anger management and counseling, special education and foster home stability)	4	3%
No documentation to determine (includes child in care less than 7 days)	11	9%
Total	125	100%

Source: Case Record Review, July 2006.

As noted in the table, of 125, 68 percent children appeared to have good or generally good mental health. In the 9 cases that appeared to have unaddressed needs, these needs included counseling, behavioral problems, participation in therapeutic activities, and coping skills. Among the children in the sample of children with the goal of adoption, 75 percent appeared to have good or generally good mental health. About 21 percent were considered fragile.

4. Identifying and Addressing Education and Developmental Needs

a. Educational achievement for youth "aging out" of foster care.

Outcome 24 in the Consent Decree focuses on the educational attainment of youth leaving DFCS care at age 18 or later. Specifically, it sets increasing targets for the percentage of youth who are "discharged from foster care at age 18 or older ... who have graduated from high school or earned a GED."⁶⁰ The State is not required to meet the first threshold for this outcome until December 31, 2006. However, the first threshold is set as 10 percentage points higher than where the state was in the 12 months prior to the entry of the consent decree. In the following discussion, we describe the interpretation issues surrounding this outcome and preliminary baseline information.

⁶⁰ See p. 36, paragraph 24 in the Consent Decree

Interpretation and Measurement Issues

The interpretation issue centers on the definition of “discharged from foster care at age 18 or older.” In Georgia, youth who are in the custody of DHR/DFCS are discharged from custody and are no longer reported in the federal Adoption and Foster Care Reporting System (AFCARS) when they reach the age of 18. Youth who wish to remain in foster care and with whom DFCS mutually agrees that the continued foster care placement is consistent with the goals of a Written Transitional Living Plan (WTLP) must sign a consent form.⁶¹ This means that after the age of 18, youth may continue to live in a foster placement setting, or some other transitional living arrangement, and can continue to pursue their educational goals with State support through the age of 21, or, in some instances, age 23.⁶² These youth who “sign themselves” back into care continue to be reported in the State’s Internal Data System (IDS.) For purposes of Outcome 24, therefore, we have chosen to define “discharged from foster care” as the point when youth are no longer in care and no longer reported in AFCARS and IDS. There is no measurement issue.

Preliminary Baseline for Discharge Outcome

The State is in the process of compiling the baseline for the period October 27, 2004 to October 26, 2005. However, information collected by E&R for the period September 1, 2004 and August 31, 2005, indicates that 60 youth age 18 or older were discharged from care. Seven, or approximately 12 percent, had high school diplomas or GEDs at the time of discharge. This would suggest that to meet Outcome 24’s first threshold, about 22 percent of youth aged 18 or older discharged between October 27, 2005 and October 26, 2006 will need to have a high school diploma or GED. To validate the achievement of this outcome we will supporting documentation such as academic transcripts, copies of certificates, etc.

b. Meeting Educational and Developmental Needs

Educational and developmental needs assessments were applicable in 154 of the 165 cases of children in foster care. The remaining records were of children who were in care too briefly (less than 30 days) or were too young (younger than 1 year) for an appropriate assessment. The case record review asked reviewers to consider all file documentation to determine how the child’s educational or developmental needs were assessed. This documentation included case notes, the Comprehensive Child and Family Services Assessments, school records, Individual Educational Plans, and formal assessments to make a judgment. Accordingly, documentation in the case records indicated that 109 of these 154 children (71%) had been adequately assessed. Other findings from the case record review include:

⁶¹ Barton Child Law & Policy Clinic, Georgia’s Responsibilities Toward Children in Foster Care: A Reference Manual, undated, p. 90.

⁶² National Child Welfare Resource Center for Youth Development, *Georgia Fact Sheet*, last updated October 21, 2004. See www.nrcys.ou.edu/nrycd/state_pages/state/ga.

- **Three of 10 children** ages one to four who entered care on or after October 27, 2005 had assessments upon entry from *Babies Can Wait* and one recently- entered child was awaiting an assessment as of June 30, 2006. Two children were in care 45 days or less and four children had no documented assessment.
- **90 percent** of the 111 children age 6 or older and in care longer than 10 days enough were enrolled in school. The remaining 10 percent were not enrolled or there was insufficient documentation of school status in the files to determine.
- **Among the 109 children that appeared to have adequate assessments of their educational or developmental needs, 71** children had identified educational or developmental needs documented in the case files. Among the 71 children, 80 percent received services to meet these needs. The remaining 20 percent (14) either did not have their needs met, or there was insufficient documentation to make a determination. Reviewer comments about addressing needs included the following:

Needs being met

- *Child's educational needs are currently being addressed through WRAP services being provided by Family Ties.*
- *Child in pre K for developmental delays.*
- *Child was provided services (Academic Success Program) to help her advance to the 10th grade.*
- *Child is receiving therapy for developmental speech and language delay.*
- *Child receiving speech and occupational therapy per 452, there is no case plan.*
- *child has developmental delays and receives many services, not in case plan.*
- *Child receiving educational and developmental services through special education services as well as her therapist.*

Needs not being met

- *The child is struggling in school at this time. Child has not began a plan of intervention per documentation to date (06/30/06). There was a recommendation from the MDT and his psychological that he be referred to participate in the SST program (for monitoring and intervention) as well as have an educational assessment. Child failed 6th & 7th grade but passed after attending summer school. There is no indication that the child has been referred or is participating.*
- *It was recommended at FTM that child be enrolled in tutorial program. There is no indication that this occurred. Child's case plan doesn't list any.*
- *Documentation notes that the foster parent had concerns regarding the child's education, this went on for several months and was not addressed, the child had to attend summer school.*
- *According to documentation from "Babies Can't Wait" the child's case was closed because two appointments for an evaluation were cancelled.*

As reflected in Table V-8, among the 154 children from the foster care sample who were candidates for assessment, 57 children (37%) were at or exceeding targeted educational and developmental level for their ages and 31 percent were below. For another third, there was insufficient documentation to judge the educational/developmental progress. The case record review asked reviewers to arrive at these judgments of progress by considering all file documentation including, school records, case notes, and the Comprehensive Child and Family Services Assessments.

Table V-8
Overall Educational/Developmental Progress of Children Age 1 and Older in Foster Care
October 27, 2005-June 30, 2006
N=154

Description of Child's Overall Educational/Developmental Progress	Number	Percent
Exceeds educational/developmental target	4	3%
At developmental/educational target	53	34%
Below educational/developmental target	48	31%
No documentation to determine	49	32%
Total	154	100%

Source: Case Record Review, July 2006.

5. Other Needs and Services

Children and youth often have other needs in addition to health, mental health, educational/developmental needs. These needs are often unique to the child and his or her circumstances. The case record review of a sample of 165 foster care children found the following:

- **93 percent** (147) of the applicable case files had documentation that other, unique needs of children are being adequately assessed. Not all, however, were documented in case plans. Examples of these other needs included:
 - *Citizenship.*
 - *Independent Living Services.*
 - *Family counseling and play therapy.*
 - *Assessments of relatives.*
 - *Aftercare/ongoing services.*
 - *Therapy may be needed to address some unresolved issues. Therapist visits twice a month.*
 - *Adoption resources.*
 - *Child care, relative subsidy.*
 - *Child is now pregnant and is now receiving prenatal services.*
 - *Housing and child care.*

6. Needs of Birth and Foster Families

Within the sample of children in foster care, 30 percent had the documented goal of reunification. This represented 49 cases. This is too small a subsample to allow for generalizations, but information from these 49 cases does provide some insight about meeting the needs of birth families. Among these 49 families, 35 mothers and 8 fathers had had their needs adequately assessed. Thirty-three of the mothers and all of the fathers were getting some or all of their needs met. Reviewers provided the following comments about these needs:

Needs

- *Housing, financial support, and medical service.*
- *Substance abuse, rehabilitation.*
- *Birth mother continues to depend on others for financial support and housing. All other issues appear to be dealt with on an ongoing basis at this time, based on documentation.*
- *The mother is receiving wrap around services for therapy*
- *Substance abuse and stable housing*

Foster families often need services and supports to provide nurturing care for the children in their homes. About 69 percent (76) of the foster parents had had their needs adequately assessed. Of these 76, about 84 percent were getting some or all of their needs met. About 98 percent of the foster parents in the sample of the children with the goal of adoption appear to be getting their needs met.

7. Foster Care Entry Assessment and Teaming for Identifying Needs

The Consent Decree establishes standards for several casework practices intended to assure effective assessment of and planning for children when they first enter care.⁶³ In the case record review of all children in foster care, 43 entered during the reporting period. This is too small a sample to make generalizations to the entire population of children who entered care during this time period, but the following highlights provide insights into the implementation of these practices during the first 8 months.

- **62 percent⁶⁴ of the children entering care had completed Comprehensive Child and Family Assessments (CCFA).** These assessments are completed by private providers and they are to provide a range of information about the child and his family. Among the 26 completed CCFAs, the most frequently included information concerned the parent's marital status, the child's living arrangement, and the child/parent relationship. The least frequent information concerned the child's educational status and the child's strengths.

⁶³ See pp 5-7, section 4A in the Consent Decree.

⁶⁴ Percentages are based on an "N" of 42 because coding error inadvertently skipped several questions about assessment and teaming,

- **42 percent** of the 26 completed CCFA's had been referred to providers to initiate within 24 hours after the child's 72-hour hearing.⁶⁵ This is an improvement from the 20 percent found in the 2005 E&R baseline.
- **31 percent** (8) of the 26 CCFA's were completed within 30 days.
- **62 percent (26) of the children entering had an initial Family Team Meeting.** Fifteen of the 26 meetings occurred within 3-9 days after the child entered care. This is considerably higher than the 19 percent in the 2005 E&R baseline. Not all meetings appear to have discussed all of the topics specified in the Consent Decree. The most frequently discussed topic was child and family needs, found in 22 of the 26 meetings. Goals for meeting the needs and steps for meeting the goals were discussed in 17 meetings. Possible placement options were discussed in 19 meetings. The least frequently discussed topic was family and child strengths. This occurred in 14 meetings. File documentation indicated limited efforts were made to ensure participant attendance or to inform parents who did not attend of the goals and results of the meeting.
 - **77 percent** (20) of the meetings were attended by the birth mother, birth father, or relative care giver. In 10 of these meetings, the attending care giver also had another relative or informal support with them. Children were included in 8 of the meetings. DFCS case managers or supervisors attended 25 meetings and private agency case managers were at 9 meetings.
 - **62 percent** (16) of the meetings made determinations about service needs and 12 determined that further evaluations were needed. None of the meetings had documentation about what was needed to assure child remains in school he or she had been attending or enrolling the child in a school near his foster placement. Six meetings did determine that the child could be safely returned home and 4 of the children were returned home. Two were returned home within 30 days, one within 40 days and one after about six months. Two children who had entered in March and April remained in care on June 30, 2006. In 6 meetings it was determined that the child could not be safely returned home. An appropriate relative was identified in all six instances. Steps to keep siblings together were made in 2 meetings. Visitation frequency was determined in 6 meetings.
- **50 percent of the 32 children who were in care 25 days or more had a Multi-Disciplinary Meeting (MDT).** This is an improvement from the 2005 E&R baseline of 13%. According to the Consent Decree, these meetings are to *"review the CCFA and*

⁶⁵ See p. 5 paragraph 4A.1 in the Consent Decree

make recommendations concerning the case plan and the service to be provided to the child and the family."⁶⁶ The case plan is to be developed at the MDT. Two of the 16 MDT meetings were held within 25 days. Documentation in the files about the MDT meetings indicated that the CCFA was reviewed in 10 MDT meetings. Varying numbers of meetings included recommendations concerning different aspects of a child's case plan. Table V-9 displays the frequency different recommendations occurred.

Table V-9
Recommendations Made by Multidisciplinary Team Meetings between
October 27, 2005 and June 30, 2006
N=16

Recommendation Subject	Number of Meetings Recommendation
Appropriateness of child's permanency goal	13
Services needed	13
Implementing Assessment recommendations	9
Issues identified in Family Team Meetings	3
Appropriateness of the child's education	3
Appropriateness of the child's independent living plan	1
No recommendations	3

Source: Case Record Review, July 2006

Three of the MDT meetings were attended by a birth parent or another relative. DFCS case managers or supervisors and the CCFA providers were the most frequent meeting participants. None of the meetings included school representatives, therapists, or mental health professionals. Again, case record documentation about efforts made to ensure attendance of any participants was limited. The most frequent recommendations that emerged from the MDTs focused on the permanency goal and the services needed.

Although generalizations are limited, it is encouraging that half to almost two thirds of the cases reflect implementation of key assessment and teaming practices when children first enter care. Opportunities for improvement are also suggested by this snapshot. It appears that the content and timing of the assessment and teaming efforts need to be better integrated. As noted, CCFA's, Family Team Meetings, and MDTs were all missing important pieces of information such as family and child strengths and educational issues, and in the case of the MDTs, they were often missing the results of the Family Team Meetings. In addition, they were missing important participants, especially the MDTs. Efforts to ensure the participation of families, in particular, may be enhanced by regularly meeting with the family before hand and

⁶⁶See p. 7, paragraph 4A.3a. in the Consent Decree

preparing them for the meeting as established by the DFCS Family Team Meeting training. Efforts to ensure the participation of school representatives, mental health professionals and others who will be working with the child is equally important for developing a supportive team for the child and family. Further more, the MDTs cannot make effective use of the CCFA's or Family Team Meeting results if these previous steps are not held in a timely manner. The expectation that families attend both Family Team Meetings and MDTs reflects the importance of family involvement in every step of the planning process. However, thought should be given to integrating the meetings, making it easier for families and social networks to attend one meeting rather than two, and assuring the information about strengths as well as needs is incorporated into the planning process.

8. Casework Practice for Planning To Meet Needs

Standard case work practice is to prepare an initial plan when a child enters care and update it at least every 6 months and this is what the Consent Decree requires.⁶⁷ These plans are to be submitted to the Juvenile Court for approval. The review process for those cases that were open 6 months or more at June 30, 2006 has been previously described in Part IV. The following discussion highlights the case record review findings regarding the initial, 30 day plans for children entering care since the Consent Decree as well as the completeness of all plans for children who had been in care longer. As with the discussion of assessment and teaming, the findings regarding the initial 30 day plans are limited to a small number of children that may not be representative of all those who entered.

Initial, 30-day plans

- **80 percent** of the 36 children entering care on or after October 27, 2005 and in care 30 days or more had case plans in their records.
- **Four** of the 29 plans created were submitted to the Juvenile Court within 30 days of placement. This is slightly lower than the performance t E&R found in its baseline.
- **76 percent of the case plans had nine key elements of a comprehensive plan.** Plan elements looked for included, treatment or service objectives, client tasks, case manager and service provider information, progress status, timeframes for actions, visitation, caregiver signature, and barriers to reaching case goals. All 29 plans had the time frames for completing all listed actions. Client tasks and complete permanency plans were in 26 plans. Treatment objectives and treatment services were in 24 plans. Visitation was discussed in 22 plans, but fewer than half had been signed by the primary care giver (13); had identified service providers (12); or had barriers to reaching the goals identified (9.)

⁶⁷ See p. 7, paragraph 4A.4 in the Consent Decree.

Subsequent, 6-month case plans

- **66 percent** of the records of children who had been in care 6 months or more (drawn from the entire sample) had case plans that could be considered “current,” meaning they had been prepared within six months of case closure or of June 30, 2006 for open cases. Another 20 percent appeared to be overdue for updating any where from a few weeks to nearly 4 months. A very small number of files, six, had not been updated in over 4 months.

- **Plan elements were missing from all plans.** Nearly 90 percent had complete permanency plan information and timeframes for all actions listed. Almost 80 percent had the status for all actions listed. Three-quarters of the plans had tasks identified for clients, but just 17 percent were signed by the primary caregiver.

Case plan development is not a new requirement. As noted, it has been a standard practice. Therefore, the proportion of plans that are not timely is concerning. In addition, the earlier discussion about service needs raises questions about the usefulness of the case plans as comprehensive mechanisms for providing a means of meeting the needs of children and families. Fortunately, as indicated, the reviewers found information in the case records outside of the case plans to demonstrate case managers are making efforts to meet identified needs. As with the assessment and teaming process, there is an opportunity for improvement. DFCS should consider taking actions that will make the plans more timely and relevant.

Part VI STRENGTHENING THE SERVICE DELIVERY INFRASTRUCTURE

Several of the Consent decree requirements focus on DHR/DFCS organizational capabilities, with the intent of enhancing or creating capacity thought to be instrumental to the achievement of desired outcomes. This includes caseload sizes and specialized staff, workforce skill development, having the resources and services to meet needs and quality assurance. This part reports on the State's progress in meeting these requirements.

A. *Specialized Staff and Lower Caseloads*

During the first reporting period, DHR/DFCS agreed to create specialized case manager positions with caseloads limited to 12 for children reaching their 18th month in care.⁶⁸ The counties were also to have family team meeting specialists to attend and facilitate family team meetings (FTMs) and designated staff to follow-up on the results of FTMS.⁶⁹ The State is to reduce its use of temporary personnel starting in the first period.⁷⁰ Finally, smaller caseload sizes for all case managers and supervisors in both Child Protective Services and Foster Care Services are to be phased in over a period of time.⁷¹

1. Immediate Action: Establish Specialized Caseloads

a. Interpretation and measurement issues

The Consent Decree requires DHR/DFCS to “*establish a Specialized Case Manager position to focus on and to remove barriers to permanence for children in DFCS custody for 18 months or longer. The maximum caseload for any person serving in the Specialized Case Manager position will be 12.*”⁷² In addition, once assigned, they are to remain on these caseloads “*for the remaining period in time while they are in DFCS custody.*”⁷³ The Consent Decree is silent as to how a child's permanency goal should be considered in these caseload assignments. The interpretation issue arises for those children with the goal of Adoption. Typically, once the parental rights of a child with a goal of adoption have been relinquished or terminated, a child is typically moved to the caseload of a case manager specializing in the adoption process. This may occur at any time in a child's time in care – very early, in the first few months, or at a much later time. In either case, the adoption process may proceed quickly and the child exits care to a finalized adoptive family before reaching the 18th month in care. However, the longer a child is in care before parental rights are relinquished or terminated and the goal becomes Adoption, the greater is the likelihood the child will be in care 18 months or more before an adoption is finalized.

⁶⁸ See p.11 and 12, paragraph 4F and p.23, paragraph 8D in the Consent Decree

⁶⁹ See p. 7, paragraph 4A.5 in the Consent Decree

⁷⁰ See p. 23, paragraph 8C in the Consent Decree

⁷¹ See p. 22-23, paragraphs 8A and 8B in the consent decree

⁷² See p. 11, paragraph 4F1 in the Consent Decree

⁷³ See p. 11, introduction to 4F in the consent decree

While the Consent Decree requires the specialized case manager to coordinate with the Independent Living Coordinator for children who are age 14 or older, it does not specifically discuss the specialized case manager's responsibilities as they relate to the adoption process.⁷⁴ Nor does the Consent Decree identify the range of knowledge and skills a specialized case manager is to have. The language is clear that the specialized case manager is to be the child's sole case manager and remain with the child in that capacity from initial transfer until the child is discharged. Therefore, a strict interpretation of this Consent Decree requirement would have the child transferred from the adoption specialist to a specialized case manager during the adoption process. Additionally, if the child is transferred to a specialized case manager in the 18th month of care but before the goal may become Adoption and parental rights are terminated, this interpretation would also require the child to remain on the caseload of the specialized case manager. In both instances, the specialized case manager would need to be well versed in the adoption process to assure that the goal of adoption is achieved in a timely way.

The Accountability Agents became aware of this issue as we observed the State's implementation of the specialized case manager requirement and validated implementation of the caseload caps. As discussed further in the following sections, children have been transferred to adoption case managers from the specialized case managers because they are, at this time, better able to navigate the adoption process. This issue raises many questions about how the Specialized Case Manager strategy can be implemented in conformance with the Consent Decree but still assure children who have the goal of adoption benefit from the knowledge and skills of the adoption case managers to effectively help them exit to permanency of an adoptive family. We will continue to monitor and seek guidance from both parties. The second reporting period report will include more analysis of the Specialized Case Manager implementation.

- **Specialized Case Managers were designated in January, but caseloads were not fully operational until March 2006.**

The State did not meet the required December 27, 2005 deadline for forming all of the specialized caseloads. According to the counties, slightly more about 1100 children had been in care 18 months or more at October 27, 2005, creating the need for 94 specialized caseloads. A portion of these children had the goal of adoption and were already on the case loads of adoption case managers. The counties reported that they needed more than 60 days to re-align the caseloads in such a way as to minimize disruption to the relationships between children and their case managers and assure the caseload cap was met. This included reducing some of the adoption caseloads to 12 in order to avoid disrupting child-caseworker relationships for children with the goal of adoption. About one third of the caseloads were operational in mid-January. The remainder were operational in March 2006. As indicated by the case record

⁷⁴ See pp. 11-12, paragraph 4.F.3 in the Consent Decree

reviews of the samples drawn from all children in foster care and just those with the goal of adoption, children are being assigned to specialized case managers.

- **Counties continue to adjust specialized caseloads but have not always been able to adhere strictly to the caseload cap of 12.**

The counties acknowledge that it took them some additional time to stabilize the specialized case management caseloads. There has been a certain amount of upheaval as the counties experienced case manager turnover and attempted to balance the child's need for caseworker continuity with the operational need to keep the caseloads limited to 12. Counties have been able to assist some of the children in the initial cohort to permanency exits. However, currently each month, some number of children need to be assigned to these caseloads because they have reached their 18th month. Quickly reassigning a child's case to a specialized case manager and keeping the caseloads to 12 has not been easy and maintaining coverage for cases when workers leave has been challenging. By the end of June, both counties had organized the specialized case managers into specialized supervisory units and developed tracking systems to help them manage caseload assignment.

County data indicate that the number of specialized case loads at June 30 was 95 with about 1000 children. In both counties, there were designated specialized case management caseloads for children with the goal of adoption in addition to caseloads of children with other goals. All of these caseloads are capped at 12 children per case manager. In Fulton County, there were 20 caseloads of children with the goal of adoption and 41 caseloads of children with another permanency goal. DeKalb had 27 caseloads of children with a goal other than adoption and 7 caseloads of children with the adoption goal.

This number of case managers should enable the counties to maintain caseloads no larger than 12. In fact, according to caseload data tracked by the counties and compiled by program administrators, 82 of the 95 specialized case managers (86%) had caseloads of 12 or fewer at the end of June 2006. Of the 13 who exceeded the cap, 9 had caseloads of 13 and the remaining three had caseloads of 14, 15, and 16 respectively. These latter two caseloads were specifically for children with the goal of adoption. County personnel attributed these larger caseloads to assigning larger sibling groups to more experienced staff. This information was validated through review of data from the county tracking systems and in-depth discussions with program administrators in each county to better understand the case assignment process, the turnover issues, capping some adoption worker caseloads at 12 to work with children in this cohort who have the goal of adoption, and the work of the specialized case managers.

Through the G2 meetings, we began to review with the counties case manager-child visitation patterns based on the hypothesis that frequent, quality visits made the most difference to achieving positive permanency outcomes. Because of the lower caseload caps, the initial focus was on the activity of the specialized case managers. As a result, we became concerned that, despite their lower caseloads, some specialized case managers were not meeting the visitation

requirements of the Consent Decree. County supervisors suggested that part of this performance was a result of the personnel reassignments and caseload stabilization efforts to make the specialized units fully functioning. Over time, with an intense management focus on getting quality visits made, the rate of worker-child visitation has improved for specialized caseloads and for all caseloads. However, this is an area that we will continue to monitor with the counties. Accountability Agent focus on other specialized case manager duties has been limited. As previously indicated in Part IV, the case record review was able to collect very limited information on whether discharge planning was occurring. To obtain more in-depth knowledge about caseload size and case management activities among the specialized case managers from their perspectives, Georgia State University will soon be conducting a focus group of with 10-15 case managers and a follow-up survey to all specialized case managers.

2. Family Team Meeting Facilitators

The Consent Decree requires DFCS to have family team specialists who attend and facilitate family team meetings.⁷⁵ Each county reports having a unit of a core set of Family Team Meeting (FTM) Facilitators representing a total of eleven facilitators and two supervisors for both counties. These individuals have completed their case management or supervisor certification and 24 hours of FTM facilitation training. The extent to which these individuals are facilitating Family Team Meetings and the scope and nature of follow-up activities that result from family team meetings will be reviewed in future reporting periods.

3. Elimination of Temporary Personnel

According to the Consent Decree, DFCS is to eliminate the use of temporary personnel, commonly referred to as "PRNS." Over a one-year period beginning six months from the entry of the Consent Decree through the period ending one year after the Consent Decree, PRNs shall comprise no more than 11 percent of the total allocation of social service case managers for Fulton and DeKalb County DFCS, respectively.⁷⁶ After one year, no PRNs are to be employed. DFCS appears to be ahead of schedule with this effort. The counties report that they had discontinued the use of temporary personnel early in 2006 and financial records indicate that there have been no payments to the vendors who supply the temporary staffing. Furthermore, all requests for obtaining temporary personnel must now be authorized by the DFCS Deputy Director.

B. Building Workforce Skills

The Consent Decree has several training requirements.⁷⁷ From an initial review of the material

⁷⁵ See p. 7, Paragraph 4A, 5 in the Consent Decree

⁷⁶ See p. 23, paragraph 8C

⁷⁷ See pages 25 and 26 of the consent decree for the complete description of the requirements.

supplied by the Department, it appears that they have implemented most of the requirements. DHR/DFCS reports employing several training and professional development strategies intended to build and retain a workforce that has the knowledge and skills necessary to work effectively with families and children. These strategies are discussed below. DHR/DFCS has not yet implemented an approach to assuring private providers are implementing the same work force standards as DFCS.

1. Education and Training Services Section

The Education and Training Services (ETS) section reported having 66 full time staff assigned to it as of June 30, 2006. It is headed by a Director who has 27 years of experience in DFCS, ranging from frontline case manager to Regional Adoption Coordinator. She has also worked as a school social worker and a rehabilitation social worker. She holds a Master's Degree in Social Work and is a licensed master social worker. She has been director of this section since 2004. Among a range of activities, ETS is responsible for delivering or arranging training for a number of DFCS functions including new county directors and new and veteran worker training in Social Services and the Office of Family Independence, and new county director program.

In addition to this central office resource, both DeKalb and Fulton have training coordinators who develop in-house training. They also arrange for outside providers to offer training on pertinent issues such as family violence, substance abuse, case planning, and mental health.

2. Pre-service Training and Ongoing Professional Development Requirements

a. Required Training for New Case Managers and New Supervisors

DFCS has developed a core curriculum for newly hired case managers and case managers recently promoted to supervisor. Both curriculums follow a sequenced combination of online training, supervised field practice activities and classroom instruction. Both culminate with a certification process as described below. This certification process complies with the Consent Decree's requirement for a skills-based competency testing process. Table VI-1 summarizes the curriculum components that are required for individuals to meet certification and are provided by ETS. Although we have reviewed the curriculum, we have not yet had an opportunity to attend training sessions to observe how the training is delivered and the classroom response to the material. We have also not reviewed it against all of the detailed requirements of the Consent Decree or the findings from the case record reviews that have implications for training.

- **New Case Manager Curriculum and Certification**

New Social Services Case Managers are required to begin their DFCS careers with a six-week training program called “Keys to Child Welfare Practice Series.”⁷⁸ This series is intended to give new workers the fundamental knowledge and practice exposure necessary to perform any case management assignment. It is presented in three weeks of classroom training and three weeks of field practice. After completing the “Keys” program, new case managers take the specific training for the program track to which they may be assigned: child protective services or foster care services. These tracks involve another 3-4 weeks of classroom instruction, field practice and on-line training. Pre-service training for new workers extends until they have been certified in at least one of these two program tracts. The Keys training and the program track training together amount to assuming adoption caseload responsibilities must first be certified in foster care services. Within the first year following certification, there is a further series of required courses for new case managers. A new worker typically receives nearly 200 hours of training in the first 18 months of employment.⁷⁹

- **Case Manager Certification is a pre-requisite for Family Team Meeting Facilitation training and approval as a facilitator.**

The Consent Decree requires DFCS to include “training on facilitating family team meetings as part of its pre-service training.”⁸⁰ According to staff of ETS and the pre-certification curriculum material reviewed, the practice concepts employed in family team meetings (FTM) are introduced in both the “Keys” training and the program training. In addition, before being certified as a Foster Care Services case manager, the individual must attend a FTM and record “the negotiated Case Plan in CPRS.”⁸¹ Although a required course within the first 12-18 months after certification, Family Team Meeting Facilitation is not considered a “pre-service” course because of its certification pre-requisite. It is delivered in two separate courses, a two-day overview followed by a two-day skill building course. Successful completion of both courses along with FTM participation/ observation are required to become an “approved DFCS FTM Facilitator.”⁸²

- **New Supervisors**

Newly promoted supervisors also receive core training over a period of ten weeks according to

⁷⁸ New worker training requirements are described in the “New Social Services Case Manager Training and Certification Manual.”

⁷⁹ Some training requirements can be waived under certain circumstances. However, all workers must take the knowledge tests.

⁸⁰ Page 7, paragraph 4.A.5

⁸¹ New Social Services Case Manager Training and Certification Manual and the Training and Field Practice Guide for new case managers.

⁸² Course descriptions for OCP 312 Family Team Meeting Overview and OCP 313 Family Team Meeting Skill Development

the Division's "Social Services Supervisor Training and Certification Manual." The substance of the training is under revision, but it currently consists of initial on-line training, followed by five days (32.5 hours) in class with additional assignments. All participants are tested at the end of the five days. Classroom training is followed by 15 days of field practice experience guided by an "e-mentor."⁸³ The field practice is followed by two courses provided by the Office of Human Resource Management and Development. These courses are "Georgia Fundamentals of the Performance Management Process" and "Skills for Successful Supervision." As with new case managers, new supervisors are required to take a further series of courses after they are certified. Furthermore, supervisors "must obtain 20 hours of ongoing professional development annually."

b. Ongoing Professional Development

After a worker or supervisor is certified, there are a number of classes available for on-going Professional Development offered through the Education and Training Services section or through its partnership with Georgia State University. The offerings include the following:

- Family Team Meeting
- Family Centered Practice
- Systemic Impact of Meth
- Impact of Maternal Substance Abuse
- Child Development
- Emotional Survival and Stress Management
- Empowering the Manager
- IV-E training
- Family Violence

Staff members may also receive professional development by attending approved national and local conferences and workshops.

⁸³ This is "a mentor who communicates primarily through electronic means with the new supervisor." This individual "provides the new supervisor with support, coaching, encouragement, and guidance necessary for successful completion of the 15-day period. At the end of each week, the E-mentor sends a status report to the county director." New Social Services Supervisor Training and Certification Manual, June 2006 revision.

Table VI-1
Training and Professional Development Requirements

Level	Requirement	Provided
Case manager	160 hours pre-service	A total of 140 hours of classroom training in addition to approximately 150 hours of field practice ▪ 97.5 classroom hours in “Keys to Child Welfare” ▪ 32.5 hours of program track (Child Protective Services or Foster Care Services) Hours for self-paced on-line training varies Culminates with a three-part certification process that tests case manager knowledge and skills
	20 hours/year on-going	36-48 required hours in the first six months after certification, depending on program track
		16-48 required hours in the 6-12 months after certification, depending on program track
		Approved professional development classes, conferences, work shops, etc. 18 to 36 required hours in the 12-18 months after certification, depending on program track Approved professional development classes, conferences, work shops, etc.
Supervisor	40 hours pre-service	40 required hours of classroom and additional assignments This curriculum is being revised. Culminates with a three-part certification process that tests supervisor knowledge and skills
	20 hours/year on-going	36 required hours, subject matter depends on what they received as case managers Approved professional development classes, conferences, work shops, etc

Source: Compiled from the Education and Training Services Certification Manuals

3. Case Manager and Supervisor Certification

With the assistance of a nationally-recognized child welfare training expert, the Education and Training Services Section developed a skills-based competency assessment as a component of the certification⁸⁴ process for all social service case managers and supervisors. The certification process has three parts, 1) classroom knowledge test, 2) field observation, and 3) case record review. Through this process, not only is “book learning” assessed, but the candidates must demonstrate the appropriate abilities and knowledge in the field and in their case documentation. Case managers and supervisors must complete and pass each part of the process to be certified. According to State policy, new case managers cannot carry a full caseload until they are certified.⁸⁵ The entire process usually takes three to four months. Case manager and new supervisor pre-service training is considered complete when they have achieved certification. However, once a new case manager has successfully passed the classroom knowledge test, county directors may provisionally certify them and allow them to carry no more than seven cases under the supervision of a fully certified case manager.

The certification process began in the spring of 2005 and has been implemented in two phases. The first phase addressed certification for all case managers and supervisors hired before April 1, 2004.⁸⁶ The second phase of certification implementation is ongoing. For all those hired after April 1, 2004, certification is acquired through the new worker and supervisor training process. Table VI-2 summarizes the certification status available at the end of July 2006 for social service case managers and supervisors in Fulton and DeKalb County.

⁸⁴ Certification is defined by the Education and Training Services section as “*the successful demonstration, at a given point in time, that the employee possess the foundational competencies needed to perform the job.*”

⁸⁵ County Directors can provisionally certify new workers after six weeks if they pass the knowledge test. Provisionally certified workers can carry up to seven low risk cases under the oversight of another case manager. Full case responsibility, however, remains with the overseeing case manager.

⁸⁶ Among these individuals a distinction was made. The requirement for incumbent certification applied to case managers hired before April 1, 2004, who had less than 5 years experience, and to supervisors hired before December 1, 2005, who also had less than 5 years experience. “Fast track” certification was awarded to staff persons who had 5 years of satisfactory social services case management or supervisor practice in DFCS as of October 1, 2004. Resource Development staff and CPS Intake only case managers and supervisors were exempted from the certification requirement.

Table VI-2
Certification Status of Case Managers and Supervisors in
DeKalb and Fulton County DFCS as of July 2006

Title	Certified	Results Pending	Needing Retakes	Total
Case Manager	302 (88%)	16 (5%)	24 (7%)	342
Supervisor	46 (62%)	21 (28%)	7 (10%)	74
				417

Source: Compiled from Education and Training Services Section and County Kenny A. staff. Three non- case -supervising supervisors DeKalb have been included.

▪ **Case Manager and Supervisor certification**

As noted in Table VI-2, 88 percent of case managers and 62 percent of supervisors had achieved full certification as of July 2006. Staff who have failed to achieve certification on the first attempt are required to engage in remediation and retesting. As indicated in the Table, some were awaiting results of their first attempt or retakes as of the end of July. According to state training personnel, all staff awaiting results or needing to retake some portion of the certification assessment will have certification results by the end of October 2006.

a. Tracking Training and Professional Development Requirements

Table VI-1 summarizes the training requirements in the consent decree and what DFCS has in place to meet these requirements. Tracking training hours is a split responsibility between the education and training unit and the counties. There is currently no standard, shared data base for county use. Currently, each employee has a “training transcript” in which the training hours provided directly by Education and Training and Georgia State University are recorded. The counties have developed their own in-house training log to track the hours provided in the county. A state data base is being developed for counties to keep track of training hours in addition to those received from Education and Training and Georgia State University. It will help the counties keep up with yearly training. Training hours will be verified in subsequent reports.

4. Regular Assessment of Worker Training Needs

The consent decree requires DHR/DFCS to annually determine workers in need of re-training.⁸⁷ DHR/DFCS has implemented strategies for on-going evaluation of training needs for individuals and entire offices beginning with the certification process. According to the certification process, case management trainees who fail their first attempt on any of the

⁸⁷ This requirement is found in section 10.B.2

classroom knowledge tests must complete self study in the areas of concern and retake the knowledge tests. Should they fail the knowledge test a second time, there are three options. One option is a third attempt to pass. The other two options are placing employee in a position that does not require certification, or termination of their employment. After certification, the counties report that they currently identify individual and office-wide training needs on an on-going basis through case staffings, case reviews, and data analysis of data trends, individual requests, and annual performance reviews. In addition, training is arranged as policies and regulations are changed. Future monitoring reports will provide more assessment of the annual evaluation process to meet the Consent Decree requirement.

5. New Supervisor Qualifications

As stipulated in the Consent Decree, supervisors employed by the counties after October 27, 2005 must have, at a minimum, a Bachelor's degree in Social Work (BSW) and two years of experience. Since October 27, 2005, 14 individuals have been promoted to the position of supervisor or transferred into the counties as a supervisor. According to documentation supplied by the state, 13 of these individuals meet or exceed the minimum educational and experience requirements established in the Consent Decree. The remaining individual does not have a BSW but significantly exceeds the experience requirement, having a total of 10 years in the field with nearly four of them as a supervisor in another DFCS county office. In addition, the individual passed the supervisory certification requirements.

6. Private providers required to meet same standards

The Consent Decree requires that "private provider agencies with whom DFCS contracts for the provision of placements for children in DFCS custody shall be required, through contract provisions, to certify that employees providing management or supervisory services for DFCS" essentially meet similar qualification, training, and certification as required for DFCS case managers and supervisors.⁸⁸ According to the state, plans for implementing this provision are still being developed.

C. *Assuring Needed Services Are Available*

DFCS agreed to engage in a needs assessment to "identify what new and/or different placements and related services, if any, are needed to provide substantially for the care of the Plaintiff Class."⁸⁹ The Consent Decree laid out several steps to be completed in this process starting with the issuance of a Request for a Proposal (RFP) as a means of retaining a qualified external expert to conduct the needs assessment. The RFP response review was to be a joint effort between the Counsel for the Plaintiffs and DFCS with the final selection of the external expert being a joint decision, all in accordance with Georgia's procurement laws. The time

⁸⁸ See pp. 35 and 36, paragraph 10.B.4 in the Consent Decree

⁸⁹ See pp 12 – 13, paragraphs 4A,1-4 of the Consent Decree

frame set out in the Consent Decree, had the external expert being selected within 90 days of the entry of the Consent Decree (by January 27, 2006) with the Needs Assessment being completed no later than 120 days after the expert was retained. Subsequent to the assessment findings, DFCS is to phase-in the identified needed services over a period of twelve months.

- **External Needs Assessment Had Not Been Initiated by June 30, 2006.**

If all had proceeded according to timeframes established in the Consent Decree, the external needs assessment would likely have been completed, or nearing completion by June 30, 2006. However, a series of circumstances delayed the award of the contract and initiation of the work. First, obtaining responses to a Request for Proposal was delayed. Second, evaluation and agreement on a final external expert by Counsel for the Plaintiffs and DHR/DFCS took several months. Agreement was reached in August, but as of the writing of this report, DHR/DFCS did not yet have a signed contract with the selected expert.

DHR/DFCS attempted to meet the consent timeframes, but was not able to issue a Request for Proposal until January 9, 2006. Potential bidders were given until January 24, a very short time period, to respond as a means of still staying close to the original schedule. However, no bidders responded and DHR/DFCS had to withdraw the RFP. It was reissued on February 16, 2006. The budgeted amount for the work was significantly increased and potential bidders were given 45 days to respond.

Five qualified responses were received to the second RFP attempt on March 30, 2006. Evaluation and scoring of the proposals began April 3, 2006. Over the course of April and the following months, DHR/DFCS and Counsel for the Plaintiffs met several times in person and by teleconference to discuss and score the proposals. Unable to reach agreement on one expert, the scoring was turned over to the Department of Administrative Services in July to determine the winning proposal based on scores and proposal budgets. This process yielded a selected bidder.

- **Fulton and DeKalb Counties are Part of Community-Based Foster Family Initiative**

The need for family foster homes in Georgia is well established and Georgia has embarked on several strategies to improve foster family recruitment, retention and support. One of these strategies is a Community-Based Foster Family Initiative under the supervision of The Children and Youth Coordinating Council, in cooperation with DHR and DFCS. DeKalb and Fulton, along with three other counties will be the sites for a demonstration grant that is intended to support the development of "innovative strategies ...that result in an increase number of foster families for sibling groups of 3 or more and/or teenagers."⁹⁰ DHR has reserved up to \$400,000

⁹⁰ See p 2 of Community-Based Foster Family Initiative, Request for Proposals, Summer 2006, Children and Youth Coordinating Council

for this initiative. Responses to the Request for Proposals were to be submitted to the Council by August 14, 2006.

D. Placement Support

This section of the report describes the State's performance on a number of issues related to the regulation and support of foster homes. These issues are described in the Consent Decree in Outcome 25⁹¹, and in Section 5C4e-i, 5C6⁹² and Section 11⁹³. The State is performing well relative to the placement issues we were able to assess for this reporting period.

1. Outcome Achievement: Outcome 25

Outcome 25 seeks to reduce the risk that children may be placed in harmful situations by requiring foster care placements to be evaluated and to be in full approval and/or licensure status. Outcome 25 stipulates that "...by the end of the first reporting period, at least 85% of all foster children in custody at a point in time during the reporting period shall be in placements that are in full approval and/or licensure status."

For the first reporting period, the Accountability Agents were unable to rigorously assess the extent to which this requirement was met. The reasons for this are discussed below under interpretation and measurement issues.

a. Interpretation and Measurement Issues

Outcome 25 presented the most difficult measurement challenge of any of the Outcomes due in the first reporting period. Outcome 25 could not be satisfactorily measured for the first reporting period for two reasons.

The first reason is that the definition of the measure contained in the Consent Decree is a mismatch with the available data sources. The description of the measure contains the phrase "*By the end of the first reporting period...*" and adds the phrase "*....children in custody at a point in time during the reporting period shall be in placements that are in full approval and/or licensure status...*" This makes it quite clear that it is intended as a point-in-time measure to be taken at the end of the reporting period, and that the intended unit of analysis is the child rather than the foster placement.

To operationalize the measure as specified in the Consent Decree, data on the current approval status of individual foster placements on a particular date must be linked to data about the number of class member children in those individual homes on that same date. Doing this with the appropriate degree of rigor proved to be an insurmountable challenge, although much was

⁹¹ See Kenny A. Consent Decree, p. 36.

⁹² Ibid, pp. 16-19.

⁹³ Ibid, pp. 26-28.

learned in the process of trying to overcome it.

- The DFCS Placement Central system has data on the placement setting of each child in foster care, including whether the placement is in full approval status *at the time a child was placed*, but it has complete data on approval status only for DFCS-supervised homes and cannot generate data on the approval status of any home at a particular point-in-time. Moreover, Placement Central is a very large data base that the Accountability Agents have not yet had the opportunity to validate.
- The DFCS Treatment Services Unit “LORE” system (Level of Care Reporting Environment) has data on the point-in-time approval status of every Child Caring Institution (CCI) and Child Placing Agency (CPA), but it has point-in-time approval status information for only a subset of the individual foster homes supervised by CPAs. In addition, the Accountability Agents have not yet validated data from the LORE system, and translating its data on the approval status of CCIs, CPAs, and CPA-supervised foster homes into data on children would require a cross-match against the un-validated Placement Central System.
- The file review conducted by the Accountability Agents on a sample of foster home files captured approval status on June 30, 2006, but not the number of class members in residence on that date. Also, the sample was based on the universe of foster homes with a class member in placement at **any** point during the reporting period, not on a particular date. This sampling frame helped assure that long-stay foster care cases would not be over-represented in the sample.⁹⁴ However, exploratory analysis revealed that only 54 percent of the homes sampled had a class member in care on June 30, 2006, effectively halving the sample size (and increasing the margin of error to over 10%) for purposes of the point-in-time analysis specified in Outcome 25. Moreover, translating these data on the approval status of foster homes into data on children in approved placements would require a cross-match against the un-validated Placement Central System.

Several attempts were made to patch together a coherent and reliable approximation of Outcome measure 25 from the data sources described above, but none proved satisfactory. Recommendations informed by the experience of attempting to measure Outcome 25 are included at the end of this section.

The second reason Outcome 25 could not be satisfactorily measured relates to a difference among the parties on the intended applicability of the measure. After the file review protocols

⁹⁴ Point-in-time samples of foster children tend to over-represent long-stay foster care cases because they have a higher statistical probability of being selected on any given date than shorter stay cases. For a more complete discussion of this phenomenon, see Usher, C.L. (1995). From social experiments to reform initiatives: Implications for designing and conducting evaluations. Presented at the annual meeting of the American Evaluation Association, Vancouver, British Columbia, November 3, 1995.

had been reviewed by both parties and the file review completed, a question arose as to whether the term “full approval and/or licensure status” was a designation that referred specifically to the regulatory process through which foster homes, CPAs, and CCIs are approved to receive foster children and DFCS funding, or was intended as a generic description that referred also to the approval of other types of placements. Foster Homes, Relative Foster Homes, Child Placing Agencies, and Child Caring Institutions are legally subject to a regulatory annual approval process that may culminate in “full approval” and/or “full licensure” status.⁹⁵ Children removed from their homes may also be placed with relatives that do not receive foster care payments. Such relatives are not subject to the annual regulatory process but are subject to a one-time approval by casework staff which includes some elements (e.g., home evaluation, criminal background check) common to the regulatory approval process.⁹⁶ However, the file review protocols for this reporting period contained no questions about the relative placement approval process. Although the appropriate approval of relative homes is certainly important, the Accountability Agents regard the applicability of the stated standard to relative placements to be more a question of law than of interpretation or measurement. We will seek resolution of this matter before the next file review starts.

b. Recommendations

- The Accountability Agents recommend that the parties agree to the use of the percentage of *placements* in approved status at a point in time as a proxy for the percentage of *children in placements* in approved status at a point in time. As indicated above, the Consent Decree’s requirement to link children to the point-in-time approval status of their placement frustrated our best efforts to measure this outcome. However, in the process of testing various measurement approaches, we learned that for DFCS-supervised homes there was no significant difference between the proportion of homes in full approval status at a point-in-time, and the proportion of children placed in homes in full approval status at that same point-in-time. Sixty-six of the 120 DFCS-supervised foster homes sampled had one or more class members in care on June 30, 2006. Of those 66 homes, 64 (97%) were in full approval status on that date. A cross-match between Placement Central and the list of those 66 homes showed that 114 of 116 class members (98%) in care in those homes on June 30 were in placements that were in full approval status. Such a cross-match was not performed for provider-supervised foster homes because neither the documentation in the reviewed files nor the data in Placement Central on the approval status of these homes was sufficiently complete. These issues are addressed separately below. However, the Accountability Agents have no reason to believe such a cross-match would show a significantly greater discrepancy than was found with DFCS-supervised homes between the “child view” and the “placement view” of full approval status at a point-in-time, and an accurate appraisal of the “placement view” can be attained much more readily and with greater reliability. This

⁹⁵ See Georgia Social Services Manual, Chapters 1000 and 1015.

⁹⁶ See Georgia Social Services Manual, Chapter 1004.

recommended alternative not only increases the likelihood that the Accountability Agents would be able to produce a satisfactory measurement for Outcome 25, it would also enable the State more readily to track its own performance and make mid-course corrections as necessary.

- The parties must come to an agreement about the applicability of Outcome 25 to placements outside the regulatory environment. The Accountability Agents hope such an agreement can be reached promptly so any needed modifications to the data collection methodology can be made in time for our second period report.
- DFCS needs to immediately assess the adequacy of documentation in provider-supervised foster home records. In attempting to find a viable measurement methodology for Outcome 25, it became clear that the records of DFCS-supervised foster homes evidenced substantially greater conformance with DFCS approval standards than did the files of CPA-supervised foster homes. (The limitations of attempting to assess point-in-time compliance with regulatory standards using an “open” case file are discussed below.) However, this file review represented the first time DFCS quality assessment staff had reviewed the foster home files of CPAs. These files were structured differently for each CPA, and quite differently from the standard file structure of DFCS-supervised homes. At this point, it is unknown whether the apparent lower conformance with DFCS approval standards among CPA-supervised foster homes is reflective of inadequate compliance with applicable approval standards, inadequate documentation of such compliance, the unfamiliarity of the file review team with the CPA file structure, or some combination of the three. However, for any home to be credited with having met consent decree requirements that rely on a file review as the source, appropriate documentation must be present in the file and readily located by the file reviewer.
- Efforts currently underway within DFCS to populate Placement Central and TSU’s LORE system with data on all provider-supervised foster homes need to be continued and adequately supported. In attempting to find a viable measurement methodology for Outcome 25, it was possible to cross match data on the sample of DFCS-supervised homes in the file review with data from Placement Central on the number of children in each placement setting on June 30, 2006; and to cross match data from TSU’s LORE system on the number of CCI’s in full approval status on June 30 with data from Placement Central on the number of children in CCI placements on that date. However, it was not possible to perform such a cross-match for CPA-supervised foster homes because not all of them were yet represented in Placement Central or LORE. As indicated in the *Conclusions and Recommendations* and in *Chapter Three* of this report, the Accountability Agents regard completing the automation of data on provider-supervised foster homes as critical to DFCS’ effective management of the performance of such homes.

c. Evidence of Foster Home Policy Application

Section 11 of the Consent Decree contains a variety of requirements with respect to the screening, licensing, and training of foster parents. Paragraph B of Section 11 requires a set of uniform standards to be in place for the approval or re-approval of all foster and pre-adoptive families. Paragraph F stipulates that perpetrators of substantiated maltreatment will not be allowed to become or to remain foster parents.

The file review of 165 foster homes sought evidence in each file that the home was in compliance with applicable standards on the date of the review. Data from the file review are presented below. These data can be said to fairly represent the status of the sampled foster homes at the end of the reporting period, but may not be an accurate reflection of the quality of the regulatory approval process. The reasons for this include changes that may occur in family circumstances or characteristics between the approval date and date the home's file was reviewed, and certain nuances of the regulatory process such as "grace periods" that were transparent to the file reviewers. Common examples of the first phenomenon included birth or foster children residing in the home for which certain required documents (e.g., criminal records check for other adults in the home, appropriate health statements) were missing. It is not known whether the child moved back home or attained the age of majority at some point between the previous approval and the review date. Examples of the latter phenomenon are the "grace" periods that attend certain changes in family structure such as a change in foster parent marital status or a new adult moving into the home. DFCS policy stipulates that the home is to remain in full approval status for up to 120 days while the required processes are completed for the new household member.⁹⁷ The file review only sought evidence that the requirement had been met as of the review date.

▪ *Regular and timely evaluations to assure placement settings meet standards*

Successfully preventing maltreatment in care is abetted by the effective evaluation and reevaluation of care settings. In addition, foster care givers need to be supported and well-trained to effectively care for and, when necessary, appropriately discipline the children in their care.

To ensure that foster homes are equipped to provide safe and appropriate care, DFCS has promulgated a uniform set of approval standards that apply to DFCS-supervised and provider-supervised foster homes alike. In addition, the Office of Regulatory Services has promulgated licensing rules that apply to the Child Placing Agencies that supervise private foster homes and Child Caring Institutions (how these separate approval functions relate to each other is discussed further in *section d. operational context*, below).

⁹⁷ See Georgia Social Services Manual, Chapter 1015.

However, the existence of uniform standards by itself cannot assure children in care are safe and well. Therefore, the review of foster home files sought evidence that the reviewed foster homes met applicable DFCS approval standards.

Among DFCS-supervised foster homes with a class member in care on June 30, 2006, evidence of compliance with approval and licensing standards was found to be good, although it varied somewhat by requirement. Table VI-5 summarizes the extent to which documentation related to approval and licensing standards was found in the DFCS-supervised foster home records reviewed. Following the table is a narrative that offers some explanation and analysis of these data.

Table VI-5
Foster Care Approval and Licensing Standards
Percent of Placements with Documentation Indicating
Applicable Requirement Met as of File Review Date
N=165

Foster Care Screening, Licensing, Training, and Investigative Requirements	
Family assessment completed	99%
Pre-service foster parent training requirements met	96%
Gender of children in home never varied from that approved	92%
Timely annual re-evaluation (no lapses)	90%
Comprehensive medical report for each foster parent	90%
No violations of agency discipline or other foster care policies	87%
Number of children in home never exceeded approved capacity	84%
Timely Criminal Record Checks for foster parents	83%
CPS history has been checked	81%
Age of children in home never varied from that approved	80%
Sexual Offender Registry has been checked	80%
Appropriate health statements for household members	79%
Ongoing foster parent training requirements met	76%
Timely Criminal Record Checks for other adults in the home	75%

Source: Case Record Review, July 2006

The file review found completed initial/re-evaluation reports in 94 percent of the files in which they should have appeared. The initial/re-evaluation report was missing for nine foster homes (although several of these did contain a completed initial/re-evaluation form – but not the full report). Our file reviewers concluded that 91 percent of the homes reviewed were in correct approval status on June 30, 2006. When homes were found not to be in correct approval status, it was usually because the re-evaluation had not been timely completed.

The file review found evidence that over 80 percent of the homes reviewed were in compliance with most of the approval standards as of the file review date. For some of the requirements

with 80 percent or greater compliance, (e.g., the number and gender of children in the home never varying from the approved specification) the primary reason for variances was to keep sibling groups together.

However, for five requirements, evidence of compliance was found in 80 percent or fewer of the files reviewed. Two of these items (evidence that the sexual offender registry was checked and timely criminal record checks for other adults in the home) are particularly germane to ensuring the safety of the foster care environment. File reviewers were asked to provide comments to explain each of their “No” responses. The reviewer’s comments for the items for which evidence of compliance was found in 80 percent or fewer of the files reviewed are summarized below:

- Age of children in home never varied from that approved
 - Age group was exceeded
 - Sibling group caused age range to be exceeded
 - Completed form 0-18 to change age range
- Sexual Offender Registry has been checked
 - No verification that registry was checked
 - No verification that registry was checked for adult child
 - Home study indicates registry was checked but no verifying document in record
- Appropriate health statements for other household members
 - One or more required element(s) missing for former foster, adoptive, or birth child in the home
 - Health statement out of date for birth child
 - One required element missing on other adult caregiver
- Ongoing foster parent training requirements met
 - Training hours not met
 - Training log missing
 - One foster parent met requirement but not both
- Timely Criminal Record Checks (Every 5 Years) for Other Adults in the Home
 - Missing one or more required elements for former foster or birth child living in the home
 - Missing one or more required elements for other adult caretaker living in the home

We urge the State, the Counties, and Child Placing Agencies to make improving the completeness of foster home files a priority and hope to see improvement in this in the second reporting period.

▪ *Prohibition of perpetrators of substantiated maltreatment to be foster parents*

Section 11F specifies that DFCS will not allow perpetrators of substantiated maltreatment, those with policy violations that threaten child safety, or those that repeatedly or unrepentantly use of corporal punishment to become or to remain foster parents. The State's performance on this requirement was found to be quite good, and is considered in greater detail below.

The state's performance in preventing foster parents from using corporal punishment was found to be very good. Of the 165 foster home file reviewed, 161 (98%) showed no evidence that corporal punishment had been used, or was allowed to be used, by foster parents. In the four foster home records in which such evidence did exist, the infractions appeared to be dealt with in accordance with established DFCS policy. More detail on the State's performance in preventing the use of corporal punishment is contained in Section III of this report.

To assess the State's performance in not allowing perpetrators of substantiated maltreatment to become or to remain foster parents, we examined any file in our foster home sample that indicated any history of substantiated maltreatment, and cross-referenced these cases with the Data in IDS, and in some instances, had our file reviewers re-examine the case records on the homes involved and the children in them.

We found six homes in our sample (4%) that had a previous substantiation of maltreatment but were open during the reporting period. The disposition of these homes is detailed below.

- One of these was a pre-adoptive home in which the adoption dissolved. The foster mother voluntarily closed the home in December 2005. The CPS investigation substantiated abandonment.
- Two homes were substantiated for lack of supervision associated with failed child care arrangements. They were allowed to remain open under corrective action plans and regular, unannounced caseworker visits.
- One home involved substantiated sexual abuse by a visiting uncle in 1994. A corrective action plan was put in place that forbade future visits by the uncle, and the home has remained open since then without further incident.
- One home was substantiated for neglect for taking a child with a dirty diaper to a Doctor's visit. Prior to the Doctor's visit; the child was in the DFCS office with caseworkers for much of the day which the local Resource and Development staff felt contributed to the problem. A corrective action plan was put in place and a waiver was requested from central office to keep the home open. No response to that waiver request was in the file.
- One home had a substantiation of physical abuse in 2004. A waiver to keep it open under a corrective action plan was requested from Central Office because the child, who is non-verbal, had bruising of an uncertain origin, the Resource Development and CPS staff differed on whether or not it was indicative of abuse, and the foster home previously had been regarded as a good one. The waiver was granted with the proviso

that the home be placed on “hold” for additional placements. The subject of the maltreatment report was subsequently moved to another placement for unrelated reasons. The home currently is limited to one placement, a medically fragile 10 year old that has been in the home since age four without incident.

Given the importance of preventing perpetrators of substantiated maltreatment from becoming or remaining foster parents, the Accountability Agents vetted each of these six cases very carefully. The first case is moot because the home was closed early in the reporting period. In the second, third, and fourth cases it appears to us that reasonable efforts were made to assure the safety of the children remaining in the home while, in their best interest, preserving the continuity of their placement arrangements.

We were concerned enough about the fifth and sixth cases to recommend the county and state staff conduct a joint staffing of them. Such a staffing was held, which helped to clarify the circumstances surrounding each case and assured us that appropriate safeguards are in place, and that a consensus exists that keeping these homes open is in the best interest of the children remaining in their care.

Section 11F also stipulates that DFCS shall be able to identify DFCS-supervised or provider-supervised foster parents that have perpetrated substantiated maltreatment or had their home closed, and subsequently seek foster home approval from a CPA or a different CPA. TSU uses a provider registry to identify and to prevent such foster parents from attempting to do this, but we were not able to evaluate its effectiveness in this reporting period.

c. Operational Context

Section 11 C of the Consent Decree requires the process of licensing and approving foster homes to be carried out jointly by DFCS and the Office of Rehabilitative Services. This section describes our understanding of how DFCS and ORS collaborate in this process. It is based on interviews with staff of both these units as well as interviews with other central office and county staff.

The Office of Regulatory Services (ORS) licenses Child Placing Agencies (CPAs) and other institutional providers. A CPA must be licensed by ORS before DFCS will execute a contract with them to provide foster care. Section 5C4i of the consent decree stipulates that DFCS will contract only with licensed placement contractors. We triangulated our file results against the CPA licensing information available in Placement Central and found that 100 percent of provider-supervised homes we sampled were overseen by CPAs that had a valid license on August 31, 2006 (the closest date available to June 30).

ORS licenses the CPAs themselves, not the foster homes they supervise. ORS only gets involved with individual provider-supervised foster homes if they receive a complaint about a particular home. To receive a license, a CPA must allow ORS to review their policies and

procedures for compliance with the ORS rules regarding such things as home studies, visitation, non-discrimination, etc. In deciding whether to renew a CPA's license, ORS reviews the files of individual children against the provider record to ensure the placement was an appropriate match for the child and conducts unannounced inspections of a sample of the foster homes supervised by each CPA. If rule violations are found, the CPA can be cited for licensure violations. This process is discussed further in Part E of this Section *Contract Agencies Focused on Same Outcomes*.

CPAs wishing to serve children in DFCS custody must, in addition to licensure by ORS, be approved by the DFCS Treatment Services Unit (TSU). The DFCS policy manual specifies a set of uniform standards that foster care settings must meet to be approved by DFCS – in the case of DFCS supervised homes – or by CPAs – in the case of provider supervised homes. (The State's performance in documenting foster home compliance with these approval standards was discussed in the previous section.) Before arriving at an initial approval decision, TSU reviews ORS licensing decision and follows up with ORS on any questions they have; performs a desk review and staffing of each application; and visits three of the CPAs foster homes to review physical plant and other issues not covered by the ORS licensing process. TSU also conducts utilization reviews every six months after approval in which they visit three homes of each CPA, meet with the staff, tour the cottages, and interview the children.

2. Other Practice/Process Requirements Regarding Placement Support

The Consent Decree contains a number of other requirements related to placement. These include restrictions on the capacity of foster and group homes; requirements that race/ethnicity will not be used inappropriately; payment, training and support requirements pertaining to foster parents; automating placement data; and accessible paper file information.

▪ **Foster Home Capacity Restrictions**

Section 5C4e of the Consent Decree limits the capacity of foster homes to three foster children or a total of six children (including the family's biological children) absent the written approval of the Social Services Director. It also prohibits any placement that would result in more than three children under the age of three residing in a foster home, unless the children in question are a sibling group. Data from our foster home file review indicate that the state performed quite well in meeting these requirements.

Of the foster home files we reviewed, 84 percent never exceeded the three foster child limit at any time during the reporting period, and another four percent exceeded the limit with the written permission of the Social Services Director. Of the 20 homes (12%) that did exceed the limit, many exceeded it for only brief periods of time while providing respite care for another foster family.

With respect to the limit of six total children, 94 percent of the foster homes we reviewed never

exceeded that limit at any time during the reporting period and another six (4%) only exceeded it with the written permission of the Social Services Director.

As regards the limit on children under the age of three, 97 percent of the homes never exceeded this limit, and another 4 (3%) exceeded it only due to the sibling group exception. Our file review found only one instance (0.6%) in which more than three children of this age were placed in a single foster home.

- **Group Care Restrictions**

Section 5C4f of the Consent Decree establishes limits on the ages of children that may be placed in group care settings. Briefly, it prohibits the placement of children under the age of 6, or between the ages of 6 and 12 in group care except under certain exceptional, age group-specific circumstances. The State performed extremely well on this requirement.

The file review on children in foster care identified 24 children (out of 165) that were placed in group care. Of these, two were under the age of 6. They were infants that were placed with their mothers (for which the Consent Decree makes an exception to all the other requirements of this Section).

The file review also found one child aged 11 who was in a group home setting prior to the entry of the Consent Decree. Section 5C4f specifies that such children are to be moved to a non-group care setting by October 26, 2006 unless that would not be in the child's best interest. We will report on whether the State met this requirement in our second period report.

- **Race/Ethnicity/Religion Restrictions**

Section 5C4h of the Consent Decree establishes that considerations of race, ethnicity, or religion shall not be the basis for delaying or denying the placement of a child with a foster family or in a group facility. Beyond that, it does allow that these may be appropriate considerations in evaluating the best interest of the child when matching a child with a particular family. This Section also reaffirms DHR's existing prohibition against contracting with any provider that gives preference in its placement practices on the basis of race, ethnicity, or religion.

With respect to the first requirement, the file review of 165 children in foster care during the reporting period identified 73 children placed in foster care between October 27, 2005 and June 30, 2006. For none of these children did the case record suggest their placements had been delayed or denied on the basis of race, ethnicity, or religion.

With respect to the second requirement, interviews with ORS confirmed that one of the things they look for in assessing CPA compliance with DHR rules is a CPA policy prohibiting discrimination or preferential treatment on the basis of race, ethnicity, or religion.

- **Foster Care Maintenance Payments**

Section 5B1 of the Consent Decree establishes specific Basic Foster Care Maintenance payments that are to be effective July 1, 2005. These rates are: for children aged 0-6, \$13.78; for children aged 7-12, \$15.50; and for each child aged 13 and older, \$17.75. DFCS is to ensure that these rates are paid to all foster parents providing basic services whether they are DFCS-supervised or provider-supervised. In addition, the DHR Commissioner is to propose a periodic increase in these rates in succeeding fiscal years.

Through interviewing the DFCS Deputy Director and reviewing DFCS budget documents and contract language, we determined the State to have met its obligations under this provision. All DFCS foster homes were paid the required per diem rates, all new provider contracts contained language mandating the new rates, and the Commissioner proposed the following higher rates to be effective July 1, 2006: for children aged 0-6, \$14.18; for children aged 7-12, \$16.00; and for each child aged 13 and older, \$18.25.

- **Foster Parent Training and Support**

Sections 5C6 and 11D of the Consent Decree stipulate that foster and pre-adoptive parents will receive uniform pre-service training prior to being approved or having a child placed in their home; and that they will be required to complete ongoing, annual training as part of the annual re-approval process. Section 5C6 further stipulates that foster parents will be able to contact DFCS 24 hour a day, seven days a week with their questions or concerns. We found DFCS' performance to be good on the first and last of these requirements, but found substantial room for improvement on the second.

The foster home case record review found evidence in the files of 97 percent of the foster homes reviewed that the pre-service training requirements had been met. However, in the case of ongoing annual training, documentation supporting that the requirements had been met was found in only 76 percent of the files of the 144 foster homes sampled to which the requirement applied. Evidence of compliance with ongoing training requirements was substantially higher among the DFCS-supervised foster homes in the sample (86%) than among the provider-supervised foster homes (51%). Care should be exercised in interpreting these data because the sample was not stratified by foster home type and the number of provider-supervised foster homes sampled was too small to be generalized to the entire universe of provider-supervised homes. Moreover, it is unknown to what extent these data reflect shortcomings in the actual ongoing training received by foster parents, or in the case file documentation of that training. Nevertheless, the Accountability Agents encourage DFCS to delve more deeply into the issue of foster parent ongoing training and its documentation in case files and to take appropriate remedial action.

With respect to the 24/7 phone support requirement, Resource Development staff in the Counties report that they provide foster parents with a phone number they can call night or day with their questions and concerns. The record review of children in foster care did not always find this documented in the case files.

- **Automated Placement Data**

Section 11E of the Consent Decree stipulates that, within 90 days of the entry of the Consent Decree, DFCS will have an automated information system that can provide: demographic characteristics and information on every foster or pre-adoptive family; a list of all foster children in the home and the DFCS office in whose custody they have been placed; information about the other children or adults in the home; the approval or re-approval status of the home and, for provider-supervised homes, the name and address of the supervising CPA; and a complete history back to January 2002 of any reports of maltreatment and substantiations of maltreatment.

On December 14, 2005 (48 days after the entry of the Consent Decree), staff of the Evaluation and Reporting Unit (E&R) demonstrated for the Accountability Agents modifications to the Placement Central subsystem of IDS. These modifications enable Placement Central to provide every data element specified in Section 11 E for DFCS and provider supervised foster homes alike, and as such appear to meet the letter of the Consent Decree.

Of course, an information system is only as good as the quality and completeness of the data it contains. We are aware that the State has not yet completed populating the enhanced Placement Central with provider-supervised foster home data. In our *Conclusions and Recommendations*, in Part II *Safety of Children in Care*, and earlier in this Section, we urge the State to strengthen DFCS' ability to manage and be accountable for provider-supervised foster homes. Completely populating Placement Central with provider-supervised foster home data should be regarded as an essential component of this strategy.

Section 11E further stipulates that DFCS shall consider the information described above before a child is placed or a foster home is approved or re-approved. In our review of compliance with foster home approval and licensing standards (discussed above) and our review of the completeness of paper files (discussed below,) we found evidence that DFCS staff routinely consider the required information before placing children or approving or re-approving foster homes. However, this process presently involves a combination of "look-ups" in Placement Central and the Protective Services Data System components of IDS, and evaluating the contents of paper files. We believe this process could be significantly streamlined and made less error prone if Placement Central is completely populated and its data integrity assured.

- **Accessible Paper File Information**

Section 11G of the Consent Decree stipulates that DFCS will maintain certain information in

accessible paper file form. The particular type of information and the proportion of the foster home files we reviewed that contained it are listed below.

- | | |
|---|------|
| • Approval or re-approval status of foster homes | 100% |
| • Complete 5 year history of CPS reports | 43% |
| • Complete 5 year history of CPS substantiations | 52% |
| • Complete 5 year history of refusals to place further children | 47% |
| • Corrective action plans or disciplinary actions | 100% |

The apparent disparity in the extent to which paper files contained the required documentation is probably a function of two things. First, documentation on approval status, corrective action plans and disciplinary actions has been required by DFCS policy for many years and has been the subject of training and field exercises. In contrast, the requirement for complete five year histories is very new. Second, our reviewers seemed to exhibit some confusion, as evidenced in the review notes, about how to interpret each of these requirements.

Before the next review cycle, we will ensure that we have clarity in our review team about what each of these data elements means and the standard of evidence appropriate to each. In the meantime, we urge the State to provide training and technical assistance to the counties and to providers on how to interpret and satisfy the complete five year history requirements.

E. Supervision of Contract Agencies

Sections 5B, 9, and 10B of the Consent Decree contain various provisions regarding provider reimbursement rates and contracts, specific language to be included in contracts, and the licensing and inspection of provider-supervised placement settings. With the exception of the last of these, recent developments related to DHR's federal funding have caused many activities related to these provisions to be scaled back or placed on "hold" pending resolution of the federal reimbursement issue. That issue is briefly described below.

In May, the Accountability Agents learned that the Federal Centers for Medicaid and Medicare Services (CMS) had informed DHR that it was no longer willing to provide Medicaid funding for "bundled" services, as it had for years under Georgia's per diem system of reimbursement. CMS announced it was withholding approximately \$70 million in reimbursement until DHR restructured its method of reimbursement.

In response, DHR submitted a proposal to CMS that would significantly change the way providers are reimbursed for services provided. As we understand it, the proposed changes include:

- Eliminating the current bundled Therapeutic Residential Intervention Services (TRIS) per diem rate;
- Eliminating the Level of Care system currently used to determine the per-diem rate;

- Moving Behavioral Health Services to a fee-for-service basis; and
- If Behavioral Health Services are determined to be medically necessary, providing and billing for them through the State's outpatient Rehabilitation Options Services Program.

As of the date of this report, CMS has not yet approved DHR's proposed "unbundling" plan. We were informed by the DFCS Deputy Director that DFCS is reluctant to move forward with some of the other contract changes required by the Consent Decree (such as moving to performance-based provider contracts) until CMS approves the new reimbursement structure. Since the new structure will affect approximately half the contracts awarded by DHR each year, delaying these changes until it is finalized is reasonable and prudent.

1. Rate Reimbursement Task Force

Section 5B2-7 of the Consent Decree stipulates that a Rate Reimbursement Task Force (RRTF) be established within 60 days of the entry of the Consent Decree to recommend changes to the Level of Care system and to design a rate structure based on measurable outcomes for children.⁹⁸ The RRTF was established within the required timeframe and held at least three face-to-face meetings, ten teleconferences, and three video conferences.

When the RRTF learned that CMS was requiring reimbursement rates to be unbundled, they sought counsel of the Accountability Agents as to how this would affect their charge. We referred them to DHR and Plaintiff's counsel as their authorizing entities. They held a face-to-face meeting with the parties and our understanding is they have received a revised charge that takes stock of the recent development with CMS. We also understand that the membership of the RRTF is being revised as one member has resigned.

2. New Contract Provisions

Section 5B1, 9A-C and 10B4 of the Consent Decree stipulate specific language and concepts that are to be incorporated into provider contracts.⁹⁹ Some of these (e.g. requiring providers to pass through to their foster homes the full basic maintenance payment) were incorporated into new contracts the start of fiscal year 2006 (July 1, 2005.) However, other provisions (e.g. establishing performance-based provider contracts and mandating detailed reporting requirements) have been placed on hold pending the resolution of the CMS rate restructuring and the fulfillment of the revised charge to the Rate Reimbursement Task Force. We expect DHR will make full implementation of these requirements a priority once the CMS issue is settled and the RRTF has completed its work.

⁹⁸ See pp. 14-15, paragraphs 2-7 in the Consent Decree

⁹⁹ See pp. 13 and 23-26, Sections 5B.1, 9A-C and 10B.4 in the Consent Decree

3. Licensing and Inspections

Section 9 D of the Consent Decree stipulates that the Office of Regulatory Services (ORS) will conduct licensing evaluations of child caring institutions (CCI) and child placing agencies (CPA) to, among other things, ensure their compliance with applicable terms of the Consent Decree; conduct at least one unannounced inspection per year of each CCI and CPA, and of a sample of the foster homes supervised by each CPA; and prepare a written reports detailing the findings of such visits.¹⁰⁰ Through interviews with ORS staff and examination of written documentation we are able to confirm that ORS is fulfilling these mandates as described below:

- Licensing evaluations: The ORS licensure rules were amended to reflect applicable requirements of the Consent Decree. ORS licensure re-evaluations examine CCI and CPA policies to ensure they conform to these requirements.
- Unannounced inspections: In conjunction with re-licensure visits, ORS is conducting the specified unannounced inspections of CCIs and CPAs, and a sample of foster homes supervised by CPAs. We have examined a schedule for such visits that calls for each CCI or CPA serving class members to be visited at least once within the first year of the entry of the Consent Decree.
- Written reports detailing the findings of each unannounced inspections are being prepared. We have examined a number of them.

F. Improving Automated Support

Georgia is currently designing a Statewide Automated Child Welfare Information System (SACWIS) in conformance with federal requirements and the Consent Decree.¹⁰¹ This system will replace several of the State's existing systems used for collecting and reporting data to the federal government as well as to DFCS management and staff. The Consent Decree required Georgia to select and contract with a vendor by December 31, 2005. Accenture LLP was selected in November 2005 and the State signed a contract with the firm to begin the work immediately. However, the State was not able to execute the contract with the firm until February 2006 due to another bidder's protest of the selection and the time required to resolve the protest. The expected date for full implementation is January 2008.

G. Quality Assurance

The Consent Decree requires DFCS to maintain an appropriate quality assurance system.¹⁰² The Evaluation and Reporting (E&R) Section is the primary vehicle for internal quality assurance. Since the entry of the Consent Decree, it has increased its capacity for case record reviews and other quality assurance activities in Fulton and DeKalb Counties. It has created a specific

¹⁰⁰ See p. 24, Section 9D in the Consent Decree

¹⁰¹ See p. 22, Section 7 in the Consent Decree

¹⁰² See p. 42, Section 18 in the Consent Decree.

“Metro Unit” with a staff of 12 selected from among experienced DFCS personnel around the state for the quality assurance activities.

This newly established unit formed the core group of reviewers used in the case record reviews conducted under the oversight of the Accountability Agents in the summer of 2006. Senior leadership from E&R and this group were involved in the design of the record review instruments. They will continue to conduct case reviews using a variety of data collection instruments including the instruments designed for the Accountability Agents as well as those designed for the federal Child and Family Service Reviews.

In addition to this dedicated unit, E&R has also provided staff support for the G2 process. Data analysts from E&R extract requested information from IDS and other available state automated systems and conduct targeted analyses to test the hypotheses generated at G2 meetings.

H. Maximizing Federal Funding

The Consent Decree contains requirements for DHR/DFCS to 1) maximize available federal funding, and 2) not supplant state dollars with any federal increase that results from the maximization efforts. To evaluate this requirement, the State is to establish a baseline of “present” levels of state and federal funding.¹⁰³ Since the Consent Decree was entered in State Fiscal Year 2006 (July 1, 2005 – June 30, 2006,) the state was asked to provide the funding information for State Fiscal Year 2006 as the baseline year.

The two primary sources of federal funding for child welfare of specific concern in the Consent Decree are the Title IV-B and Title IV-E programs established in the Social Security Act. Title IV-B is a capped allocation of federal funds to the states for child welfare services. Title IV-E is an open-ended entitlement providing matching funds to states for foster care maintenance payments and administrative and training costs based on the portion of children in foster care who are considered eligible.

The following discussion provides background on Title IV-E eligibility requirements and limitations and examines the baseline year funding distribution. In addition, we examine a key lever for maximizing federal funding: the file documentation and procedures to allow all eligible children to be properly claimed. Finally, we describe DHR/DFCS preparation for the Federal Title IV-E audit this year.

1. Background: Basic Eligibility Requirements for Claiming Title IV-E Funding

Several eligibility requirements must be met to justify, in part, claiming Title IV-E matching funds on a child’s behalf. Exhibit VI-1 provides an over view of the requirements as defined by the federal Department of Health and Human Services. All six requirements listed are affected

¹⁰³ See p. 31, Section 14 in the Consent Decree

by State efforts to properly 1) document the reasons for children coming into care, 2) finalize permanency plans, 3) retain custodial authority, 4) place children in approved homes with substitute care givers who pass certain safety checks, and 5) document the family's income at the time of removal and annually thereafter while the child remains in care. Some of these apply at the time a child enters foster care and others must be documented on an on-going basis.

The income documentation is required for the "means testing" portion of eligibility determination and requires the state to assess whether the child's family would have been eligible in 1996 for the former Aid to Families with Dependent Children (AFDC) program. This program was replaced with the current Temporary Assistance to Needy Families (TANF) in 1997. This requirement is referred to as the "look back" provision because it looks back to 1996 to assess current circumstances. In other words, if a family's 2006 income is more than what would have been allowed in 1996 to receive assistance through the AFDC program, the child is not eligible for Title IV-E assistance while in foster care. Federal analysts have concluded that "fewer children will be eligible for Title IV-E in the future as income limits for the program remain static while inflation raises both incomes and the poverty line."¹⁰⁴ State efforts to increase federal IV-E dollars therefore, may be frustrated to an extent by this "look back" provision.

¹⁰⁴ "Federal Foster Care Financing: How and Why Current Funding Structure Fails to Meet the Needs of the Child Welfare Field," ASPE Policy Brief, Office of the Assistant Secretary for Planning and Evaluation, Office of Human Services Policy, US. Department of Health and Human Services, updated August 2005, p.6.

Exhibit VI-1
Eligibility Requirements for Title IV-E Foster Care

Contrary to the welfare determination. A child's removal from the home must be the result of a judicial determination to the effect that continuation in the home would be contrary to the child's welfare, or that placement in foster care would be in the best interest of the child. Children in foster care as a result of a voluntary placement agreement are not subject to this requirement.

Reasonable efforts determination. The State agency must obtain a judicial determination within 60 days of a child's removal from the home that it has made reasonable efforts to maintain the family unit and prevent the unnecessary removal of a child from home, as long as the child's safety is ensured. In addition, there must be ongoing documentation that the State is making reasonable efforts to establish and finalize a permanency plan in a timely manner (every 12 months).

State agency placement and care responsibility. The State child welfare agency must have responsibility for placement and care of the child. Usually this means the child is in the State's custody. A tribal agency or other public agency may have responsibility for the child's placement and care if there is a written agreement to that effect with the child welfare agency.

Licensed Foster Family Home or Child Care Institution. The child must be placed in a home or facility that meets the standards for full licensure or approval that are established by the State.

Criminal background checks or safety checks. The State must provide documentation that criminal records checks have been conducted with respect to prospective foster and adoptive parents and safety checks have been made regarding staff of child care institutions.

Pre-welfare reform AFDC eligibility. The State must document that the child was financially needy and deprived of parental support at the time of the child's removal from home, using criteria in effect in its July 16, 1996 State plan for the Aid to Families with Dependent Children program. Income eligibility and deprivation must be re-determined annually.

Source: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. August 2005 Issue Brief

2. Georgia Baseline: Federal and State Funding Distribution for State Fiscal Year 2006

Georgia submits quarterly and year-end cost reports for Title IV-B and Title IV-E. As the final cost report for SFY 2006 was not yet available at the time of this report, the numbers provided in Table VI-6 represent a preliminary baseline. The final baseline will include Title IV-E administration and training dollars as well as foster care maintenance payments.

Table IV-6
Preliminary Baseline for Title IV-E Maximization Efforts

SFY	Total of Federal IV-B, IV-E, and State dollars	State	Federal Total	Funds from Title IV-B	Funds from Title IV-E*
2006	\$241,166,021	\$120,383,196	\$120,782,825	\$9,397,209	\$111,385,616

Source: DHR/DFCS * Reimbursement for Foster Care Maintenance Payments only

3. Case Record Review Findings Related to the Documentation Required for Eligibility Determination

Despite the potential limitation imposed by the previously described “look back” provision, the case record review findings identify opportunities for improving the documentation that will better enable the State to increase its claims. Performance regarding the 12-month permanency hearings was previously discussed in Section IV.

- **55 percent** of the 143 applicable case records¹⁰⁵ had all the applicable language in the court orders necessary within the required time frames to assess eligibility for federal funding under Title IV-E. If a child entered care on or after March 27, 2000, there must be a court order from the 72 hour hearing that contains child specific language that explains why leaving the child in his/her home would be “contrary to the welfare of” or “not in the best interest of” the child. In addition, there must be documentation of a judicial determination within 60 days from the child’s removal that addresses the child specific “reasonable efforts” made to prevent the child from being removed from his/her home.

A larger proportion of the files had one or the other documentation requirement in the necessary timeframes. For example, 68 percent had the child specific language in the emergency placement order and about 69 percent had child specific reasonable efforts language in the 60 day judicial determination.

- **85 percent** of the 124 cases that were still open on June 30, 2006 had valid court orders or other authority for current placement. Another 7 percent had documentation that court action regarding placement authority had occurred within the previous six weeks, but the file did not yet contain the court order. This performance is slightly lower than the results of the E&R baseline where about 95 percent of the files had a valid court order or other authority for placement such as voluntary consents to place a child, or voluntary surrender of parental rights.

¹⁰⁵ Children who entered care through an emergency placement on or after March 27, 2000.

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- **64 percent** of the 76 children in care for 12 months and still in care on June 30, 2006 had a timely extension of DFCS' custodial authority. Although 85 percent of the records indicated that DFCS current placement and custodial authority was valid, DFCS did have a legal lapse in its custody of about one third of the children in the 13 months proceeding June 30, 2006. There is still a need to significantly improve this performance; however, this result is higher than the baseline case record review conducted by E&R which showed approximately half of the cases had timely extension of custody.

These findings are similar to the findings of the pre-work done in preparation for the September 2006 Federal Title IV-E Eligibility Reviews.

4. Periodic federal audit and review results

Compliance with eligibility rules is monitored through Federal Title IV-E Eligibility Reviews that have been conducted since 2000. The results of these reviews can affect the process states use to claim eligibility. The August 2003 review found Georgia to be in substantial compliance.

Georgia was scheduled for another Title IV-E Eligibility Review in September 2006. The final results of the audit were pending at the time of this report. However, DFCS took a number of steps to prepare for the audit and minimize potential errors. Starting in January 2006, the State held orientation and training sessions around the state to prepare for the audit. These sessions reviewed the lessons learned from the August 2003 audit which also found a need for child specific court orders among other things.

Part VII MISCELLANEOUS PROVISIONS

Child Protective Services Data

Section 20 of the Consent Decree contains the Agreement's miscellaneous provisions. Two provisions, contained in Section 20G, have substantive data reporting requirements¹⁰⁶ are covered in this part of the report.

A. Repeat Maltreatment Data

Section 20 G 1 of the Consent Decree requires DHR to provide the Accountability Agents data and information sufficient to enable them to verify data reported by the State on the number of children in DeKalb and Fulton counties during the reporting period (other than those in foster care) that experienced repeat maltreatment. This is operationalized in the Consent Decree as follows:

- The number of children in each county who, during the reporting period, experienced substantiated maltreatment;
- The number and percentage of children in the first item who also experienced maltreatment during the preceding 12 month period.

These data, as reported by the State, are reproduced in Table VII-1, below. The approach taken by the Accountability Agents to verify it is discussed in Appendix B.

Table VII- 1
Maltreatment Re-occurrence Data by County

Components of Maltreatment Re-occurrence Data	DeKalb	Fulton
a) Number of children during the reporting period (October 27, 2005 – June 30, 2006) who experience substantiated maltreatment in care.	888	2152
b) the number of children in a) of this item who also experienced substantiated maltreatment during the preceding 12 month period	63	210
b) the percentage of children who had substantiated maltreatment during the preceding 12 months	7.1	9.8

Source: DFCS Internal Data System

¹⁰⁶ See Kenny A. Consent Decree, pp. 45-46.

B. Diversion Data

Section 20 G 2 of the Consent Decree requires DHR to provide the Accountability Agents data and information sufficient to enable them to verify data reported by the State on the number of children in DeKalb and Fulton counties during the reporting period (other than those in foster care) that experienced substantiated maltreatment within 11-365 days after being referred to DHR's diversion program. Due to the 11-365 day follow up period for the diversion statistics, diversion data will not be reported until our third report, covering the period through June 30, 2007.

Appendix A

Kenny A. v. Sonny Perdue Consent Decree Outcomes

Section 15 of the Consent Decree requires 31 outcomes. These outcomes are grouped in the categories of Safety, Permanency, Well-Being, and Strengthened Infrastructure

SAFETY

1. Children in Foster Care are Safe From Maltreatment

- **Outcome 1:** By the end of the first reporting period, 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.
- **Outcome 3:** By the end of the first reporting period, 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 alleged victim, including face-to-face contact with a child who is non-verbal due to age or for any other reason.
- **Outcome 2:** By the end of the first reporting period, 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.
- **Outcome 5:** By the end of the first reporting period, no more than 1.27% of all children in foster care shall be the victim of substantiated maltreatment while in foster care. By the end of the second reporting period, no more than .94% of all children in foster care shall be the victim of substantiated maltreatment while in foster care. By the end of the fourth reporting period, no more than .57% of all children in foster care shall be the victim of substantiated maltreatment while in foster care.
- **Outcome 6:** By the end of the second reporting period, 90% of all foster homes will not have an incident of corporal punishment within the previous six months. By the end of the third reporting period, 98% of all foster homes will not have an incident of corporal punishment within the previous 12 months.

PERMANENCY

2. Children in Placements Maintain Family Connections

- **Outcome 7:** By the end of the second reporting period, at least 70% of all foster children entering care shall have had a diligent search for parents and relatives undertaken and documented within 90 days of entering foster care. By the end of the fourth reporting period, 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.
- **Outcome 16:** By the end of the second reporting period, at least 70% 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. By the end of the fourth reporting period, 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.
- **Outcome 19:** By the end of the second reporting period, at least 70% 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). By the end of the third reporting period, at least 80% 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). By the end of the fourth reporting period, at least 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).

- **Outcome 21:** By the end of the third reporting period, 75% of all the children with the goal reunification shall have had appropriate visitation with their parents to progress toward reunification. By the end of the fourth reporting period, 85% of all the children with the goal reunification shall have had appropriate visitation with their parents to progress toward reunification.
- **Outcome 23:** By the end of the second reporting period, at least 80% of children in the Class at a point in time during the reporting period who have one or more siblings in custody with whom they are not placed shall have had visits 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.

3. Children Achieve Permanency

(permanency= reunification, permanent placement with relatives, permanent legal custody, adoption, or guardianship.)

Children in care at the time of the consent decree:

- **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.
- **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.
- **Outcome 15:** Permanency efforts (15/22): By the end of the second reporting period, at least 80% 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.

By the end of the fourth reporting period, 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..

- **Outcome 9:** Children in custody for up to 24 months and still in custody upon entry of the Consent Decree (children in the "24 backlog pool"): For all children in the 24 month backlog pool, by the end of the second reporting period, at least 35% shall have one of the following permanency outcomes: reunification, permanent placement with relatives, permanent legal custody, adoption, or guardianship. For all children in the 24 month backlog pool, who remain in custody at the end of the second reporting period, by the end of the third period at least 40% shall have one of the following permanency outcomes: reunification, permanent placement with relatives, permanent legal custody, adoption, or guardianship. For all children in the 24 month backlog pool, who remain in custody at the end of the third reporting period, by the end of the fourth reporting period at least 40% shall have one of the following permanency outcomes: reunification, permanent placement with relatives, permanent legal custody, adoption, or guardianship.
- **Outcome 10:** Children in custody for more than 24 months and still in custody upon entry of the Consent Decree (children in the "over 24 backlog pool"): For all children in the over 24 month backlog pool, by the end of the second reporting period, at least 35% shall have one of the following permanency outcomes: reunification, permanent placement with relatives, permanent legal custody, adoption, or guardianship. For all children in the over 24 month backlog pool, who remain in custody at the end of the second reporting period, by the end of the second reporting period, by the end of the third reporting period, at least 35% shall have one of the following permanency outcomes: reunification, permanent placement with relatives, permanent legal custody, adoption, or guardianship. For all children in the over 24 month backlog pool, who remain in custody at the end of the third reporting period, by the end of the fourth reporting period at least 35% shall have one of the following permanency outcomes: reunification, permanent placement with relatives, permanent legal custody, adoption, or guardianship.

Children entering custody after consent decree:

- **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.
- **Outcome 8b:** Of all the children entering custody following the entry of the Consent Decree, at least 74% (1) shall have had one of the following permanency outcomes within 12 months or less after entering custody: reunification or permanent placement with relatives; or (2) shall have had one of the following permanency outcomes within 24 months or less of entering custody: adoption,, permanent legal custody, or guardianship.

Permanency actions after consent decree:

- **Outcome 11:** By the end of the second reporting period, 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.
- **Outcome 4:** By the end of the second reporting period, no more than 8.6% of all foster children entering custody shall have re-entered care within 12 months of the prior placement episode.
- **Outcome 14:** No more than 5% of adoptions finalized during the reporting period shall disrupt within the 12 months subsequent to the reporting period.

Court reviews of permanency actions

- **Outcome 27:** By the end of the second reporting period, at least 80% 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. By the end of the third reporting period, at least 85% 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. By the end of the fourth reporting period, 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.
- **Outcome 28:** By the end of the second reporting period, 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.

WELL BEING

4. Children Experience Stable Placements and Worker Continuity.

- **Outcome 17:** By the end of the second reporting period, at least 86.7% of all children in care shall have had 2 or fewer moves during the prior 12 months in custody. By the end of the fourth reporting period, at least 95% of all children in care shall have had 2 or

fewer moves during the prior 12 months in custody.

- **Outcome 18:** By the end of the second reporting period, 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.
- **Outcome 20:** By the end of the second reporting period, at least 95% of children in care at a point in time during the reporting period shall have had at least one in-placement visit and one other visit, as defined in Section 5.D, each month by their case manager. During the prior 12 months in custody.
- **Outcome 22:** By the end of the second reporting period, at least 90% of all children in care at a point in time during the reporting period shall have had visits between their DFCS placement case manager and their foster parent, group care, institutional or other caretaker at least one time each month during the prior 12 months in custody.

5. *Children and Youth Receive the Services they Need*

- **Outcome 24:** By the end of the second reporting period, 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 10 percentage points. By the end of the fourth reporting period, that percentage shall increase by an additional 10 percentage points.
- **Outcome 30:** By the end of the second reporting period, at least 80% 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. By the end of the fourth reporting period, 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.

STRENGTHENED INFRASTRUCTURE

6. *Capacity to Support Placement Process*

- **Outcome 25:** By the end of the first reporting period, at least 85% of all foster children in custody at a point in time during the reporting period shall be in placements that are in full approval and/or licensure status. By the end of the second reporting period, at least 95% of all foster children in custody at a point in time during the reporting period shall be in placements that are in full approval and/or licensure status. By the end of the fourth reporting period, at least 98% of all foster children in custody at a point in time during the reporting period shall be in placements that are in full approval and/or licensure status.
- **Outcome 31:** By the end of the second reporting period and continuing thereafter, no more than 10% of all children in foster homes shall be placed in foster care homes that 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.

7. Timely and Complete Court Orders

- **Outcome 26:** By the end of the second reporting period, at least 85% 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. By the end of the fourth reporting period, 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
- **Outcome 29:** By the end of the third reporting, no more than 5% of all children in custody of DHR/DFCS for 12 months or more shall have lapse of legal custody within the prior 13 months.

Appendix B Methodology

The Accountability Agents used several methodologies to make the judgments, conclusions and recommendations contained in this report: (i) review of written materials and data supplied by the State and Counties; (ii) interviews; (iii) extensive case record reviews; and (iv) strategic engagement of State and county personnel for pro-active, hands-on monitoring through biweekly meetings known as the "G2." This appendix describes the data sources and each of these methods.

A. Data Sources and Methodology for Measuring State Performance

Five primary sources of information were used to assess the State of Georgia's progress.

1. State Data Systems

The first source of information is the DFCS administrative data systems that the Department currently employs to hold case-related information and prepare reports for the Federal Department of Health and Human Services, the citizens of Georgia and other interested parties. This system is known as "IDS."

There is general agreement that IDS is not sufficiently robust to support the kind of case management and data analysis desired by the State of Georgia. Over the next few years it will be replaced by a Statewide Automated Child Welfare Information System (SACWIS) that the state is currently developing. However, IDS currently is sufficient to provide reports on a number, but not all of the outcomes.

a. Addressing Data Integrity Issues

Like all information systems, the accuracy of IDS' data is function of the accuracy with which data are coded and input into the system. Previous external evaluations and a baseline case record review conducted in November and December of 2005 by the DFCS Evaluation and Reporting Section (E&R) have noted some significant discrepancies between the information contained in case records and data produced by IDS. It is important to understand that these discrepancies appear to be caused by human error (typically, mistakes in interpretation and coding of the facts contained in the case record that result in erroneous data being entered into the system) not any malfunction of the computer system itself that we were able to detect. Data fields that are less complex or qualitative (e.g., whether or not an allegation was substantiated) are less prone to coding errors and produce data with a higher degree of reliability. Data fields that are more complex, qualitative, or ambiguous are more error prone and demonstrate greater problems of reliability.

As a result of such issues, we have been very selective about which IDS data we rely on for

assessing compliance with the Consent Decree's provisions. Most of the data in this report was generated by our own case record reviews. We have also made a major effort to identify important data fields that are error prone and to work with the Counties and the E&R and DFCS training staff to get the errors corrected and to revise guidance and training in the hope of preventing the errors from occurring in the future. These activities are described in more detail below:

- *Data accuracy discussions in the G2 and subsequent data "clean-up"*

Starting with our second G2 meeting, data integrity and improving data accuracy has been an on-going agenda item. The DFCS Evaluation & Reporting Section has been supplying the counties with case listings for the outcome data they report out of IDS. The counties are using these lists to review the cases and verify the information in IDS or identify information that needs to be corrected in IDS to agree with the actual case file. The most striking example of this effort is the work that has been done to enable IDS to produce a more accurate picture of the rate of maltreatment in care. In the course of the G2 discussions and counties reviewing files, they discovered that there was a misunderstanding around the child's location at the time of the maltreatment. Many caseworkers mistakenly believed that a question on the maltreatment investigation data entry form asking for the child's location referred to the child's CURRENT location, rather than to the setting in which maltreatment occurred. This misunderstanding caused the location of the maltreatment to be entered into IDS as the foster placement, when, in fact, the maltreatment occurred in the child's home. As a result of this finding, the counties provided greater instruction to the case managers regarding the form and DFCS made changes to the form to add greater clarity about the desired information. The counties continue to review the lists from E&R and correct discrepancies as they are identified. Over time, we believe this will produce a much higher degree of consistency between IDS and case records.

- *Case record reviews collected comparative information*

In several instances, the case record readers were asked to collect the exact piece of information directly from the sampled case files and from IDS by going "on-line" and looking at the IDS data base. These instances included information about a child's date of entry into foster care, current placement type and date, and permanency goal.

2. Evaluation and Reporting 2005 Baseline Case Record Review

During October and November 2005, the DFCS Evaluation and Reporting unit conducted four case record reviews of key aspects of the Consent Decree to provide the State and Counties with a baseline of their performance against the Consent Decree requirements. This effort included reviews of 1) Maltreatment in care investigations, 2) records of children in care, 3) records of children with the goal of adoption and partial termination of parental rights, and 4) DFCS

Foster home records. This information was used throughout the reporting period as discussion points in G2 meetings and informed the development of the case record review conducted for this report. For three of the reviews, samples were separately drawn for each county from active records in the period of September 2004 through August 2005. All of the investigations of maltreatment in care were reviewed.

3. Document Review and Interviews

During the monitoring period, the Accountability Agents collected written reports and materials regarding foster care and adoption policy, budgets, findings from the Child Advocate, licensing, treatment services, worker training and certification, and preparation for the upcoming Federal IV-E audit. At the state level, we interviewed the leadership of the Office of Regulatory Affairs, Treatment Services Unit, Statewide Risk Assessment, Education and Training Services Section, and other administrative offices. At the local county level, we interviewed supervisors and case managers responsible for 1) investigating reports of maltreatment in care, 2) placement, and 3) foster parent training and support. We worked directly with State and County Quality Assurance staff to analyze data collected and tracked at the local level such as specialized case management caseloads, medical exams, and adoption recruitment plans.

4. Structured Case Record Reviews

A second source of information is systematic case record reviews (CRRs.) Four case record reviews were conducted: 1) investigations of maltreatment in care; 2) foster home approval status and capacity; 3) children in foster care placements; and 4) children with the goal of adoption. Table B-4 summarizes sample characteristics of each review. The following discussion provides more detail on the sampling approach, the review instruments development, review logistics, reviewer qualifications and quality assurance, and analytical process.

a. Sampling Approach

As indicated in Table B-4, 100 percent of the investigations of maltreatment in care between October 27, 2005 and June 30, 2006 were read. Therefore, the margin of error in these results is extremely small and would reflect case record reviewer differences rather than differences within the universe.

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

- All foster homes located in DeKalb and Fulton counties that had a DeKalb or Fulton child placed in the home at anytime between October 27, 2005 to May 31, 2006. This included private agency supervised homes as well as DFCS supervised homes. This timeframe was

selected to enable the case record review to begin in the first part of July. It was presumed that the difference in the number and type of homes in the population between this time frame and one that extended to the end of June 2006 would be immaterial to the results.

- All foster care cases (children) active in DeKalb and Fulton counties any time between October 27, 2005 to June 30, 2006.
- All children with the goal of adoption with active cases in DeKalb and Fulton counties any time between October 27, 2005 to June 30, 2006, excluding finalized adoptions.

For each of these reviews, samples were drawn such that the findings would have a +/- 7% error rate at a 95% confidence level. As described later in this appendix, a certain number of records included in the original samples of Foster Homes, Foster Care, and Adoptions could not be read and were rejected based on pre-determined criteria. This level of precision is for frequencies reported for the sample as a whole. Data provided on subsets of the sample are less precise; however, we have not calculated separate margins of error for the different subsets used in this first report. To achieve the minimum number of records for each review, small additional, random replacement samples were drawn. In the case of the Foster Homes, however, the replacement sample was drawn solely from the pool of DFCS supervised homes.

Table B-1
Case Record Review Sample Size and Associated Margin of Error

Target of Review	Universe of cases	Desired Maximum Sample Size	Actual Number Reviewed	Margin of Error
Foster Home Investigations	74	74	52 completed by DeKalb and Fulton 22 completed by other counties involving DeKalb and Fulton children	+/- 0.0 percent
Foster Homes	808	160	165	+/- 7 percent
Children in Foster Care	3,3351 children with active cases any time October 27, 2005 and June 30, 2006	185	165	+/- 7 percent
Children with the goal of adoption	322	130	115	+/-7 percent

b. Instrument Design

Four separate data collection Instruments were developed, one for each sample. They were developed in conjunction with the DFCS Evaluation and Reporting Section (E&R) and

consultants from Georgia State University (GSU) schools of public administration and social work. The instruments were field tested and Counsel for the Plaintiffs reviewed and recommended changes, many of which were incorporated into the final instruments. However this work occurred in a very compressed time period. The final products would have benefited from more time for consideration and refinements. Learning from this first effort will be incorporated into the next case record review.

c. Data Collection Schedule and Logistics

Planning for the data collection effort began in March 2006 with discussions with E&R and GSU regarding formatting data instruments for efficient data capture and analysis. To achieve the greatest level of accuracy and to meet reporting deadlines, it was determined that DFCS data collectors would input their case record review responses directly into an Excel database. GSU research assistants prepared these databases from the instruments provided by the Accountability Agents. These spreadsheets were altered as the guides were prepared and modified. One spreadsheet was used for each data collection instrument. Each instrument had at least one page and up to four pages in the spreadsheet. Each question described the possible answers to that question. A majority of the questions requested numerical, coded responses (i.e. 1 for yes or 2 for no). Some of the questions allowed for a Not Applicable response generically coded as 8888 or an Unable to Determine generically coded as 7777. A few responses provided for the next several questions to be skipped as being not applicable if that response was chosen. Skipped questions were coded as 6666. Answers that were not chosen or questions that were not responded to were coded 9999. A majority of the questions also offered a section for unlimited comments. If no comments were necessary, as determined by the reviewer, then 9999 was entered into the comment column. If a reviewer felt comments were necessary and no comment column was provided, a general comment column was also made available at the end of each spreadsheet.

Field testing of the instruments using paper versions was conducted in June 2006. Changes were made to the instruments based on these reviews. Original files were reviewed between July 10 and August 15, 2006. Data analysis began in August as GSU began compiling the collected data into four data bases.

Data collection began in July with the foster home records selected from private agencies. Reviewers went to the private agencies and reviewed the records on-site. They also photocopied the complete records to bring back to E&R. The remaining records for investigations, foster care, adoptions, 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.

Because this was the first time reviewers had reviewed private agency foster home files, the on-site review of these records proved to be an additional testing period for the instruments. After reading these records, numerous suggestions for revising the instrument were made to reflect

differences between DFCS and private provider records. As a result, these records were re-read in August using a revised instrument and the photocopied records. Reviewers were assigned different records so that no reviewer read the same record they previously had reviewed.

d. Review Team Qualifications and Training

Twelve E&R staff were the primary case readers. These staff members average 25 years of experience in DFCS and are very familiar with the DFCS's policies and practices. They were selected for this task based on their skills, experience, and knowledge.

There was a brief training before commencing each record review. 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 and spreadsheets as a result of these discussions. The GSU project coordinator and research assistants also provided a one half day training session in the use of the Excel spreadsheets. DFCS reviewers were able to practice with the spreadsheets on their computers, ask questions, and offer feedback. Training is another area that would have benefited from more time. Reviewing practice records would have been helpful to work out the questions that arose. More time will be devoted to this aspect in the next review round.

DFCS reviewers and GSU researcher staff were provided with a digital file containing a "Handbook" and a copy of the consent decree for reference. In addition, reviewers had personal copies of the instruments in hard copy on which they had made notations regarding the discussions about definitions, responses, and where within the case records to locate certain pieces of information.

e. Quality Assurance

Reading accuracy and inter-reader reliability was assured by an extensive quality assurance process that included constant "calibration" and a "second read" of the records. Two senior E&R reviewers were designated team leaders. They were responsible for responding to reviewer questions regarding clarification or how to interpret information contained in the record. These team leaders shared with one another the questions being asked and the responses they were giving to reviewers so as to assure consistency. In this way, patterns among questions were monitored and instructions were clarified for all reviewers as necessary. Team leaders reviewed each reviewers work at the completion of each review. The Accountability Agents were also on-site several days a week during the review and provided another resource for questions and clarification. Finally, reviewers were encouraged to provide explanatory comments for there 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. These comments were invaluable to the Accountability Agents as they reviewed the data collected and made judgments about response recodes when necessary.

The Georgia State University (GSU) project coordinator and three research assistants with backgrounds in social service and/or case record review provided an additional level of Quality Analysis. They read 30 percent each of Foster Care, Adoptions and Foster Home and CPS investigations samples. The records were randomly selected from each reviewers completed set. In some instances, they read more records done by particular reviewers who seemed to have the most difficulty with the technology and some of the elements of the review. In the future, the QA reviewers will read a larger portion of the files particularly when a new instrument is being introduced.

To calculate inter rater reliability GSU selected variables from all four files (Adoptions, 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 correlated using SPSS and a Cronbach's Alpha statistic was calculated for each. Cronbach's Alpha measures 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 that a reliability coefficient of .70 or higher is considered "acceptable" in most Social Science research situations like the Kenny A case review.

The Cronbach's Alpha measure for each of the data sets are provided in Table B-2, below. All measures are well above the threshold of .70.

Table B-2
Cronbach's Alpha Measure of Inter-Rater Reliability for Each Case Record Review Sample

Sample	Cronbach's Alpha Measure
CPS Investigations	.94792
Foster Homes	.85259
Foster Care	.94792
Adoptions	.93018

A final check on quality came during the analysis. When the analysis identified a discrepancy that could not be explained by the reviewer comments, the Accountability Agents requested a reviewer to go back to the file in question and collect more specific information on which to make a judgment. During the analysis, it became clear to the Accountability Agents that the majority of reviewer errors resulted from the 1) electronic technology, "paperless" process used or 2) poorly worded questions that still caused confusion among some reviewers. Both these errors can be addressed with different data collection software with built-in data edits and more careful attention to the instrument design and testing.

f. Data analysis

The Statistical Package for Social Sciences (SPSS) was used for analyzing the collected data.

GSU staff assisted in creating descriptive statistics for the Accountability Agents.

g. Records in Sample that Were not Read

Not all records included in the original samples were reviewed. Because of the data integrity challenges previously discussed, we anticipated that some number of records in each sample would not meet the criteria for the record review. Before the reviews began, we established a set of reasons for why a case record may not be read. Table B-3 provides a summary distribution of the cases that were not read with the reasons for not reading them.

Need to add about reporting records that could not be located.

Table B-3
Case Records Drawn for Original Sample, Not Reviewed

Target of Review	Number of cases sampled but not read as part of the review and reason why they were not read	
Foster Home Investigations	Files could not be located (investigations by counties other than DeKalb or Fulton)	2
	Children not in DFCS custody	14
	Children were not in the custody of DeKalb or Fulton County DFCS	25
	Coded incorrectly as maltreatment in care	42
	Investigations initiated on reports occurring before the review period	7
	Reports on relative homes that were not foster homes	3
	Investigated in another county	1
	Allegation occurred while on visitation with relative	1
	Total	95
Foster Homes	Home did not have a child in the custody of DeKalb or Fulton Counties during the review period	13
	Records could not be located	7
	Homes closed before the review period	2
	Home not a foster home	1
	Oversight transferred to another county	1
	Total	24
Children in Foster Care	Adoptions had been finalized, records were unavailable	14
	Child was in care less than 5 days	9
	Child reached age of 18 before the review period	2
	Custody transferred to a relative before review period	2
	Child never in care	1
	Cases not located	3
	Cases provided too late for review	6
	Other reasons	3
	Total	40
Children with the goal of adoption	Adoption was not the permanency goal	16
	Cases not available because they had been pulled for the Federal IV-E review	2
	Total	18

5. *Biweekly meetings with the management teams of Fulton and DeKalb County DFCS (G2)*

The Accountability Agents met 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. Specifically, the purpose of the G2 has been fourfold:

- o Engage Fulton and DeKalb County senior management teams in tracking their own progress in achieving the Consent Decree outcomes;
- o Have “real-time” communication about successes and areas of concern regarding the progress of reform;
- o Establish a clear understanding of the relationship between practice, process, and infrastructure enhancements and outcome achievements; and,
- o Integrate the settlement outcomes and required practice and process into other initiatives the counties are engaged in, such as Family to Family and the Program Improvement Plan (PIP) to help develop and articulate the “big picture” of reform.

The process during the G2 starts with using administrative data to prompt the group to develop hypotheses about underlying problems that threaten the achievement of critical outcomes, and about potential solutions. Fresh data that shed light on the validity of those hypotheses are then brought back to a subsequent meeting. Based on the group’s examination and discussion of the fresh data, a given hypothesis may then be rejected, accepted, or refined and retested. For hypotheses that are accepted, in-depth “So What?” conversations take place during which best practices among field staff may be highlighted, operational strategies that leverage the learning that has transpired are devised, resource allocation decisions may be made, and parties responsible for implementation identified. In addition to developing, identifying resources for, and implementing data-based strategies for improving child and family outcomes, a significant by-product of the G2 process has been a fairly dramatic improvement in the quality of some of the automated data for DeKalb and Fulton counties.

B. Methodology for Verifying State Repeat Maltreatment Data

Section 20 G of the Consent Decree requires DHR to provide the Accountability Agents data and information sufficient to enable us to verify data reported by the State on the number of children in DeKalb and Fulton counties during the reporting period (other than those in foster care) that experience repeat maltreatment or substantiated maltreatment within 11-365 days after being referred to DHR’s diversion program. Due to the 11-365 day follow up period for the diversion statistics, diversion will not be reported on until our third report, covering the period through June 30, 2007. The DHR data on repeat maltreatment in DeKalb and Fulton Counties are presented in Section VII of this report. Following is a discussion of the approach we took to verify it.

The validity of the State statistics on repeat maltreatment rest on the accuracy of the data coding and data input associated with maltreatment investigations, and the validity and rigor of the file matching algorithm. These are considered separately below.

1. Data Coding and Input

Data fields that are less complex or qualitative (e.g., whether or not an allegation was substantiated) are less prone to coding errors and produce data with a higher degree of reliability. Data fields that are more complex, qualitative, or ambiguous are more error prone and demonstrate greater problems of reliability. Data on the results of maltreatment investigations fall into the former category. When a report of maltreatment is received, it is reviewed by CPS intake staff, logged into the county's tracking system, and if it meets the criteria to be investigated, an investigator initiates an investigation. Pertinent data about the report and subsequent investigation, including whether or not the investigation substantiated the allegation, are entered on Form 453. A casework supervisor reviews the completed form 453 and when they are satisfied as to its quality, they sign off in it. The completed form is then input into IDS.

Interviews with county investigations staff and review of 100 percent of the investigations of maltreatment in care give us confidence that IDS captures virtually 100 percent of the investigations that are conducted. We did find one case in which the case notes indicated that a maltreatment investigation was initiated and face-to-face contact made within the required time frames, but the results of the investigation were not transferred from the case notes form (Form 452) to the CPS report form (Form 453) and therefore the case had not been entered into IDS. The investigator on this case was an experienced social worker from New York who had been a Georgia DFCS employee for about three months. This case is being re-investigated by DeKalb County staff and a Form 453 will be completed for it and entered into IDS. We are satisfied that this was an isolated and anomalous incident. We did not find any instances in which substantiated cases were miscoded as unsubstantiated, or vice versa.

The file review of CPS investigations of alleged maltreatment in foster care also found one instance in which an alleged victim documented in the file and recorded on the form 453 did not appear in IDS. Conversely, we found one instance in which there was an alleged victim listed in IDS that was not identified by our file review.

The problem of disagreement between the file review and IDS on maltreatment data appears to be very limited. The single child involved in the case that was not reflected in IDS represents less than one percent of the population covered by our file review of maltreatment in care investigations, and **did not** involve a case of substantiated maltreatment. Still, it illustrates that while underreporting of substantiated maltreatment is quite unlikely, theoretically, it could happen. Obviously, if it did happen and that same child was to experience repeat maltreatment, it too would be under-reported.

2. File Matching Algorithm

To produce the data on repeat maltreatment required by the Consent Decree, E&R used the following algorithm:

- Data for Fulton and Dekalb are extracted from the state Protective Services Data System (PSDS), a component of IDS;
- Children with substantiated maltreated are selected from two timeframes -- the reporting period and the preceding 12 months;
- Foster children are deleted from the files;
- Children from the reporting period are matched with children from the preceding 12 months; and
- Resulting matches are deemed to be children that experienced repeat maltreatment.

The record matching algorithm used by E&R is based on the way the federal Department of Health and Human Services (DHHS) historically recommended states conduct such matches. That is, a computer is programmed to match two case record listings on a set of consistently available demographic descriptors. In Georgia's case, the fields are first name, last name, date of birth, and gender. A significant limitation of this approach is that only exact matches are counted. In other words a child who had experienced repeat maltreatment might be missed by the match if the first referral listed him as John O'Connor, and the second listed him as John O'Conner; or if his birth date on either referral was transposed as the 13th instead of the 31st.

However, the DFCS Evaluation and Reporting Section, working with a computer services vendor, recently undertook the development of a unique child identifier to enable it to produce and send to the federal Department of Health and Human Services an NCANDS Child File. Such an identifier will soon enhance the accuracy of such computer matches as those required to calculate the incidence of repeat maltreatment. Georgia's new unique child identifier will also become a feature of the new SACWIS system. A recent beta test of Georgia's unique identifier by DHHS showed that it increased the "hit" rate on Georgia's statewide repeat maltreatment match by about 0.4 percentage points.¹⁰⁷ As indicated in Section VII, the repeat maltreatment rates reported there for DeKalb and Fulton counties likely understate the true incidence of repeat maltreatment by a similar margin of error. E&R hopes to have the new unique identifier fully tested and ready for use in time for our second report, which should improve the reliability of this measure.

¹⁰⁷ Georgia Child and Family services Review Data Profile: August 24, 2006.