



PERIOD VI MONITORING REPORT

Kenny A. v Perdue

July 1, 2008 to December 31, 2008

Accountability Agents:

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June 18, 2009

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Part I INTRODUCTION

Background, Purpose, Scope, and Organization of Report

This is the sixth report prepared by the Accountability Agents for the *Kenny A. v Perdue* Consent Decree. This report reviews the State Defendant's progress July 1 through December 31, 2008 in achieving improved child welfare outcomes and in meeting its other obligations under the Consent Decree. The *Kenny A. v Perdue* 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 Perdue Consent Decree

Under the terms and conditions of the *Kenny A.* Consent Decree, the State is to achieve and sustain 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 (DFCS). These practice standards relate to needs assessment, 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

The methodology and quality assurance protocols applied to data collection and analyses in Period VI are similar to those employed in all previous reporting periods. As in previous periods, several sources of information and data collection methods have been used to produce the analyses presented in this report. Appendix B has a full description of the methodology for Period VI. The Accountability Agents verified State and county reported data except where otherwise noted in the report. The methodology applied to the measurement of each outcome is noted at the beginning of each measurement discussion throughout this report.

A key component of the methodology continues to be the 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.

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

Strengthened Infrastructure

6. *Effective Oversight of Placement Settings*

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

7. *Timely and Complete Court Orders*

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

C. Report Scope and Organization

This report describes the State’s performance relative to the outcome measures that were to be achieved by the end of Period VI, and progress implementing required policies, practices, and infrastructure. Where the information was available, comparisons to previous reporting period 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 Period VI. It offers several recommendations believed important to the State and counties’ continued progress.

Part III, Safety of Children in Care includes an assessment of the State’s Period VI 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 Period VI performance related to Outcomes 4, 8, 9, 10, 11, 14, 15, 16, 19, 21, 23, 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 Period VI performance related to Outcomes 17, 18, 20, 22, 24 and 30, focused on providing for the well-being of children in custody. This part also includes a summary of the Curative Action Plans for Health and Discharge services.

Part VI, Strengthening the Infrastructure includes an assessment of the State’s Period VI progress in achieving Outcomes 25, 26, 29, 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 and the number and percentage of “diversion” cases in those counties that experienced substantiated maltreatment within the subsequent 12 months.

Appendix A provides the full wording for all 31 outcomes and ***Appendix B*** has a detailed description of the data collection and analysis methods employed to produce this report. ***Appendix C*** provides the detailed report of the Curative Action Plans for Health and Discharge services. Information from the report is summarized at the end of Part V.

Part II CONCLUSIONS AND RECOMMENDATIONS

During the July 1 to December 31, 2008 period covered by this report the State made or maintained progress on a wide array of Consent Decree performance requirements. As in the two prior periods, the improvement demonstrated was widespread and, in a number of areas, substantial. The accomplishments and actions taken by the counties and the State hold promise for continued sustained progress in several areas. There remain, however, areas where additional improvement is needed and the Accountability Agents continue to be concerned that the effects of the economic downturn in Georgia might affect the pace of progress.

In period VI, the State surpassed the maltreatment in care standard and demonstrated the highest level of performance yet recorded on each of the Consent Decree's other child safety outcome measures. The proportion of children achieving permanency was at its highest level since Period II (December 2006) and the proportion of children re-entering foster care dropped to the lowest level measured thus far. Visitation between children and their parents and consecutive monthly case manager visitation once again improved, both also achieving their highest levels of performance to-date. The State's performance in meeting children's needs greatly improved in Period VI, reversing the trend seen in Periods IV and V. Furthermore, the proportion of youth who achieved their high school diploma or graduate equivalency diploma (GED) substantially increased in 2008. All this was accomplished despite an increased proportion of case managers with caseloads exceeding the Consent Decree standards. Caseload size and the potential effects it may have on future achievements remain a concern.

The remainder of this chapter highlights the State's performance trends, major accomplishments, opportunities for improvement, and the Accountability Agents' recommendations. Table II-1 at the end of this chapter provides the performance standard for each outcome, summarizes the State's actual performance by outcome, and offers a comparison to Period V performance.

A. Trends and Accomplishments

The State's overall performance in Period VI was the best yet measured in the Consent Decree's six reporting periods. For most of the outcomes measured in Period VI (16 of 28), the State equaled or surpassed its best previous performance. Although the State fell short of many of the Period VI outcome thresholds, significant improvements in performance were evident for over one-third (11) of the 28 outcomes measured. No outcome showed a significant decline in performance. Several trends and positive accomplishments deserve recognition because they serve as the building blocks for future success. Briefly, these trends and accomplishments are as follows:

- *Improving Child Safety*

The State surpassed the Outcome 5 maltreatment in care standard of 0.57 percent for the first time since Period III. The State's Period VI maltreatment in care rate of 0.51 percent represented an improvement of 0.39 percentage points from the Period V rate of 0.90 percent, and it is half the Period IV rate of 1.01 percent.

In addition, the State demonstrated improved performance on each of the three outcome measures related to the process of investigating maltreatment in care reports. Outcome 1 requires that 95 percent of such investigations commence within 24 hours. In Period VI, 96 percent of maltreatment in care investigations commenced within 24 hours. This represents the first reporting period for which the Outcome 1 performance threshold was met; the highest performance measured thus far for Outcome 1 in any reporting period; and an improvement of six percentage points from the Period V rate of 90 percent.

Outcome 2 requires that 95 percent of such investigations be completed within 30 days. For Outcome 2, 87 percent of maltreatment in care investigations were completed within 30 days. Although the State fell short of the Outcome 2 performance threshold, this represents the highest performance measured thus far for Outcome 2 in any reporting period and a substantial improvement from Period V when 76 percent of such investigations were completed within 30 days.

For Outcome 3, 97 percent of the alleged victims of maltreatment in care during Period VI had face-to-face private contact with a CPS investigator within 24 hours. While this falls below the Outcome 3 performance threshold of 99 percent, it represents the highest performance measured thus far for Outcome 3 in any reporting period and a substantial improvement from the Period V performance of 88 percent.

- *Children in Custody are Protected from Corporal Punishment in Foster Homes*

For the fifth consecutive reporting period, the State met the Consent Decree standard related to the use of corporal punishment in foster homes (Outcome 6). Of the 160 foster homes sampled, 99 percent did not have a confirmed instance of the use of corporal punishment in the previous 12 months. The standard for Outcome 6 requires that 98 percent of foster homes be without an incident of corporal punishment within the previous 12 months.

- *Finding Permanency for Children*

The State continued to be successful in relatively quickly returning recently removed children to their families or finding them new, permanent families. With the Period VI performance, 62 percent of the children entering custody since the Consent Decree had, by the end of December 2008, exited to reunification or to another family-connected permanency. Continuing county efforts to find permanency for all children in care 12 months or more achieved the highest

performance level since period II although still falling short of the permanency performance thresholds for Outcomes 8b, 9 and 10.

- *Fewer Children Returning to Foster Care*

Achieving permanency after an episode in foster care became more meaningful for more children in 2008. The rate of re-entry into foster care within 12 months improved substantially to 6.5 percent and surpassed the Outcome 4 performance threshold of 8.6 percent. This is the first time the State has met or surpassed this standard. In addition, it does not appear that any adoption disrupted in its first year after finalization (Outcome 14).

- *Children Placed Close to Home with their Siblings and Visiting with their Parents*

The positive trends started in Period IV (July-December 2007) related to keeping children close to their homes, in stable placements, and regularly visiting with their parents continued in Period VI. In addition, the proportion of children placed with all the siblings with whom they entered care increased since the last measurement in Period IV. Outcome 19 requires that 95 percent of the children in custody be placed within close proximity to the locations from which they were removed. The State placed 97 percent of the children in the sample of foster care cases reviewed within the proximity guidelines. Outcome 21 requires 85 percent of the children with a goal of reunification have appropriate visitation with their parents so as to facilitate the goal and 81 percent of the children with the goal of reunification in the sample of foster care case records reviewed had regular visits with their parents in Period VI. Outcome 17 requires that 95 percent of the children in foster care experience no more than two moves among placements in 12 months. In the sample of foster care cases reviewed, 91 percent of the children experienced two or fewer placement moves in 12 months. Outcome 16 requires that 80 percent of the children who enter with siblings be placed with all those siblings. In Period VI, 79 percent of the children who entered custody in Period VI with one or more siblings were placed with those siblings compared to 69 percent in Period IV. Outcome 23 requires that at least 80 percent of siblings who are not placed together visit with each other each and every month for 12 consecutive months prior to the end of the reporting period or date of their discharge. In Period VI, 34 percent of the children separated from siblings in the sample of foster care cases reviewed met the full visitation requirement. Another 23 percent of the children in the sample missed only one month of sibling visitation.

- *Sustained Worker Continuity and Improving Visitation with Children and Caregivers*

Worker continuity is demonstrated in two ways. One, children have the same case manager over time and two, they visit with that case manager on a regular basis, enabling bonds to be established that will help support children through their foster care experience and provide more individualized services. The State continues to maintain high performance with regards to limiting the number of case managers a child experiences and make progress with regards to case manager visitation with children and substitute care givers. Outcome 18 requires that a

child experience no more than two case managers in a 12-month period prior to the end of the review period or date of discharge. In 2008, 91 percent of all the children in custody on December 31, 2008 had two or fewer case managers handling their cases and providing services. Outcome 20 requires that 95 percent of the children have visits from their case managers twice a month, each and every month for 12 consecutive months prior to the end of the reporting period or the date of discharge. In addition, at least one of these two monthly visits is to be in the child's placement and include an opportunity for the child to speak privately with the case manager. In Period VI, 48 percent of the children in the sample of foster care cases reviewed visited with their case managers according to this standard. This performance is the best achieved for this outcome to-date. When the 25 percent of the children in the sample who missed one case manager visit in the previous 12 months are added to this performance, nearly three-quarters of the children were seen 11 months or more in a row. Finally, Outcome 22 expects at least 90 percent of the substitute care givers to receive a monthly visit from the child's case managers each and every month of the previous 12 months or the date of child's discharge. In period VI, 68 percent of the substitute care givers received the required visits from the case managers.

- *Children's Individualized Service Needs are being Better Met*

Reversing the trend of Period IV and V, the file documentation reflects substantial improvement in the extent to which children's service needs are met. Outcome 30 requires that at least 85 percent of the children have *all* the needs identified in their case plans met. In the sample of foster care cases reviewed, 75 percent of the children had *all* their case plan-identified needs met. This compares to 54 percent in Period V and 57 percent in Period IV.

A portion of the success in Period VI is likely due to the Curative Action the parties agreed to as a result of previous low performance. This Curative Action required a special effort to get children current with their routine health, dental, and mental health/developmental screens in September-November 2008.

- *Foster Homes are Not Overcrowded*

Outcome 31 specifies foster home capacity standards that apply to all DFCS-supervised and provider-supervised foster homes. The Outcome 31 standard stipulates that less than 10 percent of the children in foster homes shall be placed in homes where their placement in the homes will result in more than three foster children, or six total children in the home, unless they are part of a sibling group and there are no other children in the home. Only eight percent of the children in the Period VI sample of children in foster care were placed in homes with more than three foster children; none of the homes had more than six total children.

- *Children are in Approved Placements*

In Period VI, 97 percent of the children in out-of-home care were in placements that were in “full approval and/or licensure status” (Outcome 25), a larger proportion than has ever previously been documented. Compliance with the relevant approval processes continued to be strong among group homes (100%) and child-caring institutions (100%), and provider-supervised foster homes (100%).

- *Continued Improvement in Approval Standards Compliance*

To ensure that foster homes are equipped to provide safe and appropriate care, the State has promulgated a uniform set of approval standards that apply to DFCS-supervised and provider-supervised foster homes alike. The review of a random sample of 160 foster home files found evidence that for most approval standards, 97 percent or more of the homes reviewed were in compliance. This is an improvement from Period V, for which most of the approval standards were met by 93 percent or more of the homes reviewed.

B. Continuing Challenges and Recommended Priorities for State Attention

The continued widespread improvement and sustained high performance evident in Period VI in such things as maltreatment in care, the quality of CPS investigations in substitute care settings, worker continuity and visitation, responsiveness to needs, and improved compliance with foster home licensure and approval standards are evidence of the State’s commitment to improving the safety and care of children in its custody and meeting its obligations under the Consent Decree. However, there remain some areas of concern. Key among these concerns is the slippage observed in caseload sizes. Other opportunities for improvement include monitoring the reports of maltreatment in DFCS-supervised foster homes, permanency hearing timeliness (Outcome 28) and court order language completeness to support claiming federal reimbursement (Outcomes 26) as the current efforts appear stalled short of the applicable performance thresholds. Practice with children and families can be further strengthened with more reflection on the individual case circumstances and the breadth of knowledge obtained about children and their families from the increased contact and engagement. Finally, the Accountability Agents anticipate that SHINES implementation will continue to present challenges for some time to come. The Accountability Agents offer the following recommendations for sustaining progress.

- *Continue Efforts to Reduce Caseloads*

Case manager caseloads that were on the decline in Period V were back up in Period VI and others have not improved for 12-18 months. Those case managers responsible for helping children achieve permanency through adoption are the only ones who experienced continued smaller caseloads. Overall, 29 percent of the case managers in Period VI had caseloads that

were over the designated Consent Decree caps compared to 21 percent six months earlier. Among all case managers in DeKalb and Fulton counties, a total of 19 (8%) had caseloads of 20 or more. While this is still significantly better than in earlier periods, it is double the proportion observed in June 2008. The Accountability Agents acknowledge that human resource management is a particularly difficult challenge for the State. Like most other states, the State of Georgia is dealing with a severe budget shortfall as a consequence of declining tax revenues precipitated by the national economic downturn. To close the budget gap, the State has taken steps that include mandatory furlough days, and a limited number of layoffs. It has, however, given priority to filling critical positions such as case managers in Fulton and DeKalb counties and improved hiring strategies to better identify those individuals who are well-suited to the challenging job of a child welfare case manager. The State has and should continue to focus attention on worker stability and manageability of caseload sizes as they are critical to sustaining the advances the State has made.

- ***Strengthen Monitoring of Maltreatment in Care Reporting of DFCS-supervised Placement Settings***

The State's substantial improvement on the Consent Decree's measures of child safety is encouraging. It appears that much of the overall progress can be traced to the fact that the number of reports arising in provider-supervised placement settings (foster homes and group homes) decreased from 65 in Period IV, to 35 in Period VI, while the proportion of all maltreatment in care investigations they represented decreased from 70 percent to 45 percent. However, maltreatment in care reports arising in DFCS-supervised placement settings (foster homes and relative placements) have increased since Period IV; from 24 (26% of all reports) in Period IV to 37 (48% of all reports) in Period VI. This change does not appear to be explained by a simple shift in the proportion of children placed in DFCS-supervised settings as opposed to provider-supervised settings during this time period, which has remained fairly constant.

The Accountability Agents attribute much of the decrease in maltreatment reports in provider-supervised settings to the increased intensity of the monitoring, enforcement, and training activities of the DFCS Provider Relations Unit (PRU) and the DHR Office of Regulatory Services (ORS) – the central office entities responsible for contracting with, approving, and licensing private providers. It also appears likely that the stepped-up monitoring, enforcement and training activities of PRU and ORS were aided by the improved reporting to these offices of maltreatment in care incidents in provider-supervised settings that has been documented since Period III, and the commitment these offices have shown to making effective use of the reported information.

However, complete reporting of maltreatment in care incidents to the DFCS Policy Office (the only Statewide Office charged with tracking maltreatment in care reports in DFCS-supervised placement settings) remains a problem. For Period VI, data collected from the DFCS Policy Office indicate that the Office had information for 57 (74%) of the 77 Period VI maltreatment in care investigations. This represented a substantial decrease from Period V when the Policy

Office had information on 80 of 82 investigations (98%). Period V represented a vast improvement over Period IV, when the Policy Office had information on only 31 of 93 (33%) of the maltreatment in care investigations completed. Period V appears to have been an anomaly – during that period central office Kenny A. staff worked diligently with Policy Office staff to ensure the Office had every maltreatment in care report.

For the State to maintain and build on the impressive gains in child safety achieved during Period VI, it appears to the Accountability Agents that the intensity and intentionality that have characterized PRU's and ORS' monitoring, enforcement, and training activities with private providers will need to be matched in the DFCS-supervised placement environment. Improving the completeness and timeliness of maltreatment in care reporting to the Policy Office and ensuring the reported information is effectively used to identify patterns, risk factors, and trends is likely to be critical to successfully meeting this challenge.

- ***Further Improve Court Order Documentation***

The performance levels for Outcome 28 and Outcome 26 have remained virtually the same for several periods. Approximately 80 percent of the sample of children in foster care had timely permanency hearings and about 65 percent of the children had all the necessary court orders with all the language required to support claiming federal financial reimbursement. The only time Outcome 26 has exceed 65 percent was when a special effort was made by DHR legal staff to locate the necessary court documentation. Therefore, the Accountability Agents continue to believe the fundamental barrier to achieving these outcomes is absent file documentation indicating a hearing took place. The State is urged to review the process for receiving and filing court orders to see if strategies for improving the completeness of documentation can be devised.

- ***Encourage "Reflective Practice" to Further Enhance Permanency to Better Meet the Needs of Children and Families***

The Accountability Agents have previously commented on the need for the State to be more intentional in implementing improvement activities to ensure a cohesive strategy for helping children be safe, achieve permanency and have their needs met while in custody. This remains an area for improvement. With more direct access to the case files through SHINES, the Accountability Agents have had the opportunity to become more familiar with the cases of many children. As a result, we have observed some excellent case practice and rich case documentation of some very caring case managers. What often appears to be missing, however, is what could be termed "reflective practice." Reflective practice is an intentional approach to reviewing the results that are being achieved from provided services and implemented interventions and assessing what is working well and what is not and what needs to be changed to improve the case results. The State has the foundation for strengthening reflective practice among supervisory units through its work on the Permanency Roundtables that were

designed in Period VI but not implemented until the first half of Period VII.¹ The Roundtable design can be applied in daily practice with all cases because it is really a set of simple questions: *What will it take to achieve permanency? What can we try that has been tried before? What can we try that has never been tried? How many things can we do concurrently? How can we engage youth in planning for permanency?*

- ***Provide Ongoing SHINES Training, User Defined Reports, and Consider Adding Some Critical Features.***

SHINES is a dramatic departure from the automated tools available to staff in the past and has presented a steep “learning curve” for many. The implementation is experiencing natural growing pains as staff become more familiar with its capabilities. The State has learned that one-time training efforts are insufficient to build staff proficiency with the system and has developed targeted training for Fulton and DeKalb and other counties. The ongoing training will help to improve the accuracy of reports on such things as health care, sibling placement, and legal lapses in custody. The lack of “user-defined” reports in Period VI appeared to impede county-level quality assurance efforts. It is hoped that the development of this capability in time for Period VII will allow the counties to resume some of the data tracking functions they had been doing using the previous automated system. Finally, there are features that require further design and development consideration to increase SHINES usefulness and accuracy. These features include enabling investigators to easily indicate their review of historical information and its use in the current investigation. It also includes making some of the optional response fields mandatory and enhancing the linkage of information so as to provide a more complete record for each individual child and reduce duplication. (See Part VI, Strengthening the Service Delivery Infrastructure for a more complete discussion of SHINES issues.)

¹ The Permanency Roundtables are a new State strategy in collaboration with Casey Family Programs. It provides professional case consultation to case managers and supervisors. It is described in Part IV.

Table II-1
Kenny A. Outcomes: Progress as of December 31, 2008

Safety Outcomes Children in Foster Care are Safe From Maltreatment in Care	Period VI Performance	Comparison to Period V²
Outcome 1: At least 95% of all investigations of reports of abuse or neglect of foster children shall be commenced, in accordance with Section 2106 of the Social Services Manual, within 24 hours of receipt of report.	96%	Improved
Outcome 2: At least 95% of all investigations of reported abuse or neglect of foster children shall be completed, in accordance with Section 2106 of the Social Services Manual, within 30 days of receipt of report.	87%	Improved
Outcome 3: At least 99% of all investigations of reported abuse or neglect of foster children during the reporting period shall include timely, face-to-face, private contact with alleged victim, including face-to-face contact with a child who is non-verbal due to age or for any other reason.	97%	Improved
Outcome 5: No more than 0.57% of all children in foster care shall be the victim of substantiated maltreatment while in foster care.	0.51%	Improved
Outcome 6: 98% of all foster homes will not have an incident of corporal punishment within the previous 12 months.	99%	Similar
Permanency Outcomes Children in Placements Maintain Family Connections		
Outcome 7: At least 95% of all foster children entering care shall have had a diligent search for parents and relatives undertaken and documented within 60 days of entering foster care.	To be reported on in Period VII	
Outcome 16: At least 80% of all foster children who entered foster care during the reporting period along with one or more siblings shall be placed with all of their siblings.	79%³	Improved
Outcome 19: 90% of all children in care shall be placed in their own county (the county from which they were removed) or within a 50 mile radius of the home from which they were removed, subject to the exceptions in Paragraph 5.C.4.b (ii) and (iii).	97%	Similar

²The characterization of differences between Period IV and Period V is based on the following criteria for Outcomes measured using the entire population: similar=change up to +/- 2%; improve/decline= change +/- 3% or more; Outcomes measured using a sample each period employed a statistical test that measured the differences between the results between the two periods that accounted for the margin of error of each sample. For these outcomes similar=change up to +/- 2%; improved/declined= change greater than the margin of error; improved/declined within margin of error= change +/- 3% or more but still within the margin of error

³ Methodology note: Previous measurement of this outcome was based on a sample of the children in foster care. In Period VI measurement is based on the entire population of children who entered with siblings in Period VI.

Table II-1, continued
Kenny A. Outcomes: Progress as of December 31, 2008

Permanency Outcomes Children in Placements Maintain Family Connections	Period VI Performance	Comparison to Period V
Outcome 21: At least 85% of all children with the goal of reunification shall have appropriate visitation with their parents to progress toward reunification.	81%	Improved Within Margin of Error
Outcome 23: 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 during the prior 12 months in custody, 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.	34%	Declined within Margin of Error
Permanency Outcomes Children Achieve Permanency		
Outcome 4: No more than 8.6% of all foster children entering custody shall have re-entered care within 12 months of the prior placement episode.	6.5%	Improved
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.	51%	Similar
Outcome 8b: Of all the children entering custody following the entry of the Consent Decree, at least 74% shall have had one of the following permanency outcomes within 12 months or less after entry: reunification, permanent placement with relatives, or shall have had one of the following permanency outcomes within 24 months or less after entering: adoption, permanent legal custody, or guardianship.	56%	Improved
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 remaining in the 24 month backlog pool after the third reporting period at least 40% by the end of the fourth reporting period shall have one of the following permanency outcomes: reunification, permanent placement with relatives, permanent legal custody, adoption, or guardianship.	21%	Improved

Table II-1, continued
Kenny A. Outcomes: Progress as of December 31, 2008

Permanency Outcomes Children Achieve Permanency	Period VI Performance	Comparison to Period V
Outcome 10: Children in custody for more than 24 months and still in custody upon entry of the Consent Decree: For all children remaining in the over 24 month backlog pool after the third reporting period at least 35% by the end of the fourth reporting period shall have one of the following permanency outcomes: reunification, permanent placement with relatives, permanent legal custody, adoption, or guardianship.	15%	Similar
Outcome 11: For all children whose parental rights have been terminated or released during the reporting period, 80% will have adoptions or legal guardianships finalized within 12 months of final termination or release of parental rights	69%	Similar
Outcome 12: For children whose parental rights have been terminated or released and the child has an identified adoptive or legal guardian resource at the time of the entry of the Consent Decree, 90% shall have had their adoptions or legal guardianships finalized within six months after the entry of the Consent Decree.	94% One Time Measure Taken in Period I	N/A
Outcome 13: For all children for whom parental rights have been terminated or released at the time of entry of the Consent Decree, and the child does not have an identified adoptive resource, 95% shall have been registered on national, regional, and local adoption exchanges, and have an individualized adoption recruitment plan or plan for legal guardianship within 60 days of the Consent Decree.	30% One Time Measure Taken in Period I ⁴	N/A
Outcome 14: No more than 5% of adoptions finalized during the reporting period shall disrupt within the 12 months subsequent to the reporting period.	0%	Same
Outcome 15: Permanency efforts (15/22): At least 95% of all foster children who reached the point of being in state custody for 15 of the prior 22 months, shall have had either (1) a petition for the termination of parental rights filed as to both parents or legal caregivers as applicable OR (2) documented compelling reasons in the child's case record why termination of parental rights should not be filed.	95%	Improved

⁴ The children to whom this outcome applied have recruitment plans. Those who have been discharged since Period I have been included in the Outcome 9 and 10 results.

Table II-1, continued
Kenny A. Outcomes: Progress as of December 31, 2008

Permanency Outcomes Children Achieve Permanency	Period VI Performance	Comparison to Period V
Outcome 27: At least 95% of foster children in custody for six months or more shall have either had their six-month case plan review completed by the Juvenile Court within six months of their prior case plan review, or DFCS shall have submitted the child's six-month case plan to the Juvenile Court and filed a motion requesting a six-month case plan review within 45 days of the expiration of the six-month period following the last review.	81%	Improved
Outcome 28: At least 95% of foster children in custody for 12 or more months shall have either had a permanency hearing held by the Juvenile Court within 12 months of the time the child entered foster care or had his or her last permanency hearing, or DFCS shall have submitted the documents required by the Juvenile Court for and requested a permanency hearing within 45 days of the expiration of the 12-month period following the time the child entered foster care or had his or her last permanency hearing.	81%	Similar
Well-Being Outcomes Children Experience Stable Placements and Worker Continuity		
Outcome 17: At least 95% of all children in care shall have had 2 or fewer moves during the prior 12 months in custody.	91%	Similar
Outcome 18: At least 90% of all children in care at a point in time during the reporting period shall have had 2 or fewer DFCS placement case managers during the prior 12 months in custody. This measure shall not apply to cases that are transferred to an adoption worker or Specialized Case Manager; case managers who have died, been terminated, or transferred to another county; or case managers who have covered a case during another case manager's sick or maternity leave.	91%	Similar
Outcome 20: 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.	48%	Improved
Outcome 22: 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.	68%	Improved within Margin of Error

Table II-1, continued
Kenny A. Outcomes: Progress as of December 31, 2008

Well-Being Outcomes Children and Youth Receive Services They Need	Period VI Performance	Comparison to Period V
Outcome 24: The percentage of youth discharged from foster care at age 18 or older with a high school diploma or GED will increase over baseline by 20 percentage points.	46.8%	Improved
Outcome 30: At least 85% of children in care shall not have any unmet medical, dental, mental health, education or other service needs, according to the service needs documented in the child's most recent case plan.	75%	Improved
Strengthened Infrastructure Outcomes Effective Oversight of Placement Settings		
Outcome 25: 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.	97%	Similar
Outcome 26: At least 95% of foster children in custody at a point in time during the reporting period shall have all applicable language in court orders necessary to assess qualification for federal funding under Title IV-E of the Social Security Act.	65%	Similar
Outcome 29: 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.	4%	Similar
Outcome 31: 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%	Similar

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.”⁵ As a consequence of this responsibility, several Consent Decree outcomes and requirements focus attention on the safety of children in the custody of the State (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 by 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

Five of the Consent Decree outcomes are clustered around keeping children safe while they are in custody and quickly addressing safety issues as they occur. All five of these outcomes had performance thresholds that were to be achieved before Period IV (December 2007). Table III-1 below provides the measured performance summary for each Outcome. The discussion following the table provides a more detailed description 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. This part also includes charts which display the State’s performance trends over the six reporting periods to date.

Table III-1
Children in Foster Care are Safe from Maltreatment: Progress as of December 31, 2008

Consent Decree Outcome	Period VI Performance
Outcome 5: No more than .57% of all children in foster care shall be the victim of substantiated maltreatment while in foster care.	0.51%
Outcome 1: At least 95% of all investigations of reports of abuse or neglect of foster children shall be commenced, in accordance with Section 2106 of the Social Services Manual, within 24 hours of receipt of report.	96%
Outcome 2: At least 95% of all investigations of reported abuse or neglect of foster children shall be completed, in accordance with Section 2106 of the Social Services Manual, within 30 days of receipt of report.	87%
Outcome 3: At least 99% of all investigations of reported abuse or neglect of foster children during the reporting period shall include timely, face-to-face, private contact with the alleged victim, including face-to-face contact with a child who is non-verbal due to age or for any other reason.	97%
Outcome 6: 98% of all foster homes will not have an incident of corporal punishment within the previous 12 months.	99%

⁵ See p. 4, Principle 4, of the Consent Decree

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.

a. Interpretation and Measurement Issues

There were no new interpretation or measurement issues encountered during Period VI. Appendix B provides a summary of previously resolved interpretation and measurement issues. The Consent Decree standard for maltreatment in care (Outcome 5) tightened from 0.94 percent for the second and third reporting periods to 0.57 percent for the fourth and all subsequent reporting periods. This percentage (0.57%) represents the federal standard for maltreatment in care that was in effect at the time the Consent Decree was finalized. (The federal standard has since been reduced to 0.32%). Accordingly, Outcome 5 is measured using the federal definition of maltreatment in care as it existed in 2005: *“Of all children in foster care in the State during the period under review, 0.57 percent or fewer were the subject of substantiated or indicated maltreatment by a foster parent or facility staff member.”*⁶ The data used to measure the Outcome performance is derived from a review of all 77 investigations of alleged maltreatment concerning class member children in foster care completed during the reporting period.

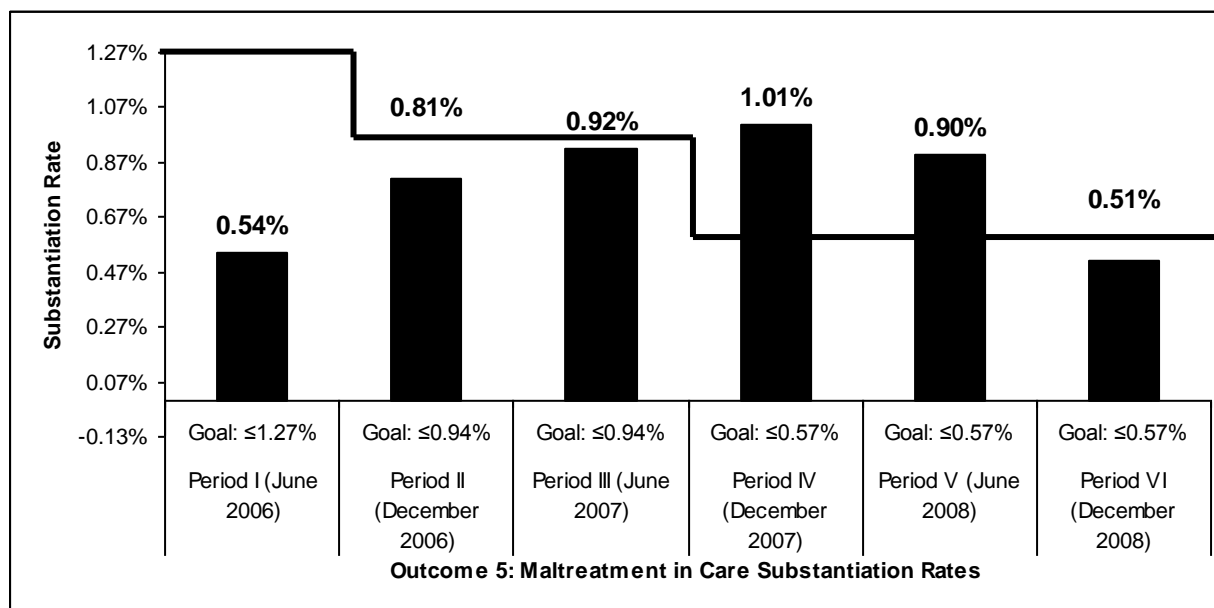
b. State Performance

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

For Outcome 5, about one-half of one percent (0.51 %) of all children in foster care between July 1 and December 31, 2008 had been victims of substantiated maltreatment during that time period. The Consent Decree performance threshold for Outcome 5 is not more than 0.57 percent. Period VI performance represents the lowest rate of maltreatment in care measured thus far for any reporting period; an improvement of 0.39 percentage points from the Period V rate of 0.90 percent; and a halving of the Period IV rate of 1.01% in the span of 12 months. Figure III-1 displays the State’s performance over six reporting periods.

⁶ U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families. Updated National Standards for the Child and Family Service Reviews and Guidance on Program Improvement Plans. Information Memorandum, ACYF-CB-IM-01-07. August 16, 2003.

Figure III-1
Six Reporting Periods of State Performance on Outcome 5
(October 27, 2005 – December 31, 2008)



Source: Completed Investigations of Allegations of Maltreatment in Care.

In Period VI, the case record review found 12 instances of substantiated maltreatment fitting the federal definition among the 2,373 children in care at any point during the reporting period. This represented a significant improvement from the 24 substantiated maltreatment cases in Period V. The type of maltreatment substantiated for these 12 children consisted of: inadequate supervision alone (6 children); physical abuse (3 children); inadequate supervision along with emotional/psychological neglect (1 child); and inadequate health and medical care (2 children). During the reporting period, eight other class-member children were the victims of substantiated maltreatment that did not fit the federal definition of maltreatment in care. Two children were maltreated by their biological parent during unsupervised visits, one by his biological mother (who is also in care) in a residential care facility, and five by relatives in whose care the child had been placed.

The halving of the maltreatment in care rate between Periods IV and VI may be a function of several inter-related factors. One of these factors is improved reporting of suspected maltreatment in care as a consequence of increased visitation between caseworkers and children in care, discussed in *Part V, Well-being*. A second factor is a reduction in the number of children involved in substantiated reports against congregate care settings (group homes and residential care facilities). A third factor may be the impact of systemic changes being implemented at the State and county levels to prevent maltreatment in care.

In the Accountability Agent's *Period IV* and *Period V Monitoring Reports*, the view was expressed that the improvement of caseworker-child visitation rates was driving improved surveillance of child safety and a concomitant increase in maltreatment in care reports initiated by DHR staff.⁷ The Period IV and V reports demonstrated that the total number and the proportion of all maltreatment in care reports that had DHR staff as the reporter steadily increased in each of the first three reporting periods, as the proportion of children receiving two or more caseworker visits per month also increased. As visitation rates continued to improve in Periods IV and V, the number of maltreatment in care reports leveled off before declining in Period V, while the proportion of such reports initiated by DHR staff remained above the baseline levels of Periods I and II. The continued decrease in maltreatment in care reports in Period VI suggests that this improved case-finding, together with some of the other administrative changes discussed below, is keeping children in care safer and therefore, resulting in fewer reports.

A second factor in the dramatic reduction of the maltreatment in care rate between Periods IV and VI appears to relate to the number of substantiated victims whose placement was a group care setting. The Period IV total of 27 substantiated victims of maltreatment in care included a total of 11 children associated with three reports against congregate care settings. In Period V, there were four substantiated maltreatment in care cases in congregate care settings, but each involved a single child only. In Period VI there were only two substantiated reports arising in congregate care settings, each involving a single child. The reduction in the number of substantiated reports arising in congregate care settings does not appear to be explained by a reduction in the number of children placed in these settings (according to the sample of 180 children in foster care, the proportion placed in congregate care settings actually increased slightly over this period (16% in Period IV, 15% in Period V, 19% in Period VI). The decrease in the number of substantiated maltreatment reports involving congregate care settings in Periods V and VI likely reflects some of the systemic initiatives undertaken by DHR to prevent maltreatment in care, which are described below.

The Accountability Agents' Periods III and IV reports contained the admonition that successfully attaining the Consent Decree's final maltreatment in care standard of 0.57 percent was likely to require the *prevention* of maltreatment in foster care that otherwise might occur.⁸ To this end, DHR Commissioner Walker declared meeting the new Federal standard for maltreatment in care (0.32%) to be a "Wildly Important Goal" (WIG)⁹ for DHR and DFCS. In service of this goal, several initiatives were undertaken beginning in December 2007:

- The G2 meetings took up the issue of preventing maltreatment in care as a major focus. At G2 meetings in 2008, available research literature on preventing maltreatment in care was presented and discussed; maltreatment in care incidence by placement type, by length of time in care, and by individual provider was examined; and panel and small

⁷ See Dimas, J. T. and S. Morrison, *Period IV Monitoring Report, Kenny A. v Perdue*, May 2008, p. 18 and *Period V Monitoring Report, Kenny A. v Perdue*, November 2008, p. 24.

⁸ See Dimas, J. T. and S. Morrison, *Period IV Monitoring Report, Kenny A. v Perdue*, May 2008, p. 19.

⁹ This is terminology coined by the management guru Steven Covey.

group discussions focusing on identifying and implementing strategies for preventing maltreatment in care were held.

- The DFCS Policy office, the Office of Regulatory Services (ORS), and the Provider Relations Unit (PRU) intensified their collaboration and information sharing about safety concerns in provider-supervised settings, often meeting weekly for this purpose;
- PRU continued and refined its weekly collection from CPAs of key data related to the compliance of individual foster homes with approval and census standards;
- PRU implemented a schedule of quarterly, unannounced visits to every congregate care setting and provider-supervised foster home; and,
- DeKalb county DFCS implemented its own quarterly schedule of unannounced visits to the congregate care settings operating in that county to proactively identify and address potential safety concerns.

The Accountability Agents' *Period V Monitoring Report* contained the assessment that "Although final judgment must be reserved until the sixth period data are reviewed, it appears that the good work being done at the central office, regional, and county levels (shepherded by the State Kenny A. Team) to prevent maltreatment in care may have paid dividends in the fifth reporting period."¹⁰ The Period VI data confirm that Period V was indeed the beginning of a positive trend in the prevention of maltreatment in care that accelerated during Period VI. The Accountability Agents commend the hard work at the state and county levels that produced such significant change in a relatively short period of time. It is hoped that DHR's ongoing commitment to identifying what works to prevent maltreatment in care will continue to reduce maltreatment in care rates into Period VII and beyond, bringing Commissioner Walker's "Wildly Important Goal" of achieving the new Federal maltreatment in care standard of 0.32 percent within reach. The Accountability Agents will continue to monitor closely and report on the State's progress in this area.

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.

¹⁰ See Dimas, J. T. and S. Morrison, *Period V Monitoring Report, Kenny A. v Perdue*, May 2008, p. 25.

Data for these outcomes are based on the universe of 77 maltreatment investigations completed during the reporting period that involved a child in the custody of DeKalb or Fulton County. This represented a six percent decrease from the 82 such reports completed during Period V. The Consent Decree covers maltreatment in care investigations that involve any child in the custody of DeKalb or Fulton counties, regardless of where in the State of Georgia the child's foster care placement is located. DFCS policy stipulates that alleged maltreatment is to be investigated by the County of the child's residence. Thus, when maltreatment is alleged to involve a class member who is placed outside DeKalb or Fulton County, the allegation is investigated by the DFCS office in the county in which the child resides. For ease of reference, counties outside DeKalb and Fulton are referred to throughout this report as "perimeter counties."

a. Interpretation and Measurement

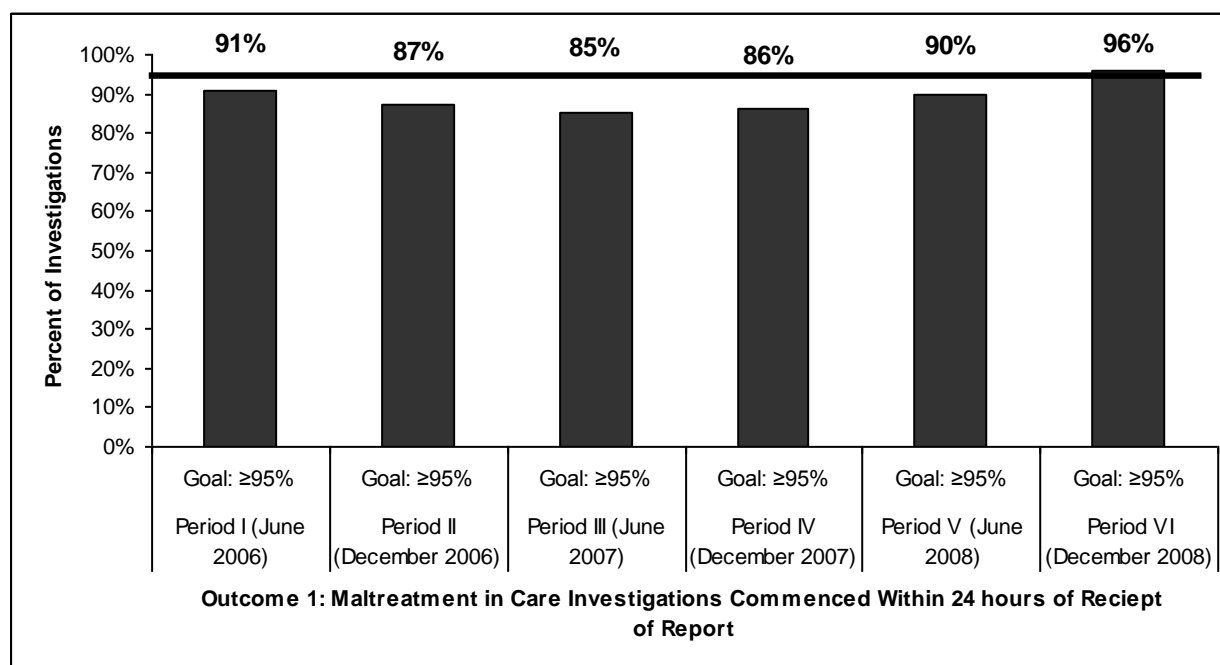
There were no new interpretation or measurement issues encountered during Period VI. Appendix B provides a summary of previously resolved interpretation and measurement issues.

b. State Performance

- **The State Surpassed the Outcome 1 Threshold**

As noted in Table III-1 for Outcome 1, **96 percent** of maltreatment in care investigations were commenced within 24 hours according to file review data from the universe of investigations completed during the reporting period. Outcome 1 requires that 95 percent of such investigations be commenced within 24 hours. This represents the first reporting period for which the Outcome 1 threshold was met; the highest compliance rate measured thus far for Outcome 1 in any reporting period; and an improvement of six percentage points from the Period V rate of 90 percent. Figure III-2 displays the State's performance on Outcome 1 over six reporting periods.

Figure III-2
Six Reporting Periods of State Performance on Outcome 1
(October 27, 2005 – December 31, 2008)



Source: Completed Investigations of Allegations of Maltreatment in Care

As displayed in Table III-2, DeKalb and Fulton counties commenced 95 percent of the investigations they completed within 24 hours, while the 24-hour commencement rate for the perimeter counties was 100 percent. This represents a performance level for DeKalb/Fulton comparable to Period V, but a substantial improvement in the perimeter counties compared to their Period V 24-hour investigation commencement rate of 79 percent.

This measure counts only investigations in which an alleged victim is seen face-to-face by a trained CPS investigator or by police within 24 hours. All 3 cases in which this did not happen were investigated by DeKalb or Fulton County. In two of these three cases, the alleged victims were seen and removed from the placement setting before or at the time the allegation was made. Although these cases count as “misses” toward Outcome 1, in terms of ensuring child safety it is important to recognize that in 76 of the 77 investigations (99%) the alleged victim(s) were seen by or removed from potential risk by child welfare professionals within 24 hours. This represents an improvement compared to Period V in which 95 percent of alleged victim(s) were seen by or removed from potential risk by child welfare professionals within 24 hours.

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

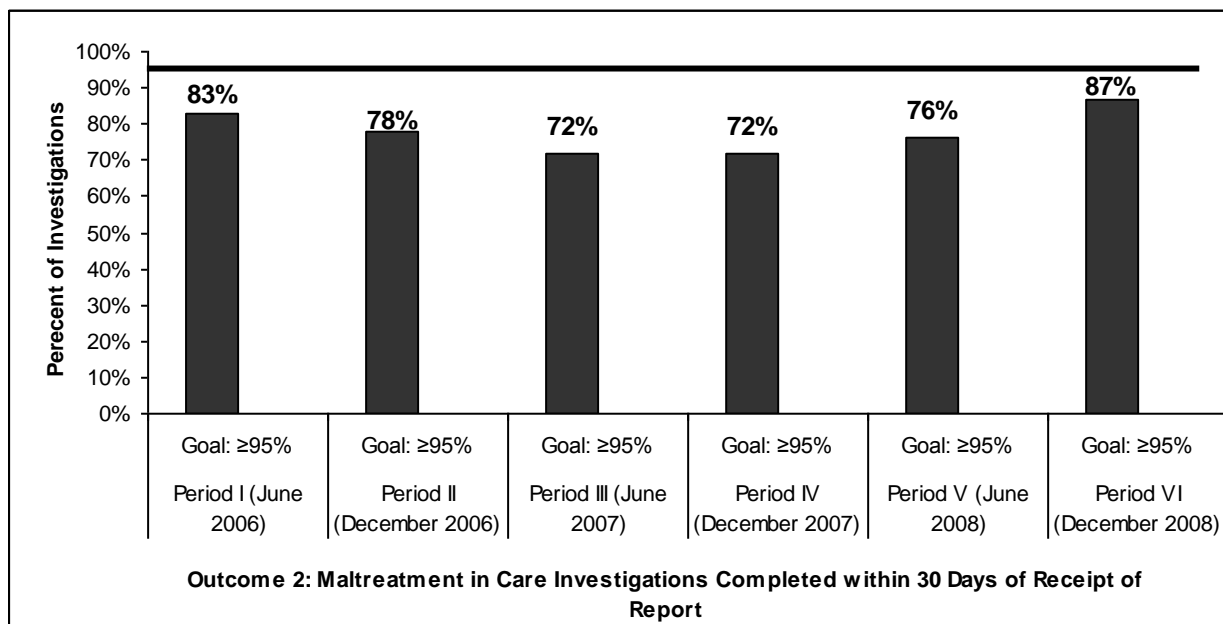
Investigating County	Not Commenced Within 24 Hours		Commenced Within 24 Hours		Total	
	Number of Investigations	Percent of Total	Number of Investigations	Percent of Total	Number of Investigations	Percent of Total
DeKalb/Fulton	3	5%	60	95%	63	100%
Perimeter Counties	0	0%	14	100%	14	100%
Total	3	4%	74	96%	77	100%

Source: File Review of All Completed Investigations, July – December 2008.

- **The State Fell Short of the Outcome 2 Threshold**

For Outcome 2, **87 percent** of maltreatment in care investigations (67 of 77) were completed within 30 days according to file review data from all investigations completed during the reporting period. Outcome 2 requires that 95 percent of such investigations be completed, in accordance with DFCS policy, within 30 days. Although the State fell short of the Outcome 2 threshold, this represents the highest compliance rate measured thus far for Outcome 2 in any reporting period and a substantial improvement from Period V when 76 percent of such investigations were completed within 30 days. (Another 4 cases, or 5 percent, were investigated within 45 days.) Figure III-3 displays the State's performance on Outcome 2 over six reporting periods.

Figure III-3
Six Reporting Periods of State Performance on Outcome 2
(October 27, 2005 – December 31, 2008)



Source: Completed Investigations of Allegations of Maltreatment in Care

The Period VI performance of DeKalb and Fulton counties in timely investigation completion declined somewhat compared to Period V (from 94% to 90%). The performance of the perimeter counties on this outcome improved dramatically (from 39% to 71%), but remained substantially below that of DeKalb and Fulton. The Period VI performance of DeKalb, Fulton, and the perimeter counties is displayed in Table III-3.

Table III-3
Outcome 2 – Timely Investigations
N=77

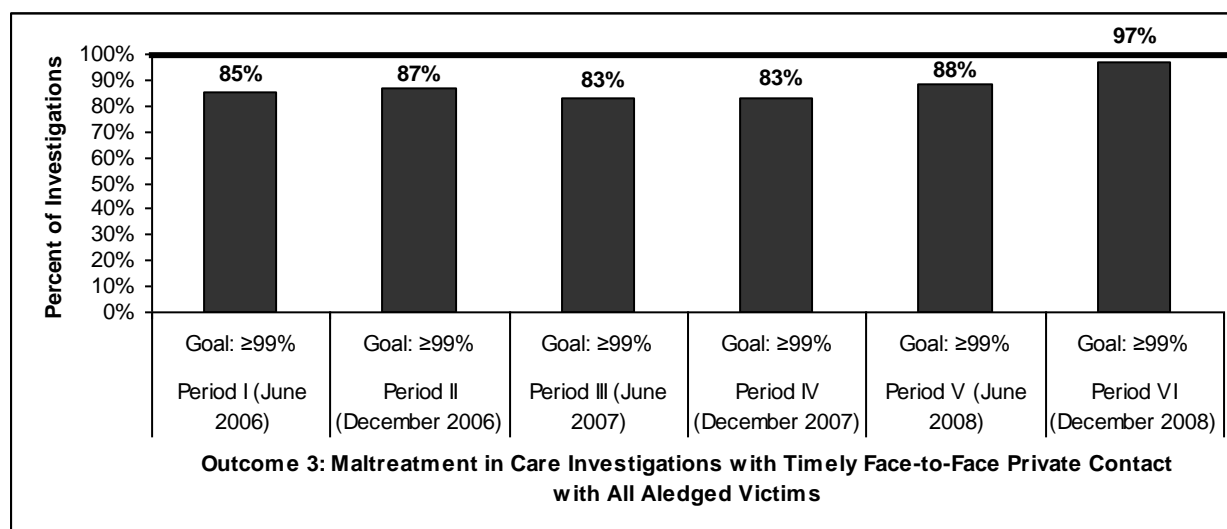
Investigating County	Completed in > 30 Days		Completed in ≤ 30 Days		Total	
	Number	% of Total	Number	% of Total	Number	% of Total
DeKalb/Fulton	6	10%	57	90%	63	100%
Perimeter Counties	4	29%	10	71%	14	100%
Total	10	13%	67	87%	77	100%

Source: File Review of All Completed Investigations, July – December 2008.

- **The State Fell Short of the Outcome 3 Threshold**

For Outcome 3, **97 percent** of the 106 alleged victims of maltreatment in care during Period VI 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 falls below the Outcome 3 performance standard of 99 percent, it represents the highest compliance rate measured thus far for Outcome 3 in any reporting period and a substantial improvement from the Period V performance of 88 percent. Figure III-4 illustrates the State's performance on Outcome 3 for six reporting periods.

Figure III-4
Six Reporting Periods of State Performance on Outcome 3
(October 27, 2005 – December 31, 2008)



Source: Completed Investigations of Allegations of Maltreatment in Care

In addition, the 106 alleged victims of maltreatment in care represented a 4 percent decrease from the 110 alleged victims reported for Period V. The performance of the perimeter counties improved substantially, from 82 percent in Period V to 100 percent in Period VI, while the performance of DeKalb and Fulton counties improved from 92 percent for Period V to 97 percent for Period VI. Period VI data for Outcome 3 is displayed in Table III-4.

Table III-4
Outcome 3 – Face-to-Face Contact with Alleged Maltreatment Victims within 24 Hours
N=106

Investigating County	No Contact Within 24 Hours		Removed Prior To or Within 24 Hours of Report		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%	2	2%	85	97%	88	100%
Perimeter Counties	0	0%	0	0%	18	100%	18	100%
Total	1	1%	2	2%	103	97%	106	100%

Source: File Review of All Completed Investigations, July – December 2008.

Measurement of Outcome 3 performance counts as successes only alleged victims having face-to-face, private contact with a trained CPS investigator within 24 hours of the report's receipt. The three alleged victims who were not seen within this time frame were in cases investigated by DeKalb or Fulton County. Two of the three alleged victims "missed" by DeKalb or Fulton

county had been removed from the setting in which the maltreatment was alleged to have occurred by a child welfare professional 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 106 alleged victims in Period VI, 105 (99%) had their safety ensured by child welfare professionals within 24 hours (the one child who did not was on runaway status). This represents an improvement from Period V when 95 percent of alleged victims had their safety ensured by child welfare professionals within 24 hours.

c. Operational Context

The shortfall noted above in the timely completion of investigations (Outcomes 2) is associated with two factors:

- Although the performance of the perimeter counties on Outcomes 2 improved substantially (32 percentage points) compared to Period V, it still lags behind the performance of DeKalb and Fulton counties.
- The performance of DeKalb and Fulton counties on Outcome 2 declined somewhat (four percentage points) compared to Period V.

The improvement in the perimeter counties’ timely completion of investigations continues a trend of improving performance among those counties in compliance with all the *Kenny A.* maltreatment in care outcome measures, culminating in those counties’ perfect performance (100%) on Outcomes 1 and 3 for Period VI. The Accountability Agents attribute this improved performance to the hard work of perimeter county leadership and investigative staff, galvanized by the training and monitoring efforts of the Central Office *Kenny A.* staff. The Accountability Agents believe additional future improvement in the perimeter counties’ performance on Outcome 2 can be anticipated.

Anecdotal reports from DeKalb and Fulton counties indicate that the decline in their Period VI performance on Outcome 2 can be attributed to a small number of complex CPS reports received during the period. These investigations were typically held open pending the receipt of such things as forensic medical exam or police investigations results, which were not completed within 30 days.

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.”¹¹ Outcome 6 stipulates that by the end of Period IV, 98 percent of all foster homes will not have an incident of corporal punishment within the previous 12 months.

a. Interpretation and Measurement

The Consent Decree’s use of the phrase “...all foster homes...”¹² is operationalized as all foster homes with a class member in custody during the reporting period for measurement purposes.

b. State Performance

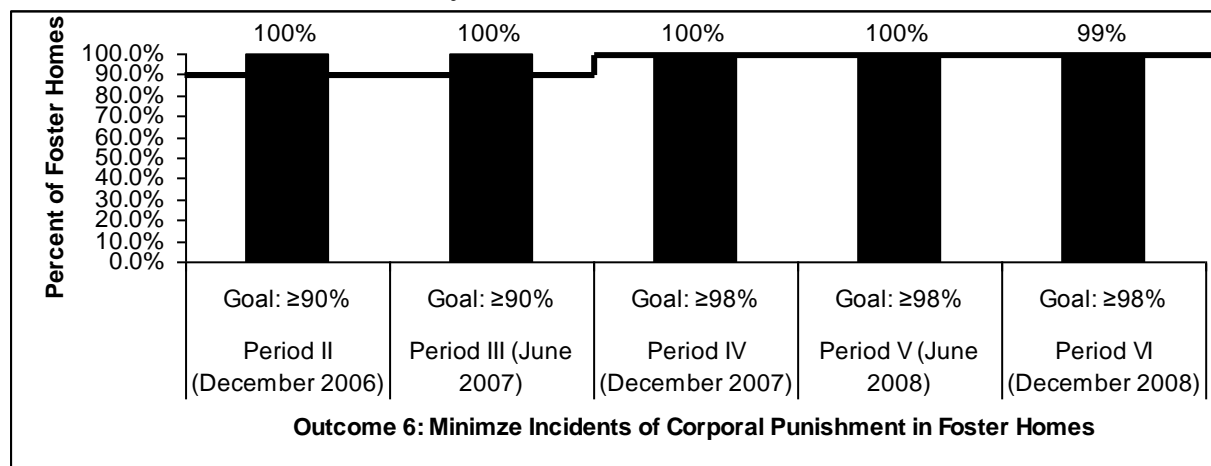
- **The State Surpassed the Outcome 6 Threshold**

The standard for Outcome 6 requires that 98 percent of foster homes be without an incident of corporal punishment in the previous 12 months. As noted in Table III-1, **99 percent** of the foster homes sampled had not had a confirmed incident of corporal punishment in the previous 12 months, surpassing the Consent Decree standard. These data come from the sample of 160 foster homes that had a class member in care at any point during the reporting period. Two of the 160 had confirmed incidents of corporal punishment. This is about the same as Period V, during which 100 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 placed in foster homes from corporal punishment. Figure III-5 illustrates the State’s performance on Outcome 6 over the five reporting periods to which the Consent Decree standards applied.

¹¹ See p. 2 of the Consent Decree

¹² Ibid, p. 32

Figure III-5
Five Reporting Periods of State Performance on Outcome 6
(July 1, 2006 – December 31, 2008)



Source: Completed Investigations of Allegations of Maltreatment in Care

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.¹³ 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 permanency staff) in the manner and within the time frame provided by law and DFCS policy. Interviews with Fulton and DeKalb County staff, with staff of the Provider Relations Unit (PRU) and the Office of Regulatory Services (ORS), and the review of 180 randomly selected foster care records and all 77 reports of maltreatment in care completed during the reporting period indicate that it is the policy and the practice that all reports of maltreatment in foster care are investigated by CPS staff. However, the review of foster care records of 180 sampled children and 160 foster home records identified two instances from DeKalb County in which an allegation of maltreatment appears to have been inappropriately screened out by a permanency worker. These incidents are described below:

¹³ See pp.28-30 of the Consent Decree

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- A child placed in a residential treatment facility reported to his permanency case manager (PCM) that he had been verbally threatened by one of the facility staff members. The PCM brought this information to the attention of the facility case manager who said she spoke with staff and other clients at the facility who indicated that the staff member in question was trying to stop the child from fighting and he was becoming violent. There is no indication that a CPS referral was made by the PCM after the child's allegation.
 - A child who is developmentally delayed reported to his PCM during a visit that while at summer camp, a counselor had pushed him up against a wall and choked him. The PCM spoke with the foster parent about the allegation but there is no record that a CPS referral was made at the time.

According to Section 12.A. of the Consent Decree and to DFCS policy, it appears that both of these allegations should have been referred to the CPS unit for assessment and screen-out or investigation. Each of these cases was referred to the DeKalb County leadership for further action. As a consequence, the workers and supervisors involved have been counseled and had disciplinary letters placed in their employee files; and Special Investigations referrals were made for both these cases. Based on a careful vetting of each of these cases and their specifics, the Accountability Agents are satisfied that they represent isolated incidents and are not indicative of a systemic problem. Future file reviews will continue to scrutinize placement files for compliance with the requirements of Section 12.A. to ensure that allegations of maltreatment in foster care are dealt with appropriately.

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."¹⁴ DFCS policy on maltreatment in care investigations (which are considered "Special Investigations") is contained in Section 2106 of the Social Services Manual.¹⁵ 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 depending on the type of placement setting being investigated.

The file review of maltreatment in care investigations explored the extent to which the investigations completed during Period VI were conducted in accordance with the investigative

¹⁴ See p. 28 of the Consent Decree

¹⁵ Social Services Manual, Chapter 2100, Section VI, Georgia Dept. of Human Resources, July 2005

standards contained in Section 2106. (The extent to which such investigations comport with the required timeframes is addressed in the discussion of Outcomes 1 and 2, above.) The results are presented in Table III-5 for the 11 investigative standards common to most placement types. 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.

Table III-5
Proportion of Investigations Meeting Policy Requirements
(N shown is for Period VI cases and varies based on
placement setting and other case characteristics)

Investigation Policy Requirement	Percent of Applicable Files with Documentation of Compliance	
	Period V	Period VI
Investigator saw/interviewed every alleged maltreated child separately (N=77)	99%	99%
Continued safety of the child(ren) placed in the home was adequately evaluated and assessed (N=77)	95%	97%
Investigator reviewed the DFCS history of the foster parent/caregiver (N=58)	93%	86%
Investigator reviewed previous CPS reports for foster parents/caregivers (N=57)	93%	86%
Alleged maltreater was interviewed separately (N=72)	91%	90%
At least two relevant collateral sources contacted during the investigation (N=77)	89%	88%
DFCS case managers required to visit in this foster care setting were contacted (N=77)	88%	90%
All approved foster parents/caregivers interviewed separately (N=77)	85%	84%
File contains physical evidence to support case documentation (N=52)	82%	75%
Investigator saw/interviewed each of the other children (non-alleged victims) separately (N=52)	79%	92%
All other adults frequently in the home interviewed separately (N=7)	69%	100%

Source: Case file review of all investigations completed January 1 – December 31, 2008.

As reflected in Table III-5, compared to Period V, the sixth reporting period showed evidence of improved compliance for four requirements, four remained about the same (\pm one percentage point), while for three, compliance appears to have declined.

The case record review found evidence of substantial improvement (13 and 31 points, respectively) for two of these 11 policy requirements: *investigator saw/interviewed each of the other*

children (non-alleged victims) separately, and all other adults frequently in the home interviewed separately. For two of the investigative policy requirements evidence of modest improvement (two to three percentage points) was apparent: continued safety of the children placed in the home was adequately evaluated and assessed, and DFCS case managers required to visit in this foster care setting were contacted.

For four investigative policy requirements (*investigator saw/interviewed every alleged maltreated child separately; alleged maltreater was interviewed separately; at least two relevant collateral sources contacted during the investigation; and all approved foster parents/caregivers interviewed separately*) evidence of compliance remained essentially unchanged from Period V.

However, for three of the investigative policy requirements, compliance *appears* to have declined by seven percentage points from Period V (*investigator reviewed the DFCS history of the foster parent/caregiver; investigator reviewed previous CPS reports for foster parents/caregivers; file contains physical evidence to support case documentation*). The Accountability Agents believe these apparent changes are likely artifacts of the SHINES' implementation and current limitations rather than representing actual changes in performance.

A present limitation of SHINES with respect to documenting CPS investigations is that a fairly limited amount of information about the investigative process can be “hard-coded” into the system (that is, there are few drop down menus, radio buttons, etc. that can be used to indicate that a particular activity took place.) For example, while SHINES contains “hard-coding” to indicate that the intake worker searched for a previous CPS record on an alleged maltreater when the CPS report was taken (and identifies the intake worker who performed the search) SHINES has no dedicated mechanism (such as clicking a radio button) that the investigator can use to indicate that he/she *reviewed* the CPS history compiled by the intake worker. The only place in SHINES an investigator can indicate that they reviewed previous CPS reports on an alleged maltreater is in the “contact narrative” field (which supports free form text).

As its name suggests, the contact narrative field was originally intended to be used for documenting contacts with individuals (such as interviews) pertaining to the case. However, it is increasingly being used as a catch-all field for documenting other aspects of the case investigation process for which SHINES lacks dedicated input mechanisms. It is in this field that the *Kenny A.* file review staff had to look for documentation that the DFCS history or that previous CPS reports had been reviewed by the investigators. Some investigators were savvy enough to include a statement in the contact narrative indicating that these important process steps were performed, but many others did not.

With respect to the apparent decline in the “file” containing physical evidence when appropriate, this may also be a product of the changeover to SHINES. SHINES was designed to permit staff to capture images of physical evidence as part of the electronic case record. But this capability was not available at the initial roll-out (which coincided with the start of Period VI) and the limited availability of desktop scanners and technical issues with the SHINES electronic imaging capability may all have contributed to the lower-than-expected performance on this requirement. Many of the files that were reviewed for Period VI had notes in the contact

narratives field that referenced pictures that were taken or medical reports that were requested, but these items could not be located by review staff in the electronic case record or in the companion physical record kept by the counties.

In the near term, it appears that these problems must be approached as ongoing training challenges. That is, for now, it appears all investigators need to be encouraged to use the contact narrative field to document their compliance with the investigative policy requirements and additional training may be required on how (and whether) to input electronic images of physical evidence into SHINES. In the longer term, it appears that some modifications to SHINES to support the hard-coding of additional important information on the investigative process may be warranted, and that the process for scanning images into SHINES must be better understood by field staff and, perhaps, streamlined.

c. Referrals of Reports of Maltreatment in Care to the Office of Regulatory Services, the Provider Relations Unit, and the DFCS Policy Office

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 ORS and PRU.

Section 12.B. of the Consent Decree requires all reports of suspected abuse or neglect of foster children in institutional, group, residential, or private provider-supervised foster family home settings to be referred to and reviewed by the Office of Regulatory Services (ORS) and the Provider Relations Unit (PRU).¹⁶ 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....”¹⁷

Compliance with this requirement has been a concern to the Accountability Agents since Period I. In light of the Consent Decree’s increasingly stringent standards for maltreatment in care, improving the completeness of maltreatment in care reporting to the three statewide offices responsible for identifying maltreatment in care patterns was regarded as critical to the State’s ability to successfully prevent maltreatment in care. Major improvements were identified in Periods III, IV, and V in reporting to ORS, PRU, and the DFCS Policy Office. For Period VI, data were again collected directly from ORS, PRU, and the DFCS Policy Office to ascertain which maltreatment reports involving foster children had been reported to each office.

¹⁶ ORS licenses child placing agencies (CPA), child caring institutions (CCI), and outdoor therapeutic programs (OTP). PRU approves CPAs, CCIs, and OTPs wishing to serve DFCS children once they have been licensed by ORS.

¹⁷ See Section 12 B, p. 28 of the Consent Decree

For Period VI, data collected directly from the DFCS Policy Office indicate that the Office received an administrative packet for only 57 (74%) of the 77 Period VI maltreatment in care investigations completed during the reporting period. This represented a substantial decrease from Period V when the Policy Office was notified of 80 of 82 investigations (98%). The Period V Policy Office notification rate represented a vast improvement compared to Period IV, when the Policy Office was notified of 31 of 93 (33%) of the maltreatment in care investigations completed during the reporting period. The improvement between Periods IV and V appeared to be driven by the concerted effort of the Central Office *Kenny A.* staff to ensure that counties that had not made the required reports did so, and that every report submitted was accurately reflected in the Policy Office's internal tracking system. No comparable effort was made for Period VI due to time constraints, competing demands, and the belief that the counties and Policy Office would institutionalize the type of careful tracking the Central Office *Kenny A.* staff modeled during Period V. However, that clearly did not happen. None of the 57 reports the Policy Office *did* receive for Period VI were sent within the 10-day window specified by DFCS policy.¹⁸ Table III-6 displays data on county reporting of maltreatment in care investigations to the DFCS Policy Office.

Table III-6
Policy Unit Notification of Sixth Period Maltreatment in Care Investigations
N=77

Investigating County	Total Investigations	Notified		Not Notified	
	Number	Number	% of Total	Number	% of Total
DeKalb	41	34	83%	7	17%
Fulton	22	12	55%	10	45%
Clayton	1	1	100%		
Douglas	2	1	50%	1	50%
Gordon	1	1	100%		
Gwinnett	4	3	75%	1	25%
Henry	1	1	100%		
Newton	2	2	100%		
Oglethorpe	1	1	100%		
Rockdale	2	1	50%	1	50%
Total	77	57	74%	20	26%

Source: Supplemental Notification Survey of CPS Investigations in Foster Care Settings Completed July 1 – December 31, 2008.

Compared to Period V, Douglas and Fulton counties showed the greatest decline in Policy Office notification of maltreatment in care reports (from 100% to 50%; and from 95% to 55%, respectively). Gwinnet county decreased from 100 percent to 75 percent; DeKalb county from 100 percent to 83 percent; and Rockdale county from 67 percent to 50 percent. This decline in performance is a concern as the DFCS Policy Office is one of the triumvirate of statewide offices that is charged with responsibility for identifying maltreatment in care patterns, and the only

¹⁸ Social Services Manual, Section 2106.11, Georgia Dept. of Human Resources, July 2005

statewide office that is charged with receiving **all** maltreatment in care reports, regardless of placement setting.

The Period VI file review of maltreatment in care investigations included 38 investigations of maltreatment in provider-supervised settings. Data collected directly from ORS and PRU indicate that ORS was notified of 89 percent of these investigations. This represents a slight decrease from Period V when ORS was notified of 91 percent of such maltreatment in care investigations. Table III-7 displays data on county reporting of maltreatment in care investigations to ORS.

Table III-7
Office of Regulatory Services Notification of Maltreatment in Care Investigations
N=38

Investigating County	Total Investigations	Notified		Not Notified	
	Number	Number	% of Total	Number	% of Total
DeKalb	18	16	89%	2	11%
Fulton	8	6	75%	2	25%
Clayton	1	1	100%		
Douglas	2	2	100%		
Gordon	1	1	100%		
Gwinnett	3	3	100%		
Henry	1	1	100%		
Newton	2	2	100%		
Rockdale	2	2	100%		
Total	38	34	89%	4	11%

Source: Supplemental Notification Survey of CPS Investigations in Foster Care Settings Completed July 1 – December 31, 2008.

DeKalb County conducted the largest number of maltreatment in care investigations in provider-supervised settings at 18. Sixteen of these (89%) were reported to ORS; two were not. This is comparable to Period V when DeKalb County notified ORS of 89 percent of 19 investigations. Fulton County, which has many fewer provider-supervised foster care settings than DeKalb, conducted eight maltreatment-in-care investigations in such settings and notified ORS of six (75%). This represents a decrease from Period V when Fulton county notified ORS of eight of eight (100%). Collectively, the seven perimeter counties that completed maltreatment in care investigations in provider-supervised settings notified ORS of 100 percent of those investigations. This represents an improvement from Period V when the perimeter counties, collectively, notified ORS of 87 percent of such investigations. Notifying ORS of maltreatment reports in the care settings they license is essential to the ability of ORS to effectively use that licensing authority to help prevent maltreatment in care.

PRU, the Statewide organizational entity charged with supervising DFCS' provider contracts, appears to have been notified of 30 (79%) of the 38 maltreatment in care investigations in

provider-supervised settings. This represents a substantial improvement from Period V when PRU was notified of 62 percent of such investigations. Table III-8 displays data on county reporting of maltreatment in care investigations to PRU.

Table III-8
Provider Relations Unit Notification of Maltreatment in Care Investigations
N=38

Investigating County	Total Investigations	Notified		Not Notified	
	Number	Number	% of Total	Number	% of Total
DeKalb	18	15	83%	3	17%
Fulton	8	6	75%	2	25%
Clayton	1	1	100%		
Douglas	2	1	50%	1	50%
Gordon	1	1	100%		
Gwinnett	3	1	33%	2	67%
Henry	1	1	100%		
Newton	2	2	100%		
Rockdale	2	2	100%		
Total	38	30	79%	8	21%

Source: Supplemental Notification Survey of CPS Investigations in Foster Care Settings Completed July 1 – December 31, 2008.

DeKalb County notified PRU of 15 (83%) of the 18 completed maltreatment in care investigations in provider-supervised settings. This represents an improvement from Period V when DeKalb County notified PRU of 63 percent of 19 investigations. Fulton County conducted eight maltreatment-in-care investigations in such settings and notified PRU of six (75%). This represents an improvement from Period V when Fulton County notified PRU of five of eight investigations (63%). Clayton, Gordon, Henry, Newton, and Rockdale counties all had PRU notification rates of 100 percent. However, Douglas and Gwinnett counties each failed to notify PRU of half or more of their maltreatment in care investigations. PRU's ability to be a prudent purchaser of care is hampered by the fact that, in the aggregate, it appears not to have been informed of one of every five maltreatment investigations that occurred in the agencies with which it contracts.

One "workaround" that has improved the situation somewhat is the direct sharing of information between ORS and PRU. Data collected from ORS and PRU records on maltreatment in care reporting indicate the two offices regularly share information on reported incidents. As a result, the two offices are more frequently conducting joint staffings with provider agencies and joint investigations of complaints. The Period VI notification data illustrate that county incident reporting enables prudent, collaborative action by ORS and PRU. Among the 34 maltreatment in care allegations of which ORS was informed, ORS elected to conduct a joint investigation with DFCS for 29 (85%) of them. This represents a sharp increase from Period V when ORS conducted joint investigations with DFCS in 50 percent of the 48 investigations of

which they were informed. Not surprisingly, among the 4 complaints that were not reported to ORS, no joint investigations were conducted.

The improvements noted since Period III in the completeness of maltreatment in care reporting to the ORS and PRU are commendable. These improvements in reporting may have contributed to the decrease in the maltreatment in care rate (Outcome 5) since Period IV. It appears likely that the increased monitoring, enforcement, and training enabled and informed by improved reporting has helped reduce the number of maltreatment in care reports arising in provider-supervised settings, as shown in Table III-9. Reports arising in provider-supervised foster homes decreased from 43 in Period IV, to 26 in Period VI, while the proportion of all maltreatment in care investigations they represented decreased from 46 percent to 34 percent. Similarly, Group Homes declined from 22 (24%) of the Period IV maltreatment in care investigations to nine (12%) of such investigations in Period VI.

Table III-9
Maltreatment in Care Investigations, by Placement Type
Periods IV, V, and VI

Placement Type	Period IV		Period V		Period VI	
	Number	% of Total	Number	% of Total	Number	% of Total
Relative Placements	4	4%	6	7%	11	14%
DFCS –supervised Foster Homes	20	22%	23	28%	26	34%
Provider-supervised Foster Homes	43	46%	37	45%	26	34%
Group Homes	22	24%	13	16%	9	12%
Residential Care Facilities	1	1%	3	4%	5	6%
Other	3	3%	0	0%	1	1%
Total	93	100%	82	100%	77	100%

Source: Case file review of all investigations completed July 1, 2007 – December 31, 2008.

Table III-9 also underscores the Accountability Agents' concern about the decline in maltreatment in care reporting to the DFCS Policy Office (the only Statewide Office charged with tracking maltreatment in care reports in DFCS-supervised placement settings). Maltreatment in care reports arising in DFCS-supervised foster homes and in relative placements (which also are supervised by DFCS) have increased since Period IV; with reports tied to DFCS-supervised foster homes increasing from 20 (22% of all reports) in Period IV to 26 (34% of all reports) in Period VI. Similarly, investigations of maltreatment in relative placements increased from four (4% of all reports) to 11 (14% of all reports) in Period VI. These changes do not appear to be explained by a simple shift in the proportion of children placed in

DFCS-supervised settings as opposed to provider-supervised settings during this period of time, which has remained fairly constant.

For the State to achieve the “Wildly Important Goal” established by Commissioner Walker of meeting the current Federal maltreatment in care standard (0.32%), it appears to the Accountability Agents that the intensity and intentionality that have characterized PRU’s and ORS’ monitoring, enforcement, and training activities with private providers will need to be matched in the DFCS-supervised placement environment. Improving the completeness and timeliness of the reporting to the Policy Office of maltreatment in care investigations, especially those in DFCS-supervised placements, is likely to be critical to enabling the Policy Office to successfully take up this challenge.

2. Corporal Punishment in Foster Homes

Section 12C of the Consent Decree¹⁹ 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 158 of the 160 foster home records sampled (99%), 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 about the same as the fifth period performance of 100 percent.

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 child placing agencies (CPAs), Office of Regulatory Services (ORS), and the Provider Relations Unit (PRU). ORS requires CPAs, Child Caring Institutions, and Outdoor Child Caring Programs 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. When ORS receives a complaint related to corporal punishment in a provider supervised foster home, they inspect the home’s file to see if the foster parent(s) signed the CPA’s discipline policy.

PRU requires providers to refrain from using corporal punishment as part of the Room Board Watchful Oversight (RBWO) Provider Contract, the Foster Home Minimum Standards, and the Prospective Provider Application. PRU enforces this prohibition through quarterly site visits to CPAs and to a sample of the foster homes they supervise, and through reviewing a sample of

¹⁹ See pp 29-30, paragraph 12C of the Consent Decree

the foster home files the CPAs maintain. PRU's current visitation strategy is to visit 100 percent of the administrative offices and foster homes of smaller CPAs quarterly (those with approximately 20 or fewer foster homes) and for CPAs with large numbers of foster homes, to visit the administrative offices quarterly as well as a rolling sample of approximately 30-50 percent of the foster homes they supervise.

c. Compliance with Corporal Punishment Prohibition

Actual compliance with the corporal punishment prohibition appears to be very good. The review of child records of 180 randomly selected children in foster care during Period VI identified no confirmed instances of corporal punishment (0.0%). This is comparable to Period V, during which there was one confirmed instance of corporal punishment among the children included in the placement sample.

The foster home record review of 160 randomly selected foster homes 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 three of the 160 foster home records reviewed (1.9%). Each of these three incidents received full CPS investigations. Two of these three investigations confirmed that corporal punishment had been used, but that it did not rise to the level of substantiated maltreatment. In both these cases the foster parent was cited for violating DFCS disciplinary policy and the children were removed. In one case the foster parent was placed under a corrective action plan and in the second, the foster home was closed as this was the foster parent's second violation of the disciplinary policy.

The review of all 77 maltreatment in care reports investigated during the reporting period identified nine reports (12%) that began as an allegation of corporal punishment. This is somewhat higher than Period V, during which six of the 82 maltreatment in care reports (7%) began as corporal punishment allegations. None of the nine investigations completed during Period VI that began with an allegation of corporal punishment resulted in a substantiation of abuse or neglect; however in three cases a violation of DFCS disciplinary policy was confirmed. In two of these cases the confirmed policy violation triggered the recommended closure of the foster homes involved; in the third the relative caregiver was counseled and the children remained in the home pending their imminent reunification with their birth mother. Among the remaining six cases that began as corporal punishment allegations, two resulted in the involved caregivers being placed on corrective action plans, two resulted in the involved caregivers being counseled on appropriate disciplinary techniques, and no further action was taken on the remaining two.

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 counties indicate that both counties are handling allegations of corporal punishment consistent with these Consent Decree provisions. Both counties use experienced CPS supervisors to assess incoming corporal punishment allegations. However, the Period VI foster care record review did identify two allegations of corporal punishment (both involving children placed with their maternal grandmothers) that do not appear to have been referred to CPS staff for assessment and possible investigation as required by the Consent Decree.

In DeKalb County, 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 CPS Intake Unit; those showing reasonable cause are investigated by the Special Investigations Unit with a 24 hour response time. Those lacking reasonable cause are either screened out or referred to the Resource Development Unit if it is a DFCS-supervised foster home. Incidents that occur in provider-supervised foster homes are investigated by the Special Investigations Unit and are referred to the Office of Regulatory Services (ORS). 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 nine CPS investigations prompted by an allegation of corporal punishment; four in DFCS-supervised foster homes, three in relative placements, and two in provider-supervised foster homes. Of these nine:

- 9 (100%) showed that all alleged victims were interviewed separately within 24 hours;
- 9 (100%) showed evidence that the continued safety of the child was evaluated;
- 9 (100%) file reviewers felt the investigative conclusion was consistent with the investigative documentation; and,
- 8 (89%) were completed within the 30 days required by DFCS policy.

The two investigations in privately-supervised foster homes were comparable to Period V during which two investigations in private care settings were precipitated by corporal punishment allegations. Documentation indicates that both ORS and PRU were notified of both of these investigations; PRU was notified as well of the investigative conclusion for both of these, but ORS was notified of the investigative conclusion for only one of them.

In both counties, corporal punishment allegations against DFCS-supervised foster homes that do not meet the criteria for a CPS investigation receive an “assessment.” The Resource Development staff 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.

In both counties, 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 indirectly shared with ORS through the SHINES system.

Part IV PERMANENCY

Children in Care Maintain Family Connections and Achieve Permanency

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

A. Outcome Performance

As described in the Introduction (Part I), 17 separate outcomes are clustered in the category of "Permanency." Outcomes 12 and 13, related to children achieving the goal of adoption, were one-time, first period requirements that have been discussed in previous reports.²⁰ The remaining outcomes apply to subsequent reporting periods with the final phase-in of performance thresholds occurring in Period IV. Table IV-1 on the next two pages provides the most recent measured performance summary for each of the permanency Outcomes. For purposes of analysis and communication, the 17 outcomes have been further subdivided into two broad categories, *Children in Placement Maintain Family Connections* and *Children Achieve Permanency*.

The discussion following Table V-1 provides a more detail description of State performance. This discussion includes a summary of the Consent Decree requirements, interpretation and measurement issues associated with the outcomes, and contextual information as necessary for better understanding the State's performance at the end of Period VI. This part also includes charts which display the State's permanency performance trends over the six reporting periods to date.

²⁰ See Dimas, J. T. and Morrison, S. *Period I Monitoring Report, Kenny A. v Perdue*, November 2006 and *Period II Monitoring Report, Kenny A. v Perdue*, June 2007.

Table IV-1
Permanency Outcomes

Children in Placements Maintain Family Connections	Period VI Performance
Outcome 7: At least 95% of all foster children entering care shall have had a diligent search for parents and relatives undertaken and documented within 60 days of entering foster care.	To be reported on in Period VII
Outcome 16: At least 80% of all foster children who entered foster care during the reporting period along with one or more siblings shall be placed with all of their siblings.	79%
Outcome 19: 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).	97%
Outcome 21: At least 85% of all children with the goal or reunification shall have appropriate visitation with their parents to progress toward reunification.	81%
Outcome 23: 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.	34%
Children Achieve Permanency	
Outcome 4: No more than 8.6% of all foster children entering custody shall have re-entered care within 12 months of the prior placement episode.	6.5%
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.	51%
Outcome 8b: Of all the children entering custody following the entry of the Consent Decree, at least 74% shall have had one of the following permanency outcomes within 12 months or less after entry: reunification, permanent placement with relatives, or shall have had one of the following permanency outcomes within 24 months or less after entering: adoption, permanent legal custody, or guardianship.	56%
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 remaining in the 24 month backlog pool after the fourth reporting period at least 40% by the end of the fifth reporting period shall have one of the following permanency outcomes: reunification, permanent placement with relatives, permanent legal custody, adoption, or guardianship.	21%
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 remaining in the over 24 month backlog pool after the fourth reporting period at least 35% by the end of the fifth reporting period shall have one of the following permanency outcomes: reunification, permanent placement with relatives, permanent legal custody, adoption, or guardianship.	15%

Children Achieve Permanency	Period VI Performance
Outcome 11: For all children whose parental rights have been terminated or released during the reporting period, 80% will have adoptions or legal guardianships finalized within 12 months of final termination or release of parental rights	69%
Outcome 12: For children whose parental rights have been terminated or released and the child has an identified adoptive or legal guardian resource at the time of the entry of the Consent Decree, 90% shall have had their adoptions or legal guardianships finalized within six months after the entry of the Consent Decree.	First Period 94% One Time Measure
Outcome 13: For all children for whom parental rights have been terminated or released at the time of entry of the Consent Decree, and the child does not have an identified adoptive resource, 95% shall have been registered on national, regional, and local adoption exchanges, and have an individualized adoption recruitment plan or plan for legal guardianship within 60 days of the Consent Decree.	First period 30% One time measure
Outcome 14: No more than 5% of adoptions finalized during the reporting period shall disrupt within the 12 months subsequent to the reporting period.	0%
Outcome 15: 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.	95%
Outcome 27: At least 95% of foster children in custody for six months or more shall have either had their six-month case plan review completed by the Juvenile Court within six months of their prior case plan review, or DFCS shall have submitted the child's six-month case plan to the Juvenile Court and filed a motion requesting a six-month case plan review within 45 days of the expiration of the six-month period following the last review.	81%
Outcome 28: At least 95% of foster children in custody for 12 or more months shall have either had a permanency hearing held by the Juvenile Court within 12 months of the time the child entered foster care or had his or her last permanency hearing, or DFCS shall have submitted the documents required by the Juvenile Court for and requested a permanency hearing within 45 days of the expiration of the 12-month period following the time the child entered foster care or had his or her last permanency hearing.	81%

1. Children in Placement Maintain Family Connections: Outcomes, 19, 21, 16, and 23

One of the Consent Decree principles is “*all non-destructive family ties should be maintained and nurtured.*”²¹ Preserving connections between children and their families, friends, and community is an essential strategy for achieving permanency when those relationships are not destructive. Preservation of these connections starts with placing the children with family resources whenever possible and placing children with their siblings. Regular visits between children and parents and among separated siblings are also critical ingredients to maintaining family ties and achieving permanency.

Outcome 19 – Placement Proximity

When it is in the best interest of the child for the State to remove the child from his or her home and place him or her in State custody, Outcome 19 defines the acceptable placement proximity as being in a setting within the county or within a 50 mile radius of the home from which the child was removed.²²

a. Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in Period VI. Appendix B provides a summary of previously resolved interpretation and measurement issues. The measurement of Outcome 19 performance is based on the sample of 180 children in foster care at any time between July 1 and December 31, 2008.

b. State Performance

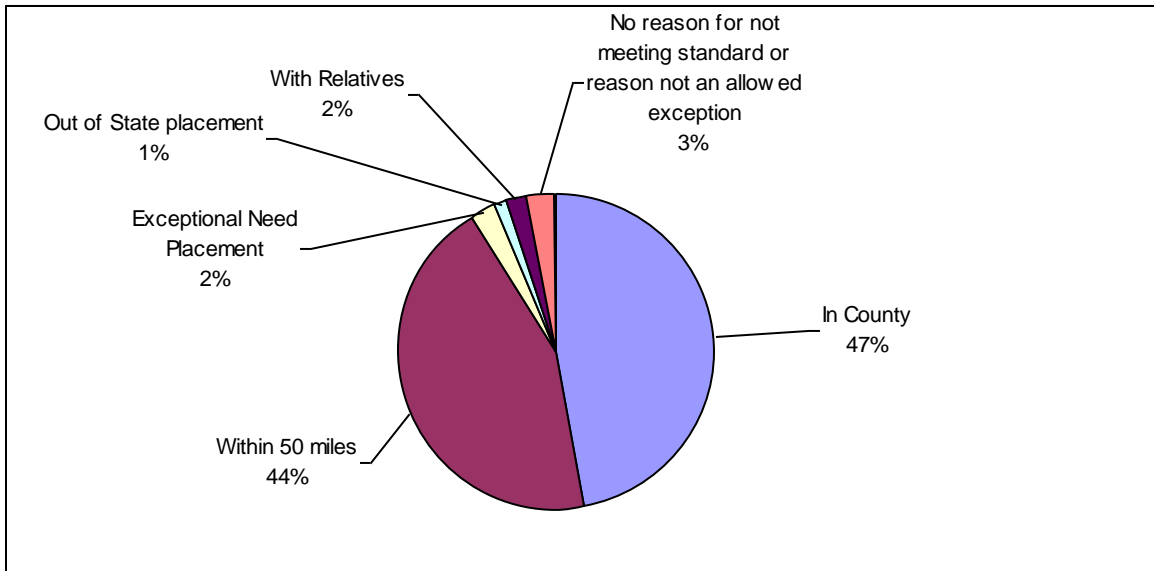
- **The State Surpassed the Outcome 19 Threshold.**

The State placed **97 percent** of the 180 children in the sample of children in foster care within the designated proximity to the home from which they were removed or there was an accepted reason for a more distant placement. The Outcome performance threshold is 90 percent. Of the 180 children, 175 children were placed within the same county as the home from which they were removed or within a 50 mile radius of the home or they met one or more of the criteria that exempt them from the placement proximity standard. Specifically, 11 of the 175 children were placed outside the designated proximity because of their exceptional needs or because they were placed with relatives. This performance is about the same as Period V performance of 98 percent because it is within the statistical margin of error for the sample. The distribution of placements among all 180 children in the sample is displayed in Figure IV-1 below. The State’s performance over the six reporting periods to which the Consent Decree standards applied is displayed in Figure IV-2.

²¹ See p. 4, principle 2 in the Consent Decree

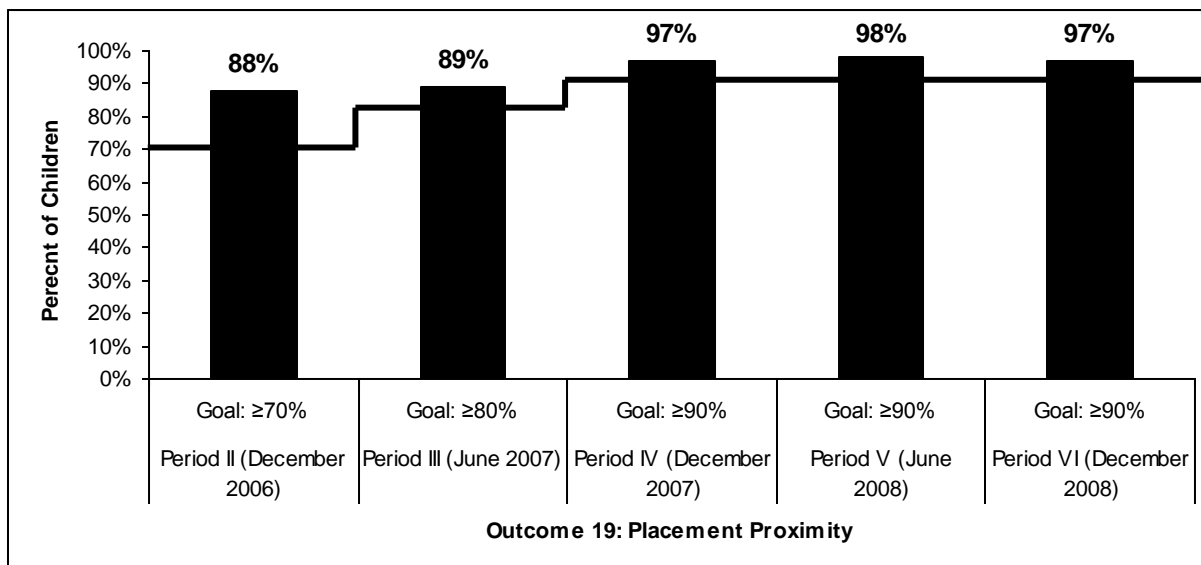
²² See p. 35, Outcome 19, of the Consent Decree.

Figure IV-1
Child Placement Proximity to Home of Removal
or Reason for Being Unable to Place Within the Proximity Standards
n=180



Source: Case Record Review, February-March 2009.

Figure IV-2
Five Reporting Periods of State Performance on Outcome 19
(July 1, 2007 to December 31, 2008)



Source: Review Period Foster Care Case Record Reviews

Outcome 21 – Parent-Child Visitation

National studies have found that children who have frequent, regular contact their birth parents are more likely to be successfully reunified with them. Outcome 21 seeks to focus efforts on ensuring that appropriate visitation takes place between children and their parent(s)²³ by setting targets for the percent of children who visit with their parents, but there are no stipulations as to timing or visit content.

a. Interpretation and Measurement Issues

No new interpretation issues were encountered in Period VI. Appendix B provides a summary of previously resolved interpretation and measurement issues. The measurement of Outcome 21 is based on the sample of 180 children in foster care at any time between July 1 and December 31, 2008. Within the sample of 180 children in foster care, 107 were considered to have the permanency goal of reunification for purposes of parental visitation. However, 8 of the children were living with their reunification resources during the entire six months of the review period. Another 9 children were excluded from the analysis for the following reasons:

- two children were in custody less than 15 days before being reunified with their families;
- the parent of one child was deported in May but reportedly maintains contact by telephone;
- one child was on runaway status the entire period;
- the court had denied parental visitation for two children during the review period;
- the reunification parent of a young child (aged 4) was incarcerated since the child entered DFCS custody, and the child had been in care 20 days;
- visitation did not occur for one child because of his behaviors and a therapeutic decision not to allow visits for a period of time; and,
- the location of one parent remained unknown despite case manager efforts to locate.

As result, 90²⁴ children were included in the parent-child visitation analysis.

b. State Performance

• The State Fell Short of the Outcome 21 Threshold.

Among the 90 children used in this analysis, 73 (81%) had evidence in their records of appropriate visitation with their parents or other individuals with whom they are to be reunified. In some cases, the children were reunified during the review period. The performance threshold for this outcome is 85 percent. Among the remaining 17 children, eight had no documented visits with their parents and nine had a few sporadic visits. This performance is an improvement over the Period V performance of 76 percent but the change is

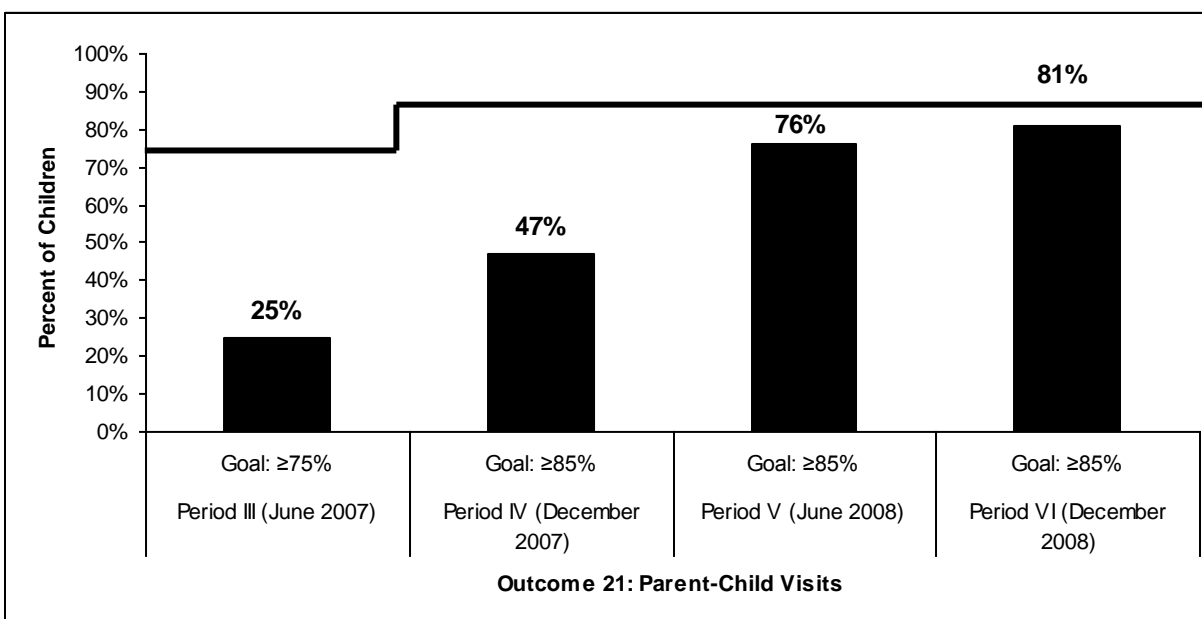
²³ In some instances, the child was not removed from a parent. In these circumstances, the individual from who they were removed is considered the reunification resource.

²⁴Conclusions drawn from the subsample of 90 children used in this analysis are subject to a margin of error of ± 10 percent. Actual parent-child visitation may be 10 percentage points higher or lower than the reported 81 percent.

within the statistical margin of error for the subsample used for the analysis. In addition to the increased proportion of children receiving regular visits, the number of parent-child visits each month appears to be increasing. Figure IV-3 displays the State's performance over the four reporting periods to which the Consent Decree standards applied.

There are a number of barriers to regular visitation in many cases. In some cases, however, the case managers were more successful in ensuring parent-child visits. For example, eight parents or reunification resources were incarcerated some or all of the months under review. In five of these cases, case managers or private agency partners found a way for the children to have supervised visits with their incarcerated reunification resources during the incarceration or immediately following their exit. In eight other cases, the child's behavior was a barrier. In particular, children refused to meet with their families or therapists recommended that the visits be postponed. In five of these situations, however, the case managers and service partners counseled children and supported families to make it possible for visits did occur.

Figure IV-3
Four Reporting Periods of State Performance on Outcome 21
(January 1, 2007 to December 31, 2008)



Source: Review Period Foster Care Case Record Reviews

Outcome 16– Sibling Placement and Outcome 23 - Sibling Visitation

The Consent Decree stipulates a sibling placement standard²⁵ designed to keep sibling bonds strong and establishes two performance outcomes. Outcome 16 requires at least 80 percent of all foster children entering care with one or more siblings to be placed with their siblings. Outcome 23 expects 80 percent of the children in foster care who have siblings in separate placements to visit with their separated siblings at least once a month each and every month for the previous 12 months, or every month they have been in custody if less than 12 months.²⁶ Because these Outcomes both focus on sibling connections, they are reported on together.

- **Outcome 16: Interpretation and Measurement Issues**

No new interpretation issues were encountered in Period VI. Previous interpretation issues are summarized in Appendix B. However, a different measurement approach was used in Period VI than was used in previous reporting periods. In previous reporting periods, sibling placement was measured using a targeted case record review requiring a different sample design than is used for the standard review period case record review of children in foster care. The targeted case record review has been conducted two times, once in the spring of 2007 and once in the spring 2008, thus the measurement of this outcome has lagged behind the measurement of most other outcomes.

The Accountability Agents were able to change the measurement approach in Period VI because of SHINES implementation. At the request of the Accountability Agents, the State produced a report containing the list of all children who entered foster care in Period VI as well as all those children who remained in care on December 31, 2008. This information included the number of siblings a child had in custody and how many siblings were placed with the child. Not all of this information was accurate, however, and the Accountability Agents conducted on-line reviews or “look ups” of the SHINES file of each child who had entered care during Period VI. A total of 562 records were reviewed in this manner. Through this process, the Accountability Agents were able to confirm the number of siblings and placement settings of sibling group members. This also allowed identification of reasons for separate placements if sibling groups were separated. The analysis excluded children who were in custody less than eight days. In this way, the Accountability Agents were able to analyze the entire population of children with siblings entering custody during Period VI rather than relying on a sample, thus producing a more precise assessment of State performance.

Among the 562 children who entered during Period VI and remained in custody more than 8 days, there were 244 (43%) who did not appear to have a sibling in custody. The remaining 318 children were sorted into two groups: children who entered the same day with one or more siblings and those whose sibling group members entered custody on different days. There

²⁵ See p. 16, paragraph 5C.4.d of the Consent Decree.

²⁶ See p.36, Outcome 23, in the Consent Decree.

were 292 children (92%) who entered on the same day with one or more siblings and 26 (8%) who entered on a different day than all other siblings (sometimes, siblings had entered in previous years). Of the 292 children, there were 15 children (5%) who themselves required or had a sibling who required a separate placement setting to meet their needs. The circumstances of these 15 children are as follows:

- One child in a sibling group of four who may have been sexually abused and was exhibiting inappropriate behaviors toward his siblings. He asked to be moved from them for fear he might hurt one of them.
- One child in a sibling group of four was separated from his siblings because of escalating behavioral issues and his three siblings were placed with their birth father (not his birth father) in late December but remained in DFCS custody.
- Four children in a sibling group of four had been engaging in sexual behavior with one another and had to be placed separately where they could be properly supervised.
-
- One infant was placed separately based on recommendations in a family team meeting because of the child's medical issues and the special care initially required after leaving the hospital.
- One child in a sibling group of five had been placed back with her mother but was still in DFCS custody on December 31, 2008.
- Two siblings, a brother and sister were separated because one child was placed in a residential treatment facility and the other ran away.
- Two sets of twin infants, one set born in August and one set born in late December who were separated because one infant in each twin set was still in the hospital on December 31.
- One child in a sibling group of four was in a hospital intensive care unit.

The placement arrangements of the remaining 277 children were used to measure the Outcome 16 performance.

b. Outcome 16: State Performance

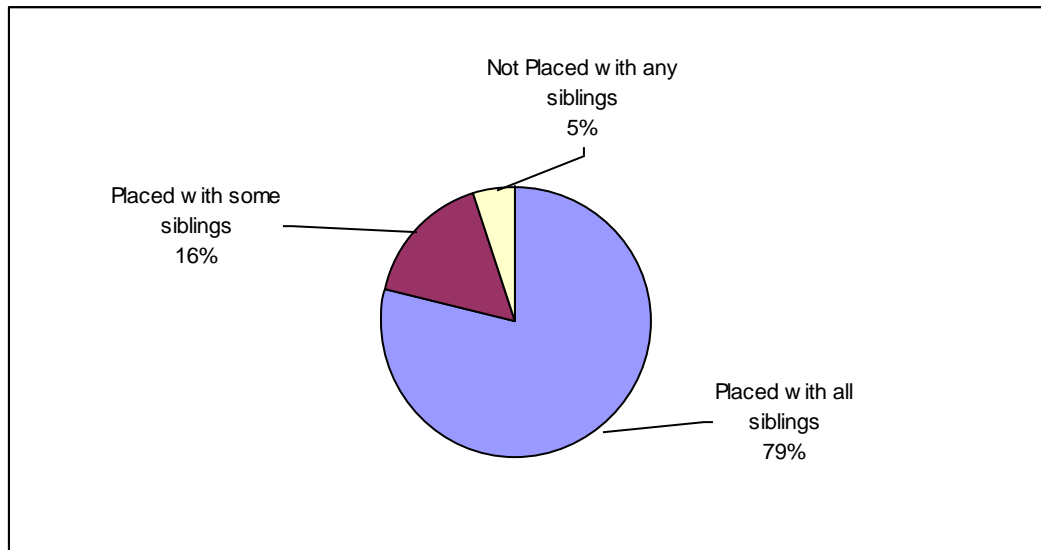
• The State Fell Short of the Outcome 16 Threshold.

Of the 277 children who entered custody with one or more siblings in Period VI, 220 children (79%) were placed with all of their siblings.²⁷ As previously noted, Outcome 16 requires at least 80 percent be placed with all siblings. Another 44 children (16%) were placed with some of their siblings and 13 children (5%) were not placed with any of their siblings. This is an improvement from Period IV, when 69 percent of the children in the sample were placed with all their siblings and it is the best Outcome 16 performance to date. Figure IV-4 illustrates the sibling placement pattern in Period VI and Figure IV-5 displays the State's performance over

²⁷ This includes children who were placed with all siblings who did not require a separate setting because of special needs.

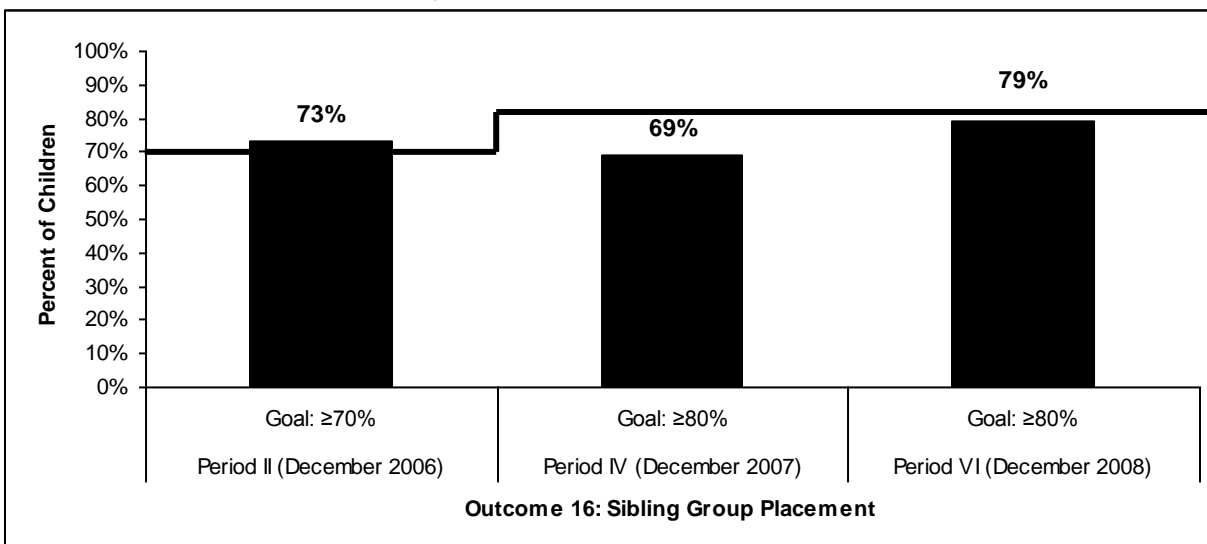
the three reporting periods that this outcome has been measured.

Figure IV-4
Sibling Group Placement for Period VI Foster Care Entries
N=277



Source: SHINES report, verified.

Figure IV-5
Three Reporting Periods of State Performance on Outcome 16
(July 1, 2006 to December 31, 2008)



Source: Review Period Foster Care Case Record Reviews and SHINES reports

The children who were placed with some or none of their siblings tended to be in sibling groups of four or more children. In some cases, the children were spread evenly among foster homes

(for example, three in one home and three in another home). In a few cases, relatives were willing to take only one member of a sibling group. For example, in a sibling group of four children, three children were all together in a foster home and the fourth sibling was with his paternal grandparents. In some instances, the sibling groups were initially placed together but later had to be separated because of one child's behavior, the interaction among siblings, relatives taking some children, and foster parents being overwhelmed and asking for some of the children to be moved.

Among the 26 children that were excluded from the analysis because they entered on separate days, seven were placed with all the siblings that preceded them or followed them into custody. Among the remaining 19, the elapsed time of their entry compared to their siblings ranged from six days to three years with the majority (11) having three months to three years between their foster care entry dates.

c. Outcome 23: Interpretation and Measurement Issues

No new interpretation issues were encountered in Period VI. Appendix B provides a summary of previously resolved interpretation and measurement issues. The measurement of Outcome 23 is based on the sample of 180 children in foster care at any time between July 1 and December 31, 2008. In the sample of 180 children, there were 65 children who were separated from some or all of their siblings during some or all of the 12 months preceding December 31, 2008 or the date they were discharged. Three children were excluded from the analysis because two children were on runaway status for the most recent 12 months or their period in custody, and one child was placed out of state with a relative. As a result, the analysis for Outcome 23 is based on 62 children.²⁸

d. Outcome 23: State Performance

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

For Outcome 23, the Consent Decree's sibling visitation requirement was met for **21 (34%)** of the 62 children in the sample who had one or more siblings in custody but in separate placements. The outcome performance threshold is 80 percent. The 21 children visited with at least one separated sibling each and every month for the last 12 months. The State's performance appears to have declined from the Period V proportion of 39 percent, but the change is within the statistical margin of error for the sample. The cumulative proportion of children who had monthly sibling visitation for 11 consecutive months or more (missing only one of the required months) reached 56 percent in Period VI compared to 61 percent in Period V. Table IV-2 describes the visitation picture captured by the case record review. Figure IV-6 displays the State's Outcome 23 performance over the four of five reporting periods to which the Consent

²⁸ Conclusions drawn from the subsample of 62 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 +/- 12%.

Decree standard applied.²⁹

Table IV-2
Separated Sibling Visitation Pattern for the 12 months* preceding December 31, 2008 or the last date of
DFCS custody
n=62

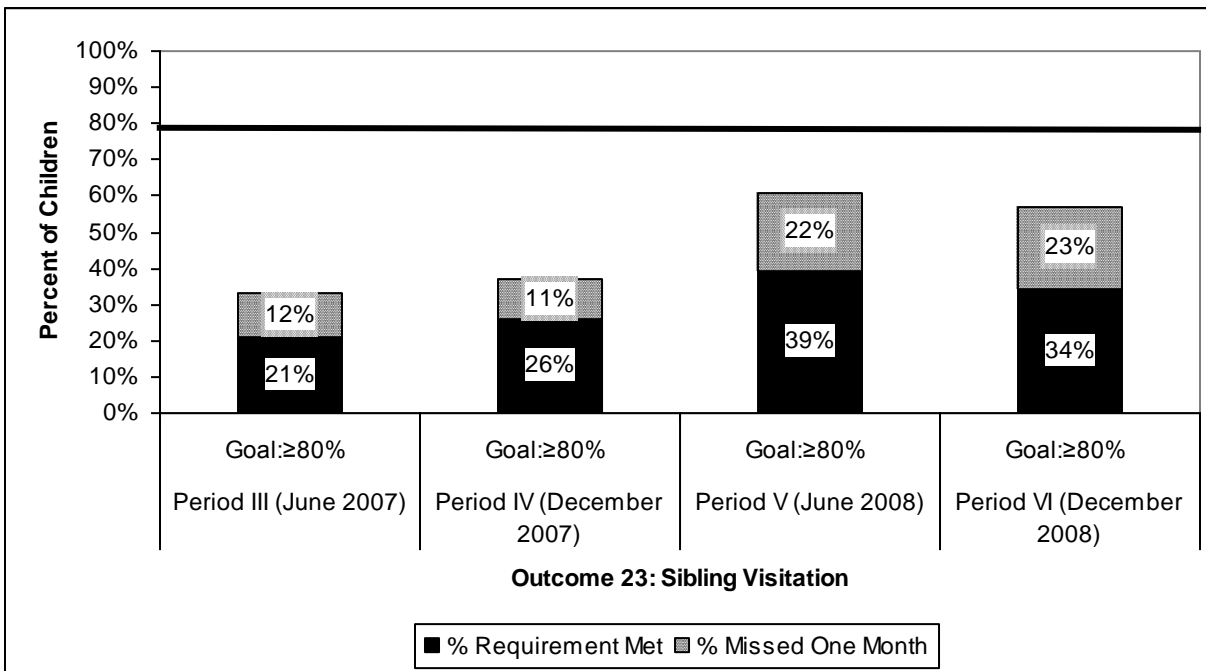
Frequency of meeting required visitation	Number	Percent	Cumulative Percent**
Met outcome requirement of monthly visits each month for every month of previous 12 months.	21	34%	34%
Missed visitation in one of the required months (i.e. equivalent to 11 of 12 months)	14	23%	56%
Did not meet outcome requirement but visited with siblings at least half of the months separated (i.e. the equivalent of 6-10 visits in a 12 month period)	23	37%	94%
Visitation pattern was infrequent and sporadic (i.e. the equivalent of less than 6 visits in a 12 month period)	1	2%	95%
No visits were documented (immigrant siblings who were each in residential treatment facilities for behavioral and emotional services related to the trauma suffered in their home country, but no documentation as to why they could not visit with one another)	3	5%	100%
Total	62	100%	

Source: Case record review, February – March 2009.

*For those children in custody less than 12 months, only the applicable number of months in custody was considered. ** Minor discrepancies in percentages are the result of rounding

²⁹ The sibling visitation analysis was slightly different in Period II; therefore there is not a comparable set of data points to include in Figure IV-6.

Figure IV-6
Four Reporting Periods of State Performance on Outcome 23
 (January 1, 2007 to December 31, 2008)



Source: Review Period Foster Care Case Record Reviews and SHINES reports

2. Children Achieve Permanency: Outcomes 4, 8, 9, 10, 11, 14, 15, 27, and 28

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 or other reunification resource. Should that result be unattainable, the state may pursue transferring custody to a relative or adoption by a relative, another family member, or a family specifically recruited for the child. Legal guardianship is also a means of securing permanency for a child. The Consent Decree 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.”³⁰ 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. This is called “*permanent placement with relatives*”. Table IV-3 displays the distribution of children in the sample among the different permanency goals.

³⁰ See p.3, definition T of the Consent Decree.

Table IV-3
Permanency Goals of Children
n=180

Permanency Goal	Number	Percent
Judicially Determined/ Presumed Reunification*	86	48%
Concurrent Goal (Reunification and another Goal)	30	17%
Adoption	26	14%
Guardianship	1	<1%
Placement with a Fit and Willing Relative	16	9%
Long Term Foster Care	11	6%
Emancipation	9	5%
No goal documented (child in custody less than 12 months, but case circumstances suggest reunification will not be the goal)	1	<1%
Total	180	100%

Source: Case Record Review, February 2009- March. * Presumed re-unification goal for children in care for less than 12 months.

When children exit foster care, it is an expectation of Georgia's child welfare system that the children will have exited to a stable, family care arrangement. In particular, exits to reunification and adoption are intended to be life-long arrangements. The casework done while a child is in custody and the planned aftercare can help ensure these exits remain successful. Unfortunately, circumstances sometimes require children to reenter care to ensure their safety or well-being. Two outcomes, Outcome 4 and Outcome 14, focus on the State's performance in ensuring successful permanency without subsequent re-entry.

Outcome 4 – Re-Entry into Custody

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.³¹ Outcome 4 sets the same standard as the national outcome established by the U.S. Department of Health and Human Services. However, the national outcome is limited to those children who exit custody specifically to reunification and therefore measures the permanency of reunification, not all permanency exits.³²

a. Interpretation and Measurement Issues

No new interpretation issues were encountered in Period VI. Appendix B provides a summary of previously resolved interpretation and measurement issues. The measurement of Outcome 4

³¹ See p 32, Outcome 4, of the Consent Decree.

³² See discussion of the 15 new outcome measures developed for the second round of the CFSRs in *Child Welfare Outcomes 2002-2005: Report to Congress*, Appendix B, specifically C1.4 Permanency of Reunification at <http://www.acf.hhs.gov/programs/cb/pubs/cwo5/appendix/appendixb.htm>

is based on the entire population of children who entered foster care at any time between July 1 and December 31, 2008. The State used SHINES and the former State information system to produce a report of the children experiencing a re-entry into foster care in Period VI. The State and counties worked with the Accountability Agents to verify the reported results and reconcile all identified discrepancies before completing the analysis for Outcome 4.

First, the State generated a list of all children who exited custody between July 1, 2007 and December 31, 2008. This list came from both SHINES records (discharges since June 2008) and the previous State data system (discharges July 2007-May 2008). A second list of all children who entered custody between July 1, 2008 and December 31, 2008 was produced from SHINES. These lists were compared to identify children who had both exits and entries in a 12 month time frame. Second, county Quality Assurance staff compared these lists to the data they maintain about exits and entries and corrections needed to SHINES. Using this information, the counties identified nine children additional children with re-entries in the period. In addition, this comparison identified some duplicate records on the discharge and entry lists. In a third step, the Accountability Agents used the record review of the 180 children in the foster care sample to identify children in the sample who had experienced re-entry within 12 months of last foster care episode. Eight children were identified in the case record review as having re-entries. One of these children had not been identified in SHINES report although two of his siblings had been. This triggered a review of the whole sibling group and another sibling was found who did not have the re-entry date recorded. The Outcome 16 analysis of sibling placements enabled the Accountability Agents to determine if this error was systemic requiring more children to be added to the list of re-entries. The error was not systemic. Finally, the Accountability Agents compared county logs of entry Family Team Meetings in Period VI to the list of re-entries and identified one child who re-entered custody in the last few days of December 2008. In all, 12 children were added to analysis for Outcome 4 as children who had re-entered custody within 12 months of being discharged.

Investigating these few discrepancies among the various lists and sources revealed two types of errors that can be attributed to the change from one information system to another and a third discrepancy appears to be the result of data entry error. First the nine additional children identified by county Quality Assurance units had been discharged in late May or early June, just as the conversion to SHINES was taking place. In addition, another child re-entered care in late December and the re-entry had not yet been recorded before the original list was generated. Second, duplicate records appear to be the result of the failure to properly merge records after the conversion from the old data system to SHINES and to thoroughly search the system before recording a child in the system as a new case. The final discrepancy appears to be simple data entry error. The two children identified through the case record review were the result of entry and discharge dates being incorrectly entered for some members of a sibling group. As previously stated, all of these discrepancies were corrected before the final Outcome 4 analysis. The Accountability Agents believe that these discrepancies reflect an expected learning curve on a new management information system. The Accountability Agents have therefore employed multiple reviews to ensure the reliability of the SHINES data.

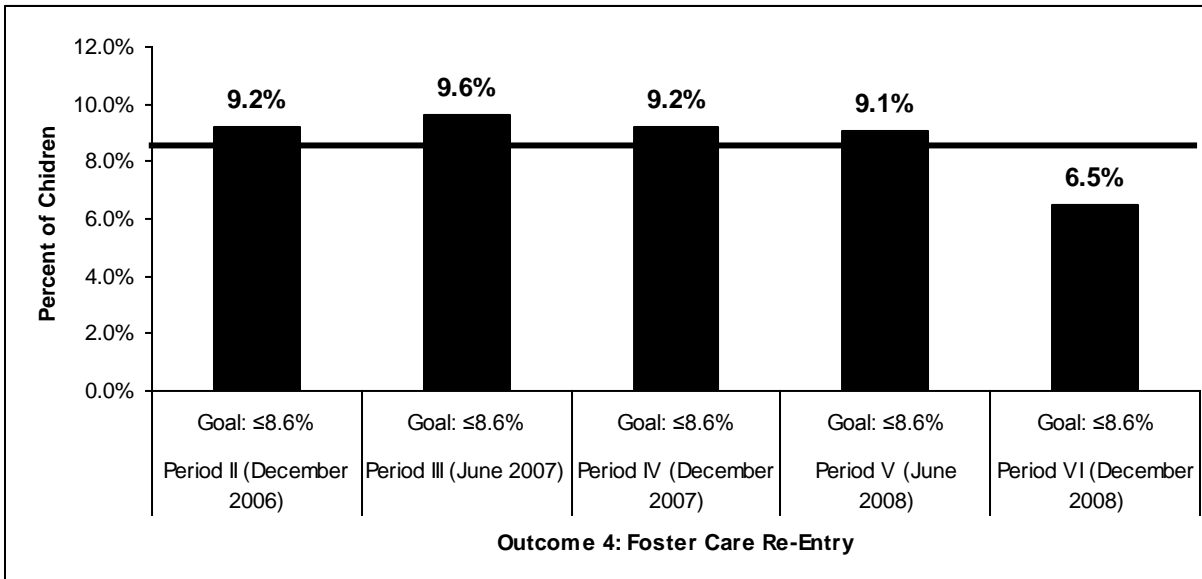
The entire population entering foster care in the reporting period has always been used for measuring Outcome 4. However, this is the first period the Accountability Agents were able to do such extensive verification of the Outcome 4 measurement. This is, in part, a result of the Accountability Agents having direct access to SHINES and on-line query capability.

b. State Performance

- **The State Surpassed the Outcome 4 Threshold.**

Of all the children who entered foster care between July and December 2008, **6.5 percent** experienced a re-entry within 12 months of previously being discharged from foster care. The outcome performance threshold is no more than 8.6 percent. The State's performance is a significant improvement over the previous periods where performance hovered around 9.1 percent. This is the first time the State has met or surpassed the Outcome 4 performance threshold. Figure IV-7 displays the State's Outcome 4 performance over the five reporting periods to which the Consent decree standard applied.

Figure IV-7
Five Reporting Periods of State Performance on Outcome 4
 (July 1, 2006 to December 31, 2008)



Source: IDS and SHINES reports

Outcome 14 – Adoption Disruptions within 12 Months of Finalizations

Outcome 14 is concerned about adoptions that fail or are at the brink of failure. Adoption disruptions occur when adoptive parents no longer can or no longer wish to parent the children to whom they made a lifetime commitment or when children are found to be at risk of harm and must be removed from the adoptive home. When a disruption occurs, DFCS works with these families to achieve reunification and prevent dissolution, but the effort is not always successful. The Consent Decree establishes a performance threshold that no more than 5 percent of adoptions finalized during a reporting period shall disrupt within the 12 months subsequent to finalization.³³

a. Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in Period VI. Appendix B provides a summary of previously resolved interpretation and measurement issues. The measurement of Outcome 14 is based on the entire population of children who were adopted any time between July 1 and December 31, 2007.

b. State Performance

- **The State Surpassed the Outcome 14 Threshold.**

The total number of finalized adoptions for the period July 1, 2007 through December 31, 2007 was 62. Within this group, no child is known to have re-entered the State's custody by December 31, 2008. The outcome performance threshold is no more than 5 percent. The State has consistently surpassed this outcome in all reporting periods.

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

Outcome 8 (parts a and b) relate to children that enter custody after the effective date of the Consent Decree (October 27, 2005). The difference between Outcome 8a and Outcome 8b lies in how they treat three permanency outcomes: adoption, permanent legal custody (live with other relatives), and guardianship. Table IV-4 below summarizes the differences between Outcome 8a and Outcome 8b.

³³ See p. 34, Outcome 14, of the Consent Decree

Table IV-4
Requirements for Outcome 8(a) and (8b)

Permanency Exit	Outcome 8(a) Timeframe	Outcome 8(b) Timeframe
Reunification	Within 12 months of Entry	
Permanent Placement with Relatives	Within 12 months of Entry	
Permanent Legal Custody	Within 12 months of Entry	Within 24 months of Entry
Adoption	Within 12 months of Entry	Within 24 months of Entry
Guardianship	Within 12 months of Entry	Within 24 months of Entry

To meet the requirement of 8(a), the indicated permanency outcomes must be achieved within 12 months of a child's entering State custody; to meet the requirements of 8(b), the indicated permanency outcomes must be achieved within 24 months of entry. With respect to two other permanency outcomes – reunification and permanent placement with relatives (i.e. living with relatives but remaining in legal custody of the State) – the requirements of 8(a) and 8(b) are identical: to meet the Outcome performance requirements, both must be achieved within 12 months of a child's entering State custody.

As a result of the over lapping time frames shown in Table IV-4, Outcome 8b performance is very dependent on Outcome 8a performance. In Period VI, Outcome 8a accounted for 90 percent of the Outcome 8b performance. Given this relationship between the two measures, it will be very difficult for the State to achieve the level of performance expected for Outcome 8b without substantially exceeding the expected Outcome 8a level of performance. In other words, it is unlikely that the State will achieve the Outcome 8b performance threshold of 74 percent exiting to the designated permanency circumstances within the designated timeframes if it does not substantially exceed the Outcome 8a performance threshold of 40 percent exiting within 12 months to the designated permanency circumstances.

a. Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in Period VI. Appendix B provides a summary of previously resolved interpretation and measurement issues. The measurement of Outcome 8a and 8b is based on the entire population of children who have entered DFCS custody since October 27, 2005. The data for this outcome was reported by the State from the SHINES system. As with the data verification steps taken for Outcome 4, the Accountability Agents worked with the State to ensure the reliability of the SHINES data. To the extent possible, duplicate records were identified and eliminated; and entry and discharge dates were checked against other available sources such as court orders and case manager case notes.

b. State Performance

- **The State Surpassed the Threshold for Outcome 8a and Fell Short of the Threshold for Outcome 8b**

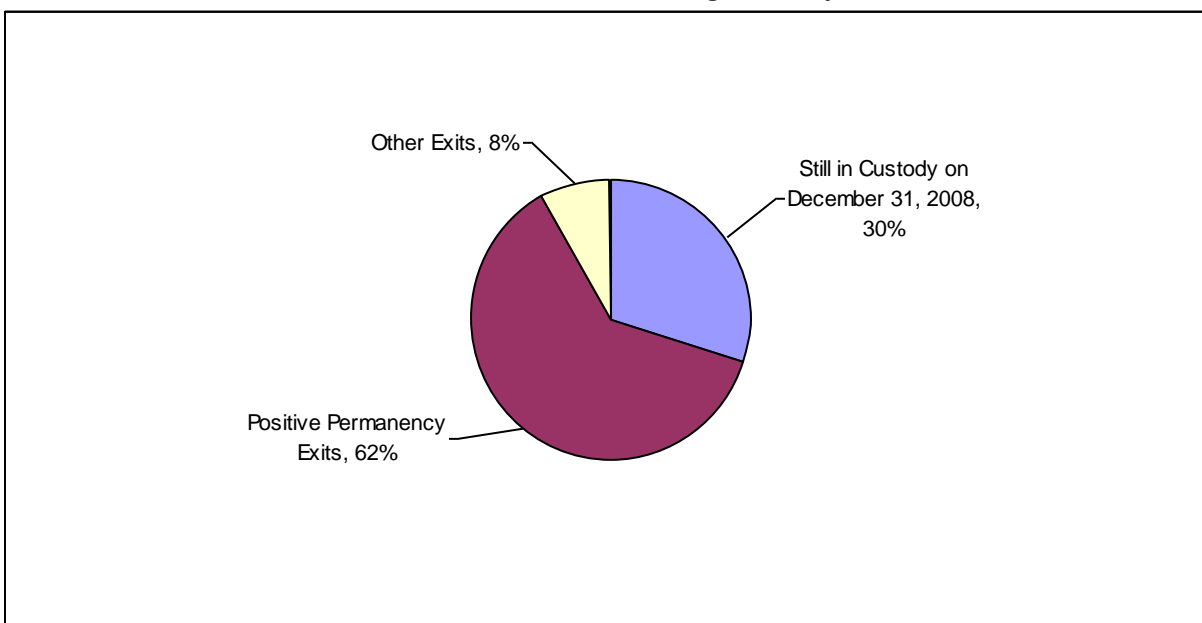
Through December 31, 2008, 4,679 children had entered DFCS custody since October 27, 2005. From this cohort of children, 2372 children (51%) exited by December 31, 2008 to live with their parents, other relatives, guardians or new families through adoption within 12 months of entering State custody (Outcome 8a). The performance threshold for 8a is 40 percent. The State's performance on Outcome 8a in Period VI is an improvement over its Period V performance of 49 percent, making it the best performance on this outcome since it went into effect at the end of Period II (December 2006).

Another 250 children were adopted or exited to the custody of relatives or to legal guardians within 24 months of entering foster care (**Outcome 8b**), bringing the total that exited to the designated permanency arrangements within the time frames specified in the Consent Decree to 2622 or **56 percent** of the total cohort. While this represents an improvement over the Period V performance of 53 percent, it remains short of the Outcome 8b performance threshold of 74 percent. It is, however, the State's best performance on the outcome to date.

Table IV-5 provides the distribution of all the children in the Outcome 8 cohort who exited custody by December 2008. An additional 282 children (6% of the cohort) exited to one of the designated permanency arrangements but these exits occurred outside the designated time frames for the outcomes.

The Accountability Agents observed the proportion of children who have entered State custody since the Consent Decree and are still in care appears to be declining. At the end of Period VI, 30 percent of the Outcome 8 cohort of children remained in custody compared to 36 percent at the end of Period V. Half the children remaining in the cohort at the end of Period VI had been in custody 10 months; while half the children remaining in the cohort at the end of Period V had been in custody for 11 months. Figure IV-8 summarizes the outcomes for all children who have entered State custody on or after the Consent Decree. Table IV-5 provides the performance detail for period VI.

Figure IV-8
Foster Care Outcomes of 4,679 Children Entering Custody since October 27, 2005*



Source: SHINES, and county tracking systems

*Positive Permanency exits include reunification, adoption, guardianship, permanent legal custody, and permanency placement with relatives. Other exits include emancipation and transfer to other counties or states.

Table IV-5
Outcome 8
Children Entering DFCS Custody on or after October 27, 2005 Who Exited to Permanency by
December 31, 2008

	Children who entered custody on or since October 27, 2005	
	8(a)	8(b)
Number of children in cohort	4679	4679
Exits as of December 31, 2008		
Reunification within 12 months	1895	1895
Permanent Placement with Relatives within 12 months (still in state custody)	0	0
Permanent Legal Custody within 12 months (live with other relatives in the custody of relatives)	332	0
Permanent Legal Custody within 24 months (live with other relatives in the custody of relatives)	0	463
Adoption within 12 months	6	0
Adoption within 24 months	0	59
Guardianship within 12 months	139	0
Guardianship within 24 months	0	205
Number Exited to Permanency but not in required time frame	532	282
Total Exits for Outcome Measurement	2372	2622
Percentage Exiting for Outcome Measurement	51%	56%
Other exits (transfer to other counties, emancipation, etc)	390	390
Total number exiting	3294	3294
Remaining number in cohort on December 31, 2008	1385	1385
Demographics of those still in DFCS custody at December 31, 2008	Average length of stay: 13 months	
	Median length of stay: 10 months	
	Average age: 8	
	49% female; 51% male	

Source: SHINES, and county tracking systems.

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 two other permanency outcomes, Outcomes 9 and 10, to be achieved with two different cohorts of children who have been in State custody for a particularly long time. Many of these children have lived nearly their entire lives in foster care. Outcome 9 has permanency expectations for the children who had already been in custody up to 24 months when the Consent Decree³⁴ was finalized in October 2005. Similarly, Outcome 10 has permanency expectations for the children who had been in state custody for 24 months or more when the Consent Decree became effective.³⁵

a. Interpretation and Measurement Issues

No new interpretation issues were encountered in Period VI. Appendix B provides a summary of previously resolved interpretation and measurement issues. The measurement of Outcome 9 and 10 is based on the entire population of children in each of two described cohorts.

b. State Performance

• The State Fell Short of the Outcomes 9 Threshold.

Of 247 children who had been in State custody up to 24 months as of October 27, 2005 and were still in custody on June 30, 2008, 51 children (21%) had positive permanency exits during the period July 1 through December 31, 2008.³⁶ The performance threshold for this outcome is 40 percent. The State's Period VI performance is a slight improvement over Period V performance of 19 percent and it is the best State performance since Period II. Another 13 children exited DeKalb and Fulton custody for reasons other than positive permanency during this time period, leaving 183 of the 247 children still in custody on December 31, 2008.

As noted in Table IV-6, 52 percent of the 183 children remaining in custody were under the age of 12. The average age is 11.4 years, the average length of stay was 4 years, and 59 percent of the children were male.

³⁴ See p. 33, Outcome 9, of the Consent Decree

³⁵ See pp 33 and 34, Outcome 10, of the Consent Decree

³⁶ "Positive permanency exits" refers to reunification, permanent placement with relatives, permanent legal custody, adoption or guardianship.

- **The State Fell Short of the Outcome 10 Threshold.**

Of the 219 children who had been in State custody for over 24 months as of October 27, 2005 and remained in custody on June 30, 2008, 33 (**15%**) exited to positive permanency during the period July 1 through December 31, 2008. The performance threshold for this outcome is 35 percent. As with Outcome 9, the State's Period VI performance is slightly better than the Period V performance of 14 percent and like Outcome 9, this represents the State's best performance since Period II (December 2006). Another 26 children exited DeKalb and Fulton custody for reasons other than positive permanency during this time period, leaving 160 of the 219 children still in custody on December 31, 2008.

As noted in Table IV-6, 21 percent of the 160 children remaining in custody were under the age of 12. The average age of all children in the cohort was about 14 years and the average length of stay was 8.5 years. As with Outcome 9, most of the children remaining in the Outcome 10 cohort (64%) were male.

Table IV-6
Outcomes 9 and 10
Remaining Children Who Entered DFCS Custody before October 27 2005 and Who Exited to
Permanency July 1 through December 31, 2008

	Cohorts of Children		
	Children in custody for <u>up to</u> 24 months and still in custody on October 27, 2005 (Outcome 9)	Children in custody for <u>more than</u> 24 months and still in custody on October 27, 2005 (Outcome 10)	Total
Number of children in cohort	247*	219**	466
Exits			
Reunification	9	4	13
Adoption	23	19	42
Guardianship	11	3	14
Live with other relative	8	5	13
Permanent Placement with relatives	0	2	2
Other exits (transfer to other counties, emancipation, etc)	13	26	39
Total number exits	64	59	123
Total for Outcome Measurement	51	33	64
Percentage exiting for Outcome Measurement	21%	15%	
Remaining number in cohort December 31, 2008	183	160	343
Characteristics of those children remaining in custody on December 31, 2008			
Proportion under the age of 12	52%	21%	
Average length of stay	48 months (4 years)	102 months (8.5 years)	
Median length of stay	46 months (3.8 years)	90 months (7.5 years)	
Average age	11.4	14.3	
Percent female	41%	46%	
Percent male	59%	64%	

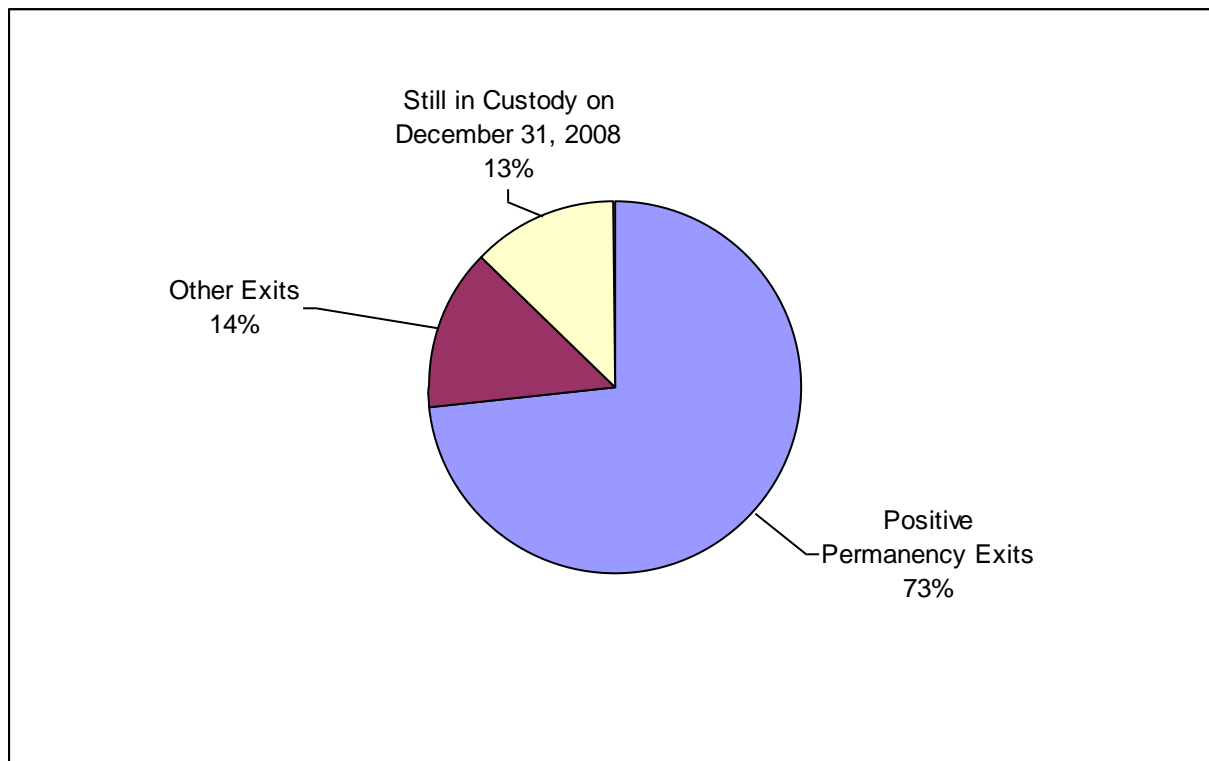
Source: SHINES, and county tracking systems.

*As a result of data conversion into the new SHINES system, the State identified a sibling group of three that had actually exited custody shortly after the Consent Decree, thus the number in the Outcome 9 cohort has been three fewer than previously reported.

** In preparing the Period VI report, an error in the number of children remaining in Outcome 10 was identified in the Period V report and corrected here.

Figures IV-9 and IV-10 summarize the State's performance on Outcome 9 and Outcome 10, respectively, over slightly more than three years (November 2005 through December 2008). These figures reflect the State's cumulative progress with these two groups of children.

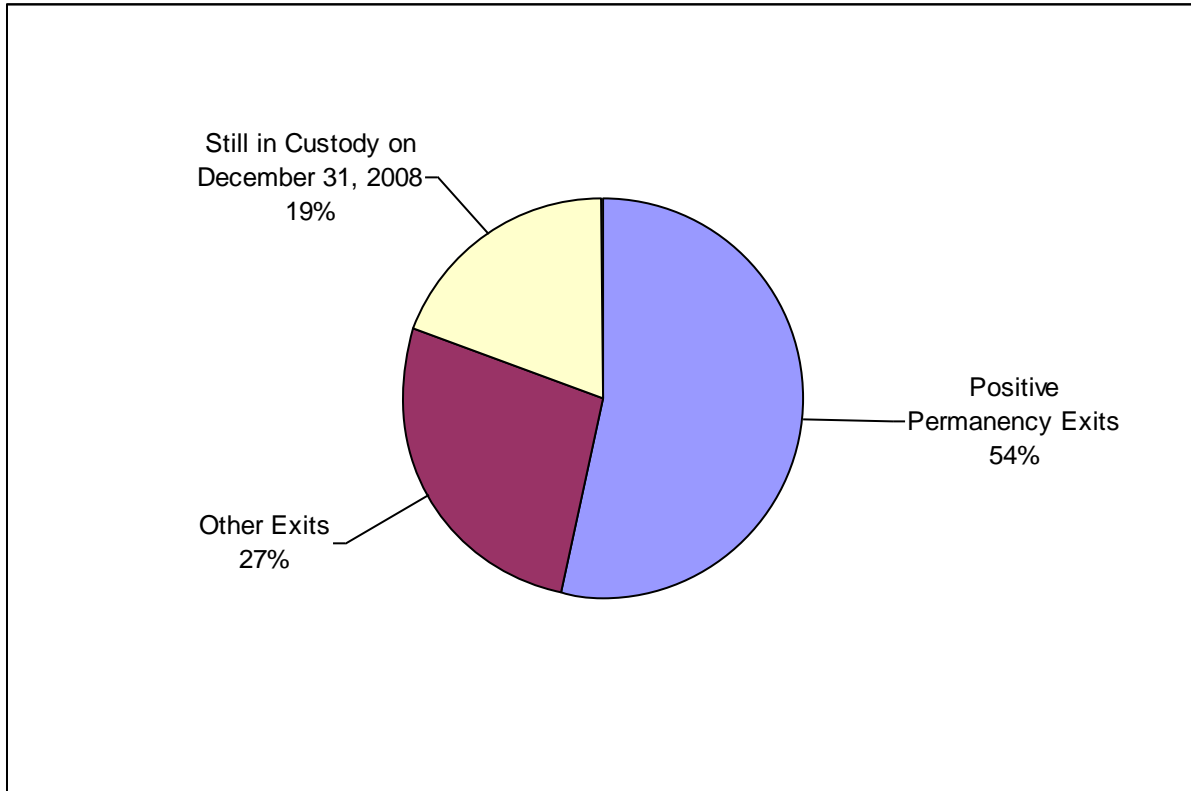
Figure IV-9
Outcome 9
Foster Care Outcomes of 1450 Children in Custody Up To 24 Months Before
October 27, 2005*



Source: SHINES, IDS

*Positive Permanency exits include reunification, adoption, guardianship, permanent legal custody, and permanency placement with relatives. Other exits include emancipation and transfer to other counties or states.

Figure IV-10
Outcome 10
Foster Care Outcomes of 828 Children Entering Custody More than 24 Months Before
October 27, 2005*



Source: SHINES, IDS

*Positive Permanency exits include reunification, adoption, guardianship, permanent legal custody, and permanency placement with relatives. Other exits include emancipation and transfer to other counties or states.

c. State Improvement Strategies

As a result of the State's much lower Outcome 9 and Outcome 10 performance compared to the established Outcome performance thresholds, the parties engaged in negotiations about these two Outcomes well into Period VI. The result of the negotiations was the design and implementation of new strategies designed to accelerate permanency for those children remaining in custody.

Referred to as the "Permanency Project," the state designed and is implementing the strategies in partnership with Casey Family Programs, a private foundation dedicated to improving and ultimately preventing the need for foster care.³⁷ The project has two phases. The first phase,

³⁷ For more information about Casey Family Programs go to www.casey.org.

referred to as “Permanency Roundtables” was initiated in December 2008 with a state-wide training session. The permanency roundtables were designed to provide professional case consultation to case managers and supervisors on each child’s case. The roundtables provide an intentional strategy of “reflective practice.” This is an approach to reviewing the results that are being achieved from the services and interventions that are being provided to a child and his/her family and assessing what is working well and what is not and what needs to be changed to improve the case results, specifically expediting permanency. The Roundtable design included a set of simple questions: *What will it take to achieve permanency? What can we try that has been tried before? What can we try that has never been tried? How many things can we do concurrently? How can we engage youth in planning for permanency?*

Approximately 500 cases received the consultation which “encouraged innovative thinking, the application of best practices, and ‘permanency barrier busting’”³⁸ and resulted in a Permanency Action Plan for each child. Most of the subject children were in the custody of DeKalb or Fulton County, but additional cases from around the State were included as a means of extending the learning to other Georgia counties. County child welfare staff, considered to be “Master Practitioners,” were an integral part of the roundtables as another means to extend the learning. The roundtables began in January 2009 and were completed in February 2009.

Phase II of the Permanency Project includes supporting the implementation of the Permanency Action Plans through continued training and coaching. Tracking the results of the action plans is also a critical element of Phase II. This Phase is expected to be completed in November 2009.

The impact of these strategies on the State’s Outcome 9 and 10 performance will not be known until the close of Period VII and beyond. However, DFCS leadership and staff are enthusiastic about the process.

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

Outcome 11 applies to all children whose parents’ parental rights were terminated between July 1 and December 31, 2007. Outcome 11 stipulates that 80 percent of these children should have their adoptions or legal guardianships finalized within 12 months of final termination or relinquishment of parental rights³⁹ The intent of this outcome is to encourage the movement of children into permanent families as quickly as possible after dissolution of their family of origin. It is similar to one of the national permanency outcomes established by the U.S. Department of Health and Human Services.⁴⁰

³⁸ *Georgia Permanency Project Report Phase One: Permanency Roundtables*. Morgan, Linda Jewell. Case Family Programs. Seattle, WA, March 6, 2009.

³⁹ See p. 34. Outcome 11 of the Consent Decree.

⁴⁰ See discussion of the 15 new outcome measures developed for the second round of the CFSRs in *Child Welfare Outcomes 2002-2005: Report to Congress*, Appendix B, specifically C2.5 at <http://www.acf.hhs.gov/programs/cb/pubs/cwo5/appendix/appendixb.htm>

a. Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in Period VI. Appendix B provides a summary of previously resolved interpretation and measurement issues. The measurement of Outcome 11 is based on the entire population of children whose parents had their parental rights terminated any time between July 1 and December 31, 2007.

b. State Performance

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

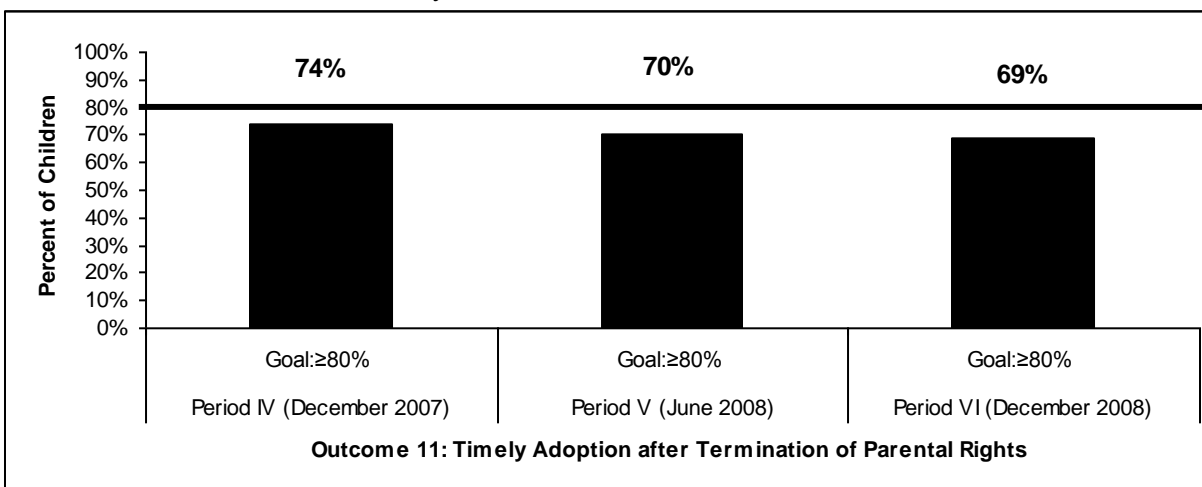
Between July 1 and December 31, 2007, the parental rights of the parents of 81 children were terminated or relinquished. Of these 81 children, 56 (69%) were adopted within 12 months, short of the performance threshold of 80 percent for this outcome. No child was discharged into a guardianship arrangement. Eleven additional children from the 81 (14%) achieved permanency through adoption or guardianship but not within the specified 12-month time frame. Eight of the 11 were adopted or received a guardian within approximately 13 months and the three had adoptions finalized in approximately 17 months. The termination decision was under appeal for two children who had adoptive resources waiting for them. Finally, one child who is over the age of 14 changed his mind about being adopted. Table IV-7 summarizes the data for this Outcome measure. This performance is about the same as the Period V performance of 70 percent and a decline from the performance of Period IV. Figure IV-11 displays the State's Outcome 11 performance since the beginning of Period II (July 2006).

Table IV-7
Status as of December 31, 2008 of Children with Parental Rights Terminated between
July 1 and December 31, 2007
N=81

	Number	Percent	Cumulative Percent
Adoption finalized within 12 months	56	69%	69%
Guardianship finalized within 12 months	0		
Adoption or Guardianship finalized within 13 months	8	10%	79%
Adoption or Guardianship finalized within 14 - 18 months	3	4%	83%
Still waiting adoption or guardian ship	12	15%	98%
Termination of Parental Rights is being appealed	2	2%	100%
Total	81	100%	

Source: State reporting from IDS and SHINES.

Figure IV-11
Three Reporting Periods of State Performance on Outcome 11
 (July 1, 2006 to December 31, 2008)



Source: State reporting from IDS and SHINES.

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

To prevent children from experiencing long-term foster care stays, Federal law requires states to file for termination of parental rights when a child has been in care for 15 cumulative months of the previous 22 months. There are three exceptions to this requirement. They are:

- The child is being cared for by a relative;
- The state has documented a “compelling reason” that filing a petition to terminate would not serve the child’s best interests; or
- The state has not made “reasonable efforts” to reunify the family.⁴¹

Furthermore, Federal regulations state and DFCS policy advises, that a “compelling reason” must be based on the individual case circumstances guided by what is in the best interest of the child.⁴² Examples of compelling reasons provided in Federal regulations include:

- Adoption is not the appropriate permanency goal for the child;
- No grounds to file a petition to terminate parental rights exist; and,
- The child is an unaccompanied refugee minor.⁴³

DFCS policy offers these additional examples:

- The child is 14 (or older), has been counseled about the decision and its ramifications,

⁴¹ Adoption and Safe Families Act, see also Social Services Manual Chapter 1000, Section 1002.7, Georgia Department of Human Resources

⁴² See Social Services Manual, Section 1002.12.3, 1002.17, and 1013.11 Georgia Department of Human Resources

⁴³ See the website http://ncsconline.org/WC/FAQs/Print/Prt_TermPRFAQ.htm

-
- and maintains his/her objection to being adopted;
 - The child is in a residential treatment facility where his/her therapeutic needs are being met; adoption is unlikely or undesirable at a given time; and,
 - The child has spent a significant portion of his life in the home of his parents and has a positive and meaningful attachment to them.

The Consent Decree Outcome 15 stipulates that by Period IV (December 2007), 95 percent of children who reach their 15th month in care will have had either 1) a petition for the termination of parental rights filed as to both parents or legal caregivers, as applicable, or 2) documented compelling reasons in the case record as to why such action is not in the best interest of the child.⁴⁴

a. Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in Period VI. Appendix B provides a summary of previously resolved interpretation and measurement issues. The measurement of Outcome 15 is based on the entire population of children who had reached or were beyond their 15th month in custody out of the previous 22 months in Period VI. As in previous periods, the Accountability Agents reviewed the compelling reason provided from the case file for each child and compared it to past information. Information from the Period VI case records of the 180 children in the foster care sample was compared to the information provided by the counties as another means of verifying the report provided by the counties. During the analysis of these reasons, the Accountability Agents collapsed the reasons into the categories used in Table IV-8. During Period VI, there were 1244 children who had reached or surpassed their 15 month in custody out of the last 22 months. Although 295 of these children were discharged by the end of the reporting period, they were included in the analysis. A portion of children were excluded from the Outcome 15 performance measurement based on the exceptions identified in Federal law: 269 children were in relative placement settings and 2 children for whom the Court had determined the State had not made reasonable efforts to reunify with their families.

b. State Performance

- **The State Met Outcome 15 Threshold**

For Outcome 15, **95 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 compelling reasons why it had not taken such action by December 31, 2008. This represents the States best performance on this outcome since it went into effect in Period II, and the first time the final outcome standard of 95 percent has been achieved. Figure IV-12 displays the State's performance on Outcome 15 for the five reporting periods to which the Consent Decree

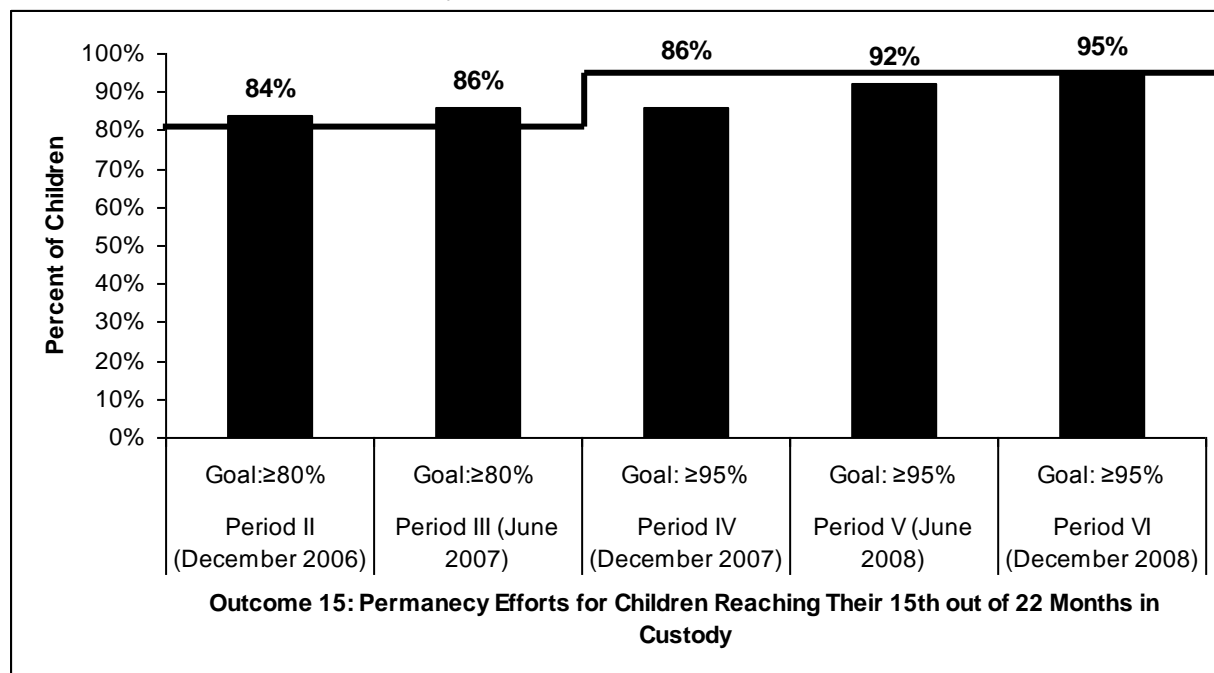
⁴⁴ See p 34, Outcome 15, of the Consent Decree.

standards applied. Table IV-8 summarizes the different components of the counties' Period VI performance as analyzed from the data in their tracking systems.

The majority of reasons cited for not filing to terminate parental rights 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 even after more than one failed effort. A portion of the children were over 14 and did not want to be adopted.

The Accountability Agents believe the achievement of this performance standard is in large part the result of county efforts to track and update the case status every six months as they compile the report for submission to the Accountability Agents for verification and discussion. In addition, the Accountability Agents have helped the State facilitate several conversations about this federal and Consent Decree requirement, providing guidance from strategies used by other jurisdictions. The supporting detail for the "compelling reasons" has clearly improved since the Accountability Agents first started monitoring this Outcome.

Figure IV-12
Five Reporting Periods of State Performance on Outcome 15
 (July 1, 2006 to December 31, 2008)



Source: County data, verified.

Table IV-8
Status of Children Who Had Been in DFCS Custody 15 of the previous 22 months
As of December 31, 2008

Category		Total		
		Number	Percent	Cumulative**
Children who reached or surpassed their 15 th month in custody in the last 22 months July 1 through December 31, 2008		1244		
Excepted subpopulation (s)				
<i>Children placed with relatives</i>		269		
<i>The State has not made reasonable efforts to reunify the family</i>		2		
Number of Children for Outcome 15 Measurement		973*		
Parental Rights of Both Parents have been terminated or relinquished		319	33%	33%
DFCS has filed a petition to complete the termination of the parental rights of both parents or caregivers where applicable		25	3%	35%
There is a documented compelling reason for not terminating parental rights		577	59%	95%
Reasons cited	Number			
Child is age 14 or older and does not wish to be adopted	154			
Reunification remains the goal and parents are completing plan or child has a close bond with family and relatives remain a viable permanency option;	344			
Child behavior/special need, medical fragility, etc, making TPR at this time inappropriate	74			
Other (unique circumstances or a combination of the two or more of the reasons given, or incarcerated parent, etc)	5			
There is no documented Compelling Reason not to file a petition to terminate parental rights before December 31 or date of discharge		15	2%	96%
There are plans to terminate parental rights, but a petition had not yet been filed as of December 31 or date of discharge		35	4%	100%

Source: SHINES and County tracking systems; *295 children were discharged from this pool during Period VI;

** Minor discrepancies in percentages are the result of rounding

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, case plans are to be initially reviewed by the court or designated panel within six months and every six months in custody thereafter.⁴⁵ Outcome 27 stipulates that at least 85 percent of the children are to have timely semi-annual reviews of their case plan.

a. Interpretation and Measurement Issues

There were no interpretation or measurement issues in Period VI. The measurement of Outcome 27 is based on the sample of 180 children in foster care at any time between July 1 and December 31, 2008. The outcome 27 analysis was applicable to 136⁴⁶ children (76%) in the sample of 180 children in foster care who had been in custody six months or more. Forty-three children had been in custody less than six months and one child was on run away status the whole review period.

b. State Performance

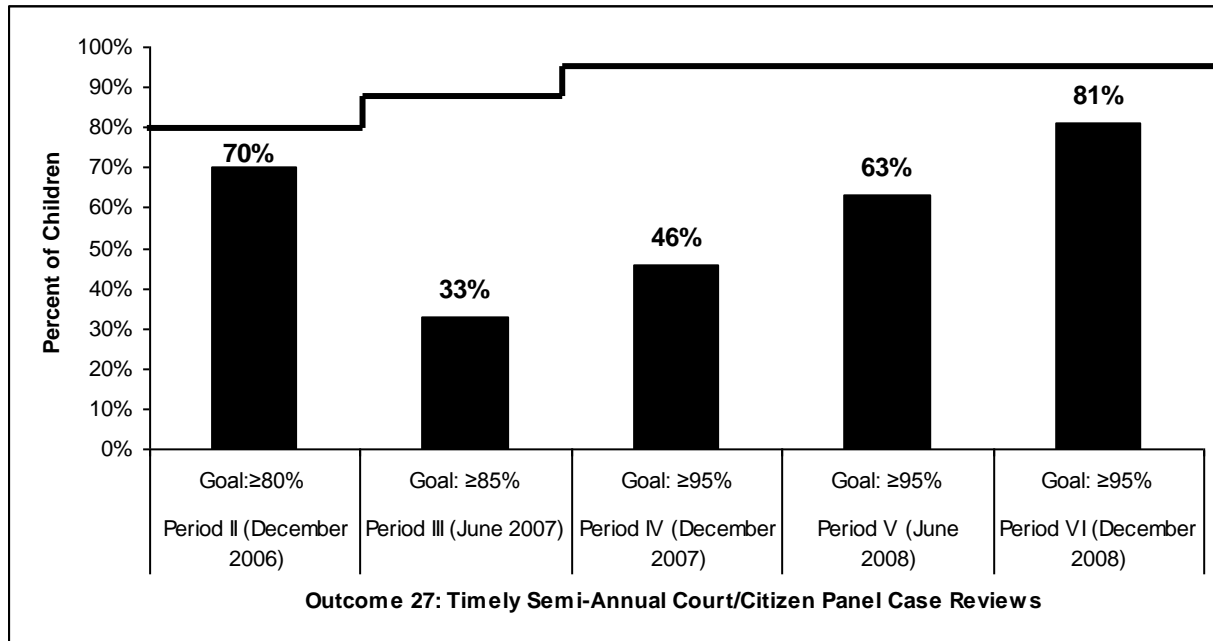
- **The State Fell Short of the Outcome 27 Threshold**

Case file documentation indicates that 110 children (81%) of the 136 children in the foster care sample in custody for six months or more had documented timely case plan reviews completed by the Juvenile Court or Juvenile Court Review Panel (JCRP) or a timely request for review by December 31, 2008. This performance once again represents a substantial improvement over previous periods because it is outside the statistical margin of error for the sample. It is the best State performance to date for this Outcome. However, the Period VI performance remains below the performance threshold of 95 percent for this outcome. Another nine children (7%) had a plan reviewed but not within six months of entry or the previous case plan review and eight children had one review in the calendar year 2008. Fifteen of the 136 children due one or more reviews had no documentation of a plan review in the 12-month period January through December 2008, but one had a timely request for a review. Figure IV-13 displays the State's performance for the five reporting periods to which the Consent Decree standards applied.

⁴⁵ See p. 7, paragraphs 4A.4 and pp. 7-8, paragraphs 4B.1-6, and p. 37, Outcome 27, of the Consent Decree.

⁴⁶ Conclusions drawn from the 136 would be subject to a margin of error of ± 8 percent.

Figure IV-13
Five Reporting Periods of State Performance on Outcome 27
 (July 1, 2006 to December 31, 2008)



Source: Review Period Foster Care Case Record Reviews

In total, the plans of 125 children in the foster care sample (92%) received a review by either the Juvenile Court or the JCRP sometime between January and December 2008. These included the reviews considered timely for Outcome 27 as well as those that were not timely and three reviews held early for children not in custody 6 months. Among the 125 reviews, DCF sought a permanency plan change for 23 children (18%). There were court orders documenting Court approval for 50 (40%) of the plans in the 125 reviews. Approval of the remaining plans could not be confirmed because there were no subsequent court orders or the orders did not indicate approval or rejection of the plans by the court. Table IV-9 provides information documented in the case files regarding the 125 most recent six-month reviews occurring between January and December 2008.

Table IV-9
Characteristics of Six-month Case Reviews
n=125

(most recent plans reviewed between January-December 2008)

Characteristic	Number	Percent
Participants		
Birth Mother	50	40%
Birth Father	18	14%
Child	36	29%
Relative caregivers/ Extended Family Members	26	21%
Foster parents/placement providers	52	42%
DFCS case manager	112	90%
DFCS supervisor	15	12%
Other DFCS representative	9	7%
CCFA provider	2	2%
Private agency case manager	20	16%
Medical and mental health professionals	7	6%
Parents' attorney(s)	14	11%
SAAG (State Assistant Attorney General)	24	19%
Child's advocate	53	42%
Elements Evaluated/Considered		
Necessity and appropriateness of child's placement	103	82%
Reasonable efforts made to obtain permanency	100	80%
Degree of compliance with specific goals and action steps	79	63%
Progress made in improving conditions that caused removal	56	45%
Changes that need to be made to plan	21	17%
County recommendations	41	33%
Parent recommendations	7	6%
JCRP conducted review	91	73%
Total JCRP reports submitted (percentage based on n=125)	83	91%
Number of reports with Panel findings (percentage based on n=83)	82	99%
Number of reports with Panel recommendations (percentage based on n=83)	82	99%
Number of reports with County findings (percentage based on n=83)	62	75%
Number of reports with County recommendations (percentage based on n=83)	56	67%
Court conducted review (percentage based on n=125)	34	27%
Plan adopted by Juvenile Court (percentage based on n=125)	50	40%

Source: Case Record Review, February-March 2009

Outcome 28 – Timely Annual Judicial Permanency Reviews

According to Federal and State policy and the Consent Decree, children are expected to have a judicial permanency hearing at least every 12 months they are in custody.⁴⁷ These hearings are held to determine whether the State is making reasonable efforts to help children achieve permanency.

a. Interpretation and Measurement Issues

There were no interpretation or measurement issues in Period VI. The measurement of Outcome 27 performance is based on the sample of 180 children in foster care at any time between July 1 and December 31, 2008. The outcome 28 analysis was applicable to 104 children (58%) in the sample of 180 who had been in custody 12 months or more.⁴⁸

b. State Performance

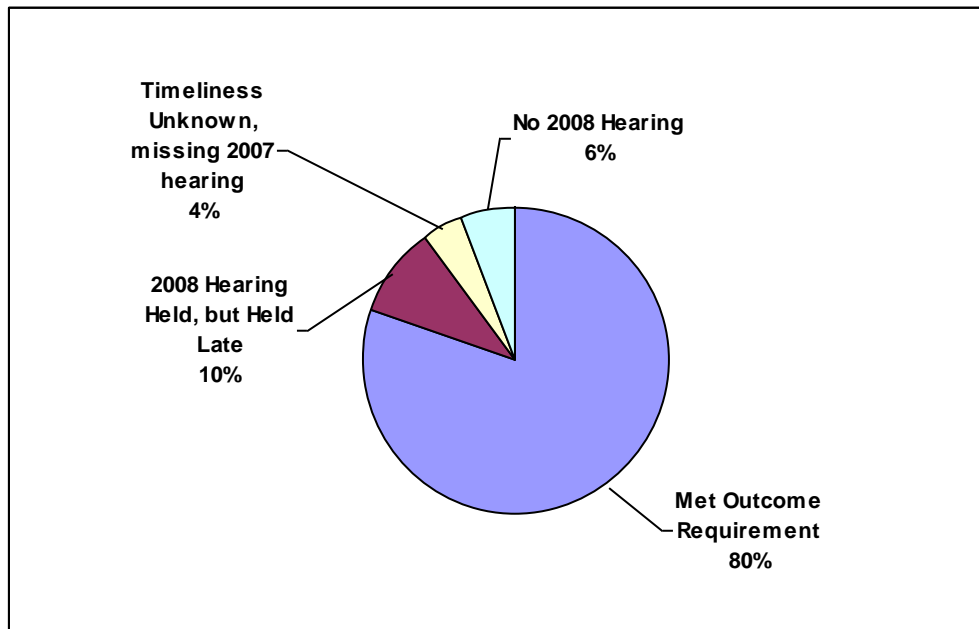
- **The State Fell Short of the Outcome 28 Threshold**

For Outcome 28, 84 children (81%) of the 104 foster children in the sample who were 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 12 months had expired. This is about the same as the Period V performance of 83 percent because it is within the statistical margin of error for the subsample. However, the performance threshold for this outcome is 95 percent. Eighty-three children had a permanency hearing within 12 months of entry or the previous twelve-month permanency hearing. Another child had a timely petition for permanency hearings but a continuance delayed the hearing. Among the remaining 20 children who did not appear to have a timely permanency hearing or a petition for one, five children had a hearing within 13 months, and another five children had them within 60 to 90 days after they were due. The timeliness of the hearings could not be established for four children because there was insufficient documentation about 2007 hearings. Six children did not appear to have had the required hearings. Figure IV-14 illustrates the proportion of records in each category. Figure IV-15 illustrates the State's performance for this Outcome over the five reporting periods to which the Consent decree standard applied.

⁴⁷ See p. 9, paragraph 4B.10, and p.37, Outcome 28, of the Consent Decree.

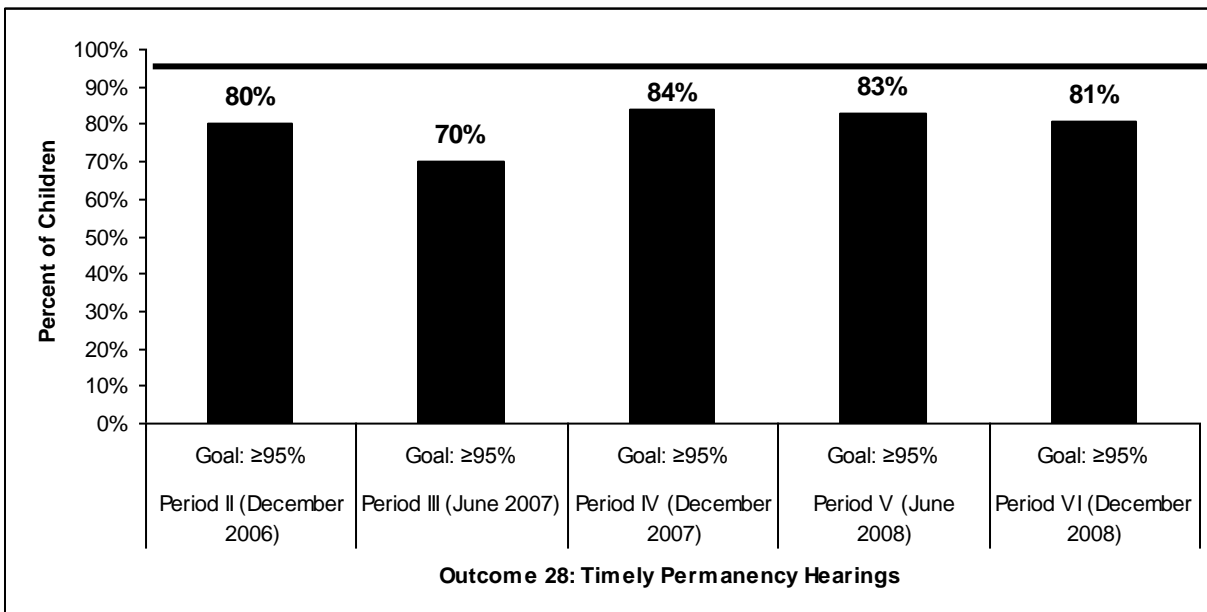
⁴⁸ Conclusions drawn from the subsample of 104 children are subject to a margin of error of ±9 percent.

Figure IV-14
Timeliness of Permanency Hearings
n=104



Source Case Record Review, February –March 2009

Figure IV-15
Five Reporting Periods of State Performance on Outcome 28
(July 1, 2006 to December 31, 2008)



Source: Review Period Foster Care Case Record Reviews

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

Placement with relatives has been demonstrated to help children have placement stability⁴⁹ 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 achieve permanency. These requirements include regular parental visitation with children who have the permanency goal of reunification;⁵⁰ internal DFCS permanency reviews for children who reach their 13th month in custody, and county-state staffings for children who reach their 25th month in custody.⁵¹

1. Placement with Relatives

Of the 180 children in the foster care sample, 41 (23%) were had been placed with relatives on December 31, 2008 or the last date the children were in custody. Children placed with family were in a combination of relative homes, relative homes licensed and reimbursed for foster care, and with their parents.

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

a. 13th month Permanency Reviews

The State reports that regularly scheduled reviews of progress toward permanency take place in each county for children who reach their 13th month in care. These reviews are conducted by a team of three quality improvement specialists and an administrative program assistant. 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.

To demonstrate that permanency reviews are being conducted as stipulated in the Consent Decree, the State team conducting the reviews produces quarterly reports on this activity and provides them to Accountability Agents. The information in Table IV-10 is taken from the State's quarterly reports. The Accountability Agents did not attempt to verify the State reported data in Period VI.

Table IV-10 summarizes some of the characteristics of the 13th month permanency review practice as reported by the State. Based on the State's own tracking and reconciliation, all but four applicable children (2%) received a timely 13th month permanency review between July and December 2008. Three of the four children were in a sibling group that was passed over

⁴⁹ Zinn, Andrew, DeCoursey, Jan, Goerge, Robert M., Courtney, Mark E. *A Study of Placement Stability in Illinois*, Chapin Hall Center for Children, 2006.

⁵⁰ See p 6, paragraph 4A.6vi, of the Consent Decree for visitation planning in Family Team Meetings. Visitation schedules are also an element of DFCS case planning.

⁵¹ See p. 9-10, paragraphs 4C.1-5, of the Consent Decree.

because they did not appear on the list of cases from SHINES. These siblings were reunified in September 2008 at approximately their 16th month. Another child was omitted from the list for a December 2008 review and will be incorporated into the Period VII reviews. A total of 256 cases (98%) were reviewed during Period VI. Key findings from state-tabulated data include the following:

- The proportion of cases in which the State reviewers concurred with the county permanency plan increased in Period VI as the reviewers concurred with 67 percent of the case plans compared to 62 percent in Period V. The concurrence rate was not consistent over the period as it was considerably lower for those cases reviewed October through December compared to those reviewed July through September.
- Overall, 121 cases (47%) were staffed with the counties. The number staffed included 37 cases where the review team had concurred with the permanency plan.
- The proportion of cases with current case plans has continued to increase with 80 percent of the 256 cases having current case plans compared to 73 percent in period V.
- The practice of convening a Family Team Meeting before a review has declined. In Period V, 44 percent of the cases had Family Team Meetings within 90 days of the 13th month review and in Period VI, 39 percent had had such meetings.

b. 25th Month County-State Staffings

In addition to the 13th month permanency reviews, the State reported holding State/county staffings for all children (100%) required to have a 25th month staffing between July and December 2008 and who remained in custody throughout the month. A total of 134 staffings were held. During Period VI, the Permanency Review team started collecting more detailed information about the 25th month staffings than it had in the past and produced the following findings:

- Among the 134 children who had a 25th month staffing, 120 children (90%) had had a 13th month permanency review and 66 children (49%) had also had a staffing as part of the 13th month review.
- Looking back, the 25th month reviews found that 13th month staffing recommendations had been implemented for 43 of the 66 children (65%). In 28 of the cases that had implemented the recommendations, the 25th month staffing reflected progress toward achieving permanency since the 13th month review.
- The permanency goal had changed for 79 percent of the children since the 13th month review. The 25th month staffings concluded that the current goal was supported by the case circumstances for 91 percent of the children. At those reviews, approximately one third of the children had the goal of adoption, about another third continued to have a goal of reunification, about 20 percent had the goal of living with a relative or guardianship and the remaining proportion had the goal of Another Planned Living Arrangement.

- Among the 45 children with the goal of adoption, 33 children (73%) have an identified adoption resource. The court has been petitioned to terminate the rights of the parents of all but one of the children with the adoption goal.

As the evaluation of the Permanency Roundtables is completed, the Accountability Agents encourage the State to incorporate the learning from the Roundtables into this review process to both strengthen it and avoid duplicative efforts. The State may also wish to consider moving the Permanency Review Team to the newly created DFCS Permanency Office.

Table IV-10
13th Month Permanency Review Implementation
July 1 and December 31, 2008

	July-September		October-December		Full Period	
	No.	%	No	%	No	%
Total Cases Reviewed	145		111		256	
Reviewer Concurrence with goal and plan	91	63%	81	73%	172	67%
Permanency Goal						
Reunification	113	78%	73	66%	186	73%
Permanent Placement with relative	8	6%	5	5%	13	5%
Adoption	17	12%	21	19%	38	15%
Guardianship	2	1%	2	2%	4	2%
Another planned arrangement	5	3%	9	8%	14	5%
No identified goal before review			1	<1%	1	<1%
Totals	145	100%	111	100%	256	100%
Practice Findings						
Cases with current case plans	120	83%	85	77%	205	80%
Cases with "Family Team Meetings" (FTM) within the last 90 days	50	34%	51	46%	101	39%
FTMs with parents/legal guardians involved (percentages based on the number of FTMS)	25	50%	14	27%	39	39%
FTMs with relatives involved (percentages based on the number of FTMS)	13	26%	18	35%	31	31%
FTMs with foster parents involved (percentages based on the number of FTMS)	18	36%	19	37%	37	37%
FTMs had recommendations specific to Child/Family needs (percentages based on the number of FTMS)	47	94%	45	88%	92	91%

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

C. Post Adoption Assistance

The State reports that 68 children were adopted during the last half of 2008. According to data obtained from the Office of Adoptions, 97 percent of those children were receiving or were scheduled to receive monthly Adoption Assistance benefits and Medicaid. This is an increase from 86 percent in Period V. All families receiving the monthly adoption assistance are also eligible to receive additional benefits to cover non-recurring expenses. Among the 66 families, half had received these benefits in Period VI and two children are receiving day care services. The Accountability Agents did not verify this information.

Part V WELL-BEING

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

Foster care is intended to be a temporary arrangement for children. During the time a child is in care, not only does he or she deserve to be safe, but the child also needs to be nurtured. The Consent Decree establishes six outcomes that have a focus on children's well-being. This chapter reports on the State's performance on these outcomes and the practice in assessing and meeting the needs of children in care. Corrective State actions to be taken in Period VI and subsequent reporting periods under a negotiated agreement between the State and the Plaintiffs' Counsel are summarized at the end of this part.

A. Outcome Performance

Table V-1 below provides the summary of measured performance for each of the six Well-Being Outcomes. The discussion following the table provides a more detail description of State performance. This discussion includes a summary of the Consent Decree requirements, interpretation and measurement issues associated with the outcomes, and contextual information as necessary for better understanding the State's performance at the end of Period VI. This part also includes charts which display the State's performance trends over the six reporting periods to date.

**Table V-1
Well-Being Outcomes**

Children Experience Stable Placements and Worker Continuity	Period VI Performance
Outcome 17: At least 95% of all children in care shall have had 2 or fewer placement moves during the prior 12 months in custody.	91%
Outcome 18: At least 90% of all children in care at a point in time during the reporting period shall have had 2 or fewer DFCS placement case managers during the prior 12 months in custody. This measure shall not apply to cases that are transferred to an adoption worker or Specialized Case Manager; case managers who have died, been terminated, or transferred to another county; or case managers who have covered a case during another case manager's sick or maternity leave.	91%
Outcome 20: 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.	48%
Outcome 22: 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.	68%

Children and Youth Receive the Services they Need	Period VI Performance
Outcome 24: The percentage of youth discharged from foster care at age 18 or older with a high school diploma or GED will increase over baseline by 20 percentage points.	46.8%
Outcome 30: At least 85% of children in care shall not have any unmet medical, dental, mental health, education or other service needs, according to the service needs documented in the child's most recent case plan.	75%

1. **Children Experience Stable Placements and Worker Continuity: Outcomes 17, 18, 20 and 22**

The Consent Decree stipulated four Outcomes (17, 18, 20, and 22) related to children experiencing a stable placement, case manager continuity, and regular case manager visitation that have performance thresholds to be achieved and sustained.

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 into another setting. With Outcome 17, the Consent Decree establishes a threshold for placement stability by requiring that at least 95 percent of children in custody have 2 or fewer placement moves during the most recent 12 months in custody.⁵²

a. Interpretation and Measurement Issues

No new interpretation issues were encountered in Period VI. Appendix B provides a summary of previously resolved interpretation and measurement issues. The measurement of Outcome 17 performance is based on the sample of 180 children in foster care at any time between July 1 and December 31, 2008.

b. State Performance

• **The State Fell Short of the Outcome 17 Threshold**

For Outcome 17, 163 (91%) of the 180 children in the foster care sample experienced two or fewer moves during the previous 12 months in custody. The performance threshold is 95 percent for this outcome. Table V-2 provides a breakdown of the number of placement moves

⁵² See p. 35, Outcome 17 of the Consent Decree

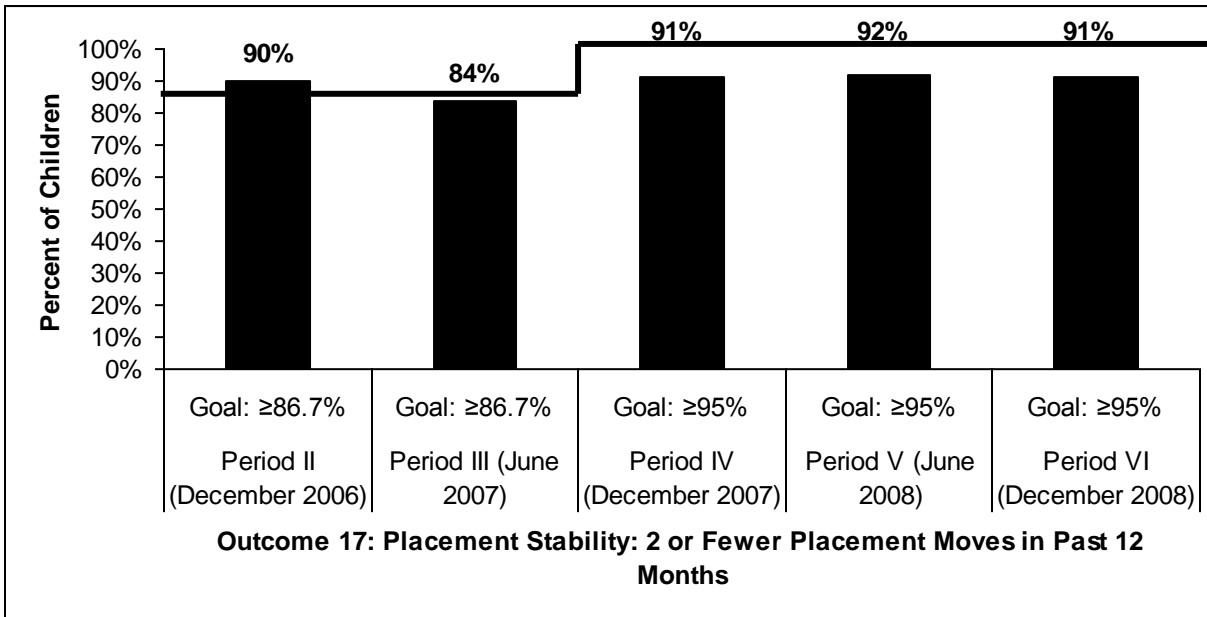
experienced by the children in the foster care sample. File documentation attributes the majority of multiple moves to the children's behavioral instability. In some cases, the diagnosis for the behavior is clearly documented (Bi-polar disease, Attention Deficit Disorder, Oppositional Defiant Disorder, etc.), but often times, foster parents and facilities simply note they cannot manage the child's behavior. In some instances the move reflects a "step down" to a less restrictive but still therapeutic environment or placement with a relative. Figure V-1 illustrates the State's performance over the five reporting periods to which the Consent Decree standards applied.

Table V-2
Number of Placement Moves Experienced by Children in the 12 months prior to December 31, 2008 or the Last Date of Custody
n=180

Number of Moves	Number	Percent	Cumulative Percent
No Moves	101	56%	56%
One Move	48	27%	83%
Two Moves	14	8%	91%
Subtotal	163		
Three Moves	7	4%	94%
Four Moves	3	2%	96%
Five Moves	1	<1%	97%
Six Moves or more	6	3%	100%
	180	100%	

Source: Case Record Review, February – March 2009.

Figure V-1
Five Reporting Periods of State Performance on Outcome 17
 (July 1, 2006 to December 31, 2008)



Source: Review Period Foster Care Case Record Reviews

Outcome 18 – Worker Continuity

Worker continuity also contributes to a child achieving permanency more quickly and to a child’s well-being while in care. Worker transition can often lead to a delay in service delivery and court reporting while the new worker is “coming up to speed” on the child’s case and getting to know the child and family. 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 a case manager is out on sick leave. The Consent Decree also allows for the child’s one-time transfer to a Specialized or Adoptions case manager.⁵³

a. Interpretation and Measurement Issues

No new interpretation issues were encountered in Period VI. Appendix B provides a summary of previously resolved interpretation and measurement issues. The measurement of Outcome 18 performance is based on the entire population of children in DeKalb and Fulton county custody on December 31, 2008. Measurement in Period VI used SHINES as the primary source of data. SHINES requires a child to be assigned to a case manager, supervisor, or administrator at all times. Therefore, when a new case is opened, it will initially be assigned to a supervisor or program administrator who is responsible for assigning the case to a case manager. This “pass through” process may only last a period of minutes or hours, but it might last a period of days.

⁵³ See p. 35, Outcome 18, of the Consent Decree.

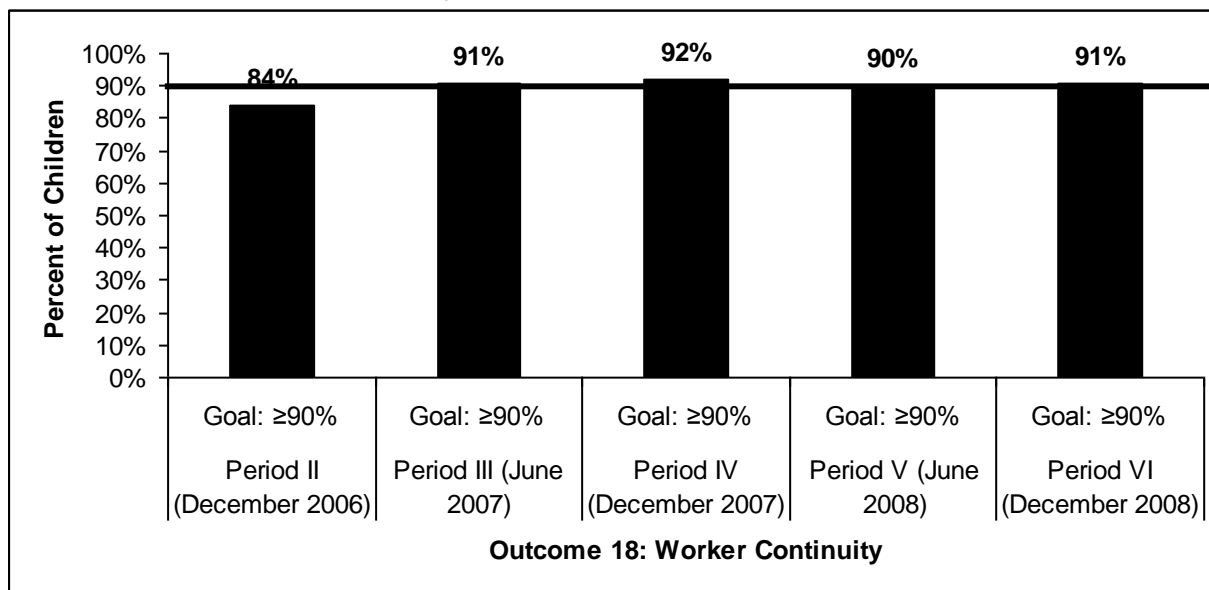
If a case is opened on a Friday, it may not be officially assigned to a case manager until Monday morning. The same process is in effect when a case manager leaves or goes on leave: cases are temporarily assigned to supervisors or program administrators. This is a dynamic process and a report generated at any point in time will reflect a different set of cases assigned to supervisors or administrators. To address this issue, a supervisor or program administrator was not counted as the primary individual responsible for the case if the case was associated with the supervisor or administrator for 5 business days or less. If the period was longer, the supervisor or administrator was counted as one of the case managers a child had in the 12-month period.

b. State Performance

- **The State Met the Outcome 18 Threshold**

For Outcome 18, **91 percent** of the 1752 children in custody on December 31, 2008 had 2 or fewer placement case managers since January 1, 2008, once the allowable exceptions were taken into account. The performance threshold for this outcome is 90 percent. Figure V-2 illustrates the State's performance on this outcome over the five reporting periods to which the Consent Decree standard applied.

Figure V-2
Five Reporting Periods of State Performance on Outcome 18
 (July 1, 2006 to December 31, 2008)



Source: State systems: IDS and SHINES and county records

Outcome 20 – Case Manager Visits with Children

Visits are an opportunity to engage children and assess their safety and well-being and address the trauma they are experiencing or from which they may be healing. Frequent quality visits can increase the case manager's knowledge about the children and inform how best to pursue permanency for them. As stipulated in the Consent Decree, visits should be used to monitor and document the *"child's adjustment to placement, the appropriateness of placement to meet the child's needs, the receipt of appropriate treatment and services by the child, the child's safety, and service goals."*⁵⁴

To achieve the Outcome 20 performance threshold, case managers must have at least two visits per month with children in foster care, each and every month of the previous 12 months in custody and the nature of the twice monthly visits are defined very specifically. At least one of the visits is to be a "private face-to face visit with the child *in the child's home/placement.*"⁵⁵

a. Interpretation and Measurement Issues

No new interpretation issues were encountered in Period VI. Appendix B provides a summary of previously resolved interpretation and measurement issues. The measurement of Outcome 20 performance is based on the sample of 180 children in foster care at any time between July 1 and December 31, 2008. Two children were excluded from the analysis. One child was placed out of state through the Interstate Compact for Placement Children (ICPC) and another child was on runaway status the entire period under review. The analysis, therefore, was based on 178 children.

b. State Performance

- **The State Fell Short of the Outcome 20 Threshold**

Case managers met the Outcome 20 criteria for twice-monthly visits each and every month of the previous 12 months for **48 percent** of the children in the sample of foster care children in Period VI. This performance is a substantial improvement over the Period V performance of 36 percent. The threshold for this outcome is 95 percent. In Period VI, nearly three-quarters (73%) of the children saw their case managers twice a month for 11 or more months out of 12 months. Table V-3 displays the number of months in which visits meeting the Outcome 20 definition were conducted for 178 children, with adjustments for those children who were actually in custody less than 12 months. One child did not appear to have had any required visits because the child did not have an in-placement visit during the 10 days spent in custody in December 2008; however, the child was visited outside of the placement setting. Figure V-3 illustrates the State's performance on this outcome over the four of five reporting periods to which the

⁵⁴ Ibid.

⁵⁵ See p. 19, Section 5D of the Consent Decree

Consent Decree standard applied.⁵⁶ The figure shows both the percentage that met the visitation requirements fully and the proportion for which the twice monthly visitation requirement was missed for only one month of the previous 12.

The steady improvement on this outcome is encouraging but not unanticipated as the counties have been tracking this effort every month since July 2006. Further analysis reveals that overall, 134 children (75%) received an *average* of two visits per month with 37 children (15%) receiving an average of three or more visits. These averages include visits that met the Consent Decree requirements and those that did not. The disparity between these rates and the official Outcome 20 performance measure demonstrates the impact of the Consent Decree-specified measurement methodology which only “counts” children that received two of the prescribed visits in each and every month of the preceding 12.

Furthermore, much of the documentation reflects a high degree of quality interaction between case managers and children during the visits. In addition to seeing children and youth in their placement settings, case managers are going to schools and day care centers to meet with children and they are using family and sibling visits as opportunities to observe how the children interact with other family members. Typically, case manager visits with the children focused on the safety of the children (93% of visits) and the child’s adjustment to the placement setting both with the child and the caregiver (94% of visits). Over 75 percent of the visits also gathered information about the progress of services and goals to be achieved. The Accountability Agents believe the next practice step for the counties is to help case managers and supervisors reflect on the information gathered in these visits to expand their assessment of need and to ensure follow-up with services.

⁵⁶ The case manager-child visitation analysis was slightly different in Period II, therefore there is not a comparable set of data points to include in Figure V-3.

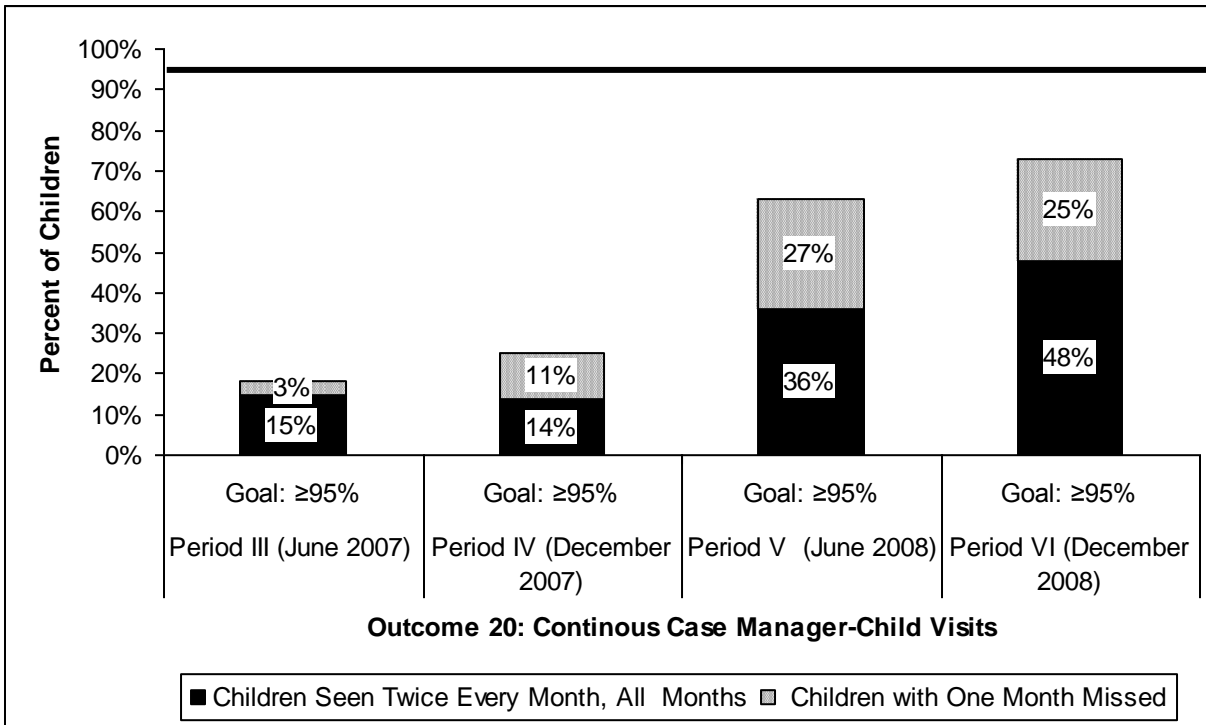
Table V-3
Continuous Case Manager Visitation with Children as Stipulated in Outcome 20:
Visitation Pattern over the 12 months prior to
December 31, 2008 or last date of custody

n=178

Number of Months Achieving Two Visits per Month That Meet the Outcome 20 Definition	Number of Children	Percent	Cumulative Percent
12 of 12 months	86	48%	
11 of 12 months	44	25%	73%
10 of 12 months	19	11%	84%
9 of 12 months	12	7%	90%
8 of 12 months	6	3%	94%
7 of 12 months	3	2%	96%
6 of 12 months or less frequent visitation meeting the requirement	7	4%	99%
0 of 12 months meeting the visitation requirement (child in custody 20 days, received one visit outside of placement)	1	<1%	100%
TOTAL	178	100%	

Source: Case Record Review, February-March 2009.

Figure V-3
Four Reporting Periods of State Performance on Outcome 20
(January 1, 2007 to December 31, 2008)



Source: Review Period Foster Care Case Record Reviews

Outcome 22 – Case Manager Visitation with Substitute Caregivers

The Consent Decree requires case managers to visit once a month with placement caregivers.⁵⁷ This includes foster parents, group home and institutional staff and others charged with the responsibility of caring for children in DFCS custody. In situations where the child has been returned home but remains in DFCS custody, “caregivers” refers to the birth parents or other reunification resources.

a. Interpretation and Measurement Issues

No new interpretation issues were encountered in Period VI. Appendix B provides a summary of previously resolved interpretation and measurement issues. The measurement of Outcome 22 performance is based on the sample of 180 children in foster care at any time between July 1 and December 31, 2008. The same two children that were excluded from the Outcome 20 analysis were excluded for this analysis.

⁵⁷ See p. 36, Outcome 22 of the Consent Decree

b. State Performance

- The State Fell Short of the Outcome 22 Threshold**

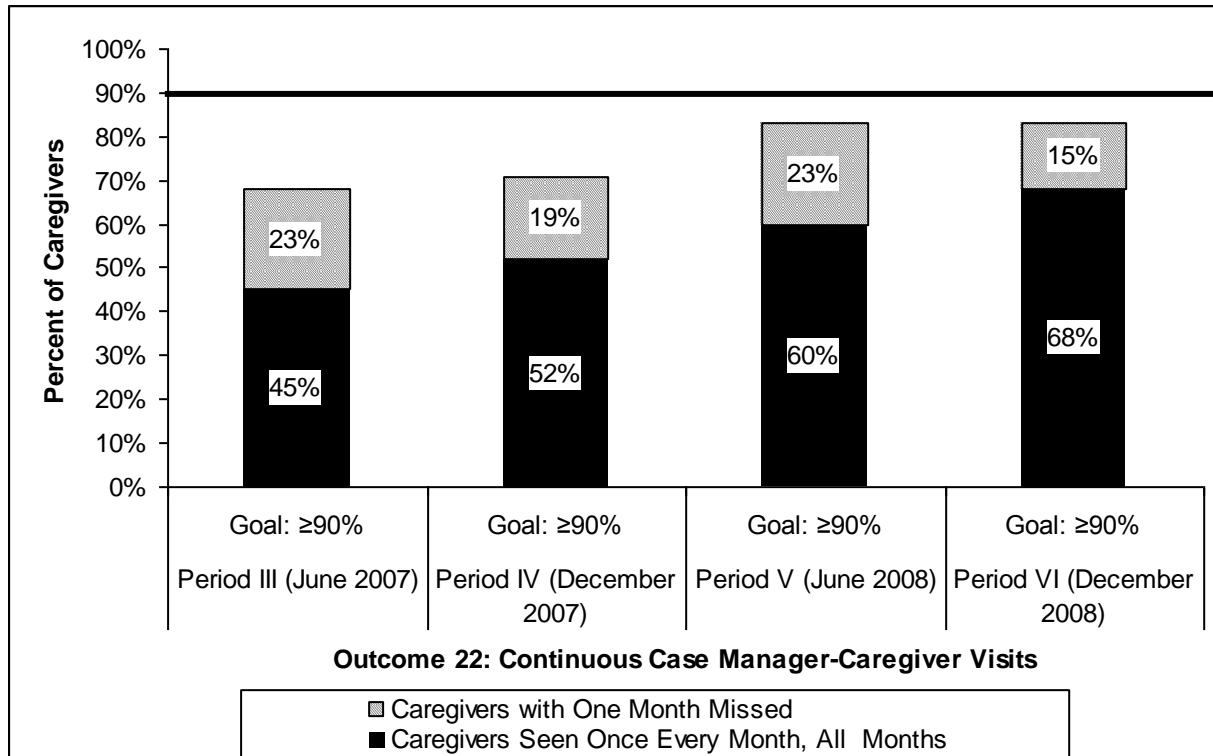
For Outcome 22, **68 percent** of the children had caregivers who were visited by case managers at least once each and every month in the 12 months prior to December 31, 2008 or the last date in custody. The performance threshold for this outcome is 90 percent. The Period VI performance is an improvement over Period V performance of 60 percent, although the improvement is within the margin of error. Case managers appeared to miss the threshold by one month with another 26 caregivers. Therefore, 83 percent of the caregivers saw the child's case manager each and every month, 11 months or more of the previous 12. Table V-4 summarizes the pattern of case manager visitation with caregivers. Figure V-4 illustrates State performance over the four reporting periods to which the Consent Decree standard applied.

Table V-4
Case Manager Visits with Placement Caregivers over the 12 months preceding
December 31, 2008 or Last Date of Custody
n=178

Proportion of Monthly Case Manager Visits with Substitute Caregivers	Number	Percent	Cumulative Percent
All required sequential monthly visits	121	68%	
All but one monthly visit (missed one month among applicable months)	26	15%	83%
All but two monthly visits (missed two months among applicable months)	14	8%	90%
Some Visits	16	9%	99%
No visits (child was in custody 20 days, case manager had telephone contact with placement caregiver during that time)	1	<1%	100%
Total caregivers	178	100%	

Source: Case Record review, February-March 2009.

Figure V-4
Four Reporting Periods of State Performance on Outcome 22
 (January 1, 2007 to December 31, 2008)



Source: Review Period Foster Care Case Record Reviews

2. Children and Youth Receive the Services They Need: Outcomes 24 and 30

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

Outcome 24 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.”⁵⁸ By the end of the fourth period (December 2007), this Outcome called for the State to increase by 20 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.

The baseline 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. At the end of Period II, 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. At the end of Period IV, the State

⁵⁸ See p. 36, paragraph 24 of the Consent Decree

reported that 25 percent of the youth who left DFCS care at age 18 or older between January 1, 2007 and December 31, 2007 graduated from high school or achieved a GED.

a. Interpretation and Measurement Issues

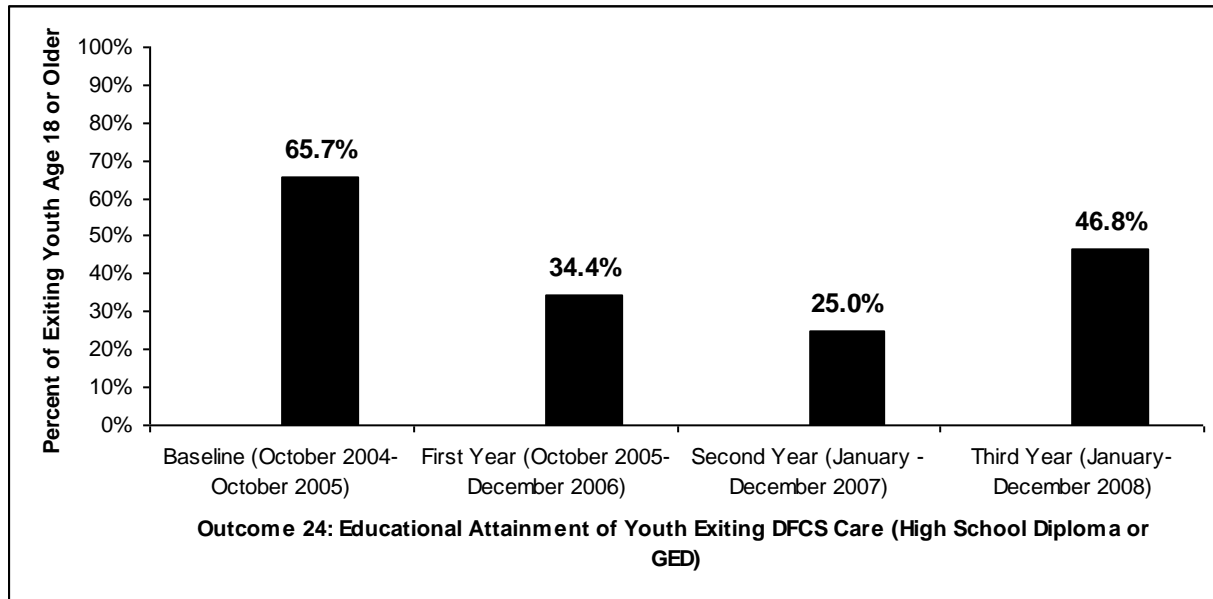
No new interpretation issues were encountered in Period VI. Appendix B provides a summary of previously resolved interpretation and measurement issues. The measurement of Outcome 24 performance is based on the all of the youth, age 18 or over who exited care any time between January 1 and December 31, 2008. Supporting documentation for the educational achievement is maintained by the counties, the State Department of Education, and the Technical College System of Georgia.

b. State Performance

• The State Fell Short of the Outcome 24 Threshold

The State reports that **46.8 percent** of the youth who left DFCS care at age 18 or older between January 1 and December 31, 2008 graduated from high school or achieved a GED. Although this performance is below the baseline, it is a significant achievement compared to the first two years of measurement after the baseline. This proportion is 12 percentage points higher than Year 1 and nearly 22 percentage points higher than Year 2. However, the third year performance remains below the baseline year performance by approximately 19 percentage points. Figure V-5 displays the State's performance compared to the baseline for the three years since the baseline measurement was taken.

Figure V-5
State Performance on Outcome 24 Compared to Baseline
(October 26, 2004 to December 31, 2008)



Source: County Records, State Department of Education, Technical College System of Georgia

The performance reflects continued State and County efforts to improve the Outcome 24 performance. Starting in Period V and continuing in Period VI, the state formed a work group to study the opportunities for and barriers to foster youth attaining a high school diploma or GED. This work group is headed by the educational consultant the State has employed and composed of the State Independent Living Program (ILP) Manager, county ILP coordinators, county educational advocates, and county and state *Kenny A.* implementation coordinators. Members of the work group believe their activity has served to raise the visibility and urgency of educational attainment for older youth in foster care.

One of its most significant work group accomplishments in Period VI was to establish a framework for strategically managing efforts to improve the counties' performance on Outcome 24. An initial work group task identified the population of youth who would be reaching age 18 between January 1, and December 31, 2008 and placed them into the following five cohorts based on the likely timing of their educational achievement:

- Cohort I were students who were scheduled to graduate in May 2008;
- Cohort II were youth were scheduled to graduated in the summer session;
- Cohort III were those youth who would be earning a 2-year college certificate between May and December 2008;
- Cohort IV were students returning to high school in the fall of 2008 with the potential of graduating by December 2008; and
- Cohort V were students in 4-year institutions.

Those youth who returned to school in the fall of 2008 received tutorial support. This effort was supported by the Nsoro Foundation. The Foundation is dedicated to providing support to children and youth in foster care. The majority of the Foundation's Atlanta-area tutoring slots are reserved for DFCS foster youth and 20 youth from DeKalb and Fulton have been referred. The educational consultant is also personally tutoring a small selected number of students attempting to earn their GEDs.

A second step in the strategic management of the cohort of youth who were 17 or older was to collect specific information about each youth including barriers to educational advancement and incentives that would encourage youth to persist with his/her efforts. This process has subsequently been expanded to include all youth aged 14 and over. It is intended to support targeted interventions with the youth.

Both counties have created separate caseloads for those youth who voluntarily return to State custody after reaching the age of 18. The case managers assigned to these caseloads are those that are better able to address the needs of this population.

This focused approach on the older youth and their educational attainment is likely an important contributor to the improved Outcome 24 performance in 2008.

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

The Consent Decree specifies that the needs to be considered for achieving Outcome 30 are those medical, dental, mental health, educational and other needs identified in the child's most recent case plan.⁵⁹ As noted in Chapter IV, case plans are to be developed within 30 days of a child's entry into foster care and updated every six months thereafter.

a. Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in Period VI. Appendix B provides a summary of previously resolved interpretation and measurement issues. The measurement of Outcome 30 performance is based on the sample of 180 children in foster care at any time between July 1 and December 31, 2008.

Among the 180 children in the sample, 162 children had one or more case plans in their records. Of the 18 children who did not have case plans in the files, two children had been in custody 6 months or more, six children had been in custody over 30 days but less than 6 months as of December 31, 2008 and another 10 had been in custody less than 30 days. Of the 162 plans, 139 (86%) had been developed within the seven months prior to December 31, 2008 or the child's discharge date. Another 22 (14%) were seven to 12 months old and one plan (less than 1%) was older than 12 months. One child was excluded from the analysis because he was on

⁵⁹ See p 38, Outcome 30 of the Consent Decree

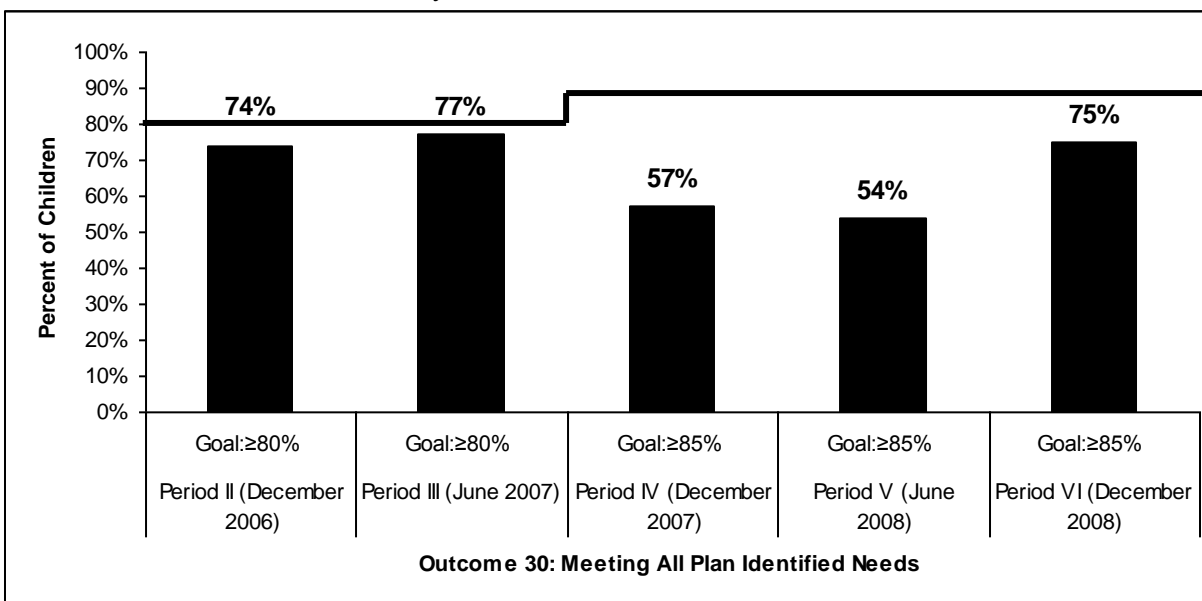
runaway status the entire review period. The total number of children included in the analysis, therefore was 161.

b. State Performance

• The State Fell Short of the Outcome 30 Threshold

Based on case file documentation and reviewer judgment, **75 percent** of the 161 children with plans reviewed had all needs that were identified in their most recent case plan met. The performance threshold for this outcome is 85 percent. This represented a substantial increase from the Period V performance of 54 percent and the Period IV performance of 57 percent. The improvement is greater than the statistical margin of error of the sample. Figure V-6 displays the State's performance over the five reporting periods to which the Consent Decree standards applied.

Figure V-6
Five Reporting Periods of State Performance on Outcome 30
(July 1, 2006 to December 31, 2008)



Source: Reporting Period Foster Care Case Record Reviews

Among the 161 plans analyzed for period VI, 159 had at least one routine or child-specific need identified. Nearly all children had at least routine medical and dental health needs cited in their plans. These routine needs include timely health and dental "well child" check-ups. The percentages of children who appear to have mental health needs documented was lower than in previous reporting periods but still within the statistical margin of error for the sample.

As reflected in Table V-5, the State has again been more successful in ensuring services are delivered for identified educational/developmental and mental health needs than other types of

need. However, the most substantial improvement has been in the area of meeting children's dental needs. The proportion of children with unmet dental needs dropped from 31 percent in Period V to 14 percent in period VI. Unmet medical and mental health needs are slightly less than in Period V. This performance likely reflects two factors. First, the counties have experimented with various strategies for improving the documentation of health and dental care as well as improving the actual receipt of the care. Second, as a result of apparent low performance in this area, the State instituted a corrective action to get all children in DeKalb and Fulton custody on September 16, 2008 "caught-up" with all overdue routine health screening and treatment. This effort is described at the end of this chapter. Not only did the effort attempt to ensure that children received the necessary service, it also spurred the counties to ensure they had the proper documentation for services delivered.

Table V-5
Needs Identified in Most Recent Case Plans and Degree Needs Met as of
December 31, 2008 or last Date of Custody

Children with Case Plans n=161			Children Received/Receiving Services N varies depending on need identified		
	Number	Percent		Number	Percent of identified need
One or More Need Identified (routine or child-specific)	159	99%	All Identified Needs Met (n=159)	120	75%
Frequency of different identified needs			Frequency of different needs being met		
Medical	156	98%		138	88%
Dental	155	97%		134	86%
Mental Health	133	84%		122	92%
Educational/ Developmental	149	94%		142	95%
Other	16	10%		13	81%

Source: Case Record Review, February-March 2009

B. *The Placement Experience*

This section describes characteristics and placement practices identified in the case record review of 180 children in foster care during the period July 1 through December 31, 2008. This includes the placement environment, the use of temporary placement settings, and case manager visits to children in new placements.

1. Placement Setting

There have been no significant changes to the placement process from that reported in the first monitoring report. Table V-6 provides the distribution of children among placement settings found in the case record review. When the different family settings are combined, 142 children (79%) in the sample were in family settings during their time in DFCS custody. These settings include family foster homes, relative foster homes, relative homes, and the homes of birth parents and guardians. Thirty-five children (19%) were in congregate care settings. Two youth were in detention/correctional facilities and a third child was in a medical hospital in Ohio for treatment of severe medical issues.

Table V-6
Placement Settings of Children in DFCS Custody
on December 31, 2008 or the last day of custody (or before running away)
(n= 180)

Placement Type	Frequency	Percent
Family Settings		
Foster Home (DFCS or Private Agency Supervised)	102	57%
Relative Home (Foster and non Foster Home)	36	20%
Parents/Guardian	4	2%
Congregate Care Settings		
Emergency Shelter/Assessment Center	1	<1%
Group Home	15	8%
Residential Treatment Facility/ Child Caring Institution/ Specialty Hospital	19	11%
Other		
Regional Youth Detention Center (RYDC)/DeKalb County Jail, medical hospital	3	2%
Total	180	100%

Source: Case Record Review February-March 2009.

2. Use of Congregate Care

The Consent Decree has several restrictions related to the use of group care.⁶⁰ Between July 1 and December 31, 2008, the counties made significant strides in reducing the number of children under the age of 6 and children between the ages 6 and 12 in group care settings.

A total of four children under the age of 12 were placed in congregate care during Period VI. Three of the four children were infants placed with their mothers in a group care setting designed for transitional living. The fourth child, aged eight, was placed in a child care institution because of her special needs. Some children were also moved from congregate care settings or reached age 12 before December 31, 2008. On December 31, 2008, 29 children under the age of 12 remained in group care settings with 14 children in facilities with 12 or more beds. This is an overall reduction of 11 children since the end of Period V. Table V-7 summarizes the State's actions with regard to the Consent Decree stipulations.

With regard to placement of the youngest children, those under the age of six, 18 children were in group care settings as of December 31, 2008. Among the 18 children, 15 were placed with their mothers and the remaining 3 were medically fragile infants and toddlers placed in a facility operated by a university medical center. These children have multiple medical issues and the staff in the placement setting is trained to respond to their medical and emotional needs. Nearly all children were placed in settings with fewer than 12 beds. Two children were with their mothers in transitional housing settings that had a total of 18 beds.

Among the children between ages 6 and 12 years, ten children were in placements with a capacity of more than 12 beds and one child was placed in a setting with fewer than 12 beds on December 31, 2008. All 11 children were in the group care settings to receive services to meet their special needs. DFCS has supplied documentation to the Accountability Agents that these placements have been reviewed and certified to meet the needs of the children. The 11 children were placed in residential treatment facilities specializing in psychiatric, behavioral, and/or developmental services for children with complex psychiatric, behavioral, and/or low functioning IQ levels. The largest placement setting is part of the State's mental health system and is used primarily to help "stabilize" children who are in crisis before moving them to less restrictive settings. The number of beds in these placement settings range from 54 to over 300. Many of the facilities have multiple-acre campuses using cottages as the primary living-arrangements for the children. The Accountability Agents did not verify the appropriateness of these placements or the certification of need.

Because of some past confusion about the number of children placed and the timeliness of approval for placement, the Accountability Agents met with the State in January 2009 to review the process used by each county to place a child between the ages of 6 and 12 years in a group

⁶⁰ See p. 16-17, paragraph 5C.5f of the Consent Decree

care setting. Each county has established a process requiring management-level approval if the placement needs to occur on an emergency basis. Both counties have a single placement function for congregate care placements. These placement units ask the State's central Provider Relations Unit for alternative placement settings when the available foster homes do not appear to meet children's specified needs. During the discussions the Accountability Agents confirmed that the conversion from IDS to SHINES prompted a number of recorded placement settings to be reviewed and corrected to ensure SHINES accuracy. This process caused some inaccuracies in the congregate care picture at the end of Period V but these appear to have been resolved in Period VI.

Table V-7
Children Younger Than Age 12 in Group Care Settings
July 1 through December 31, 2008

Children under the age of 6						
Reason for placement	Number placed as of June 30, 2008		Number newly placed between July 1 and December 31, 2008		Number still placed as of December 31, 2008	
	Bed Capacity		Bed Capacity		Bed Capacity	
	≤12	12>	≤12	12>	≤12	12>
With mother	13	2	3		13	2
Service Need		5				3
Total	20		3		18	
Children aged 6 to 12						
Reason for placement	Number placed as of June 30, 2008		Number newly placed between July 1 through December 31, 2008		Number still placed as of December 31, 2008	
	Bed Capacity		Bed Capacity		Bed Capacity	
	≤12	12>	≤12	12>	≤12	12>
With sibling since before the Consent Decree		2				
Service Need	2	16		1	1	10
Placed with sibling after the Consent Decree		1				
Total	21		1		11	

Source: State reported data, waivers and documentation of need reviewed by Accountability Agents.

3. Efforts to Minimize Emotional Trauma When Children Enter New Placements

Seventy-four children in the sample of 180 children in foster care experienced a new placement setting or at least one move during Period VI. There was evidence that case managers attempted to minimize the emotional trauma of the most recent move for 28 of the 74 children (38%). Fourteen of the 74 children experienced more than one new placement setting in Period VI. Among these 14 children, it appeared that case managers attempted to reduce the trauma of the earlier move for 10 children (71%). Efforts included keeping children placed with relatives who had been the safety resource prior to entering foster care; conducting transition interviews and

transition visits; increased therapy sessions, explanatory conversations with the children, and immediate follow-up with placement setting caregiver.

4. 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.⁶¹

The case record review found that 8 children (11%) of the 74 children in the foster care sample who entered care and/or changed placements during July 1 through December 31, 2008 experienced some time in one of the counties’ assessment centers. Documentation indicated that three children spent less than 23 hours and the remaining five children spent 23 to 72 hours in the facilities. Four children (5%) were placed in temporary settings. Two were placed in more than one such temporary setting. Three of the five children spent less than 30 days in the temporary setting. One youth spent 82 days in temporary settings.

5. 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.⁶² As the Accountability Agents learned in Period III, the files of children do not contain an adequate picture of what information is given to foster parents. Most of the available information is maintained by the designated placement units in each county and an assessment based solely on children’s records misrepresents actual case practice. The additional files maintained by the placement units were not reviewed in the Period VI. Among all 74 children in the sample of 180 children in foster care who had an initial and/or a new placement during the period, case managers appeared to have reviewed the clothing needs and taken the necessary steps to ensure that the children had appropriate clothing in the new placement setting for 18 (24%) children. This is less than half the proportion found in Period V and it is outside the +/-11 percent statistical margin of error for this small sub sample of 74.

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

The Consent Decree stipulates a frequent case manager visitation schedule for the first eight weeks of a new placement.⁶³ Children are to have at least one visit in the first week and one visit between the third and eighth weeks with six additional visits at any time within the eight week period; essentially, weekly visitation. This visitation requirement was applicable for 67 of the 74 children in the sample who entered and/or changed placements during the reporting

⁶¹ See p. 16, paragraph 5C4.c of the Consent Decree

⁶² See p. 19, paragraph 5C.6d of the Consent Decree

⁶³ See p. 19, paragraph 5D.1 of the Consent Decree

period. The circumstances of seven children precluded the required visits starting during the review period.⁶⁴ Of the 67 children, the file documentation indicated that the requirements were met for 15 children (22%). Although the proportion of children with the full requirement of visits is slightly lower than in Period V (26%), the change is within the sample's statistical margin of error. The proportion of children with no in-placement visits or no visits at all is smaller, 7 children in Period VI compared to 16 children in Period V. All seven of the children had been in custody three weeks or less. The visitation pattern is arrayed in Table V-8.

Table V-8
Pattern of Case Manager Visits with Children in the First 8 Weeks
of a New Foster Care Placement
n=67

Degree of Required Visits	Number of Children	Percent
All requirements met for period of time child in placement	15	23%
Missed one week of requirement (equivalent of 5 visits in addition to the two required in-placement visits over the 8 week period)	0	0%
Some requirements met (one or both in-placement visits and some portion of additional visits)	45	67%
One or more visits, but none met the in-placement criteria for the period of time child in the placement	5	7%
No Visits	2	3%
Total	67	100%

Source: Case Record Review, February-March 2009.

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

In addition to safe, appropriate, and stable placement settings, DFCS policy and the Consent Decree stipulate that DFCS will provide for the physical, developmental, and emotional needs of children in its custody.⁶⁵ As a means of “*strengthening and rebuilding families to bring about the child’s early return*”⁶⁶ DFCS is also responsible for providing services to birth families. Finally, it 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 gleaned through state and county reported data, the case record review, and staff interviews.

⁶⁴ Two children had placement changes on December 31, 2008; two children were moved out of state through ICPC arrangements, one child was on run-away the entire period; one child was actually in a foster care placement less than 5 days, and one child was placed in a medical facility out of state for treatment of severe poisoning injuries.

⁶⁵ See p. 4, principle 7; pp. 20-21, section 6; p.38, Outcome 30 of the Consent Decree; See also Social Services Manual Section 3060, Georgia Department of Human Resources.

⁶⁶ See Social Service Manual 3060, Georgia Department of Human Resources

1. The First 30 Days in Custody: Initial Teaming, Needs Assessment and Planning

The first 30 days a child is in custody is a critical time. The degree of family engagement during this time and the decisions that are made about strengths and needs can have a substantial effect on the direction the case will take and the timeliness of a child's safe return home or to other custodial arrangements. DFCS policy and the Consent Decree stipulates standards for several casework practices intended to ensure effective assessment of and planning for children when they first enter care.⁶⁷ Based on the cumulative knowledge of previous reporting periods and the findings of Period VI, this appears to be an area requiring further attention from the counties.

Within the first 30 days, case managers have the following practice requirements, each of which presents opportunities for engagement with children, families, and caregivers and gathering insights to help families develop individualized plans for the safety, permanency, and well-being of their children. These opportunities include the following:

- A Family Team Meeting within the first nine days after the child's entry into care;⁶⁸
- Health and dental screening within the first ten days after the child's entry into care;⁶⁹
- Weekly visits with children, as previously discussed;
- Parent and sibling visits, as previously discussed;
- A Multi-Disciplinary Meeting within the first 25 days after the child's entry into care;
- A Mental Health or Developmental assessment within the first 30 days after the child's entry into care;
- Initiating a diligent search for relatives and others significant to the child; and
- A Comprehensive Child and Family Assessment within the first 30 days after the child's entry into care.

For the sub-sample of children in foster care who entered State custody between July 1 and December 31, 2008, Table V-9 provides the findings as to the timeliness of initial assessment and planning efforts. Following the table is a discussion of the steps involved in assessment and service planning. The sub-sample of 35 children has statistical margin of error of at least +/- 16 percent. In addition, caution should be further exercised in interpreting these and other results drawn from the subsample of children who entered care because they were not selected from the entire population entering custody during the period.

⁶⁷ See pp 5-7, section 4A in the Consent Decree.

⁶⁸ See pp 5-7, section 4A of the Consent Decree.

⁶⁹ See p 20, section 6A of the Consent Decree

Table V-9
The First 30 Days of DFCS Custody:
Timeliness of Initial Assessment and Planning Components
July 1 – December 31, 2008
n=Varies Depending on Length of Stay

Component	Number	Percent
<i>Family Team Meeting</i> (n=35)		
Held within 3-9 days of entry	31	89%
Held, but not within 3-9-days (held within 11-41 days)	2	
Total Initial Family Team Meetings	33	94%
<i>Initial Health Screen At Foster Care Entry</i> (n=35 applicable)		
Received within 10 days*	24	69%
Received, but not within 10 days (11 to 41 days)	4	
Total Initial Health Screens	28	80%
<i>Initial Dental Screen At Foster Care Entry</i> (n=35)		
Received within 10 days	7	20%
Received, but not within 10 days (12-55 days)	10	
Total Initial Dental Screens	17	50%
<i>Multi-Disciplinary Team Meeting</i> (n=28)		
Held within 25 days of entry	14	50%
Held, but not within 25 days (28-58 days)	3	
Total Multi-Disciplinary Team Meetings	17	61%
<i>Initial Mental Health Assessment</i> in Compliance with EPSDT Standards (children age 4 and older) At Foster Care Entry (n=15: 13 in custody 30 days or more, and 2 in custody less than 30 days)		
Received within 30 days	8	53%
Received, but not within 30 days (38, 44 days)	2	
Total Initial Mental Health Assessment	10	67%
<i>Initial Developmental Assessment</i> (children younger than age 4) At Foster Care Entry (n=10: 9 in custody 30 days or more, and 1 in custody less than 30 days)		
Received within 30 days	7	70%
Received, but not within 30 days (unable to determine time frame)	1	
Total Initial Developmental Assessment	8	80%
<i>Comprehensive Child and Family Assessments</i> (n=24: 22 in custody 30 days or more, and 2 in custody less than 30 days)		
Completed within 30 days	7	29%
Completed, but not within 30 days	7	
Completed, but unable to determine time frame	4	
Total Comprehensive Child and Family Assessments	18	75%
<i>Initial Case Plan</i> (n=23: 22 in custody 30 days or more, and 1 in custody less than 30 days)	16	70%

*In two cases, reviewers could not determine compliance with EPSDT/Georgia Health Check Standards

Source: Case record review, February-March 2009

a. Family Team Meetings

During Period VI, the State used SHINES data to report that 602 children entered custody. However, 53 children were in DeKalb or Fulton DFCS custody fewer than nine days as of December 31, 2008. According to the county tracking systems, timely Family Team Meetings (within 3 to 9 days) were convened for 511 of the 549 children (93%) who remained in care at least nine days. Another 38 children (7%) children had Family Team Meetings but they were not convened within the first nine days. The proportion of FTMs that was timely was higher in Period VI than in Period V.

In the foster care sample of 180 children in care at any point during the reporting period, 35 children entered care during that time frame. In this small subsample, 31 children (89%) had a timely initial Family Team Meeting and another two meetings were held within 45 days. Among the 33 meetings that were convened, not all appeared to have discussed all of the topics or made the desired determinations specified in the Consent Decree. The most frequently discussed topics, (found in 28 of the 33 meetings) were family and child needs. Family and child strengths and goals were discussed in 25 of 33 meetings. Placement arrangements were discussed in 15 meetings. File documentation indicated limited efforts were made to ensure participant attendance or to inform parents who did not attend of the goals and results of the meeting.

- 24 meetings (73%) were attended by the birth mother, birth father, or relative caregiver. In 12 meetings, the attending caregiver also had another relative or informal support with them. Children were included in eight meetings. DFCS case managers attended 33 meetings. DFCS Supervisors attended 14 meetings. The Child and Family Comprehensive Assessment providers had representatives at 18 meetings. Translators attended six meetings to help interpret for parents and family members and a child advocate participated in one of the meetings
- 20 meetings (61%) made determinations about service needs and 20 meetings determined that further evaluations of children and or caregivers were needed. Two meetings determined that the child could be safely returned home but neither had returned home by December 31, 2008. Another five meetings identified an appropriate relative with whom the child could be placed. Family visitation with siblings and parents was determined in 18 meetings. Eight meetings had documentation about what was needed to ensure the child remains in the school he or she had been attending or enrolling the child in a school near the foster placement.

b. Initial Health Screenings

The State's overall performance around initial health screening, as measured by the subsample of 35 children who entered care and had been in custody at least 10 days, is about the same as Period V because the statistical margin of error is +/-16 percent for subsample of 35. Of the children in this subsample, 24 (69%) had documented health screens within 10 days of entering care (this compares to 63% in Period V). In total, when the ten-day time frame is relaxed, 28 children (80%) received an initial health screen. For those not meeting the ten-day timing, the elapsed time ranged from 11 to 41 days. However, as in previous reports, caution should be exercised in interpreting these and other results drawn from the subsample of children who entered care because they were not selected from the entire population entering custody during the period.

c. Initial Dental Screenings

Seven children (20%) had a documented dental screen within 10 days. In Period V, 27 percent had the screens within 10 days. The total proportion receiving an entry dental screening within any timeframe was 50 percent compared to the 43 percent documented in Period V. All these changes, however, were within the subsample's margin of statistical error, which is ± 16 percent. The 10-day requirement was exceeded by 2 to 45 days for a portion of the children.

d. Multi-Disciplinary Meetings

The case record review found 17 of 28 children (61%) who were in care 25 days or more had a Multi-Disciplinary Meeting (MDT). This is about the same as in Periods II and IV when the statistical margin of error is considered. As reflected in Table V-10, the most frequent recommendations that emerged from the MDTs focused on the child's permanency goal (11) and the services needed (10).

Table V-10
Recommendations Made by Multidisciplinary Team Meetings
between July 1 and December 31, 2008
n=17

Recommendation Subject	Meeting Recommendation	
	Number	Percent
Appropriateness of child's permanency goal	11	65%
Services needed	14	82%
Implementing Assessment recommendations	6	35%
Issues identified in Family Team Meetings	10	59%
Appropriateness of the child's education	2	18%
Appropriateness of the child's independent living plan	1	6%
Other issues	1	6%
No recommendations	4	24%

Source: Case Record Review, February-March 2009

e. Initial Mental Health/Developmental Assessment

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.⁷⁰ Those children four years of age or older are to receive a mental health screening within 30 days of placement in compliance with EPSDT standards.⁷¹

As included in Table V-9, nine children in the foster care sample who entered DFCS custody between July 1 and December 31, 2008 were younger than four and in placement 30 days or more. Another child who was in custody less than 30 days is included in the analysis because the child received an assessment. Among the 10 children therefore, eight (80%) had completed developmental assessments – seven within 30 days and one other was completed, but the completion dates could not be determined from available documentation.

As shown in Table V-9, 13 children in the foster care sample who entered DFCS custody in the last half of 2008 were age 4 or older and remained in care 30 days or more. Another two children who were in custody less than 30 days were also included in the analysis because the children had received an assessment. Among these 15 children, 10 (67%) had completed mental health assessments, eight were completed within 30 days and two were completed within 45 days.

⁷⁰ See p. 20, paragraph 6A.3 of the Consent Decree.

⁷¹ See p. 20, paragraph 6A.3 of the Consent Decree.

f. Comprehensive Child and Family Assessments

According to the case record review, 16 of 22 children (73%) entering care and remaining for 30 days or more had completed Comprehensive Child and Family Assessments (CCFA). Two additional children who were in custody less than 30 days but had a completed CCFA were also included in the analysis. Seven of the 16 CCFA's were completed within 30 days. Another 11 had completed CCFA's but they required more time to complete or the timeframe for completion was unclear from the file documentation. All 16 had family assessments. Fourteen completed CCFA's included completed health checks, Thirteen completed CCFA's addressed the appropriateness of the child's placement and two recommended placement moves. One child was moved as a result of the recommendation. Finally, 11 had information from the FTM and 10 had MDT reports..

g. Initial Case Plans

Among the 22 children entering custody during the reporting period and remaining in custody more than 30 days, 15 (68%) had an initial case plan developed by December 31, 2008 or their last date in custody. When an additional child who was in custody less than 30 days but had a case plan is included in the analysis, 16 children had case plans.

These initial case plans did not appear to reflect all the work and information gathered in the activities preceding the plan development. For example:

- Ten plans addressed the needs identified in the FTMs, MDTs, and CCFA's.
- Three children had health needs identified in the first 30 days, but two of the three had those needs included in the plan;
- Eight children had mental health needs identified, but three of the eight children had the needs included in their plans.
- Finally, six children had developmental needs identified, but four plans of the six reflected the needs.

Although such a small subsample does not permit any firm conclusions to be drawn, this analysis suggests that opportunities to individualize initial case plans may not be fully used and that this is an area with room for improvement.

2. Routine Health and Dental Care

In addition to requiring health and developmental assessments when a child enters foster care, the Consent Decree requires all children to receive periodic health screenings⁷² in accordance with the Early Periodic Screening, Diagnostic and Treatment Program (EPSDT)/Georgia Health

⁷² See p. 30, paragraph 13A in the Consent Decree.

Check Program standards.⁷³ DFCS' performance with respect to meeting these standards is discussed below.

The case record review of 180 children in placement collected information about the timeliness of the required routine health and dental examinations provided (often referred to as "well-child" care) during their time in custody. Two children were excluded from the analysis because they were in custody less than 10 days. The specific findings regarding timeliness of routine care for 178 children are provided in Table V-11. Of note are the following:

- Health screens appeared to be on schedule for 112 children (63%). Another 16 children (9%) had exams that brought them up-to date with the required schedule and eight children (4%) had health screens but the exams did not appear to have all the required EPSDT components. The remaining 42 children (24%) appeared to be overdue for an exam, even if they had received one or more in 2008. In period V, 27 percent appeared to be overdue for an exam, but the difference is within the sample's margin of statistical error.
- Dental screens appeared to be current for 136 children (76%). Another three children received a dental screen during Period VI that was more than 12 months since the previous screen and three children had dental exams that appeared to be missing x-rays, cleaning, or fluoride treatments as part of the screening. Taken as a whole, this is a substantial improvement over the Period V performance (62%) and Period IV performance (63%).

These findings, while indicating improvement also suggest that both documentation issues and the consistent delivery of services continue to be challenging for the counties. As described at the end of this chapter, the counties undertook a special effort in Period VI to identify children whose health and dental screens were overdue in September 2008 and to get those screens completed. However, while the counties accomplished this task for the identified group of children, it appears that other children, who were not due to receive a health or dental screen until after September, may not have received the required routine health and dental care.

⁷³ See p. 20, paragraphs 6A 1 and 2, and p.21, 6B, paragraphs 1-8 of the Consent Decree

Table V-11
Attention to Regular Health and Dental Care
July 1 through December 31, 2008
n=178

Component and Action	Number	Percent	Cumulative Percent
<i>Routine Health Care</i>			
No EPSDT health screen required during period, children current with health check-ups during entire period	44	25%	
Children receiving a health screen according to EPSDT schedule or standards (exams received timely)	68	38%	63%
Children receiving a health screen, but not according to EPSDT schedule or standards (exams received were overdue or appeared to be missing an EPSDT component)	24	13%	76%
Children receiving one or more of the required health screens between July and December 2008, but were still behind schedule as of December 31, 2008	5	3%	79%
Required well child health screen(s) in Period VI not received	37	21%	100%
TOTAL	178	100%	
<i>Routine Dental Care</i>			
No annual EPSDT dental exam required during period, children current with annual requirement during entire period	40	22%	
Children receiving a timely annual EPSDT dental exam during period (includes initial exams)	96	54%	76%
Children receiving a dental exam, but more than 12 months since last exam EPSDT schedule	3	2%	78%
Children receiving a dental exam but not according to EPSDT standards (exams received appeared to be missing an EPSDT component)	3	2%	80%
Required annual dental exam received in 2008 not received	36	20%	100%
TOTAL	178	100%	

Source: Case record review, February-March 2009

3. Periodic Developmental and Mental Health Assessments

During Period VI, 35 children had developmental assessments in addition to the nine children who received an initial assessment. Another thirty-two children had mental health assessments in addition to the 13 children who received the initial assessment.

4. Response to Assessment/Screening Identified Needs

Responsiveness to health needs remains an area for continued State focus. Approximately two-thirds of the children with assessment/screen identified needs of one type or another in Period VI were receiving appropriate services by December 31, 2008. Evidence from the case record review provides the following specific findings for Period VI:

- 31 (32%) of the 97 children who received regular (initial and on-going) health screening during the period had health needs identified. This is a lower proportion than identified in either Period V (41%) and is outside the statistical margin of error. Among these 31 children, the documentation in their files indicated that 21 (68%) had received appropriate treatment for all the needs identified during the reporting period, or treatment was scheduled. One child (3%) appeared to have had some, but not all needs met. For nine of the 31 children (29%), no follow-up treatment was documented in the case record. This proportion of children with potentially unmet health needs as identified in the routine health screenings appears to be slightly smaller than found in Period V (34%), but the difference is within the margin of error for such a small subsample.⁷⁴
- Among the 102 children who had a dental health screening during Period VI, 24 children (24%) had dental needs identified. This is about the same proportion with needs identified as in Period V. Fifteen children (63%) had all their needs met; this is a much smaller proportion than the 81 percent found in Period V. The needs of two children were getting attention and were scheduled for treatment as of December 31, 2008. Seven of the 24 children (29%) had yet to have their needs receive attention by the end of December 2008. These needs included such treatments as fillings, sealants, x-rays, and wisdom teeth extraction.
- Among the 43 children who had developmental assessments in Period VI, 35 had identified needs (81%). All of the needs for 25 of the 35 children (71%) were being addressed. Another four (9%) had some of their needs addressed or services scheduled by December 31, 2008. Six children (14%) appeared to have none of their needs addressed. However, the assessments for four of these six had only been completed in December; therefore it may have been too early to expect to see services in place.
- Among the 42 children who had mental health assessments in Period VI, 35 had identified needs (83%). All of the needs for 23 of the 35 children (66%) were being addressed. Another four (9%) had some of their needs addressed or services scheduled by December 31, 2008. Eight children (13%) appeared to have none of their needs addressed by December 31, 2008.

⁷⁴ Conclusions drawn from subsamples of 50 or less have margins of error of ± 13 percent or more.

5. Response to Emerging Needs Between Routine Well-Child Health Care

A small portion of children may have episodes of acute illness or emerging needs between regular assessments. Case documentation suggests the State is generally more responsive to these emerging needs than those identified through routine exams. The sample sizes and resulting percentages are too small to draw conclusions as to the need for improvement.

- 37 children (21%) of the 178 children in the sample experienced emerging needs during the reporting period. Thirty-four (92%) appear to have had these needs met. Two of the three children who do not appear to have had their needs met had broken glasses and there was no documentation that replacement glasses had been obtained before December 31, 2008. File documentation for the third child had vague references to a problem with her vocal chords that was scheduled for surgery in November 2008, but the surgery appears to have been postponed until January 2009 with no documentation to explain the postponement.
- Five children (3%) of the 178 children in the sample experienced acute dental needs during the reporting period and three 3 children (60%) appear to have had these needs met by December 31, 2008. Of the two children who appeared to have unmet needs, one appeared to have gingivitis and did eventually receive treatment, but the elapsed time before initial treatment was received was not documented in the case file. The second child had removed one of his permanent teeth and the case manager requested the foster parent to take the child to the dentist but there was no further documentation to indicate this follow-up occurred.
- 46 children (26%) of the 178 sample experienced acute mental health needs during the reporting period. Forty-five (98%) appear to have received the treatment they needed either through new services or through the on-going therapeutic services they were receiving. The one child who appeared to have some unmet needs for on-going behaviors including lying, stealing and pulling out her eyelashes was placed in a therapeutic foster home. Case documentation indicates that the case manager attempted to address these behaviors during monthly visits but the documentation did not indicate what specific additional services were being delivered.

6. On-going Attention to Development and Education

As previously noted, 35 children in the sample had one or more developmental and/or educational need identified between July 1 and December 31, 2008. Academic assistance was needed by 14 children (40%). A third of the children (12) needed speech therapy, another third (11) had behavioral concerns and eight children needed to be further evaluated. Other identified needs among the 35 children included developmental delays and learning disabilities. Twenty-nine of the 35 children (83 %) were having all or some of their needs addressed and the remaining six children (17%) did not appear to be having their needs addressed.

Other indicators of developmental or educational needs are Supplemental Security Income (SSI)

benefits and Individualized Education Plans (IEP). Six children in the sample appear to be receiving SSI benefits and 34 had IEPs. Twenty-two of the 33 IEPs appeared to be current (less than 12 months since the previous IEP).

a. School enrollment

Children aged 7 to 16 or older are required to be enrolled in school in Georgia. Within the foster care sample, 105 children (58%) were age 7 or older by August 31, 2008 and were in DFCS custody sometime during a portion of the school year. Among these children 92 (88%) were enrolled in school or a GED program in the last half of 2008. Six children (6%) experienced gaps in school enrollment for different reasons. Seven children (7%) did not appear to be enrolled at all during the period. Fourteen of the children (19%) younger than age seven were enrolled in a kindergarten, pre-school or other developmental program.

b. State and County Educational Advocacy

As previously discussed under Outcome 24, the State and counties report adopting a number of strategies to improve the educational attainment of older youth in particular, but this effort has not been limited to the older group. As part of the outreach efforts to private providers and other public agencies, the State educational consultant held a meeting with representatives from 41 private Child Caring Institutions to discuss their responsibility to provide educational services and support to the youth placed in their settings as required by Title I of the Elementary and Secondary Education Act of 1965.⁷⁵ Through the local school districts, the institutions have the equipment and the required instructional material but, according to the State, have not been consistently providing the required services or ensuring children and youth participate in the services.

The counties report that DFCS educational advocacy includes several activities. In DeKalb, the Educational Advocates have established connections with the School Board and regularly visit the schools to meet with teachers, counselors and school registrars. In communicating with the schools, they ask that the DFCS case managers as well as foster parents be informed of IEP meetings. The Educational Advocates also can use the “parent portal”⁷⁶ to review student grades and follow-up as needed. One issue they address is children’s continued attendance in their “home” school when they have been placed in a setting that is outside their home school districts as a result of being in foster care. Not only does this sometimes require the advocate to help the school understand that the child can continue to attend, but that the school district should provide transportation to facilitate attendance. In these situations, the advocates are supported by the School Board’s liaison for the homeless.

⁷⁵ This is Title I--Improving the Academic Achievement of The Disadvantaged. The purpose of this title is to ensure that all children have a fair, equal, and significant opportunity to obtain a high-quality education and reach, at a minimum, proficiency on challenging State academic achievement standards and state academic assessments.

⁷⁶ A “parent portal” is a web-based program that allows parents or guardians to review children school efforts in-between report cards or parent-teacher conferences.

Fulton County was in the process of building its educational advocacy process in Period VI and learning from DeKalb's efforts. Participation in the Outcome 24 workgroup helped the County identify that over half of the children in Fulton County custody were not in Fulton County schools because of placement. This means that there are multiple school districts that require outreach from Fulton educational advocates. Fulton has been engaged in efforts to create relationships with the schools for purposes of information sharing. Late in Period VI and continuing into Period VII, Fulton had been compiling foster children educational records: IEPs, assessments, current report cards, and attendance records. This information will be maintained centrally in files created for each child. Two staff members with special education experience have been identified to assume the responsibilities of educational advocates, similar to the DeKalb model.

5. Independent Living Services

Independent living services are designed to prepare teens aged 14-21 for independence and adulthood. In the past, linking eligible children to the Independent Living Program coordinator has not always been effective, but the the State Independent Living Program (ILP) Manager hopes SHINES will improve the process. She reports that as counties have fully implemented SHINES, county SHINES administrators have begun assigning youth to county ILP coordinators when the youth reach age 14. ILP coordinators can print a standard SHINES report of all youth who are age 14 and older and use the report to verify that the youth have been assigned to ILP. If a youth has not been assigned, the ILP coordinators notify county program administrators and request that the assignments be made within 30 days. This process had not been completely implemented in DeKalb and Fulton counties as of the end of Period VI.

The State is also reportedly incorporating components of the Jim Casey Youth Opportunities Initiative⁷⁷ into its ILP services for all foster youth. For the last several years this initiative has operated as Metropolitan Atlanta Youth Opportunities through the Community Foundation of Atlanta, and DeKalb and Fulton foster youth have been involved. The ILP services will include Individual Development Accounts, a Youth Employment Group, a Community Partnership Board that helps connect youth to community opportunities, and ensuring that caring and committed adults are identified in the Written Transitional Living Plans that are developed with youth aged 14 and over.

6. Services to Children in Foster Care 18 months or More

The Consent Decree requires a specific focus on children in care 18 months or more by moving them to "Specialized" caseloads of no more than 12 children per case manager. These Specialized Case Managers are responsible for individualizing services to children and families

⁷⁷ Jim Casey Youth Opportunities Initiative is a national foundation whose mission is to bring together the people, systems and resources necessary to assist youth leaving foster care make successful transitions to adulthood through: making grants, providing technical assistance, and advocating for improved policies and practices.

by convening meetings, accessing funding, and making decisions about the appropriateness of permanency goals and effectiveness of services. In doing so, they are to partner with the county Independent Living Coordinator for those children aged 14 and older, consult with public and private professionals regarding permanency, and to engage in discharge planning "no sooner than 30 days prior to discharge."⁷⁸

The foster care case record review of 180 children collected some limited information on the experience of children who had reached their 18th month in custody before or during Period VI. Within the sample of 180 children, 79 (44%) had been in custody 18 months or more. Among the 79 children, 27 (34%) were aged 14 or older and eligible for Independent Living Program (ILP) services. Eighteen of the 27 (67%) appeared to be receiving such services. Another eight youth had Written Transitional Living Plans but did not appear to be receiving ILP services.

Seventy of the 79 children (89%) had meetings between July and December 2008 to review the appropriateness of their permanency goal and effectiveness of services they are receiving. Most of the meetings appear to be case plan reviews convened by the Judicial Citizen Review Panel. The meetings had a range of results. Fifteen meetings resulted in a revised permanency goal, revised services, or a new placement. The other 55 meetings had one or more recommendations or actions taken related to such things as permanency, termination of parental rights, and maintaining current services and placements.

Twenty-one of the 79 children (27%) were discharged before December 31, 2008 and DFCS anticipated another two children would be discharged by the end of January 2009. Among these 23 children, ten children appear to have had discharge planning. The discharge planning occurred through different mediums. Seven children appeared to have discharge planning occur over a series of visits between the case manager and child, there was no single event identified. Three other children had an identified discharge meeting.

6. Discharge Planning and Medicals for All Children

While the Consent Decree specifically requires discharge planning for children in custody 18 months or more, it does stipulate that "DFCS will determine whether additional services are necessary to ensure the continued success of the discharge."⁷⁹ It also stipulates that all children will receive a health screen within 10 days of discharge.⁸⁰

Among the 180 children in the sample, 50⁸¹ children (28%) had been discharged by December 31, 2008 or were expected to be discharged by the end of January 2009. Three of those discharged, however, were unexpected by DFCS as the presiding judge discharged three children without prior notice to DFCS. For the remaining 47, there was documentation of

⁷⁸ See pp 11 and 12, Section 4.F.3, of the Consent Decree.

⁷⁹ See p.10, Section 4.C.6 in the Consent Decree.

⁸⁰ Reference to discharge health screen

⁸¹ This number includes the children who had been in custody 18 months or more.

discharge planning for 17 children (36%). In nine cases, the discharge planning took place over a series of visits with the children. Discharge planning for the remaining eight occurred in some form of meeting – one-on-one meetings between case managers and children, family team meetings or multi-disciplinary meetings, or internal DFCS staffings. Discharge planning addressed school enrollment for six children and on-going medical, dental, and ongoing mental health care for four children, and a variety of other issues for nine children. Other issues included permanency, services, and a protective order. There was documentation to indicate that 10 of the 17 children and their caregivers were going to be receiving specific services to support successful discharge. These services included financial support through subsidies, employing wrap-around services and other therapeutic services, and transferring the family to the County Family Preservation services.

Among the 47 children with expected discharges, fifteen children (32%) had medicals within ten days of their discharge. Another six children (13%) had had their routine medical screen 18 to 44 days before discharge. Among the remaining 25 children (53%), two children were in custody less than 10 days and had no health screens; three more did not appear to have health screens; and 20 had had their routine health exam but more than 60 days prior to discharge.

Discharge planning and discharge medicals have been identified as areas of practice needing more attention. As a result, the State is engaged in a curative action to improve performance. The following section describes the efforts that were initiated in Period VI.

D. Curative Actions to Address Concerns about State Performance

In response to the performance levels for Outcome 30 and related items documented in the Accountability Agents' Period III and IV reports, the parties agreed to several curative actions to begin in the sixth reporting period, July–December 2008. A complete report on the Curative Action Plan requirements and methodology used to monitor the activities is included in this report as Appendix C. The following discussion summarizes the report.

1. Health Care Screening and Treatment Curative Action Plan

Under the Curative Action Plan (CAP) for Health Care Screening and Treatment, the State agreed to take immediate steps to identify all children who, as of September 16, 2008, had not received the appropriate health screening based on their time in custody and to ensure they receive these screenings no later than November 15, 2008. Furthermore, for those children for whom treatment needs were identified, the State was to ensure timely treatment.

State efforts identified 174 children who needed 188 health screens of one type or another – physical, dental, mental health, or developmental. Some children needed more than one screen if they had not received all of the required initial screens. Table V-12 provides the proportion of health screens that were completed in different time frames, ranging from the required time

frame to after February 1. The last health screen, a developmental that was initiated in November, was not completed until March 31, 2009. Eighty-one of the 188 health screens (43%) were completed within the required time frame. Another 39 percent were completed between November 16, 2008 and March 31, 2009. Finally, 33 of the 188 health screens (18%) were not completed. A portion of the screens not completed appear to be because 12 children were on runaway status through the end of 2008 and one other child refused. Another 20 screens (11% of 188), however, were not complete by the time the children were discharged in September and October and these children did not appear to have received discharge health screens.

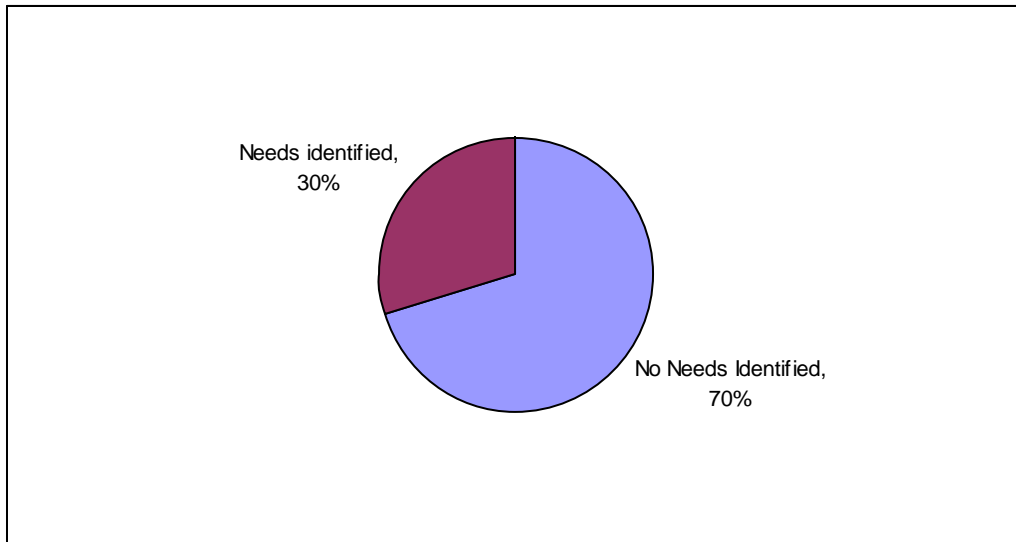
Table V-12
Curative Action Plan
Timeliness of Health Screens Required to Bring Children Up-to-date
N=188 Health Screens (includes physical, dental, mental, and developmental)

Timeliness of Completing Required Health Screen	Number	Percent	Cumulative Percent
Within required time frame (September 26, 2008 for initial and November 15, 2008 for periodic)	81	43%	43%
by November 30, 2008	36	19%	62%
by December 15, 2008	24	13%	75%
by December 31, 2008	3	2%	77%
by January 15, 2009	4	2%	79%
by January 31, 2009	1	<1%	79%
After February 1, 2009	6	3%	82%
Total Completed by March 31	155	82%	
Not completed			
Child refused	1	<1%	83%
Discharged/adopted before completing and no indication of discharge screen"	20	11%	94%
Child on runaway status	12	6%	100%
Total Not Completed	33	18%	
TOTAL	188	100%	

Source: SHINES, county records, and file reviews

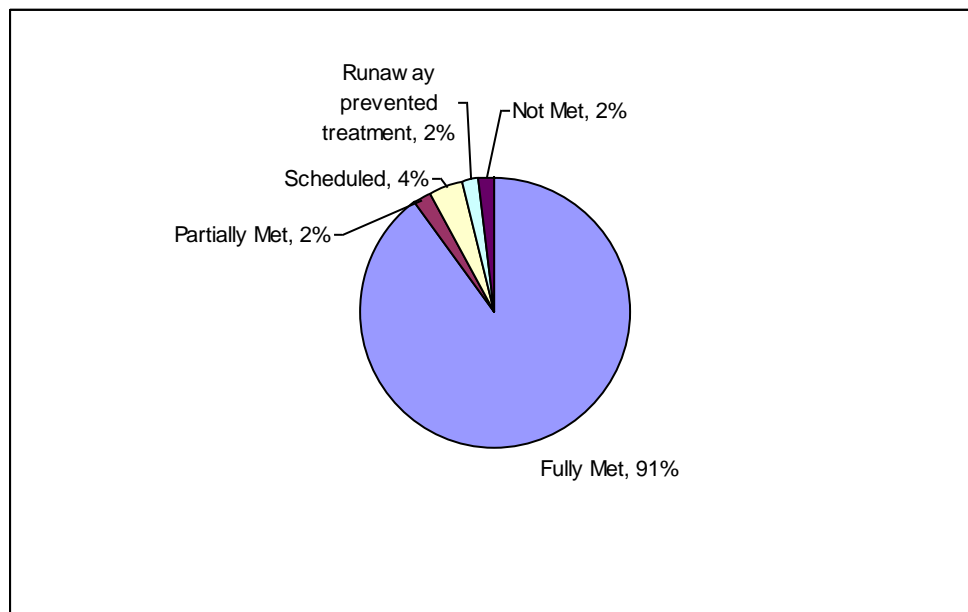
Among the 155 health screens that were completed, 47 screens (30 %) revealed a need for follow-up treatment. As of March 31, 2009, the follow-up treatment had been completed for 43 health screens (91%). Figures V-7 displays the proportion of screens with needs identified and Figure V-8 displays the response to the needs.

Figure V-7
Curative Action Plan
Proportion Completed Screens with Needs Identified
N=155 Health Screens Completed



Source: SHINES, county records, and file reviews

Figure V-8
Curative Action Plan
Response to Needs Identified
N=43 Health Screens with Needs Identified



Source: SHINES, county records, and file reviews

2. Discharge Planning and Discharge Health Checks Curative Action Plan

Under the Curative Action Plan for Discharge Planning and Discharge Health Checks, the State agreed to regularly identify all children who are scheduled to be discharged within 45 days and within 30 days prior to the child's discharge, conduct a discharge planning meeting. During these meetings, DFCS is to ensure that an EPSDT/Georgia Health Check Program health screening is scheduled for within 10 days of the child's planned discharge date. The Counties proposed using variations on their Family Team Meeting practice to accomplish this plan. However, as seen in the previous analysis of discharges in Period VI and the information presented here, the counties had yet to fully implement the practice as of the end of 2008. Accountability Agents will continue to monitor these efforts.

As shown in Table V-13, the State reported 196 children were discharged from the custody of either DeKalb or Fulton DFCS in November and December. Among the 196, 55 children (28%) appeared to be discharges that DFCS had not anticipated. Among the remaining 141, a discharge planning meeting was held for 27 children (19%). Although there was no single meeting which addressed post discharge transitions and needs for 81 children (57%), there was evidence that discharge planning did occur over a series of visits and interactions with children and families. However, for almost a quarter of the children there was no evidence of discharge planning.

As stated above, discharge planning often occurred over the course of visits between case managers and caregivers who would be receiving custody. These visits would touch on what needed to be in place for the discharge to occur and what on-going needs the children and/or families might have once DFCS custody ended. With youth who did or were about to reach age 18, case managers frequently discuss the plans for returning to care and the benefits available to them if they do continue in foster care. The Counties can build on these informal efforts to convene meaningful discharge meetings more frequently.

A comparison to the earlier analysis of the subsample of 47 children discharged from the foster care sample suggests that discharge planning in some form and discharge meetings specifically were receiving greater attention by the end of Period VI. Among the 141 children with anticipated discharges in November and December, the proportion receiving some form of discharge planning was much higher (76%) than for the small subsample of 47 children from the case record review sample that were discharged (36%). Some of this difference may be attributable to the small size of the subsample of children who were discharged from the case record review sample. Some of the difference may also be attributable to the timing of the discharges; the counties appear to have focused more attention on discharge planning in November and December as a result of the CAP requirements, while the children in the foster care sample were discharged over the course of six months.

Table V-13
Discharge Planning in November and December 2008
N = 196 Children Discharged in November and December 2008

Discharge Activity Referenced in SHINES documentation	Number	Percent	Cumulative Percent
Reference to a meeting (as defined by counties)	27	19%	19%
Reference to discharge planning over time	81	57%	76%
No reference to either planning or meeting	33	24%	100%
Total	141	100%	
Discharge Planning Not Applicable	55		
Total Discharged	196		

Source: SHINES and county records

Table V-14 below summarizes the health screen activity for discharged children. In this analysis, there was evidence that the discharge health screens had been completed for 29 of 140 children (21%). Another 43 files (31%) referenced scheduling or planning with the parents, guardians, adoptive parents, and other discharge resources for the completion of the health screens within days of discharge. Reasons for the differences between the case record review findings regarding discharge medicals and these findings are not clear because the pattern here is different than in the above discussion of discharge planning. Again, timing differences may play a role as well as the availability of documentation. In the case record reviews, reviewers may have had the actual discharge medical records to review. The analysis of discharge medicals here relied entirely on case information contained in SHINES. As discussed in Section VI of this report, the medical records in SHINES were very incomplete during the period covered by this analysis.

Table V-14
Discharge Health Screenings for Discharges in November and December 2008
N = 196 Children Discharged in November and December 2008

Discharge Health Screen Referenced in SHINES documentation	Number	Percent	Cumulative Percent
Reference to Screen being completed	29	21%	21%
Reference to Screen being scheduled	43	31%	51%
No reference to health screen	68	49%	100%
Total*	140	100%	
Discharge Planning Exempted from Requirement	56		
Total Discharged	196		

Source: SHINES, county records, and file reviews.

*One child is medically fragile and has frequent medical appointments, therefore considered not applicable for this requirement

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. This chapter reports on the progress of the State in meeting Outcomes 25, 26, 29, and 31 as well as capacity requirements.

A. Outcome Performance

The Accountability Agents attributed four outcomes (25, 26, 29, and 31) to creating a stronger infrastructure for caring for the children in DFCS custody. Table VI-1 below provides the measured performance summary for each infrastructure Outcomes. The discussion following the table provides a more detailed description of State performance. This discussion includes a summary of Consent Decree requirements and interpretation and measurement issues associated with the outcomes. Contextual information about issues surrounding the work is provided for understanding the State's performance in Period VI. Charts are used to illustrate the performance trends emerging over six periods

Table VI-1
Strengthening Infrastructure Outcomes

Effective Oversight of Placement Settings	Period V Performance
Outcome 25: 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.	97%
Outcome 31: 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%
Timely and Complete Court Orders for Placement Authorization	
Outcome 26: At least 95% of foster children in custody at a point in time during the reporting period shall have all applicable language in court orders necessary to assess qualification for federal funding under Title IV-E of the Social Security Act. This outcome shall be measured for court orders entered after the entry of the Consent Decree.	65%
Outcome 29: 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.	4%

1. Effective Oversight of Placement Settings: Outcomes 25 and 31

Two Outcomes (numbers 25 and 31) relate to the supervision of placement settings. Data for these outcomes were gathered from case record reviews, State administrative data systems, and site visits to private providers.

Outcome 25 - Approved Placement Settings for Children

Outcome 25 seeks to reduce the risk that children may be placed in harmful situations by requiring foster care placements to be evaluated and to be in full approval and/or licensure status. Outcome 25 stipulates that "...by the end of the 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."⁸²

a. Interpretation and Measurement Issues

There were no new interpretation or measurement issues encountered during Period VI. Appendix B provides a summary of previously resolved interpretation and measurement issues. Measurement of Outcome 25 performance is based on the sample of 160 foster homes that served as a placement for one or more children in the custody of DeKalb or Fulton county at any time between July 1 and December 31, 2008. The point-in-time used for measurement of Outcome 25 in Period VI was December 31, 2008.

b. State Performance

- **The State Fell Short of the Outcome 25 Threshold**

At the end of Period VI, **97 percent** of the children in custody were in placements that were in full approval and/or licensure status. This represents the highest compliance rate measured thus far for Outcome 25 in any reporting period, and is comparable to Period V performance of 96 percent. Additional detail on this measurement appears in Table VI-2. The Outcome 25 performance threshold is 98 percent.

As indicated in Table VI-2, compliance with the relevant approval processes continued to be strong among child-caring institutions (100%), provider-supervised foster homes (100%), and group homes (100%). The approval rate for non-foster relative placements appeared to increase to 89 percent from the Period V rate of 86 percent, and the approval rate of DFCS-supervised foster homes remained about the same (94% in Period VI compared to 96% for Period V). Both results are within the statistical margin of error for the sample of foster homes. Figure VI-1 displays the State's performance on this outcome over the five reporting periods to which the Consent Decree standards applied.

⁸² See p 36, Outcome 25, of the Consent Decree

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

Placement Type	Children in Placement Sample	Children in Placements on 12/31/2008	Children in “Fully Approved” Placements on 12/31/2008	Percent of Children in care on 12/31/2008 in “Fully Approved” Placements
Relative Placement ^{a b}	35	18	16 ^c	89%
DFCS-supervised Foster Home ^d	103	33	31	94%
Provider-supervised Foster Home ^{e f}		50	50	100%
Group Home ^g	15	12	12	100%
Child Caring Institution ^g	17	14	14	100%
Other (no relevant approval process)	10	8	N/A	N/A
Total	180	135	123/127 ^h	97%

^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.

^d Data source: SHINES and Placement file review.

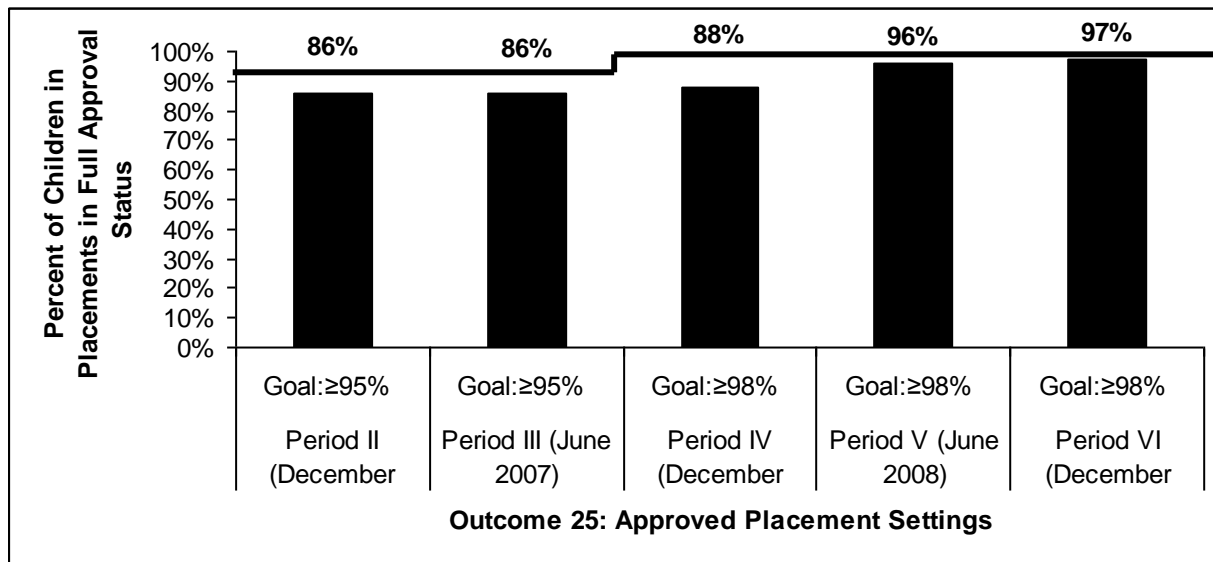
^e Data source: Review of child-placing agency’s records.

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

^g Data source: SHINES

^h Excludes eight children in state custody on 12/31/2008 that were in settings with no relevant approval process including: placed with parents, hospitalized, or Youth Department of Corrections.

Figure VI-1
Five Reporting Periods of State Performance on Outcome 25
(July 1, 2006 to December 31, 2008)



Source: Review Period Foster Home Case Record Reviews

Outcome 31 – Foster Home Capacity Limits

Outcome 31 seeks to limit the number of children placed in individual foster homes. By the end of Period II, 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....”⁸³ The capacity limits referenced in Outcome 31 are contained in Section 5.c.4.e of the Consent Decree.⁸⁴

a. Interpretation and Measurement Issues

There were no new interpretation or measurement issues encountered during Period VI. Appendix B provides a summary of previously resolved interpretation and measurement issues. The point-in-time used for measurement of Outcome 31 in Period VI was December 31, 2008. Measurement of Outcome 31 performance is based on the 83 children in the sample of 180 children in foster care that were in custody on December 31, 2008. The statistical margin of error for this subsample is +/- 11 percent.

⁸³ See p. 38 of the Consent Decree

⁸⁴ Ibid, p. 16

b. **State Performance**

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

Seven of the 83 children from the placement sample that were in care at the end of the sixth reporting period, or **8 percent**, had been placed in foster homes that exceeded the specified capacity limits. By comparison, six percent of the children in foster homes on June 30 2008 had been placed in foster homes that exceeded the specified capacity limits. In Period VI, all seven foster homes exceeding the capacity limits did so due to the placement of sibling groups; however, they did not qualify for the exception enumerated in Section 5.c.4.e. because those homes already contained one or more other children (usually a birth child). None of the children in the sample in foster home placements on December 31, 2008 were placed in homes containing more than six children total. Additional detail on this measurement appears below in Table VI-3. Figure VI-2 illustrates the proportion of foster children placed in foster homes exceeding the Consent Decree standards over the five reporting periods to which the standards applied.

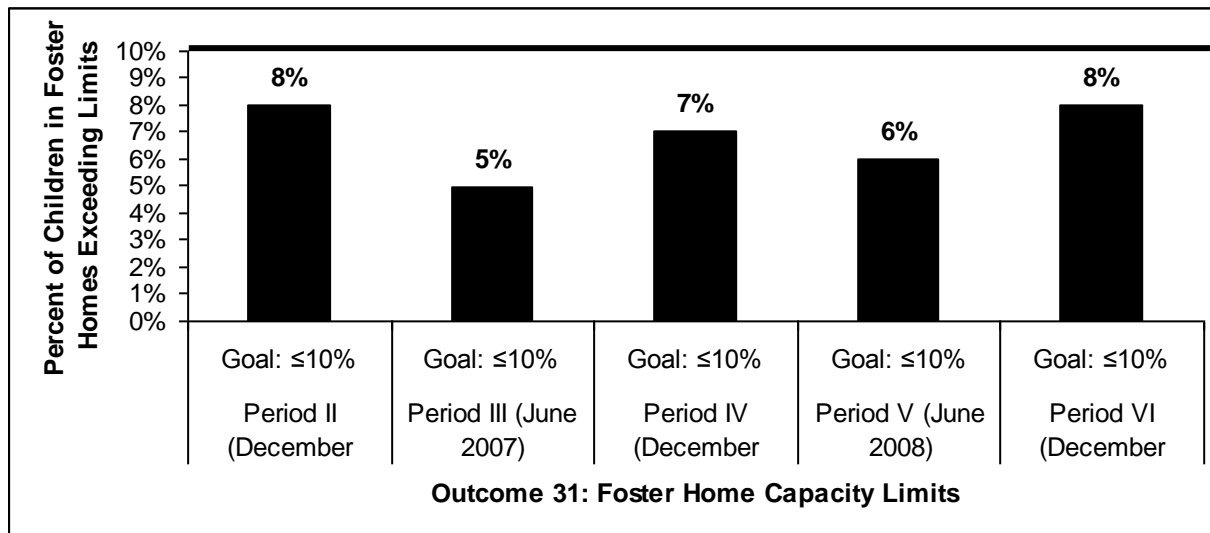
Table VI-3
Outcome 31 – Children in Foster Homes Exceeding Capacity Limits
n=83

Placement Type	Sampled Children in Foster Homes on 12/31/2008	Children Placed in Foster Homes Having 3 or More Foster Children	Children Placed in Foster Homes Having 6 or More Children	Children Placed in Foster Homes Having 3 or More Foster Children and/or 6 or More Total Children
DFCS-supervised Foster Homes ^a	33	1	0	3%
Provider Supervised Foster Homes ^b	50	6	0	12%
Total	83	7	0	8%

^a Data Source: SHINES

^b Data Source: Targeted review of provider foster home files

Figure VI-2
Five Reporting Periods of State Performance on Outcome 31
(July 1, 2006 to December 31, 2008)



Source: Review Period Case Record Reviews

2. Timely and Complete Court Orders for Placement Authorization: Outcomes 26 and 29

Two Outcomes (numbered 26 and 29) relate to strengthening the infrastructure by establishing benchmarks for practices that help support DFCS claims for federal reimbursement for the services children in custody and ensure DFCS has the appropriate custodial authority of the children in foster care.

Outcome 26 – Required IV-E Language in Court Orders

Outcome 26 relates to DFCS having the proper documentation in a child's file to support an appropriate claim for Federal reimbursement under the Title IV-E program.⁸⁵ For those children who entered care on or after October 27, 2005, judicial determinations regarding "...contrary to the welfare..." must be made in the first order that authorizes the State agency's action to remove the child from home. In practice, this is often the court order from the 72 hour hearing. In addition, there must be documentation of a judicial determination made no later than 60 days from the date of the child's removal from the home that "reasonable efforts" were made to prevent the child's removal from his/her family.⁸⁶ If either of these requirements is not met, and the child's family meets the income test for Title IV-E, the State cannot claim federal reimbursement for the child's care the entire time the child is in custody.

⁸⁵ See pp 36-37, Outcome 26 of the Consent Decree

⁸⁶ Ibid.

All children in State custody after the Consent Decree should have a permanency hearing at least every 12 months with the appropriate language about “reasonable efforts” to achieve permanency included in the subsequent court orders. If these determinations do not occur timely or the language is not child specific, there is a gap in the child’s eligibility until the determination is made appropriately and the State cannot claim federal reimbursement during the gap.

a. Interpretation and Measurement Issues

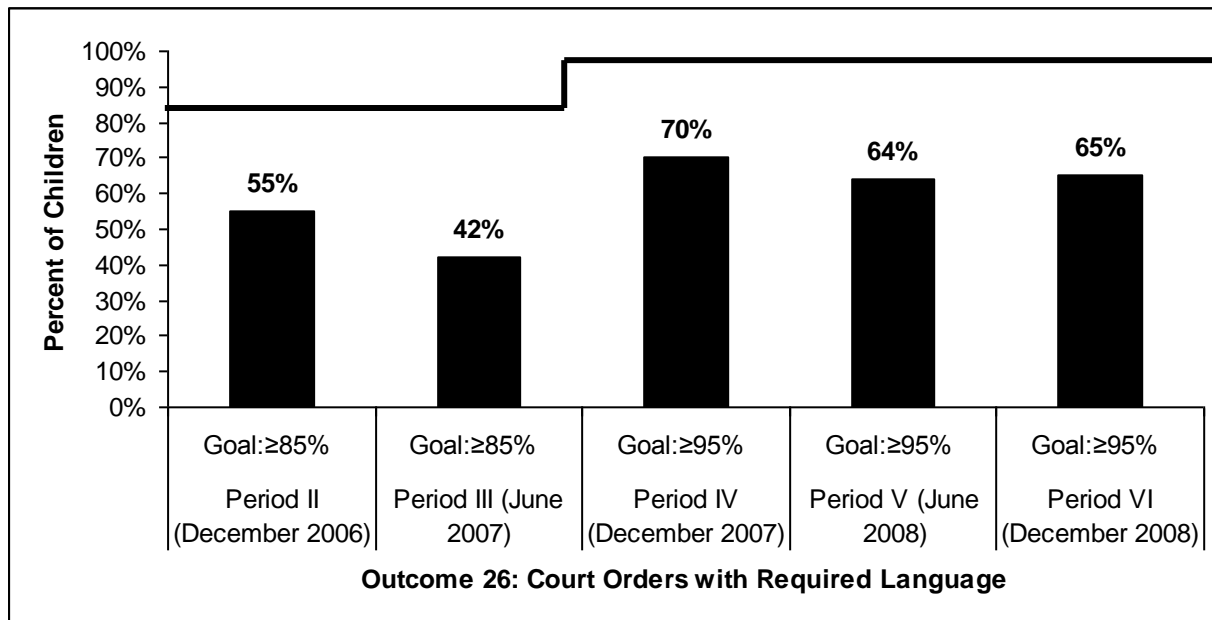
No new interpretation or measurement issues were encountered in the Period VI. Appendix B provides a summary of previously resolved interpretation and measurement issues. Measurement of Outcome 26 performance is based on the sample of 180 children in foster care. As in previous periods, the biggest challenge to measuring this outcome was the lack of legal documentation found in the child records. The Accountability Agents requested the State to provide the documentation if it was available in other records.

b. State Performance

- **The State Fell Short of the Outcome 26 Threshold**

For Outcome 26, **65 percent** of the 180 children (117 children) in the placement sample had the required court orders with all the required language necessary to assess current eligibility for federal funding under Title IV-E. The threshold for this outcome is 95 percent. Figure VI-3 displays the State’s performance on Outcome 26 over the five reporting periods to which the Consent Decree standards applied. The best performance to-date was in Period IV when the Accountability Agents worked closely with the DHR legal staff to obtain the necessary documentation. No similar intensive effort occurred in other periods.

Figure VI-3
Five Reporting Periods of State Performance on Outcome 26
(July 1, 2006 to December 31, 2008)



Source: Review Period Foster Care Case Record Reviews

The primary reasons for falling short of the Outcome threshold remain the same as the Accountability Agents have identified in previous reporting periods. Among the 63 records that did not meet Outcome 26 standards, the following patterns emerged:

- 17 records were missing the initial removal orders that brought the children into DFCS custody.
- 20 records had initial removal orders, but the orders were missing child-specific language
- 20 records were missing evidence of 60-day judicial determinations or these determinations were not done within the required 60 days.
- 7 records had Permanency Orders that did not have the required language.

Outcome 29 – Lapses in Legal Custodial Authority

The Consent Decree strives to limit the proportion of children for whom DHR/DFCS custodial authority lapses.⁸⁷ 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.

⁸⁷ See p 37, Outcome 29 of the Consent Decree

a. Interpretation and Measurement Issues

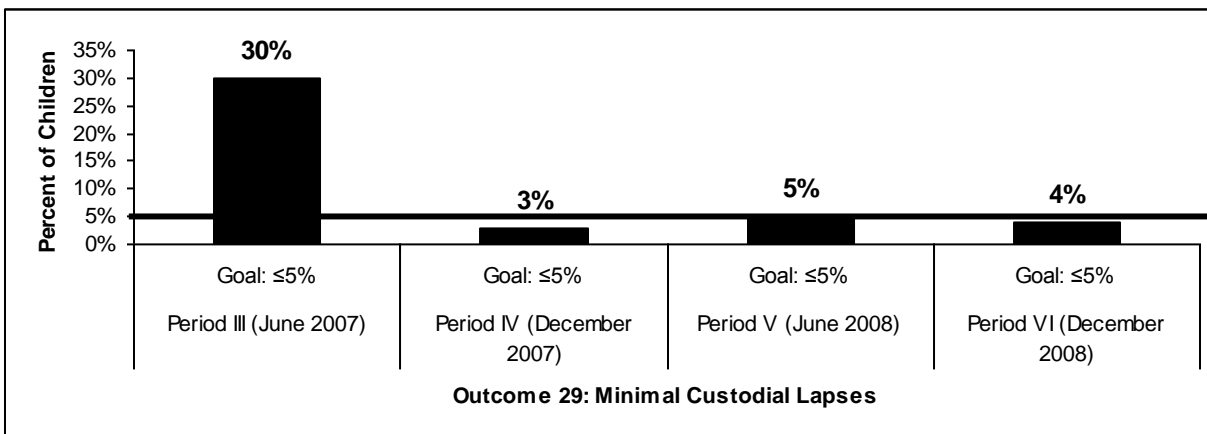
No new interpretation issues were encountered in Period VI. Measurement of Outcome 29 performance is based on 111 children in the sample of 180 children in foster care. These 111 children had been in custody 12 months or more and were still in the temporary custody of the State. The statistical margin of error for this subsample is +/- 9 percent. Measurement was again modified to allow the State to provide copies of court orders that were not found in the case record review. In Period VI, the Accountability Agents requested further follow-up from DFCS on 15 records to complete the analysis because these records had insufficient information to determine custodial lapses. The State provided appropriate documentation for 11 records.

b. State Performance

- **The State Surpassed the Outcome 29 Threshold**

In Period VI, it appears that DFCS had lapses in custody for 5 children out of 111 (4%). The outcome threshold is no more than 5 percent. This performance is about the same as the Period V performance of 5 percent. Figure VI-4 illustrates the proportion of children in DFCS custody with custody lapses over the four reporting periods to which the Consent Decree standard applied.

Figure VI-4
Four Reporting Periods of State Performance on Outcome 29
(January 1, 2007 – December 31, 2008)



Source: Review Period Foster Care Case Record Reviews, Court documentation

B. Lower Caseloads and Staff Qualifications

1. Caseload Sizes

There are six primary types of case managers responsible for direct interventions with children and families. The Consent Decree establishes caseload caps for five types. Table VI-4 displays the five different types of case managers, “case” definition, and the stipulated caseload caps.

**Table VI-4
Case Manager Types and Respective Caseload Caps**

Case Manager Function	Responsibility	Caseload Cap
Child Protective Services Investigators (CPS Investigations)	Respond to and investigate reports of child maltreatment. These individuals may also respond to reports of families in need who are considered candidates for “diversion” services.	12 cases (the equivalent of 12 families)
Child Protective Services On-Going Case Managers also referred to as Family Preservation	Provide services to and supervise the safety of children who are not taken into state custody and remain in their own homes.	17 cases (the equivalent of 17 families)
Permanency Case Managers ⁸⁸	Provide services to the children and families of children who are in the State’s custody	15 cases (the equivalent of 15 children)
Adoptions Case Managers	Provide services to children whose parents’ parental rights have been terminated and who have the permanency goal of adoption.	16 cases (the equivalent of 16 children)
Specialized Case Managers	Provide services to the children and families of children who have been in state custody 18 months or more	12 cases (the equivalent of 12 children)

A sixth type of case manager may be referred to as a Diversion or Family Support 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. In child welfare practice this strategy has come to be known as an “alternative response” to either an investigation or totally “screening out” a report because the circumstances do not rise to the level of child maltreatment. Diversion case managers may handle child protective services investigations as well under two circumstances. One, if, upon meeting with the family and determining that the situation does rise to the level of possible abuse or neglect, the case designation is revised from “diversion” to “child protective services.”

⁸⁸ The State has newly designated “placement” case managers as “permanency” case managers to emphasize their primary purpose is to promote permanency in the lives of children.

The second circumstance may be when all other investigative staff are busy and Diversion case managers are called on to conduct the investigation to ensure a timely response. Diversion cases and case managers are not covered by the terms of the Consent Decree. They are only included in the caseload analysis when they have responsibility for investigations or family preservation cases. When they are included, all of their cases are counted equally against the caseload caps -- diversion cases along with investigations and/or family preservation cases.

a. State Performance as of December 31, 2008

At December 31, 2008, 72 percent of the case managers in DeKalb and Fulton Counties had caseloads that were at or under designated caps, as reflected in Table VI-5. This is a decline from the end of Period V (June 2008) when 79 percent of the case managers had caseloads at or under the designated caps. While the caseloads of Adoption case managers improved considerably, the caseloads of other permanency case managers and family preservation case managers suffered significant reversals in what had been improving trends. In addition four workers who were not fully certified by December 31, 2008 had caseloads exceeding DFCS-set limits. More detail about the different caseloads is provided below. Furthermore, 66 cases were formally assigned to workers who had been promoted, left DFCS employment before December 31, 2008, or were on medical leave, or they were temporarily assigned to supervisors/program administrators in anticipation of formal assignment. In period V there were 45 such cases. These cases are discussed below as part of the individual caseload discussions.

The Accountability Agents interviewed 53 foster care case managers in January 2009 to obtain supportive information about caseload sizes and perception of SHINES activities. The case managers were asked about their caseload sizes the day of the interview and the pattern they experienced in the six-month period July-December. In many instances the case managers reviewed the SHINES assignment reports with Accountability Agents and discussed any discrepancies between SHINES and the number of cases they were actually “working” on the day of the interview. The interviews confirmed the caseload sizes and supervisory ratios reported by the State. Any discrepancies were attributed to learning exactly how to close out a case in SHINES or some other issue related to SHINES processing.

In calendar year 2008, it appears that 85 fully certified case managers resigned, retired, transferred out of or were dismissed by the two counties. This included seasoned staff as well those who had been in the counties six months and had recently become eligible to carry full caseloads. This represents approximately one-third of all the case managers in both counties at the end of Period IV and mid-way through 2008 at the end of Period V. In addition, several veteran supervisors and program administrators with more than 20 years experience departed by the end of 2008. Because of specific job demands and an aging workforce in general, this

type of attrition is not uncommon in child welfare.⁸⁹ Although some attrition is healthy and even desired, losses can impede county ability to meet the caseload caps for all case managers.

The State reports taking steps to improve the recruitment and hiring process to ensure a better “fit” between candidates and DFCS work requirements. One step is a revised interview protocol designed to better assess a candidate’s abilities. Another step will provide new hires with a pre-training orientation of a few weeks in a DFCS office observing the work through “shadowing” certified staff. A third important step is strengthening supervisor development and accountability.

Effective strategies for recruiting, hiring, and retaining good employees are particularly critical given the enormous budget challenges the State is facing. Under the current State budget constraints, each new or replacement hire must be reviewed and authorized by the DHR Assistant Commissioner responsible for DFCS. DeKalb and Fulton have received priority consideration for hires and Fulton reports filling 10 case manager positions by mid-March. However, it will require at least six months or more for inexperienced hires to receive pre-service training and become fully certified to carry a full caseload. By the beginning of March, caseloads appeared to be better distributed, with fewer case managers carrying very high caseloads.

In the early months of Period VII, Fulton was also shifting staff to meet caseload needs. Both counties report that the number of fully certified staff began increasing in the first half of Period VII, enabling caseloads to be redistributed as the newly certified staff could assume full caseloads in January and February. By the end of March, Fulton County had implemented an intensive effort to reduce the number of investigators carrying large CPS caseloads. The results of these efforts appeared to be having some effect as the number of high caseloads appeared to be diminishing by the beginning of April.⁹⁰ Both counties also acknowledge that supervisor positions are difficult to fill because of the required education, experience, and skills.

⁸⁹U.S. General Accounting Office. (2003). *HHS Could Play a Greater Role in Helping Child Welfare Agencies Recruit and Retain Staff* (GAO-03-357). (Available at www.gao.gov). The GAO reported that estimated turnover was between 30 percent and 40 percent.

⁹⁰ The Accountability Agents reviewed caseload data pulled directly from SHINES on April 3 and April 6, 2009. This data, however, was not verified with the counties.

Table VI-5
DeKalb and Fulton County Caseload Status at December 31, 2008

Case Manager Function	Target Caseload Cap: Number of cases	Number of Active Staff on 12/31/08 ¹	Number of Active, On-leave Staff on 12/31/08 ²	Actual Performance				
				Meeting Cap on assigned caseloads ³		Not Meeting Cap on assigned caseloads		Cases assigned to separated/ on leave workers/ Supervisors
				Number	%	Number	%	Number
CPS Case Manager	12 families	48		29	60%	19	40%	9
Ongoing Case Manager	17 families	35	1	25	71%	10	29%	16
Permanency Case Manager	15 children	69	1	47	68%	22	32%	20
Specialized Case Manager	12 children	51	1	38	75%	13	25%	21
Adoption Case Manager	16 children	35		32	91%	3	9%	
Total		238		171	72%	66	28%	66

Sources: SHINES; county personnel systems for leave and separation information

Notes:

¹Active staff are those staff that were not on leave of absence on December 31, 2008 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 December 31, 2008 but leave anticipated to be more than 30 days.

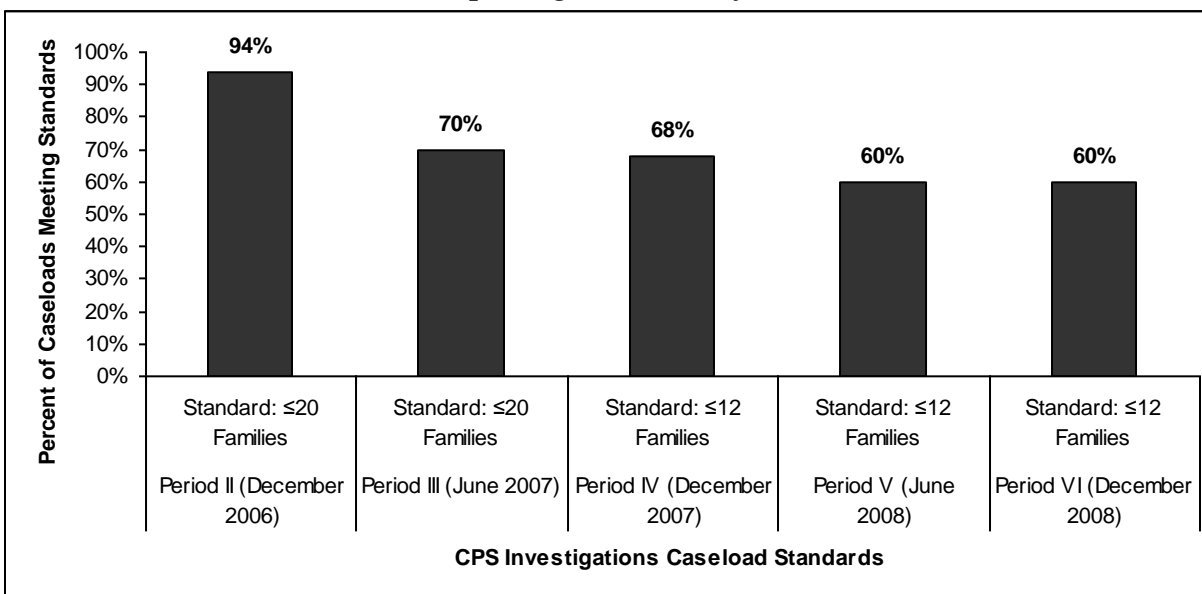
³Three provisionally certified workers had caseloads within the Consent Decree requirements but exceeding the 7 case limit established by DFCS. The caseloads ranged from 8 to 10 cases. One case manager who was not provisionally certified on December 31, 2008 did have 4 assigned cases.

Child Protective Services Caseloads

In December 2008, 60 percent of the *CPS investigation* caseloads were at or under the caseload cap of 12 families. This is the same as the Period V performance of 60 percent. However, in Period VI, there were more case managers with very large caseloads (20 or more). During Period VI, the counties took steps to increase the number of CPS investigators. Nearly all of the new staff, however, were still provisionally certified by the end of Period VI and, therefore, not allowed by DFCS policy to assume caseloads greater than 7. However, one provisionally certified investigations case manager had a caseload of eight on December 31, 2008. Among the

22 caseloads of more than 12 families, eight were 30 to 47 cases, three were caseloads of 20-28, and 11 had 13-15 families. Four case managers who had caseloads of 13 to 15 cases had one or more diversion cases as well as investigations. Figure VI-5 illustrates the proportion of CPS investigation caseloads meeting the Consent Decree standards over the five reporting periods to which the standards applied. By April 2009, the counties appeared to be making some progress in once again reducing the investigative caseloads. At that time, it appeared that only one investigations caseload had 30 cases, none were larger.

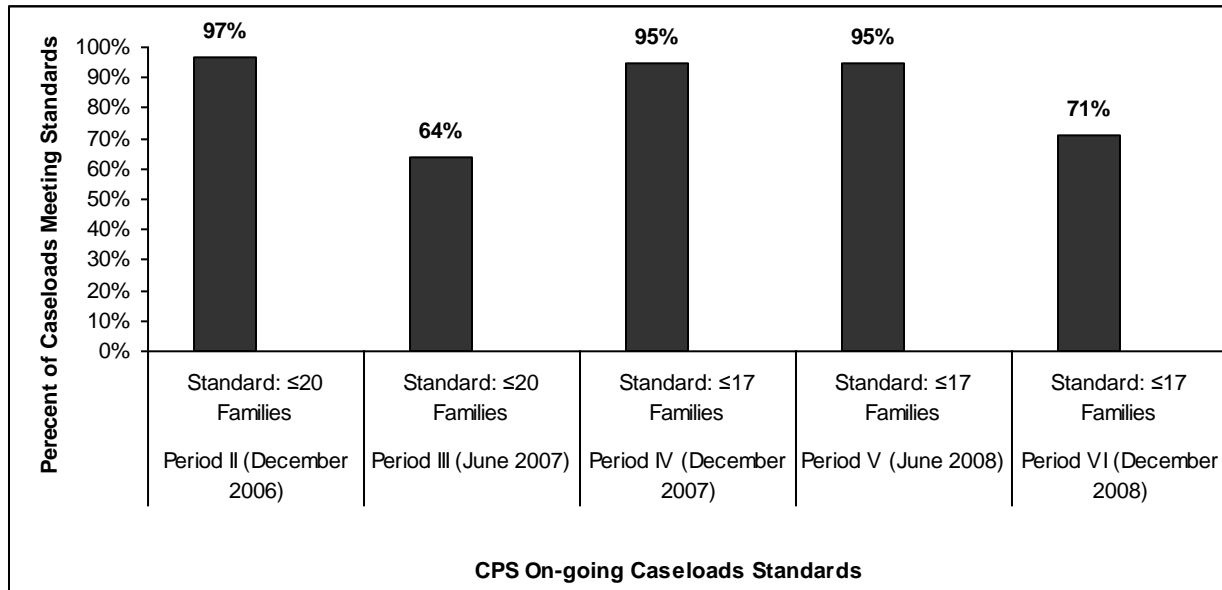
Figure VI-5
Percent of CPS Investigation Caseloads Meeting Standards
At the end of Five Reporting Periods (July 2006-December 2008)



Source: State data bases: IDS and SHINES; county personnel systems for leave and separation information.

Among the case managers who provide *on-going, in-home child protective services*, 71 percent had caseloads of 17 or fewer families. As previously noted, this represents a substantial decline from the Period V level of 95 percent. The number of staff assigned to this responsibility also appeared to have declined over Period VI. No case manager had more than 25 cases, but four had 20-25 families on their caseloads. In addition, 16 cases were assigned to a worker who was on extended leave until January 2, 2009 and the State report that other case managers in the unit were supplying coverage for these cases, but these additional cases are not reflected in the workload of the other case managers. Also, one new hire who was not certified until January 8, 2009 had four assigned families on December 31, 2009. At the beginning of April, five case managers appeared to have caseloads ranging from 20 to 27 cases, and another nine appeared to have caseloads of 18 or 19 families. Figure VI-6 illustrates the proportion of CPS on-going services caseloads meeting the Consent Decree standard over the five reporting periods to which the standards applied.

Figure VI-6
Percent of CPS On-Going Caseloads Meeting Standards
at the end of Five Reporting Periods (July 2006-December 2008)

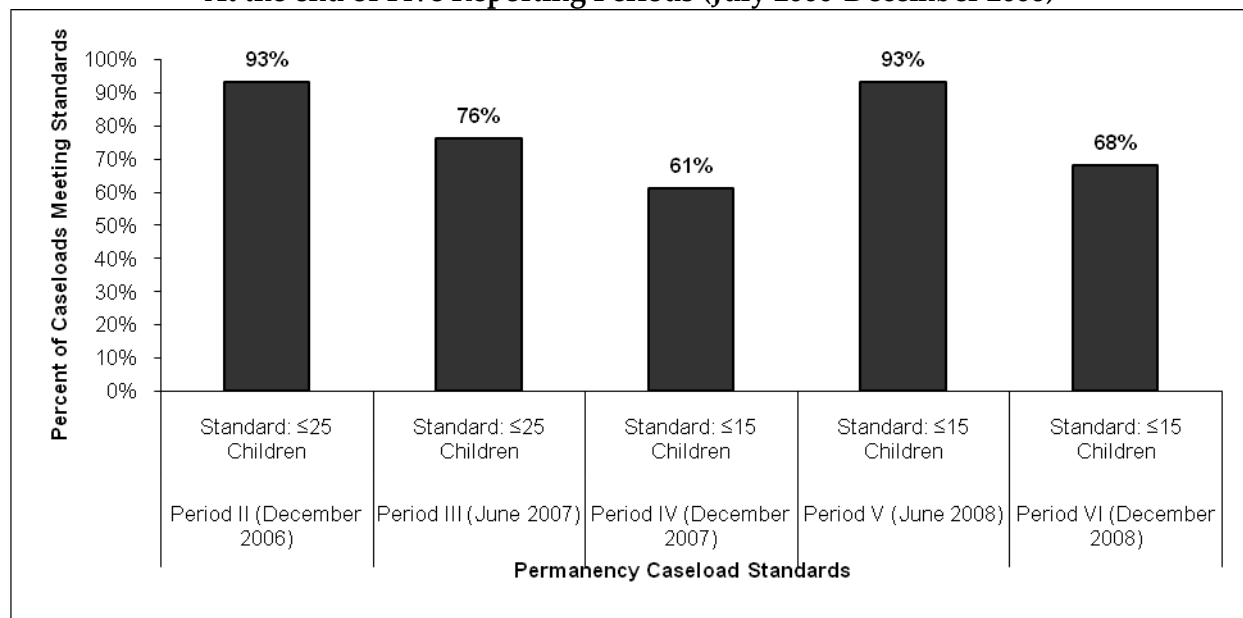


Source: State data bases: IDS and SHINES; county personnel systems for leave and separation information.

Permanency Caseloads

In Period VI, 68 percent of the *“regular” permanency caseloads* were at or under the caseload cap of 15 children. This is a substantial decline from Period V when 93 percent of the caseloads were meeting the cap or were smaller. There were fewer certified permanency case managers in Period VI compared to Period V (69 compared to 75). Seventeen caseloads had 16 to 18 children and four caseloads had 20 to 24 children. One provisionally certified case manager had 9 assigned cases on December 31, 2008. One case manager was on extended leave on December 31, 2008 and her five cases were reportedly being handled by other staff in her unit. Supervisors and program administrators were briefly assigned 15 cases as the result of staff resignations and reassignments. By April 2009, three caseloads had 20-21 children, and 15 caseloads appeared to have 16 to 19 children. Figure VI-7 illustrates the proportion of regular permanency caseloads meeting the Consent Decree standards over the five reporting periods to which the standards applied.

Figure VI-7
Percent of Regular Permanency Caseloads Meeting Standards
At the end of Five Reporting Periods (July 2006-December 2008)



Source: State data bases: IDS and SHINES; county personnel systems for leave and separation information.

Some permanency case managers continue to have a few children who reach their 18th month in custody and remain on the regular permanency caseload at month-end when the case loads are reviewed. In December 2008, eighteen “regular” permanency caseloads included 34 children who had reached their 18th month in state custody. For some of these, the transfer to specialized caseloads appears to be a simple matter of timing. The case was not transferred in December, but it was a few months later. For other cases, the transfer was complicated by a number of different factors.

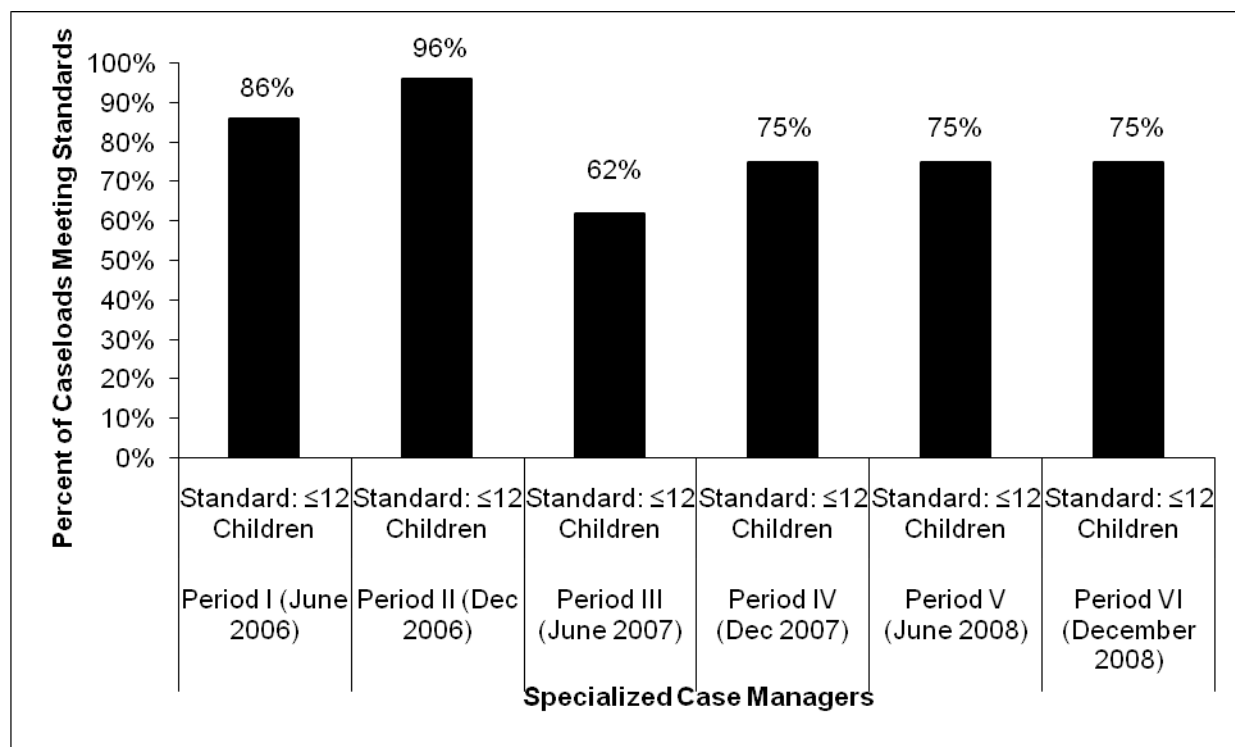
The Accountability Agents have observed some practice challenges to moving children from one caseload to another at the 18th month or soon thereafter. Many challenges relate to sibling groups and minor parents and their children. Some case managers may have sibling groups with children who reach their 18th months at different times and, for purposes of overall case continuity, all are transferred or all remain with the regular case manager. Likewise, a youth who has a child while in foster care may reach her 18th month, but her child has not. Other practice challenges weigh the potential trauma of disrupting the bond formed between children and their case managers after 18 months and the anticipated length of time to achieving permanency.

One unusual example identified by the Accountability Agents in Period VI highlights all of these challenges in one caseload: large sibling groups reaching the 18 month mark at the same time or in quick succession; teens with infants; maintaining worker continuity; and promising permanency through the efforts of the current case manager. One permanency case manager

has had a large sibling group with an additional second generation on her caseload since the children came into foster care at different times in 2007. The sibling group of 9 children has three additional children who are the children of two of the older teens. As of the end of December 2008, two of the children in this 12 member sibling, two generation group had reached their 18th month care. By March, nine more of the children reached their 18th month. At the end of December, the birth mother to the nine siblings had been approved for a 5 bedroom apartment but does not know when one will become available. The Department, in consultation with the maternal grandmother, the birth mother, and the children, decided to move ahead with the maternal Grandmother receiving guardianship of the six children who are currently placed with her. That process is expected to be completed later in the spring.

The designated *specialized caseloads* remained the same as in the previous two periods. In Period VI, as in Period IV and V, 75 percent of the specialized caseloads each had 12 or fewer children. Some caseloads include children that had not yet reached their 18th month in custody. Ten case managers had caseloads ranging from 13 to 15 children and four had caseloads ranging from 16 to 19. One provisionally certified case manager had a caseload of 10 children. One case manager was on extended leave on December 31, 2008 and her six cases were reportedly being handled by other staff in her unit. Supervisors and program administrators were briefly assigned eight cases as the result of staff resignations and reassignments. Figure VI-8 illustrates the proportion of specialized caseloads meeting the Consent Decree standard over the six reporting periods to which the standard applied.

**Figure VI-8 Percent of Specialized Caseloads Meeting Standard
At the end of Six Reporting Periods (October 2005-December 2008)**

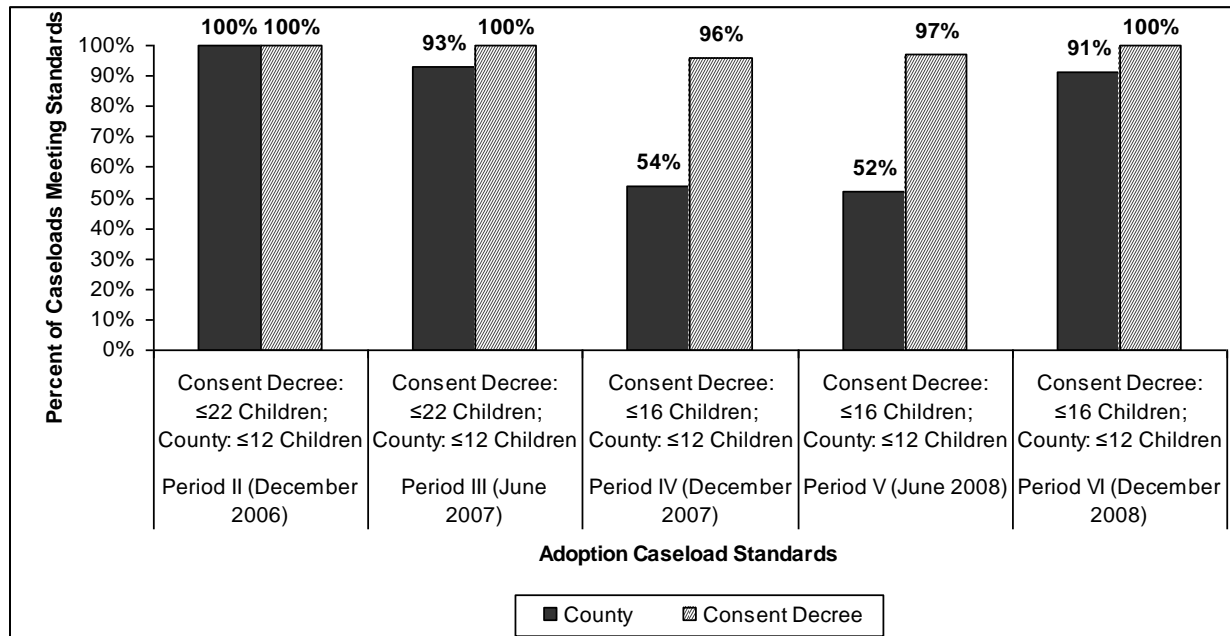


Source: State data bases: IDS and SHINES; county personnel systems for leave and separation information.

As previously noted, the *adoption* caseloads demonstrated the only significant improvement over Period V. County performance as measured by the counties' self-imposed limits⁹¹ reveals that 86 percent of the adoption caseloads have 12 or fewer children. As measured by the Consent Decree requirement, all of the adoption case managers had 16 or fewer children. A supervisor was briefly assigned three cases as the result of staff resignations and reassignments. Figure VI-9 illustrates the proportion of adoptions caseloads meeting the Consent Decree standards over the five reporting periods to which the standards applied.

⁹¹ The Consent Decree stipulates that all adoption case managers have caseloads no larger than 16 children. However, in the first reporting period, the Counties committed to keeping these caseloads at 12 or fewer children to be equivalent with the specialized case manager requirements

Figure VI-9
Percent of Adoption Caseloads Meeting Standards
At the end of Five Reporting Periods (July 2006-December 2008)



Source: State data bases: IDS and SHINES; county personnel systems for leave and separation information.

2. Supervisory Ratios

In addition to caseload caps, the Consent Decree establishes supervisory ratios. Each supervisor should supervise no more than 5 case managers at any one time.⁹²

As shown in Table VI-6, on December 31, 2008, 84 percent of the supervisory units had a ratio of 5 workers or fewer to one supervisor. This is a decline from Period V when 91 percent had the required ratio. There continued to be supervisory vacancies in Period VI but the Counties report taking steps to ensure supervisory coverage. In this period, one permanency unit of four case managers had a supervisory vacancy and the unit was being supervised by a program administrator. One CPS unit of five investigators was being temporarily supervised by a county training coordinator who has a Bachelor's in Sociology and 14 years of experience as a case manager. Finally, another unit of four CPS investigators was being supervised by a "Lead Worker." This lead worker has not been promoted to the position of supervisor yet because she has a Bachelor's degree in Sociology, not the Bachelor of Social Work (BSW) required by the Consent Decree. She has, however, received the DFCS new supervisor training and was certified as a supervisor in 2008 and the State reports she will begin a graduate social work

⁹² See p. 23, Section 8.B.2 in the Consent Decree.

program in the fall of 2009. The nine units that did not meet the standard included six units with a ratio of 6 to one; one unit had a ratio of 7 to one; and two units had a ratio of 8 to one.

Table VI-6
DeKalb and Fulton County Supervisory Ratios at December 31, 2008

Program/Service Area	Number of Units	Meeting 1 to 5 ratio		Not Meeting 1 to 5 ratio	
		Number	%	Number	%
Child Protective Services (Investigations and Ongoing)	21	21	100%	0	
Permanency *	16	13	81%	3	19%
Adoption	7	4	57%	3	43%
Specialized Case Management	9	6	67%	3	33%
Combined Units (units of mixed program areas)	2	2	100%	0	
Total	55	46	84%	9	16%

*Includes program administrator acting as supervisor

Sources: State IDS, SHINES, and county personnel systems for leave and separation information

C. Building Workforce Skills

The Consent Decree has several training requirements.⁹³ In this report section, the Accountability Agents describe the qualifications of new supervisors and the State's compliance with pre-service and in-service training requirements.

1. Education and Training Services Section ⁹⁴

There have been no changes in the leadership of the Education and Training Services (ETS) section since the fourth reporting period. During Period VI, Education and Training Services reports adopting a regional training system model. In this model, trainers are specifically assigned to work with different regions. ETS hopes this approach will allow the trainers to spend less time travelling and more time developing relationships with county training coordinators and on curricula development.

2. Staff Preparation and Professional Development

The new permanency case manager curriculum continued to be piloted and revised and the new supervisor training was fully implemented in Period VI. Both curricula incorporated SHINES training. In contrast to the previous curricula, the new training modules appear to rely

⁹³ See pages 25 and 26 of the Consent Decree for the complete description of the requirements.

⁹⁴ See Dimas, J.T. and Morrison, S. A. *Period I Monitoring Report, Kenny A. v. Perdue*, November 2006, for a description of the Education and Training Services Section.

more on adult learning techniques such as hands-on skill building exercises and small group and interactive discussion.

The revised curriculum for case managers of children in care was “rolled out” across the state in March 2009. It appears to have a greater emphasis on permanency and other child welfare outcomes. For example, the training itself is now called “Promoting Permanency through Foster Care Services.” The first training exercise focuses on the importance of permanency and connections. In addition, the Federal Child and Family Service Review (CFSR) standards and indicators have been incorporated throughout the training.

The State reports that other enhancements include:

- Incorporating the “Every Child Every Month” curriculum;
- A module dedicated to reviewing the Comprehensive Child and Family Assessment (CCFA) standards and applying them to an actual CCFA and then applying the CCFA findings in a case scenario;
- A greater emphasis on the well-being of teens and the Independent Living services available to youth in placement

Revisions to the New Supervisor training include the CFSR requirements, “Every Child Every Month, and Family Team Meetings. All of these highlight the significance of preserving connections as a means to permanency. The training also continues to emphasize intrapersonal skill building as well as technical skill building for supervision. The first week of New Supervisor training focuses on two key competencies for effective supervision: communications and coaching. The second week builds on these skills and engages the participants in strengthening their abilities to do the following:

- Planning and Managing Unit Work
- Building Better Relationships
- Using Data
- Team Building
- Managing Performance

Future revisions to the Supervisory curriculum are expected as the Education and Training unit weighs developing separate training paths for Social Services and Office of Family Independence (OFI).

Two new tools have been created to help supervisors stay current with training and to help case managers apply their online and classroom learning to daily case management. One of these tools is referred to as a “Transfer of Learning” packet. Supervisors receive these newsletters if one or more of the case managers in their units attend a Professional Excellence course provided by Georgia State University. The Professional Excellence program is designed as an advanced skills training for staff with at least 18 month’s field experience. In general, the Transfer of Learning packet gives supervisors the key learning points from the training, CFSR implications related to the training, follow-up exercises to reinforce the training, and a method

for supervisory assessment of how well the case manager is achieving the goals of the course. The Professional Excellence program has also partnered with DFCS to create a “*Supervisor eJournal*.” This on-line newsletter is intended to be a periodic resource to supervisors on topics such as “Promoting Placement Stability and Permanency through Case Manager/Child Visits.” The first issue was December 2008.

Finally, ETS reports has implementing a new leadership course called “Leading to Achieve Results.” This course is open to all, but it is specifically designed “to develop leadership capacities for individuals being groomed for or aspiring to assume leadership positions in DFCS.”

3. New Supervisor Qualifications

As stipulated in the Consent Decree, case manager 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.⁹⁵ Nineteen individuals were promoted or newly employed as case manager supervisors July 1 through December 31, 2008. All either had a BSW or a Master’s degree in Social Work (MSW). One individual who had a MSW had about 17 months of experience as a case manager instead of the required two years.

4. Pre-Service and On-going Training Hours

According to the county data and the certification data reviewed by the Accountability Agents, it appears that new case managers are receiving the required number of hours of pre-service training. New supervisors appointed or hired in the last year appear to have received the supervisory pre-service training. However, it appears that 15 (6%) of the case managers and four (8%) of the supervisors had not received all of the required annual 20 hours of professional development. The Accountability Agents did not independently verify the professional development hours reported by the State and counties in Period VI.

5. Case Manager and Supervisor Certification

The proportion of staff and supervisors who are fully certified has decreased from Period IV. Table VI-8 summarizes the certification status available from the State at the end of December 2008 for social service case managers and supervisors in Fulton and DeKalb counties. As noted 218, (92%) of case managers and 36 (67%) of supervisors had achieved full certification as of December 31, 2008. This compares to 98 percent of the case managers and 93 percent of the supervisors in Period V. The lower proportion of certified supervisors reflects the number of new supervisors in Period VI who had received their new supervisor training, but their final supervisory certification status was still pending at the end of December 2008.

⁹⁵ See p. 26 of the Consent Decree

Table VI-7
Certification Status of Case Managers and Supervisors in
DeKalb and Fulton County DFCS as of December 31, 2008

Position Title	Fully Certified	Results Pending	Provisional	Not Certified	Total
Case Managers					
CPS Investigators	42		6		48
CPS On-Going Case Managers	34			1	35
Permanency Case Managers	64		5		69
Adoption Case Managers	32		3		35
Specialized Case Managers	46	1	4		51
TOTAL	218	1	18	1	238
Supervisors					
CPS (Investigations and On-Going)	14	7			21
Permanency*	10	5			15
Adoption	7				7
Specialized Cases*	5	4			9
Combined Placement Units		2			2
TOTAL	36	18			54

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

*The program administrator acting as a supervisor for a specialized case management caseload was not included. The training coordinator acting as a supervisor for a CPS unit was included.

D. Assuring Needed Services Are Available

During Period VI, the counties began fully implementing its foster home recruitment and retention plans and results tracking. Since establishing their respective baselines and goals in March 2008, DeKalb has yet to show a net gain but Fulton has made some progress in recruiting more homes than it closed. Table VI-10 provides the March 31, 2008 baseline, county goals, the number of homes and beds on December 31, 2008, and the net gain or loss in the number of homes and beds over the baseline.

Table VI-8
DeKalb and Fulton Foster Home Capacity Building Progress

County	Baseline – As of March 31, 2008		Status on December 31, 2008		Progress: Net Gain or (Loss)		Goals For July 2009	
	Beds	Homes	Beds	Homes	Beds	Homes	Beds	Homes
DeKalb	418	209	409	206	(9)	(3)	798	308 to 339
Fulton	504	238	552	258	48	20	594	328

Source: DeKalb and Fulton County reporting

As indicated in Table VI-8, DeKalb County had fewer homes and beds on December 31 than it did in March 2008 despite seeing some gains in the last few months. Overall, in Period VI, DeKalb reported opening 27 homes while closing 25 homes. One home was closed because of a substantiated allegation of maltreatment and seven others were closed at the county's initiation due to policy violations or failure of foster parents to fulfill their obligations. The remaining 17 homes were closed at the foster parent's request or they moved out of Georgia. However, when the Needs Assessment recommended increasing the number of foster home beds, it was based, in part, on estimated foster population growth. In fact, the DeKalb county foster care population has continued to gradually decline from 908 children in March 2008 to 858 in December 2008.

Fulton County, while also seeing a gradual decline in its foster care population, increased the number of homes and beds since March 2008 as shown in Table VI-8. Between July and December, the county reports opening a total of 51 new homes, but they also closed 34 homes, making a net gain of 17 homes over six months. None of the home closures were the result of maltreatment in care issues. Nearly 60 percent closed because the foster parents did not want to foster parent any longer or they moved out of Georgia. Another quarter closed because they adopted the children that had been placed with them and did not want to remain foster parents. The remaining homes were closed as the result of policy violations or foster parents not fulfilling their obligations.

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 5.C.4.e-i, 5.C.6⁹⁶ and Section 11.⁹⁷ The State performed well in Period VI and maintained or further advanced many of the significant improvements documented in Period V compared to earlier reporting periods.

⁹⁶ Ibid, pp. 16-19.

⁹⁷ Ibid, pp. 26-28.

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 State's performance against each of 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 foster 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, aspects of the approval process that may have been underway at the end of the reporting period but had not yet been concluded and documented in the case record, and the practice among some child-placing agencies of keeping certain information such as health records and toxicology reports in separate, locked files rather than in the foster home file due to HIPAA and privacy concerns.

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

Successfully preventing maltreatment in care is aided by effective evaluation and reevaluation of care settings. In addition, foster caregivers 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 ensure 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, compliance was found to be very good and to be somewhat improved compared to Period V, although it varied somewhat by requirement.

Table VI-9 summarizes the extent to which documentation was found in the foster home records reviewed indicating that these homes met specific approval standards, and compares the results for the fifth and sixth reporting periods.

The foster home record review found completed initial/re-evaluation reports in 156 of 159⁹⁸ records (98%) in which they should have appeared, compared to 96 percent in Period V. The file review found evidence that for most approval standards, 97 percent or more of the homes reviewed were in compliance. This is an improvement from Period V, for which most of the approval standards were met by 93 percent or more of the homes reviewed (although the change is within the sample's margin of error). Compliance appears to have improved on six of the 16 requirements (for four of these six the change was within the sample's margin of error), remained about the same (± 2 percentage points) for nine of them, and declined for one (though the change was within the subsample's margin of error).

Table VI-9
Foster Care Approval and Licensing Standards
n = 160

Foster Care Screening, Licensing, Training, and Investigative Requirements	Documentation found indicating requirement met	
	Period V	Period VI
Family assessment completed	99%	99%
Timely Criminal Record Checks for foster parents	97%	99%
Sex Offender Registry checked for foster parents	91%	99%
Pre-service foster parent training requirements met	99%	99%
Gender of children in home never varied from that approved	95%	99%
CPS history has been checked	99%	98%
Timely annual re-evaluation (no lapses)	90%	98%
No violations of agency discipline or other foster care policies	97%	98%
Comprehensive medical report for each foster parent	93%	97%
Comprehensive Drug Screen for Foster Parents	91%	95%
Sex Offender Registry checked for other adults in the home	84%	92% ^a
Number of children in home never exceeded approved capacity	93%	91%
Timely Criminal Record Checks for other adults in the home	92%	91% ^a
Ongoing foster parent training requirements met	89%	90%
Age of children in home never varied from that approved	88%	87%
Appropriate health statements for household members	95%	80% ^a

Source: Case Record Review March 2008 and September 2008.

^a As these measures are based on a sub-sample of 35 foster homes, they have a margin of statistical error of $\pm 15\%$.

In each of the Accountability Agents' first four reports, there were three or four approval and licensing standards for which evidence of compliance was found in fewer than 80 percent of the foster home files reviewed. In those review periods, evidence of compliance had been found to be as low as 54 percent for certain requirements. Period V saw widespread and, in many cases,

⁹⁸ One provider-supervised foster home for which a re-evaluation was not completed because the CPA placed it on inactive status pending closure was excluded from this analysis.

substantial improvement in evidence of compliance with these licensing and approval standards, much of it coming from provider-supervised foster homes. The Period VI record review demonstrates that the improvement documented in Period V has been maintained or further advanced for all of the approval and licensing standards except one: “Appropriate health statements for household members.”

However, it should be noted that the compliance rate for this item is based on the subsample of 35 foster homes that had one or more adults other than the foster parents residing in them. As such, it is subject to a larger margin of statistical error than most of the other requirements (± 15 percentage points) within which margin the observed change falls. Among the seven foster homes with adults other than the foster parents residing in them for whom appropriate health statements were not found, the problem was usually associated with children of the foster parents who had recently either turned 18 or moved back in with their parents.

2. Prohibition of perpetrators of substantiated maltreatment to be foster parents

Section 11.F. of the Consent Decree 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 very good. Of the 160 foster home files reviewed, two (1%) had confirmed incidents of corporal punishment during the sixth reporting period. There were no confirmed incidents of corporal punishment identified in the Period V foster home sample. More detail on the State’s performance in preventing the use of corporal punishment is discussed earlier in this report, in Part III.

To assess the State’s performance in not allowing perpetrators of substantiated maltreatment to become or to remain foster parents, file reviewers performed a “look-up” in SHINES and the IDS Master Index for every foster home in the sample to determine if the home had any history of substantiated maltreatment. One home in the sample of 160 (0.6%) was found to have a prior substantiation of maltreatment and to be open during the reporting period. This represents a decrease from Period V, when four such homes (3%) were found. This home is a DFCS-supervised group home that was also reviewed in Periods IV and V as part of those foster home samples and the incident below is also described in the Accountability Agents Period IV and V reports. The home is run by former foster parents that adopted two of their former foster children. In 2005, the adoptive mother was the subject of a substantiated report of corporal punishment for physically disciplining one of her adopted children after he got in trouble at school. This home has had no maltreatment allegations involving foster children, and no CPS reports since this 2005 incident. Under the circumstances, the county office decided to counsel the adoptive mother and to allow the home to remain open.

Two other homes in the sample had allegations of maltreatment that were substantiated during the current reporting period. Both these foster homes were closed after the investigations were concluded. (This is comparable to the Period IV sample which included one such home.)

Given the importance of preventing perpetrators of substantiated maltreatment from becoming or remaining foster parents, the Accountability Agents vetted each of these three cases very carefully. In the first case (which was reviewed in previous reporting periods), 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. In the two cases that had substantiated reports during Period VI, the foster homes were closed at the conclusion of the investigation.

As a result of carefully vetting the foster homes identified in the Period IV and V file reviews that had previous histories of substantiated maltreatment, the Accountability Agents' *Period V Monitoring Report* raised some concerns about the process then employed for performing CPS checks on new and re-approved foster homes. The first concern was triggered by a case in which the CPS check performed by the county staff appeared to come back "clean" when in actuality there was a previous history of substantiated maltreatment. The Period V report suggested that the likelihood of this happening should be reduced by the advent of SHINES. Whereas the previous system known as IDS would only return exact matches, the default search option in SHINES is a phonetic search that can match names that sound similar (e.g. Gerry and Jerry), transposed characters, and transposed fields (last and first). The Period VI file review found no instances in which a CPS history check returned erroneous results.

A second concern, raised in the Accountability Agent's *Period IV and Period V Monitoring Reports*, was triggered by two instances in which CPAs had requested CPS clearances on foster homes that were never received. The State was urged to consider centralizing the CPS clearance process, perhaps vesting responsibility for conducting these clearances in the Provider Relations Unit (PRU) rather than relying on the procedure then in place that required CPAs to request a CPS clearance from the DFCS office in the would-be foster home's county of residence. The Accountability Agent's *Period IV Monitoring Report* suggested that the existing arrangement offered too little accountability and left too much room for error.

Leadership of the Provider Relations Unit conducted some interviews and field work prior to addressing this recommendation and has decided to centralize this service to providers through the State's Interstate Compact on the Placement of Children (ICPC) Unit, which had been offering this service informally to CPAs since 2007. PRU plans to publicize the availability of this service through KIDSTAR (their provider tracking and communications system) and through the providers' professional association. Ultimately, PRU intends to seek an amendment DFCS policy to require CPAs to perform CPS history checks through this centralized unit.

Section 11.F. 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 Provider Relations Unit uses SHINES, CPS-specific notes in the KIDSTAR data system, and an "issue" spreadsheet that is developed and distributed monthly by the office of Family Services Section Director to identify and to prevent such foster parents from attempting to do this.

a. 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 Regulatory Services (ORS). This section describes the Accountability Agents' 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.

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 5.C.4.i 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 86 provider-supervised foster homes sampled that had a class member in care at any point during the reporting period, 86 (100%) were overseen by CPAs that had a valid license on December 31, 2008.

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.

CPAs wishing to serve children in DFCS custody must, in addition to licensure by ORS, be approved by the DFCS Provider Relations Unit (PRU). 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. These uniform standards became fully operational on July 1, 2007 with the implementation of amended provider contract language. Before arriving at an initial approval decision, PRU

reviews the ORS licensing decision and follows up with ORS on any questions they have; performs a desk review and staffing of each application; and visits a sample of the CPAs foster homes to review physical plant and other issues not covered by the ORS licensing process. PRU also conducts quarterly site visits to each CPA and to foster homes they supervise to interview children, review files for compliance with contract provisions, and to inspect physical plant. Each quarter, PRU visits all or nearly all of the foster homes supervised by smaller CPAs (those with fewer than about 20 foster homes). Among larger CPAs (those with 20 or more foster homes), PRU visits a quarterly sample of approximately 30-50 percent of the foster homes supervised; homes not visited in a given quarter are given top priority for visits in subsequent quarters.

3. 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; payment, training and support requirements pertaining to foster parents; and automating placement data.

a. Foster Home Capacity Restrictions

Section 5.C.4.e of the Consent Decree limits the capacity of foster homes to three foster children or a total of six children (including the family's biological or other children) absent the written approval of the Social Services Director unless these capacity limits are exceeded in order to accommodate the placement of a sibling group and there are no other children in the home. 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 the foster home file review indicate that the state performed extremely well in meeting these requirements.

Of the 113 foster homes sampled that had a child in care on December 31, 2008, 112 (99%) were within the Consent Decree's capacity limits at that point in time. Ninety-five percent of these foster homes (107) had three or fewer foster children in them on December 31, 2008 and five homes (4%) had more than three foster children but met the Consent Decree's sibling exception (they had sibling groups of more than three in placement and no other children in the home). With respect to the limit of six total children, 100 percent of the foster homes reviewed that had a child in care on December 31, 2008 were within that limit. Finally, all of the foster homes (100%) with a child in care on December 31, 2008 had three or fewer children under the age of three in them. These capacity compliance rates are similar to the Period V rates of 99 percent for three or fewer foster children, 100 percent for six or fewer total children and 100 percent for three or fewer children under the age of three.

b. Foster Care Maintenance Payments

Section 5.B.1. of the Consent Decree established specific foster care per diem rates to become effective July 1, 2005 (State fiscal year 2006). It also stipulates that the DHR Commissioner is to propose a periodic increase in foster care rates in subsequent fiscal years. For fiscal year 2008, a cost-of-living-type increase of approximately 3 percent in foster care per diem rates was proposed and implemented. The per diem rates that went into effect July 1, 2007 for fiscal year 2008 were: for children aged 0-6, \$14.60; for children aged 7-12, \$16.50; and for each child aged 13 and older, \$18.80. In the fiscal year 2009 DFCS budget request, the Commissioner again proposed a 3 percent cost-of-living adjustment to the foster care per diem rates. This request was not approved in the budget review process. The Governor's FY 2009 budget request to the legislature did not include any rate changes for foster care; thus, the above cited foster care rates for fiscal year 2008 will remain in effect through FY2009.

c. Foster Parent Training and Support

Sections 5.C.6. and 11.D. 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 on these requirements to be quite good.

The foster home case record review found evidence in the files of 99 percent of the foster homes reviewed that the pre-service training requirements had been met. This is similar to the Period V rate of 99 percent.

With respect to ongoing annual training, documentation supporting that the requirements had been met was found in 90 percent of the files of the 137 foster homes sampled to which the requirement applied. This is about the same as the Period V rate of 89 percent, but represents a substantial improvement over previous reporting periods (the comparable rates for Periods IV and III were 76% and 75% respectively).

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 the phone number of an on-call worker they can reach after hours.

F. *Supervision of Contract Agencies*

Sections 5.B. 9, and 10.B. of the Consent Decree contain various provisions regarding provider reimbursement rates and contracts, specific language to be included therein, data submission,

training, and the licensing and inspection of provider-supervised placement settings. The Provider Relations Unit (PRU) has assumed an oversight role focusing on the quality of provider-delivered services and provider compliance with the terms of their contracts.

1. Reimbursement Rate Task Force

Section 5.B.2-7 of the Consent Decree stipulates that a Reimbursement Rate 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.⁹⁹ The RRTF was established within the required timeframe and held at least three face-to-face meetings, ten teleconferences, and three video conferences. However, while the State waited to learn the fate of its service proposal to CMS (see previous report) the RRTF members, one-by-one resigned. The parties are in the process of re-establishing the RRTF with a revised scope of work.

2. Data Requested from Private Providers

Section 9.C. of the Consent Decree stipulates that DHR must ensure that all private agencies that provide placements or services to children in foster care report accurate data to DHR at least every six months. The Provider Relations Unit (PRU) receives weekly detailed spreadsheets about the composition of each home from Child Placing Agencies (CPA) and child rosters from Child Caring Institutions (CCI). The data from CPAs include the following information for each CPA approved home:

- Number of adults in the household
- Number of non-foster children in the household
- Status of completing foster parent curriculum
- Date of initial approval
- Date of re-evaluation and whether it was completed timely
- Date(s) of satisfactory criminal records check for all adults and whether it was completed timely
- Completion of a CPS History check(s)
- Completion of Reference check(s)
- Completion of Comprehensive Drug screens
- Completion of Comprehensive Medical report(s) and whether it was completed timely

This information is validated through quarterly site visits and reviewing a sample of the files the CPAs and CCIs maintain. PRU reports using this information in training with CPAs and sharing it with the State Office of Family Services to strengthen policy and practice. Patterns or “trends” identified through the analysis of the information have revealed a need to clarify foster home re-evaluation time frames, interpretation of the requirements for meeting Criminal Records Check Clearance Standards, and inclusion of all adults in the home in the evaluation

⁹⁹ See pp. 14-15, paragraphs 2-7 of the Consent Decree

requirements. PRU reports working collaboratively with other units in DFCS and DHR to address these issues. In addition, trends identified among particular providers trigger increased PRU monitoring.

3. Case Management and Training

Section 10.B.4 stipulates that private providers who provide placements for children in DFCS custody shall be “required, through contract provisions, to certify that employees providing case management or supervisory services for DFCS”¹⁰⁰ meet certain criteria including educational credentials, pre-service training, certification, and on-going professional development. State efforts to ensure compliance with this requirement have proceeded slowly. The Accountability Agents believe this is because the process relies heavily on gathering information from providers, comparing it to the DFCS training and certification requirements and making provider-specific decisions. Multiple requests have been made of the private agencies to provide the following information for creating a “baseline” from which to design the next steps to take in the process:

- A description or list of all case management activities being performed by the agency’s employees;
- A list of employees performing case management;
- A list of all employees’ credentials that have contact with children;
- The names of the governing bodies through whom they are accredited; and,
- Their accreditation body’s training requirements (initial and annual).

An initial survey of providers was extended beyond its initial goal date in March 2008 in an effort to obtain a 100 percent response from providers. By the end of Period VI, PRU indicated that the baseline was complete for about 70 percent of private providers.

4. The Office of Regulatory Services Continues to Conduct Unannounced Visits of Licensed Placement Settings

The State reports that there were 86 Licensed Child Placing Agencies (CPAs) in Georgia as of the end of 2008. During the period July 1 through December 31, 2008, ORS reports conducting 43 re-licensure inspections that included 151 unannounced Foster Home visits. This represents an increase in the number of unannounced visits of 28 percent compared to the 118 such visits conducted during Period V. According to ORS, these inspections and visits suggested a need for on-going assessment and support of CPAs to clarify that the changes in SHINES regarding how incidents of corporal punishment are captured (discussed in Part III of this report) do not reflect a change in ORS or DFCS policy regarding how such incidents are to be treated.

¹⁰⁰ See Section 10.B. 4.a.-d. in the Consent Decree, pp 25 and 26.

G. Improving Automated Support: SACWIS Implementation

The federally supported Statewide Automated Child Welfare Information System (SACWIS) is known as SHINES in Georgia. SHINES is now the data base of record for Georgia child welfare.

Although the official cut-over to SHINES in DeKalb and Fulton counties occurred in June 2008, the transition to the new system continued throughout Period VI and into Period VII. There has been a significant learning curve as personnel learned to navigate the system, become familiar with SHINES features, validate the information converted from previous information systems, and add information to make a more complete recent history in SHINES for each child who entered care before the implementation... This transition period was expected and, in the Accountability Agents' experience, is common to the implementation of most large information systems. While SHINES offers some efficiencies now and has potential for offering more through additional training, system enhancements, and vigilant data integrity monitoring, several implementation challenges remain in the near future.

The SHINES implementation continues to receive federal oversight with the oversight team making periodic site-visits and making recommendations for system improvements before it meets federal criteria for final federal reimbursement. However, it is fair to say that the focus of federal oversight efforts relates mainly to issues of cost and how well SHINES supports federal reporting requirements. Scant federal attention appears to be paid to issues of how well the system supports child welfare casework practice, or the State's management information needs.

Several challenges to effective integration of SHINES into the State's case management practice exist. Among them are the following,

- System flexibility allows the same data to be input into multiple locations and limits the number of data fields required to be filled before treating a task as completed. Generally, such system flexibility is good, but the current SHINES design means that complete information may not be easily retrieved for reporting purposes because there may not be just one field or set of fields from which to extract the information. In the case record reviews conducted by the Accountability Agents, reviewers were told to search all possible locations for the required information, making the reviews more time consuming rather than more efficient. Similarly, because there are relatively few mandatory fields, some fields of interest to policy-makers and the Accountability Agents may be left blank, meaning reports based on the data in those fields are incomplete. Some of the fields that were not mandatory in Period VI also affect the completeness of the State's required federal reporting. For example, the expiration date of a child's legal status is not a mandatory field. In some instances, such as when a child is returned to the custody of his/her parents, an expiration date is not applicable. However, by not requiring the expiration date for any legal status, a report of "Children with a Lapse in Legal Custody" contains numerous missing dates and cannot be easily used to target the

children with lapses or potential lapses. After running the report, further research is required into individual cases to determine whether the custody has actually expired or whether the expiration date simply had not been entered.

- Some features designed to enhance data collection and tracking of key activities do not appear to be widely used by staff for day-to-day documentation. Thus, these tracking mechanisms are incomplete and of little value for managing the work. For example, if a case manager accompanies a child to a health visit, he or she typically will document this activity in a contact narrative. Additional steps are required to also document this activity in the Health feature of the system. Through Period VI, few case managers were familiar with the Health feature and were not using it to record health visits. As a result, the system capability to print a child's health log was either not used, or, more often, if it was used, the health log was incomplete rendering it useless for health care case management. Fulton County is currently engaged in an effort to scan the health records of children in care into the Health feature of SHINES. This will be a step forward, but then the challenge will become training staff to keep the SHINES health record current by using it as the primary repository of health information.
- Poorly understood search features result in duplicate case entries. That is, when a case worker cannot easily find whether a child or family is already in the data base with an associated case identifier, the case manager may create a new case record for the child or family. Correcting this situation requires a constant review by county data integrity specialists to identify duplicate (or multiple) records that have to be merged into one.
- Redundant data entry can be time consuming for case managers. An example of this challenge is documentation of contacts with siblings. In Period VI, if case managers visited with more than one sibling during a visit, they had to enter the contact information separately into each sibling record. One way case managers found to work around this requirement was to write-up the visit once in one of the sibling's records (detailing the interaction with each sibling separately) and then "cut and paste" the same documentation into each of the remaining sibling's records. This process can be particularly tedious for a case manager with large sibling groups. Those who did not use this approach may have only recorded the sibling visit under the name of one sibling and not the others.
- Although the SHINES team continues to add standard reports, user-defined reports are not yet available. This has been an obstacle to county quality assurance units conducting county-specific analysis. The quality assurance units were accustomed, under the former information system, to having the ability to conduct ad hoc analysis on issues of interest.

In keeping with original development plans and also as a result of field and federal feedback on SHINES implementation thus far, the State team has made a number of enhancements and has

several more planned for implementation by the end of 2009. By the end of June 2009, the team expects to have the following capabilities available:

- Incorporation of the Office of Adoptions' separate information system;
- user-defined reporting;
- improved edits for federally required Adoption and Foster Care Reporting System (AFCARS);
- more linkages among data fields to reduce redundant data entry and allow for pre-population of fields after initial entry;
- enhancements to the relative payment process and risk management for in-home supervision cases
- electronic case review tool for County Administrators.

Additional activities to be initiated by the end of June include a regular convening of a user group and additional training in DeKalb and Fulton counties. The user group will better enable the SHINES team to get first-hand knowledge about how SHINES is being used in the field, barriers to its use, and priorities for enhancements. The additional county training will offer "refresher" classes and specific training on the underused features such as the Health documentation feature.

Later in 2009, the SHINES team plans to work on improvements identified by federal oversight; required by recent federal legislation, the Program Improvement Plan, and the September Federal IV-E audit; and user-defined priorities. However, the actual work plan will be affected by DFCS' overall budget constraints.

H. Quality Assurance

The State and County quality assurance units are actively involved in monitoring and assisting the counties with the requirements of the Consent Decree. Staff from the Data Quality Unit in the Evaluation and Reporting Section assist the Accountability Agents with all case record reviews. County quality assurance staff review visitation documentation and prepare monthly data reports for County leadership.

I. Maximizing Federal Funding¹⁰¹

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

¹⁰¹ See Dimas, J.T. and Morrison, S. A. *Period I Monitoring Report, Kenny A. v. Perdue*, November 2006 for background on Title IV-E

efforts.¹⁰² In addition, there are a number of the outcomes that pertain to actions and documentation required to support and to enhance claiming IV-E reimbursement for Foster Care expenditures. To evaluate this requirement, the State is to establish a baseline of “present” levels of state and federal funding.¹⁰³

1. Comparison of Federal and State Funding Distribution for State Fiscal Year 2008 to 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-13 provides a comparison of the baseline and most recent year of federal and state IV-B expenditures based on the annual cost reports. The comparison reveals incremental increases in State and Federal IV-B expenditures each federal fiscal year.

Table IV-13
Title IV-B Funding
Federal Fiscal Year 2006, 2007, and 2008 Financial Reports
(October 1, 2005 – September 30, 2008)

	State	Federal	Total
Federal Fiscal Year 2006	\$ 3,123,871	\$ 9,371,613	\$ 12,495,484
Federal Fiscal Year 2007	\$ 3,162,131	\$ 9,486,392	12,648,523
Percent change	+1%	+1%	+1%
Federal Fiscal Year 2008	\$ 3,222,070	\$ 9,666,210	\$12,888,280
Percent change over 2007	+2%	+2%	+2%
Percent change over 2006	+3%	+3%	+3%

Source: Georgia IV-B Financial Status Reports, submitted December 11, 2006, November 6, 2007, and November 4, 2008 to the U.S Department of Health and Human Services

Table VI-14(a, b, and c) provide a comparison of the most recent years of federal and state IV-E expenditures to the baseline year of July 1, 2005 through June 30, 2006 based on the quarterly expenditure reports submitted to the federal government for each State fiscal year. The comparison of IV-E expenditures reveals overall increases in expenditures by both the state and federal governments. State expenditures increased by 27 percent and federal expenditures increased by 34 percent. These increases can be largely attributed to costs associated with the design and development of the Statewide Automated Child Welfare Information System

¹⁰² See p. 31, Section 14 of the Consent Decree

¹⁰³ Ibid.

(SHINES) and related training costs. However, foster care maintenance payments also increased after initially declining between State Fiscal Years 2006 and 2007

Table IV-14a
Title IV-E Funding:
State Expenditures
for State Fiscal Years 2006, 2007, and 2008

Title IV-E Funding Category	SFY 2006 (July 2005- June 2006) <i>Baseline Year</i>	SFY 2007 (July 2006- June 2007) <i>Year 1</i>	<i>Year 1 over Baseline Year Change</i>	SFY 2008 (July 2007- June 2008) <i>Year 2</i>	<i>Year 2 over Year 1 Change</i>	<i>Year 2 over Baseline Year Change</i>
Adoption Assistance Payments	18,796,102	19,073,837	1%	18,561,904	-3%	-1%
Adoption Administration	6,522,392	7,886,253	21%	6,753,761	-14%	+4%
Adoption Training	175,215	237,802	36%	139,894	-41%	-20%
Adoption subtotal	\$25,493,709	\$27,197,892	7%	\$25,455,559	-6%	<-1%
Foster Care Maintenance Payments	12,830,120	10,804,756	-16%	20,536,434	90%	60%
Foster Care Administration	32,892,589	27,845,512	-15%	38,827,744	39%	18%
Foster Care Training	97,199	104,675	+8%	399,841	282%	311%
SACWIS	2,006,645	5,221,541	160%	8,166,422	56%	307%
Foster Care subtotal	47,826,553	43,976,484	-8%	67,930,441	54%	42%
Title IV-E State Expenditure Total	\$ 73,320,262	\$71,174,376	-3%	\$93,386,000	31%	27%

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

Table IV-14b
Title IV-E Funding:
Federal Expenditures *
for State Fiscal Years 2006, 2007, and 2008

Title IV-E Funding Category	SFY 2006 (July 2005-June 2006) <i>Baseline Year</i>	SFY 2007 (July 2006-June 2007) <i>Year 1</i>	<i>Year 1 over Baseline Year Change</i>	SFY 2008 (July 2007- June 2008) <i>Year 2</i>	<i>Year 2 over Year 1 Change</i>	<i>Year 2 over Baseline Year Change</i>
Adoption Assistance Payments	28,864,149	30,490,022	+6%	31,424,146	+3%	+9%
Adoption Administration	6,522,392	7,886,254	+21%	6,753,762	-14%	+4%
Adoption Training	525,646	713,409	+36%	419,687	-41%	-20%
Adoption subtotal	\$35,912,187	\$39,089,685	+9%	\$38,597,595	-1%	+7%
Foster Care Maintenance Payments	19,706,811	17,284,001	-12%	34,840,478	+102%	+77%
Foster Care Administration	32,892,586	27,845,515	-15%	38,827,749	+39%	+18%
Foster Care Training	291,600	314,029	+8%	1,199,526	+282%	+311%
SACWIS	2,006,646	5,221,541	+160%	8,166,422	+56%	+307%
Foster Care subtotal	54,897,643	50,665,086	-8%	83,034,175	+64%	+51%
Title IV-E Federal Expenditure Total	\$ 90,809,830	\$89,754,771	-1%	\$121,631,770	+36%	+34%

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

*Federal expenditures displayed here are before adjustments for child support payments received by the State.

Table IV-14c

**Title IV-E Funding:
Total Expenditures
for State Fiscal Years 2006, 2007, and 2008**

Title IV-E Funding Category	SFY 2006 (July 2005-June 2006) <i>Baseline Year</i>	SFY 2007 (July 2006-June 2007) <i>Year 1</i>	<i>Year 1 over Baseline Year Change</i>	SFY 2008 (July 2007- June 2008) <i>Year 2</i>	<i>Year 2 over Year 1 Change</i>	<i>Year 2 over Baseline Year Change</i>
Adoption Assistance Payments	47,660,251	49,563,859	+4%	49,986,050	1%	5%
Adoption Administration	13,044,784	15,772,507	+21%	13,507,523	-14%	4%
Adoption Training	700,861	951,211	+36%	559,581	-41%	-20%
Adoption subtotal	\$61,405,896	\$66,287,577	+8%	\$64,053,154	-3%	4%
Foster Care Maintenance Payments	32,536,931	28,088,757	-14%	55,376,912	97%	70%
Foster Care Administration	65,785,175	55,691,027	-15%	77,655,493	39%	18%
Foster Care Training	388,799	418,704	+8%	1,599,367	282%	311%
SACWIS	4,013,291	10,443,082	+160%	16,332,884	56%	307%
Foster Care subtotal	102,724,196	94,641,570	-8%	\$150,964,616	60%	47%
Title IV-E Total	164,130,092	\$160,929,147	-2%	\$215,017,770	34%	31%

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

A measure of a State's ability to claim federal reimbursement of foster care expenditures is known as the "IV-E penetration rate." The higher the rate, the more federal reimbursement is available to the state for administrative costs it incurs to provide safe and stable placements. As noted in previous monitoring reports, a consultant hired by the Department suggested the State should strive for a 45 percent penetration rate. As a whole, the State's penetration rate is about 32 percent. Individual counties have higher or lower rates. In June 2008, DeKalb and Fulton had about 23 percent and 29 percent, respectively.

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.¹⁰⁴ 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 Accountability Agents' verification approach is discussed in Appendix B.

<i>Table VII-1 Repeat Maltreatment</i>			
<i>Reporting Period: July 1, 2008 – December 31, 2008</i>			
		DEKALB	FULTON
a) Number of children during the reporting period experiencing substantiated maltreatment		467	940
b) the number of children in a) of this item who also experienced maltreatment during the preceding 12 month period		18	29
Percentage of children who had substantiated maltreatment during the preceding 12 months		3.85%	3.09%

¹⁰⁴ See pp. 45-46 of the Consent Decree,

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. These data, as reported by the State for the period July 1, 2007 – December 31, 2007 are reproduced in Table VII-2, below. (Due to the 11-365 day follow up period for the diversion statistics, the diversion data reported here is for the fourth reporting period.) The Accountability Agents' verification approach is discussed in Appendix B.

<i>Table VII-2 Diversions with Subsequent Substantiated Maltreatment</i>			
<i>Reporting Period: July 1, 2007 – December 31, 2007</i>			
		DEKALB	FULTON
a) Number of cases in each county during the reporting period in which there was a referral into DHR's diversion program		393	586
b) the number of cases in a) in which there was substantiated maltreatment within 11-365 days after referral to DHR's diversion program		6	22
Percentage of cases in which there was substantiated maltreatment within 11-365 days of referral into DHR's diversion program		1.5%	3.8%

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 fifth 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 fifth 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 during the prior 12 months in custody, 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 percent 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 month.

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 in the Fourth Reporting Period

Four primary sources of information were used to assess the State of Georgia’s progress during the sixth reporting period, July 1-December 31, 2008. The challenge for data collection and analyses in Period VI was the need to use both SHINES, the statewide automated child welfare system and paper files. Fulton and DeKalb Counties implemented SHINES in June 2008 and ended all new data entry into the previous system, IDS, on May 28, 2008. Children who entered custody before the conversion to SHINES may have extensive paper files and even those entering after the switch to SHINES have paper files with external documentation that has not been scanned into SHINES. This circumstance required reviewers to have both the paper records and SHINES access to complete all data collection. It also required special SHINES training for the review and quality assurance teams.

1. State Data Systems

The first source of information is the DFCS administrative data that is actually housed in two separate systems for different portions of the review period. For measurements requiring a 12-month view, the previous automated system, IDS, and the new system, Georgia SHINES, had to be used. These two data systems were used by the State to complete the data generation for several outcomes numbered 4, 8, 9, 10, 11, 14, 15, and 18). SHINES alone was used to generate data for Outcome 16.

a. Addressing Data Integrity Issues

Like all information systems, the accuracy of IDS and SHINES data is a 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. These discrepancies appear to be caused by human error. Typically, mistakes in interpretation and coding of the facts contained in the case record or data entry result in erroneous data being entered into the system.

SHINES, even as a new system appears to suffer from similar errors. However, there are more “edit-checks” built into SHINES that limit the errors. In addition, the Accountability Agents have direct access into SHINES and which allows for direct inquiry into cases to confirm or reject the reported information. However, the Accountability Agents continue to be selective about which data from IDS and/or SHINES 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.

2. Document Review and Interviews

During the monitoring period, the Accountability Agents collected written reports and materials regarding foster care and adoption policy, budgets, licensing, provider reporting, worker training and certification. 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 staff certification.

3. Structured Case Record Reviews

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

a. Sampling Approach

As indicated in Table B-1, 100 percent of the investigations of maltreatment in care between July 1 and December 31, 2008 were read. Therefore, errors in these results would reflect case record reviewer differences or errors rather than differences within the universe.

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

- All foster homes that had a DeKalb or Fulton child placed in the home at anytime between July 1 and December 31, 2008. 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, 2008.

For each of these reviews, samples were drawn such that the findings would have a +/- 7% error rate at a 95% confidence level. 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. As described later in this appendix, a certain number of records included in the original samples could not be read and were rejected based on pre-determined criteria. 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	77		77	+/- 0.0 percent
Foster Homes	980	160	160	+/- 7 percent
Children in Foster Care	2488	180	180	+/- 7 percent

b. Instrument Design

Three 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 reviewed by Counsel for the Plaintiffs and by the State; many changes recommended by the reviewers were incorporated into the final instruments. As is typical with case record reviews, reviewers encountered some problems with some of the questions. Learning from each iteration is incorporated into the next case record review.

c. Data Collection Schedule and Logistics

Planning for the data collection effort began in November 2008 with discussions with E&R and GSU regarding formatting data instruments for efficient data capture and analysis. As in Period IV, each of the review guides was set up as a SAS-based form for electronic information entry directly into a data base through a GSU secure web site. This eliminated a separate data entry step. However, it did rely on the ability of the reviewers to be consistently linked to the internet. Occasional connectivity problems interfered with some data entry. This required some work to be repeated. 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.

Data collection began in January 2009 with the maltreatment in care investigations. The foster care file review began in February 2009 and the foster home file review in March. Records selected from private agencies were reviewed at the respective private agencies. The remaining records for investigations, foster care, and DFCS supervised foster homes were reviewed at the county offices where the active cases are maintained. Closed records were brought to these sites for review.

d. Review Team Qualifications and Training

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 two training sessions before commencing each record review. The first training consisted of SHINES navigation and "mapping" the needed data to the fields and screens in SHINES. The second 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. 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.

DFCS reviewers 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 during the review and provided another resource for questions and clarification in addition to reviewing some files. 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.

An additional level of Quality Assurance was provided by the Georgia State University (GSU) project coordinator and four to five research assistants with master's degrees in social work or a related field and backgrounds in child welfare and case record review. They read at least one third to nearly one half of the sampled Foster Care, Foster Home, and CPS investigations files. The records were randomly selected from each reviewer's completed set. Review guides that had different responses from the GSU QA staff and the E&R reviewers were set aside, investigated and resolved as possible by the GSU project coordinator and E&R team leaders, often in consultation with the Accountability Agents, and any changes were made to the data set. Time was set aside in the schedule to review the completed review guides in question and do any necessary clean up.

To calculate inter-rater reliability GSU selected variables from all three files (CPS Investigations, Foster Homes, and Foster Care) where both the reviewers and the QA reviewers had access to the same information in the case file. Each response was not tested for inter-rater reliability. Correlations between the reviewer results and the QA reviewer results were calculated using the Statistical Package for Social Sciences (SPSS), and a Cronbach's Alpha statistic was calculated for each. Cronbach's Alpha measures how well a set of items, in this case the reviewer responses and the QA reviewer responses, correlate or match. Cronbach's Alpha is not a statistical test - it is a coefficient of reliability (or consistency). Note: 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	.870
Foster Homes	.897
Foster Care	.996

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.

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. Files that could not be located for the review were reported to county leadership.

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	Investigation not <i>completed</i> between June 1 and December 31, 2008	2
	Coding error, this is not a maltreatment in care referral/report	8
	No child in the legal custody of DeKalb or Fulton Counties was involved in this report.	10
	Other – Child involved was over the age of 18	2
	Other – No maltreatment reported, case opened on report only	3
	Total	25
Foster Homes	No children in the legal custody of DeKalb or Fulton Counties DFCS were placed in this home between July 1 and December 31, 2008	4
	No children were placed in this home between July 1, 2008 and December 31, 2008	6
	Other - Home listed as DeKalb but actually Fulton	3
	Other - Home listed as Fulton but actually another county (not DeKalb)	2
	Other - Home is out of state	2
	Other - Agency and home closed	4
	Other - Sampling error – placement type was not a foster home	6
	Total	27
Children in Foster Care	Child's file sealed as result of adoption	6
	Child age 18 before July 1, 2008.	11
	Case timeframe too short (child in care less than 8 days)	4
	Case record could not be located	1
	Child placed out of state through ICPC the entire review period.	4
	Other – Case transferred out of county; no copy of file kept.	1
	Total	27

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

The Accountability Agents met once to 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 Decree 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 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. Interpretation and Measurement Issues

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

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.¹⁰⁵ 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 Outcome 1 was operationalized as the percentage of cases in which any alleged victim had face-to-face contact with a CPS investigator or police 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 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 [number] 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, 2007 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.

¹⁰⁵ See p. 28 of the Consent Decree

Outcome 6 operationalizes the Consent Decree’s use of the phrase “...all foster homes....”¹⁰⁶ as all foster homes with a class member in custody during the reporting period for measurement purposes.

2. Permanency Outcomes

Outcome 4 is measured using a calculation based on data from the State’s information system (IDS) and Georgia SHINES. The case record review is used as a comparison, but the numbers in the sample who have experienced a re-entry are usually far too small from which to draw conclusions.

Outcome 7 considers the policy requirements and intent, the flexibility allowed in policy to tailor the search to individual circumstances, and the outcome’s language, applies the following standards to determine if a diligent search was “undertaken and documented”:

1. A “minimum full search” included evidence in the reviewed case files of the following minimum activities:
 - a. Children were interviewed, excluding children under the age of four under the presumption that the child would not have sufficient communication skills to provide useable information.
 - b. Family members were interviewed.
 - c. Other relatives and/or significant others involved in the family were contacted, whether it was to obtain more information or to assess placement suitability.
 - d. There was evidence that the minimal information gathering produced identified potential placement resources for the child.
 - e. There was evidence that potential resources were contacted.
2. If the some of the above steps were missing or not clearly documented, but the child was placed with relatives or such placement was pending (waiting for ICPC approval, home evaluation approval, etc), it was presumed to be an “abbreviated search.”
3. Documentation included DFCS forms for recording basic family information, case narratives, Comprehensive Child and Family Assessments (CCFAs), Family and Multidisciplinary Team Meeting notes, case plans, county and state forms for documenting diligent searches, and court documentation.

According to DFCS policy, “at a minimum,” the case manager is to conduct the diligent search by identifying, the child’s parent(s), relatives, and “other persons who have demonstrated an ongoing commitment to the child.”¹⁰⁷ Search steps include:

- Interviewing the child and his/her family about extended family members and other significant individuals in the child’s life;
- Reviewing the basic information worksheet (Form 450) initiated during the investigation of maltreatment allegations;

¹⁰⁶ Ibid, p. 32

¹⁰⁷ Social Services Manual, Chapter 1000, Section 1002.3.1 Georgia Department of Human Resources

-
- Using the Family Team Meeting, case planning meetings, or Multi-disciplinary Team Meetings as an opportunity to identify individuals and collect contact information;
 - Reviewing the Family Assessment portion of the Comprehensive Child and Family Assessment (CCFA);
 - Checking various DFCS data systems;
 - Contacting other individuals involved with the family such as day care or school staff, court appointed special advocates, ministers, etc.
 - Making direct contact with individuals to determine their interest and suitability as a placement resource.

In practice, these “steps” are not mutually exclusive, sequential, or, in some circumstances possible. For example, Family Team and other meetings provide an opportunity for interviews and contact with family members and others of significance to the child. In addition, direct contact with individuals to assess placement interest and suitability may lead to information about other potential resources. Not all of these activities are easily documented in case records, such as the act of reviewing documents or checking data systems. Furthermore, DFCS policy also stipulates that the individual circumstances of the case “may dictate how and to what extent the search is conducted.”¹⁰⁸ Therefore, these steps may be abbreviated at the caseworker’s discretion if, for example, a child is quickly reunified with the family member from whom he or she was removed or quickly placed with a relative or other family resource.

Outcomes 8, 9, and 10 performance reported for outcomes 8a, 9, and 10 is based on IDS /SHINES data and documentation of relatives who have signed “an agreement for long-term care.”¹⁰⁹ The outcome data from IDS was not independently validated by the Accountability Agents. However, the Accountability Agents had direct access to SHINES and did use this capability to review the status of cases to confirm the State’s reporting. The Accountability Agents also participate with County leadership in monthly review of the data and the State’s efforts to safely discharge children to permanent families. Furthermore, removal dates and discharge dates were collected for children in the foster care sample and compared to what was in IDS/SHINES and any discrepancies were reviewed and discussed with DFCS.

Outcome 11 is similar to the Federal measure¹¹⁰ for expeditious adoption following termination of parental rights and method used to calculate this outcome is consistent with the Federal method.

Outcome 14 includes those children who return to the custody of DFCS/DHR after their adoption has been finalized. This includes children who are in the temporary custody of the

¹⁰⁸ Social Services Manual, Chapter 1000, Section 1002.3.2 Georgia Department of Human Resources

¹⁰⁹ See p. 3, Definition T, of the Consent Decree

¹¹⁰ See either of the following Federal internet sites: http://www.acf.hhs.gov/programs/cb/cwmonitoring/data_indicators.htm; or http://www.acf.hhs.gov/programs/cb/cwmonitoring/tools_guide/statewidetwo.htm#Toc140565117.

Department while reunification is attempted and those children who return to the Department's permanent custody because the adoption has been dissolved.

Measurement issues include timing and case identification. In terms of timing, the first cohort of children for whom this outcome could be measured were those children who were adopted during the first reporting period, October 27, 2005 to December 31, 2006. In terms of case identification, it is difficult to link case records of children who are returning to foster care from an adoption to their previous case records because key identifying information has changed and adoption records have been sealed. An adopted child always receives a new last name and social security number. In some cases, the child also receives a new first name. In addition, adoptive parents may live or move out of Georgia after the adoption and the disruption or dissolution may occur in another state. Furthermore, children who are discharged to relatives for the purposes of private adoption will not necessarily be reflected in the case files or data system as an adoption. Case identification, therefore, currently relies on a case manager's familiarity with the family through on-going post adoption communication, and comparing adoption dissolution actions that occur in the state to the adoptions that occurred in the state. In March 2007, the State established new procedures for collecting information about prior adoption activity as children enter care. This change requires case managers to record in IDS/SHINES, 1) whether the child was ever adopted, 2) type of adoption – public or private, 3) country of adoption, 4) state of adoption, and 5) if a Georgia adoption, the county of adoption.

Outcome 15 is measured using county tracking systems. Each county has 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 add to this data base by extracting information regarding length of stay and "TPR status" from the State's IDS/SHINES system. County data, therefore, was used as the primary source of information to evaluate the continued progress on this outcome. Information found in the sample of placement records is used to independently validate the county data.

The Accountability Agents review and validate the county data as follows.

- First, independent of the county data, the case record review of children in foster care collects information about permanency plans and barriers. This information is compared to the tracking information.
- Second the Accountability Agents reviewed all of the compelling reasons cited in the data bases and compared them to Federal and State policy guidance. This effort frequently involves requesting more information about the circumstances of the case that led to the compelling reason.

Final measurement of the State's performance uses the population of children to whom the Federal regulatory exceptions did not apply. In other words, if a child was placed with a relative or there was a judicial indication in the child's record that the State had yet to make "reasonable efforts to reunify the family," the child was removed from the analysis.

Outcome 16 uses the definition of, “children who entered foster care ... along with one or more siblings” those siblings who entered on the same day. In Periods II and IV, a targeted case record review was used to measure the performance on this Outcome. In Period VI, the Accountability Agents were able to use data produced for the whole population from SHINES.

Outcome 19 is measured through information collected through a record review of 180 randomly selected children. When the record does 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.

Outcome 21 language refers to “*appropriate visitation*”¹¹¹ between children and parents where the goal is reunification. DFCS policy and practice provides a frame of reference for determining “appropriate” as it establishes several requirements with regard to parental-child visitation. First, “if possible” a child should have a family visit in the first week after removal.¹¹² Second, a plan for parental visitation should be a part of every Case Plan.¹¹³ Third, “when agency resources allow, visitation shall be scheduled at two-week intervals unless the court has specified another visitation arrangement.”¹¹⁴ Finally, established practice in the field requires a minimum of monthly visits when “agency resources do not allow” and the court does not dictate otherwise. Given these policy requirements, the case record review was designed to gather information on both the planned schedule for visitation and the actual visitation. In the absence of a schedule dictating otherwise the performance of the state was assessed according to the minimum monthly visitation standard.

Although the Consent Decree specifies visitation between parent(s) and children, in some cases the child was removed from a relative and that relative is the reunification resource. In these cases, the record review considered the reunification resource equivalent to the parent(s).

Measurement issues included the limitations of case documentation, how to address those children living with relatives and those children who were reunified during the reporting period but whose records contained little or no documentation relating to parent child visits. Case documentation often does not include precise dates of visits because case managers are not always present for the visits. However, case managers may record what they learn from parents and children about the visits. As a result, in a portion of the cases the reviewers could determine “regular” visitation was occurring but could not match the pattern of visits to the schedule established in the case plan or Family Team Meetings. Such cases were counted toward the achievement of the outcome.

¹¹¹ See p. 36, Outcome 21, of the Consent Decree

¹¹² Social Services Manual, Section 1009.3 Georgia Department of Human Resources

¹¹³ Social Services Manual, Section 1009.4 Georgia Department of Human Resources

¹¹⁴ Social Services Manual Section 1009.5, Georgia Department of Human Resources

A portion of the children in the sample live with relatives. These circumstances may allow for frequent visitation between parents and children.¹¹⁵ Again, however, the dates and frequency may not always be reported to the case manager and, therefore, documented. These children were included in the denominator for measurement of the outcome, but not the numerator unless there was documentation of a visitation pattern.

Finally, a small number of children achieved reunification without any or with few documented visits with parents or their reunification resource. Again, this does not mean that the children did not have contact with their parents. These children were included in the denominator for measurement, but not the numerator.

Outcome 23 is measured using information collected 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 each of the previous 12 months in custody.

Outcome 27 is measured using information collected directly from the documentation in children's records. Children in custody less than six months are excluded from the analysis.

Outcome 28 is measured using information collected directly from the documentation in children's records. Children in custody less than 12 months are excluded from the analysis.

3. Wellbeing

Outcome 17 is similar, 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. Therefore, for comparison purposes the number of moves is equivalent to the number of placements minus one.

Outcome 18 performance measurement is based on data drawn from IDS for children in DeKalb and Fulton Counties' custody on a point in time during the period and updated by the counties as to the reasons for case manager changes in the previous 12 months. Exemptions noted were case manager changes that resulted from 1) transfers to a Specialized Case Manager or Adoptions 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.¹¹⁶ Resignations and promotions were not exempted because they were not specifically identified as such in the Consent Decree. State performance on this outcome does not reflect staff turnover rates. Children may still experience more than two case managers in a 12-month period if they are

¹¹⁵ Annie E. Casey Foundation, Elders as Resources Fact Sheet, *Basic Data: Kinship Care*, 2005, found at <http://www.aecf.org/upload/PublicationFiles/FactSheet.pdf>,

¹¹⁶ See p. 35, paragraph 18, of the Consent Decree.

assigned to a series of case managers who leave as a result of terminations or transfers. This Outcome does encourage the counties to minimize reassignment of children among case managers for other reasons. The county data was reviewed by the Accountability Agents for consistency with the appropriate reasons and compared to monthly caseload data to verify resignations, terminations, transfers, and promotions.

Outcome 20 is measured through information collected from the case record review. The number of visits a child received each month from his or her case manager as well as whether the requirement for two monthly visits as defined by the Consent Decree was met is collected. In addition, it is important to note that these results represent visitation for 12 sequential months prior to and including the last date of the reporting period or the last day the child was in custody – not for the 6-month reporting period. If a child was in custody for less than 12 months as of the last day of the reporting period or the last date of custody, visitation was counted only for the applicable months of custody. Months that children were on run away status were also excluded from the analysis.

Factors affecting measurement include the following. First, the outcome measure's continuity feature (each and every month of the previous 12) means that if one visit is missed in any month, that child will not meet the requirement for a full twelve months from the missed month. This makes the measure one that takes a long time to improve. Second, while case documentation clearly indicates where the visits take place, it is often difficult to determine in a case review if there was any private time spent with the children during the visit. Third, the case documentation often does indicate that case managers are having private conversations with the children, but these conversations are taking place outside of the child's placement. They may be taking place at school, in court, in DFCS offices, and at locations used for Family Team Meetings or sibling and/or parent visitation.

Outcome 22, case manager-caregiver visitation, has a similar measurement issue to case manager-child visitation. Again, the Consent Decree only counts case manager visits with caregivers if they happened at least once a month, each and every month, for 12 sequential months preceding the end of the reporting period. Again, if a child was in custody for less than 12 months as of the end of the reporting period or the last date of custody, visitation with the caregiver was counted only for the applicable months of custody.

Outcome 24, educational attainment, uses county records of diplomas and GED certificates as well as the records of the educational attainment of Georgia residents maintained by the Georgia Departments of Education (DOE) and the Technical College System of Georgia (formerly the Department of Technical and Adult Education). The baseline year was October 27, 2004 to October 26, 2005. The first measurement year was October 27, 2005 to December 31, 2006 in order to place subsequent measurement on a calendar-year basis.

Outcome 30 uses the current case plan format used by DFCS is part of the Case Plan Reporting System (CPRS.) This format allows case managers to include routine goals and responsibilities

for DFCS and others for parents when reunification is the goal. Although DFCS pre-service training provides guidance on tailoring the case plan and the initial case plan should be a product of a Family Team Meeting, multi-disciplinary meeting and the insights from the Comprehensive Child and Family Assessment, the CPRS format does not appear to be conducive to tailored plans without a good deal of modification. Child-specific need and treatment information therefore is often limited in the plans.

For purposes of determining whether needs identified in the most recent case plans were being met, children are excluded if they are in custody less than 30 days and would not be expected to have a case plan and if no plan is found in their case records.

To better align the case record review with the CPRS format, reviewers were asked to categorize the needs found in the plan as being “routine” or “child-specific.” Routine needs included regular medical appointments, school enrollment, educational progress or grade completion. These routine needs are likely to be standard for every child. Child-specific needs included information about chronic conditions, prescribed treatment follow-up, placement requirements, and special education or academic assistance. Both types of needs were combined in the analysis for Outcome 30.

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. This information was gathered from any and all sources found in the files.

3. Strengthening Infrastructure

Outcome 25 presents a difficult measurement challenge. 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.

By agreement of the parties and the Accountability Agents, measurement of this outcome 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 in the reporting period. The subset used for measurement of Outcomes 25 represents the children from the sample of children who were in foster care on the last day of the reporting period. For each child in this subset, the Accountability Agents “followed-back” the child’s placement setting to its relevant approval status on the last day of the reporting period, using a variety of data sources.

Outcome 26 data was collected from the case records of the sample of children in foster care. The Outcome 26 analysis is applicable to those children who had entered DFCS custody after the Consent Decree was entered on October 27, 2005. Permanency Court Orders with the appropriate language are counted toward meeting the outcome even if the Permanency Hearings were not timely.

Outcome 29 data was collected from the case records of the sample of children in foster care. The outcome 29 analysis is applicable to children who had been in custody 12 months or more and were still in the temporary custody of the Department.

Outcome 31 is 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. 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 the last day of the reporting period. 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.”¹¹⁷ Section 5.c.4.e. also enumerates certain exceptions to these capacity limits.¹¹⁸ 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.

C. Methodology for Verifying Caseload Data

SHINES is able to produce reports on individual case manager caseloads and the Accountability Agents starting using SHINES produced reports in Period VI for assessing State progress in meeting the caseload requirement of the Consent Decree as reported on in Section VI. As with the previous reports produced by IDS, the Accountability Agents took several steps to ensure the accuracy and completeness of these reports. Training, certification, and leave data are all maintained in separate data systems. All of this data was cross-referenced or reconciled with the SHINES caseload data. This allowed the Accountability Agents to determine the caseload sizes of those on leave, separated from the Agency, and provisionally certified. Discrepancies were discussed and resolved with the counties. Finally, a sample of case managers are interviewed at least once a reporting period and asked about their caseload size during the period. In many instances, the case managers are asked to produce supporting documentation. As a result of gaining direct access to SHINES, the Accountability Agents also have the ability to generate caseload reports at any time for review and follow-up with the State and counties.

¹¹⁷ See Kenny A. Consent Decree, p. 38.

¹¹⁸ Ibid, p.16.

D. Methodology for Verifying State Data on Repeat Maltreatment and Maltreatment Subsequent to Diversion

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, this Period VI report is the fourth time diversion data has been reported. The DHR data on repeat maltreatment and substantiated maltreatment subsequent to diversion in DeKalb and Fulton Counties are presented in Section VII. Following is a discussion of the approach the Accountability Agents used.

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

1. Data Capture 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 and on whether or not a CPS report is "diverted" 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 investigation is initiated. Pertinent data about the report are entered into the SHINES intake "stage." A casework supervisor reviews the completed SHINES intake stage and when they are satisfied with the quality of the intake information, they approve it in SHINES and close the intake stage. If the report meets the criteria for an investigation, the investigation "stage" is opened in SHINES and a casework supervisor uses SHINES to assign it to an investigator and to indicate the required response time.

If the report does not meet the criteria for a CPS investigation and it manifests issues that are primarily economic in nature, it may be considered for "diversion," also called Family Support Services. Diversion cases are not opened as CPS investigations, but the family is usually connected with community-based resources that can help meet the family's economic or other needs with the intent of helping the family keep their children safely in their own home.

Based on interviews with county investigations staff and the experience of reviewing 100 percent of the investigations of maltreatment in care, the Accountability Agents have confidence that SHINES 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 SHINES. No instance was identified in which a substantiated case was miscoded as unsubstantiated. However, as noted in Part III of this report (*Safety*), several instances were identified in which corporal punishment that did not rise to the level of maltreatment was incorrectly coded as substantiated maltreatment – rather than as confirmed corporal punishment. Other than this, for Period VI, no substantive disagreement between the file review and SHINES on the status, alleged victims, or disposition of maltreatment in care reports was detected.

With respect to diversion cases, the Accountability Agents are satisfied that the “stages” construct in SHINES effectively precludes diversion cases from being miscoded as CPS investigations or screen-outs, and vice versa. Moreover, each county maintains an intake log that captures pertinent information about each report received, and its disposition as: accepted for CPS investigation, diverted, or screened-out. The Kenny A. file review staff begins each maltreatment in foster care file review by reviewing the county’s intake log against the data contained in SHINES to ensure that all CPS investigations and diversions are accurately reflected in SHINES. Any inconsistencies between SHINES and the county intake log are identified, brought to the attention of county management staff, and rectified.

2. File Matching Algorithms

To produce the data on repeat maltreatment required by the Consent Decree, the DFCS Data Analysis and Reporting Unit used the following algorithm:

- Data for DeKalb and Fulton counties were extracted from the state Protective Services Data System (PSDS), a component of IDS and from SHINES, depending on the date the report was logged (reports logged on or after May 28, 2008 were extracted from SHINES; reports prior to May 28, 2008 were extracted from PSDS);
- Children with substantiated maltreated were selected from two timeframes -- the reporting period and the preceding 12 months;
- Foster children were deleted from the files;
- Children from the reporting period were matched with children from the preceding 12 months; and
- Resulting matches were deemed to be children that experienced repeat maltreatment.

Similarly, to produce the data on substantiated maltreatment subsequent to diversion, the DFCS Data Analysis and Reporting Unit used the following algorithm:

- Data for DeKalb and Fulton counties were extracted from the State Protective Services Data System (PSDS) and the diverted cases file provided monthly by Systems &

Methods, Inc. (SMI), or from SHINES, depending on the date the report was logged (reports logged on or after May 28, 2008 were extracted from SHINES; reports prior to May 28, 2008 were extracted from PSDS and the diverted cases file);

- Cases diverted during the reporting period were selected;
- Diverted cases from the reporting period were matched with subsequent substantiated cases of maltreatment from the subsequent reporting period to reflect the specified 11-365 day follow-up period after the diversion referral; and,
- Resulting matches were reviewed to ensure they fell within the 11-365 day follow-up window of the diversion referral. Matches within this window of time were deemed to be maltreatment substantiations within 11 - 365 days of the diversion referral.

Appendix C

Curative Actions for Health Care and Discharge

The Curative Actions agreed to by the parties in November 2008, established immediate action requirements for meeting the health care needs for children in care and discharge planning, including discharge health screens. This Appendix provides detail on the requirements, methodology employed by the Accountability Agents to assess compliance with the requirements, results of the actions, and issues raised. The Appendix is divided into two parts. The first part addresses the Health Care Curative Action and the second part addresses the Discharge Curative Action.

I. HEALTH CARE

Requirements

Under the Curative Action Plan (CAP) for Health Care Screening and Treatment, the State agreed to take immediate steps to identify all children who, as of September 16, 2008, had not received the appropriate health screening based on their time in custody and to ensure they receive these screenings no later than November 15, 2008. Furthermore, for those children for whom treatment needs were identified, the State was to ensure timely treatment.

Specifically, the requirements of the Health Care CAP included the following:

- All children who had not yet received their **initial** health and/or dental screen by September 16, 2008 were to receive these screens by September 26, 2008.
- All children who had been in custody more than 30 days on **September 16** and who had not received the initial mental health/developmental screenings were to receive these initial screens **by September 26, 2008**.
- All children who were not current with all their **periodic screenings on September 16** were to have them completed **by November 15, 2008**.
- All children with needs identified as a result of these screens were to receive timely treatment.

Results

State efforts identified 174 children who needed 188 health screens of one type or another – physical, dental, mental health, or developmental. Some children needed more than one screen if they had not received all of the required initial screens. Table C-1 shows the proportion of health screens that were completed in different time frames, ranging from the required time frame to after February 1. The last health screen, a developmental screen that was initiated in November, was not completed until March 31, 2009. Of the 188 health screens needed, 81 (43%) were received within the required time frame. Another 74 (39%) were completed between November 16, 2008 and March 31, 2009. Thirty-three of the required health screens (18%) appear not to have been completed. Reasons they were not completed included: child

was discharged and appeared to have received no discharge health screen (20 screens); child was on runaway (12 screens); child refused (1 screen).

Table C-1
Curative Action Plan
Timeliness of Health Screens Required to Bring Children Up-to-date
N=188 Health Screens (includes physical, dental, mental, and developmental)

Timeliness of Completing Required Health Screen	Number	Percent	Cumulative Percent
Within required time frame (September 26, 2008 for initial and November 15, 2008 for periodic)	81	43%	43%
by November 30, 2008	36	19%	62%
by December 15, 2008	24	13%	75%
by December 31, 2008	3	2%	77%
by January 15, 2009	4	2%	79%
by January 31, 2009	1	<1%	79%
After February 1, 2009	6	3%	82%
Total Completed by March 31	155	82%	
Not completed			
Child refused	1	<1%	83%
Discharged/adopted before completing and no indication of discharge screen	20	11%	94%
Child on runaway status	12	6%	100%
Total Not Completed	33	18%	
TOTAL	188	100%	

Source: SHINES, county records, and file reviews

Among the 155 health screens that were completed, 47 (30%) revealed a need for follow-up treatment. As of March 31, 2009, the follow-up treatment had been completed for nearly all (91%) of the affected children and another six percent were in the process of receiving treatment or had had treatment scheduled. Table C-2 provides the details.

Table C-2
Curative Action Plan
Follow-up to Identified Needs
N=155 Health Screens (includes physical, dental, mental, and developmental)

Screening Result	Number	Percent
No Needs Identified	108	70%
Needs identified	47	30%
Total	155	100%
Response to Needs		
Fully Met	43	91%
Partially Met	1	2%
Scheduled	2	4%
Runaway prevented treatment	1	2%
Not Met	1	2%
TOTAL	47	

Issues Raised by the Curative Action Efforts

The verification process produced a few issues related to practice that were discussed with the counties. These issues included the following:

- As of September 2008, the counties had yet to establish an effective means of quickly identifying children who were in need of one of the required screens. Both counties required several weeks to compile the list of children missing one or more of the health/mental health/developmental requirements. In several records, documentation was missing and had to be located before determining if children were, in fact, in need of a health screen. As a result, some children left custody before they had received the required health screen and once discharged, the State had no control over whether the required screen was received.

In the last part of Period V and the beginning of Period VI, Fulton County moved to strengthen its approach to centrally maintaining copies of all health records. Under the new approach, Fulton County began centralizing all health records under the direction of a Licensed Practical Nurse. This organizational change was done to enable the nurse to proactively remind case managers about the needed periodic health screens and to more systematically follow-up with the county health department to obtain appropriate documentation. As a result of discussions with the Accountability Agents, Fulton County also took steps in Period VII to fully populate a previously underused child-specific health log feature of SHINES. Fulton's efforts with the health log feature prompted further work by the SHINES Development and Implementation team to enhance the SHINES health log training and reporting capability for all counties. Midway through Period VII, the

Accountability Agents could see progressively more complete health information for Fulton County children recorded in SHINES as a result of these efforts.

- Ensuring that children receive the necessary follow-up to identified needs may require additional efforts once a basic reminder system for routine health care is established. Ensuring follow-up requires more supervisory efforts with case managers as well as by the centralized health record system. Supervisors, through regular case consultation, are in the best position to ask about case managers' knowledge of children's health, the results of medical and mental health services, what treatment or needed follow-up may be outstanding, and what the barriers may be to obtaining the required treatment.

Methodology

The Accountability Agents employed the following methodology to assess the completeness of the initial list of children requiring a health screen and the subsequent actions taken:

- The list provided by counties was reviewed against Period V placement case record review results. Some children appeared on both lists as missing a health screen. In addition, there were eight (8) children that were identified in the case record review that had not been identified by the counties. These children were added to the list of those requiring a health action.
- To verify that subsequent actions were taken after children were identified as requiring health screens, the case notes in SHINES were reviewed for all the children on the list; the Accountability Agents interviewed 53 case managers of the children identified as missing the health screens and reviewed documentation they had in the child records; and Fulton County's centralized health records were reviewed for all identified Fulton County children.
- A "developmental" assessment was defined as the developmental screening that is part of the EPSDT health screen as well as those assessments that are more comprehensive. This definition reflects the minimum requirement in the Consent Decree which states: "All children under the age of 4 years shall have a "developmental assessment conducted by a licensed professional and completed within 30 days of placement in compliance with EPSDT standards, including *at a minimum, the components identified in the Georgia Health Check Program*" (p. 20, Section 6. A.3)
- The Accountability Agents shared the results with counties and provided them with an opportunity to clarify and share evidence that missing screens were completed.

II DISCHARGE PLANNING AND DISCHARGE HEALTH SCREEN SCHEDULING

Requirements

Under the Curative Action Plan for Discharge Planning and Health Checks, the State agreed to regularly identify all children who are scheduled to be discharged within 45 days and within 30 days prior to the child's discharge, conduct a discharge planning meeting. During these meetings, DFCS is to ensure that an EPSDT/Georgia Health Check Program health screening is scheduled for within 10 days of the child's planned discharge date. However, the counties had yet to fully implement the practice as of the end of 2008. The Accountability Agents will continue to monitor these efforts by using their access to SHINES to print discharge reports and review documentation in SHINES related to discharge activities.

The counties proposed using variations on their Family Team Meeting practice for the discharge planning meeting. Specifically, DeKalb County proposed using a meeting facilitated by a Family Team Meeting facilitator for all discharged youth in custody less than 18 months and specialized case managers would conduct a discharge meeting as indicated in the Consent Decree for children in custody 18 months or more. Fulton County proposed using a Discharge Family Team Meeting facilitated by a trained family team meeting facilitator. Fulton did not make any distinction based on length of stay in care.

The parties agreed that discharge planning meetings would not be required for children discharged at the 72 hour hearing or for children discharged by the court without prior notice to DFCS or for whom DFCS did not recommend discharge at the time. They would also not be required for children on runaway status for more than 30 days prior to exiting. Likewise, discharge medicals were not required for children aged 14 or older who refused to participate and for children on runaway status who remained on runaway status through their discharge date.

Results

As shown in Table C-3, 196 children were discharged from the custody of either DeKalb or Fulton DFCS in November and December 2008. Among the 196, 55 appeared to be discharges that DFCS had not anticipated. Among the remaining 141, a discharge planning meeting was held for 27 children (19%). Although there was no single meeting which addressed post discharge transitions and needs for 81 children (57%), there was evidence that discharge planning did occur over a series of visits and interactions with children and families. However, for almost a quarter of the children there was no evidence of discharge planning.

Table C-3
Discharge Planning in November and December 2008
N = 196 Children Discharged in November and December 2008

Discharge Activity Referenced in SHINES documentation	Number	Percent	Cumulative Percent
Reference to a meeting (as defined by counties)	27	19%	19%
Reference to discharge planning over time	81	57%	76%
No reference to either planning or meeting	33	24%	100%
Total	141	100%	
Discharge Planning Not Applicable	55		
Total Discharged	196		

Source: SHINES and county records

Table C-4 below summarizes the health screen activity for discharged children. In this analysis, there was evidence that the discharge health screens had actually been completed for 29 children (21%). Another 43 files (31%) referenced scheduling or planning the completion of the health screens within days of discharge with the parents, guardians, adoptive parents, and other discharge resources.

Table C-4
Discharge Health Screenings for Discharges in November and December 2008
N = 196 Children Discharged in November and December 2008

Discharge Health Screen Referenced in SHINES documentation	Number	Percent	Cumulative Percent
Reference to Screen being completed	29	21%	21%
Reference to Screen being scheduled	43	31%	51%
No reference to health screen	68	49%	100%
Total*	140	100%	
Discharge Planning Exempted from Requirement	56		
Total Discharged	196		

Source: SHINES, county records, and file reviews. *One child is medically fragile and has frequent medical appointments, therefore considered not applicable for this requirement

Methodology

The Accountability Agents employed the following methodology to assess the County Discharge CAP efforts:

- Using the initial list provided by counties of those children anticipated to be discharged in November-January, the Accountability Agents queried SHINES and read several months of SHINES documentation prior to the discharge date to identify discharge activities.
- The Accountability Agents generated discharge reports from SHINES for November and December 2008 to capture discharges that may not have been on county lists. These reports were used to seek SHINES documentation regarding the additional children.
- The Accountability Agents continued to generate discharge reports from SHINES and to review a sample of discharges for February and to compare these to the initial lists provided by the counties.
- The analysis of discharge medicals relied entirely on case information contained in SHINES. No separate file review of hard-copy records was conducted.
- The results were shared with the Counties and they were provided the opportunity to make clarifications and to share evidence that missing screens were completed.
- Questions regarding discharge planning were incorporated into the Period VI placement record review.