



PERIOD II MONITORING REPORT

Kenny A. v Perdue

July 1, 2006 to December 31, 2006

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Part I INTRODUCTION

Background, Purpose, Scope, and Organization of Report

This is the second report prepared by the Accountability Agents for the *Kenny A. v Purdue* Consent Decree to review the State Defendant's progress between July 1 and December 31, 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 methods of assessing the State's performance, as well as the scope and organization of this report.

A. The Kenny A. v Purdue Consent Decree

Under the terms and conditions of the *Kenny A.* Consent Decree, the State is to achieve 31 outcomes as well as maintain certain practice standards with respect to the children in the custody of the DeKalb and Fulton County Departments of Family and Children Services. These practice standards relate to needs assessment and service planning, placement experience, health care, investigation of maltreatment allegations concerning children in foster care, and court reviews and reporting. Some are new requirements for administrators and case managers and others are existing agency policy and practice requirements receiving heightened attention. In addition, the Consent Decree stipulates various infrastructure requirements for the State and Counties. These stipulations relate to automation, caseload sizes, training, supervision of private providers, foster parent licensing and support, and financing.

For purposes of analysis and reporting, the outcomes have been organized into seven thematic groupings. Exhibit I-1 displays these groupings.

B. Methodology

Several sources of information and data collection methods have been employed to produce the analysis presented in this report. Appendix B has a full description of the methodology. In brief, information was obtained from State automated systems, county monitoring and reporting systems, interviews with state and county staff, and direct case record reviews. The Accountability Agents verified State and county reported data except where otherwise noted in the report. Four separate record reviews were conducted using staff from the DFCS Evaluation and Reporting Unit. Quality assurance oversight of the record reviews was provided by the Accountability Agents and by Georgia State University. The record reviews included files of nearly 300 children in foster care; 78 maltreatment in care investigations completed during the reporting period; and 160 foster homes, those supervised by private agencies as well as DFCS.

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 with children and caregivers.

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

- Consent Decree Outcome 24 relates to the educational achievement of 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 relate to placement setting conditions.

7. *Timely and Complete Court Orders*

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

Data from the record reviews were compared with other existing data sources and vice versa as another quality check of both the record review results and the State and county information systems and reports. Doing this comparison helped identify data entry errors as well as inconsistencies arising from interpretation issues in all sources of data. While flaws were identified, using multiple sources of data improved the quality of the analysis. Consultants were engaged through the Georgia State University School of Social Work to conduct a focus group of Specialized Case Managers and, under a separate contract, review the foster care case manager training.

With respect to the information gathered through the record reviews, it is important to note that three of the reviews were based on random samples of the children in foster care, the children with the goal of adoption, and of foster homes that had a class member (i.e., a child in the custody of DeKalb or Fulton Counties) in care during the reporting period. The fourth record review (of maltreatment in care investigations completed during the reporting period) did not use a sample, but, instead reviewed the entire universe of such investigations. The three case record reviews based on random samples were each designed to achieve a 95 percent confidence level with a margin of error of no more than plus/minus 7 percent. This means that, statistically speaking, there is a 95 percent chance that the frequencies and rates reported for the entire random sample will fall within 7 percent of the actual frequency or rate among the entire population from which the sample was drawn. However, frequencies reported for subsets of the populations, for example children who entered care after the Consent Decree or the subset of foster homes that were supervised by DFCS are subject to a larger margin of error, making them less representative of the population as a whole. When assessment of performance against an outcome threshold relied on a case record review sample subset, an estimate of the larger margin of error is provided in footnotes.

Finally, a key component of the methodology is the nearly twice-monthly meetings with State and county leadership and field staff that are referred to as “G2.” These meetings employ a recursive learning process that uses operational data to support the development and testing of hypotheses about the potential causes of observed performance problems and the framing of strategies for improvement. This iterative process helps participants identify what works to produce the desired outcomes, and to hold themselves and each other accountable for doing that which works. These meetings foster self-evaluation and have lead the counties to create systems to track, monitor, and share with one another useful information that previously was unavailable or difficult to access.

In all data collection efforts the State and the County have been very cooperative. Case record reviews in particular can be disruptive to day-to-day operations.

C. Report Scope and Organization

This report describes the State’s performance relative to 1) the immediate and short-term actions remaining from the first period; 2) the outcome measures that were to be achieved by the end of the second reporting period; and 3) progress implementing required policies, practices, and infrastructure. Where the information was available, comparisons to the first period reporting performance are cited.

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 second reporting period. It offers several recommendations believed important to State and Counties' continued progress.

Part III, Safety of Children in Care includes an assessment of the State's second period performance related to Outcomes 1,2,3,5, and 6, focused on keeping children in its care safe from maltreatment and responding to reports of alleged maltreatment.

Part IV, Children Achieving Permanency includes an assessment of the State's second period performance related to Outcomes 4, 7, 8a, 9, 10, 13, 15, 19, 21, 27 and 28, focused on maintaining and achieving permanent family connections for children in State custody.

Part V, Children's Well Being in Care includes an assessment of the State's second period performance related to completing the first period's immediate actions and to Outcomes 17, 18, 20, 22, 24 and 30, focused on providing for the well-being of children in custody.

Part VI, Strengthening the Infrastructure includes an assessment of the State's progress in achieving Outcomes 25 and 31 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.

Three appendixes provide the full wording for all 31 outcomes (Appendix A) a detailed description of the data collection and analysis methods employed to produce this report (Appendix B) and foster care case managers' training curriculum review. (Appendix C).

Note: With respect to the first period *Kenny A.* report, a correction is offered. The report contained a statement from an earlier draft that four (outcomes 5, 12, 13, and 25) were achieved. Outcome 25 was subsequently declared by the Accountability Agents to be un-measurable (for reasons discussed in Chapter VI) and an assessment of it was postponed until the second reporting period. Discussions between the parties after the first report's publication determined that Outcome 13 had been incorrectly interpreted and (as discussed in Chapter IV) that the restated measure had not been achieved. Thus, the State surpassed the thresholds for outcomes 5 and 12 and did not do so for outcomes 13 and 25.

Part II CONCLUSIONS AND RECOMMENDATIONS

The *Kenny A* Consent Decree establishes an ambitious schedule for achieving 31 outcomes that set high standards for the safety, permanency, and well being of children in the custody of the Georgia Department of Human Resources and the Division of Family and Children Services. During the July 1 to December 31, 2006 period covered by this report, the State and DeKalb and Fulton counties had 27 of the 31 outcome thresholds to meet. This report provides an assessment of performance for 23 of the 27 outcomes; assessment of the remaining four will be provided in subsequent reports. As indicated in Table II-1, the Department's performance appears to have surpassed the thresholds in nine of the 23 areas, primarily concerning safety and permanency. Substantial progress was evident in ten other areas although the Department appears to have fallen short of the established thresholds. For the three outcomes related to sibling and case manager visitation, considerable progress is still needed and for one area, (Outcome 25), the applicable standard is unclear since it could not be measured for the first reporting period.

Two of the State's achievements for this period stand out. First, according to the Consent Decree's measures of the outcome of child safety, children in foster care appear to be safe. The State exceeded the established period two thresholds for the proportion of children in foster care that are victims of maltreatment, and the proportion of foster homes that are found to use corporal punishment.

Second, permanency was achieved for nearly 1900 children during this reporting period. About half of these children had been in state custody for more than two years at the time of their discharge. The vast majority of the children (81%) were reunified with their birth families or placed in the custody of their extended families. In addition, nearly 90 percent of those who remain in care are in safe placement settings that are close to the homes from which they were removed.¹ More children in custody are experiencing more stable placements than previously estimated. At least 90 percent appear to have experienced fewer than two moves among placements in 2006 or the 12 months preceding their discharge. Finally, a smaller proportion of children are returning to foster care within a year of experiencing a previous foster care episode.

The progress made during the last half of 2006 provides the State and counties with a foundation for continued forward momentum. The Accountability Agents believe continuation of the efforts the State and counties are making to develop and strengthen their own accountability mechanisms for their foster care practices and services can help sustain this momentum.

However, the Department also faced serious challenges in the last few months of 2006 that continued to have repercussions into 2007 while the data collection and analysis for this report was underway. In November 2006, the tragic death of a child that had been recently served by

¹ Close is defined as being in the same county or within 50 miles of the home from which the child is removed.

the Department rightfully drew tremendous public scrutiny which has been followed by a period of discovery and reflection by the agency as well as the public. As has often happened in other states and counties when a child death occurs, Fulton county DFCS leadership is in transition and staffing stability and caseload sizes have suffered. The full extent to which these events and circumstances have affected the progress achieved for children in the custody of the Department may not be known for some time. What is known is that reported caseloads, for CPS staff in particular, increased during January through March 2007. As of December 31, 2006, it appeared that 95 percent of staff were at or below the Consent Decree caseload caps. However, by the end of March 2007, this performance appeared to have dropped considerably. The Accountability Agents will be reporting on the Department's performance for the period January 1 through June 30, 2007 in the third *Kenny A.* report.

A. *Recommended Priorities for State Attention*

Over the course of this second period, the following three areas for priority attention by the State and Counties came to the fore:

- **Visitation:** Sibling visitation and case manager visitation with children and caregivers. As described in sections IV and V, visitation has been a county priority during the reporting period and they have been taking steps to improve not only the frequency but the quality of the visits. The Counties have their quality assurance units systematically tracking and monitoring visits and they have devoted G2 meetings to discussing the strategies case managers, supervisors, and foster parents can employ to make quality visits happen. The monthly visitation data collected by the Counties since July 2006 indicate these efforts have spurred considerable improvement; however the Consent Decree's visitation standards measure whether the required number of visits was made each and every month for the preceding 12 months. By this standard, which includes at least six months before the counties began their concentrated attention to this issue, every type of visitation rate appears disappointingly low. This remains something to be carefully watched.
- **Partnership with the Courts:** Several outcomes require a strong relationship with the courts to assure success. In almost all areas of DFCS court involvement, there was improvement in the second period over the first. However, further improvement is needed to assure timely continuous placement authority, semi-annual case reviews, and annual permanency reviews, and child-specific court orders that make more explicit the reasons for removing a child and why a child can not be safely reunited with his or her family.
- **Improving coordination with other counties.** Although the State surpassed the established period two thresholds that directly measure child safety, the State failed to attain the thresholds for three measures related to the process of investigating maltreatment of children in foster care. DeKalb and Fulton counties demonstrated substantial improvement on these measures for the investigations of maltreatment in care that **they** conducted; most of the State's shortfall for the second reporting period in these measures is attributable to the

maltreatment investigations involving DeKalb and Fulton children that were conducted by neighboring counties. The DFCS Central Office needs to assure that other counties that have DeKalb and Fulton children placed in their jurisdictions meet the Kenny A. investigative standards and coordinate seamlessly in the investigation of maltreatment allegations concerning class member children to enable the State to achieve the measures related to the investigative process.

B. Overview of Period II Performance

This section further 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 Strengthening the Service Delivery Infrastructure.

Table II-1
Kenny A. Outcomes: Progress as of December 31, 2006

Safety Outcomes Children in Foster Care are Safe From Maltreatment in Care	2nd Period Performance
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.	87%
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.	78%
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.	87%
Outcome 5: 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.	0.81%
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 6 months.	100%

Table II-1, continued
Kenny A. Outcomes: Progress as of December 31, 2006

Permanency Outcomes Children in Placements Maintain Family Connections	2nd Period Performance
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.	To be reported on in 3 rd period report ²
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.	To be reported on in 3 rd period report ³
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).	88%
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.	19%
Permanency Outcomes Children Achieve Permanency	
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.	9.2%
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.	45%
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.	49%

² Measurement of this Outcome and Outcome 16 required a separate case record review of a sample of children who entered care July 1 through December 31, 2006. The review was conducted in April 2007 and the date were being analyzed at the time of this report's release.

³ See previous footnote.

Table II-1, continued
Kenny A. Outcomes: Progress as of December 31, 2006

Permanency Outcomes Children Achieve Permanency	2nd Period Performance
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.	36%
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	Will be reported on in the 4 th period report ⁴
Outcome 13: For all children for whom parental rights have been terminated or released at the time of entry of the Consent Decree, and the child does not have an identified adoptive resource, 95% shall have been registered on national, regional, and local adoption exchanges, and have an individualized adoption recruitment plan or plan for legal guardianship within 60 days of the Consent Decree.	30%
Outcome 14: No more than 5% of adoptions finalized during the reporting period shall disrupt within the 12 months subsequent to the reporting period.	Will be reported on in the 4 th Period ⁵
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.	84%
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.	70%

⁴ Measurement of this Outcome and Outcome 14 can not be accomplished until after July 1, 2007. Both outcomes set future 12-month expectations for the experience of children in custody July 1 through December 31, 2006.

⁵ See footnote 4.

Table II-1, continued
Kenny A. Outcomes: Progress as of December 31, 2006

Permanency Outcomes Children Achieve Permanency	2nd Period Performance
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.	80%
Well-Being Outcomes 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.	90.0%
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.	84%
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.	16%
Well-Being Outcomes Children Experience Stable Placements and Worker Continuity	2nd Period Performance
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.	39%

Table II-1, continued
Kenny A. Outcomes: Progress as of December 31, 2006

Well-Being Outcomes Children and Youth Receive Services They Need	2nd Period Performance
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.	65.7% baseline 34.4% second period
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.	74%
Strengthened Infrastructure Outcomes Effective Oversight of Placement Settings	
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.	86%
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	55%
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.	8%

1. Keeping Children Safe in Foster Care

During the second reporting period, five outcomes were measured (numbered 1,2,3,5 and 6) relating to the safety of children in the custody of DeKalb and Fulton counties and the practice used to investigate reports of maltreatment in care. As shown in Table II-1, the State surpassed the period two thresholds for the two outcomes (numbered 5 and 6) that directly measure child safety. Although the performance of DeKalb and Fulton counties improved on the measures related to the investigative process, the State fell short of the established levels.

Less than one (1) percent, or 23 children, of the approximately 2800 children in the custody of DeKalb or Fulton counties at any time in the last half of 2006 were the victims of substantiated maltreatment by their substitute care givers (Outcome 5.) Furthermore, none of the sampled foster homes in which children resided during the reporting period had an incident of corporal punishment (Outcome 6.)

While Outcomes 5 and 6 focus on reducing maltreatment in care, Outcomes 1, 2, and 3 measure important aspects of the process through which allegations of maltreatment in foster care settings are investigated. Although the State fell short of the established thresholds for Outcomes 1, 2, and 3, the performance of Fulton and DeKalb Counties substantially improved in the three areas measured by these outcomes. In fact, when their performance alone is considered, they came very close to meeting the second period standards for all three of these outcomes. However, the Consent Decree covers investigations of maltreatment allegations involving any child in the custody of DeKalb or Fulton counties regardless of the county in which the children are placed. By policy, maltreatment allegations are investigated by the DFCS office in the county in which the maltreatment is alleged to have occurred. Thus, allegations of maltreatment involving a DeKalb or Fulton child placed in another county are investigated by Child Protective Services staff of that other county. Fifteen of the 78 maltreatment in care investigations completed during the second reporting period, or 19 percent, involved children in the custody of DeKalb and Fulton counties but placed outside of them. As detailed in Section III, the investigative performance of these other counties during the second reporting period fell well below that of DeKalb and Fulton.

2. Helping Children Achieve Permanency

During the second reporting period the State was to achieve a total of 13 outcomes relating to permanency. They focus on maintaining family connections: placement proximity, sibling placement together, sibling visitation when placed apart, diligent search for relatives, children achieving permanency, and timely and complete court reviews of permanency efforts. As shown in Table II-1, the State met or exceeded the period two thresholds for five of the nine outcomes (numbered 8a, 9, 10, 15, and 19) measured for the second reporting period. Its performance in four outcome areas (numbered 4, 23, 27, and 28) fell short of the established levels. Performance on four outcomes can not be measured until future reporting periods due to

the follow-up period specified in the measure.

Taken together, the performance against these outcome thresholds indicate that the State has been successful in placing children in substitute care settings that are in close proximity to the family homes from which they were removed. Nearly 90 percent live in the same county or within 50 miles of their home of origin (Outcome 19). However, when siblings are separated in care, the State has difficulty making sure that children visit with their siblings each and every month (Outcome 23). Case documentation indicates that slightly less than 20 percent of the separated siblings had at least one monthly visit in each of the last 12 months with one or more of their siblings, and as previously noted this visitation rate is a concern.

As previously highlighted, almost 1900 children exited to permanent family arrangements, including those who had been in custody many years (Outcomes 8a, 9, and 10.) Closely related to this success is the proportion of children who re-enter custody within 12 months of a previous episode (Outcome 4). The threshold for this outcome was not reached, but there has been modest improvement over the first reporting period performance and second period performance was very close to the outcome threshold – a difference of less than one percentage point. This means that a smaller proportion of children are returning to foster care.

For those children who remain in custody, the picture is more mixed. The required permanency actions for children who reach their 15th of 22 months in foster care appeared to be occurring for 84 percent of the children who were in this cohort, exceeding the Consent Decree threshold of 80 percent. This means that actions had been taken to terminate parental rights or the State had compelling reasons not to take such action. Outcome 13 (adoption recruitment efforts for children without adoptive resources), reported on in the first Accountability Agent report as being achieved is revisited in this report as a result of subsequent discussions and decisions by the parties and the Accountability Agents regarding interpretation issues for this outcome. Based upon the agreed interpretation, the State's first period performance fell short of the Outcome 13 threshold. Finally, the proportion of children receiving timely semi-annual judicial or administrative review of their case plans (Outcome 27) and annual judicial permanency reviews (Outcome 28) fell short of the Consent Decree mandates. For both these Outcomes, however, the State's performance substantially improved over the first reporting period performance.

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

During the second reporting period six outcomes were measured relating to the well-being of children in care. (Outcomes numbered 17, 18, 20, 22, 24, and 30) As shown in Table II-1, the State exceeded the threshold for Outcome 17, placement stability. It fell short of meeting the other outcome standards by varying degrees. In addition, while health care and mental health screenings and services improved from the first period, there still appear to be gaps in follow-up.

Placement stability is a critical need for children in foster care. Once a child is removed from his or her home, moving the child again from one substitute placement setting to another should be minimized. Over a 12-month period, it appears that 90 percent of the children in care experienced two or fewer placement settings, providing them with greater placement stability and surpassing the Outcome 17 threshold. As noted in Section V, the degree to which this performance reflects changes in case practice, better measurement, or both, since the first reporting period is unknown. The State has made efforts to improve the information used to calculate placement stability in its automated reporting system and the case record review finding of 90 percent of children experiencing two or fewer placement moves in 12 months compares to the 95 percent reported in IDS for children in DeKalb and Fulton custody as of December 31, 2006.

In other areas of well-being, State effort has produced different degrees of improvement and significant gaps remain despite improvement. The level of worker continuity increased slightly over the first period while the counties continued to be challenged by personnel turnover and meeting the case coverage demands of all caseloads (Outcome 18). Three-quarters (75%) of the children in custody received at least monthly visits from their case managers during their most recent 12 months in foster care. However, the Consent Decree establishes a twice-monthly visitation requirement for children in foster care (Outcome 20). Against this standard, there was improvement in the percentage of children who received twice-monthly visits from their case managers each and every month of the previous 12, going from less than five percent to 16 percent. As previously noted, while this level of performance remains in need of improvement, it represents visitations for the most recent 12 months in custody – not for the reporting period. The counties began closer tracking of visitation in July 2006 and these rates reflect at least six months prior to that concentrated attention. Information collected from the case review of children in foster care conducted for this report attempted to assess the impact of this tracking effort. The information indicates that there has been improvement in visitation frequency since July.

Monthly case-manager visits with substitute care givers fell short of the threshold established for Outcome 22. About 40 percent of the substitute caregivers received a monthly visit in each of the last 12 months from case managers. As with the other visitation requirements, this level of performance is a concern to the Accountability Agents. On-going partnership and communication between case managers and care givers is important to ensuring the best possible care for the children under their supervision. Case manager visitation with care givers is also now being monitored more closely by counties and there has been an improvement since the first reporting period.

Outcome 24 focuses on the educational attainment of older youth leaving foster care. Approximately 34 percent of the youth age 18 or older who left DFCS care in the 12 months after the Consent Decree left with a high school diploma or graduate equivalency diploma (GED.) This performance is considerably lower than what was reported for those exiting care in the year before the Consent Decree. In fact, the baseline year set a very high bar – 66 percent –

for state performance with the cohort of youth leaving care between October 27, 2004 and October 26, 2005. The State is urged to get behind these numbers to better understand what produced the apparent level of performance with both cohorts.

Outcome 30 is focused on meeting the needs of children as identified in their most recent case plans. In assessing State performance in this area, analysis was limited to those case plans that were created or updated in the previous 12 months. These criteria resulted in a pool of 147 plans for the sample of 168 children who had been in state custody more than 30 days. Half of these 147 case plans indicated one or more medical, dental, mental health, educational or other need. Almost three-quarters of these children with identified needs were receiving or had received services to meet all of their needs. The areas for greatest attention are dental health and other, individualized needs of children such as transportation to appointments and other activities. In all other areas of need identified in case plans – medical, mental health, educational, and other -- the State performance was reasonably strong.

Outcome 30 measures State responsiveness to needs identified in the child's most recent case plan. The Consent Decree also requires on-going assessment and response to needs as they arise. These needs may or may not be incorporated into case plans depending on the timing of their identification. In looking at the information collected about on-going assessment and treatment, the State's performance overall is mixed. The State appears to do well at responding to immediate health needs as they arise. However, emergent dental needs and routine health needs appeared to be met less often. This analysis, however, does not attempt to factor in the amount of time available for receiving treatment between the identification of the need and the end of the reporting period.

A similar picture emerged around mental health assessment and treatment. As with physical health needs, the State appears to be better at responding to emergent mental health needs of the children in care than it is at addressing needs identified through assessments when children first enter care. However, when length of the child's stay is considered, the time available to arrange for services appears to be a factor. Children who entered care in the last half of 2006 and had an assessment that identified a mental health need were, it appears, more likely to receive treatment the longer they were in care. Of the 15 children with identified mental health needs, those that were getting those needs met had been in care an average of 130 days. In contrast, an equal number of children that appeared not to have their needs met had been in care an average of 48 days.

In terms of education, the case record review did find that 80 percent of the children age 7 or older were enrolled in school or a GED program in the last half of 2006. Almost all of the remaining 20 percent experienced gaps in school enrollment for different reasons or did not appear to be enrolled at all during the period.

4. *Strengthening the Service Delivery Infrastructure*

During the second reporting period, three outcomes were measured relating to aspects of the infrastructure supporting practice with families and children. (Outcomes numbered 25, 26, and 31) As shown in Table II-1, the State surpassed the threshold for Outcome 31, foster home capacity limits. A measurement for Outcome 25, children in fully-approved placements, which could not be measured for the first reporting period was accomplished during this period based on an agreement of the parties as to its interpretation. As so measured, the performance surpasses the period one threshold but falls short of the period two threshold. Outcome 26 focuses on properly documenting judicial determinations that removal and continued foster care are in the child's best interest and efforts are being made to reunify the child with his/her family or there are appropriate reasons why that is not feasible. Having the applicable language in court orders is necessary for DFCS to receive all allowed federal reimbursement for foster care expenses. All applicable language was found in 55 percent of the case records reviewed.

In addition to the cited outcomes, other components of strengthening the infrastructure in the Consent Decree are caseload size and supervisory ratio. Specific caps on caseload sizes were to be in place by the end of December 2006. The different case manager types and the specified caseload caps are provided in Table II-2. In addition, no supervisor is to supervise more than six case managers at any one time. At December 31, 2006, 95 percent of the case managers in DeKalb and Fulton counties had caseloads that were at or within the designated caps. In terms of supervisory ratios, 82 percent of the units had a caseworker-supervisor ratio of 6 to 1 or less.

Table II-2
Specified Caseload Sizes as of December 31, 2006

Case manager type	Caseload size cap
Child Protective Services Investigators (CPS Investigations). These case managers are responsible for responding to and investigating reports of child maltreatment.	20 cases (the equivalent of 20 families)
Child Protective Services On-Going Case Managers. These case managers are responsible for providing services and supervising the safety of children who are not taken into state custody and remain in their own homes.	20 cases (the equivalent of 20 families)
Placement Case Managers. These case managers are responsible for providing services to the children and families of children who are in the custody of the state.	25 cases (the equivalent of 25 children)
Adoptions Case Managers. These are case managers responsible for providing services to children whose parents' parental rights have been terminated and who have the permanency goal of adoption.	22 cases (the equivalent of 22 children)
Specialized Case Managers. These case managers are responsible for providing services to the children and families of children who have been in state custody 18 months or more.	12 cases (the equivalent of 12 children)

The overall assessment of county performance in meeting the caseload caps is tempered by two important circumstances.

- First, 34 cases out of approximately 2800 CPS and Foster Care cases open on December 31, 2006 were assigned to case managers who had resigned their positions during December or were on a leave of absence greater than 30 days. These cases, according to the counties, did not go unsupervised. In each instance, the counties reported that the supervisors or program administrators took responsibility for the necessary work in each case (such as visitation, court reports, service delivery, etc.) while awaiting the return of the absent case manager or cases of departed workers were being reassigned to other case managers. As a result, the performance level stated above is likely to be slightly overstated.
- Second, as of December 31, 2006, 36 children who had reached their 18th month in state custody appeared to have remained assigned to “regular” placement case managers. The Consent Decree intends that such children be moved to specialized caseloads. Their reassignment could affect the caseload sizes of the specialized case managers.

As previously noted, both counties experienced changes and turnover in late 2006 and into 2007. While the caseload data reported here is accurate as of December 31, 2006, the Accountability Agents are aware that during the first quarter of 2007 caseloads had increased -- particularly for CPS investigators and CPS On-going case managers. The Consent Decree indicates that caseload measurements are to be taken at the end of the reporting period. The Accountability Agent’s third report will detail whether the State and Counties successfully bring CPS caseloads back within Consent Decree standards by June 30, 2007 – the end of the third reporting period.

The Accountability Agents directed more attention to training during the second reporting period with a commissioned review of the Foster Care case manager pre-service curriculum. This review produced several actionable recommendations for the State to consider as it revises all pre-service curricula.

C. Progress on Issues Identified in First Period Report

In the Accountability Agents’ first period report, four issues for priority attention by the State and Counties were identified. An update on state progress in addressing these issues is provided below:

- ***Issue 1:*** Strengthening the State’s management and accountability for the performance of provider-supervised foster homes. This included the need to improve 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.

Progress: As detailed in Sections III-B and VI-D of this report, the State has implemented many new or revised procedures and organizational processes in response to concerns about collaboration raised in the first period report. DHR has also revised the foster care provider master contract, established a new Office of Contract Compliance to monitor provider compliance and performance, and undertaken an initiative to completely populate the State's main foster care data base with data on privately-supervised placements. While the full impact of these changes has not yet been realized, a measure of their promise is the case of a foster parent with a problematic history who attempted, during this reporting period, to move from one child placing agency to another without disclosing that history. The attempt was promptly identified and the foster parent barred from further service to DFCS. Prior to these reforms, this type of situation might have "fallen through the cracks."

- **Issue 2:** Building on the permanency report required for children entering their 13th month of care to make it a practice focused on active problem solving and direction setting that helps children achieve lasting permanence.

Progress: DFCS has taken some steps to strengthen this process and to make it more collaborative, but it is not clear that the opportunity for impact that this process represents has been fully seized. Case documentation indicated that the recommendations of the permanency report and its subsequent review were being fully implemented in 60 percent (14 of 23) of applicable cases reviewed.

- **Issue 3:** Institutionalizing better systems for ensuring and documenting that children in care receive routine health screening and medical treatment as indicated.

Progress: Periodic and routine health care for foster children has improved. A "Corrective Action" that the State was unable to complete in the first reporting period was completed. Improvements have been made to the state and the counties' ability to track and trigger necessary health screening.

- **Issue 4:** The State should continue its effective use of the G2 process, which 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 doesn't work to keep children in care safe and well.

Progress: The G2 continues to meet approximately twice per month to examine and discuss performance data. The State and county DFCS leadership continue to bring commitment and energy to the process, which remains an important vehicle for understanding and galvanizing action around areas needing improved performance. It continues to be an important forum for caseworkers and casework supervisors to bring their ideas and concerns to the table. A mark of the process' maturation is that the counties now provide much or most of the data content for these meetings.

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.”⁶ As a consequence of this responsibility, several Consent Decree outcomes and requirements focus attention on the safety of children in the custody of DHR/DFCS. This chapter reports on the State’s progress in the areas related to the maltreatment of children in foster care and the process through which such allegations are investigated, and concludes with a more detailed discussion of the practices and processes employed to address reports and concerns of maltreatment in care.

A. Outcome Performance: Outcomes 1, 2, 3, 5, and 6

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. All five of these outcomes were to be achieved in the second reporting period. Table III-1 on the following page provides the language of the consent decree, the measured performance and a page reference to a fuller discussion of each Outcome. 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.

⁶ See p. 4, Principle 4, of the Consent Decree

Table III-1
Children in Foster Care are Safe from Maltreatment: Progress as of December 31, 2006

Consent Decree Outcome	2nd Period Performance	Further discussion reference
Outcome 5: 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.	0.81%	pp. 19-21
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.	87%	pp. 21-22
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.	78%	pp. 23-24
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.	87%	pp. 24-26
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 6 months.	100%	pp. 26-27

a. Interpretation and Measurement Issues

There were no new interpretation or measurement issues encountered during the second reporting period. Those that were discussed in the first report are included in Appendix B, Methodology.

b. State Performance

▪ **The State Surpassed the Second Period Outcome 5 Threshold**

As noted in Table III-1 for Outcome 5, **less than one percent (0.81%)** of all children in foster care between July 1, 2006 and December 31, 2006 had been victims of substantiated maltreatment during that time period. The review found 23 instances of substantiated maltreatment among the 2,828 children in care at any point during the reporting period. While this rate falls below the standard (0.94%) established for the second reporting period, it does represent an increase from the maltreatment rate reported for the first period (0.54%). Anecdotal evidence suggests that this increase may be attributable to better reporting of suspected maltreatment as a consequence of the attention focused on this issue by the Consent Decree. Exceeding the second

period standard indicates that DFCS continues to do well at protecting the Fulton and DeKalb children in Georgia’s foster care system from maltreatment. These data are based on the review of all investigations of maltreatment in care completed during the reporting period.

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

While Outcome 5 focuses on the result of reduced maltreatment in care, Outcomes 1, 2, and 3 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 face-to-face contact with the alleged victim within 24 hours. Because DFCS policy defines the “commencement” of an investigation as the point at which face-to-face contact with the alleged victim is made, 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. Data for these outcomes are based on the universe of 78 maltreatment investigations completed during the reporting period that involved a child in the custody of DeKalb or Fulton counties.

Although the State did not achieve the second period standard for Outcomes 1, 2, or 3, the performance of DeKalb and Fulton counties substantially improved in the three areas measured by these outcomes. In fact, when the performance of DeKalb and Fulton counties alone is considered, they came very close to meeting the second period standards for all three of these outcomes. However, the Consent Decree maltreatment in care investigations that involve any child in the custody of DeKalb or Fulton counties, regardless of which county conducts the investigation. Fifteen of the 78 maltreatment in care investigations completed during the second reporting period, or 19 percent, involved class members that were placed outside of DeKalb and Fulton counties. In accordance with DFCS policy, these investigations were conducted by the DFCS office of the county in which the child was placed. As detailed in the tables and analysis below, the performance of these counties during the second reporting period fell well below that of DeKalb and Fulton.

a. Interpretation and Measurement

There were no new interpretation or measurement issues encountered during the second reporting period. Those that were discussed in the first report are included in Appendix B, Methodology.

b. State Performance

▪ **The State Fell Short of the Second Period Threshold for Outcome 1**

As noted in Table III-1 for Outcome 1, **87 percent** of maltreatment in care investigations commenced within 24 hours according to file review data from the universe of investigations completed during the reporting period. This represents a decrease from the first period rate of 91 percent. Outcome 1 requires that by the end of the first reporting period, 95 percent of such investigations be commenced within 24 hours. However, as displayed in Table III-2, DeKalb and Fulton counties commenced 94 percent of the investigations they completed within 24 hours, while the 24-hour commencement rate for the other counties was only 60 percent.

This measure counts only investigations in which an alleged victim is seen face-to-face by a trained CPS investigator within 24 hours. Four of the 10 cases in which this did not happen were investigated by DeKalb or Fulton County, six by other counties. Of these 10 cases:

- 5 of the alleged victims were seen and removed from the placement setting at the time the allegation was made by their foster care case manager;
- 1 was seen by the foster care case manager within 24 hours; and,
- 1 was out of state on a family vacation with the foster family at the time the allegation was made and did not return for 72 hours.

Although these cases count as “misses” toward Outcome 1, in terms of assuring child safety it is important to acknowledge that of the 76 investigations involving alleged victims that might reasonably have been seen within 24 hours, 73 (96%) were seen by or removed from potential harm’s way by child welfare professionals within 24 hours.

Table III-2
Outcome 1 – Commencement of Maltreatment in Care Investigations
N=77

Investigating County	Not Commenced Within 24 Hours		Commenced Within 24 Hours		Total	
	Number of Investigations	Percent of Total	Number of Investigations	Percent of Total	Number of Investigations	Percent of Total
DeKalb/Fulton	4	7%	58	94%	62	101%
Other Counties	6	40%	9	60%	15	100%
Total	10	13%	67	87%	77	100%

* The “N” for this measure is 77 because one investigation involved an accidental child fatality and the coroner had already removed the child’s body from the home when the investigator arrived. Totals greater than 100 percent are the result of rounding.

▪ **The State Fell Short of the Second Period Threshold for Outcome 2**

As noted in Table III-1 for Outcome 2, **78 percent** of maltreatment in care investigations were completed within 30 days according to file review data from all investigations completed during the reporting period. (Another 14 percent of such cases were investigated within 45 days.) This represents a decrease from the first reporting period when 83 percent of such investigations were completed within 30 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.

However, as displayed in Table III-3, DeKalb and Fulton counties completed 94 percent of the investigations they conducted within 30 days, while the 30-day completion rate for the other counties was only 13 percent. Table III-3 also suggests one of the reasons for this disparity is the implementation of a new risk assessment tool and practice.

Briefly, in 2006 DFCS began using a new risk assessment approach to evaluate the more dynamic and specific concept of “risk of harm” associated with leaving a child who is the subject of a maltreatment investigation in the home, as opposed to the more static and general concept of a assessing “child safety.” The risk assessment approach adopted by DFCS was modeled on one developed by the State of Texas and validated by the federal Department of Health and Human Services. The risk assessment is believed to be a better tool for identifying which children can be safely kept with their birth families, and what interventions might enable them to remain safely in the home, than the traditional safety assessment. It is significantly more detailed and thorough than the previous safety assessment, and also takes more time to complete.

Table III-3
Outcome 3 – Timely Investigations
N=78

Investigating County	Completed in More than 30 Days				Completed Within 30 days				Total	
	Using Risk Assessment	Not Using Risk Assessment	Sub-total	% of Total	Using Risk Assessment	Not Using Risk Assessment	Sub-total	% of Total	#	%
DeKalb/Fulton	2	2	4	6%	55	4	59	94%	63	100
Other Counties	10	3	13	87%	1	1	2	13%	15	100
Total	12	5	17	22%	56	5	61	78%	78	100

Source: File Review of All Completed Investigations, July-December 2006, January 2007.

To accommodate this need for more time, CPS investigators were given 45 days to complete investigations that used the risk assessment, rather than the 30 day time frame for completing an investigation using the safety assessment. However, the 30 day time frame continued to be operative for investigations of maltreatment in care. While this policy nuance was discussed in G2 meetings and was clear to the staff in DeKalb and Fulton counties, the data in Table III-3 suggest that it may not have been well understood in the other counties. Table III-3 shows that

of the four investigations conducted by DeKalb and Fulton counties that were not completed within 30 days, an equal number used, and did not use, the risk assessment. But of the investigations by other counties that were not completed within 30 days, those that used the risk assessment outnumbered those that did not by a margin of more than 3 to 1.

▪ **The State Fell Short of the Second Period Threshold for Outcome 3**

As noted in Table III-1 for Outcome 3, **87 percent** of the 105 alleged victims had face-to-face private contact with a CPS investigator within 24 hours according to file review data from all investigations completed during the reporting period. While this represents a small improvement over the first period performance of 85 percent, the performance standard for Outcome 3 is 99 percent. As with Outcomes 1 and 2, performance in this area was significantly better for DeKalb and Fulton counties (94%) than it was for other counties (50%). This disparity is displayed in Table III-4.

Table III-4
Outcome 3 – Face-to-Face Contact with Alleged Maltreatment Victims within 24 Hours
N=105

Investigating County	No Contact Within 24 Hours		Seen/Removed Within 24 Hours		CPS Contact Within 24 Hours		Total	
	Alleged Victims	Percent of Total	Alleged Victims	Percent of Total	Alleged Victims	Percent Of Total	Alleged Victims	Percent of Total
DeKalb/Fulton	1	1%	4	5%	82	94%	87	100%
Other Counties	4	22%	5	28%	9	50%	18	100%
Total	5	5%	9	9%	91	87%	105*	101%

* The “N” of 105 used for this measure excludes the victim of an accidental child fatality whose body the coroner had already removed from the home when the investigator arrived. Results total more than 100% due to rounding

Source: File Review of All Completed Investigations, July-December 2006, January 2007.

This measure counts only alleged victims having face-to-face, private contact with a trained CPS investigator within 24 hours. Five of the 14 alleged victims for whom this did not happen were in cases investigated by DeKalb or Fulton County; nine were in cases investigated by other counties. Of the 5 alleged victims “missed” by DeKalb or Fulton county:

- 4 had been removed from the placement setting prior to, or at the time the allegation was made by their foster care caseworker
 - 2 of these had been removed to their grandmother’s house by the foster care case worker before the allegation was made. They were “seen” by the CPS investigator within 24 hours, but were asleep in their beds and therefore did not technically have private contact with the investigator until after the 24 hour period had elapsed.
- 1 was out of state on a family vacation with the foster family at the time the allegation was made and did not return for 72 hours.

Of the 9 alleged victims “missed” by other counties:

- 5 had been removed from the placement setting by their foster care caseworker prior to, or at the time the allegation was made.

Although these cases count as “misses” toward Outcome 3, it is important to understand that of the 86 alleged victims investigated by DeKalb or Fulton County that might reasonably have been seen within 24 hours, 86 (100%) had had their safety assured by child welfare professionals within 24 hours. Of the 18 alleged victims investigated by other counties, 14 (78%) had had their safety assured by child welfare professionals within 24 hours.

The first period report assessed the State’s prospects for attaining and sustaining the performance target for Outcome 3 as uncertain.⁷ The circumstances surrounding these “missed” cases reinforce that assessment. For the second reporting period, the 99 percent standard stipulated in Outcome 3 would fail to be achieved if even two alleged victims were not seen face-to-face within 24 hours. Therefore, the child described above who was out-of-state when the report was received represented the State’s entire margin for error for this Outcome. Had that child had an alleged victim sibling, that case alone would have made Outcome 3 unattainable.

The circumstances surrounding these “missed” cases also illuminate a communication challenge inherent in Outcome 3 and an inconsistency between the achievement of Outcome 3 and the assurance of child safety. As indicated in Table III-4, of the 14 “misses” 9 (64%) were the result of the foster care case manager removing the child from the placement setting as soon as the allegation was made. Case record notes indicate that for nearly all of these misses, the CPS investigator went to the child’s placement address within 24 hours to interview the child, only to find that the child had been moved. By the time the investigator obtained the new address and arrived at the child’s new location (which was sometimes in a different county) the 24 hour window had often elapsed.

Removing foster children from potentially harmful environments pending the results of a complete investigation is inarguably the right thing for foster care case managers to do. The *outcome* of child safety must always take precedence over the *process* of timely initiation of an investigation – the purpose of which is to effectuate the outcome of child safety. However, among many of the investigations reviewed for this reporting period, doing so created logistical and communication issues with respect to getting the correct information on the child’s new whereabouts to the appropriate CPS investigator. This problem was exacerbated when foster children were placed in other counties. In these circumstances, the child was often removed from the foster home by their DeKalb or Fulton County foster care case manager, but the child’s new whereabouts needed to be communicated to the assigned CPS investigator from the county of the child’s placement.

⁷ See Dimas, J.T. and S. Morrison “Period I Monitoring Report, Kenny A. v. Purdue,” 2006, p. 25.

The Accountability Agents recommend that the State address the logistical and communication issues that contributed to the “misses” on Outcomes 1 and 3, and will convene the parties for the purpose of considering ways to make Outcome 3 more faithful to the intent of assuring child safety, and reasonably attainable.

c. Operational Context

The shortfalls noted above in Outcomes 1, 2, and 3 seem to be associated with a common set of issues. First, the performance of the other counties investigating allegations of maltreatment involving DeKalb and Fulton children has not kept pace with the improvements seen in the investigatory processes of DeKalb and Fulton counties. In fairness to those counties, they have not benefited, as DeKalb and Fulton presumably have, from leadership focused on improving performance related to the Consent Decree outcomes, or from the collaborative, data-driven problem-solving that takes place in the G2 Meetings.

A second issue that appears to have undermined performance in this reporting period was the practice change to the risk assessment model. As staff gain familiarity with this more robust method of assuring child safety and become clearer on the expectations surrounding its use in foster care settings, the timely completion of investigations can be expected to improve.

Finally, the State’s success in achieving Outcomes 1, 2, and 3 appears to have been undermined by communication issues more than by practice. This applies to the apparent lack of clarity concerning the inapplicability of the 45-day risk assessment time frame to maltreatment in care investigations, and to the more complex and organic problem of keeping CPS investigators apprised of the current whereabouts of children that have been removed from placement settings to ensure their safety pending an investigation.

Outcome 6 – Corporal Punishment

Outcome 6 seeks to protect children in foster care from experiencing corporal punishment, which the Consent Decree defines as “...any physical punishment of a child that inflicts pain.”⁸ Outcome 6 stipulates that by the end of the second reporting period, 90 percent of all foster homes will not have an incident of corporal punishment within the previous six months.

a. Interpretation and Measurement

The Consent decree’s use of the phrase “...all foster homes....”⁹ is operationalized as all foster homes with a class member in custody during the reporting period for measurement purposes.

⁸ See p. 2 of the Consent Decree

⁹ Ibid, p. 32

b. State Performance

▪ **The State Surpassed the Second Period Outcome 6 Threshold**

As noted in Table III-1 for Outcome 6, 100 percent of the foster homes sampled had not had an incident of corporal punishment in the previous six months according to the data from 160 foster homes that had a class member in care at any point during the reporting period. This is similar to the first reporting period, during which 99 percent of the foster homes sampled had not had an incident of corporal punishment and indicates that DFCS continues to do extremely well at protecting children in care from corporal punishment.

B. Other Practice/Process Requirements Regarding Maltreatment in Care Investigations and Corporal Punishment

1. 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.

a. 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 within the 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 such investigations comport to the required timeframes and other aspects of the policy guidance covering the proper conduct of special investigations is addressed in the discussion of Outcomes 1 and 2, above.

b. Investigations Conducted in Accordance with State Standards

Section 12.A. of the Consent Decree states that "All ... reports of suspected abuse or neglect of children in foster care shall be investigated by DFCS child protective services staff in the manner and within the time frame provided by law and DFCS policy."¹¹ DFCS policy on maltreatment in care investigations (which are considered "Special Investigations") is contained

¹⁰ See pp.28-30 of the Consent Decree

¹¹ See p. 28 of the Consent Decree

in Section 2106 of the Social Services Manual.¹² 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. In all, Section 2106 contains more than 150 discrete requirements pertaining to Special Investigations. The particular requirements vary to an extent depending on the type of placement setting being investigated.

The file review explored the extent to which the maltreatment investigations completed during the second reporting period were conducted in accordance with the investigative standards contained in Section 2106. The results of that review are presented in Table III-5 for the 12 investigative standards common to most placement types.

Table III-5
Proportion of Investigations Meeting Policy requirements
N=78

Investigation Policy Requirement	Percent of Applicable Files with Documentation of Compliance
Investigator reviewed previous CPS reports for foster parents/caregivers	96%
Continued safety of the child(ren) placed in the home was adequately evaluated and assessed	95%
All non-DFCS case managers who visited in this foster care setting contacted	95%
Investigator saw/interviewed every alleged maltreated child separately	92%
Alleged maltreater was interviewed	91%
At least 2 relevant collateral sources contacted during the investigation	91%
Investigator reviewed the child's placement history noting patterns of child behavior, additional sources of information, and any concerns	85%
All DFCS approved foster parents/caregivers interviewed separately	81%
All DFCS case managers required to visit in this foster care setting contacted	78%
All other adults frequently in the home interviewed separately	76%
Investigator saw/interviewed each of the other children (non-alleged victims) separately	74%
File contains physical evidence to support case documentation	72%

Source: Case file review of all investigations completed July-December 2006, January 2007

The percentages reported in Table III-5 represent the number of instances for which the investigative file documentation was adequate to provide a conclusive, affirmative response. For certain items (e.g. children or adults interviewed separately) it was often the case that the file made it clear that these individuals were interviewed, but the documentation was inconclusive about whether those interviews were conducted separately. Also, with respect to

¹² Social Services Manual, Chapter 2100, Section VI, Georgia Dept. of Human Resources, July 2005

the finding that 72 percent of the files contained physical evidence, it should be noted that 71 percent of the maltreatment in care investigations completed in the second reporting period were unsubstantiated; many of these would not be expected to contain physical evidence.

c. 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).¹³ The purpose of the review specified in the Consent Decree is "...to determine whether a pattern of abuse or neglect exists within... [the provider agency].... that contributed to the abuse or neglect; whether the contract should be terminated; whether particular homes or facilities should be closed...."¹⁴

DFCS policy requires counties, at the conclusion of maltreatment in care investigations, to send an "Administrative Packet" detailing the incident and findings to the Social Services Director within ten days. If the incident occurred in a provider-supervised foster care setting, an investigative summary is also to be sent to TSU and ORS. The Accountability Agent's first period report registered concern about the absence of a mechanism to ensure that all required reports had been received from the Counties, and characterized the practice in place at the time as a "passive surveillance" approach.¹⁵ That is, TSU and ORS had relied on the counties, of their own volition, to send in the required reports in a timely manner.

Data from the first period file review of maltreatment in care reports indicated that county compliance with this requirement needed significant improvement. However the Accountability Agents concluded that this could be indicative of a reporting problem, a documentation problem, or both, and planned in the second reporting period to reconcile State office files and the file review data to more fully understand the nature of the problem. For the second reporting period, the assessment of State compliance with Section 12 B is based on data from the 100 percent review of maltreatment in care reports; interviews with staff of DeKalb and Fulton Counties and with ORS, TSU, and other Central Office staff; and a self-audit of ORS, TSU, and DFCS Policy Office files.

The second period file review of 78 maltreatment in care investigations found evidence in the case record that an administrative packet had been sent to the DFCS Policy Office for only 23 of them (30%). Only two of these 23 had been sent within the required 10 days. When this result was compared to the documentation in DFCS Policy Office files, it was found that another 21

¹³ 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.

¹⁴ Kenny A Consent Decree, Section 12 B, p. 28.

¹⁵ See Dimas, J.T. and S. Morrison "Period I Monitoring Report, Kenny A. v. Purdue," 2006, pp. 27-28.

administrative packets had been received, although none were received within the required 10 days. Taken together, these results indicate that administrative packets were received by the DFCS Policy Office for 56 percent of the maltreatment in care investigations completed in the second reporting period; 3 percent within the required 10 days. This suggests that with respect to the issue of reporting to the DFCS policy office, the problem is both one of reporting, especially timely reporting, and one of documenting in the case record that an administrative packet has been sent, and when it was sent.

The second period file review included 45 maltreatment in care investigations in provider-supervised settings. Evidence was found in the case record that an investigative summary had been sent to ORS and to TSU for 33 (73%) and 14 (31%), of these investigations, respectively. When these results were compared to the documentation in the ORS and TSU files, the Accountability Agents found another three investigative summaries had been received by ORS, and an additional seven by TSU. Taken together, these results indicate that investigative summaries were received by ORS for 80 percent of the maltreatment in care investigations completed in the second reporting period; and by TSU for only 47 percent of such investigations. This suggests that with respect to the issue of reporting to TSU, the problem is mostly one of reporting, although improvement is also needed in the extent to which such reporting is documented in the case record. Reporting to ORS is much more complete than it is for reporting to TSU or to the DFCS Policy Office, and is better documented in the case record, although there remains room for improvement in both.

Interviews with staff of ORS and DFCS Central Office suggest that many improvements have been made to transform the “passive surveillance” system described in the first monitoring report to an “active surveillance” system. These improvements include:

- Implementing a monthly cross check by the Evaluation and Reporting Section of CPS reports against the roster of approved providers;
- Implementing new procedures to ensure that information related to incidents of alleged maltreatment in provider-supervised settings is passed between ORS & TSU;
 - Every complaint received by ORS is sent to TSU and appropriate county DFCS offices,
 - ORS intake follows up with counties making verbal referrals to get a completed investigative summary,
 - Modifications have been made to the ORS data system to flag providers with a history of reports (substantiated or not) for special attention when an ORS surveyor checks the system before going out for licensure reviews or unannounced visits,
 - Improved tracking on the ORS website (www.ors.dhr.ga.gov) of investigations, complaints, and findings for CPAs and CCIs,
 - Joint office conferences between ORS, TSU and specific CPAs,
 - Collaboration between ORS and TSU on sanctions and adverse actions for providers with repeat non-compliance,

-
- Copying of appropriate TSU staff on every relevant e-mail to/from ORS,
 - Requiring TSU staff to check for ORS citations before going out to conduct utilization reviews or provider re-evaluations;
 - A list of foster parents with a history of substantiated maltreatment will be maintained in perpetuity on Placement central. Policy is being revised to require that this list be checked before any foster placement is approved or re-approved; and,
 - A new Office of Contract Compliance has been created, headed by Yvonne Rodgers, that will help TSU transition from focusing on medically-oriented utilization reviews to a watchful oversight role focusing on the quality of provider-delivered services and provider compliance with the terms of their contracts.

Many of these changes were implemented too late in the second reporting period to significantly impact the completeness of the reporting required in Section 12 B. The Accountability Agents expect these changes to have a substantial impact on the completeness of reporting observed in the third reporting period, and will continue to closely monitor progress in this area.

With respect to the requirement in Section 12.B. that ORS and TSU seek out patterns of abuse and neglect in provider-supervised settings, an instance was identified in the second reporting period of a provider-supervised foster parent with a history of unsubstantiated maltreatment investigations attempting to switch to the supervision of a different CPA without fully disclosing that history. ORS investigated her home and the CPA to which she had recently moved. The CPA was cited for a related licensing violation and closed her foster home. Although she had no history of substantiated reports, DFCS has barred her from caring for any children in DFCS custody in the future as a consequence of her misrepresentation, and has communicated her barred status to all CPAs statewide.

2. Corporal Punishment in Foster Homes

Section 12C¹⁶ 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.

a. Awareness of Corporal Punishment Prohibition

All placement settings are to prohibit the use of corporal punishment. In 100 percent of 160 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. This is similar to the first period performance of 99 percent.

¹⁶ See pp 29-30, paragraph 12C in the Consent Decree

b. 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 meets 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 and foster 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.

c. Compliance with Corporal Punishment Prohibition

Actual compliance with the corporal punishment prohibition appears to be excellent. The review of 180 randomly selected placement records of children in foster care during the reporting period identified no confirmed instances of corporal punishment (0.0%). During the first reporting period there was only one confirmed instance of corporal punishment among the children included in the placement sample. However, while all corporal punishment in foster care settings is prohibited, not all corporal punishment meets the criteria that trigger a maltreatment investigation. The foster home record review looked for any evidence in the foster home record that foster parents or other placement resources may have used corporal punishment or permitted it to be used on any foster child, whether or not a subsequent investigation or assessment confirmed the allegation. Such evidence was found in none of the 160 foster home records reviewed (0.0%).

The review of all 78 maltreatment in care reports investigated during the reporting period identified five such reports (6%) that began with an allegation of corporal punishment. None of these five was substantiated, and four of the five did not identify a foster care or disciplinary policy violation. This represents an improvement over the first reporting period when 15 of the 74 maltreatment in care reports (20%) began as corporal punishment allegations; one of which was substantiated.

d. Screening and Investigation of Corporal Punishment Allegations

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 Unit: 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.

As noted above, the review of all maltreatment in care investigations found 5 CPS investigations prompted by an allegation of corporal punishment; 2 in DFCS-supervised settings and 3 in provider supervised settings. Of these five:

- 5 (100%) showed that all alleged victims were interviewed separately within 24 hours;
- 5 (100%) showed evidence that the continued safety of the child was evaluated; and,
- 5 (100%) were completed within the 30 days required by DFCS policy.

The 3 investigations of privately-supervised settings represented an improvement over the first period during which 11 investigations of private care settings were precipitated by corporal punishment allegations. Two of these three contained documentation in the case record indicating ORS had been notified (for the third investigation, the documentation was inconclusive); and there was documentation indicating TSU had been notified in two of the three cases. During the first reporting period, ORS and TSU were notified of only 5 and 2, respectively, of the 11 such investigations.

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.

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, 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.

As there were no foster homes identified through the foster home record review that had an allegation of corporal punishment during the reporting period, whether or not it met the criteria for a CPS investigation, there was no file review data available with which to independently assess how such situations are handled. However, as noted previously, one maltreatment in care investigation that began with a corporal punishment allegation identified a foster care or disciplinary policy violation. This violation appears to have been handled consistent with the representations made above.

Part IV PERMANENCY

Children in Care Maintain Family Connections and Achieve Permanency

Several of the Consent Decree principles focus on the importance of permanency for children. For example, principle one refers to children “growing up in safe, nurturing family” and principle three dictates that “foster care should be as temporary an arrangement as possible, with its goal being to provide a permanent home for the child as possible.”¹⁷ As a result of this responsibility, several outcomes and practice requirements focus on children achieving permanency. The first part of this chapter reports on the State’s progress in the areas related to children in DFCS custody maintaining their family connections and achieving permanency. The remaining part describes the state’s performance in areas of required practice and process associated with achieving permanency.

A. Outcome Performance: Outcomes 7, 8a, 9, 10, 11, 13, 14, 16, 19, and 23

As described in the Introduction (Section I), 19 separate outcomes are clustered in the category of “Permanency.” Outcome number 12 related to children achieving the goal of adoption was achieved in the first reporting period. Several of the remaining outcomes applied to second reporting period. Table IV-1 on the next three pages provides the language of the consent decree, the degree of performance and a page reference to a fuller discussion of each outcome. For analysis and communication, the 19 outcomes have been further subdivided into two broad categories, *Children in Placement Maintain Family Connections* and *Children Achieve Permanency*. The following discussion provides a summary of State performance in these two areas as well as new 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.

¹⁷ See p.4, Principles 1 and 3, of the Consent Decree

Table IV-1
Permanency Outcomes

Children in Placements Maintain Family Connections	2nd Period Performance	Further discussion reference
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.	To be reported on in 3 rd period report ¹⁸	
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.	To be reported on in 3 rd period report ¹⁹	
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).	88%	pp. 38-39
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.	19%	pp. 39-40
Children Achieve Permanency		
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.	9.2%	pp. 42-43
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.	45%	pp. 43-46

¹⁸ Measurement of this Outcome and Outcome 16 required a separate case record review of a sample of children who entered care July 1 through December 31, 2006. The review was conducted in April 2007 and the data were being analyzed at the time of this report's release.

¹⁹ See previous footnote

Children Achieve Permanency	2 nd Period Performance	Further discussion reference
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.	49%	pp. 43-46
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.	36%	
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	Will be reported on in the 4 th period report ²⁰	
Outcome 13: For all children for whom parental rights have been terminated or released at the time of entry of the Consent Decree, and the child does not have an identified adoptive resource, 95% shall have been registered on national, regional, and local adoption exchanges, and have an individualized adoption recruitment plan or plan for legal guardianship within 60 days of the Consent Decree.	30%	pp. 47-49
Outcome 14: No more than 5% of adoptions finalized during the reporting period shall disrupt within the 12 months subsequent to the reporting period.	Will be reported on in the 4 th period report ²¹	
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.	84%	pp. 49-51

²⁰ Measurement of this Outcome and Outcome 14 can not be accomplished until after July 1, 2007. Both outcomes set future 12-month expectations for the experience of children in custody July 1 through December 31, 2006.

²¹ See previous footnote.

Children Achieve Permanency	2 nd Period Performance	Further discussion reference
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.	70%	pp. 51-54
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.	80%	p. 55

1. Children in Placement Maintain Family Connections

One of the Consent Decree principles is *"all non-destructive family ties should be maintained and nurtured."*²² Preserving connections between children and their families, friends, and community is an essential strategy for achieving permanency when those relationships are not destructive. Preservation starts with placing the children with family resources whenever 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 – can help maintain the connection.

Outcome 19 – Placement Proximity

When it is in the best interest of the child for the state to remove children from their homes and place them in state custody, Outcome 19 mandates that children be placed in a setting within the county or within a 50 mile radius of the home from which they were removed.²³ By the end of the second reporting period 70 percent of all children in custody are to be in placement settings with this proximity.

a. Interpretation and Measurement Issues

Currently, the State's automated information systems do not sufficiently capture the data

²² See p. 4, principle 2 in the Consent Decree

²³ See p 35, Outcome 19, in the Consent Decree

required to measure placement proximity. The information for performance measurement was therefore collected through a record review of 180 randomly selected children. When the record did not indicate that the child was placed within the county, either Dekalb or Fulton, from which he or she was removed, the case record review team used the on-line program "Mapquest" to determine "shortest drive time distance" between the address of the child's placement and the address of the home from which the child was removed. This is the default option in "Mapquest" and is generally used by the placement facilitators and case managers to determine the placement distance.

b. State Performance

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

As noted in Table IV-1 for Outcome 19, **88 percent** (159) of the 180 children in the sample of foster children were placed in the county or within a 50 mile radius of the home from which they were removed. The Outcome threshold was 70 percent. Of the 21 children not placed in proximity to their removal homes, the majority of children (12) were not placed in such close proximity to the address from which they were removed because they were placed in settings designed to meet their exceptional needs or were placed with relatives at greater distances. Proximity could not be determined for seven children because six were on run away status and one child had been abandoned at birth making the location of the home of origin unknown. In two cases, the reviewers could not determine why a more distant placement was chosen.

Outcome 23 – Sibling Visitation

DFCS has many sibling groups in its custody. As an example, during the last half of 2006, 46 percent of the children who entered foster care in Dekalb and Fulton counties, entered with one or more siblings. When these children cannot be placed together, it is important for them to maintain connection with one another through regular visits. The only times this is not desirable are when it is not in the best interest of the child to visit a sibling due to safety reasons or the emotional trauma it might cause. To assure that sibling visitation is a regular part of practice, the Consent Decree includes an outcome (number 23) that sets thresholds for the percent of children who see their separated siblings over the most recent 12-months they are in custody.²⁴ By the end of the second reporting period, at least 80 percent of separated siblings are to have at least monthly visits with their siblings.

a. Interpretation and Measurement Issues

This information regarding sibling visitation is not currently tracked in the State IDS system; therefore it is not information that is easily retrieved. It is, however, a practice that the counties started tracking in July 2006 and the county Quality Assurance units began validating during

²⁴ See p.36, Outcome 23, in the Consent Decree

the second reporting period. For the second reporting period, the Accountability Agents collected information directly from the documentation in children's records. To measure this outcome, the record reviewers looked for documentation indicating that children saw at least one sibling in custody from whom they were separated at least once a month during the previous 12 months (not during the reporting period).

b. State Performance

- **The State Fell Short of the Second Period Outcome 23 Threshold.**

As noted in Table IV-1 for Outcome 23, **19 percent** of children who had one or more siblings in custody but in separate placements visited with at least one separated sibling each month for the last 12 months or since they entered care. The outcome threshold was 80 percent. Sixty-two (34%) of the children in the foster care sample had one or more siblings who were in separate placements for some or all of the most recent 12 months they were in custody. Among these 62 children, 19 were never placed with their siblings while 43 of the children were, for different periods of time placed apart. Regular sibling visitation was not allowed for three of the 62 children because of behavioral issues; one child, however, did see his siblings at court and a Family Team Meeting and the other had only been separated a month as a result of his behavior toward his siblings. The Consent Decree's visitation requirements were met for **11 (19%) of 59 children**.²⁵ Although the measurement was limited to the frequency with which the child saw at least one sibling, it should be noted that when visitation did occur, the reviewers saw a pattern of children seeing all or many siblings during a visit. Table IV-2 describes the visitation picture captured by the case record review.

The Accountability Agents are concerned about this low rate of visitation among siblings, but are aware that the counties are diligently working to improve this practice. As noted, they began tracking and validating their own performance in July 2006; thus, this reporting period's performance includes six months visitation activity prior to that focused attention. According to these tracking systems, the Counties' visitation rates are improving considerably.

²⁵ Since this is smaller than the entire sample of 180, any conclusions drawn from the 59 children who were separated from their siblings for all or some of the time they were in care would have a margin of error of at least +/- 13%. It could possibly be greater or worse since the sample was not drawn from only the universe of children who were separated for some or part of the time.

Table IV-2
Separated Sibling Visitation Pattern
N=59

Frequency of visits	Number	Percent
Every month	11	19%
Every-other-month or more (i.e. the equivalent of 6-8 visits in a 12 month period)	19	32%
Infrequent and Sporadic (i.e. the equivalent of less than 6 visits in a 12 month period)	24	41%
No visits	5	8%
Total	59	100%

Source: Case record review, February 2007.

Outcome 7 – Diligent search for Relatives and Outcome 16 – Sibling Placement

Measurement of these two outcomes required a targeted case record review of a sample of children drawn only from those who entered DeKalb or Fulton custody in the reporting period. The review was conducted in April 2007 and the results were not available to include in this report. The results will be reported on in the Accountability Agent’s third report.

2. Children Achieve Permanency

Permanency for a child can be achieved in many ways. Subject to the absolute constraint represented by child safety, the initial focus of child welfare work is always on reunification with the birth parents. Should that result be unattainable, the state may pursue transfer of custody to a relative or adoption by a relative or another family. Legal guardianship is also means of securing permanency for a child. The Consent Decree also stipulates another permanency option. This option is designed for a relative who is “willing to assume long-term responsibility for the child but has reasons for not adopting the child or obtaining guardianship or permanent legal custody, and it is in the child’s best interest to remain in the home of the relative rather than be considered for adoption, permanent legal custody, or guardianship by another person.”²⁶ In these circumstances, the child will remain in the custody of the state with the relative committing to the “permanency and stability” of the placement.

Table IV-3 displays the distribution of permanency goals for the 180 children in the foster care sample. Over half (62%) of the children had a judicially determined or presumed goal of reunification.²⁷ The permanency goal of reunification is presumed for those children in the sample who had been in DFCS custody less than 12 months unless there was evidence of a

²⁶ See p.3, definition T in the Consent Decree

²⁷ 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.

“non-reunification” court order prior to the first annual permanency hearing.²⁸ Nine percent of the 180 children had a goal of adoption, another nine percent had the goal of placement with a fit and willing relative, and another nine percent had the goal of long term foster care. Five percent had the goal of “emancipation” referring to when a youth reaches the age of 18. For six percent, a permanency goal was not documented.

Table IV-3
Permanency Goals of Children in Care Over 30 Days
N= 180

Permanency Goal	Number	Percent
Judicially Determined/ Presumed Reunification*	111	62%
Adoption	16	9%
Placement with a Fit and Willing Relative	17	9%
Long Term Foster Care	17	9%
Emancipation	9	5%
No goal documented	10	6%
Total	180	100%

Source: Case Record Review, February 2007. * Presumed re-unification goal for children in care for less than 12 months.

Outcome 4 – Re-Entry into Custody

When children exit foster care, it is a goal of Georgia’s child welfare system that they will have exited to a stable, family care arrangement. Unfortunately, circumstances sometimes require children to reenter care to assure their safety or well-being. In Outcome 4, the Consent decree establishes a measure of the stability of foster care exits: the percentage of children who re-enter state custody within 12 months of having previously left custody.²⁹ Outcome 4 sets the same standard as the national outcomes established by the U.S. Department of Health and Human Services, no more than “8.6 percent of all foster children entering custody shall have re-entered care within 12 months.”

a. Interpretation and Measurement Issues

The State’s information system (IDS) does provide a calculation to measure Outcome 4. The case record review of a sample of 180 children in foster care at any time during the last half of 2006 only included 46 children who entered custody during the time frame. As a result, this number is too small to accurately assess the State’s performance. It was used as a comparison to what IDS reports. The IDS data, however, is used for reporting performance.

²⁸ See DHR Social Services Manual, Chapter 1006.4

²⁹ See p 32, Outcome 4, in the Consent Decree

b. State Performance

- **The State Fell Short of the Second Period Outcome 4 Threshold.**

As noted in Table IV-1 for Outcome 4, the state's IDS system reports that 9.2 percent of all children in custody as of December 31, 2006, had re-entered care within 12 months of previously exiting custody. The outcome threshold is 8.6 percent. The case record review looked at the re-entry rate of those children who entered custody in the last 6 months of 2006. Of the 46 children who entered, it was the second entry within a year for 6, or 13 percent. As measured by either data source – IDS for the entire population and the case record review of those entering care within the reporting period -- the State's performance has slightly improved over the first reporting period. At the end of June, 2006, IDS reported an 11 percent re-entry rate and the case record review showed a 14 percent re-entry rate for those children entering between October 27, 2005 and June 30, 2006.

Outcome 8a – Permanency Exits for Those Children Who Entered DeKalb or Fulton Custody on or After October 27, 2005

Outcome 9 – Permanency Exits For Those Children Who Had Been In the Custody of Dekalb or Fulton Custody Up To 24 Months as Of October 27, 2005

Outcome 10 - Permanency Exits For Those Children Who Had Been In the Custody of Dekalb or Fulton Custody More Than 24 Months as Of October 27, 2005

The Consent Decree established four permanency outcomes to be achieved among four different cohorts of children. Outcome 12, achieved in the first period, related to the cohort of children that had identified adoptive resources as of the Consent Decree.³⁰ Outcomes 8a and 8b relate to children that enter care after the effective date of the Consent Decree.³¹ The children to whom Outcomes 8a and 8b apply represent a dynamic cohort. In other words, it will continue to have new additions as children enter care. Outcome 8a will continue to apply to all those children who exit within 12 months. Outcome 8b will be applied to those children who continue to remain in care 24 months or more.³² The third cohort consists of children who were in care less than 24 months at the Consent Decree's inception in October 2005. Outcome 9 relates to these children.³³ Finally, children who were in state custody for 24 months or more at the Consent decree's inception are the focus of Outcome 10.³⁴

³⁰ Period I Monitoring Report, *Kenny A v Perdue*, November 6, 2006, pp 41-45.

³¹ October 27, 2005

³² See p. 32 and 33, Outcomes 8a and 8b

³³ See p. 33, Outcome 9, in the Consent Decree

³⁴ See pp 33 and 34, Outcome 10, in the Consent Decree

a. Interpretation and Measurement Issues

There were no interpretation or measurement issues. Performance reported for outcomes 8a, 9, and 10 is based on IDS data and documentation of relatives who have signed "an agreement for long-term care."³⁵ The data from IDS was not independently validated by the Accountability Agents.

b. State Performance

• The State Surpassed the Thresholds for Outcomes 8a, 9, and 10.

As noted in Table IV-1 for Outcomes 8a, 9, and 10, the state's IDS system reports the following:

- 883 (45%) of the children who entered DFCS custody since October 27, 2005 exited State custody within 12 months to return to their parents, live with relatives or guardians, or begin life with a new, adopted family. (Outcome 8a)**

As of December 31, 2006, nearly 2000 children had entered DFCS custody on or after October 27, 2005. Among those who entered, 45 percent had exited to a "positive permanency" arrangement. The outcome threshold was 40 percent. This means that that these children had returned to live with their parents, other relatives or guardians. In a few cases the children were adopted into a new family. Table IV-4 provides the distribution of all the children in this group who exited custody by December 31, 2006.

- 705 (49%) of the children who had been in DFCS custody up to 24 months as of October 27, 2005 had positive permanency exits by December 31, 2006. (Outcome 9)**

As of October 27, 2005, approximately 1400 children had been in DFCS custody for 24 months or less. By December 31, 2006, almost half of these children, 49 percent, had returned to live with their parents, other relatives or guardians, or been adopted. This is substantially higher than the outcome threshold of 35 percent established in the Consent Decree. Again, Table IV-4 provides the distribution of all the children in this group who exited custody by December 31, 2006. Another 111 children had other permanency exits during this time period while 630 children remained in custody.

- 298 (36%) of the children who had been in DFCS custody over 24 months as of October 27, 2005 had positive permanency exits by December 31, 2006.(Outcome 10)**

As of October 27, 2005, approximately 830 children had been in DFCS custody more than 24 months. By December 31, 2006, slightly more than one third of these children, 36 percent, had a positive permanency exit. The outcome threshold was 35 percent. The majority have been

³⁵ See p. 3, Definition T, in the Consent Decree

adopted, the rest returned to live with their parents, other relatives or guardians. A small number, 15 children, are living with relatives who have committed to provide a home and permanency for these children but the state retains custody. In the language of the Consent Decree, this option is “permanent placement with relatives.”³⁶ DFCS will continue to work with these families toward a transfer of custody through adoption, guardianship, or permanent legal custody. Table IV-4 provides the distribution of all the children in this group who exited custody by December 31, 2006. Another 114 children had other permanency exits while 416 children remained in custody.

The members of the cohort of children in custody more than 24 months as of October 27, 2005 are, not surprisingly, older children. The average age of the children is 13 compared to 8 for the children remaining in the Outcome 8a cohort. In addition, many of the remaining children have been in custody well over 24 months, with the average length of stay being almost 7 years. The children’s age and their length of time in care present serious challenges to achieving the next outcome threshold for these children.

³⁶ Ibid.

Table IV-4
Children Exited to Permanency by December 31, 2006

	Cohorts of Children			
	Children who entered custody on or since October 25, 2005 (Outcome 8a)	Children in custody for <u>up to</u> 24 months and still in custody on October 25, 2005 (Outcome 9)	Children in custody <u>for more than 24</u> months and still in custody on October 25, 2005 (Outcome 10)	Total
Number of children in cohort	1954	1446	829	4229
Number Exited to Permanency				
Reunification	722	397	56	1175
Adoption	3	101	161	265
Guardianship	52	28	6	86
Live with other relative	106	179	61	346
Permanent Placement with relatives			15	15
Total number exiting	883	705	298	1887
Percentage exiting	45%	49%	36%	45%
Other exits (transfer to other counties, emancipation, etc)	129	111	114	354
Remaining number in cohort at December 31, 2006	942	630	416	1988
Average length of stay	6 months	23 months	81 months (6.75 yrs)	
Median length of stay	6 months	22 months	67 months (5.6 yrs)	
Average age	8	10	13	
Percent female	50%	52%	45%	
Percent male	50%	48%	55%	

Source: IDS and county tracking systems

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

Outcome 11 cannot be measured yet because it focuses on the successful adoption within 12 months of children whose parents had their rights terminated between July 1 and December 31, 2006.³⁷ Outcome 11 will be measured after July 1, 2007.

Outcome 13 – Registration and Recruitment Plans for Those Children Who Did Not Have an Identified Adoptive Resource on October 27, 2005

Continuous and individualized recruitment efforts may be necessary to move certain children to a permanent family. As presented in Table IV-1, Outcome 13 required the State to identify all those children that, as of the entry of the Consent Decree, did not have an identified adoptive resource and to take steps within 60 days of the Consent Decree to register these children on national, regional, and local adoption exchanges, and create an individualized adoption recruitment plan or plan for legal guardianship. At a minimum, the State was to complete this action for 95 percent of the children to achieve the outcome. The performance reported for this outcome in the first period was 100%. However, that performance measurement is revisited in this report as a result of subsequent discussions and decisions by the parties and the Accountability Agents regarding interpretation issues for this outcome.

a. Interpretation and Measurement Issues

The interpretation of this outcome is tied to the interpretation of Outcome 12. Outcome 12 relates to children who were free for adoption and had an identified adoption resource on October 27, 2005.³⁸ In assessing the State's performance on this outcome, the Accountability Agents noted in the first period report the interpretation issues about defining what is and what is not an "identified adoptive resource." For Outcome 12, this concept was defined as a family unit with an approved evaluation *for the placement of a child or children into the home for the purpose of adoption*. Applying this definition to identify the population that was the target of Outcome 12 left a remaining pool of 135 children. A closer inspection of the circumstances of these 135 children revealed that there was a portion that had a greater likelihood for having an "identified adoptive resource" than the rest because they had interested foster parents or relatives that DFCS was pursuing as adoptive resources. The remaining portion did not appear to have anyone at the time of the Consent Decree that could be considered an "identified adoptive resource". As a result, efforts were made for this remaining cohort of 40 children to assure they were properly registered on adoption exchanges and had individualized recruitment plans. Table IV-5, summarizes the population of children in each of these three categories.

In reviewing this interpretation and data, the parties substantially agreed that the 95 children

³⁷ See p34, Outcome 11, in the Consent Decree

³⁸ See p 34, Outcome 12, in the Consent Decree

that had interested foster parents or relatives that DFCS was pursuing as adoptive resources should have been included in the pool of children to whom Outcome 13 applied.

Table IV-5
Status of Potential Adoptive Resources for Children with the Goal of Adoption and Terminated Parental Rights on October 27, 2007

Categories of Children	Total	Actions taken in First Reporting Period
Children, legally free for adoption and an adoptive home had been approved	144	135 (94%) were adopted (Outcome 12)
Children legally free for adoption with a potential resource for adoption or guardianship	95	No immediate action to register or create an individualized recruitment plan
Children legally free for adoption but have no identified resource for adoption or guardianship	40	All children were registered and had individualized recruitment plans
Total	279	

Source: DeKalb and Fulton counties

b. State Performance

- **The Fell Short of the First Period Outcome 13 Threshold**

As noted in Table IV-1 for Outcome 13, **30 percent of the children** without an adoptive resource were registered and had individualized recruitment plans within 60 days of the Consent Decree. The threshold was 95 percent. There has been progress, however, for many of the 95 children that had interested foster parents or relatives that DFCS was pursuing as adoptive resources, reflected in Table IV-6. There have also been set-backs. As shown in Table IV-6, as of the end of February 2007, 50 children or 53 percent of the 95 children had achieved permanency with the potential resource they had on October 27, 2005. Forty-four of the children had been adopted while six were in the custody of a relative or a permanent placement with a relative. Another 10 children remained in the placements they were in as of October 2005 and some incremental progress has been made in achieving permanency for them. Three youth did not want to be adopted and have subsequently reached age 18 and been discharged from custody.

For 32 of the 95 children, however, the placements or resources that had appeared viable on October 27, 2005 have subsequently disrupted or eliminated. Nine of the children had been registered on adoption exchanges prior to the Consent Decree, six within the immediate preceding 6 months. Seven children were registered six to eight months following the consent decree. Two were older youth who reached the age of 18 in July 2006 but had signed themselves back into care. Most of these children have been in state custody more than 3 years. The State has agreed to provide the plaintiffs and the Accountability Agents with a quarterly update on the progress of these children to assure there is continued focus on recruitment and finding permanence for these children.

Table IV-6
Disposition of those children not considered for either Outcome 12 or 13
As of February 28, 2007
N=95

Disposition	Number	Percent
Permanency Achieved	50	53%
No change in 10/27/05 placement or resource, some progress being made	10	11%
Older youth who do not want to be adopted	3	3%
Resource of 10/27/05 failed or was not approved, new recruitment under way	32	34%
Total	95	101%

Source: DeKalb and Fulton County. Total greater than 100% due to rounding

Outcome 14 – Adoption Disruptions within 12 Months of Finalizations

Outcome 14 cannot be measured yet because it focuses on what happens to children within 12 months from their adoption for those adopted between July 1 and December 31, 2006. Outcome 14 will be measured after December 31, 2007.

Outcome 15 – Permanency Actions for Children Reaching Their 15^h Month of Custody in Most Recent 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.³⁹ Outcome 15 establishes a second period threshold of 80 percent.

a. Interpretation and Measurement Issues

During the reporting period each county created a data base for tracking children who have reached or are approaching their 15th month in care within the most recent 22 months. The counties initially created their data bases by extracting information regarding length of stay and “TPR status” from the State’s IDS system. County data, therefore, was used as the primary source of information to evaluate the achievement of this outcome. Information found in the sample of placement records was used to independently validate the county data.

The Accountability Agents reviewed and tested the validity of the county data as follows.

- First, independent of the county data, the case record review of children in foster care collected information about the parental rights of children in custody at least 15 months.

³⁹ See p 34, Outcome 15, in the Consent Decree

These questions asked whether parental rights had been terminated for one or both parents, if a petition to terminate rights had been filed, and, if neither of these actions had been taken, was a compelling reason not to take such action documented primarily in the case plan or court documentation, or, secondarily, other file documentation. These questions applied to 85 children in the sample of 180 children based on their length of stay. The margin of error for this subset of 85 children was +/-10 percent.

- The second test was a comparison of the information in the county data bases to the documentation contained in the child case files. This purpose of the comparison was to determine if the action (TPR complete, TPR petition, TPR planned, or Compelling Reason) in the county data bases agreed with the documentation in the case files. In this way, the Accountability Agents sought to independently validate the information in the county data bases. The comparison was made using 185 case records of children drawn from the samples used for the foster care case record review and the adoption case record review. In other words, if a child who appeared in one of the county's outcome 15 data bases was also a child whose record was available for either record review, a comparison was done. In this test, the Accountability Agents found few discrepancies (about 5 %) between the contents of the county data bases and the information in the children's files.
- Thirdly, the Accountability Agents reviewed all of the compelling reasons cited in the data bases and compared them to Federal and State policy guidance. For the most part, the policy guidance directs staff to make a compelling reason based on the individual case circumstances guided by what is in the best interest of the child. DFCS policy provides examples of compelling reasons.⁴⁰

b. State Performance

- **The State Surpassed the Second Period Outcome 15 Threshold**

As noted in Table IV-1 for Outcome 15, **84 percent** of the children in care 15 of the previous 22 months were legally free to be adopted or the State had filed to terminate parental rights or documented reasons why it had not taken such action. The outcome threshold was 80 percent. Table IV-7 summarizes the different components of the Counties' performance as analyzed from the data in their tracking systems. This is very close to the finding from the sample of foster care records reviewed. Among the 85 children in the sample, DFCS had obtained terminations, filed to terminate parental rights or had documented reasons for not doing so for 69 children, or 81 percent.⁴¹ In the remaining 16 cases, there were no documented reasons for not filing for termination of parental rights.

The majority of reasons cited noted the relationship of the child to his/her parents or other relatives. In addition, in a number of cases, the parents were still attempting to complete the case plan. A portion of the children were over 14 and did not want to be adopted. For a small

⁴⁰ See Social Services Manual , Section 1002.12.3, 1002.17, and 1013.11

⁴¹ In the placement sample, 85 children had been in care 15 months. Since this is smaller than the entire sample, any conclusions drawn from the 85 would have a margin of error of +/- 10%.

number of the cases, the compelling reason cited was “no adoptive resource.” Per the Consent Decree,⁴² cases with this reason were not considered to have documented a compelling reason.

Table IV-7
Status of Children Who Had Been in DFCS Custody 15 of the Last 22 months
As of December 31, 2006

Category			Total		
			Number	Percent	Cumulative
Parental Rights of Both Parents have been terminated or relinquished			330	25%	
Parental Rights have been terminated or relinquished for one parent and DFCS has filed a petition to terminate the remaining parent			6	<1%	25%
DFCS has filed a petition to terminate the parental rights of both parents			23	2%	27%
There is a documented compelling reason for not terminating parental rights			757	57%	84%
	Reasons cited				
	Child is age 14 or older and does not wish to be adopted	170			
	Child is living with a relative	204			
	Reunification remains the goal and child has a close bond with family; parents are completing plan	273			
	Child behavior/special need, making TPR at this time inappropriate	38			
Subtotal			1116		
There is no documented Compelling Reason not to file a petition to terminate parental rights			113	8%	93%
There are plans to terminate parental rights, but a petition had not yet been filed as of December 31, 2006			97	8%	100%
Subtotal			210		
Total			1326	100%	

Source: County tracking systems validated through January-February 2007 Case Record Review

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

Children are expected to have case plans developed within 30 days of entering State custody. According to State policy and the Consent Decree, they are to be initially reviewed by the court or designated panel within six months and every six months in custody thereafter.⁴³

⁴² See p. 11, paragraph 4E.2 in the Consent Decree

⁴³ See p7, paragraphs 4A.4 and p7-8, paragraphs 4B.1-6, and p37, Outcome 27, in the Consent Decree

According to Outcome 27, at least 80 percent of the children are to have timely semi-annual reviews by the end of the second reporting period.

a. Interpretation and Measurement Issues

There were no interpretation or measurement issues. Performance reported for outcome 27 is based on case record review data.

b. State Performance

• The State Fell Short of the Second Period Outcome 27 Threshold

As noted in Table IV-1 for Outcome 27, case file documentation indicates that **70 percent (92)** of foster children in custody for six months or more had timely case plan reviews completed by the Juvenile Court or Juvenile Court Review Panel (JCRP) or a timely request for review. The threshold for this outcome was 80 percent. In the sample of 180 children, 132⁴⁴ children had been in custody 6 months or more as of December 31, 2006. For these 132 children:

- 92 children had their case plans reviewed within 6 months of entry or the previous six month court review according to case file documentation which included court orders, JCRP reports, case manager narrative, and other correspondence indicating the timing of reviews;
- 17 children had their plans reviewed, but not within 6 months and DFCS did not file a motion requesting a six-month review within 45 days of the expiration of the previous review; and
- 23 children had no case plans in the case files or the plans that were there did not appear to have been submitted for review

Although the State fell short of the threshold for this outcome, the achievement of timely 6-month court reviews for 70 percent of the children in the second reporting period presents a substantial improvement over the first reporting period. In period one, 36 percent of plans (45 of 126) had timely reviews.

Among all 109 plans reviewed by either the Juvenile Court or the JCRP, there were court orders documenting Court approval for 74 (68%). There were no court orders in 32 files to indicate adoption or rejection of the plans by the court. In three other cases, the court was still deliberating or there were other reasons why the court had not acted.

There were similar findings among the 92 plans considered to have timely reviews based on case documentation, there were references in the files that indicated 66 of the reviews were

⁴⁴ Since this is smaller than the entire sample of 180, any conclusions drawn from the 132 would have a margin of error of +/-8 percent

conducted by the JCRP, but JCRP reports were found in only 47 files. Court orders documenting Court plan approval were found for 63 (68%) of the 92 plans. There were no court orders in 26 files to indicate the court's action regarding the plans. The three other cases are those described in the preceding paragraph.

Table IV-8 provides the information captured from the case files regarding the 109 documented six-month reviews (those that were timely as well as those that were not.)

Table IV-8
Characteristics of Six-month Case Reviews
N=109 (all plans submitted)

Characteristic			Number	Percent
Participants				
	Birth Mother		38	35%
	Birth Father		12	11%
	Child		37	34%
	Pre-adoptive parents		2	2%
	Relative care givers		13	12%
	Foster parents/placement providers		30	28%
	DFCS case manager		101	93%
	DFCS supervisor		6	6%
	Other DFCS representative		3	3%
	CCFA provider		1	1%
	Private agency case manager		20	18%
	Medical and mental health professionals		3	3%
	Public Health representatives		0	
	School representatives		0	
Elements Evaluated/Considered				
	Necessity and appropriateness of child's placement		86	79%
	Reasonable efforts made to obtain permanency		92	84%
	Degree of compliance with specific goals and action steps		61	56%
	Progress made in improving conditions that caused removal		59	54%
	Changes that need to be made to plan		42	39%
	County recommendations		45	41%
	Parent recommendations		7	6%
JCRP conducted review			79	72%
	Total JCRP reports submitted*	53		
	Number of reports with Panel findings	52		
	Number of reports with Panel recommendations	52		
	Number of reports with County findings	27		
	Number of reports with County recommendations	31		
	Number of reports with County proposed plan for permanency	11		
Court conducted review			30	28%
Plan adopted by Juvenile Court			74	68%

* Evidence that a JCRP was held was contained in the court documentation in one file, but no JCRP report was found in the file; Source: Case Record Review, February 2007

Outcome 28 – Timely Annual Judicial Permanency Reviews

According to Federal and State policy and the Consent Decree, children are expected to have a permanency review every 12 months they are in custody.⁴⁵ According to Outcome 28, at least 95 percent of the children are to have timely annual permanency reviews by the end of the second reporting period.

a. Interpretation and Measurement Issues

There were no interpretation or measurement issues. Performance reported for outcome 28 is based on case record review data.

b. State Performance

- **The State Fell Short of the Second Period Outcome 28 Threshold**

As noted in Table IV-1 for Outcome 28, **80 percent** of the foster children in custody for 12 or more months had timely permanency hearings held by the Juvenile Court or a timely request for a hearing when the time had expired. The threshold for this outcome was 95 percent. In the sample of 180 children, 98⁴⁶ had been in custody 12 months or more as of December 31, 2006 or their last day in custody. Seventy-eight of these children had a permanency hearing within 12 months of entry or the previous twelve-month permanency hearing. These hearings are held to determine whether reasonable efforts have been made to achieve permanency. In another case where the hearing was not held within 12 months, DFCS followed-up within 45 days of the expiration of the 12-month time frame.⁴⁷

Again, as with Outcome 27, the State's performance has improved since the first reporting period when the case record review found 67 percent of children had timely permanency hearings.

B. Other Practice and Process Requirements for Helping Children Achieve Permanency

Placement with relatives has been demonstrated to help children have placement stability⁴⁸ and placement stability contributes to children achieving permanency. In addition, DFCS policy and the Consent Decree requirements establish several guidelines for practice to help children move to permanency. These requirements include regular parental visitation with children who have the permanency goal of reunification,⁴⁹ and internal DFCS permanency reviews for

⁴⁵ See p. 9, paragraph 4B.10, and p.37, Outcome 28, in the Consent Decree

⁴⁶ Since this is smaller than the entire sample of 180, any conclusions drawn from the 98 would have a margin of error of +/-10 percent

⁴⁷ See p. 9, paragraph 4B, sub paragraph 9 in the Consent Decree

⁴⁸ Zinn, Andrew, DeCoursey, Jan, Goerge, Robert M., Courtney, Mark E. *A Study of Placement Stability in Illinois*, Chapin Hall Center for Children, 2006.

⁴⁹ See p 6, paragraph 4A.6vi, in the Consent Decree for visitation planning in Family Team Meetings. Visitation

children who reach their 13th month in custody and county-state staffings for children who reach their 25th month in custody.⁵⁰

1. Placement with Relatives

Of the 180 children in the foster care sample, 22 percent (39) were in/had been placed with relatives on December 31, 2006 or the last day the children were in custody. Children placed with family were in a combination of relative homes, relative homes approved and being reimbursed for foster care, and with parents themselves.

2. Parental Visitation

With some exceptions, parental visits with their children in custody are essential in order to maintain a child's sense of connection, permanency, and well being. Sometimes, parental visitation is not appropriate because parental rights have been terminated, the parent is deceased, the permanency goal has been changed to something other than reunification, or because visits, even supervised ones, are not in the best interest of the child. Regular visitation is also a challenge when parents' whereabouts are unknown to DFCS or the parent is incarcerated at considerable distance from their children. Among the 180 children in the foster care sample, regular visitation with their birth mother appeared to be appropriate and feasible for 113. Among the remaining 67 children, six children were reunified with their mothers after less than 14 days in state custody. The birth mothers of 25 children were either deceased or had had their parental rights terminated. Six mothers did not have contact because it was contrary to their child's safety and five were incarcerated. Finally, case records indicate that 23 mothers could not be located. The review did not collect information about what efforts DFCS made to locate these mothers.

Visitation appeared to be appropriate or feasible for substantially fewer birth fathers. Among the 180 children, 38 had fathers who could be visiting with them. Visitation appropriateness was not considered for six children because they were in state custody less than 14 days. Among the remaining 142, for 50 children the paternity was unknown, fathers were deceased, parental rights had been terminated, non-reunification had been ordered, or their visitation was considered contrary to the welfare of the child. Twelve fathers were incarcerated, one father reportedly told DFCS he did not want to be involved, and another 73 fathers could not be located. The review did not collect information about what DFCS made to locate these fathers.

One desired result from the Family Team Meetings to be held within 10 days of children entering custody is agreement on a parental/family visitation schedule. Maintaining the schedule, however, appears to be a challenge. The case record review found

schedules are also an element of DFCS case planning

⁵⁰ See p9-10, paragraphs 4C.1 -5, in the Consent Decree

-
- 102 of 113 mothers had visitation schedules established. The majority (79) of these schedules were designed for the mother to visit at least monthly with her children. Documentation indicate that just over one-third (41) of the mothers actually had at least monthly visits or telephone contact. Another third or so (43) mothers had less than monthly or sporadic visits with their children. In 29 records the documentation did not reflect any visits or the actual frequency of the visits. No barriers to maternal visitation were identified in 75 case files. Among case files in which such barriers were documented, the barriers identified included mother's location changing, including becoming incarcerated, during the review period.
 - More than half (20) of the 38 fathers had at least monthly visitation schedules established, 18 did not. File documentation indicates that eight fathers had monthly or more visits with their children while another seven had less than monthly or sporadic visits. Nineteen did not have any documented visits. No barriers to paternal visitation were identified in 27 case files. Among case files in which such barriers were documented, the primary barrier identified was related to the father's location. Either their whereabouts became unknown or they were incarcerated during the review period.

3. **DFCS Permanency Reviews at the 13th or 25th month in custody.**

a. **13th month Permanency Reviews**

Regularly scheduled reviews of progress toward permanency take place in each county, conducted by a team of people drawn from the Program Improvement Specialists, Regional Adoption Coordinators, and Field Program Specialists. The review teams are guided by a Permanency Reviews Practice Manual. According to the manual, the reviews are to include the following activities:

- Case readings using an on-line Case Review Guide
- Case packet reviews – these packets contain the information specifically required in the Consent Decree for this process (Child Profile, FTM form, case plan, court orders, etc)
- Documentation of findings, recommendations, and concurrence with the County's permanency plan.

Staffings are held for those cases where the review team does not concur with the permanency plan or there is a belief that the plan would benefit from more discussion and additional actions. Post conference site meetings are held at the completion of the monthly reviews. The purpose of the meetings is to debrief the Permanency Review process and identify practice strengths and areas for improvement.

The State is now preparing quarterly reports on the Permanency Review efforts. Table IV-9 draws on the 2 reports spanning the period July 1 through December 31, 2006 and summarizes

some of the characteristics of the 13th month permanency review practice. State reviewers concurred with the county permanency plans in 71 percent of all cases reviewed during the six month period. As reflected in the table, the concurrence rate improved between October and December over the previous quarter. County-state staffings were convened for 150 (48%) of the reviews.

The State quarterly reports have the following recommendations for improvement:

Diligent Search could be strengthened by more explanation about why relatives have been “ruled out” and what efforts have been used to connect with family members to get them involved in the case plan and reunification efforts.

Keeping Case Plans current and reflective of the most recent case activity.

More timely proceedings/Court Orders by filing the motion to extend court orders within 90 to 120 days of the expiration of the current court order to assure compliance with federal and state foster care guidelines.

Family Team Meetings could be strengthened through more discussion of issues that precipitated out of home placement and strategies to reduce these risk factors. Parents and family members should be assisted to identify additional relative caretakers and safety resources as well as changes that need to be implemented for the child/ren to return home.

Supervisory documentation of regularly scheduled case conferences with staff in the case files and more mentoring of inexperienced staff.

Table IV-9
13th Month Permanency Review Implementation
between July 1 and December 31, 2006

	July - September		October-December		Full Period	
	No.	%	No	%	No	%
Total Cases	147		168		315	
Reviewer Concurrence	95	65%	128	76%	223	71%
Permanency Goal						
Reunification	83	57%	132	79%	215	68%
Permanent Placement with relative	18	12%	16	10%	34	11%
Adoption	23	16%	8	5%	31	10%
Guardianship	0	0	0		0	
Another planned arrangement	22	15%	12	7%	34	11%
Other	1	<1%			1	0%
Totals		100%		101%	315	100%
Practice Findings						% of Cases
Cases with "Family Team Meetings" within the last 90 days	72	49%	160	95%	239	76%
Cases with relatives involved in FTM	33	22%	80	50%	113	36%
Cases with recommendations specific to Family/Child Needs	61	42%	121	72%	183	58%

Source: Division of Family and Children's Services, State Risk Director, Quarterly Reports on 13th month and 25th month Reviews. Totals greater than 100% are due to rounding

Among the 36 children who had been in care 12 to 24 months as of December 31, 2006 or their last day of custody, there was evidence of 23 13th month permanency reviews. Barriers to permanency identified in the 13 month reports and reviews found in the case files include such issues as children with severe emotional and behavioral problems, parents continuing to work on case plan goals, parents' whereabouts are unknown, lack of an adoptive resource, and lack of sufficient housing space to accommodate mother and all the children. Case documentation indicates that the recommendations of the permanency report and its subsequent review are being fully implemented in 14 of the 23 cases and another case had partial implementation until

the mother left Georgia. In the adoption sample, seven children had reached their 13th month in care by December 31, 2006 and all 7 had permanency reviews. All 7 included some actions to be taken by the county and the county appeared to be implementing the steps. These actions varied by case, but included:

- Steps to move expeditiously to complete termination of parental rights (6)
- Review child's treatment plan for modification that might allow an adoptive placement (1)
- Hold a staffing once TPR granted (1)
- Place child in a pre-adoptive home (1)

b. **25th Month County-State Staffings**

In addition to the 13th month permanency reviews, DFCS reports holding State/county staffings for 135 children who had reached their 25th month in care. County-state staffings at the 25th month in care were conducted for 56 of the 59 children in the placement sample in care 25 months or more as of December 31, 2006 or their last day of custody. The staffings were held for 60 of the 80 children in the adoption sample who had reached the same milestone. Some or all of the recommendations from the staffings were being implemented in nearly all of the identified cases in both samples.

4. **The Adoption Process**

Once parental rights are terminated, children are legally free to be adopted and it is in their best interest to be placed in a permanent home as quickly as circumstances permit. The case record review of children in the "adoption sample" provides some insight into how the adoption process is unfolding for 94 children who had at least one parent whose rights had been terminated. In fact, both parents of 91 of the 94 children have had their rights terminated or the parents were deceased. For the remaining three, a petition to terminate the parental rights of the remaining parent had been filed. The children in the sample averaged 9 years old. On average, the children in this sample had been in custody nearly 5 years (57 months.) They had been in their current placements an average of 21 months.

a. **Placement Settings and Foster Parent Interest in Adoption**

Eighty-five children were living in family settings. Some of these settings had more potential for adoption than others. Twelve of the 85 children were placed with relatives or were in adoptive homes. The other 73 were placed in foster homes. Among the 85, DFCS had determined that 67 children have foster parents that are appropriate potential adoptive parents. Nine children were living in congregate care facilities.

Forty-six children have foster parents who have verbally expressed interest in adoption according to the documentation in the case files. However, a smaller number, 26 of the 46, have actually taken another step in making a commitment to the children. Twenty-six have signed

an affidavit for Consideration of Adoption (Form 150). Five of the 26 have reached the point of signing an Adoption Placement Agreement (Form 33) which means that they have moved beyond wanting to be considered as an adoptive resource to being willing to actually adopt the child in their home. The final step is for DFCS to notify the family that the child has been released for adoption so that the family can proceed with filing a petition to adopt.

Typically, families move through these different levels of increasing commitment. There are a number of steps along the way including appropriate monitoring of the child and family if the child has not had a previous long, stable placement with the parent; a home study to approve the home as an adoptive home; and applying for adoption assistance. For the five children who have foster parents who have signed the Adoption Placement Agreement, the signing was 7 to 45 months after their parents' rights were terminated. One child was released for adoption in mid November 2006, but no finalization hearing had been scheduled as of December 31, 2006. For this child, the time between the termination of parental rights and release for adoption was 12 months.

b. Adoption Assistance

According to Federal law and state policy, eligibility for adoption assistance only needs to be "determined" if a child does not already meet certain criteria. The criteria that make a child automatically eligible include age (any child over the age of 8); black heritage over the age of 1; membership in a sibling group with additional criteria; and documented physical, emotional, or mental problems or limitations. Within the record review sample, nearly all of the children met at least one of these criteria:

- 94 percent of the children had black heritage and were over the age of 1.
- 18 percent (17) were part of a sibling group of three or more
- 19 percent (18) were part of a sibling group of 2 with one sibling being 8 or older.
- Over half of the children had documented physical, emotional or mental problems or limitations.

In addition, case managers submitted 14 children to the Office of Adoptions for determination of eligibility for assistance based on special needs and the Office approved 13 but rejected the 14th, determining that the child did not have special needs.

Discussion of the availability of adoption assistance with foster parents was documented for 32 children, but the amount and type of assistance appears to have been discussed with 20 foster parents.

An application for assistance had been submitted for 10 children, but the adoptive families of 14 children have been told they will receive a monthly payment, ranging from \$35.00 to \$1,368.75. Some families have yet to accept the amount; in particular a foster parent who would receive \$35.00 a month has not yet signed the Adoption Placement Agreement. In the judgment of the record reviewers, this was the only case in which the proposed amount did not seem appropriate to the needs of the child documented in the record and the child's current level of

care placement. The child has Down's syndrome and other physical challenges requiring long term care as documented in a physician's assessment. The type and amount of adoption assistance has not yet been determined for 80 children. The adoption assistance program was created to remove barriers to adoption.

c. Recruitment Efforts to Assure Permanency

Of the 89 children in the case record review who did not have an adoptive placement (foster parents had not signed an Adoptive Placement Agreement,) DFCS had identified adoptive resources among relatives, current and former foster parents, and others for 59 children. Twenty-six children had active individualized adoption recruitment plans, and another child had documented recruitment efforts under way but no plan was found in the file. Recruitment efforts for these 27 children included registration on adoption exchanges, being featured on local adoption awareness outlets, participating in video conferences and other opportunities that allow potential resources to get to know them a little better. Recruitment was on hold for three other children as they received therapeutic treatment.

C. *Supporting Permanency after Case Closure*

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.⁵¹ In addition, the newly created specialized case manager position is responsible for convening a discharge planning meeting 30 days before discharge.⁵² Finally, DFCS is to make available post-adoption services to support and stabilize adoptions for at least 18 months following adoption finalization.⁵³

1. Aftercare for Children Exiting DFCS Custody to a Permanency plan other than Adoption

Forty-three children in the foster care sample were discharged from DFCS custody during the period July 1 through December 31, 2006. Among these 43 children, 37 had achieved their permanency goal. Three of these children did not achieve their goal because they were on "run away" status at time of discharge. Two others were being adopted post-custody by a relative, or had been placed with a guardian instead of achieving reunification. One youth signed himself back into care for a month after his 18th birthday but then left.

DFCS determined that additional services were needed for 24 of the 43 children. These determinations were documented in court orders, relative care-giver assessments, and independent living plans. The additional service determinations for the 24 children resulted in referrals for aftercare services, medical assistance, and open Child Protective Services orders

⁵¹ See p.10, paragraph 4C.6 in the Consent Decree

⁵² See p. 12, paragraph 4F.3e in the Consent Decree

⁵³ See p. 11, paragraph 4E.2 in the Consent Decree.

among other individualized plans. For the remaining 19 children who were discharged, no documentation was found indicating whether or not the need for post discharge services had been assessed.

Documentation was found for court-ordered after care plans for 2 of the 24 children discharged with needs identified. One family was referred to a private provider for wrap-around services. Another family was helped to find independent housing, utility bill relief, furniture and assistance with child care.

After care supervision was ordered by the court for 6 children. It was clear in 3 files, that these visits were implemented, but for 3 other children there was no documentation of the visits. Thirteen children had cases that remained open after they were discharged from custody. Among the 13 cases, 6 remained open because the discharged youth had “signed themselves” back into care. All six were enrolled in an educational program.

Nine of the discharged children had been on the caseloads of specialized case managers at the time of discharge. It appears that only one of these individuals had a discharge planning meeting with his/her worker, at any time prior to discharge. In focus groups of Specialized Case Managers conducted in November 2006, participants confirmed that little formal discharge planning was taking place. SCMs reported that they might have a meeting with their supervisor regarding a case prior to discharge, but there was not a formalized process. Some reported that they would go to court and the judge would just send the child home so there was no time to prepare for the discharge. While many had attended the new family team meeting training, no one had actually participated in a meeting at which the family was in attendance.

2. Post Adoption Assistance

The post-adoption financial assistance that a child’s family receives is based on the child’s needs (race, age, sibling group, characteristics, and special determinations.) According to data obtained from the Office of Adoptions, of the 160 children adopted from DeKalb and Fulton County in calendar year 2006, 86 percent received monthly Adoption Assistance benefits and Medicaid. Three of the 160 received Special Services. Special Services are benefits that are time limited or one-time only services. These benefits may include special medical equipment, psychiatric/psychological testing, and therapy; special educational equipment, tutorial services, orthodontic services or respite care.

Several forms of supportive assistance are available to families after adoption⁵⁴ including Crisis Intervention Team, Day Care, ATEAM (Adopted Teen Empowerment and Mentoring) Program, Camp Promise – a special camp for children with a special condition that might prevent them from attending a more traditional summer camp, Tutorial Services, etc. Referrals to these services are handled by the Georgia Center for Adoption and Foster Care Resources and

⁵⁴ Office of Adoptions Manual, March 2003, Section 108

Support. According to the Office of Adoption data, of the 160 children adopted in calendar year 2006, one child received respite services, one family contacted the Georgia Center for Adoption Resources and Support for services, two children were enrolled in the Adopted Teen Empowerment Mentoring Program and 11 children received Day Care Services.

Part V WELL-BEING

Children in Care Experience Stable Placements and 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.”⁵⁵ In addition, the policy of the Department of Human Services asserts that foster care services are to “focus on strengthening and rebuilding families to bring about the child’s early return. If this is not possible within a reasonable period of time, foster care promotes the permanency of children by arranging for placement in another stable, nurturing home. While in care, the comprehensive needs of children are assessed and services arranged and/or provided to promote their well-being.”⁵⁶ All six of the Consent Decree outcomes focused on the well-being of children while they are in care had thresholds to be met during the second reporting period. This chapter reports on the State’s performance on these outcomes and the practice in this area.

A. Outcome Performance: Outcomes 17, 18, 20, 22, 24, and 30

As noted, six separate outcomes are clustered in the category of “Well-Being.” Table V-1 on the next two pages provides the language of the consent decree, the degree of performance and a page reference to a fuller discussion of each outcome. For analysis and communication, the six outcomes have been further subdivided into two broad categories, *Children Experience Stable Placements and Worker Continuity* and *Children and Youth Receive the Services the Need*. The following discussion provides a summary of State performance in these two areas as well as new 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.

⁵⁵ See p. 4, paragraph 7 in the Consent Decree

⁵⁶ See Social Services Manual Section 3060

Table V-1
Well-Being Outcomes

Children Experience Stable Placements and Worker Continuity	2nd Period Performance	Further discussion reference
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.	90.0%	pp. 67-68
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.	84%	pp. 68-69
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.	16%	pp. 69-70
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.	39%	pp. 71-72
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.	65.7% baseline 34.4% second period	pp. 72-73
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.	74%	pp. 74-76

1. Children Experience Stable Placements and Worker Continuity

All four of the Outcomes (numbered 17, 18, 20, and 22) related to children experiencing a stable placement and continuity of care and case management had thresholds to be achieved by the end of the second reporting period.

Outcome 17 – Placement Stability

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. With Outcome 17, the Consent Decree establishes a threshold for placement stability by requiring that at least 86.7 percent of children in custody have 2 or fewer moves in most recent 12 months in custody.⁵⁷

a. Interpretation and Measurement Issues

Outcome 17 is similar to, but not identical to the federal standard for placement stability. The federal standard is applied to the number of placements, not moves, and suggests that at least 86.7 percent of children should experience no more than two placements in the most recent 12 months in custody. This similarity caused some confusion and, in part, suggested a different approach to measuring Outcome 17. Concerned that the first period measurement was substantially different than that reported for all children in IDS, the Accountability Agents reviewed the Federal measurement approach. In the record review for period one, reviewers were asked to count the number of moves a child experienced in the 12 months preceding June 30, 2006 or the last day the child was in custody. They were instructed to count the move from his/her home of origin to the initial placement at the time DFCS assumed temporary custody of the child as the first move. The Federal approach for purposes of the Child and Family Service Reviews is to count the number of “physical settings in which a child finds himself or herself after removal.”⁵⁸ The Accountability Agents therefore concluded that the more appropriate instruction to the reviewers was to record the number of placements a child had in the 12 months preceding December 31, 2006 or the last day in custody. For purposes of measurement, the number of moves a child experiences represents one less than the number of placements experienced.

b. State Performance

▪ The State Surpassed the Second Period Outcome 17 Threshold

As noted in Table V-1, 90 percent of the 180 children in the foster care sample experienced two

⁵⁷ See p. 35, Outcome 17 in the Consent Decree

⁵⁸ See the U.S. Administration for Children and Families web site,
<http://www.acf.hhs.gov/programs/cb/cwmonitoring/results/results/slId029.htm>

or fewer moves during the previous 12 months in custody. The outcome threshold was 86.7 percent. For the children in DFCS custody in December 2006, IDS reported 95 percent of all children experienced two or fewer moves. Table V-2 provides a breakdown of the number of placements experienced by the children in the placement sample. For those children experiencing more than two placements in 12 months, the most frequent reason for placement changes cited in the case records is child behavior.

Table V-2
Number of Moves Experienced by Children
N=180

Number of Moves Experienced in the Previous 12 Months in Care	Number	Percent
No Moves	89	49%
One Move	53	29%
Two Moves	20	11%
Subtotal	162	90%
Three Moves	10	6%
Four Moves	4	2%
Five Moves	2	1%
Six Moves or more	2	1%
Total	180	99%

Source: Case Record Review, February 2007. Total is less than 100% due to rounding.

Outcome 18 – Worker Continuity

Worker continuity is also a contributor to a child achieving permanency more quickly and to a child's well-being while in care. Outcome 18 requires that at least 90 percent of children in custody have no more than 2 workers during their most recent 12 months in custody. There are exceptions that allow for case manager terminations, death, transfers, and temporary assignments to cover another case manager's cases while out on sick leave. It also allows for the child's transfer to a Specialized Adoptions case manager.⁵⁹

a. Interpretation and Measurement Issues

The performance measurement is based on County reported data drawn from IDS for children in Dekalb and Fulton County custody on December 15, 2006 and analyzed by the counties as to the reasons for case manager changes since December 14, 2005. Exemptions noted were case manager changes that resulted from 1) transfers to a Specialized Case Manager, 2) case manager deaths, terminations, and transfers to another county or, 3) temporary assignments to cover cases during a maternity or sick leave.⁶⁰ The county data was reviewed by the Accountability

⁵⁹ See p. 35, Outcome 18, in the Consent Decree

⁶⁰ See p. 35, paragraph 18, in the Consent Decree.

Agents for consistency with the appropriated reasons. It was also compared to the information collected in the case record review of 180 children in placement as a means of verification. No exceptions were factored into the case record review data collection as it is often difficult if not impossible to determine from a child's record why there was a case manager change. The performance calculated from the county data fell within the margin of error of the case record review results.

b. State Performance

▪ **The State Fell Short of the Second Period Outcome 18 Threshold**

As noted in Table V-1, **84 percent** of the children in custody on December 15, 2006 had had 2 or fewer placement case managers in the preceding 12 months. The outcome threshold for this is 90 percent. As noted, the case record review also collected data on the number of placement case managers experienced by the children in the foster care sample. The results showed that 83 percent of the children had 2 or fewer workers in the 12 months preceding December 31, 2006 or the last day of custody. This performance reflects a slight improvement over the 81 percent found in the first reporting period.

Outcome 20 – Case Manager Visitation with Children

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 twice monthly visits during the most recent 12 months in Outcome 20. Furthermore, Outcome 20 references the section of the Consent Decree that defines the nature of the twice monthly visits very specifically. One visit is to be “in-placement” and there shall be one “other visit” each month.⁶¹ The nature of these visits is further defined as follows: “an in-placement visit refers to a private face-to face visit with the child *in the child’s home/placement....* A visit refers to a face-to-face visit with the child.”⁶²

c. Interpretation and Measurement Issues

As a result of the Consent Decree’s specific criteria for case manager – child visits, the case record review was designed and the reviewers were instructed to only “count” visits that met these criteria. For example, if a reviewer saw that two visits were made during the month, but neither were in-placement visits or there was no indication that there was a private piece to a visit, the visit was not counted. However, this may have caused performance to be somewhat understated because case manager documentation lacked specificity about the visits. In fact, in 21 completed reviews, the reviewers noted that more visits occurred than they recorded in the case record review guide because the documentation did not reflect private visits. The

⁶¹ See p. 35, Outcome 20 in the Consent Decree

⁶² See p. 19, Section 5D in the Consent Decree

reviewers also cited this documentation issue as a reason why their visit count might differ from that seen in the county tracking systems. This is an issue the Accountability Agents will study before the next case record review to determine if there is a better approach to measuring visitation performance.

d. State Performance

▪ The State Fell Short of the Second Period Outcome 20 Threshold

As noted in Table V-1, **16 percent** of the children received two monthly visits during the previous 12 months, as defined in the Consent Decree. The threshold for this outcome is 95 percent. Although this level of performance is a concern to the Accountability Agents, it is important to note several things:

- These rates represent visitations for the 12 months preceding December 31, 2006 or the last day the child was in custody – not for the reporting period. The counties began closer tracking of visitation in July 2006. These rates reflect at least six months of performance prior to that concentrated attention.
- This outcome is not calculated as an average (i.e., at least 24 visits in the last 12 months). Any child that did not receive two visits, at least one of which was “private” and “in-placement,” each and every month of the designated 12-month period was counted as a “no.”
- This is an improvement over the first period when it appeared that 3 percent of the children in care received 2 visits per month in each of the previous 12 months.
- Another 58 percent of the children received at least one monthly visit.

Table V-3 arrays the visitation pattern indicated in the case files.

In addition to the measurement challenge previously noted, there are reasons to believe this performance will continue to improve. In nearly two-thirds (64%) of the records of children who had entered care before July 1, 2006, the reviewers did note an improvement in frequency of case manager visits since July. As indicated, both counties established a tracking process since July. Their Quality Assurance units are now regularly reviewing all case manager documentation, verifying and tracking all visits each month. This information is reported monthly to administration and in the G2 meetings by supervisory units.

Table V-3
Case Manager Visits with Children over the 12 months preceding
December 31, 2006 or last day of custody
N=177*

Proportion of Twice Monthly Case Manager Visits Experienced by Children in Custody and as defined by the Consent Decree	Number	Percent
All required visits	28	16%
Half to almost all visits (i.e. the equivalent to monthly visits or more)	103	58%
Children in care 30 days or more receiving fewer than half the required visits (i.e. equivalent of less than monthly visits)	37	21%
Children in custody for 30 days or less, visited once, but not in-placement	3	2%
Children in custody 30 days or less, no visits	5	3%
No documented visits**	1	
Total children	177	100%

*Three children were excluded from the analysis because they have been placed out of state for the 12 months under study.

**One child was being supervised in another county and there was no documentation about frequency of visits.

Source: Case record review, February 2007.

Case manager visitation with about half (54%) of the children typically covered a range of issues including safety, case planning, service delivery, and goal attainment. With the remaining children, the visits typically focused on one of these issues more than others with safety being the leading concern.

Outcome 22 – Case Manager Visitation with Substitute Caregivers

In Outcome 22, the Consent Decree requires case managers to visit once a month with the substitute care givers. This includes foster parents, group home and institutional staff and others charged with the responsibility of caring for children in DFCS custody and the substitute caregivers.⁶³

a. Interpretation and Measurement Issues

There were no interpretation measurement issues associated with this outcome.

⁶³ See p. 36, Outcome 22 in the Consent Decree

b. State Performance

▪ The State Fell Short of the Second Period Outcome 22 Threshold

As noted in Table V-1, **39 percent** of the children had care givers who were visited at least once each month by case managers for the 12 months prior to December 31, 2006 or the last day in custody. The threshold for this outcome is 90 percent. Again, while the performance is low and a concern, it represents performance for at least six months prior to the counties' initiation of closer tracking of visitation in July 2006. It is also an improvement over the first reporting period where the record review found 32 percent of the children's substitute care givers received monthly case manager visits during the previous 12 months. Table V-4 summarizes the pattern of case manager visitation with care givers.

Table V-4
Case Manager Visits with Substitute Caregivers over the 12 months preceding December 31, 2006 or last day of custody
N=174*

Proportion of Monthly Case Manager with Substitute Caregivers	Number	Percent
All required visits	68	39%
Half to almost all visits (i.e. the equivalent to visiting every-other month or more frequently)	84	48%
Less than half (i.e. sporadic)	12	7%
No visits	10	6%
Total caregivers	174	100%

*Three children were excluded from the analysis because they have been placed out of state for the 12 months under study and another three were excluded and three were excluded because they had been in care less than 14 days.

Source: Case Record review, February 2007.

Outcome 24 – Educational Achievement of Youth Leaving Foster Care at age 18 or Older

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 over a baseline year 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.”⁶⁴ This Outcome called for the State to increase by 10 percentage points, the proportion of youth who achieve a high school diploma or a graduate equivalency diploma (GED) over a pre-Consent Decree baseline year.

a. Interpretation and Measurement Issues

The State compiled a preliminary baseline for the year, October 27, 2004 to October 26, 2005,

⁶⁴ See p. 36, paragraph 24 in the Consent Decree

from its own “case finding” (identifying youth who met the criteria for the outcome) and file documentation. Concerned about the accuracy of that approach, it recompiled the baseline and the first measurement year, October 27, 2005 to October 26, 2006, by reconciling DHR records with those maintained by the State of Georgia, Departments of Education (DOE) and Technical and Adult Education (DTAE). These two sister agencies maintain records of all Georgia residents who earn a high school diploma from a public school or Graduate Equivalency Diploma (GED) in Georgia, respectively. These records were supplemented, where necessary, with actual copies of diplomas or GED certification. The Accountability Agents did not do a separate validation of the records.

The baseline created from this approach revealed that 65.7 percent of the youth 18 years old or older who left DFCS care in the baseline year had earned a high school diploma or GED.

This performance is substantially higher than DHR’s own preliminary estimates. It represents 132 youth out of 201 exiting youth who exited with a high school diploma or GED. The rate is similar to the 65.4 percent high school graduation rate for all Georgia students in 2004.⁶⁵ According to the National Working Group on Foster Care and Education, it is also within the range of what other studies have found for foster youth and what has been reported as the national completion rate for all students.⁶⁶ To meet the first threshold for Outcome 24, the state would have to increase this performance to 75.7 percent among the cohort of youth who leave care between October 27, 2005 and October 26, 2006. To achieve and sustain the final threshold for Outcome 24, 85.7 percent of the youth who leave care between October 27, 2006 and October 26, 2007 would have to earn a high school diploma or a GED.

b. State Performance

▪ The State Fell Short of Bettering its Baseline Performance for Outcome 24

As noted in Table V-1, **34.4 percent the youth** who left DFCS care at age 18 or older between October 27, 2005 and December 31, 2006 achieved a GED/ High School Diploma. This represented 43 out of 125 exiting youth. This is 31.3 percentage points less than the baseline year. This result is surprisingly incongruous and raises questions about the methodology and whether one of these years is an anomaly. It seems unlikely that practice or child characteristics would vary enough from one year to the next to explain these disparate results. It is recommended that the State take another look at both years and gather data for some additional historical years to provide other points of comparison for these results as well as examine how other variables such as practice patterns and school attendance may have differed for these two (and any comparison) cohorts.

⁶⁵ See September 21, 2006 press release from Governor Perdue at <http://www.gov.state.us/press/2006/press1265.shtml>

⁶⁶ See Educational Outcomes for Children and Youth in Foster Care and Out-of-Home Care, December 2006, National Working Group on Foster Care and Education at <http://www.casey.org/NR/rdonlyres/A8991CAB-AFC1-4CF0-8121-7E4C31A2553F/1069/DataSheetForWeb12092.pdf>

Given that it has taken three years for the State of Georgia's high school graduation rate to move from 63.3 to 70.8 percent⁶⁷, approximately 7 percentage points, it may not be realistic to expect a 10 percentage point improvement in one year among the foster care population. The Accountability Agents will convene the parties for the purpose of evaluating the possible data anomalies associated with Outcome 24 and to discuss whether the existing escalation factor is realistic.

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

The Consent Decree specifies that the needs to be considered for achieving Outcome 30 are those medical, dental, mental health, educational or other needs found in the child's most recent case plan.⁶⁸

a. Interpretation and Measurement Issues

For purposes of determining whether needs identified in the most recent case plans were being met, the following exclusions from the sample of 180 children in foster care were necessary for the analysis: 12 children who had been in custody less than 30 days and would not be expected to have a case plan; another 12 children for whom no plans were found in their case records, and four children were excluded because of data collection problems. The Accountability Agents chose to exclude from data collection and analysis another five plans older than 12 months because of the dynamic changes that can occur within 12 months of a child's life and the older plans would be less likely to reflect more recent issues in the lives of the children. These data cleansing decisions provided 147⁶⁹ plans for analysis and increased the margin of error to plus or minus eight percent.

To measure whether the identified needs were being met, the sample of case files were reviewed for evidence that services had been delivered or were being delivered to respond to the need.

To provide a context for the proportion of children in care that might be expected to have needs identified in case plans or in other documentation, the Accountability Agents found the following in national studies of children in foster care.

- According to the American Academy of Child and Adolescent Psychiatry, "about 30 percent of children in foster care have severe emotional, behavioral, or developmental problems. Physical health problems are also common."⁷⁰

⁶⁷ See September 21, 2006 press release from Governor Perdue

⁶⁸ See p 38, Outcome 30 in the Consent Decree

⁶⁹ The most recent case plans for four children were inadvertently excluded from the data collection due to record reviewer error. All four were discharged before December 31, 2006

⁷⁰ See Facts for Families, Foster Care No64, Updated May 2005, American Academy of Child and Adolescent

- Children in foster care are “more likely than other groups of Medicaid children to have a mental health or substance abuse condition” according to a 2001 report by Mathematica Policy Research, Inc.⁷¹ The report specifically noted that the “the most common conditions in the foster care population were mental conditions.”⁷²
- A 2003 Research Brief from Child Trends reported “Just under a quarter of foster children under the age of 15 (24 percent) have chronic health problems”⁷³
- The National Working Group on Foster Care and Education writes that “numerous studies indicate that anywhere between one-quarter and almost one-half of children” in foster care “receive special education services at some point in their schooling.”⁷⁴

b. State Performance

▪ The State Fell Short of the Second Period Outcome 30 Threshold

As noted in Table V-1, **74 percent** of children had all needs identified in their most recent case plan met. The threshold for this outcome was 80 percent.

Among the 147⁷⁵ plans, half (73) had at least one need identified. However, Mental health needs were the most often cited, noted in 50 (34%) of the plans. Thirty-seven plans cited educational needs and thirty-three had medical needs. Thirteen plans had dental needs identified. Finally, 21 plans identified some other type of need. This information is presented below in Table V-5.

As reflected in Table V-5, DFCS has been more successful in assuring services are delivered for identified medical needs than any other type of need. Individualized “other” needs and dental needs appear to have the most room for improvement. Examples of “other needs” cited by case record reviewers include transportation to medical appointments, substance abuse counseling, and a behavioral aide. This is the first time this performance has been measured, therefore the degree to which the State has improved since the Consent Decree is unknown.

Related to this outcome is how the State is performing in identifying and meeting the needs of children identified when they first enter foster care and through on-going assessment and treatment. This performance is discussed later in this chapter under section C, Practice for Meeting the Needs of Children, Youth, and Families. The findings around individual

Psychiatry, at <http://www.aacap.org/page.ww?name=Foster+Care§ion=Facts+for+Families>

⁷¹ Rosenbach, Margo. *Children in Foster Care: Challenges in Meeting Their Health Care Needs Through Medicaid*. Mathematica Policy Research, Inc. Princeton, NJ. March 2001.

⁷² Ibid.

⁷³ Vandivere, Sharon, Chalk, Rosemary, Moor, Kristin Anderson. *Children in Foster Homes: How Are They Faring?* Child Trends Research Brief. Child Trends. Washington, DC. December 2003.

⁷⁴ See Educational Outcomes for Children and Youth in Foster Care and Out-of-Home Care, December 2006, National Working Group on Foster Care and Education at <http://www.casey.org/NR/rdonlyres/A8991CAB-AFC1-4CF0-8121-7E4C31A2553F/1069/DataSheetForWeb12092.pdf>

⁷⁵ Since this is smaller than the entire sample of 180, any conclusions drawn from the 147 would have a margin of error of +/- 8 percent.

assessments suggest that there are needs which are not identified in the case plans and responsiveness to needs is different. This is not totally unexpected because the plans generally are developed every six months and needs that occur after the development of one plan may be resolved before the development of the next plan and are therefore not included as a need in that plan.

Table V-5
Needs Identified in Most Recent Case Plans and Degree Needs Met as of
December 31, 2006 or last Day of Custody

Children with Case Plans not over 12 months N=147			Children Received/Receiving Services N varies depending on need identified		
	No	%		No	% of identified need
One or More Need Identified	73	50%	All Identified Needs Met (N=73)	54	74%
Frequency of different identified needs			Frequency of different needs being met		
Medical	34	23%		31	94%
Dental	13	9%		10	77%
Mental Health	49	33%		42	86%
Educational/ Developmental	37	25%		33	89%
Other	21	14%		15	71%

Source: Case Record Review, February 2007

B. The Placement Experience

This section describes characteristics and placement practices identified in the case record review of 180 children in foster care between July 1 and December 31, 2006. This includes county placement environment, the use of temporary placement settings, efforts to minimize trauma of change, and case manager visitation in new placements.

1. Placement Environment

There have been no significant changes to the placement process from that reported on in the first report. Considering the placement environment is important because Principle number six of the Consent Decree refers to children being placed in the *"least restrictive, most family-like setting possible."*⁷⁶ Table V-6 provides the distribution of children among placement settings found in the case record review.

⁷⁶ See p 4, Principle 6 in the Consent Decree

- 77 percent (138) of the children in the sample are/were in family settings during their time in custody. These settings included family foster homes, relative foster homes, relative homes, therapeutic and emergency foster homes. The remaining children were in congregate care or hospital settings.

Table V-6
Placement Settings of Children in DFCS Custody July 1 – December 31, 2006
As of December 31, 2006 or the last day of custody
(N= 180)

Placement Type	Frequency	Percent
Emergency Shelter/Assessment Center	0	
Emergency Foster Home	0	
Foster Home (DFCS or Private Agency Supervised)	93	52%
Relative Home (Foster and non Foster Home)	38	21%
Therapeutic Foster Home	2	1%
Returned to Parents	5	3%
Group Home	22	12%
Residential Treatment Facility/ Child Caring Institution	9	5%
Hospital	4	2%
Runaway status	6	3%
Regional Youth Detention Center (RYDC)	1	Less than 1%
Total	180	100%

Source: Case Record Review February 2007

- 98 percent (170) of 174 children who were in some type of placement setting on December 31 or the last day of custody appeared to be in appropriate settings as indicated by the case documentation. Six children were excluded from this analysis because they were on “runaway” status. For two of the children the reviewers found documentation suggesting the child’s therapeutic needs were not being met in the placement setting (one child was subsequently moved.) For the two other children, the reviewers could not make a judgment because the relative assessment was incomplete.
- For children who enter care, the Comprehensive Child and Family Assessment (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. In the last half of 2006, 46 children entered care. Two children were moved to different placements based on the recommendation of the CCFA.

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- 97 percent (174) of the children were known to be getting their basic needs of food, shelter, and clothing met.⁷⁷ For six children, the status of these needs and how they were being met were unknown because they were in run away status on December 31, 2006 or the last day of custody.
 - Two children experienced some waiting time for their placement as they were placed on waiting lists for special programs. No child was denied a placement on the basis of race and/or ethnicity and/or religion⁷⁸.

2. Use of Congregate Care

The Consent Decree has several restrictions related to the use of group care.⁷⁹ First it stipulates that no child under the age of 6 will be placed in a group care setting without the written approval by the Social Services Director based on the certification of need. It further stipulates that when a child under the age of six has a certified, approved need for group care, the child cannot be placed in a group care setting of more than 12 beds. Similar stipulations apply to children aged 6 to 12. For those children under the age of 6, an exception to these stipulations is provided when the child is placed with his or her parent. There is also a one-time exception for all those children under the age of 12 who were placed in a group care setting with a capacity of more than 12 beds before the entry of the Consent Decree (October 27, 2005.) Under this exception, children under the age of 12 are allowed to remain in the placement settings if they are siblings of other children placed in those settings. However, the State was to move these children to either foster home settings (children under the age of 6) or non-group care settings (children aged 6 to 12) within 12 months after the Consent Decree (October 26, 2006) *“unless doing so would not be in the best interest of the children in question.”*

With regard to placement of the youngest children, those under the age of six, the State has done well to place them in small group care settings when such placement has been deemed necessary. Table V-7 summarizes the State’s actions with regard to these stipulations. From before the Consent Decree to December 31, 2006, no child under the age of 6 was in a group care setting of more than 12 beds. Half of those that were in a group care settings of 12 beds or less as of December 31, 2006 were there because they were with their parents.

Placement of children between the ages of 6 and 12 in small groupcare settings, although improving since the Consent Decree, appears to remain a challenge for the State. Before the Consent Decree, 43 children aged 6 to 12 were in a group care setting of any size. As of December 31, 2006, there were 18 children aged 6 to 12 in any such setting; 14 in group care settings with more than 12 beds. The State moved 21 of 43 children aged 6 to 12 who had been in group care settings prior to the Consent Decree. Of the 22 children that remained in group care settings, ten reached age 12 during the 12 months after the Consent Decree, six were

⁷⁷ See p. 18, paragraph 5C.5j in the Consent Decree

⁷⁸ See p. 18, paragraph 5C.5h in the Consent Decree

⁷⁹ See p. 16-17, paragraph 5C.5f in the Consent Decree

siblings of other children in the placement settings and the State reports six had certified needs that could only be met in a group care setting. However, children aged 6 to 12 continued to be placed in group care settings of more than 12 beds based on need according to State data. On December 31, 2006, five children who had been placed after the Consent Decree were in group care settings of more than 12 beds, primarily psychiatric hospitals.

Table V-7
Children Under the Age of 12 in Group Care Settings
October 27, 2005 through December 31, 2006

Children under the age of 6								
Reason for placement	Number before 10/27/05		Number still placed 10/26/06		Number entering between July 1 and December 31, 2006		Number still placed at 12/31/06	
With mother	5		2		7		6	
Service Need	3		1		5		4	
With sibling					1		1	
Total	8		3		13		11	
Placement Setting size	All children placed in settings with 12 or fewer beds during all time frames							
Children age of 6 to 12								
Reason for placement	Number before 10/27/05		Number still placed 10/26/06		Number between July 1 and December 31, 2006		Number still placed at 12/31/06	
	Bed Capacity		Bed Capacity		Bed Capacity		Bed Capacity	
	<=12	12>	<=12	12>	<=12	12>	<=12	12>
With sibling	4	8	2	4	2	4	2	4
Service Need	14	17	1	5	4	13	2	10
Reached Age 12 by 10/26/06			(10)					
Reached Age 12 by 12/31/06							(1)	
Total	43		12		23		18	

Source: State reported data, not independently verified.

3. Use of Emergency or Temporary Placements

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 also stipulates that no child shall spend more than 23 hours in a County DFCS office or any facility providing intake functions.⁸⁰

⁸⁰ See p. 16, paragraph 5C4.c in the Consent Decree

The case record review found that 18 percent of the 88 children in the foster care sample who entered care and/or changed placement between July 1 and December 31, 2006 experienced some time in an emergency or temporary setting. This is a slightly lower proportion than found in the first reporting period. Of the 16 children represented by the 18 percent, four children were placed in more than one such facility. Thirteen children spent less than 30 days in such facilities, one child spent 34 days and the documentation did not indicate the length of stay for two children. File documentation indicated that three children spent more than 23 hours in a County DFCS office or a facility providing an intake function before being appropriately placed. In another seven files, reviewers could not determine how long children were in these settings. As of December 31, 2006 or the last day of custody, no children were placed in emergency placements.

4. Informing Caregivers and Providing Appropriate Clothing

The Consent Decree stipulates that DFCS will ensure available information concerning a specific foster child will be provided to foster parents before the child is placed.⁸¹ A small number (6) of foster parents who received 43 children into their homes during the period appear to have received information before the time of placement. This is much lower than the findings in the first period report where 20 out of 76 parents received some information. However, all foster parents are given the 24 hour/7 day a week contact information in training, which may explain why it was not documented in the files. Table V-8 arrays the information provided. Among all 88 children who had an initial and/or a new placement during the period. Case managers appeared to have reviewed the clothing needs for 19 children (22%) and taken the necessary steps to ensure that the children had appropriate clothing in the new placement setting.

Table V-8
Information Given to Foster Parents Before Placement
between July 1 and December 31, 2006
N=43*

Information provided	Number	Percent
24 hour/7 days a week contact information	5	12%
Family history	4	9%
Medical information	5	12%
Dental information	3	7%
Educational/Developmental information	3	7%
Mental health information	3	7%
No information provided/documented	37	86%

Source: Case Record Review, February 2007.

⁸¹ See p. 19, paragraph 5C.6d in the Consent Decree

5. Minimizing Trauma of Change

About three-quarters (76%) or 136 children in the placement sample experienced a change in placement setting or case manager in the 12 months preceding December 31, 2006 or the last day of custody. One quarter (25%) experienced at least one placement change and one case manager change during the same period. However, case managers documented efforts to minimize the potential trauma⁸² caused by the most recent change for 39 (29% of 136) children. The Accountability Agents defined “minimizing trauma” 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. Steps included explaining reasons for the change, answering child’s questions, arranging for trial visits and pre-placement visits, and making joint visits with the new case manager. This performance is very similar to that found in the first reporting period.

6. Case Manager Visitation with Children Who Experienced a New Placement

The Consent Decree stipulates a frequent visitation schedule for the first eight weeks of a new placement.⁸³ Of the 88 children in the sample who entered and/or changed placements during the reporting period, the file documentation indicated the pattern arrayed in Table V-9. Here too, improvement is still needed, but the percentage of children receiving a visit in the first week of a new placement substantially increased over the first reporting period from 20 to 50 percent.

Table V-9
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	88	44 children received one visit (50% of 88)		
Week 3	85	51 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.	24 children had fewer than 6 additional visits during the 8-week period
Week 4	79			
Week 5	77			
Week 6	73			
Week 7	69			
Week 8	65			

Source: Case Record Review, February 2007.

⁸² See p. 18, paragraph 5C.5 in the Consent Decree

⁸³ See p. 19, paragraph 5D.1 in the Consent Decree

C. Practice for Meeting the Needs of Children, Youth, and Families

In addition to safe, appropriate, and stable placement settings, DFCS policy and the Consent Decree stipulates that DFCS will provide for the physical, developmental, and emotional needs of children in its custody.⁸⁴ As a means of “*strengthening and rebuilding families to bring about the child’s early return*”⁸⁵ it is also responsible for providing services to birth families. Finally, DFCS is responsible for supporting and assisting foster parents to more effectively address the needs of the children in their care. This section of the report reflects on the State’s practice as obtained through the case record review and staff interviews.

1. Initial Teaming, Assessment and Planning

The Consent Decree stipulates standards for several casework practices intended to assure effective assessment of and planning for children when they first enter care.⁸⁶ During the second reporting period, the Accountability Agents interviewed county staff responsible for arranging, facilitating, and tracking Family Team Meetings (FTM), Comprehensive Child and Family Assessments (CCFA), and Multidisciplinary Meetings (MDT.) Each county has a core unit of Family Team Meeting facilitators who facilitate most of the FTMs when children enter care and at the 13th month of custody. Supervisors, case managers, and others who have received the appropriate training co-facilitate these meetings. One private provider is used to facilitate the meetings of families with sibling groups coming into custody. The facilitators are responsible for inviting the parents and their informal supports to the FTM. In addition, they attempt to meet with the family before hand to prepare them for the meeting. Although facilitators keep their own records regarding family contact and the meetings, they did report that this information should also be in the children’s case files. All Comprehensive Child and Family Assessments are prepared by private providers under contract to DFCS. These private providers also facilitate the Multidisciplinary Team meetings. During the second reporting period, the counties were developing tracking and monitoring systems to better assure families and children received these opportunities to participate and important service need information was obtained in a timely manner. These tracking systems will be considered as a data source in future reporting periods.

Table V-10 provides the findings from the sample of children in foster care as to the timeliness of initial assessment and planning components for the 46 children who entered State custody between July 1 and December 31, 2006. Following the table is a discussion of the steps involved in assessment and service planning.

⁸⁴ See p. 4, principle 7; pp. 20-21, section 6; p.38, Outcome 30 in the Consent Decree; See also Social Services Manual Section 3060

⁸⁵ See Social Service Manual 3060

⁸⁶ See pp 5-7, section 4A in the Consent Decree.

Table V-10
Timeliness of Initial Assessment and Planning Components
July 1 – December 31, 2006
N=Varies Depending on Length of Stay

Component and Action	Number	Percent
Family Team Meeting (N=46)		
Held within 3-9 days of entry	24	52%
Held, but not within 3-9-days	12	26%
Total Initial Family Team Meetings	36	78%
Multi-Disciplinary Team Meeting (N=36: 35 in care 25 days or more, plus one held for child who exited before 25 days of custody)		
Held within 25 days of entry	18	50%
Held, but not within 25 days	10	28%
Total Multi-Disciplinary Team Meetings	28	78%
Comprehensive Child and Family Assessments		
Referral within 24 hours of 72 hour hearing (N=46)	28	61%
Completed within 30 days (N=36: 34 in care 30 days or more, plus two that had the CCFA completed before they exited)	14	39%
Completed, but not within 30 days	7	19%
Completed, but unable to determine time frame	6	17%
Total Comprehensive Child and Family Assessments	27	75%
Initial Case Plan (N=34)	23	68%

Source: Case Record Review, February 2007

a. Family Team Meetings

The case record review found that 78 percent (36) of the children entering had an initial Family Team Meeting. Twenty-four of the 36 meetings occurred within 3-9 days after the child entered care. This is an improvement over the first reporting period where 62 percent of the entering cohort had a FTM. Not all meetings appear to have discussed all of the topics or made the desired determinations specified in the Consent Decree. Again, however, some small improvements were observed. The most frequently discussed topics, (found in 32 of the 36 meetings) were family and child strengths and needs and case goals. 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. The lack of information about inviting and preparing the family in the child's files may relate to the separation of the facilitators' role in the process. As noted above, the facilitators are responsible for inviting and preparing the families for the FTM. Their documentation of this effort is kept separately.

- 56 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.

- 64 percent (23) of the meetings made determinations about service needs and 22 determined that further evaluations were needed. Five meetings determined that the child could be safely returned home and three of these children were discharged by December 31, 2006. The other two children had been in care less than 14 days at year-end. Another 13 meetings identified an appropriate relative with whom the child could be placed. Family visitation with siblings and parents was determined in 15 meetings. Eight of the meetings had documentation about what was needed to assure the child remains in the school he or she had been attending or enrolling the child in a school near the foster placement.

b. Multi-Disciplinary Meetings

The case record review found that 78 percent (28) of the children who were in care 25 days or more had a Multi-Disciplinary Meeting (**MDT**). This is a substantial improvement from the first reporting period for which the proportion with MDTs was 50 percent . The timeliness of the meetings also improved. In the first reporting period, 2 of the 16 MDTs were held within 25 days. As noted in Table V-10, 18 of the 28 MDTs recorded were held within 25 days. As in the first reporting period, case record documentation about efforts made to ensure attendance of any participants was limited. As reflected in Table V-11, the most frequent recommendations that emerged from the MDTs focused on the child's permanency goal (22) and the services needed (20). Examples of MDT results include:

- *Reunification*
- *Child received a developmental assessment*
- *Counseling services*
- *Drug treatment services for birth parents*
- *School services*
- *Wrap around services to ensure case plan completion*
- *Transportation for visitation*

Table V-11
Recommendations Made by Multidisciplinary Team Meetings
between July 1 and December 31, 2006
N=28

Recommendation Subject	Number of Meetings Recommendation
Appropriateness of child's permanency goal	22
Services needed	20
Implementing Assessment recommendations	3
Issues identified in Family Team Meetings	9
Appropriateness of the child's education	4
Appropriateness of the child's independent living plan	3
Other issues	7
No recommendations	3

Source: Case Record Review, February 2007

c. Comprehensive Child and Family Assessments

According to the case record review, 75 percent of the children entering care and remaining for 30 days or more had completed Comprehensive Child and Family Assessments (CCFA). This represents an improvement over the first period rate of 62 percent. This improvement may in part be the result of county efforts to manage the CCFA contracts more assertively and only making referrals to those agencies that will commit to timely completion of the CCFA. As noted in Table V-10 earlier, 28 of the 46 families who had children entering care had referrals for a CCFA within 24 hours of the 72 hour hearing. Twenty-seven children had completed CCFA's in their files and 14 of these were completed within 30 days for those 36 children who were in custody 30 days or more. Another 13 completed CCFA's were found but they required longer to complete or the timeframe for completion was unclear.

d. Initial Case Planning

As indicated in Table V-10, 68 percent (23) of the children entering care and remaining 30 days or more had an initial case plan developed by December 31, 2006 or their last day in custody. This is a substantial decline since the first reporting period for which 80 percent of a similar cohort had initial plans. These initial case plans appeared to address some or all⁸⁷ needs identified for 17 children in 20⁸⁸ Family Team and Multi-disciplinary Team meetings. About half to two-thirds of the plans addressed identified medical, dental, mental health or developmental/educational needs.

⁸⁷ Fifteen case plans addressed all needs raised in the FTM or MDT; two more addressed some of the needs.

⁸⁸ Three plans were developed in the absence of a Family Team Meeting or a Multidisciplinary meeting

2. Health Care

The Consent Decree requires both an immediate corrective action with regard to children's health screenings⁸⁹ as well as on-going regular screening and treatment.⁹⁰ DFCS' performance in these areas is discussed below.

a. Past Due Corrective Action from the First Reporting Period

In the first period report, the Accountability Agents reported that 673 children had been identified as needing an annual or foster care entry medical exam as of the date of the Consent Decree. By the middle of August 2006, 48 children who were still in custody had not received these exams and action was still required. As of December 21, 2006, 41 of the children had received the necessary medicals and 7 children were discharged before receiving them.

b. Regular and timely screening

Both counties have created processes for better tracking and monitoring the completion of regular health care visits. The case record review of 180 children in placement collected information about the timeliness of health and dental examinations provided at entry and discharge as well as on-going "well-child" health screenings. The documentation indicated that there has been improvement in county efforts to assure children receive regular and timely health screenings but opportunities for improvement remain, especially for dental care. The specific findings regarding timelines of routine care are summarized in Table V-12. Of note are the following:

- In comparison to the first reporting period, the State's overall performance around initial health screening at entry into care is slightly improved in the second period. The proportion of children receiving initial health screens within 10 days of entering care increased from 55 to 58 percent. Those receiving dental screenings within 10 days increased substantially from 21 to 34 percent.
- The most noticeable area of improvement is in the attention to on-going health assessments. In the first period, 60 percent of the children were current with their EPSDT/Georgia Health Check defined physical exam schedule compared to the 75 percent in period two. There was also evidence in the file that another 10 children (7%) received a some health screen or well child assessment, but it did not appear to be according to the EPSDT standards. Likewise, a substantially larger proportion of children were current with their dental examinations in the second period compared to the first (76% in period two compared to 48% in period one.)

⁸⁹ See p. 30, paragraph 13A in the Consent Decree.

⁹⁰ See p. 20, paragraphs 6A 1 and 2, and p.21, 6B, paragraphs 1-8 in the Consent Decree

- Data on health screenings at discharge from care was not collected for period one, but the information for period two indicates a small proportion of children (16% of those discharged) are receiving health examinations before discharge.

Table V-12
Timeliness of Health (Physical, Dental, Mental) and Developmental Assessment
July 1 through December 31, 2006
N=Varies Depending on Length of Stay, Age of Child, Requirement

Component and Action	Number	Percent
Initial Health Screen At Foster Care Entry (N=43)		
Received within 10 days	25	58%
Received, but not within 10 days (13 to 36 days)	5	12%
Total Initial Health Screens	30*	70%
Initial Dental Screen At Foster Care Entry (N=43)		
Received within 10 days	15	35%
Received, but not within 10 days (13 to 60 days, 1 unable to determine)	6	14%
Total Initial Dental Screens	21*	49%
Initial Mental Health Assessment in Compliance with EPSDT Standards (children age 4 and older) At Foster Care Entry (N=21 of 34 children in care 30 days or more plus one child received earlier than required)		
Received within 30 days	17	81%
Received, but not within 30 days (within 37 days)	1	5%
Total Initial Mental Health Assessment	18**	86%
Initial Developmental Assessment (children younger than age 4) At Foster Care Entry (N=14 of 34 children in care 30 days or more)		
Received within 30 days	4	29%
Received, but not within 30 days (within 33 days)	1	7%
Total Initial Developmental Assessment	5**	36%
On-Going Health Care Exams received according to EPSDT schedule (includes initial screens) (N=146***)	109	75%
On-Going Health Care Exams received but not according to EPSDT schedule or standards (includes initial screens) (N=146***)	10	7%
On-Going Dental Exams received according to EPSDT schedule (includes initial screens) (N=133***)	101	76%
Discharge Health Screen (N=43)		
Received within 10 days of discharge	3	7%
Received, but not within 10 days	4	9%
Total Discharge Health Screens	7	16%

*In one case, the screen did not appear to comply with EPSDT/Georgia Health Check Standards and in two cases, reviewers could not determine compliance

**In one case, reviewer could not determine if the assessment was in compliance with EPSDT standards.

***Not all children were due to have a health or dental assessment during the reporting period.

Source: Case record review, February 2007

c. Response to Medical and Dental Needs

According to the case record review, 70 percent of the 109 children who received regular (initial and on-going) health screening did not have any health needs revealed. This is similar to what is suggested in national studies cited earlier in the discussion of Outcome 30. Among the 33 children who did have health needs identified through health screenings, the documentation in their files indicated that 24 (73%) received appropriate treatment for all the needs identified. Another 3 children (9%) appear to have had some of their needs met and treatment was scheduled for one child. For five (15%) of the 33 children, no follow-up treatment was documented in the case record. The percentage with needs identified is slightly higher and the response to the need is lower than the findings for Outcome 30 reported earlier. This may be because health screenings reveal needs that were not identified at the time the last case plan was prepared. The difference in the responses may be a reflection of the length of time available to treat needs identified through health screening between the time of the screening and the end of the reporting period. However the State should focus attention on responding as quickly as possible to the issues identified by health screenings.

The State appears to be responding well to immediate health needs that arise between health screenings. According to the case record review 36 children of the 180 children in the entire sample experienced medical needs between screenings. Thirty-four (94%) appear to have had these needs met.

Medication management appeared to be an issue for 7 of 87 children who were required to take medication. These issues included children refusing to take the prescribed medication, children not getting prescriptions timely, foster parents not giving the child medications, and doctors and foster parents not informing DFCS of a change in therapeutic approach.

Responding to dental health needs, as noted in the analysis of Outcome 30 is an area that needs attention. According to the case record review, 62 percent of the 101 children who received regular (initial and on-going) dental screening did not have any dental needs revealed. Among the 38 children with dental needs, the case documentation indicated that 18 (47%) had all needs met and four had some needs met. Treatment was scheduled for seven children. Nine (24%) of the 38 children had not received treatment or the scheduling of such treatment was not documented in the case record.

According to the case record review, 22 children in 180 children in the entire sample experienced dental needs between screenings. Eight (36%) appeared to have had these needs addressed during the reporting period.

In terms of overall health, reviewers found sufficient documentation to suggest that about half of the 180 children in the sample appear to be in good health. Among the remaining half, the general assessment ranges from medically fragile to generally good but requiring some medication and monitoring. The status of some children did not appear to fit easily into an

overall category. Table V-13 summarizes the reviewers' assessment based on case documentation.

Table V-13
Health (Physical and Dental) Status of Children in Foster Care
July 1 through December 31, 2006
N=180

Description of Child's Overall Health	Number	Percent
Good health, no concerns at this time	94	52%
Generally good, but requires some medication and monitoring	58	32%
Medically fragile	11	6%
Other (examples: respiratory problems, eye glasses, treatment for pre-custody injury)	7	4%
Unable to determine (includes children on runaway status, children in care only 7 days and files with insufficient dental health information to get complete picture)	10	6%
Total	180	100%

Source: Case Record Review, February 2007.

3. Mental Health

a. Timeliness of assessment

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.⁹¹ As included in Table V-12, 25 of the children in the placement sample who entered DFCS custody in the last half of 2006 were age 4 or older. Among these 25, 18 (72%) had completed mental health assessments – 17 within 30 days and 1 within 37 days. This represents an improvement over the first period when 56 percent had completed mental health assessments.

b. Mental Health Treatment

Fifteen of the 18 children (80%) receiving a mental health assessment within 30 days of entering foster care had mental health needs identified in the assessments. Of these 15 children, six were getting all needs met by December 31, 2006. Two were getting some needs met and treatment was scheduled for a third child. For six children (40%) however, there was no documentation that the mental health needs revealed in the assessment were being treated or that such treatment had been scheduled. These findings may reflect the time necessary to arrange for appropriate treatment. The six children who were receiving treatment for all their identified

⁹¹ See p. 20, paragraph 6A.3 in the consent decree.

mental health needs had been in foster care an average of 130 days at December 31, 2006 or the last day of custody. In contrast, those six children who did not appear to be receiving treatment or have it scheduled, had been in foster care an average of 48 days,

Further supporting the hypothesis that documented responsiveness is related to length in care, the State appears to be doing better responding to the mental health needs of children that are identified between formal screenings or assessments. According to the case record review, 76 children (42%) of the 180 children in the entire sample experienced mental health care needs or sometime during the last half of 2006. Seventy-one children (93%) had these needs addressed while five children had needs that appeared not to be met.

4. Education and Development

a. Timeliness of developmental assessment at entry

The Consent Decree requires that all children under the age of four years receive a developmental assessment within 30 days of placement in compliance with EPSDT standards.⁹² As included in Table V-12, 14 of the children in the placement sample who entered DFCS custody between July 1 and December 31, 2006 were younger than four. Among these 14, five (29%) had completed developmental assessments – 4 within 30 days and 1 within 33 days. The relatively low number of completed assessments is an issue for the State's attention.

b. Developmental and Educational Needs

To ascertain how many children may have an on-going educational or developmental need, the record review of children in placement collected information about assessments and needs identified. Between July 1 and December 31, at least 63 percent (114) of the children in the sample had some aspect of their developmental and/or educational status evaluated, usually school performance and behavioral assessments. Among those with some assessment, 63 (35%) had a developmental or educational assessment need noted between July 1 and December 31, 2006. A subset of this group with identified needs was 25 children with an Individualized Education Plans (IEP.) An additional 10 children who were not assessed or did not have a specific need revealed also had IEPs. This suggests that as many as 73 (41%) children in the sample of 180 children appear to have an educational need. This is higher than the proportion of children with educational needs identified in case plans used in the analysis of Outcome 30, and is something to be explored further with the State. Among the thirty-five children with IEPs, 22 (63%) appeared to be current. Those with IEPs may be having their educational needs met through the school system.

⁹² See p. 20, paragraph 6A.3 in the consent decree.

c. School enrollment

Children age 7 or older are required to be enrolled in school in Georgia. Within the placement sample, 115 children were aged 7 or older by December 31, 2006. Among these children 92 (80%) were enrolled in school or a GED program in the last half of 2006. A few children younger than age 7 were also enrolled. Thirteen children (11%) experienced gaps in school enrollment for different reasons. For example, three children ran away, one child was expelled, and another child transitioned home in July and was not enrolled until August. Eight other children (7%) did not appear to be enrolled at all during the period for similar reasons or there was insufficient documentation to determine school status. In two instances, (2%), the children were in custody during the summer months, between school sessions and enrollment while in placement was moot.

5. Case Plans

Standard case work practice, DFCS Policy and the Consent Decree requires the development of an initial plan when a child enters care and to update it as necessary, but at least every six months.⁹³ DFCS uses the Case Plan Reporting System (CPRS) for preparing and documenting the case plan. This system produces a plan with several components. These components include opportunities for the case manager to record the health and education status of the child. It also includes a section on the responsibilities of the parents, caretakers and/or child depending on what the permanency goal is. There is also a section for the case manager to identify DFCS responsibilities and actions. The plan is to be developed with parental participation if the goal is reunification and this should be signified by the parent's signature.

In the sample of 180 children in foster care, 168 should have had an initial or subsequent plan as of December 31, 2006 or the last day they were in custody based on their length of time in custody. However, no plans were found for 12 (7%) of the 168 children. A few of these omissions may be explained because four of the 12 children were discharged from custody within 31 to 36 days of entering and another child was a runaway for nearly the entire 45 days she was in custody. Another 29 children (17%) had case plans that had not been updated for 7 months or more.

Current case plans (those within 7 months or less of previous plan or entry into care) numbered 127 (76% of 168). These plans contained the following important elements:

- 70 percent (49) of the current case plans for children with the goal of reunification had documented efforts to involve parents in the planning, however 24 percent (17 plans) actually had parental signatures.

⁹³ See p. 7, paragraph 4A.4 in the Consent Decree.

-
- 93 percent of all current case plans for children (70) with the goal of reunification had goals and action steps identified for the parents.
 - 93 percent of all 127 current case plans had DFCS responsibilities and actions identified.

6. Assessing and Meeting the Needs of Birth and Foster Families

a. Birth Parents

Of the 180 children in the sample, the reviewers determined that 100 children had birth mothers who should have had their needs assessed and identified. Eighty children either did not have the goal of reunification, birth mother was deceased, incarcerated, or her whereabouts were unknown during the period, preventing her needs from being assessed. Among the 100 mothers, reviewers determined from the case documentation that 90 percent were getting their needs adequately assessed and identified. Based on case documentation, it appeared that all identified needs were being met for about half of the birth mothers. Another quarter had some of their needs met and for the remaining quarter, documentation was not found in the case record indicating their identified needs were being met.

Of the 180 children in the sample, the reviewers determined that 38 children had birth fathers who should have had their needs assessed and identified. A much larger number of birth fathers, 142 were determined to be not applicable for purposes of services because the children either did not have the goal of reunification, birth father was deceased, unknown, incarcerated, or his whereabouts were unknown during the period, preventing his needs from being assessed. Similar to birth mothers, it appeared that half of the fathers with identified needs were getting all those needs met. About 38 percent were getting some of their needs met and for about 10 percent no documentation was found indicating the father's needs were being met.

b. Foster Parents

Foster families often need services and supports to provide nurturing care for the children in their homes. Among the nearly 100 foster parents, about half appeared to have their needs adequately assessed and identified. Of those with identified needs, two-thirds appeared to be having all or some of there needs met.

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 specialized staff, caseload sizes, workforce skill development, and having the resources and services to meet needs and quality assurance. This chapter reports on the progress of the State in meeting Outcomes 25, 26, and 31 as well as the capacity requirements.

A. Outcome Performance: Outcomes 25, 26, and 31

Three outcomes (25, 26, and 31) have been attributed to creating a stronger infrastructure for caring for the children in DFCS custody. Table VI-1 on the next two pages provides the language of the consent decree, the degree of achievement and a page reference to a fuller discussion of the Outcome.

1. Effective Oversight of Placement Settings

Two Outcomes (numbers 25 and 31) relate to the supervision of placement settings. Both had thresholds to be achieved by the end of the second reporting period. Data for these outcomes were gathered from case record reviews, State administrative data systems, and site visits to private providers.

Outcomes 25 - Approved Placement Settings for Children

Outcome Measure 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," and that by the end of the second reporting period this percentage will increase to 95%.⁹⁴

⁹⁴ See p 36, Outcome 25, in the Consent Decree

Table VI-1
Strengthening Infrastructure Outcomes

Effective Oversight of Placement Settings	2 nd Period Performance	Further discussion reference
<p>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.</p>	86%	pp. 95-97
<p>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.</p>	8%	pp. 98-99
<p style="text-align: center;">Timely and Complete Court Orders for Placement Authorization</p>		
<p>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</p>	55%	pp. 99-100

a. Interpretation and Measurement Issues

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

The first reason was a difference among the parties on the intended applicability of the measure. At issue was whether and how Outcome 25 was intended to apply to non-foster relative placements, since they are approved through a different process than the regulatory one that appears to be described by the Consent Decree language. In subsequent discussions, the parties agreed to include non-foster relative placements in the measurement of Outcome 25 with the understanding that the approval process for these placements was qualitatively different than that for paid foster care placements. The operative concept underlying that agreement is that Outcome 25 measures the percentage of children in foster care that are in placements that have been approved through the **relevant** approval process.

The second reason Outcome 25 could not be satisfactorily measured was that the definition of the measure contained in the Consent Decree was poorly-suited to the available data sources, and vice-versa. This outcome 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...”* 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. 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. Existing data sources are unable to accomplish this linking with satisfactory rigor.⁹⁵

Therefore, by agreement of the parties and Accountability Agents, measurement of this outcome for this report is based on a subset of the 180 records sampled for the foster care placement file review. The full foster care placement file review is based on the universe of children in foster care at ANY time between July 1 and December 31, 2006. The subset used for measurement of Outcomes 25 represents the 136⁹⁶ children from the sample of 180 who were in foster care on December 31, 2006. For each child in this subset, the Accountability agents “followed-back” the child’s placement setting to its relevant approval status on December 31, 2006, using a variety of data sources, as indicated in Table VI-2.

An interpretation issue is raised by the fact that, as indicated above, Outcome 25 could not be measured for the first reporting period. Now that the Parties have agreed on the scope covered by Outcome 25 and the methodology for its measurement, the Accountability Agents are

⁹⁵ For a complete discussion of this issue, see Dimas, J.T. and S. Morrison “Period I Monitoring Report, Kenny A. v. Purdue,” 2006, pp. 93-96.

⁹⁶ It should be noted that while the full placement sample of 180 children provides a 95 percent confidence interval with a margin of error of ± 7 percent, the smaller subset of children in care on December 31 provides a margin of error of approximately ± 10 percent.

uncertain whether the applicable standard is the one established for the first period (85%) – which was intended to apply to Outcome 25 the first time it was measured; or the escalated second period standard (95%) which was intended to be the threshold the second time this outcome was measured. The Accountability Agents have concluded that the question of which standard should apply in this instance is now more a question of law than of measurement, and as such, we leave it to the parties to resolve.

b. State Performance

- **The State Performance was 86 percent, Surpassing the First Period Outcome 25 Threshold but Falling Short of the Second Period Threshold**

During the period July 1 – December 31, 2006, 86percent of the children in custody were in placements that were in full approval and/or licensure status. Additional detail on this measurement appears in Table VI-2.

As indicated in Table VI-2, compliance with the relevant approval processes was particularly strong among group homes (100%), child-caring institutions, (100%), and DFCS-supervised foster homes (97%). However, improvement is needed in conducting and/or properly documenting the approval process among provider-supervised foster homes (81%) and non-foster relative placements (56%). Among the eight provider-supervised foster homes lacking full approval status, six had overdue re-evaluations (overdue by a few weeks to up to 21 months, with a median of 4.5 months) and for two, evidence of their re-evaluation was not found in the file. With respect to non-foster relative placements, the criteria specified in Section 1004 of the DFCS Policy Manual for approval of a relative placement are the Social Services Supervisor’s approval and completion of a satisfactory relative care assessment (RCA).⁹⁷ For purposes of the file review, a judge’s signature was also accepted as evidence of supervisory approval. Among the eight relative placements that were not “fully approved,” five had a completed RCA but no documentation of supervisory approval; one had documented supervisory approval but no documented RCA; and two had documentation of neither supervisory approval nor a completed RCA.

⁹⁷ Social Services Manual, Chapter 1000, Section 4, Georgia Dept. of Human Resources, July 2005

Table VI-2
Outcome 25 – Children in Placements in Full Approval Status

Placement Type	Children in Placement Sample	Children in Placements on 12/31/2006	Children in “Fully Approved” Placements on 12/31/2006	Percent of Children in care on 12/31/2006 in “Fully Approved” Placements
Relative Placement ^{a b}	30	18	10 ^c	56%
DFCS-supervised Foster Home ^d	51	38	37	97%
Provider-supervised Foster Home ^{e f}	48	42 ^g	34	81%
Group Home ^h	17	12	12	100%
Child Caring Institution ⁱ	16	14	14	100%
Other (NA) ^j	18	12	NA	NA
Total	180	136	107/124	86%

^a Data source: Placement file review.

^b Data source for ICPC relative placements: Georgia’s ICPC records.

^c The criteria specified in Section 1004 of the DFCS Policy Manual for approval of a relative placement are the Social Services Supervisor’s approval and completion of a satisfactory relative care assessment (RCA). For purposes of the file review, a judge’s signature was also accepted as evidence of supervisory approval. Of the eight relative placements that were not “fully approved,” five had a completed RCA but no documentation of supervisory approval; one had documented supervisory approval but no documented RCA; and two had documentation of neither supervisory approval nor a completed RCA.

^d Data source: Placement Central

^e Data source: Review of child-placing agency’s records.

^f Data source for ICPC foster home placements: Georgia’s ICPC records.

^g Excludes one child placed with a Child Placing Agency that, at the time of the review, was in the process of moving to a new location and had packed this file for shipment. This file will be provided by June 1, 2007.

^h Data source: LORE data system

ⁱ Data source: LORE data system

^j Includes children in state custody in settings with no relevant approval process including: placed with parents, hospitalized, Youth Department of Corrections, or on runaway status

Outcome 31 – Foster Home Capacity Limits

Outcome 31 seeks to limit the number of children placed in individual foster homes. By the end of the Second reporting period, it stipulates that “...no more than 10% of all children in foster homes shall be placed in foster care homes that exceed... [specified] capacity limits....”⁹⁸ The capacity limits referenced in Outcome 31 are contained in Section 5.c.4.e of the Consent Decree.⁹⁹

a. Interpretation and Measurement Issues

Outcome 31, like Outcome 25, is also intended as a point-in-time measure. This measure specifies “*children in foster homes*” as the unit of analysis and requires these data to be linked with point-in-time data on the census of individual foster homes. This measure, therefore, constitutes a measurement challenge similar to that represented by Outcome 25.

By agreement of the parties and Accountability Agents, measurement of Outcome 31 for this report is based on the subset of children from the placement sample that were in foster home placements on December 31, 2006 – a total of 80¹⁰⁰ children. Outcome 31 references the capacity limits enumerated 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.”¹⁰¹ Section 5.c.4.e. also enumerates certain exceptions to these capacity limits.¹⁰² The parties further agreed that for purposes of measuring compliance with Outcome 31, the only exception that will pertain is that provided for the placement of a sibling group when there are no other children in the home.

b. State Performance

- **The State Surpassed the Second Period Outcome 31 Threshold**

At the end of the Second reporting period, six children (8% of the 80 children in the placement sample that were placed in foster homes on December 31) had been placed in foster homes that exceeded the specified capacity limits. Each of the six placements in homes that exceeded the capacity limits was due to the placement of sibling groups; however, they did not qualify for the exception enumerated in Section 5.c.4.e. because those foster homes already contained one or

⁹⁸ See Kenny A. Consent Decree, p. 38

⁹⁹ Ibid, p. 16

¹⁰⁰ Since this is smaller than the entire sample of 180 children, any conclusions drawn from the 80 children used in this analysis provides a 95 percent confidence interval with a margin of error of approximately ± 11 percent.

¹⁰¹ See Kenny A. Consent Decree, p. 38.

¹⁰² Ibid, p. 16.

more children. Additional detail on this measurement and its interpretation appears below and in Table VI-3.

Table VI-3
Outcome 31 – Children in Foster Homes Exceeding Capacity Limits
N=80

Placement Type	Sampled Children in Foster Homes on 12/31/2006	Children Placed in Foster Homes Having 3 or More Foster Children	Children Placed in Foster Homes Having 6 or More Children	Percent of Children in Foster Homes that Exceeded Capacity Limits
DFCS-supervised Foster Homes ^a	38	5 ^b	0	13%
Provider Supervised Foster Homes ^c	42 ^d	1 ^b	0	2%
Total	80	6	0	8%

^aData Source: Placement Central

^bEach of these placements exceeded the three foster child limit due to the placement of sibling groups in homes that already contained one or more foster children

^cData Source: Targeted review of provider foster home files

^dExcludes one child placed with a Child Placing Agency that, at the time of the review, was in the process of moving to a new location and had packed this file for shipment. This file will be provided by June 1, 2007.

2. Timely and Complete Court Orders for Placement Authorization

Two Outcomes (numbered 26 and 29) relate to strengthening the infrastructure by establishing benchmarks for practices that help assure DFCS has the appropriate authority to keep children in custody and to seek federal reimbursement appropriately for the services to these children receive. The first threshold for Outcome 29 comes at the end of third reporting period.

Outcome 26 – Required IV-E Language in Court Orders

Outcome 26 relates to DFCS having the proper documentation in a child's file to support an appropriate claim for Federal reimbursement under the Title VI-E program.¹⁰³ Judicial orders authorizing the removal of a child from his or her home and placement into foster care must contain determinations that remaining in the home is "contrary to the welfare" of the child in question and that "reasonable efforts" were made to prevent the child from being removed

¹⁰³ See pp 36-37, Outcome 26 in the Consent Decree

from his/her home. These determinations must be made on a case-by-case basis and be child-specific.

As a result of federal legislative changes over the years, different timing requirements apply to these actions depending on when children entered foster care. The first cohort of children are those who entered care before March 27, 2000. For this cohort, the “judicial determination regarding *contrary to the welfare* may be made in the removal order or in a subsequent order resulting from court proceedings that are initiated ... no later than 6 months from the date the child is removed from the home ...”¹⁰⁴ Furthermore, for these children, judicial determinations that “reasonable efforts were made to prevent removal or to reunify the child and family and family ... may be made at any point in the foster care episode.”¹⁰⁵ The second cohort is comprised of children who entered care on or after March 27, 2000. For these children, the time frames for action are considerably shorter. Judicial determinations regarding “...*contrary to the welfare*...” must be made in the first order that sanctions the State agency’s action to remove the child from home. In practice, this is often the court order from the 72 hour hearing. In addition, there must be documentation of a judicial determination that “reasonable efforts” were made no later than 60 days from the date of child’s removal from the home.”¹⁰⁶

a. Interpretation and Measurement Issues

There were no interpretation or measurement issues. Data for Outcome 26 was collected from the case records of the sample of 180 children in foster care.

b. State Performance

▪ **The State Fell Short of the Second Period Outcome 26 Threshold**

As indicated in Table VI-1, 55 percent of the case records 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. This performance is unchanged from the first reporting period. As in the first period, a larger proportion of the files had one or the other documentation requirement in the necessary timeframes. That is, 69 percent had the child specific language in the applicable court order and about 70 percent had child specific reasonable efforts language in the judicial determination.

B. *Specialized Staff and Lower Caseloads*

As required by the Consent Decree, DHR/DFCS created specialized case manager positions with caseloads limited to 12 for children reaching their 18th month in care.¹⁰⁷ In addition, the

¹⁰⁴ Title IV-E Foster Care Eligibility Review Guide, p. 26-28.

¹⁰⁵ Ibid

¹⁰⁶ Ibid

¹⁰⁷ See p.11 and 12, paragraph 4F and p.23, paragraph 8D in the Consent Decree

counties also have family team meeting specialists who facilitate family team meetings (FTMs).¹⁰⁸ By December 31 2006, counties were to meet the first phase of lower caseloads for all case managers and supervisors in both Child Protective Services and Foster Care Services.¹⁰⁹ Finally, the State agreed to eliminate its use of temporary personnel in the second reporting period.¹¹⁰

1. Specialized Case Managers

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.*”¹¹¹ In addition, once assigned, they are to remain on these caseloads “*for the remaining period in time while they are in DFCS custody.*”¹¹² The Consent Decree is silent as to how a child’s permanency goal should be considered in these caseload assignments. An interpretation issue that arose during the first report period focused on the treatment of 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 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 any case, the adoption process may proceed quickly and the child may exit 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.

In practice, children have been transferred to adoption case managers from the specialized case managers because adoptions case managers typically are, at this time, better able to navigate the adoption process. However, as will be shown in the caseload data, the counties have kept their adoption caseloads capped at 12 per adoption case manager, thus creating “specialized case managers” of the adoption workers. Subsequent discussions with both parties have indicated that this practice is both allowable and desirable, given the specialized expertise of adoptions case managers, as long as the caseloads and the responsibilities of adoption case managers assigned to children who have been in care 18 months or longer conform to the Consent Decree stipulations for Specialized Case Managers found in Section 4(F) of the Consent Decree.

In November 2006, consultants from the School of Social Work at the University of Georgia conducted two separate focus groups, one each with Specialized Case Managers (SCMs) in Dekalb County and Fulton County, respectively. The focus groups were designed for 10 randomly selected participants. Scheduling conflicts and non responses from the originally

¹⁰⁸ See p. 7, paragraph 4A.5 in the Consent Decree

¹⁰⁹ See p. 22-23, paragraphs 8A and 8B in the consent decree

¹¹⁰ See p. 23, paragraph 8C in the Consent Decree

¹¹¹ See p. 11, paragraph 4F1 in the Consent Decree

¹¹² See p. 11, introduction to 4F in the consent decree

invited SCMs led the consultants to supplement the original invitations with requests to 10 additional randomly selected SCMS. Ultimately, eight of 27 SCMs participated in Dekalb County and 10 of 60 SCMS participated from Fulton County.

The consultants believed one message was clear in both focus groups: SCM's felt a 12-child caseload provided them with the opportunity to achieve positive outcomes with the children on their caseloads. Each case required the professional judgment of the SCM, with the support of the agency, to take into account the individual and the unique circumstances that had caused the child to have remained in custody 18 months or more. Common themes revealed in these focus groups that led the consultants to this conclusion included:

- **SCMs are veteran workers**

Virtually all of the SCMs had multiple years of experience with DFCS prior to selection for this assignment. Many had work experience in other related areas before working at DFCS. For example, some had worked at private treatment facilities or hospitals.

- **SCMS have caseloads of 12 children or less**

Among the 18 focus group participants, there were two exceptions to this finding. One SCM had a teenage girl on her caseload who had a baby of her own and the other SCM picked up a case for another worker who was on maternity leave. All of the workers found the caseload size manageable and a welcome relief from caseloads of 25 or more. Two participants in one focus group had adoption caseloads. All of their children had parental rights terminated or were far along in the process. Another SCM noted that if a child on one SCMs' caseload moved to adoption as the plan, that child was transferred to an adoption worker.

SCMs indicated that each child's case was different, with a different family environment and history and with a different history while they were in custody. With 12 cases, case managers needed to and could work with the families and within the system to work towards the best outcome for the child.

- **Caseloads are comprised of many older children**

Caseloads ranged in age from approximately 2 years old to 20 years old. On most caseloads, well over half of the children are adolescents. Most of those children do not have a permanency plan other than transitioning to independent living. Many have signed themselves back in to care to continue to receive benefits.

- **Children's length of stay in foster care presents challenges**

Many believed that, by the time the SCM was assigned to the child, the child usually had had multiple workers because of turnover and plans were not completed. Much of their initial work when assigned a new child required getting all of the paperwork up-to-date., SCMs believed that 18 months after being placed in foster care was too long to wait for intense work with a child allowed by the lower caseloads. They suggested that new workers were often overwhelmed with the number of cases and couldn't manage all of the necessary work. They believed that if children entering care also had experienced workers with small caseloads, it might expedite their achievement of permanency.

- **Children are sometimes inappropriate for the foster care system**

SCMs commented that some children should not have been removed from the home in the first place. CPS workers need to do a better assessment regarding the risks to a child of remaining in his or her own home. They suggested that other children, because of behavior problems, should have been placed in the custody of the juvenile justice system, not DFCS.

- **Sufficient Resources**

With one exception, the SCMs felt that there are sufficient resources to support their work with children and families on their caseloads. Wrap-around services were believed to be readily available to families and children, especially in the areas of mental health counseling and parenting supports. In addition, services for older children were regarded to be excellent, e.g. job training, college counseling, etc. Housing was the one area that was viewed as deficient. For some of the older children, group homes were not considered to be sufficiently helpful in preparing them for independent living. SCM's participating in the focus groups suggested that collaboration with housing authorities and other permanent housing options needed to be available.

- **Mixed views of the *Kenny A.* requirements**

SCMs had both positive and negative views of the Consent Decree. Reducing caseload size, providing a strengthened legal basis for permanency for appropriate children, and additional resources were cited as helpful aspects of the *Kenny A.* decision. However many of the new expectations were regarded as not feasible or practical, and some of the mandates that set artificial deadlines and increased paperwork were deemed hurtful aspects of the *Kenny A.* Consent Decree. Specifically, the participating SCMs pointed out that the number of required visits under certain circumstances wasn't useful. They

shared anecdotes about visiting older children who said they were fine and could not figure out why the worker was back for another visit so soon.

SCMs also indicated an understanding of the need for documentation and therefore, for increased record keeping. Yet, they felt the level of record keeping was only manageable because of their caseload size. They expressed concern that workers with larger caseloads would not be able to keep up with the recording requirements.

- **Overall satisfaction with new position**

There was universal satisfaction with the position of Specialized Case Manager. They felt that the caseload size permitted them to spend much more time with the children and families that needed the time and supports. In those cases where permanency (adoption or re-unification) was the plan, they felt they had the time to cultivate resources and implement plans.

- **Training Need**

Many of their children are older and in school. Much of their work now involves intervening on behalf of the child with the school system. They felt they had limited knowledge about Individualized Learning Plans (ILPs). The SCMs believed they needed training in all areas of intervening with school systems.

In the case record review of 180 children in placement, 76 children had reached their 18th month in care sometime during the period between July 1 and December 31, 2006. Nearly all (96%) of the children were assigned to Specialized Case Managers when worker identification numbers were compared to separately provided caseload data since it often difficult to tell from case files what type of worker is managing the case. Forty-four of the children (58%) were age 14 or older, supporting what the focus group participants had indicated. Twenty-six¹¹³ of the 44 were receiving Independent Living Services. Thirty-four youth had Written Transitional Living Plans. File documentation indicated that specialized case managers had convened meetings to review the permanency goal and services the child was receiving for 33 children, 43 percent. The number of meetings convened for these 33 children ranged from 1 to 5. In the most recent meeting documented in the files, children participated in 18 as did 18 foster parents. Birth parents were in attendance at 5 meetings with a few meetings having school representatives and therapists. In addition, there was evidence in the file that the Specialized case managers had renewed a diligent search for relatives for 40 children.

¹¹³ Information was not captured for eight youth assigned to specialized case managers because of an inadvertent error in the data collection instructions that was not identified until the analysis.

2. Family Team Meeting Facilitators

The Consent Decree requires DFCS to have family team specialists who attend and facilitate family team meetings.¹¹⁴ Each county has a unit of a core set of Family Team Meeting (FTM) Facilitators representing a total of eleven facilitators and two supervisors for both counties. In December 2006, the Accountability Agents met with supervisors and other members of the FTM units in each county.

Within the team of facilitators, each county has a facilitator assigned to facilitate the FTMs conducted in preparation for the 13th month permanency reviews. However, the process is the same for entry FTMs and 13th month FTMs. The facilitator is responsible for getting to know the parent(s) and preparing them for the meeting. They are also responsible for sending a follow-up letter to remind them of the meeting. Case managers are responsible for bringing age-appropriate children to the meetings. The core facilitators facilitate the meetings, drawing on individuals who have been trained to co-facilitate. Family Team Meeting follow-up is the responsibility of individual case managers, not specialized staff.

3. Caseload Sizes and Supervisory Ratios

There are five primary types of case managers responsible for direct interventions with children and families. These case manager types are as follows:

- Child Protective Services Investigators (CPS Investigations). These case managers are responsible for responding to and investigating reports of child maltreatment.
- Child Protective Services On-Going Case Managers. These case managers are responsible for providing services and supervising the safety of children who are not taken into state custody and remain in their own homes.
- Placement Case Managers. These case managers are responsible for providing services to the children and families of children who are in the custody of the state.
- Adoptions Case Managers. These are case managers responsible for providing services to children whose parents' parental rights have been terminated and who have the permanency goal of adoption.
- Specialized Case Managers. These case managers are responsible for providing services to the children and families of children who have been in state custody 18 months or more.

An additional distinction may be a Diversion Case Manager. These are case managers responsible for short-term intervention with families who come to the attention of DFCS because they are in need of services that will help them keep their families safe. Counties handle these cases differently. DeKalb County has created separate caseloads with designated

¹¹⁴ See p. 7, Paragraph 4A, 5 in the Consent Decree

Diversion case managers. Fulton county CPS Investigators respond to and serve Diversion cases.

Counties may also use different strategies for Child Protective Services. Many counties have two distinct types of units. Those that do only CPS investigations and those that provide only on-going case management services to families while the children remain home, under protective supervision. This is the approach Fulton uses. DeKalb, however, combined these two functions in late 2006 creating units where the case managers conduct investigations as well as provide on going in-home services to families with an open CPS case.

A “case” in each of these areas is defined differently. For CPS investigations, on-going, and diversion, a case is defined as the family unit being investigated, or receiving services and supervision. For Placement, a case is defined as a child, whether it is a “regular,” adoption, or “specialized “case. In this situation, siblings in State custody are considered separate cases. Case managers for children in the custody of the state, however, are also expected to provide services to birth parents, foster parents, and prospective adoptive parents in addition to the children.

The Consent Decree establishes caseload caps for the five primary types of case managers to be achieved by the end of the second reporting period.¹¹⁵ It also establishes supervisory ratios. These caps and ratios are as follows:

- CPS case managers (investigators): 20 cases (the equivalent of 20 families)
- CPS ongoing case managers: 20 cases (the equivalent of 20 families)
- Placement case managers: 25 cases (the equivalent of 25 children)
- Adoption case managers: 22 cases (the equivalent of 22 children)
- Specialized case managers: 12 cases (the equivalent of 12 children)

- The supervisory ratio should be no more than 6 case managers reporting to 1 supervisor.

Within a year, at the end of the fourth reporting period (December 2007) these caseload caps and supervisory ratios are to be further reduced.

a. State Performance as of December 31, 2006

Caseloads can and do fluctuate daily, especially among CPS investigators as investigations are completed and new ones are added. Adoption caseloads generally have the most stability, but they too can change within a month as children achieve permanency with a new family and new ones become legally free for adoption. Therefore, the Accountability Agents chose to measure the caseloads using the number of cases open after the final data entry “posting” for the month of December. For practical purposes, this is referred to as December 31, 2006. A

¹¹⁵ See page 22, Section 8, paragraph A.1 in the Consent Decree

count of Diversion cases was included for those case managers who had a mixed CPS and Diversion caseload. Case managers responsible only for Diversion cases were not included in the analysis.

At December 31, 2006, 95 percent of the case managers in DeKalb and Fulton counties had caseloads that were at or within the designated caps, as reflected in Table VI-4. Fourteen case managers had caseloads over the respective caps. Five were CPS case managers who had caseloads ranging from 22 to 34, instead of 20. One was an on-going CPS case manager that had 24 cases compared to the cap of 20. Five were Placement Case Managers who had caseloads ranging from 26 to 29, instead of 25. Three were Specialized Case Managers who had caseloads of 13 or 14 instead of 12. It is important to point out that both counties are keeping their adoption caseloads well below the established cap for adoption case managers to allow all adoption case managers to be considered “specialized case managers” for those children with a goal of adoptions who are in DFCS custody 18 months or more.

The overall county performance assessment is tempered by two important circumstances.

- First, a small number of cases (34 of 2825 active cases on December 31, 2006) in each county were assigned to case managers who had resigned their positions during December or were on a leave of absence greater than 30 days. These cases, according to the counties, did not go unsupervised. In each instance, the counties reported that the supervisors or program administrators took responsibility for the necessary work in each case (such as visitation, court reports, service delivery, etc.) while awaiting the return of the absent case manager or cases of departed workers were being reassigned to other case managers. Supervisors, in turn, relied on the assistance of trainees and other case managers in their units to assure the work was completed. Thus, case managers in the units that were “down a person” might participate in covering the cases of an absent or departed co-worker until they returned to work or were replaced. This reality of day-to-day operations makes it difficult to obtain an entirely “clean” measure of the level of compliance. The performance level stated above is likely to be slightly overstated as a result. The Accountability Agents believe the Counties are making good-faith efforts to re-assign cases as quickly as possible while taking into account the workload of all. Yet it must be noted that the caseload review identified one case manager that departed in October whose 17 cases had not yet been re-assigned as of December 31, 2006.
- Second, a small number (36) of children appear to have remained assigned to “regular” placement case managers after reaching their 18th month in state custody. Their reassignment could affect the caseload sizes of the specialized case managers. This circumstance means that a small number of children who were intended by the Consent Decree to be moved to specialized caseloads had not yet been moved as of December 31, 2006.

Both counties experienced changes and turnover in late 2006 and into 2007. While the caseload

data reported here is accurate as of December 31, 2006, the Accountability Agents are aware that during the first few months of 2007 caseloads had increased considerably -- particularly for CPS investigators and CPS On-going case managers. The Consent Decree indicates that caseload measurements are to be taken at the end of the reporting period. The Accountability Agent's third report will detail whether the State and Counties successfully bring CPS caseloads back within Consent Decree standards by June 30, 2007 -- the end of the third reporting period.

The state and counties have taken steps to address the vacancies left by turnover and the growing caseloads within CPS. While continuing to recruit and train new staff, the counties are using short-term teams of case managers and field program specialists drawn from other counties and state offices, and well-regarded retirees to complete backlogged CPS investigations. While the increase in Fulton County CPS investigations in "pending" status (to a total of 331 according to recent reports¹¹⁶) merits continued vigilance, it should not be overlooked that even with that increase, the number of such cases remains about 75 to 80 percent lower than it was three years ago, when it ranged from 1200 to 1500 during the months of June-August 2004¹¹⁷

¹¹⁶ "Fulton County Audit Report 2006," Office of the Child Advocate, State of Georgia, 2007

¹¹⁷ DHR Protective Services Data System reports, June-August 2004.

Table VI-4
DeKalb and Fulton County Caseload Status at December 31, 2006

Case Function	Manager	Target Caseload Cap: Number of cases	Number of Active Staff on 12/31/06 ¹	Number of Active, On-leave Staff on 12/31/06 ²	Actual Performance				
					Meeting Cap		Not Meeting Cap		Cases assigned to separated workers
					No	%	No	%	
CPS Case Manager		20	80		75	94%	5	6%	10
Field Program Specialist on Temporary assignment		20	7		7	100%			
Ongoing Case Manager		20	37		36	97%	1	3%	
Placement Case Manager		25	60	1 ³	56	93%	5	8%	17 ⁴
Adoption Case Manager		22	28	1 ⁵	29 ⁶	100%			
Specialized Case Manger		12	68	1	66	96%	3	4%	7
Total			280	3	269	95%	14	5%	34

Sources: State data bases: IDS and Targeted Case Management (TCM); county personnel systems for leave and separation information

Notes:

¹Active staff are those staff who were not on leave of absence at 12/31/2006 that was expected to be more than 30 days. Includes workers with mixed caseloads of CPS investigations and diversions. Excludes workers who had diversion cases only. Excludes case managers who have caseloads of children placed through ICPC and not in DFCS custody

²Active staff on leave at 12/31/2006 but leave anticipated to be more than 30 days

³One Placement case manager was on FMLA from 12/4/06 to 1/16/07. She had 17 cases assigned to her at the end of the month. Reportedly, the supervisor managed the oversight of these 17 cases.

⁴Another 17 placement cases were assigned in IDS to a case manager who resigned in October 2006, some cases were reportedly assigned to a provisionally certified worker who had a Cobb County caseworker ID and others were reportedly being covered by a supervisor. The case assignment was corrected in January 2007.

⁵One adoption case manager with a caseload of 7 was on FMLA from 11/22/06 to 2/1/07. Reportedly, the supervisor managed the oversight of the caseload.

⁶All adoption workers have caseloads of 12 or less; 1 case was assigned to a supervisor; the supervisor is not counted as part of the 9 staff.

As shown in Table VI-5, on December 31, 2006, 82 percent of the supervisory units had a ratio of 6 workers to one supervisor or better. The ten units that exceeded these ratios were concentrated among the adoption and specialized case managers and the ratios in these units was 1 supervisor to 7 workers. As noted in the previous discussion and table, these units have individual case manager caseloads of 12 children or fewer. One supervisor was on Family and Medical Leave on December 31, 2006. The county reports that a Program Administrator oversaw unit operations while this supervisor was absent. Case managers reported to the Administrator and, as the need arose, she would request that one of the other supervisors be responsible for particular tasks.

Table VI-5
DeKalb and Fulton County Supervisory Ratios at December 31, 2006

Program/Service Area	Actual Performance				
	Number of Units	Meeting 1 to 6 ratio		Not Meeting 1 to 6 ratio	
		Number	%	Number	%
CPS Investigations*	17	17	100%	0	0%
Ongoing CPS	10	10	100%	0	0%
Placement	14	14	100%	0	0%
Adoption	5	3	60%	2	40%
Specialized Case Management	10	2	20%	8	80%
Total	56	46	82%	10	18%

*In addition to the 17 full units there was one case manager under the supervision of an administrator

Sources: State data bases: IDS and Targeted Case Management (TCM); county personnel systems for leave and separation information

4. 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 certification¹¹⁸ 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 fully certified. According to State policy, new case managers cannot carry a full caseload until they are certified.¹¹⁹ The entire process usually takes three to four months for a

¹¹⁸ 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.”

¹¹⁹ 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.

new case manager. 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, 2004.¹²⁰ 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-6 summarizes the certification status available at the end of December 2006 for social service case managers and supervisors in Fulton and DeKalb County.

¹²⁰ 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-6
Certification Status of Case Managers and Supervisors in
DeKalb and Fulton County DFCS as of December 2006

Position Title	Fully Certified	Incumbent, no date	Results Pending	Needing Retakes	Provisional	Total
Case Managers						
CPS Investigators	70 (88%)		2	3	5	80
CPS On-Going Case Managers	28 (76%)	1	1	1	6	37
Placement Case Managers	56 (92%)			1	4	61
Adoption Case Managers	24 (83%)			1	4	29
Specialized Case Managers	54 (78%)	1	3	5	6	69
TOTAL	232 (84%)	2	6	11	25	276
Supervisors						
CPS Investigations	5 (28%)		10	2		18
CPS On-Going	7 (70%)	1	2			10
Placement	7 (50%)	1	6			14
Adoption	5 (100%)					5
Specialized Cases	3 (30%)		5	2		10
TOTAL	27 (48%)	2	23	4		56

¹ Incumbents are individuals who were hired before April 1, 2004. The state was unable to provide certification dates for some of these individuals.

Source: Compiled from data supplied by Education and Training Services Section and County Kenny A. staff. Not verified by Accountability Agents.

As noted in Table VI-6, 84 percent of case managers and 48 percent of supervisors had achieved full certification as of December 31, 2006. Staff who have failed to achieve certification on the first attempt are required to engage in remediation and retesting. This level of full certification for supervisors is of particular concern to the Accountability Agents. Supervisors have a key role and critical responsibilities. The State and counties are urged to review this process to determine how the barriers to supervisors completing the certification steps can be resolved and how this performance can be improved.

5. 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.¹²¹ After one year, no PRNs are to be employed. 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 since February 2006.

C. Building Workforce Skills

The Consent Decree has several training requirements.¹²² In this report section, the Accountability Agents describe a change in the Department's training leadership and the results of a commissioned review of the Foster Care curriculum.

1. Education and Training Services Section ¹²³

During the period July 1 and December 31, 2006, the Education and Training Services (ETS) Director retired. The new Director's qualifications meet the criteria established by DFCS. He has a Master's degree in Organizational Management and extensive military and private sector training experience. However, this position is his first in state government and in child welfare.

2. An Assessment of the Pre-Service Curriculum for Foster Care Case Managers.

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, field practice activities and classroom instruction. Both culminate with a certification process. However, all but the curriculum for foster care was undergoing revision during the second reporting period. The State reported that a new version of the curriculum for New Supervisor Training was in the final stages of revision as of February and was to be piloted by the end of March 2007. The Education and Training Section was also developing a proposal for a substantial revision to all curricular components required of new workers, including the CPS and Foster Care tracks. The Section anticipated proposing the plan for new curricula to upper management by the end of April 2007, with a recommended implementation date no sooner than April 2008.

Beyond an initial review during the first reporting period, the content of the existing CPS and Supervisory curriculum in comparison to the requirements of the Consent Decree has not been completed. The Accountability Agents contracted with an independent consultant to conduct a review the foster care curriculum. Assessment of the Supervisor's training will be delayed until the revision has been piloted. The expert reviewer's full report has been shared with the Education and Training Services unit to assist it with the revisions being considered for all the curricula.

¹²¹ See p. 23, paragraph 8C

¹²² See pages 25 and 26 of the consent decree for the complete description of the requirements.

¹²³ See Period I report for a description of the Education and Training Services Section

This report section summarizes the expert's assessment of the foster care curriculum that was in use as of the end of December 2006. The expert's assessment of the Supervisor's curriculum will be included in the third period report.

a. Overview and methodology employed

The *Kenny A* Consent Decree stipulates various training expectations for staff (i.e., case managers, supervisors) assigned to work with children and families receiving services from DHR/DFCS. This curricular assessment focused on the training components required for new workers who are assigned responsibilities in foster care.

In preparation for the curriculum review and assessment, the expert reviewed the terms of the Consent Decree as they related to case practice expectations and training requirements. The reviewer developed a checklist to guide the review and to permit assessment of the degree to which new foster care workers were being adequately prepared for their roles. The reviewer employed this checklist for recording findings as each training module (online or classroom) or field practice activity was analyzed. The expert's complete report is presented in Appendix C, Foster Care Pre-Service Curriculum Review. A summary of the review findings and recommendations are presented here.

b. Findings

- **The three (3) components of Foster Care Track training (online, field practice activities, and classroom) reflect principles of adult education and learning.**

The curriculum is responsive to various styles of learning. Furthermore, there is an appropriate level of redundancy to reinforce the trainee's learning of and ability to apply material. Specifically, the classroom component reinforces general knowledge developed online and through field activities and applies the learning to a specific mock case. The curriculum is scripted to ensure a degree of continuity among trainers, and supplemented by a PowerPoint presentation that reinforces key points.

However, while there is a desired sequence, current scheduling flexibility allows for participants to attend the classroom training without having fully completed the on-line portion of the curriculum.

- **Together, the three (3) components of the Foster Care Track training cover most of the requirements identified for the Consent Decree.**

Consent decree requirements and DFCS policies are included in the training. However, the *Kenny A* Consent Decree stipulates that all new workers should receive training in family team meetings. The Foster Care Track online and classroom training introduces family team meeting

(FTM) as a component of the case planning process. In addition, the field practice activities include an opportunity to observe, and critique in supervisory discussion, an actual family team meeting. The Foster Care Track training does not specifically cover the specifics about FTMs (i.e., who participates, FTM steps). These specifics are thoroughly addressed in Family Team Meeting Part 1 (OCP 312) and Part 2 (OCP 313), which are not a requirement of new worker pre-service training. In fact, FTM training (OCP 312 & OCP 313) is identified as a required course for completion by new case managers within 12-18 months of Initial Certification.

- **Foster case knowledge is assessed after class room training but there is not a mechanism for Supervisors to know what areas need strengthening**

At the end of the classroom instruction, trainees take a Foster Care Knowledge Assessment. In order to achieve Initial Certification, the trainee must achieve a score of 70% or higher on the fifty (50) question assessment. Trainees who fail to achieve a passing score are provided an opportunity to retake the test, by scheduling a retake with the Education & Training Section, or to retake the class. The decision about the trainee's needs in relationship to the Assessment is left to the discretion of the County, though Initial Certification cannot be achieved until the trainee achieves a passing score. Supervisors are not provided information about specific content areas that individual trainees may have missed in the end-of-course Assessment.

- **The primary focus of the curriculum is limited to administrative procedures and tasks, policies, laws, and processes fundamental to the case manager's role.**

There is limited use of field practice activities that allow the supervisor or field practice advisor to observe directly and assess the foster care worker's fundamental practice skills and knowledge in actual interactions with clients. While the curriculum discusses the importance of the worker-family relationship, it assumes that the new foster care worker comes to the training with a basic understanding of, and ability to apply, effective practice skills, core conditions of effective intervention, human behavior, and family dynamics. Since new workers come to their roles from a variety of degree programs and with differing professional practice experience, the current training curriculum for the Foster Care Track depends on *Keys*¹²⁴ to instill the basic knowledge and skills foundation. Since the Keys training is under revision, DHR/DFCS has the opportunity to assure to build this foundation. From a professional standards perspective, it is essential that new workers be prepared to be critical consumers of services on behalf of children and families served by DFCS, in order to insure that agency clientele are receiving the best available services.

¹²⁴ Keys is the foundational course that all case managers take before taking the courses specific to either the Child Protection Services curriculum or the Foster Care curriculum.

c. **Recommendations**

- Assure **successful** completion of all nineteen (19) modules of Foster Care Online training **prior** to beginning the classroom component of Foster Care Track training.
- Provide additional **detail to supervisors** or training coordinators about specific items missed by the supervisee on quizzes, so that **individualized training plans** may be created at the local level to ensure that the supervisee is able to integrate the learning into his/her practice.
- Carefully **review the online training for accuracy**. For example in Module Thirteen: Case Planning, on the final screen for Page 20 of 27, steps that may occur simultaneously are inaccurately reflected. While this is a minor issue that may be clarified in subsequent classroom training, training for new workers should be based on the clearest possible information.
- **Assess the order** of the Field Practice Activities (FPAs) and establish a recommended order for completing the FPAs that would best support the overall educational experience, while providing some flexibility for counties when the “ideal” may not be achievable.
- Create a Field Practice Activity that includes **individualized assessment** of the trainee models processes of effective case planning.
- Insure that the Field Activities incorporate an activity or provide for discussion with the case manager’s supervisor or field practice advisor of **all county-specific issues such as** Judicial Review interpretation by county judge.
- **Add Field Activities** that permit the new foster care worker to carry out specific functions (i.e., interviews) with actual clients, under **direct observation** of the supervisor or field practice advisor.
- **Add Field Activities** related to Financial Eligibility Determinations and MDT, as well as other topics, included in Foster Care Online and Classroom training, that warrant supervised field practice before encountering a real case situation.
- Require the supervisor and/or field practice advisor to stipulate **successful** or **satisfactory** completion, not simple completion, of each activity.

In addition, DeKalb and Fulton counties should consider developing an alternative pre-service training plan for new workers that includes Family Team Meeting Part 1 (OCP 312) as a component of their pre-service requirements or develop a more in-depth field activity requirement related to FTMs. Although both counties have Family Team Meeting facilitator

units, new case managers will be more effective in their roles as participants in FTMs, if they have fundamental knowledge of the purposes, benefits, and stages of FTMs.

3. 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. Five individuals were promoted or newly employed as supervisors between July 1 and December 31, 2006. All five individuals met these criteria.

4. 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.¹²⁵ The state convened a meeting with all the providers serving DeKalb and Fulton Counties on March 30, 2007 at which it was announced that their FY 2007 contracts would reflect this requirement. Plans for making the required training accessible to private providers are still being developed.

D. Assuring Needed Services Are Available

Hornby Zeller Associates was the selected contractor to conduct the Needs Assessment as required by the Consent Decree.¹²⁶ A contract was executed with them in early March 2007 and the work is expected to be completed by July 2007.

E. Placement Support

In this section of the report, the State's performance is described regarding a number of issues related to the regulation and support of foster care providers. These issues are described in the Consent Decree in Section 5C4e-i, 5C6¹²⁷ and Section 11¹²⁸. Generally, the State appears to be performing quite well relative to most of these issues.

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. In Paragraph F, the State agrees not to allow the perpetrators of substantiated maltreatment to become or to remain foster parents. The States performance against each of

¹²⁵ See pp. 35 and 36, paragraph 10.B.4 in the Consent Decree

¹²⁶ See pp. 12-13, section 5.A in the Consent Decree

¹²⁷ Ibid, pp. 16-19.

¹²⁸ Ibid, pp. 26-28.

these requirements is considered below.

The file review of 160 foster homes sought evidence in each file that the home was in compliance with applicable standards at the end of the reporting period. 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 accurately reflect 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 end of the reporting period. Examples of the latter phenomenon are the "grace" periods that are allowed for 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.¹²⁹ The file review only sought evidence that the requirement had been met as of the end of the reporting period.

1. Regular and timely evaluations to assure placement settings meet standards

Successfully preventing maltreatment in care is aided by 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 are intended to 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.

However, the existence of uniform standards by itself cannot assure children in care are safe and well. Therefore, the review of foster home files specifically sought evidence that the foster homes reviewed were in compliance with the DFCS approval standards. Overall, evidence of compliance was found to be good and to have improved compared to the first reporting period, although it varied significantly by requirement.

Table VI-7 summarizes the extent to which documentation was found in the foster home records reviewed indicating that these homes met specific approval standards, and compares

¹²⁹ See Georgia Social Services Manual, Chapter 1015.

the results for the first and second reporting periods. Following the table is a narrative that offers some analysis of these data.

Table VI-7
Foster Care Approval and Licensing Standards

Foster Care Screening, Licensing, Training, and Investigative Requirements	Documentation found indicating requirement met	
	1 st Period	2 nd Period
Family assessment completed	99%	98%
Pre-service foster parent training requirements met	96%	97%
Gender of children in home never varied from that approved	92%	96%
Timely annual re-evaluation (no lapses)	90%	92%
Comprehensive medical report for each foster parent	90%	89%
No violations of agency discipline or other foster care policies	87%	95%
Number of children in home never exceeded approved capacity	84%	90%
Timely Criminal Record Checks for foster parents	83%	98%
CPS history has been checked	81%	91%
Age of children in home never varied from that approved	80%	79%
Sexual Offender Registry has been checked	80%	76%
Appropriate health statements for household members	79%	86%
Timely Criminal Record Checks for other adults in the home	76%	89%
Ongoing foster parent training requirements met	76%	82%
Comprehensive Drug Screen for Foster Parents	*	54%

Source: Case Record Review, July 2006 and January 2007

* Not reported in First Period

The file review found completed initial/re-evaluation reports in 99 percent of the files in which they should have appeared, compared to 94 percent in the first reporting period. The file review found evidence that over 90 percent of the homes reviewed met most of the approval standards. This is an improvement over the first reporting period, for which most of the approval standards were met by over 80 percent of the homes reviewed. Compliance appears to have improved on 9 of the 14 requirements measured for the first reporting period; four were virtually unchanged (\pm 1 percentage point); and one appeared to decline. Improvements were particularly large for timely criminal record checks for foster parents (15 percentage points), timely criminal record checks for other adults in the home (13 percentage points), and CPS history has been checked (10 percentage points).

Two other requirements merit additional discussion and attention. The first is “sexual offender registry has been checked.” The performance on this important requirement appears to have declined by four percentage points compared to the first period. As with some of the other items monitored (e.g., the file contains a complete history of any Child Protective Services substantiations) conducting an accurate file review can be problematic and the results

potentially misleading when the desired information rests on the clarity with which caseworkers and file reviewers are able to document the absence of an event. If a foster parent or other household adult does not appear on the sexual offender registry, there is no physical evidence to place in the file. In that circumstance caseworkers are instructed to make a note to that effect in the case record, but they may not always do so, or such notes can be missed by file reviewers working through sometimes voluminous case records. Because of the importance of sexual offender registry checks to ensuring the safety of the foster care environment, the Accountability Agents checked the sexual offender registry for each of the 37 foster homes for which documentation of this check was not found by the file reviewers. None of the adults living in those 37 foster homes appeared on the sexual offender registry. While this does not necessarily mean that the caseworker checked the sexual offender registry and failed to make note of it in the case record, or that such a note was made but was not found by the file reviewer, it does offer reassurance that none of these 37 foster homes had registered sex offenders living in them. The State and the counties are encouraged to emphasize with caseworkers the importance of prominently documenting the results of sexual offender checks, even when they come up clean, to facilitate accurate assessments of practice quality.

The other requirement meriting further discussion relates to the screening of foster parents for illicit drug use. Section 11 B of the Consent decree establishes that DFCS will develop and maintain uniform standards for the approval and re-approval of foster homes.¹³⁰ Section 1015 of the Social Services Manual establishes that satisfactory comprehensive drug screening is required of each foster parent at the time of their initial approval and once every five years thereafter.¹³¹ However, State Law 49-5-69 permits children to be placed with private agency foster homes on the basis of a satisfactory criminal records check and finger print check.¹³² This law has been interpreted in practice as leaving drug screening of private agency foster parents to the discretion of child placing agencies. As a result, only 24 percent of provider-supervised foster parents had evidence in their file of a satisfactory drug screen. Among DFCS supervised foster homes, the drug screen compliance rate was 91 percent.

The Accountability Agents have raised this inconsistency in *de facto* approval standards with senior DFCS management. The Department of Human Resources intends to seek amendments to State Law 49-5-69 in the next legislative session. In the meantime, provider contracts are being amended to clarify that satisfactory drug screens are required for provider-supervised foster homes, and providers were informed that this requirement would be binding on them at the March 30, 2007 meeting the state convened with all the providers serving DeKalb and Fulton Counties.

¹³⁰ See page 26, Section 11, paragraph B in the Consent Decree

¹³¹ Social Services Manual, Chapter 1015, Appendix B, Georgia Dept. of Human Resources, July 2005

¹³² O.C.G.A. §49-5-69

2. **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 who repeatedly or unrepentantly use corporal punishment to become or to remain foster parents. The State's performance on this requirement was found to be excellent, and is considered in greater detail below.

The state's performance in preventing foster parents from using corporal punishment was found to be excellent. Of the 160 foster home file reviewed, none (0%) showed evidence that corporal punishment had been used, or was allowed to be used, by foster parents. More detail on the State's performance in preventing the use of corporal punishment is discussed earlier in this report, in Section III.

To assess the State's performance in not allowing perpetrators of substantiated maltreatment to become or to remain foster parents, the Accountability Agents examined any file in the 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 the file reviewers re-examine the case records on the homes involved and the children in them.

Two homes in the sample of 160 (1%) were found to have a prior substantiation of maltreatment and to be open during the reporting period. This represents an improvement over the first reporting period, when six such homes (4%) were found. The disposition of these homes is detailed below.

- Home 1 was a foster and adoptive home in which a maltreatment allegation concerning a foster child was made against the adopted 16-year old son in 2004. After the investigation of this alleged incident, the adoptive/foster parent asked DFCS to re-take custody of the 16 year old and the adoption dissolved. The DFCS office felt obliged to substantiate abandonment against the adoptive parent but, under the circumstances, decided to allow the foster home to remain open.
- Home 2 was a foster-to-adopt home that was substantiated for lack of supervision in 2004. Resource development staff worked with the family to address the issues that gave rise to the complaint; a waiver was requested and approved to keep the home open to complete the adoption; and the home is to close as a foster home once the adoption is finalized.

Five other homes in the sample had allegations of maltreatment that were substantiated during the reporting period. Four of these were closed during the reporting period (one of which had the maltreatment substantiation reversed on appeal, but which nevertheless remained closed). The fifth home was substantiated for lack of supervision because two foster children were left

home alone while their siblings were taken to a doctor's appointment. The supervising CPA concluded that this was an isolated incident, a corrective action plan was developed and implemented, the CPA received an ORS citation, and the foster home was allowed to remain open.

Given the importance of preventing perpetrators of substantiated maltreatment from becoming or remaining foster parents, the Accountability Agents vetted each of these seven cases very carefully. In four of the cases, the foster homes were appropriately closed at the conclusion of the investigation. In the cases of the three that remained open, it appears that reasonable and appropriate 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.

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. The Treatment Services Unit uses a provider registry to identify and to prevent such foster parents from attempting to do this. One of the closed foster homes discussed above (the one whose substantiation was reversed on appeal) attempted to move to a different supervising CPA. This was promptly discovered and this foster parent has been barred from serving any children in the custody of DFCS again.

3. 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 the Accountability Agent's 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. In these private provider arrangements, the CPA conducts the approval process for the foster homes it supervises. For DFCS-supervised foster homes, the approval process is conducted by DFCS.

Section 5C4i of the consent decree stipulates that DFCS will contract only with licensed placement contractors. To assess compliance with this requirement, data from the foster home file review were compared against the CPA licensing information available in Placement Central. Of the provider-supervised foster homes sampled that had a class member in care at the end of the reporting period, 100 percent were overseen by CPAs that had a valid license on January 8, 2007 (the closest date available to December 31, 2006).

ORS licenses the CPAs themselves, not the foster homes supervised by the CPAs. 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 in the course of these the CPA can be cited for licensure violations. This process is discussed later 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. (As discussed in the previous section, “**Regular and timely evaluations to assure placement settings meet standards,**” the uniform application of these approval standards has been compromised by the existence of State Law 49-5-69, which is somewhat contradictory of certain aspects of DFCS’ uniform approval standards.) 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.

In response to recommendations made by the Accountability Agents in the First Period Report,¹³³ collaboration between ORS and TSU appears to have appreciably strengthened. As a result, ORS and TSU appear to be better leveraging the opportunity presented by the licensing and approval of private foster care providers to assure the safety and well-being of children placed in those settings. More detail on the improved collaboration between ORS and TSU appears in Section III, “**Safety in Care.**”

4. 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.

a. Foster Home Capacity Restrictions

Section 5C4e of the Consent Decree limits the capacity of foster homes to three foster children or

¹³³ See Dimas, J.T. and S. Morrison “Period I Monitoring Report, Kenny A. v. Purdue,” 2006, pp. 27-28.

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 reviewed, 87 percent never exceeded the three foster child limit at any time during the reporting period. This compares to 84 percent that never exceeded this limit during the first reporting period. Three of the 20 homes that did exceed the limit 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, 99 percent of the foster homes we reviewed never exceeded that limit at any time during the reporting period. This appears to be an improvement from the first reporting period when 94 percent never exceeded this limit.

With regard to the limit on children under the age of three, 99 percent of the homes never exceeded this limit, even without the sibling group exception. This compares to 97 percent that never exceeded this limit during the first reporting period. The file review found two instances (1%) in which more than three children of this age were placed in a single foster home. They were both provider-supervised foster homes with capacity limits that permitted this. Such a situation should be precluded in the future, as DFCS is implementing additional changes to provider contracts that are intended to bring them into full compliance with Kenny A. standards. These changes are discussed in greater detail below in the Section F, *"Supervision of Contract Agencies."*

b. Race/Ethnicity/Religion Restrictions

Section 5C4h of the Consent Decree 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. The Accountability Agents confirmed in our interviews with ORS 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.

c. 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 the Accountability Agents determined that the State to met this provision. All DFCS foster homes were paid the required per diem rates and all new provider contracts contained language mandating the new rates. For SFY 2007, the Commissioner proposed the following higher rates: for children aged 0-6, \$14.18; for children aged 7-12, \$16.00; and for each child aged 13 and older, \$18.25. These rates went into effect July 1, 2006. For SFY 2008, the Commissioner has proposed a cost-of- living-type increase of approximately 3% in foster care per diem rates. The proposed rates that would go into effect July 1, 2007 are: for children aged 0-6, \$14.60; for children aged 7-12, \$16.50; and for each child aged 13 and older, \$18.80.

d. 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. The Accountability Agents found DFCS' performance to be quite good on the first and last of these requirements, and that it had improved from the first reporting period for the second requirement.

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. This was about the same as the first period rate of 96 percent.

With respect to ongoing annual training, documentation supporting that the requirements had been met was found in 82 percent of the files of the 118 foster homes sampled to which the requirement applied. This appears to be an improvement from the first reporting period, for which the comparable rate was 76 percent. Compared to first period performance, compliance improved among both DFCS-supervised foster homes (from 86% to 93%) and provider-supervised foster homes (from 51% to 74%). However, evidence of compliance with ongoing training requirements remained substantially higher among DFCS-supervised foster homes.

With respect to the 24/7 phone support requirement, Resource Development staff in the Counties report that they provide foster parents with the phone number of their assigned monitoring worker whom they can call during work hours, and that during pre-service foster parent training, they receive the phone number of an on-call worker they can reach after hours.

e. 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. This requirement has been met.

An information system is only as good as the quality and completeness of the data it contains. In the first period report, the Accountability Agents urged the State to strengthen DFCS' ability to manage and be accountable for provider-supervised foster homes by completely populating Placement Central with provider-supervised foster home data. DFCS has undertaken an initiative to do just that. Child placing agencies (CPAs) have been instructed to report to DFCS a data set on each of the foster homes they operate that will provide all the data specified in Section 11E. CPAs have also been instructed to send updates to this data set whenever a new foster home is opened or closed. The decision has also been taken to maintain this data base at the Central Office level, which should address a key problem with the data integrity of Placement Central – namely, that busy caseworkers occasionally failed to update Placement Central when the placement of a child changed. The Accountability Agents expect these steps will eventually provide better data less labor intensively for the State, Counties, and other interested parties.

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 routinely considers 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. The Accountability Agents believe this process will be significantly streamlined and made less error prone when Placement Central is completely populated and its data integrity assured.

f. Accessible Paper File Information

Section 11G of the Consent Decree stipulates that DFCS will maintain in accessible paper file form, certain information. The particular type of information and the proportion of the foster home files reviewed that contained it are displayed below in Table VI-8.

Table VI-8
Accessible Paper File Information

Required Information	Raw File Review Data	Triangulated File Review Data
	% of files with documentation	% of files with documentation
Approval or re-approval status of foster homes	100%	100%
Complete 5 year history of CPS reports	77%	98%
Complete 5 year history of CPS substantiations	83%	99%
Complete 5 year history of refusals to place other children	*	*
Complete history of corrective or disciplinary actions	17%	96%

* These data proved unusable. A misinterpretation of the file review question made the data among reviewers inconsistent.

Data Sources: January 2007 file review and County Resource and Development Records

Concerned with the apparent level of performance indicated by the data collected in the file review, the Accountability Agents used other data to compare or “triangulate” the file review information to determine how to interpret the file review findings. This was a useful reminder of the sometimes problematic nature of accurately assessing through a file review the extent to which certain types of events are properly documented in the case record and/or the extent to which they actually occurred. The issue here is how properly to interpret the absence of information. Table VI-8 displays compliance data two ways: the raw file review data taken at face value and the raw file review data after factoring in other data sources that help clarify the significance of information that the file review found to be missing. As can be seen, a much different picture of performance is drawn from the adjusted information.

The example of sexual offender registry checks, discussed previously is instructive in this context. The file review found documentation that the sexual offender registry had been checked for 76 percent of the foster homes sampled. Based on the file review alone, one might have concluded that up to 24 percent of the foster homes included in the sample might potentially have a sexual offender in them. However, comparing the file review results against the sexual offender registry itself demonstrated that no adult in any of the homes in question appeared in the sexual offender registry. This likely contributed to the dearth of information produced by the file review; the problem could have been with the documentation that the check had been performed and came up “clean,” the file reviewers’ ability to locate such documentation, the casework practice itself, or some combination of these.

Similar discrepancies were found with the issue of maltreatment reports and substantiations of maltreatment. The results of the file review suggested that for 37 of the 160 foster homes (23%) reviewed a “complete 5-year history of maltreatment reports” was not located in the file; and for 28 of the 160 foster homes (18%) a complete history of substantiations of maltreatment was

not located in the file. Of course, for a foster home with a history of no maltreatment reports or substantiations of maltreatment, there would be no reports to include in a “complete history.” Stated differently, the “complete history” would consist of no reports. Given the importance of knowing whether individuals with a history of substantiations were serving as foster parents, these findings were compared to the official CPS histories available in IDS. That analysis showed that for 33 of the 37 foster homes (89%) for which the review found no history of maltreatment reports, there were, in fact, no reports to be included in such a history. Similarly, for 26 of the 28 homes (93%) for which the file review found no five-year history of substantiated maltreatment reports, there were no substantiated reports to include in such a history.

Finally, file review results suggested that 83 percent of the reviewed files lacked a complete 5-year history of corrective or disciplinary actions taken against the foster home. When this result was compared to the County Resource and Development records of such actions taken against foster homes, it showed that 96% of the foster homes for which a complete 5-year history was not found in the case record had been the subject of no such actions in the last five years.

Before the next review cycle, the Accountability Agents will again try to ensure that there is clarity among reviewers about what each of these data elements means and the standard of evidence appropriate to each. In the meantime, the State is urged to provide training and technical assistance to the counties and to providers on how to interpret and satisfy the need to prominently document the complete five year history requirements in order to reduce the extent to which the paper files may otherwise appear to overstate the true level of non-compliance.

F. 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 therein, 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 2006, 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.

CMS approved DHR's proposed "unbundling" plan in January, 2007. The State intends to roll out unbundling Statewide on July 1, 2007. DFCS is now moving forward with some of the other contract changes required by the Consent Decree (see Section F.2 *New Contract Provisions*, below).

DFCS has also created a new Office of Contract Compliance, headed by Yvonne Rodgers, that will help TSU transition from focusing on medically-oriented utilization reviews to a watchful oversight role focusing on the quality of provider-delivered services and provider compliance with the terms of their contracts. Creation of the Office of Contract Compliance is expected significantly improve the supervision of contract agencies.

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.¹³⁴ 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 renewed charge that takes stock of the recent development with CMS. The membership of the RRTF is being revised as two members have resigned. The parties have agreed to appoint two replacement members and to ask the RRTF to begin meeting again after unbundling has been officially rolled out.

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.¹³⁵ Some of these (e.g. requiring providers to pass through to their foster homes the full basic maintenance payment) were incorporated into new

¹³⁴ See pp. 14-15, paragraphs 2-7 in the Consent Decree

¹³⁵ See pp. 13 and 23-26, Sections 5B.1, 9A-C and 10B.4 in the Consent Decree

contracts at the start of fiscal year 2006 (July 1, 2005.) However, other provisions (e.g. mandating detailed reporting requirements and adding contract language to bring provider-supervised placements into full compliance with DFCS approval and training standards) were placed on hold pending the resolution of the CMS rate restructuring. The State has indicated to the Accountability Agents and plaintiffs that these additional provisions have been fully implemented in the provider contracts that take effect on July 1, 2007. The State has provided plaintiffs with a copy of the new master contract.

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.¹³⁶ 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 polices 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. Each CCI or CPA serving class members received at least one such inspection during calendar year 2006.
- Written reports detailing the findings of each unannounced inspection are being prepared. The Accountability Agents have examined a number of them.

G. *Improving Automated Support*

1. SACWIS

Georgia is currently designing a Statewide Automated Child Welfare Information System (SACWIS) in conformance with federal requirements and the Consent Decree.¹³⁷ There has been no change since the first period report regarding this requirement. 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

¹³⁶ See p. 24, Section 9D in the Consent Decree

¹³⁷ See p. 22, Section 7 in the Consent Decree

another bidder's protest of the selection and the time required resolving the protest. The expected date for full implementation is January 2008.

2. Placement Central

Placement Central is DFCS' automated system for tracking child placements and certain information about those placements. Although Placement Central has historically contained a limited amount of data on provider-supervised foster care placements, DFCS is currently undertaking an effort to completely populate it with certain provider data, as discussed previously in this Chapter. This is an important step forward in improving DFCS' ability to manage placement providers and to be accountable (and to hold providers accountable) for the work that is contracted out.

For the second reporting period the Accountability Agents undertook a limited effort to validate the data currently in Placement Central. The purpose of this validation effort was to understand the reliability of data from Placement Central for monitoring and accountability purposes, and to identify areas in need of improvement as the State undertakes its effort to completely populate this important data source. We performed a cross-match between the computerized file review data and corresponding data in placement central to ascertain the degree to which they were in agreement. We were able to perform this cross-match on five specific data fields:

- the foster home's initial approval date (the date it was first approved to receive foster children);
- the approval type (these include "initial full approval", "annual re-evaluation", "special approval" – all of which are regarded as "full approval" statuses; and temporary approval – which is not a "full approval" status;
- re-approval due date (the date the current approval expires)
- Number of children placed on 12/31/2006 (the number of class members in each foster home at the end of the reporting period)
- Closure date (the placement's open or closed status on 12/31/06 and, if closed, the date of closure).

As DFCS is still in the process of populating Placement Central with data on provider-supervised foster homes, the comparison of file review and placement central data could be made for the entire sample of 160 foster homes for only the last two data fields listed above. For the first three data fields listed, the comparison could be made only for the 73 DFCS-supervised foster homes in the sample. Some care should be exercised in interpreting the results of this comparison. There may be a natural inclination to assume that where discrepancies exist, the file review data are correct. For the most part, that is probably a safe assumption. However, in investigating a handful of the most glaring inconsistencies, the Accountability Agents learned that sometimes a data entry or file review error was responsible. The table below reflects corrected file review data when it could be determined that the file review data was in error,

but time did not permit the investigation of any but the most glaring inconsistencies.

Table VI-9
Comparison of Placement Central (PC) and File Review (FR) Data

Data Field	Records Compared	Records with No Difference	% of records with No difference	Characteristics of Variance
Initial approval date	73	63	86%	For 8 of 10 records, variance was < 30 days
Approval type	73	67	92%	All 6 that varied were approved, but PC and FR varied on the type of approval
Re-approval due date	73	69	95%	For 1 of 4 records variance was 7 days; for 3 records due date had not been updated in PC
Number of children placed on 12/31/06	160	136	85%	10 DFCS-supervised homes varied <ul style="list-style-type: none"> • For 5, number in PC < FR • For 5, number in PC > FR 14 CPA-supervised homes varied <ul style="list-style-type: none"> • For 1, number in PC < FR • For 13, number in PC > FR
Closure date	160	154	96%	All 6 that varied were closed, provider-supervised homes. For 2, variance was < 15 days; for 4, their closure was not reflected in PC (2 of these closed in the last 30 days of the reporting period).
Total	539	489	91%	

As displayed in Table VI-9, overall, Placement Central and the foster home file review matched exactly on 91 percent of the 539 data elements compared. However, the rate of agreement and the significance of disagreements varied by data element. The extent and nature of the observed variance is characterized in Table VI-9. The rate of agreement was highest on the "Closure Date" field (96%) and lowest on the "Initial Approval Date" (86%) and "Number of Children Placed on 12/31/06" (85%) fields. The variance in the Initial Approval Date appears to be not terribly significant; for 8 of the 10 records that varied, the variance was less than 30 days and may simply represent the time lag between when the home was approved and when the approval was recorded in Placement Central. However, the variance in the number of children placed on December 31, 2006 is of greater concern. One reason for this is, by agreement of the Parties and the Accountability Agents, Placement Central was the source of the census data for DFCS-supervised foster homes used to calculate achievement of Outcome 31 (Placement

Central data on the census of provider-supervised foster homes was presumed to be less reliable than for DFCS-supervised homes and, therefore, was collected by the file review team in site visits to the supervising CPAs – see pp. VI-39-41).

For this data field, data from the record review and from Placement Central varied for 24 of the 160 foster homes included in the sample. There was a comparable rate of agreement for DFCS homes (86%) and for provider-supervised homes (84%); but the nature of the variance differed significantly. Relative to the file review data, Placement Central was equally likely to understate (5 homes) as to overstate (5 homes) the number of children placed in DFCS homes on a particular date. For provider supervised homes, Placement Central had a strong tendency, relative to the file review data, to overstate (13 homes) rather than to understate (1 home) the number of children placed on December 31, 2006.

These findings suggest two things. With respect to DFCS-supervised homes, the variance between Placement Central and the file review data is unlikely to have biased the measurement of Outcome 31 since Placement Central was equally as likely to understate, as to overstate, the number of children placed relative to the file review.

Second, Placement Central's tendency to overstate the number of children placed in provider-supervised settings relative to the file review tends to support a hypothesis from the G2 meetings that although caseworkers are proficient at entering into Placement Central children's first placements in provider-supervised settings, if the provider moves a child the caseworker may not always remove the child from the previous placement setting in Placement Central. This could account for the tendency of Placement Central to overstate the number of children in provider-supervised homes relative to the file review. This hypothesis and the evidence supporting it have important implications for the State's efforts to completely populate Placement Central. They underscore the importance of the State having an effective strategy for maintaining the integrity of placement central once it is completely populated or it may once again come to vary from the circumstances suggested in the case record.

H. Quality Assurance

There has been no change since the first period report regarding this requirement. DFCS continues to maintain an appropriate quality assurance system¹³⁸ through its central Evaluation and Reporting (E&R) Section. In addition, the counties have increased the role of their quality assurance units in the development and maintenance of their own tracking systems for visitation and other Consent Decree requirements. For example, the Fulton County Quality Assurance team has been validating case manager documentation about visits with children and care givers since June. This process includes assessing the documentation for quality of the visits as well as following up with a small sample of caregivers to confirm the visits took place and the content of the visits.

¹³⁸ See p. 42, Section 18 in the Consent Decree.

*I. Maximizing Federal Funding*¹³⁹

The Consent Decree contains requirements for DHR/DFCS to 1) maximize available federal funding through Titles IV-B and IV-E of the Social Security Act, and 2) not supplant state dollars for foster care services with any federal increase that results from the maximization efforts.¹⁴⁰ In addition, there are a number of the outcomes that pertain to actions and documentation required to support and enhance claiming IV-E reimbursement for Foster Care expenditures.

According to the Pew Commission on Children in Foster Care, “Titles IV-B and IV-E of the Social Security Act are the largest dedicated child welfare funding streams (that is, funds specifically designated for child welfare services).”¹⁴¹ However, these are two distinctly different funding approaches. Title IV-B is “a capped state entitlement.”¹⁴² That is, funding may be available up to a pre-determined state share. To draw-down the IV-B funding, states must match Title IV-B funds with a 25 percent share of nonfederal funding, but there are no income or other eligibility restrictions on which families may be served with these funds. In contrast, “the Title IV-E Foster Care program is a permanently authorized, open ended entitlement program. This means that states may claim federal reimbursement for every eligible child who is placed in a licensed foster home or institution.”¹⁴³ The required state match ranges from 50 to 83 percent depending on the type of expenditures and the state’s Medicaid match rate.

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

Since the Consent Decree became effective in October 2005, the baseline for future comparison of state expenditures is Federal Fiscal Year 2006 (October 1, 2005-September 30, 2006) for Title IV-B and State Fiscal Year 2006 (July 1, 2005 – June 30, 2006) for Title IV-E. Slightly different time periods are being used because of the different reporting requirements for Titles IV-B and IV-E. Georgia submits annual financial reports to the Federal government for Title IV-B and quarterly cost reports for Title IV-E. Table VI-10 provides the IV-B baseline of federal and state expenditures based on the annual cost report and Table VI-11 provides the baseline for Title IV-E federal and state expenditures based on the quarterly expenditure reports submitted to the federal government for the period July 1, 2005 through June 30, 2006.

¹³⁹ See Monitoring Report I for background on Title IV-E

¹⁴⁰ See p. 31, Section 14 of the Consent Decree

¹⁴¹ Murray, K.O. *The Child Welfare Financing Structure*. [Online]. Available <http://www.pewfostervare.org> [Retrieved February 3, 2007]

¹⁴² Ibid

¹⁴³ Ibid

Table IV-10
Baseline for Title IV-B Funding
Federal Fiscal Year 2006 Financial Report
(October 1, 2005 – September 30, 2006)

State	Federal	Total
\$ 3,123,871	\$ 9,371,613	\$ 12,495, 484

Source: Georgia IV-B Financial Status Report, submitted December 11, 2006 to the U.S Department of Health and Human Services

Table IV-11
Baseline for Title IV-E Funding:
Federal Reporting for the period July 1, 2005 through June 30, 2006

Category	State Expenditures	Federal Reimbursed Expenditures	Total
Title IV-E Funding			
Adoption Assistance Payments	18,796,102	28,864,149	47,660,251
Adoption Administration	6,522,392	6,522,392	13,044,784
Adoption Training	525,646	175,215	700,861
Adoption subtotal	\$25,844,140	\$35,561,756	\$61,405,896
Foster Care Maintenance Payments	12,830,120	19,706,811	32,536,931
Foster Care Administration	32,892,589	32,892,586	65,785,175
Foster Care Training	97,199	291,600	388,799
SACWIS	2,006,645	2,006,646	4,013,291
Foster Care subtotal	47,826,553	54,897,643	102,724,196
Title IV-E Total	\$ 73,320,262	\$ 90,809,830	\$ 164,130,092

Source: DHR/DFCS quarterly expenditure reports submitted to the U.S. Department of Health and Human Services

2. Timely and Complete Court Orders

In addition to Outcome 26, the Consent Decree strives to limit the percent of children for whom the DHR/DFCS custodial authority lapses.¹⁴⁴ Outcome 29 stipulates that no more than 5 percent of all children should have a lapse in their legal custody within the most recent 13 months of their placement. This outcome becomes effective in the third period, January 1 to June 30, 2007. The case record review indicates that the State's performance on this measure at the end of December 31, 2006 was greater than the allowable margin, as 22 percent of the children in care for 12 months had lapses in DFCS' custodial authority.

¹⁴⁴ See p 37, Outcome 29 in the Consent Decree

This performance applies to 97¹⁴⁵ children who had been in care 12 months or more during the review period. This is an improvement from the first reporting period when the case record review found 36 percent had lapses in legal custody. Improving on this performance remains a critical issue for the Department.

¹⁴⁵ Since this is smaller than the entire sample of 180, any conclusions drawn from the 97 would have a margin of error of approximately ± 10 percent.

PART VII MISCELLANEOUS PROVISIONS

Section 20 of the Consent Decree contains the Agreement's miscellaneous provisions. Two provisions, contained in Section 20G, contain substantive data reporting requirements.¹⁴⁶ These 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.

<i>Table VII-1 Repeat Maltreatment</i> <i>Reporting Period: July 1, 2006 - December 31, 2006</i>			
		DEKALB	FULTON
a) Number of children during the report period experiencing substantiated maltreatment		594	810
b) the number of children in a) of this item who also experienced maltreatment during the preceding 12 month period		35	65
Percentage of children who had substantiated maltreatment during the preceding 12 months		5.9%	8.0%

¹⁴⁶ 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 arrive at 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 these data sources and methods and also catalogues and explains interpretation and measurement issues that were addressed and resolved during the first reporting period.

A. Data Sources and Methodology for Measuring State Performance

Four primary sources of information were used to assess the State of Georgia’s progress during the second reporting period, July 1 – December 31, 2006.

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 evaluations 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 the Accountability Agents were able to detect.

However it should also be noted that the efforts made for the current reporting period to compare IDS and file review data also turned up multiple instances in which the coding, key entry, or interpretation of information from the case record was responsible for the discrepancy with IDS. Whether they are data fields in IDS or from case record reviews, those 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, the Accountability Agents have been very selective about which data to rely on for assessing compliance with the Consent Decree's provisions. Most of the data in this report was generated by file and case record reviews conducted specifically for this purpose. 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. When it was possible or necessary to compare data from IDS or other automated sources to data from the file and case record reviews, it often produced a result that was more accurate and reliable than if any single data source had been relied upon.

2. 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. At the state level, the leadership of the Office of Regulatory Affairs, Treatment Services Unit, Statewide Risk Assessment, Education and Training Services Section, and other administrative offices were interviewed. At the local county level, interviews included supervisors and case managers responsible for investigating reports of maltreatment in care, placement, and foster parent training and support. The Accountability Agents worked directly with State and County Quality Assurance staff to analyze data collected and tracked at the local level such as caseloads, visitation, determinations for children in care 15 of 22 months, and certification.

3. Structured File and 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-1 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-1, 100 percent of the investigations of maltreatment in care between July 1 and December 31, 2006 were read. Therefore, the margin of error in these results is extremely

small and would reflect case record reviewer differences or errors 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 July 1 and December 31, 2006. This included private agency supervised homes as well as DFCS supervised homes.
- All foster care cases (children) active in DeKalb and Fulton counties any time between July 1 and December 31, 2006.
- All children with active cases in DeKalb and Fulton counties any time between July 1 and December 31, 2006, excluding finalized adoptions, who had the permanency goal of adoption and for whom the parental rights of at least one parent had been terminated.

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; where appropriate, separate margins of error for the different subsets have been calculated and noted in the body of the report. To achieve the minimum number of records for each review, small additional, random replacement samples were drawn.

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
Maltreatment in Care Investigations	78	78	63 completed by DeKalb and Fulton 15 completed by other counties involving children in the custody of DeKalb and Fulton Counties	+/- 0.0 percent
Foster Homes	992	160	160	+/- 7 percent
Children in Foster Care	2,623 children with active cases any time July 1 and December 31, 2006	180	180	+/- 7 percent
Children with at least one TPR	190	96	94	+/-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. As is typical with case record reviews, reviewers encountered some problems with some of the questions. Learning from this second effort will be incorporated into the next case record review.

c. Data Collection Schedule and Logistics

Planning for the data collection effort began in November 2006 with discussions with E&R and GSU regarding formatting data instruments for efficient data capture and analysis. Based on technology problems encountered during the first record review, changes were made in this round to improve the ease of use. Each of the review guides was set up as a field protected

Microsoft Word document that allowed electronic information entry. GSU separately entered the data into a SAS data base. As the reviews progressed, portions of guides were revised as necessary to accommodate unforeseen circumstances found in the records. In addition, the reviewers had the capability to make extensive comments to explain responses and provide more background on the case.

Field testing of the guides was limited and an area that could be improved. Original files were reviewed between January 9 and March 22, 2007. Data analysis began in March as GSU began compiling the collected data into four data bases.

Data collection began in January 2007 with the maltreatment in care investigations. The review of foster home files was also initiated in January. Records selected from private agencies were reviewed at the respective private agencies. 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.

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 as a result of these discussions, but it became apparent after the file reviews were completed that not all misunderstanding had been eliminated. Training is another area that would have benefited from more time. A practice round of record reviews would have been helpful to work out the questions that arose. Given the pace of the necessary semi-annual reporting schedule, it has been difficult to extend the training time. On-going training between reviews is taking place and it is anticipated that after the learning from this round is incorporated into the guides, limited changes will be needed during future reviews.

DFCS reviewers and GSU research staff were provided with digital files 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 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 addressed 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 reviewer's 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 their responses if they felt the situation they found did not adequately fit the question being asked or additional detail for some critical questions was desired. These comments were invaluable to the Accountability Agents as they reviewed the data collected and made judgments about response recodes when necessary. However, occasionally reviewers failed to provide the requested comments which elongated and sometimes frustrated the data cleaning process.

An additional level of Quality Assurance was provided by the Georgia State University (GSU) project coordinator and four research assistants with masters degrees in social work and backgrounds in child welfare and case record review. They read at least one third to nearly one half of the sampled Foster Care, Adoptions, Foster Home and CPS investigations files. The records were randomly selected as each reviewer completed guide. Review guides that had different responses from the GSU QA staff and the E&R reviewers were set aside, investigated and resolved by the GSU project coordinator and E&R team leaders, often in consultation with the Accountability Agents, before the protocol was entered into the data base. One day a week was set aside in the schedule to review the completed review guides in question and do any necessary clean up, and to discuss observed trends.

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 (information that did not require an on-line "look up" in IDS). The variables were selected from the original responses to the questions – the record reviewers and the QA team. Therefore the correlation was tested on the "raw" responses. As noted above, these raw responses were compared, differences investigated, and resolved appropriately. Correlations between the raw reviewer results and the raw QA reviewer results were calculated 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). When a Cronbach's Alpha is used in a Social Science research situation, like the *Kenny A.* case review, a reliability coefficient of .70 or higher indicates that there is an almost zero probability that the reviewer and QA reviewer would achieve these results by chance.

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

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

Sample	Cronbach's Alpha Measure
CPS Investigations	0.76104
Foster Homes	0.78217
Foster Care	0.99112
Adoptions	0.92926

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) poorly worded questions that still caused confusion among some reviewers and 2) in the case for the foster care review, the length and complexity of the review guide. In addition, there were some data entry errors. 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) and Microsoft Excel were used for analyzing the collected data and calculating inter-rater reliability. 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. 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.

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	
Maltreatment in Care Investigations	Coding error in IDS, this is not a maltreatment in care referral/report	6
	Child was not in the custody of DeKalb or Fulton County	1
	Total	7
Foster Homes	No children were in the home during the 6 months of the review	22
	No children in the legal custody of DeKalb or Fulton County DFCS were placed in this home between July 1, 2006 and December 31, 2006	8
	Case record cannot be located	7
	Coding error in IDS, this home was not open between July 1, 2006 and December 31, 2006 or the home was not associated with the identified CPA	6
	Total	43
Children in Foster Care	Child's file has been sealed as the result of finalized adoptions	3
	Case timeframe too short (child in care less than 5 days)	3
	Child not in the legal custody of Fulton or Dekalb counties between July 1 and December 31, 2006	3
	Child not in foster care any time between July 1 and December 31, 2006	1
	Total	10
Children with at least one TPR	Adoption was not the permanency goal	2
	Child's file has been sealed as the result of finalized adoptions	2
	Child not in the legal custody of Fulton or DeKalb counties between July 1 and December 31, 2006	1
	Neither parent has parental rights terminated	1
	Total	6

5. 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:

- Engage Fulton and DeKalb County senior management teams in tracking their own progress in achieving the Consent Degree outcomes;
- Have “real-time” communication about successes and areas of concern regarding the progress of reform;
- Establish a clear understanding of the relationship between practice, process, and infrastructure enhancements and outcome achievements; and,

-
- 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 by DFCS leadership, and parties responsible for implementation identified.

B. First Reporting Period Interpretation and Measurement Issues

The following discussion highlights the interpretation and measurement issues that arose during the first reporting period that were accepted by the parties and also apply to period two.

1. Safety Outcomes

Outcomes 1, 2, and 3 use the same “*By the end of the first reporting period...*” language used in Outcome 5, but the standard remains fixed at the period 1 level for all subsequent reporting periods. These outcomes, therefore, do not raise the same point-in-time vs. cumulative measurement issue raised by Outcome 5.

Section 12.A. of the Consent Decree requires that maltreatment in care investigations be conducted by trained child protective services staff.¹⁴⁷ As indicated above, DFCS policy regards the commencement of an investigation to be the point at which an alleged victim child is seen by the investigator. For measurement purposes Outcomes 1 was operationalized as the percentage of cases in which any alleged victim had face-to-face contact with a CPS investigator within 24 hours. Outcome 3 was operationalized as the percentage of alleged victims that had face-to-face contact with a CPS investigator within 24 hours.

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 considered are described below.

- The interpretation issue centers on the meaning attributed to the words “...shall be the victim

¹⁴⁷ See p. 28 of the Consent Decree

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.

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.

- 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 December 31, 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. The use of the word “By” could be construed to grant the state the entire length of the reporting period to produce improvements in this outcome.

However, operationalizing this as a point-in-time measure might create perverse incentives (i.e., schedule children who had experienced maltreatment in care for discharge before the end of the month). Although it is not believed the State would actually use this approach, the Accountability Agents 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.

Outcome 6, “corporal punishment,” was operationalized to define “incident” as a confirmed allegation, whether or not the allegation was deemed serious enough to constitute maltreatment.

Measurement for a specific period will reflect incidents identified through completed investigations, therefore, the results of investigations completed after the close of a period will be reflected in the succeeding period’s report. For example, an incident that is reported in late December will likely not have a completed investigation report by December 31, 2006. Therefore it will not be represented in the Outcome 6 measurement for the second period. But it will likely be completed during the third reporting period and it will be reflected in the third reporting period’s measurement.

2. Permanency Outcomes

Outcome 7, “diligent search,” measurement for period two will be taken in April 2007 through a targeted case review of only children entering care during the period July 1, 2006 through

December 31, 2006. A sample will be drawn from this universe, stratified to accommodate drawing a large enough sample to assess sibling placement (See Outcome 16.)

Children who exit care before 90 days, but for whom there was a diligent search will be counted in both the numerator and the denominator. Children who exit care before 90 days without a diligent search will not be counted in either the numerator or denominator

Outcomes 8a, 8b, 9 and 10, "Exits to Positive Permanency" Discussion confirmed that the "Permanent placement with relatives" must be evidenced by a signed document indicating relative's willingness to provide a home for the child until they reach the age of majority, if necessary.

The calculation for Outcome 8a is as follows:

- The numerator will include all children who 1) entered custody on or after the consent decree and who exited to a specified permanency option within 12 months
- The denominator includes all children who entered custody on or after the consent decree.

Outcome 11, "Adoptions/Guardianships within 12 months of TPR", requires a 12 month observation period for children whose parent's parental rights were terminated or released between July 1 and December 31, 2006 and therefore will be reported in the Fourth Period report.

Outcome 13, "Immediate Adoption Recruitment," was revisited and the parties agreed that all children who were legally free for adoption at the time of the consent decree but did not have an adoptive resource as defined for Outcome 12 should be included in the cohort of children to whom Outcome 13 applied.

Outcome 14, "Adoption disruptions" was defined to refer to children that return to the Commissioner's custody within 12 months of the finalization of their adoption. This outcome also requires a 12 month observation period; results for children whose adoptions became final between November 1, 2005 and June 30, 2006 will be reported in the Third Period report.

Outcome 15 "15 of last 22," measurement considered two alternatives. One was a separate case record review of a sample of children who met these narrow criteria. The other alternative was to use the case record review of 180 children in the placement sample to validate the counties' tracking data bases. Federal and State policy guidelines were to be followed for determining a compelling reason.

Outcome 16, "Sibling placement" measurement for period two will be taken in April 2007 through a targeted case review of only children entering care during the period July 1, 2006 through December 31, 2006.

Outcome 19, “Placement Proximity” was operationally defined as the “shortest drive time distance” derived through “Mapquest.”

3. Well-being Outcomes

Outcome 17, “Placement Moves” is to be measured as using the AFCARS method of counting placements. The number of placement moves will be calculated by subtracting 1 from the number of placements.

Outcomes 20, 22, 23, Various Visitation requirements, will be based on children in care at any point during the reporting period. Measurement of these outcomes will be accomplished by “looking back” 12 months or to the date of the child’s entry into care from December 31, 2006 or from the last day the child was in custody.

For outcome 23, the phrase “with their siblings” means children will have visits with one or more of their siblings in a given month, but not necessarily all siblings every month.

4. Strengthening the Infrastructure Outcomes

Outcome 25, “Children in Approved Placement Settings,” the Consent Decree’s use of the term “full approval and/or licensure status” is agreed to refer not just to the regulatory approval process (through which foster and group homes are approved) which uses this designation, but to mean more generally the “relevant approval process” (including the non-regulatory, casework process through which relative home placements are approved). It is to be measured by tracking the approval status of the foster placements in which the children in the placement sample were residing on December 31, 2006.

Outcome 26, “Appropriate court documentation for IV-E,” claiming measurement will be based on children in care at any point during the reporting period.

Outcome 31, “Children in Over Crowded Foster Homes,” was measured by tracking the census of the foster homes in which the children in the placement sample were residing on December 31, 2006.

C. Methodology for Verifying Caseload Data

The state information system is able to produce reports on individual case manager caseloads and the Accountability Agents used these reports as the starting point for assessing State progress in meeting the caseload requirement of the Consent Decree as reported on in Section

VI. However, several steps were taken to assure the accuracy and completeness of these reports.

First, the Accountability Agents determined that there are several data sources, each with its potential for inaccuracies or incompleteness. The data sources include IDS and the Targeted Case Management (TCM) system as well as county personnel systems. Historically, IDS may have had incomplete caseload information for Fulton County because Fulton was using its own case management system referred to as “CDOT.” The Accountability Agents confirmed with Fulton County that they had discontinued using this system in June 2006.

Within IDS, data could be inaccurate or incomplete because:

- *Case manager IDs are not timely assigned or deactivated.*

Case managers must have a unique, county generated “Case Worker ID” (CWID) to have a case assigned to him/or her in the information system. Conversely, cases remain assigned in the information system to case workers who are no longer employed by DFCS as long as cases are not reassigned to different case worker IDs. Counties are responsible for entering each case manager’s unique “ID” and deactivating the ID when the worker resigns, transfers, or is terminated. Counties are also responsible for promptly reassigning cases when a case manager vacancy occurs

- *Worker type is not entered by counties*

Counties are also supposed to enter the worker type for each case manager, but omission of this information does not prevent case assignment or any other reporting. Thus, caseload reports may be incomplete because the worker type may be missing.

- *Worker leave status is not included*

County personnel systems track extended leave periods authorized by disability policies, Family Medical Leave Act, or some other circumstances. This information, however, is not linked to the state information system, making it challenging to obtain an accurate picture of the effective caseloads of other case managers who may be sharing the workload of their absent colleagues.

- *Worker certification status is not included*

Worker certification is tracked separately for different cohorts of staff by county training coordinators and the Education and Training Services section. These systems do not presently link to the State information system. Uncertified workers are not to be assigned any cases. Provisionally certified workers are to be assigned no more than “7 low risk” cases. The lack of this link complicates tracking the number of cases assigned to individuals who are in these categories.

- *TCM “tear sheets” do not include all caseload data available in IDS.*

The Targeted Case Management system is used to collect information about service

delivery for purposes of billing Medicaid. Case managers can print a TCM “tear sheet” daily, if they choose. The tear sheet includes a list of all of the cases they have open at any point in time. At the close of each month, case managers submit the tear sheets with service updates and case closing actions noted for data entry. However, children who have reached age 18 but continue to have an open case are not listed on the tear sheets, neither are diversion cases. Tear sheets do list CPS “safety resources” separately. If a tear sheet does not contain information on a case that the case manager has been working during the month, they must hand-write the additional information on the tear sheet as part of their monthly submission.

Given the identified potential sources of inaccurate and incomplete caseload reporting, the Accountability Agents worked closely with the counties and the State as the December 2006 report was generated. First, we met with the Counties and reviewed the November 2006 caseload report. These reports had missing worker types and workers who had resigned or were on leave. The Counties were asked to update the worker type and provide the resignation dates and leave dates for the designated workers.

Separately, the State and counties were asked to supply information about worker and supervisor certification status. The Accountability Agents used this information to compare with the workers and supervisors identified on the December 2006 caseload report. A reconciliation process was applied to identify discrepancies between the case manager lists and the counties were asked to provide additional information to resolve the discrepancies.

For Fulton County, the Accountability Agents also collected information from the county quality assurance unit regarding the caseload data it uses as part of its monthly visitation validation process. However, there was not a comparable activity for CPS caseloads.

After reviewing all this information and finding no troubling data discrepancies, the Accountability Agents conducted brief interviews with a total of 38 randomly selected case managers. The purpose of the interviews was not to conduct what is known as a “desk audit” where case managers are asked to show a reviewer the case files for all the cases they are working on at a given point in time. Rather, the interviews were used to obtain case manager perspectives on the accuracy of the case load reporting, the size of their caseloads at the end of December and their caseloads on the day they were interviewed as well as their certification status and training. However, during the course of the interviews, the accuracy of the most recent tear sheet was reviewed.

Two clear themes emerged from these interviews. First, the tear sheets accurately represent their caseloads. Some noted that there had been problems with the tear sheet accuracy in the past but that these problems seem to have been resolved for several months. They agreed with the reports produced for their December caseloads. Those interviewed who also handle Diversion cases believed that those numbers were accurately reported in IDS. Another theme that came primarily from Fulton County staff was the difference between the caseload sizes

during the later part of 2006 and February-March 2007. Caseloads were at or under the cap at the end of 2006, but for some, they had begun rising. Placement caseloads appeared to be remaining stable but the CPS investigations had increased significantly in the first few months of 2007. One placement case manager did point out that she had children on her caseload who should be transferred to specialized case managers because they were had reached or were past their 18th month in care. This information prompted another look at the caseload data to determine if there was a larger pattern of this situation. The result of this analysis is reported with the caseload data in Section VI of this report.

D. 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 the verification of 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 the 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 the Accountability Agents used.

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 quantitative or less complex (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.

Based on interviews with county investigations staff and the experience from reviewing of 100 percent of the investigations of maltreatment in care, the Accountability Agents have confidence that IDS captures virtually 100 percent of the investigations that are conducted. Every investigation of maltreatment in care that the file review indicated was undertaken was

properly reflected in IDS. No instances in which substantiated cases were miscoded as unsubstantiated, or vice versa, were identified. For the second reporting period, no substantive disagreement between the file review and IDS on the status, alleged victims, or disposition of maltreatment in care reports was detected.

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.¹⁴⁸ 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.

¹⁴⁸ Georgia Child and Family Services Review Data Profile: August 24, 2006.

APPENDIX C: FOSTER CARE PRE-SERVICE CURRICULUM REVIEW

The training curricula for the Foster Care Track, as well as other pre-service training for new workers and ongoing training for staff, are designed for statewide implementation. Therefore, training is not specifically designed to address Consent Decree issues specific and applicable only to DeKalb and Fulton counties. Consequently, in preparation for the curriculum review and assessment, the expert reviewed the terms of the Consent Decree, as they related to case practice expectations as well as training requirements. The reviewer developed a checklist (Exhibit 1 at the end of this appendix) to guide the review and to permit assessment of the degree to which new foster care workers were being adequately prepared for their roles. The reviewer employed this checklist for recording findings as each training module (online or classroom) or field practice activity was analyzed. This appendix summarizes the expert's report.

A. *Curriculum Design*

The curriculum for the Foster Care Track includes classroom training and field practice activities, the first of which is completion of the Foster Care – Online. Ideally, following completion of *Keys*, which involve the first six (6) weeks, the components occur in the following order:

Week of Pre-Service Training	Training Activity
Week 7	<ul style="list-style-type: none">• Field Practice Activity 7.1 (Foster Care – online)• Other Field Practice Activities
Week 8	<ul style="list-style-type: none">• Continued Field Practice Activities OR <ul style="list-style-type: none">• Foster Care – Classroom (5 days)
Week 9	<ul style="list-style-type: none">• Continued Field Practice Activities OR <ul style="list-style-type: none">• Foster Care – Classroom (5 days)
Week 10	<ul style="list-style-type: none">• Continued Field Practice Activities OR <ul style="list-style-type: none">• Foster Care – Classroom (5 days)

The time frame for completing the entire track may vary depending on the time required for the trainee to: (1) Complete the Field Practice Activities and (2) be enrolled in OCP 202 Foster Care Track (classroom training).

Each of these components: on-line, practice activities, and classroom are described in the following segments.

1. Foster care on-line

New workers assigned to the Foster Care Track are expected to complete the online Foster Care course prior to attending classroom training for the Track. However, there is no mechanism for ensuring completion prior to registering for OCP 202; thus, new workers may arrive at training with differential baseline understanding of foster care.

The online training includes nineteen (19) modules which may be expected to take a minimum of twelve (12) clock hours to complete, though according to one of the online instructors, the curriculum design allows up to two (2) hours per module or thirty-eight (38) hours for the entire Foster Care – Online course. The online training, as reflected in the brief description of each module below, begins with an overview of material introduced in *Keys* (i.e., child welfare continuum, DHR/DFCS mission and goals) and moves on to explore specific foster care content, in more depth

Module One: Introduction

- Mission and Purpose of Georgia’s Foster Care Program
- Responsibilities of Birth Parents and the County DFCS Office
- Federal and State Laws that Form the Legal Basis for the Foster Care Program
- Temporary Nature of Foster Care

Module Two: Placement Authority Court-Ordered

- Concept of Placement Authority
- Process by which DFCS Assumes Placement Authority
- Types of Court-Ordered Placement Authority
- The Juvenile Court Process
- Types of Court Hearings
- Temporary Court Orders & Required Language for those Orders
- Other Placement Authority Issues

Module Three: Reunification

- Reunification as the Preferred Permanency Plan
- Concurrent Planning
- How and Why DFCS Custody May Be Extended
- The Importance of Reviewing Case Plans

Module Four: Placement Authority Non-Court Ordered

- Types of Non-Court Ordered Placement Authority
- Other Means of Obtaining Custody
- Issues Related to Non-Court Ordered Placement Authority

Module Five: Pre-placement and Visitation

- Policy Governing How DFCS Prepares a Child for Initial Placement in Foster Care
- How the Placement of Siblings is Treated
- The Purposes of Parental and Other Visitation
- The Procedures for Preparing for Placement

Module Six: Placement Disruption and Returning Home

- Placement Disruption
- Parent Notification of Placement Changes
- Foster Parent Notification of Placement Changes
- Emergency Removals from the Placement Resource
- Re-placement of the Child
- Trial Home Placement
- After-care Services

Module Seven: Foster Care Placement Resources

- The Purpose of Placement Resource Planning
- Types of Relative Placements
- Relative Care Assessments
- Financial Assistance for Relative Placements
- Support Services for Relative Placements
- Types of Family Foster Care
- Residential Treatment Resources
- Level of Care
- Brief Introduction to ICPC

Module Eight: Assessment

- Policies and Procedures for Thorough Family Assessment
- Initiating the Comprehensive Child and Family Assessment
- Introduction to Family Team and Multidisciplinary Team Meetings
- Documentation of Services
- Maintaining Contact with Parents
- Special Considerations for Parents with Substance Abuse Problems
- Services to Birth Parents
- CPS Reports on Placement Cases

Module Nine: Permanency

- Selection of the Permanency Plan
- Reunification
- Adoption
- Guardianship
- Permanent Placement with a Fit and Willing Relative

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- Another Planned Permanent Living Arrangement

Module Ten: Physical Needs of a Child

- Referral Procedures for the Comprehensive Child and Family Assessment
- Mental Health Needs
- Medical Needs
- HIV Antibody Testing, Diagnosis, and Treatment
- HIV Risk Factors
- Dental Needs
- Comprehensive Assessment of Needs
- Identifying and Arranging Services to Meet a Child's Specific Physical Needs

Module Eleven: Non-Physical Needs of a Child

- Developmental Needs
- Developing Life Books
- Educational Needs
- Spiritual Needs
- Social and Recreational Needs
- Traveling While in Foster Care
- Supervision Needs
- Evaluation, Approval, and Monitoring of In-Home/Out-of-Home Providers
- Safety Needs – Child Restraint Devices and Helmets

Module Twelve: Contacts

- Emancipation Needs and Independent Living Services
- Record Retention
- Contact Standards in Special Situations
- Documenting Contacts
- Settings for Visitations
- Contact Standards for Parents of Children in Care
- Contact Standards for Children in Care
- Dealing with Runaways
- Child Injury or Death
- Driving Permits for Youths in Care

Module Thirteen: Case Planning

- Critical Dates to Calculate
- Initial Case Planning
- Case Plan Development Process
- Case Planning for Reunification
- Concurrent Case Planning
- Case Planning for Non-Reunification
- Case Plan Reporting System (CPRS)

Module Fourteen: Case Plan Review

- Case Plan Review Process
- Methods of Case Plan Review
- The Written Transitional Living Plan for Children Age 14 and Older

Module Fifteen: Case Plan Review II

- Judicial Review
- Judicial Citizen Review
- Panel Case Review
- Case Review Summary

Module Sixteen: Eligibility for Financial and Medical Support

- Funding Sources for Children in Care
- Applying for Medicaid and IV-E
- The Roles of the SSCM and Medicaid Eligibility Specialist (MES) in the IV-E Application Process

Module Seventeen: Reimbursability for Federal Funding

- How Reimbursability for Federal Funding is Determined
- How to Report Changes to the MES
- Special Situations Related to Eligibility for Federal Funding
 - SSI eligible children
 - Trial Home Visits
 - Runaway Status
 - Minor Parent and Child in Care
 - Out-of-State IV-E
 - Adoption Assistance
 - Child Support Enforcement

Module Eighteen: Foster Parent/Foster Homes

- How the Case Manager and Foster Parents Will Work Together
- Training Requirements for Foster Parents
- Purpose of Training Foster Parents
- Required Contacts with Foster Parents
- Types of Foster Homes
- Expectations of Foster Homes
 - Discipline vs. Punishment
- How to Monitor Foster Homes

Module Nineteen: Legal Proceedings

- The Different Kinds of Courts in which the Case Manager May Be Required to Appear

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- Layout of a Typical Court Room
 - Roles of People in the Courtroom
 - Who May Legally Observe Court Proceedings
 - How to Make a Good Impression in Court
 - Courtroom Procedures
 - Tips for Testifying in Court
 - Proceedings Leading to TPR

Throughout the online modules, references are made to specific handouts and materials (i.e., policies, forms, reference materials). Also, at various points throughout the online training, trainees are expected to engage in computer-based interactive exercises or answer questions about the material that has been presented. These exercises and the “mini quizzes” at the end of each module provide the trainee immediate individualized feedback about his/her learning of the material. Trainees who achieve a satisfactory score (minimum requirement is 70%) are congratulated on their work and advised to continue to the subsequent module, while those whose performance is unsatisfactory are advised to review the module and repeat the end of module quiz. However, the system permits the trainee to move to the next module without reviewing or repeating a prior module, even if the trainee did not successfully complete the quiz. The Foster Care Online Instructor at Athens Tech is responsible for monitoring each trainee’s progress and following up appropriately to assist the trainee, as may be needed.

The online system provides an administrative report to the trainee and his/her Supervisor and/or Field Program Specialist. Reports are automatically generated on Wednesdays and Fridays. The Foster Care Online Instructor also sends emails to each trainee on Mondays to provide feedback on progress and offer additional support. The progress report provides information about the trainee’s completion score for each module and timely progression through the online curriculum. No information is generated about the specific content that the trainee may have missed on the module quizzes.

2. Foster Care – Field Practice Activities

The **Training and Field Practice Guide: Foster Care Services** includes a variety of structured activities for use by supervisors and field practice advisors as they provide *on-the-job* orientation and training for new foster care case managers. (NOTE: New workers cannot attain Initial Certification until completion of the track, though they may be provisionally certified, at the discretion of the County Director, upon completion of *Keys*. Provisional Certification allows the worker to carry up to seven (7) cases, under close supervision.)

Due to the case-specific nature of some of the field practice activities, it is virtually impossible to determine the number of clock hours required to complete the various assignments. According to the guidelines provided to supervisors on page 1-17 of the *Training and Field Practice Guide*, it is expected that completion of the Field Practice Activities will require 5 days, though the potential for variance is noted.

The activities include:

- 7.1 Online Training
- 7.2 Court Hearings
- 7.3 Foster Care CPRS
- 7.4 Family Team Meeting
- 7.5 Reporting Systems (IDS/TCM)
- 7.6 Prevention of Unnecessary Placement Program (PUP)
- 7.7 Assembling the Case File
- 7.8 Case Plan Review
- 7.9 Emancipation/Independent Living
- 7.10 Comprehensive Child and Family Assessment
- 7.11 Foster Care Fiscal Services
- 7.12 Policy Exercise

These activities provide varied observational opportunities, including, but not limited to various types of court hearings and a Family Team Meeting. Other activities include experiences such as interviews with key personnel (i.e., Independent Living personnel), becoming familiar with the Case Plan Reporting System, developing an understanding of the Comprehensive Child and Family Assessment, and developing a working knowledge of policies contained in the **Foster Care Policy Manual**. A worksheet, to be completed by the trainee, or discussion guide for the supervisor/field practice advisor and trainee conference, for each activity structures and supports the learning experience for each activity in the Guide. The trainee, supervisor, and field practice advisor are expected to sign a sheet indicating completion of each activity; however, only the activities involving completion of the online modules and review of policies reflects a score.

As noted above, Activity 7.1 Online Training is to be completed prior to the classroom experience. Activity 7.4 Family Team Meeting notes that it is “preferable” that this activity be completed in Week 7 (prior to classroom training). Other activities do not offer specific recommendations in terms of timing of completion. For the new worker who might be exposed to additional field activities prior to attending the classroom training for the Foster Care Track, the lack of a recommended sequence might result in depth of learning in isolated functions, rather than an in-depth appreciation of all that is involved in carrying out the full role of the SSCM in Foster Care. For example, it would appear that a new worker might come to the classroom having attended several court hearings and reviewed policies, thus achieving a depth of understanding in those areas, but no breadth of understanding of all that foster care entails. Furthermore, completing the online and classroom components prior to doing some activities might enhance the learning experience derived from the activity. For example, the new worker should gain knowledge and experience in online and classroom that would bolster his/her understanding of the importance of Activity 7.11 Foster Care Fiscal Services.

The majority of activities are task-specific, designed to familiarize the new worker with policies, forms, and procedures. Some activities involve observation of court hearings, meetings, and/or interviews conducted by various workers. While each of these activities is accompanied by a worksheet, the worksheets do not make direct connection back to relevant components in *Keys*, and few of the worksheet items require critical thinking skills. For example:

Activity 7.2 Court Hearings. Tying this Activity back to the discussion in *Keys* related to “best interests of the child,” by adding a question that requires the new worker to assess how the court action and/or actions of the SSCM or SAAG supported (or failed to support) the child’s best interests. Also, this Activity requires the new worker to observe “what the SSCM or SAAG” did to prepare for the respective hearing. Having the new worker interview the SSCM or SAAG prior to the hearing to ask about preparation might be added to this Activity. The addition of such an interview would also allow the new worker the opportunity to prepare interview questions and conduct an interview, which might further enable to supervisor to evaluate the trainee’s interviewing skills.

Activity 7.9 Emancipation/Independent Living Worksheet. One of the items in this Activity requires the new worker to “record your observations of the IL planning with the youth.” Asking the new worker to think critically about the specific interviewing and practice skills (i.e., open-ended questions, closed-ended questions, reflection, empathy) learned in *Keys* that the IL worker demonstrated (or should have demonstrated) while interacting with the youth might reinforce the importance of *Keys* curriculum to work in foster care.

Activity 7.10 Comprehensive Child and Family Assessment. The worksheet that accompanies this Activity focuses largely on policies (i.e., time frames, documentation). While there are some questions about the sufficiency and comprehensiveness of information contained in the CCFA, the questions are written in closed-ended format. Rewording the questions to push the new worker to be more critical of information contained (or omitted) from the CCFA might reinforce the new worker’s responsibility to be an “effective consumer of services” on behalf of the child/family and DFCS.

The field practice component of the curriculum does not require that the new worker engage directly with clients, while under the observation of the supervisor or field practice advisor. Thus, the curriculum does not provide a structured mode of providing the new worker direct assessment of and feedback about his/her skills, especially related to the worker-client relationship. Since the ability to develop an effective relationship with the client is known to be fundamental to effective professional practice, the omission of activities that evaluate the worker’s demonstrated skills (or lack thereof) is significant.

As mentioned earlier, the trainee, supervisor, field practice advisor are expected to sign-off on each activity, with an indication that the trainee has completed the activity. The sign-off

statement does not require the supervisor and field practice advisor to make a qualitative assessment of the trainee's performance (i.e., excellent, satisfactory, needs further review), indicate that the trainee has completed the activity at the level expected of a new worker in foster care, or identify any specific areas for the new worker's ongoing professional development. In addition, there is no requirement that content of the supervisory/trainee conferences be documented.

The Field Practice component of the curriculum provides a rich opportunity for the supervisor, training coordinator, and/or field practice advisor to model effective case planning. By incorporating a Field Practice Activity that involves the new worker in working with these experienced personnel to create an individualized training plan, based on an assessment of the new worker's prior educational, internship/work experiences, and performance in *Keys*, the processes involved in case planning may be modeled.

3. Foster Care – Classroom

Foster Care Track classroom training (OCP 202) requires trainees to attend 5 days (32.5 instructional hours) of traditional classroom training. The curriculum includes various modes of instruction, including, but not limited to, lecture, small group activities, and role-play. Trainees have the opportunity to apply various concepts relevant to foster care to a specific mock case. Throughout the training, trainers refer trainees to references contained in the Electronic Participant Guide, Foster Care Policy Manual, and Foster Care forms. The curriculum is scripted to ensure a degree of continuity between trainers, and supplemented by a PowerPoint presentation that reinforces key points.

At the end of the classroom instruction, trainees take a Foster Care Knowledge Assessment. In order to achieve Initial Certification, the trainee must achieve a score of 70% or higher on the fifty (50) question assessment. Trainees who fail to achieve a passing score are provided an opportunity to retake the test, by scheduling a retake with the Education & Training Section, or retake the class. The decision about the trainee's needs in relationship to the Assessment is left to the discretion of the County, though Initial Certification cannot be achieved until the trainee achieves a passing score. Supervisors are not provided information about specific content areas that individual trainees may have missed on the end-of-course Assessment.

The classroom curriculum for Foster Care Track reflects on content of the *Keys* curriculum and places foster care in the context of DHR beliefs and values. The stated purpose of the course is: "To be able to apply policy, procedures and practice skills to a foster care case from the entry into foster care through closure." To that end, the curriculum is organized around seven (7) modules, outlined as follows:

Module 1: Introduction to Foster Care

- Special Instructions on the Use of the Electronic Participant Guide
- Introductions & Housekeeping

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- Beliefs about Foster Care
 - Case Record Standards

Module 2: Foster Care Policy

- Introduction to Policy and Permanency
- Placement Authority
- Court Process
- Funding Sources - IV-E and Medicaid

Module 3: Entering Foster Care

- Entering Foster Care
 - Impact of Placement
 - Getting Started
 - Meeting the Family
 - IDS and Placement Central

Module 4: Comprehensive Child and Family Assessment

- Requesting the Comprehensive Assessment
- Reviewing the Stevens Assessment

Module 5: Case Planning

- Permanency Options
- Goals & Steps
- Stevens Case Plan
- Case Plan Reporting System (CPRS)

Module 6: Case Management

- Activities of Case Management
- The Visit
- Reevaluating the Case Plan

Module 7: Foster Care Case Closure

- Phases of Family Reunification
- Preparing for Case Closure
- Closing the Case
- Course Closure

c. Reviewer Conclusions and Recommendations

The three (3) components of Foster Care Track training (online, field practice activities, and classroom) reflect principles of adult education and learning. The curriculum is responsive to various styles of learning. Furthermore, there is an appropriate level of redundancy to reinforce the trainee's learning of and ability to apply material. Specifically, the classroom component

reinforces general knowledge developed online and through field activities and applies the learning to a specific mock case. Together, the three (3) components of the Foster Care Track training cover most of the items on the master checklist used in conducting the review.

While the curriculum discusses the importance of the worker-family relationship, the primary focus is on administrative procedures and tasks, policies, laws, and processes (i.e., court hearings) fundamental to the case manager's role. In other words, the curriculum assumes, to a significant degree, that the new foster care worker comes to Track training with a basic understanding of, and ability to apply, effective practice skills, core conditions of effective intervention, human behavior, and family dynamics. Since new workers come to their roles from a variety of degree programs and with differing professional practice experience, a training curriculum for the Foster Care Track depends on *Keys* to instill the basic knowledge and skills foundation. Until the *Keys* curriculum is reviewed, it is difficult to assess fairly whether this assumption is warranted. However, the addition of field practice activities (as noted earlier) that allow the supervisor or field practice advisor to observe directly and assess the new foster care worker's ability to effectively apply fundamental practice skills and knowledge in actual interactions with clients would bolster the learning experience. Furthermore, it would move Georgia DFCS a step ahead in insuring that clients are well served, not only by understanding of procedures and tasks, but by the worker-client relationship which is fundamental to each client's success. From a professional standards perspective, it is essential that new workers be prepared to be critical consumers of services on behalf of children and families served by DFCS, in order to insure that agency clientele are receiving the best available services.

The *Kenny A* Consent Decree stipulates that all new workers should receive training in family team meetings. The Foster Care Track online and classroom training introduces family team meeting (FTM) as a component of the case planning process. In addition, the field practice activities include an opportunity to observe, and critique in supervisory discussion, an actual family team meeting. The Foster Care Track training does not specifically cover the specifics about FTMs (i.e., who participates, FTM steps). These specifics are thoroughly addressed in Family Team Meeting Part 1 (OCP 312) and Part 2 (OCP 313), which are not a requirement of new worker pre-service training. In fact, FTM training (OCP 312 & OCP 313) is identified as a required course for completion by new case managers within 12-18 months of Initial Certification.

In order to fully meet the terms of the Consent Decree, Dekalb and Fulton counties may need to develop an alternative pre-service training plan for new workers. For example, the counties could include Family Team Meeting Part 1 (OCP 312) as a component of their pre-service requirements or develop a more in-depth field activity requirement related to FTMs. It is important to note that both counties have established FTM units that carry out specific functions with regard to planning, implementing, and facilitating FTMS, which may adequately address the concerns that generated the stipulations of the Consent Decree. However, new case managers will be more effective in their roles as participants in FTMs, if they have fundamental

knowledge of the purposes, benefits, and stages of FTMs.

Recommendations: Foster Care - Online

1. Assure **successful** completion of all nineteen (19) modules of Foster Care Online training **prior** to beginning the classroom component of Foster Care Track training. Participants who have not completed the online component would inappropriately deter the learning experience in the classroom of participants who had successfully completed the entire online component. Furthermore, lack of completion of the online course would make the classroom experience less beneficial to the trainee who had not completed the work.
2. Provide additional detail to supervisors or training coordinators about specific items missed by the supervisee on quizzes, so that individualized training plans may be created at the local level to ensure that the supervisee is able to integrate the learning into his/her practice.
3. Carefully review the online training for accuracy. For example in **Module Thirteen: Case Planning**, on the final screen for Page 20 of 27, steps that may occur simultaneously are inaccurately reflected. While this is a minor issue that may be clarified in subsequent classroom training, there is no need to begin training for a new worker with confusing information.

Recommendations: Field Practice Activities

1. Assess the order of the Field Practice Activities (FPAs), especially in relationship to enhancing the Classroom training experience. Provide a recommended order for completing the FPAs that would best support the overall educational experience, while providing some flexibility for counties when the “ideal” may not be achievable.
2. Create a Field Practice Activity that includes individualized assessment of the trainee, as described above, and models processes of effective case planning.
3. Insure that the Field Activities incorporate an activity or provision for discussion with the case manager’s supervisor or field practice advisor for ALL issues that may be county specific (i.e., Judicial Review interpretation by county judge). Such county-specific Field Activities should also be incorporated in retraining of workers who transfer from one county to another to assure the worker’s understanding of the county-specific processes.
4. Add Field Activities that permit the new foster care worker to carry out specific functions (i.e., interviews) with actual clients, under direct observation of the supervisor or field practice advisor.

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5. Add Field Activities related to Financial Eligibility Determinations and MDT, as well as other topics, included in Foster Care Online and Classroom training, that warrant supervised field practice before encountering a real case situation.
 6. Require the supervisor and/or field practice advisor to stipulate **successful** or **satisfactory** completion, not simple completion, of each activity.

Recommendations: Foster Care Track – Classroom

1. Assess the order of the Field Practice Activities (FPAs), especially in relationship to enhancing the Classroom training experience. Provide a recommended order for completing the FPAs that would best support the overall educational experience, while providing some flexibility for counties when the “ideal” may not be achievable. (Also identified in the recommendations for field activities.)
2. Provide additional detail to supervisors or training coordinators about specific items missed by the supervisee on the Foster Care Knowledge Assessment, so that individualized training plans may be created at the local level to ensure that the supervisee is able to integrate the learning into his/her practice.

Exhibit 1
REVIEW MATRIX (Abbreviated)

1 Consent Decree	Curriculum Module or Other Location in Training					
	M1	M2..	M3..	M4 ...	Online	Field Activities
Opportunity to grow up in nurturing family						
Non-destructive ties maintained						
Foster care temporary						
Child's interests paramount						
State has primary responsibility for children in care						
Full & equal access to best available services						
Least restrictive, most family-like setting						
Stable placements, with services to support						
Services consistent with law						
CCFA referral w/in 24h after 72h hearing						
Initial FTM in 3-9 days						
1. Participants						
2. Needs/Goals/Strengths						
3. Determine safety						
4. Evaluations needed						
5. Appropriate relative						
6. Sib placement/visitation						
7. Stay in school/no change						
8. Visitation frequency						
9. Held even if parents not in attendance						

10. Outcomes reported to MDT						
MDT w/in 25 days of placement						
1. Review CCFA						
2. Identify services needed to support MDT determination						
Complete case plan submitted to JC w/in 30 days of placement						
Training on FTM as part of pre-service						
6 month reviews by JCRP/JC w/ identified participants						

Consent Decree	Curriculum Module or Other Location in Training						
	M1	M2	M3			Online	Field Activities
1. Eval necessity/approp of child’s placement 2. Reasonable efforts for permanency 3. Degree of compliance w/ case plan 4. Progress in improving conditions 5. Required changes to case plan							
Necessity for additional meetings							
DFCS file request for JCRP or JC review IF JC does not convene 12 month JCRP/JC review w/in 45 days after 12 month of prior review							

Permanency Report by end of 13month										
FTM prior to Permanency Report										
State SSD or designee review of PR w/in 5 business days of receipt										
If referred, County/state staffing no later than 10 days after State SSD decision, w/ designated participants										
Develop staffing plan to resolve concerns										
At least one additional count/state staffing by end of 25 th month after child remains in placement										
W/ plan of adoption, determination of FP as approp										
Post-adoption services to support for at least 18m after final										
After 18m in care										
1. Specialized CM										
2. Evaluate permanency goal										
3. Evaluate services provided to child										
4. Partner w/ ILC for children over 14y										
5. Evaluate services provided to bio family										
6. Ensure provision of services leading to permanency										
7. Convene special discharge planning meet non sooner than										

30 days prior to d/c										
Placement w/in own county or 50 miles & NAs										
No emergency placement for 30+ or more than 1 w/in 1 episode of FC										
No more than 23h at DFCS office										
Sibs placed together unless harmful or exc needs										
Efforts to locate family for sib reunification										
Limit of 3 fc in home/total 6 children										
No placement w/ more than 3 children under age of 3 in fh, except sib group										
No child under 6 in group care, w/o written approve of SSD										
Limit on group care of 12 for child under age 6, unless sibs										
Move to FH w/in 12 m, unless not in best interest										
SSD to approve group care fo child between 6f-12.										
Capacity of group care 12 or less, unless sib										
Uniform pre-serv training for FPs										
Uniform ongoing training for FPs										
24-7 DFCS contact for FPs										
Accurate info to be shared w/ FPs										

Visitation 1 st 8 weeks: 1 in-p visit 1 st week; 1 b/tween 3 rd & 8 th week; six more during 8 weeks.										
Ongoing visitation 1x in-placement & 1x private//month										
Consent Decree	Curriculum Module or Other Location in Training									
	M1	M2	M3	M4	M5	M6	M7	M8	M9	Field Activities
Physical health screen w/in 10d										
Dental screen w/in 10d										
MH, 4y+, w/in 30d										
MH begin prior to MDT										
Development assess 4y+										
Dev begin prior to MDT										
Timing of periodic health screenings by age										
Meds prescribed as ordered										
Caseload limits (pg. 22-23)										
Supervision rations (pg 23)										
Elimination of temps (pg 23)										
Training to comply w/ terms of CD, Law, DFCS policy, prof stand										
Annual eval of worker specific training needs										
160h pre-service training										
Sups – 40h pre-service training										
CMs & sups responsibility – 20 h inservice/yr										
Ongoing training 20h/yr										
Private contracts to insure training										

Training – difference b/twn corporal punish & abuse/neglect										
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