



PERIOD VIII MONITORING REPORT

Kenny A. v Perdue

July 1 to December 31, 2009

Accountability Agents:

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ACRONYMS USED IN THE REPORT

ACF	Administration for Children and Families (U.S. Department of Human Services)
AFCARS	Adoption and Foster Care Reporting System
BSW	Bachelor of Social Work
CAP	Curative Action Plan
CCFA	Comprehensive Child and Family Assessment
CCI	Child Caring Institution
CFSR	Child and Family Service Review
CMF	Centers for Medicare and Medicaid
CPA	Child Placement Agency
CPRS	Case Plan Reporting System
CPS	Child Protective Services
CRR	Case Record Review
DAARE	DFCS Data Analysis, Reporting, and Evaluation Division
DFCS	Department of Family and Children Services
DHR	Department of Human Resources
DHS	Department of Human Services
DOE	Department of Education
E & R	Evaluation and Reporting Section
EPSDT	Early Periodic Screening, Diagnostic and Treatment Program
ETS	Education and Training Services
FTM	Family Team Meeting
GED	Graduate Equivalency Diploma
GSU	Georgia State University
HIPAA	Health Information Portability and Accountability Act
ICPC	Interstate Compact for Placement Children
IDS	Internal Data System
IEP	Individualized Education Plans
ILP	Independent Living Program
JCRP	Juvenile Court Review Panel
MDT	Multi-Disciplinary Team
MSW	Master of Social Work
OFI	Office of Family Independence
OPUOM	Office of Provider Utilization and Outcomes Management
ORCC	Office of Residential Child Care
PEAS	Program Evaluation and Analysis Section
PCM	Permanency Case Manager

PIP	Program Improvement Plan
PRU	Provider Relations Unit
PSDS	Protective Services Data System
QA	Quality Assurance
RBWO	Room Board Watchful Oversight
RRTF	Reimbursement Rate Task Force
RYDC	Regional Youth Detention Center
SAAG	Special Assistant Attorney General
SACWIS	Statewide Automated Child Welfare Information System (Georgia SHINES)
SAS	Statistical Analysis Software
SPSS	Statistical Package for Social Sciences
SSI	Supplemental Security Income
TPR	Termination of Parental Rights
WIG	Wildly Important Goal
WTLP	Written Transitional Living Plans

Part I INTRODUCTION

Background, Purpose, Scope, and Organization of Report

This is the eighth report prepared by the Accountability Agents for the *Kenny A. v Perdue* Consent Decree. This report reviews the State Defendants' progress from July 1 through December 31, 2009 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 data 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 VIII 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. These methods include two randomly drawn samples; one of all children in DFCS custody between July 1 and December 31, 2009 and the other of all licensed foster homes active in the same time period. All maltreatment in care investigations completed between July and December 2009 were reviewed. Appendix B has a full description of the methodology for Period VIII. 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 Counties 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 VIII, 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 VIII. 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 VIII 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 VIII 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 VIII 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 for Discharge services.

Part VI, Strengthening the Infrastructure includes an assessment of the State's Period VIII progress in achieving Outcomes 25, 26, 29, and 31 and implementing required infrastructure components related to providing services to families and children.

Part VIII, 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 in Period VI 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 selected information about all children in the custody of DeKalb and Fulton Counties on December 31, 2009. ***Appendix D*** is a special supplemental report providing corrected maltreatment in care data for Period VI and useful comparisons to Periods V and VII. ***Appendix E*** is a copy of the Executive Summary of the Rate Reimbursement Task Force's final report.

Part II CONCLUSIONS AND RECOMMENDATIONS

During the July 1 to December 31, 2009 period covered by this report, the State's overall performance, for the most part, continued the trend of steady improvement observed over the last several periods. For most of the outcomes measured in Period VIII (22 of 29), the State's performance was similar to or surpassed its best previous achievement. In particular, the State demonstrated marked improvement in the frequency and continuity of case manager visits with children. However, the State appears to have lost ground in some areas, primarily in its ability to keep worker caseloads at the smaller sizes stipulated by the Consent Decree. There continued to be slippage on the rate of maltreatment in care and there was a reversal of a positive trend as the rate of foster care re-entry increased in Period VIII.

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 VII performance.

A. Positive Trends and Accomplishments

Safety Performance

- ***Timely Initiation of Maltreatment In Care Investigations Continues. (Outcomes 1 and 3)***

The State commenced 97 percent of maltreatment in care investigations within 24 hours of report receipt (Outcome 1) and 97 percent of all alleged victims were interviewed within 24 hours by trained CPS investigators (Outcome 3). This was the third consecutive reporting period that compliance with these standards has been maintained at a rate of 97 percent. Furthermore, 89 percent or more of the maltreatment in care investigations completed in Period VIII had documented compliance with 11 of 13 essential policy requirements.

- ***Foster Parents are Not Using Corporal Punishment. (Outcome 6)***

For the seventh consecutive reporting period, the State met the Consent Decree standard related to the use of corporal punishment in foster homes (Outcome 6). Of the 161 foster homes sampled, 161 (100%) 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.

Permanency Performance

- *A Majority of Children are Achieving Permanency with Their Families or New Families.*

Although the State fell short of the Consent Decree's performance thresholds for certain groups of children who had been in care a long time, its Period VIII performance was an improvement over past periods and by the end of Period VIII, 69 percent of the children entering custody since the advent of the Consent Decree (October 27, 2005) had exited to reunification or to another family-connected permanency; 59 percent had done so within 24 months.

For the longest staying children (those in foster care prior to October 27, 2005 for as long as one day to as many as six or more years), 70 percent had exited to reunification or to another family-connected permanency by the end of December 2009, a little over four years since the Consent Decree. Nine percent of the children in custody before the Consent Decree remained in custody on December 31, 2009.

- *Over Half the Children Who Entered Foster Care Since the Consent Decree Achieved Permanency in 12 Months or Less. (Outcome 8a)*

For the seventh consecutive reporting period (since July 2006), the State's performance surpassed the Outcome 8a threshold. Outcome 8a establishes the expectation of permanency within 12 months for at least 40 percent of the children who enter foster care on or after October 27, 2005. As of the end of Period VIII (December 31, 2009), **53 percent** of the children who entered foster care since the Consent Decree achieved permanency within 12 months.

- *The Proportion of Children Placed In Settings Close To Their Homes Continued to be Extremely High. (Outcome 19)*

For the seventh consecutive reporting period (since July 2006), the county placement process has met or surpassed the placement proximity requirements for 95 percent or more of the children in foster care. Outcome 19 requires that 90 percent of the children in custody be placed within the county or within 50 miles of the home from which they were removed or meet certain exceptions to the proximity requirement. In Period VIII, the State placed **98 percent** of the children in the sample of foster care cases reviewed within the proximity guidelines.

- *The Proportion of Children Having Regular Visits with Their Parents Continued at 90 Percent. (Outcome 21)*

Outcome 21 seeks to facilitate the goal of reunification by requiring 85 percent of the children with a goal of reunification have appropriate visitation with their parents. For Period VIII, the State surpassed the Outcome 21 threshold for the second time. **Ninety percent** of the children

with the goal of reunification in the sample of foster care case records reviewed had visited appropriately with their parents.

- *Sibling Connections are Maintained Through Placement Together (Outcome 16) and Increasingly Frequent Visits Together. (Outcome 23)*

In Period VIII, 187 children entered foster care with one or more siblings. Six children needed separate placements to address special circumstances and the State placed together **79 percent** of the remaining 181 children, falling just short of the Outcome 16 threshold of 80 percent. This is the third consecutive reporting period in which the State has been able to place together 79 percent or more of the siblings entering custody.

For those siblings who are in separate placements, Outcome 23 requires that at least 80 percent 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 VIII, **56 percent** of the children separated from siblings in the sample of foster care cases reviewed met the full visitation requirement. This proportion represents another incremental increase in performance compared to the Period VII performance of 50 percent. While this performance falls short of the exacting standard, the continued improvement is encouraging.

- *The State Continues to Timely Evaluate the Permanency Options for a Substantial Proportion of the Children in Custody 15 Months out of the Last 22 Months. (Outcome 15)*

For the third consecutive reporting period (since July 2008), the State met or surpassed the Outcome 15 threshold.¹ Among the 897 children who, during Period VIII, reached or surpassed their 15th month in custody out of the last 22 months and were not living with relatives, **95 percent** 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.

Well-being Performance

- *Children Continued to Experience Foster Care Case Manager Continuity to a High Degree. (Outcome 18)*

The State continues to limit the proportion of children in foster care who experience more than two case managers in a year to less than 10 percent. Outcome 18 requires that at least 90 percent of the children in care experience no more than two case managers in a 12-month period. During Period VIII, the State met the case manager continuity requirement for **92 percent** of the

¹ Outcome 15 achievement requires at least 95% of all children in care who have been in state custody for 15 of the prior 22 months to 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.

children in custody on December 31, 2009. This was the sixth consecutive reporting period (since January 2007) the State has met or surpassed the outcome threshold.

- *Nearly Two-thirds of the Children in Foster Care Consistently Visited Twice Every Month with their Case Managers. (Outcome 20)*

Outcome 20 requires that 95 percent of the children visit with their case managers twice per 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 VIII, **64 percent** of the children in the sample of foster care cases reviewed visited with their case managers according to this standard over the previous 12 months. The Accountability Agents know of no other child welfare agency in the country maintaining such a consistent frequency of case manager visits with children.

- *Eighty-two percent of the Substitute Caregivers Visited Once Every Month with Case Managers. (Outcome 22)*

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 the child's discharge. In Period VIII, **82 percent** of the substitute care givers received the required visits from case managers over the previous 12 months. This is the State's best performance to date for this outcome.

- *Half of the Youth Leaving Foster Care at age 18 or older in 2009 were High School Graduates or had Graduate Equivalency Diploma (GED). (Outcome 24)*

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."² With **50 percent** achieving this level of educational attainment in 2009, this is the second consecutive year the State has improved its performance on this measure but it remains below the baseline year measure of 65.7 percent.

Infrastructure Strengthening

- *Nearly All Children are in Approved Placements. (Outcome 25)*

Outcome 25 requires that 98 percent of children in out-of-home care be in placements that are in "full approval and/or licensure status." The State met or exceeded this standard for the second consecutive reporting period during Period VIII, when **98 percent** of children in out-of-home care were in placements that were in "full approval and/or licensure status." This was the

² See p. 36, paragraph 24 of the Consent Decree.

fourth consecutive period that the State's performance has been at 96 percent or better. Period VIII also marked the second consecutive period in which the documented compliance rate for each of the 16 foster home approval and licensing standards exceeded 90 percent.

- *Foster Homes are Not Overcrowded. (Outcome 31)*

Outcome 31 specifies foster home capacity standards that apply to all DFCS-supervised and provider-supervised foster homes. For the seventh consecutive reporting period, the State surpassed the Outcome 31 threshold. 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 **four percent** of the children in the Period VIII sample of children in foster care were placed in homes that exceeded these standards.

- *The State Continues to Maintain Legal Custodial Authority with Few Lapses. (Outcome 29)*

For the fifth consecutive reporting period, the State met the Outcome 29 threshold. Outcome 29 stipulates that no more than 5 percent of all children in custody of DHS/DFCS for 12 months or more shall have a lapse of legal custody within the prior 13 months. In Period VIII, **five percent** of the children in the foster care sample of 177 children appear to have had a lapse of legal custody within the prior 13 months.

B. Setbacks and Continued Challenges

- *The Rate of Maltreatment in Care Increased. (Outcome 5)*

The State's overall Period VIII performance in keeping children in care safe was mixed. While the maltreatment in care rate was the highest yet measured (**1.17%**), the State's performance on most of the measures related to the investigative process remained at the "high water marks" established in Periods VI and VII. A key factor driving the elevated maltreatment in care rates observed in the last two reporting periods is illuminated by an analysis conducted for Period VIII. This analysis demonstrates a fairly striking association between the maltreatment in care rate in each of the last four reporting periods and the number and proportion of substantiated victims whose placement was a congregate care setting. (This pattern does not appear to be explained by changes in the proportion of children in care placed in these settings, which has remained fairly steady). The reasons for this association are clear: congregate care settings present significant supervision challenges given that multiple teens are usually placed in them and supervision is typically provided by non-resident shift-work staff rather than resident parental authority figures; and maltreatment reports emanating from them have the potential of involving multiple victims.

- *Worker Caseloads Increased Substantially Between July and December 2009.*

On December 31, 2009, **66 percent** of the case managers in DeKalb and Fulton Counties had caseloads that were at or under designated caps. This is a substantial decline from the end of Period VII (June 2009) when 89 percent of the case managers had caseloads at or under the designated caps. Furthermore, this is the State's poorest performance in this area to date. The caseloads of case managers who investigate reports of child abuse or neglect were the farthest off the mark with 49 percent of the case managers having caseloads of 12 or fewer investigations. In contrast, 91 percent of such case managers had caseloads at or below the cap in Period VII. (According to county staff, the attrition of investigative case managers drove the increase in caseloads and also contributed to the decline in timely investigation completions [Outcome 2], from 89 percent in Period VII to 66 percent in Period VIII.) Just over half (54%) of the family preservation staff – those case managers who work to maintain children safely in their own homes – had caseloads of 17 or fewer families. This too was a dramatic change from 98 percent in Period VII. The caseloads of foster care case managers remained virtually the same as in Period VII with 86 percent of the case managers having caseloads of 15 or fewer children. Half of the foster care managers who work with children in custody for 18 months or more had caseloads of 12 or fewer children, down from 92 percent. Finally, adoption case manager caseloads remained under 16 children for all adoption case managers with 80 percent having caseloads of 12 or fewer children. Despite a State hiring initiative in March 2010, caseloads appeared to have changed little by the middle of May 2010 as the newly hired staff were not yet sufficiently trained to assume full caseloads. Therefore, the Accountability Agents anticipate Period IX (January –June 2010) will show limited, if any improvement.

- *The Proportion of Children who were Adopted within a Year of Becoming Legally Free for Adoption Continued to Decline (Outcome 11)*

Over several periods, the proportion of children who are adopted within 12 months has declined from 74 percent in Period IV to **50 percent** in Period VIII. While this decline merits State attention, it does not mean that fewer children are receiving timely adoptions. By comparison to Period VII, when a total of 34 children had been adopted within 12 months (representing 68%), 50 children were actually adopted in Period VIII, 16 more than in Period VII. The Period VIII performance is lower, in part, because the State acted to terminate the parental rights of the parents of twice as many children in the last half of 2008 than it had in the first half. In fact, the 100 children whose parents' parental rights were terminated between July and December 2008 was the largest number in a reporting period thus far. Thus, as the State successfully increases the number of children available for adoption, it will need to make sure the supply of families ready to adopt keeps pace.

- *Permanency Success is Tempered by an Increasing Proportion Returning to Foster Care. (Outcome 4)*

After 12 months of declining foster-care re-entry rates, Period VIII saw a substantial rise from 4.8 percent in Period VII to **9.7 percent** in Period VIII. This is the State's poorest performance on this outcome to date. With increasing State efforts to shorten foster care stays for children and to safely return them to their families, the rise in re-entry is not entirely unexpected since children cannot *re-enter* care until they have been *discharged* from care. However, the trauma of repeated separation and foster care placement is detrimental to children's healthy development.

The decision to discharge a child or continue custody is often difficult for DFCS and the judiciary to make because of case circumstances. As a result, some children may be reunited too soon while others remain in care too long. The majority of children (60%) who returned to foster care in Period VIII were from families ordered by the courts to receive in-home services as a condition of the child's return home -- a measure intended to ensure their on-going safety. The children returned to care because their parents failed to comply or cooperate with these services. If reunification had not been attempted, the children would have remained in care, and thus, been "unavailable" to re-enter. A large portion of children who re-entered (45%) were teenagers; the majority of whom also had open delinquency cases and many of whom had parents or guardians who no longer wanted to "deal with" their behaviors. Concerned about this performance, the Counties are looking at discharges and re-entries to determine what strategies may be employed to reduce the likelihood of re-entry to foster care.

- *Performance in Meeting Children's Individualized Service Needs Appears to be Declining (Outcome 30)*

The trend of the last three reporting periods indicates the State may be losing some ground in meeting children's service needs. Outcome 30 requires that at least 85 percent of the children have *all* the needs identified in their case plans met. In Period VIII, **68 percent** of the children had *all* their case plan-identified needs met compared to 72 percent in Period VII and 75 percent in Period VI. However, this outcome is measured using a sample of children in foster care which has a margin of statistical error of ± 7 percent. The observed change over the three periods is within that margin of error. The apparent decline in state performance appears to be primarily attributable to missed well-child health check-ups and regular dental care.

- *The Proportion of Children Experiencing Stability in Their Living Arrangements Appears to be Declining. (Outcome 17)*

Similar to Outcome 30, the trend of the last three reporting periods indicates the stability of children's living arrangements may be declining. However, also like Outcome 30, this outcome is measured using a sample of children in foster care which has a margin of statistical error of ± 7 percent. The observed change over the three periods is within that margin of error. 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, **87 percent** of the children experienced two or fewer placement moves in the 12 months preceding December 31, 2009 or their last date in custody. While the proportion of the foster care population that has stable placements remains quite large, this proportion has moved from 91 percent in Period VI to 89 percent in Period VII and 87 percent in Period VIII.

C. Recommended Priorities for State Attention

The State is to be commended for the positive trends and accomplishments evident in Period VIII as previously described. However, as noted, there remain some serious challenges. Based on the overall trends and issues facing the State, the Accountability Agents commend four priorities to the State's attention.

- ***Continue Moving Toward Family-based Care and Away from Congregate Care***

Most child welfare experts agree that family-based settings provide a placement experience superior to that of congregate care. The State has been gradually moving away from congregate care in favor of family-based care for several years. However teens, especially those with severe behavioral or emotional issues still often end up in group homes and residential treatment facilities after several family foster home placements disrupt. This problem defies an easy solution, but an analysis that appears in Part III of this report suggests that congregate care facilities have a disproportionate impact on the State's maltreatment in care rate. Meeting the Consent Decree standard for Outcome 5 may require the state to continue moving away from the use of congregate care whenever possible in favor of family-based placement settings; devising strategies for stabilizing troubled children in family foster homes when possible; and finding ways to improve the supervision and safety of youth that must be placed in congregate care.

- ***Provide Additional Training to Staff Performing CPS Clearances***

The Period VIII review of foster home files identified an instance in which an individual with an apparent history of two previous reports of child maltreatment was newly-approved as a foster parent. Such an event is very rare (this was the first such example identified since DFCS acted on the Accountability Agent's Period V recommendations to address this problem) and in this case, the two substantiated reports associated with the would-be foster parent appear not to have involved child maltreatment on her part. However, the fact that it occurred provided a valuable opportunity to learn *how* it occurred, and thereby to strengthen the processes in place that are supposed to prevent such an occurrence. The problem in this case was that faulty search logic was employed in the CPS clearance that was run for this individual. Therefore, the individual's complete CPS history did not appear on the CPS clearance report that was sent to the Child Placing Agency to which she had applied. DFCS is urged to provide additional

training in effective search logic to all staff whose responsibilities include running CPS clearances for potential foster parents to prevent a future occurrence such as this.

- *Reduce and Stabilize Caseloads*

Caseload size alone does not predict successful or inadequate casework practice. Few of the State's shortcomings in Period VIII can be directly linked to high caseloads. It does appear that high investigative caseloads impeded timely completion of investigations, but, at the same time, did not affect the timely initiation of investigations or timely face-to-face contact with each alleged victim. Conversely, small adoption caseloads did not increase the proportion of children who had timely adoptions after termination of parental rights. Among foster care case managers, where a high proportion of the caseloads continued to be at or under the caseload caps, case manager continuity was maintained and case managers visited with children and caregivers with increasing frequency, and a larger proportion of children achieved permanency.

High caseloads may present barriers to regular skill building of staff and may diminish the staff time available for family and youth engagement. High caseloads also contribute to staff turnover and turnover, in turn, contributes to higher caseloads. This circular problem is costly – for the children and families served and for the State budget. Thus, the Accountability Agents urge the State to continue hiring to fill vacancies, provide timely training to enable new staff to become appropriately certified as quickly as possible, and provide the supervisory support new staff need as they learn the work and become more confident in their skills.

- *Address the Rate of Re-entry*

As previously noted and described more fully in Part IV, there are two patterns among the re-entering children and youth that deserve attention by DFCS and its system partners. Sixty percent of the children who re-entered custody initially left custody under protective orders. This suggests that concerns for child safety may have existed when the children exited. If this is the case, DFCS and the courts need to jointly examine the cases that were dismissed by the court over DFCS objections and/or placed under a protective order when custody was returned to the caregivers. Such an examination should consider what information was known about the family, how it was presented to the court, and whether any additional information might have led to a different decision. The second largest category (45%) of children who re-entered custody were youth aged 14-17 and a significant proportion of these youth had open delinquency cases. These cases suggest the need for a coordinated strategy involving the courts, juvenile justice, and DFCS to address the root causes of these re-entries.

Table II-1
Kenny A. Outcomes: Progress as of December 31, 2009

Safety Outcomes Children in Foster Care are Safe From Maltreatment in Care	Period VIII Performance	Comparison to Period VII³
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.	97%	Same
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.	66%	Declined
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%	Same
Outcome 5: No more than 0.57% of all children in foster care shall be the victim of substantiated maltreatment while in foster care.	1.17%	Declined
Outcome 6: 98% of all foster homes will not have an incident of corporal punishment within the previous 12 months.	100%	Same
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 IX	
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%	Similar
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).	98%	Similar

³The characterization of differences between Period VIII and Period VII is based on the following criteria for Outcomes measured using the entire population (numbered 1,2,3,4,5,8a,8b,9,10,11,14,15,16,18, and 24): similar=change up to +/- 2%; improve/decline= change +/- 3% or more; Outcomes measured using a sample each period (numbered 6,7,17,18,19,20,21,22,23,25,26,27,28,29,30, and 31) 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.

Table II-1, continued
Kenny A. Outcomes: Progress as of December 31, 2009

Permanency Outcomes Children in Placements Maintain Family Connections	Period VIII Performance	Comparison to Period VII
Outcome 21: At least 85% of all children with the goal of reunification shall have appropriate visitation with their parents to progress toward reunification.	90%	Same
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.	56%	Improved 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.	9.7%	Declined
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.	53%	Improved
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.	59%	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.	19%	Same

Table II-1, continued
Kenny A. Outcomes: Progress as of December 31, 2009

Permanency Outcomes Children Achieve Permanency	Period VIII Performance	Comparison to Period VII
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.	16%	Improved
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	50%	Declined
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.	96%	Similar

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, 2009

Permanency Outcomes Children Achieve Permanency	Period VIII Performance	Comparison to Period VII
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.	77%	Declined within the Margin of Error
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.	87%	Declined within the Margin of Error
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.	87%	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.	92%	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.	64%	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.	82%	Improved within Margin of Error

Table II-1, continued
Kenny A. Outcomes: Progress as of December 31, 2009

Well-Being Outcomes Children and Youth Receive Services They Need	Period VIII Performance	Comparison to Period VII
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.	50%	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.	68%	Declined within Margin of Error
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.	98%	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.	69%	Similar
Outcome 29: No more than 5% of all children in custody of DHS/DFCS for 12 months or more shall have lapse of legal custody within the prior 13 months.	5%	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.	4%	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 (DHS/DFCS). This part 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 in Period VIII. 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 eight reporting periods to date.

Table III-1
Children in Foster Care are Safe from Maltreatment: Progress as of December 31, 2009

Consent Decree Outcome	Period VIII Performance
Outcome 5: No more than .57% of all children in foster care shall be the victim of substantiated maltreatment while in foster care.	1.17%
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.	97%
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.	66%
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.	100%

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. It is unacceptable that any such child should again experience maltreatment in their foster care setting.

a. Interpretation and Measurement Issues

There were no new interpretation or measurement issues encountered during Period VIII. Appendix B provides a summary of previously resolved interpretation and measurement issues. Appendix D is a special Period VI Supplemental Report that contains corrected Period VI data on maltreatment in care and useful comparisons to Periods V and VII.⁶ The Consent Decree standard for maltreatment in care (Outcome 5) since the end of 2007 (Period IV) has been 0.57 percent. This percentage (0.57%) represented 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.”*⁷ The data used to measure the outcome performance are derived from a review of all 91 investigations of alleged maltreatment concerning class member children in foster care completed during Period VIII (July-December 2009).

b. State Performance

- **The State Fell Short of the Outcome 5 Threshold**

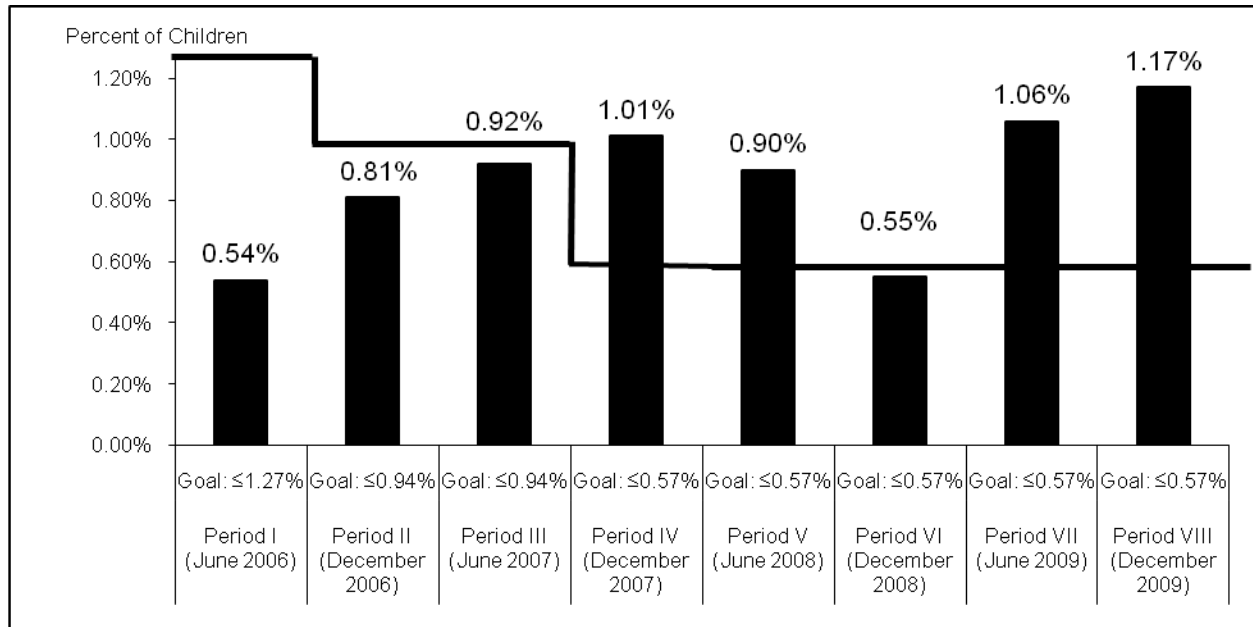
For Outcome 5, approximately one percent (1.17%) of all children in foster care between July 1 and December 31, 2009 had been victims of substantiated maltreatment during that time period. The Consent Decree performance threshold for Outcome 5 is not more than 0.57 percent. The Period VIII rate is higher than the Period VII rate of 1.06 percent, and represents the highest

⁶ During analysis of Period VII data, the Accountability Agents identified a problem with SHINES that resulted in the undercounting of maltreatment in care reports and in the number of substantiated victims. This problem is discussed more fully in Appendix D. The Accountability Agents conducted additional case-finding activities for Period VI and any comparisons made to Period VI in this report are based on the corrected data that appear in Appendix D.

⁷ 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.

maltreatment in care rate measured thus far. Figure III-1 displays the State's performance over eight reporting periods.

Figure III-1
Eight Reporting Periods of State Performance on Outcome 5:
Maltreatment in Care



Source: File Review of All Completed Maltreatment in Care Investigations, October 2005 – June 2009.

In Period VIII, the case record review found 25 instances of substantiated maltreatment fitting the federal definition among the 2,142 children in custody at any point during the reporting period. This is about the same as the 25 substantiated maltreatment cases in Period VII. The type of maltreatment substantiated for these 25 children consisted of: inadequate supervision alone (16 children); physical abuse alone (4 children); emotional abuse alone (2 children); inadequate supervision along with inadequate health and medical care (1 child); inadequate food, clothing and shelter (1 child); and inadequate health and medical care (1 child). During the reporting period, 3 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 a daycare provider; and one child by his/her biological parent during an unsupervised visit. In one additional case, the maltreatment perpetrator could not be identified.

In Period VIII as in previous reporting cycles, the overall maltreatment in care rate proved to be disproportionately influenced by the number of substantiated victims whose placement was a congregate care setting. The reasons for this are clear: congregate care settings present significant supervision challenges given that multiple teens are usually placed in them and

supervision is typically provided by non-resident shift-work staff rather than resident parental authority figures; and maltreatment reports emanating from them have the potential of involving multiple victims.

However, in Period VIII, the relationship between the maltreatment in care rate and the number of substantiated victims whose placement was a congregate care setting differed from earlier reporting periods in one important respect. Virtually all previous instances of maltreatment in care substantiated in congregate care settings were in group homes, residential care facilities, or other institutions supervised by private providers, but in Period VIII seven of the 11 substantiated victims placed in congregate care facilities were placed in a “temporary transitional assessment center” supervised by DFCS. According to DFCS policy and the *Kenny A. Consent Decree*, no child is to spend more than 23 hours in such a temporary facility.⁸

The incidents involving these seven substantiated victims occurred over a single weekend. They were the subject of two separate reports made on the same day. The youth involved had two related things in common: each presented somewhat challenging circumstances to timely placement, and the placement for each exceeded the 23 hour standard. Youths 1 and 2 are teenage sisters with a history of mental health issues; they were in the temporary transitional assessment center for 26 and 36 hours, respectively. Youths 3, 4, and 5 are also teenage siblings, one of whom has a history with the Department of Juvenile Justice (DJJ); two were in the temporary transitional assessment center for five days, the third (with the DJJ history) for six days. Youths 6 and 7 were unrelated teenagers with histories of mental health issues; youth 6 was in the temporary transitional assessment center (with her baby) for 12 days, youth 7 for four days.

The maltreatment in care reports involving these seven youths were substantiated for inadequate supervision. According to youths 6 and 7, during their longer-than-usual stays at the temporary transitional assessment center, they deduced that the staff made their final bed check of the night at about 3:00 a.m. In the first incident, youths 6 and 7 snuck into the room shared by youths 1 and 2 sometime after 3:00 a.m., awakened them and proposed they engage in sexual activity. Youths 1 and 2 rebuffed the proposal. In the second incident, youths 6 and 7 snuck into the room shared by youths 4 and 5 sometime after 3:00 a.m. and made a similar proposal which resulted in sexual activity taking place.

A review of County records for the temporary transitional assessment center show that the month of October 2009 (the month in which these two incidents occurred) was exceptional with respect to the number of children having stays in excess of 23 hours. County data also show that this problem has largely abated in the months since October 2009. During Period VIII, there were a total of 94 instances of the 23 hour rule being exceeded at the temporary transitional assessment center by as little as 30 minutes or as much as 12 days; 42 of these 94 instances occurred in the month of October 2009. In the month of November 2009 there were

⁸ See Section 5.C.4.c. of the Consent Decree.

nine such instances. In the six months between November 2009 and May 2010 there were a **total** of 15 instances of the 23 hour rule being exceeded: with a maximum of four such instances in any single month.

In response to the Period VIII incidents, the State has taken steps to minimize the number of children that exceed a stay of 23 hours at the temporary transitional assessment center. These steps include:

- Contracting with selected private providers for additional “assessment beds” for children that require higher level treatment or specialized placement services;
- Developing a detailed protocol with tightly prescribed timeframes covering the various steps of the assessment process; and
- Establishing a communications and problem-solving process with triggers for escalating decisions to higher levels when needed, designed to limit stays to 23 hours or less.

These incidents underscore the reasons congregate care facilities can have such a large impact on the overall maltreatment in care rate: supervision of the groups of teens typically placed in these facilities can be a challenge in itself; and incidents that occur in such facilities have the potential of involving multiple substantiated victims. Given the Consent Decree standard for Outcome 5 of 0.57 percent and the number of children in the legal custody of DeKalb and Fulton Counties during Period VIII (2142), substantiated maltreatment during the Period would have had to be reduced to 12 or fewer victims for the standard to be met. This was rendered extremely unlikely when a single congregate care facility accounted for seven substantiated victims by itself.

Tables III-2 and III-3 examine more closely the relationship between State performance on Outcome 5 and maltreatment incidents in congregate care facilities. Table III-2 and III-3 display, respectively, the number and proportion of substantiated victims of maltreatment in care, and the number and proportion of maltreatment in care investigations, by placement type for the four most recent reporting periods.

While these tables display no apparent association between the period-specific maltreatment in care rate (Outcome 5) and the number of maltreatment in care investigations (Table III-3) or the number of substantiated victims of maltreatment in care placed in family-based settings (Table III-2), a fairly striking association is apparent between the period-specific maltreatment in care rate and the number and proportion of substantiated victims placed in congregate care settings (see Table III-2 dark gray shading). Furthermore, neither the number nor the proportion of substantiated victims of maltreatment that resided in congregate care settings appear to be explained by the proportion of children in care placed in these settings; according to the random sample of children in foster care drawn each period, the proportion placed in congregate care settings (15 percent in Period V, 19 percent in Period VI, 19 percent in Period VII, and 21 percent in Period VIII) bears little relationship to the number or to the proportion of substantiated maltreatment in care victims that resided in congregate care settings during those periods.

The Accountability Agents will continue to monitor the effectiveness of the steps the State has taken to minimize the number of children that experience stays of greater than 23 hours in the temporary transitional assessment center. Given the disproportionate impact of congregate care facilities on the State's maltreatment in care rate, meeting the Consent Decree standard for Outcome 5 may require the State to continue moving away from the use of congregate care whenever possible in favor of family-based placement settings.

Table III-2
Outcome 5: Substantiated Victims of Maltreatment in Care,
By Placement Type, Periods V, VI, VII, and VIII

Placement Type	Period V		Period VI		Period VII		Period VIII	
	Outcome 5: 0.90%		Outcome 5: 0.55%		Outcome 5: 1.06%		Outcome 5: 1.17%	
	Number	% of Total	Number	% of Total	Number	% of Total	Number	% of Total
Family Based Care ^a	19	79%	11	85%	15	60%	14	56%
Congregate Care ^b	5	21%	2	15%	10	40%	11	44%
Total	24	100%	13	100%	25	100%	25	100%

Table III-3
Maltreatment in Care Investigations,
by Placement Type, Periods V, VI, VII, and VIII

Placement Type	Period V		Period VI		Period VII		Period VIII	
	Outcome 5: 0.90%		Outcome 5: 0.55%		Outcome 5: 1.06%		Outcome 5: 1.17%	
	Number	% of Total	Number	% of Total	Number	% of Total	Number	% of Total
Family Based Care ^a	66	80%	68	76%	79	71%	63	69%
Congregate Care ^b	16	20%	21	24%	32	29%	28	31%
Total	82	100%	89	100%	111	100%	91	100%

Source: Case file review of all investigations completed January 1, 2008 – December 31, 2009.

^a Includes: relative placements, DFCS-supervised foster homes, provider-supervised foster homes, and trial discharges to birth parents.

^b Includes: group homes, residential care facilities, specialty hospitals, Metro YDC, and the Fulton Family Resource Center.

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

While Outcome 5 focuses on the result of reduced maltreatment in care, Outcomes 1, 2, and 3 measure important aspects of the process through which allegations of maltreatment in foster care settings are investigated. Outcome 1 relates to the timeframe in which an investigation of suspected maltreatment of a foster child is commenced. Outcome 3 relates to the frequency with which such investigations include face-to-face contact with the alleged victim within 24 hours. Because DFCS policy defines the “commencement” of an investigation as the point at which face-to-face contact with the alleged victim is made, they are very similar measures; the primary difference between them is the unit of analysis. For Outcome 1, the unit of analysis is the investigation itself (which may involve multiple alleged victims). For Outcome 3, the unit of analysis is the individual child who is an alleged victim. Outcome 2 relates to the length of time it takes to complete such investigations.

Data for these outcomes are based on the universe of 91 maltreatment investigations completed during the reporting period that involved a child in the custody of DeKalb or Fulton County. This represented a 19 percent decrease from the 111 such reports completed during Period VII. The Consent Decree covers maltreatment in care investigations that involve any child in the adjudicated 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 VIII. Appendix B provides a summary of previously resolved interpretation and measurement issues.

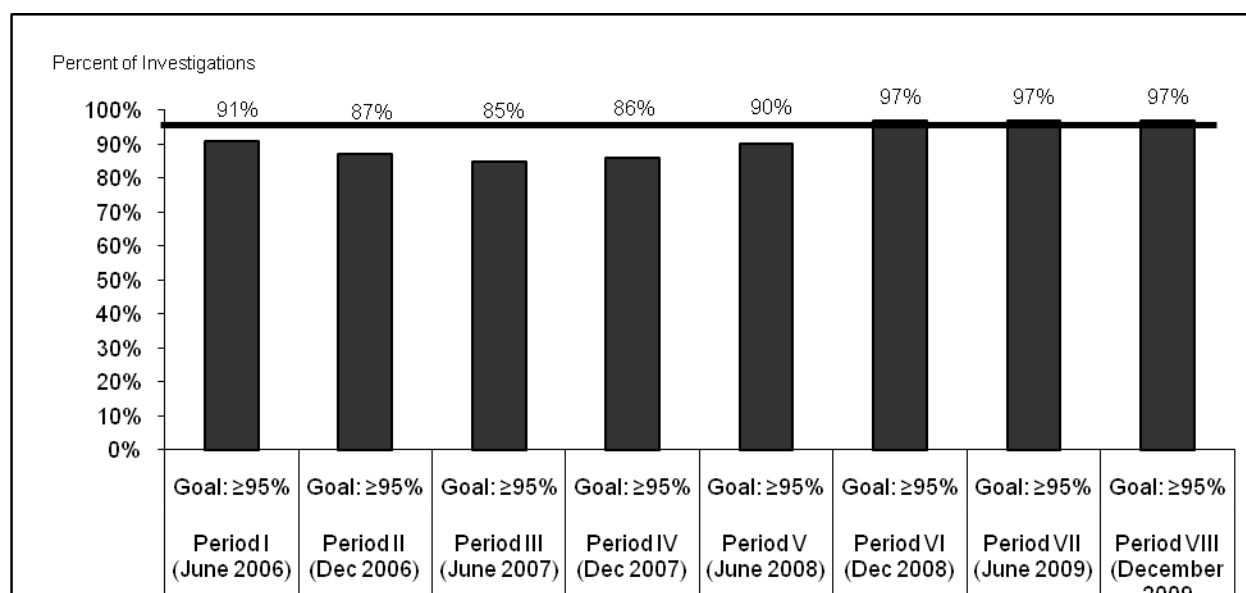
b. State Performance

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

As noted in Table III-1 for Outcome 1, **97 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 third consecutive reporting period for which the Outcome 1 threshold was surpassed and the third consecutive period with

a rate of 97 percent. Figure III-2 displays the State's performance on Outcome 1 over eight reporting periods.

Figure III-2
Eight Reporting Periods of State Performance on Outcome 1:
Maltreatment in Care Investigations Commenced
Within 24 Hours of Receipt of Report



Source: File Review of All Completed Maltreatment in Care Investigations, October 2005 – December 2009.

As displayed in Table III-4, DeKalb and Fulton counties commenced 100 percent of the investigations they completed within 24 hours, while the 24-hour commencement rate for the perimeter counties was 88 percent. This represents an improvement for DeKalb/Fulton comparable to their Period VII rate of 97 percent, but a decline for the perimeter counties compared to their Period VII 24-hour investigation commencement rate of 98 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 three cases in which this did not happen were investigated by perimeter counties. In one of these three cases, the alleged victim was seen and removed from the placement setting before or at the time the allegation was made. Although this case counts as a “miss” toward Outcome 1, in terms of ensuring child safety it is important to recognize that in 88 of the 90 investigations (98%) the alleged victim(s) were seen by or removed from potential risk by child welfare professionals within 24 hours.⁹ This represents about the same level of performance as in Period VII in which 99 percent of alleged victim(s) were seen by or removed from potential risk by child welfare professionals within 24 hours.

⁹ One alleged victim was deceased at the time the report was made; therefore the Outcome 1 and 3 analysis is based on 90 investigations.

Table III-4
Outcome 1 – Commencement of Maltreatment in Care Investigations
N=90*

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	0	0%	66	100%	66	100%
Perimeter Counties	3	12%	21	88%	24	100%
Total	3	3%	87	97%	90	100%

Source: File Review of All Completed Investigations, July – December 2009.

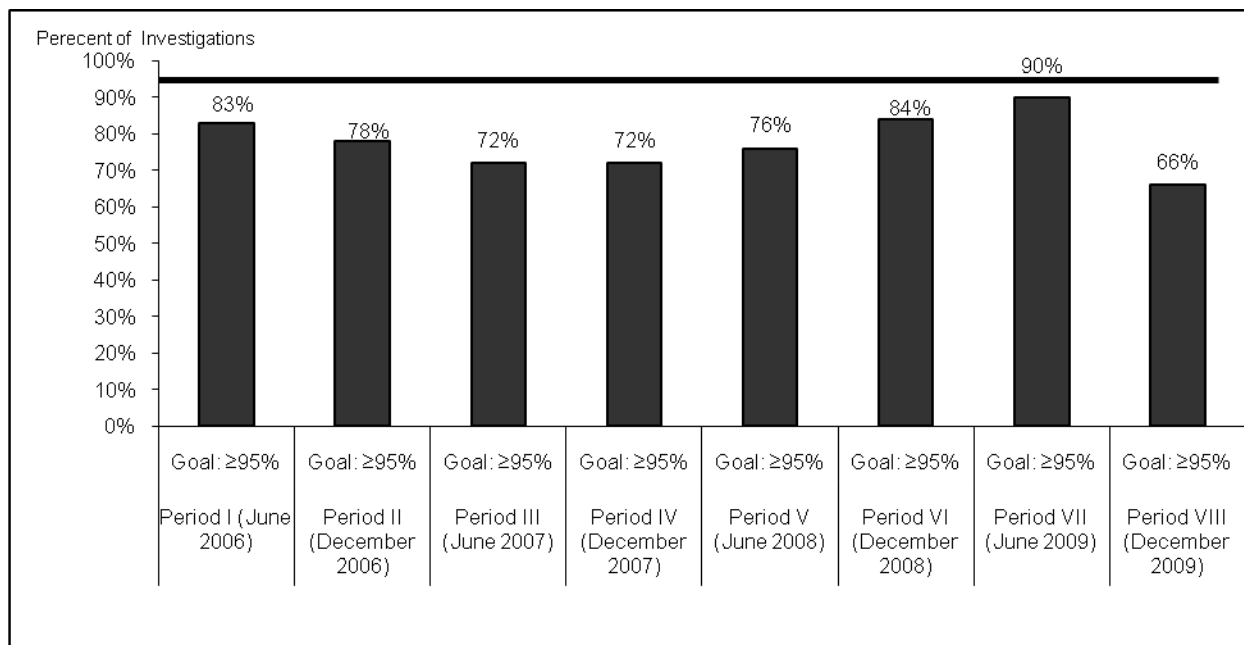
*One alleged victim was deceased at the time the report was made.

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

For Outcome 2, **66 percent** of maltreatment in care investigations (60 of 91) were completed within 30 days according to file review data from all investigations completed during the reporting period. This was a substantial decrease from the Period VII rate of 90 percent, and represents the poorest performance on Outcome 2 measured thus far. However, in Period VIII an unusually large proportion of investigations (29%, representing 26 investigations) were completed within 31-36 days; and the remaining 5 investigations (5%) within 37 – 41 days.

Outcome 2 requires that 95 percent of maltreatment in care investigations be completed, in accordance with DFCS policy, within 30 days. For Period VIII, 95 percent of such investigations were completed within 36 days. This compares to the 33 days it took to complete 95 percent of such investigations during Period VII. Figure III-3 displays the State's performance on Outcome 2 over eight reporting periods.

Figure III-3
Eight Reporting Periods of State Performance on Outcome 2:
Maltreatment in Care Investigations Completed Within 30 Days of Receipt of Report



Source: File Review of All Completed Maltreatment in Care Investigations, October 2005 – December 2009.

The Period VIII performance of DeKalb and Fulton counties in timely investigation completion declined substantially compared to Period VII (from 93% to 73%) while that of the perimeter counties declined by an even greater margin (85% to 46%), remaining substantially below that of DeKalb and Fulton. The Period VIII performance of DeKalb, Fulton, and the perimeter counties is displayed in Table III-5.

Table III-5
Outcome 2 – Timely Investigations
N=91

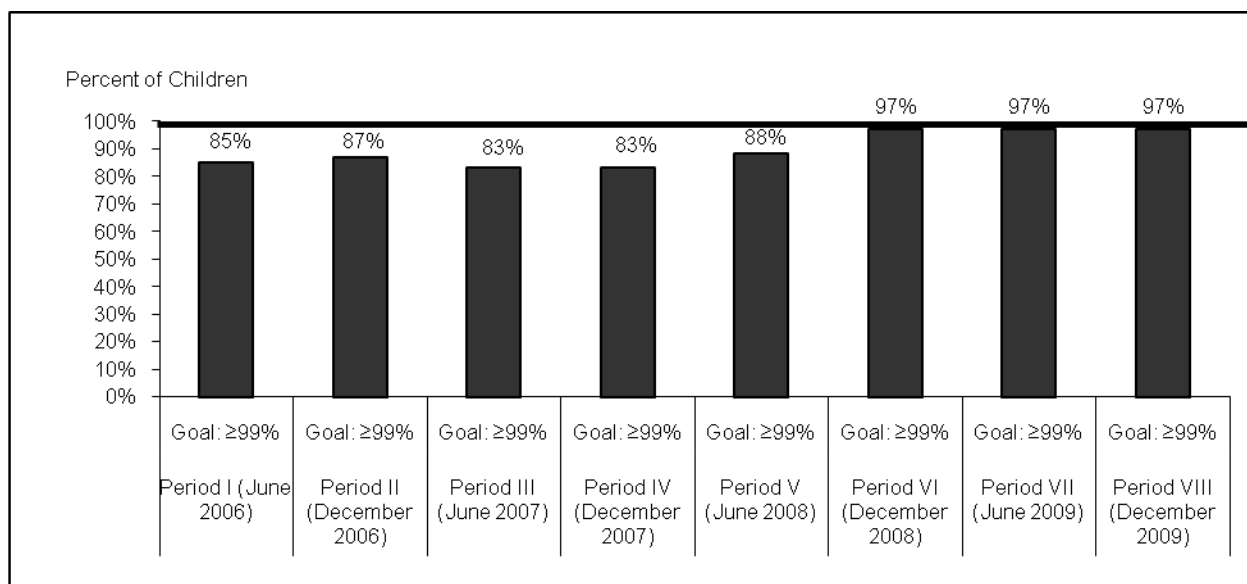
Investigating County	Completed in > 30 Days		Completed in ≤ 30 Days		Total	
	Number	% of Total	Number	% of Total	Number	% of Total
DeKalb/Fulton	18	27%	49	73%	67	100%
Perimeter Counties	13	54%	11	46%	24	100%
Total	31	34%	60	66%	91	100%

Source: File Review of All Completed Maltreatment in Care Investigations, July – December 2009.

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

For Outcome 3, **97 percent (111 of 115)** alleged victims of maltreatment in care during Period VIII 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.¹⁰ While this falls slightly below the Outcome 3 performance standard of 99 percent, it represents the third consecutive reporting period with a rate of 97 percent. Figure III-4 illustrates the State's performance on Outcome 3 for eight reporting periods.

Figure III-4
Eight Reporting Periods of State Performance on Outcome 3:
Maltreatment in Care Investigations with Timely Face-to-Face Private Contact with All
Alleged Victims



Source: File Review of All Completed Maltreatment in Care Investigations, October 2005 – December 2009.

In addition, the 115 alleged victims of maltreatment in care represented a 26 percent decrease from the 145 alleged victims reported for Period VII. The performance of the perimeter counties declined substantially, from 97 percent in Period VII to 85 percent in Period VIII, while the performance of DeKalb and Fulton counties improved from 98 percent for Period VII to 100 percent for Period VIII. Period VIII data for Outcome 3 is displayed in Table III-6.

¹⁰ There were a total of 116 alleged victims of maltreatment in care during Period VIII, but one medically-fragile child died of medical complications prior to the investigation. In such circumstances, it is DFCS practice to conduct an investigation to determine whether maltreatment contributed to the child's death. This investigation found no evidence of maltreatment.

Table III-6
Outcome 3 – Face-to-Face Contact with Alleged Maltreatment Victims within 24 Hours
N=115*

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	0	0%	0	0%	88	100%	88	100%
Perimeter Counties	3	11%	1	4%	23	85%	27	100%
Total	3	3%	1	1%	111	97%	115	100%

Source: File Review of All Completed Maltreatment in Care Investigations, July – December 2009.

*One alleged victim was deceased at the time the report was made.

In measuring Outcome 3 performance, only alleged victims having face-to-face, private contact with a trained CPS investigator within 24 hours of the report's receipt are considered to have met the standard. The four alleged victims who were not seen within this time frame were in cases investigated by perimeter counties. In one of these cases, the failure to meet the Outcome 3 standard was caused by the CPS supervisor erroneously assigning a five-day response time (which *was* met) to the case. In another, one of two alleged victims was interviewed within 24 hours, but a second alleged victim was not interviewed for 48 hours. In the third case, there was a delay of two days in the county that received the intake call (DeKalb) forwarding the case for investigation to the perimeter county in which the allegation occurred (Gordon). In the fourth case, there was a similar delay in the county receiving the intake call (Rockdale) forwarding the case for investigation to the county in which the allegation occurred (Newton). In this case, the day the report was received the alleged victim was removed from the placement setting in which the maltreatment was alleged to have occurred by the Fulton County placement case manager. However, to meet the Outcome 3 standard, the contact required within 24 hours must be made by a trained CPS investigator.

c. Operational Context

The State's overall Period VIII performance in keeping children in care safe was mixed. While the maltreatment in care rate was high and the proportion of investigations timely completed fell substantially, the State's performance on the measures related to timely initiation of investigations (Outcome 1) and timely face-to-face contact with all alleged victims (Outcome 3) remained at the "high water marks" established in Period VI for a third consecutive reporting period.

The factors associated with the high maltreatment in care rate for Period VIII were covered in the Outcome 5 discussion, above. With respect to the large decline in timely investigation completion (Outcome 2), three factors merit further discussion.

First, while the decline in measured performance (from 90% in Period VII to 66% in Period VIII) appears precipitous, as noted above, an unusually large proportion of Period VIII investigations were completed within 31-36 days. In Period VII, seven investigations were completed within 31-36 days (representing 6% of the total); in Period VIII such investigations totaled 26 (representing 29% of the total). Thus, 96 percent of Period VII investigations were completed within 36 days, while 95 percent of Period VIII investigations were completed within that time frame. This analysis reveals that the change in investigation completion timeframes between Periods VII and VIII was not as dramatic as it might first appear.

Second, as discussed further in Part VI of this report, the caseloads of CPS investigators in DeKalb and Fulton Counties increased during Period VIII as a result of turnover among the CPS investigative staff and the lag in filling vacant positions. According to county officials, in the interest of child safety, the timely initiation of investigations (Outcome 1) and timely investigator contact with all alleged victims (Outcome 3), took priority over timely investigation completion given these staffing challenges.

Finally, although the measured Outcome 2 performance of DeKalb, Fulton, and the perimeter counties all declined compared to Period VII, the performance of the perimeter counties remained well below that of DeKalb and Fulton. The perimeter counties' Period VIII performance ended trends of progressively improved performance, and of consistent narrowing of the performance gap between DeKalb/Fulton and the perimeter counties on Outcome 2 that dated back to Period II.

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.

¹¹ See p. 2 of the Consent Decree

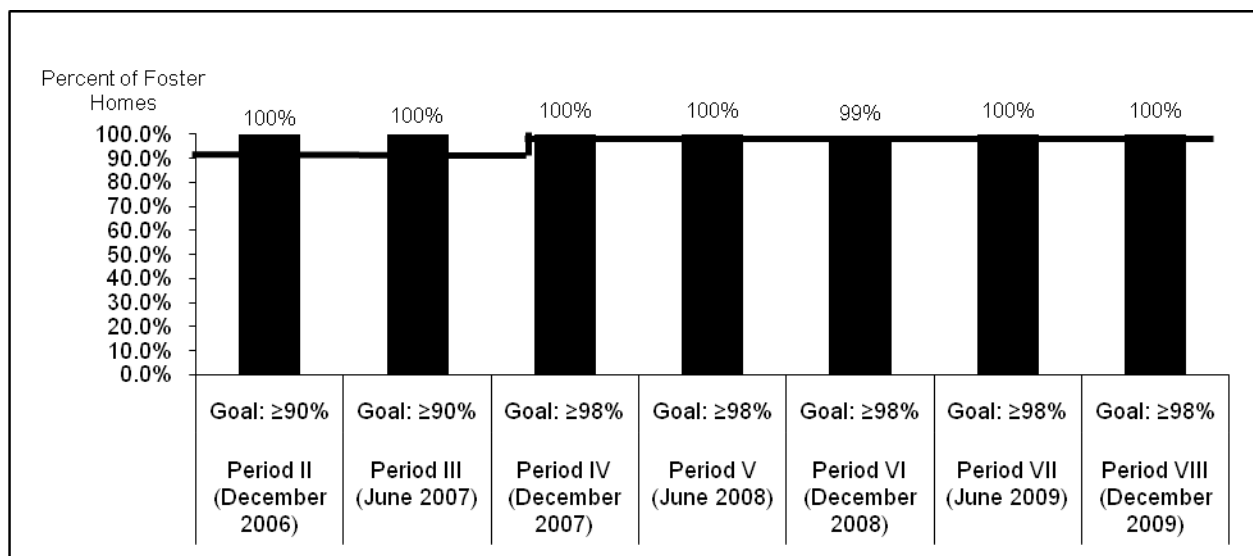
¹² Ibid, p. 32

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, 100 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 161 foster homes that had a class member in care at any point during the reporting period. This is the same as Period VII, 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 seven reporting periods to which the Consent Decree standards applied.

Figure III-4
Seven Periods of State Performance on Outcome 6:
Incidents of Corporal Punishment in Foster Homes



Source: Foster Home Record Reviews, July 1, 2006 – December 30, 2009.

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. of the Consent Decree 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 Office of Provider Utilization and Outcomes Management (OPUOM) and the Office of Residential Child Care (ORCC), and the review of 177 randomly selected foster care records and all 91 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. The review of foster care records of 177 sampled children and 161 foster home records identified no instance in which an allegation of maltreatment appears to have been inappropriately screened out by a permanency worker. Future file reviews will continue to scrutinize placement and foster home records 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.

¹³ See pp.28-30 of the Consent Decree

¹⁴ See p. 28 of the Consent Decree

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

The file review of maltreatment in care investigations explored the extent to which the investigations completed during Period VIII were conducted in accordance with the investigative 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-7 for the 11 investigative standards common to most placement types. The percentages reported in Table III-7 represent the number of instances for which the investigative file documentation was adequate to provide a conclusive, affirmative response.

Table III-7
Proportion of Investigations Meeting Policy Requirements
(N shown is for Period VIII cases and varies based on
placement setting and other case characteristics)

Investigation Policy Requirement	Percent of Applicable Files with Documentation of Compliance	
	Period VII	Period VIII
Investigator saw/interviewed every alleged maltreated child separately (N=90)	100%	100%
Continued safety of the child(ren) placed in the home was adequately evaluated and assessed (N=55)	96%	98%
Investigator saw/interviewed each of the other children (non-alleged victims) separately (N=62)	85%	97%
Investigator reviewed the DFCS history of the foster parent/caregiver (N=53)	88%	96%
At least two relevant collateral sources contacted during the investigation (N=91)	86%	95%
All approved foster parents/caregivers interviewed separately (N=91)	92%	92%
Investigator reviewed previous CPS reports for foster parents/caregivers (N=53)	84%	92%
Alleged maltreater was interviewed separately (N=88)	95%	91%
DFCS case managers required to visit in this foster care setting were contacted (N=87)	78%	89%
All other adults frequently in the home interviewed separately (N=17)	96%	82%
File contains physical evidence to support case documentation (N=45)	83%	73%

Source: Case file review of all maltreatment in care investigations completed January 1, 2009– December 31, 2009.

As reflected in Table III-7, documented compliance with each of the most common investigative policy requirements was found in 80 percent or more of the records for all requirements but one (*file contains physical evidence to support case documentation*). Compared to Period VII, Period VIII showed evidence of improved compliance for six requirements, two remained about the same (\pm one percentage point), while for three requirements, compliance appears to have declined.

The case record review found evidence of substantial improvement (8, 8, 9, 11 and 12 percentage points, respectively) for five of these 11 policy requirements: *investigator reviewed the DFCS history of the foster parents/caregivers; investigator reviewed previous CPS reports for foster parents/caregivers; at least two relevant collateral sources contacted during the investigation; DFCS case managers required to visit in this foster care setting were contacted; investigator saw/interviewed each of the other children (non-alleged victims) separately*. For one of the investigative policy requirements evidence of modest improvement (two percentage points) was apparent: *continued safety of the children placed in the home was adequately evaluated and assessed*.

For two investigative policy requirements (*investigator saw/interviewed every alleged maltreated child separately; all approved foster parents/caregivers interviewed separately*) evidence of compliance remained essentially unchanged from Period VII.

However, for three of the investigative policy requirements, compliance *appears* to have declined by four, ten, and fourteen percentage points, respectively, from Period VII (*alleged maltreater was interviewed separately; file contains physical evidence to support case documentation; and all other adults frequently in the home interviewed separately*). These are considered separately below. The Accountability Agents believe that the first two of these apparent changes may be artifacts of SHINES' limitations and ongoing training challenges associated with its implementation.

The four percentage point decline in the policy requirement captured in the item "*alleged maltreater was interviewed separately*" reflects a total of eight Period VIII cases for which this could not be conclusively affirmed. In all eight cases, it was clear that all alleged maltreaters were interviewed, but in two cases, the documentation reflects that the foster parents insisted on being interviewed together. In the six remaining cases, the investigators' "contact narratives" failed to say specifically that the interviews were conducted privately.

A 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 each type of the "casework contact" made by an investigator (e.g., interviews with alleged victims, perpetrators, witnesses, collateral contacts, etc.) SHINES previously had no mechanism (such as clicking a "radio button") investigators could use to indicate that interviews required by policy to be private were conducted privately. "Check boxes" allowing investigators to hard code the fact that interviews were conducted privately were added to SHINES in October 2009, however prior to the second half of Period VIII, the only way an investigator could indicate in SHINES that interviews were conducted privately was by entering free-form text to that effect

in the “contact narrative” field. This was not done for six of the eight Period VIII “misses” on this policy requirement. It is expected that the addition of check boxes to hard code the private nature of interviews will, as use of this option becomes widely used, improve the compliance rate on policy requirements such as those mandating private interviews.

The ten percentage point decline in the policy requirement captured in the item “*file contains physical evidence to support case documentation*” reflects a total of 12 Period VIII cases for which such documentation would be expected, but could not be found. In eight of these 12 cases, the record indicates that such evidence was collected or requested, but no such evidence could be located by review staff in SHINES or in the companion physical record kept by the counties. SHINES was designed to permit staff to capture images of physical evidence as part of the electronic case record. One case reviewed for Period VIII had a note in the contact narrative field that specifically stated that pictures had been uploaded to SHINES, but no such pictures could be located in SHINES. The SHINES project team is currently investigating this case and other anecdotal reports of missing documentation that caseworkers *believed* they had uploaded to determine the cause of the problem and to address it.

The 14 percentage point decline in the policy requirement captured in the item “*all other adults frequently in the home interviewed separately*” is partially a function of the small numbers involved. The Period VIII data reflect a total of three cases in which other adults in the home did not appear to have been interviewed separately; in Period VII by comparison, there was one such case. However, the denominator for this rate declined from 23 foster homes in Period VII to 17 in Period VIII, which magnified the impact of the two additional “misses.”

c. Referrals of Reports of Maltreatment in Care to the DFCS Policy Unit, Office of Residential Child Care (ORCC), and the Office of Provider Utilization and Outcomes Management (OPUOM)

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 ORCC and OPUOM.

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 Residential Child Care (ORCC) and the Office of Provider Utilization and Outcomes Measurement (OPUOM).¹⁶ The purpose of the review specified in the Consent Decree is “...to determine whether a pattern of abuse or neglect

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

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

To assess compliance with these provisions, the Accountability agents collect data directly from ORCC, OPUOM, and the DFCS Policy Unit to ascertain which maltreatment reports involving foster children had been reported to each office, and interview ORCC and OPUOM leadership and staff to confirm that the required reviews are taking place and to understand what actions are being taken as a consequence of them. The reporting of maltreatment in care investigations to each of these three offices and the review of those reports are considered separately below.

- **Notification of the Policy Unit, ORCC and OPUOM of Maltreatment in Care Reports**

Major improvements in the completeness of reporting to the DFCS Policy Unit and ORCC were evident in Period VIII, while reporting to OPOUM remained about the same. The Accountability Agent’s Period VII Report registered concern that compliance with this requirement decreased in Period VII even as the incidence of substantiated maltreatment in provider-supervised settings increased. In light of the Consent Decree’s stringent standard 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.

For Period VIII, data collected directly from the DFCS Policy Unit indicate that administrative packets were received for 91 (100%) of the 91 Period VIII maltreatment in care investigations completed during the reporting period. This represented a substantial increase from Period VII when the Policy Unit was notified of 100 of 111 investigations (90%). Thirty-seven (41%) of the 91 reports the Policy Unit received for Period VIII were sent within the 10-day window specified by DFCS policy.¹⁸ Although this rate remains low, it represents a substantial improvement from the 15 percent of maltreatment in care reports received within the 10 day window in Period VII. Table III-8 displays data on county reporting of maltreatment in care investigations to the DFCS Policy Unit.

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

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

Table III-8
Policy Unit Notification of Period VIII Maltreatment in Care Investigations

N=91

Investigating County	Total Investigations	Notified		Not Notified	
	Number	Number	% of Total	Number	% of Total
Fulton	38	38	100%		
DeKalb	29	29	100%		
Bibb	2	2	100%		
Carroll	1	1	100%		
Cherokee	1	1	100%		
Clayton	2	2	100%		
Cobb	2	2	100%		
Douglas	2	2	100%		
Fayette	2	2	100%		
Gordon	1	1	100%		
Gwinnett	2	2	100%		
Newton	2	2	100%		
Paulding	2	2	100%		
Richmond	1	1	100%		
Rockdale	1	1	100%		
Taylor	1	1	100%		
Troup	2	2	100%		
Total	91	91	100%		

Source: Survey of Notification of CPS Investigations in Foster Care Settings, July 1 – December 31, 2009.

The Period VIII file review of maltreatment in care investigations included 50 investigations of maltreatment that occurred in provider-supervised settings and therefore should have been reported to both ORCC and OPOUM.¹⁹ Data collected directly from ORCC and OPUOM indicate that ORCC was notified of 47 (94%) of these investigations. This represents a substantial improvement from Period VII when ORCC was notified of 74 percent of such maltreatment in care investigations. Table III-9 displays data on county reporting of maltreatment in care investigations to ORCC.

¹⁹ There were a total of 56 investigations that involved children placed in provider-supervised settings, but in six of these the alleged maltreatment occurred elsewhere (including school or daycare, summer camp, and at the home of the biological parent) and therefore fell outside the jurisdiction of OCRR and OPUOM.

Table III-9
Office of Residential Child Care Notification of
Period VIII Maltreatment in Care Investigations
N=50

Investigating County	Total Investigations	Notified		Not Notified	
	Number	Number	% of Total	Number	% of Total
Fulton	13	13	100%		
DeKalb	17	17	100%		
Bibb	2	1	50%	1	50%
Carroll	1			1	100%
Cherokee	1	1	100%		
Cobb	2	1	50%	1	50%
Douglas	2	2	100%		
Fayette	1	1	100%		
Gordon	1	1	100%		
Gwinnett	2	2	100%		
Newton	2	2	100%		
Paulding	1	1	100%		
Richmond	1	1	100%		
Rockdale	1	1	100%		
Taylor	1	1	100%		
Troup	2	2	100%		
Total	50	47	94%	3	6%

Source: Survey of Notification of CPS Investigations in Foster Care Settings, July 1 – December 31, 2009.

DeKalb County conducted the largest number of maltreatment in care investigations in provider-supervised settings at 17. All 17 (100%) were reported to ORCC. This is an improvement compared to Period VII when DeKalb County notified ORCC of 88 percent of 16 investigations. Fulton County conducted 13 maltreatment-in-care investigations in such settings and notified ORCC of all thirteen (100%). This represents an improvement from Period VII when Fulton County notified ORCC of 17 of 19 (89%). Eleven of the 14 perimeter counties that completed maltreatment in care investigations in provider-supervised settings notified ORCC of 100 percent of those investigations, two perimeter counties notified ORCC of 50 percent, and one perimeter county notified ORCC of none. Notifying ORCC of maltreatment reports in the care settings they license is essential to the ability of ORCC to effectively use that licensing authority to help prevent maltreatment in care.

Complete reporting of maltreatment in care investigations in provider-supervised settings to the Office of Provider Utilization and Outcomes Management (OPUOM), the statewide organizational entity charged with supervising DFCS' provider contracts, enhances OPUOM's ability to be a prudent purchaser of care. For Period VIII, OPUOM appears to have been notified of 42 (84%) of the 50 investigations of alleged maltreatment that occurred in provider-

supervised settings. This is about the same as Period VII, when OPOUM was notified of 85 percent of the investigations of alleged maltreatment that occurred in provider-supervised settings. Table III-10 displays data on county reporting of maltreatment in care investigations to OPUOM.

Table III-10
Office of Provider Utilization and Outcomes Management
Notification of Period VIII Maltreatment in Care Investigations
N=50

Investigating County	Total Investigations	Notified		Not Notified	
	Number	Number	% of Total	Number	% of Total
Fulton	13	12	92%	1	8%
DeKalb	17	16	94%	1	6%
Bibb	2	2	100%		
Carroll	1			1	100%
Cherokee	1	1	100%		
Cobb	2			2	100%
Douglas	2			2	100%
Fayette	1	1	100%		
Gordon	1	1	100%		
Gwinnett	2	1	50%	1	50%
Newton	2	2	100%		
Paulding	1	1	100%		
Richmond	1	1	100%		
Rockdale	1	1	100%		
Taylor	1	1	100%		
Troup	2	2	100%		
Total	50	42	84%	8	16%

Source: Survey of Notification of CPS Investigations in Foster Care Settings, July 1 – December 31, 2009.

DeKalb County notified OPUOM of 16 of 17 Period VIII investigations of maltreatment alleged to have occurred in provider-supervised settings (94%). This was about the same as Period VII when DeKalb County notified OPOUM of 15 of 16 such investigations (94%). Fulton County conducted 13 investigations of maltreatment alleged to have occurred in such settings and notified OPUOM of 12 of these (92%). This represents an improvement from Period VII when Fulton County notified OPUOM of 17 of 19 investigations (89%). Bibb, Cherokee, Fayette, Gordon, Newton, Paulding, Richmond, Rockdale, Taylor and Troup counties all had OPUOM notification rates of 100 percent. However, Carroll, Cobb, Douglas and Gwinnett counties each failed to notify OPUOM of half or more of their maltreatment in care investigations.

The Period VIII notification data illustrate that county incident reporting enables prudent, collaborative action by ORCC and DFCS. Among the 47 maltreatment in care allegations of which ORCC was informed, ORCC elected to conduct a joint investigation with DFCS for 38

(81%) of them. This represents a sharp increase from Period VII when ORCC conducted joint investigations with DFCS in 45 percent of the 53 investigations of which they were informed. Not surprisingly, among the 3 complaints that were not reported to ORCC, no joint investigations were conducted.

- **Review by ORCC and OPUOM of Maltreatment in Care Reports in Provider-supervised Settings**

Interviews with ORCC and OPUOM leadership and staff indicate that every report of maltreatment in care originating in provider-supervised settings is reviewed upon receipt by designated staff in each office. Reports received and reviewed by ORCC are assigned to appropriate ORCC survey staff and shared with members of the ORCC leadership team and with OPUOM and other DFCS staff. ORCC and OPUOM staff meet jointly, by conference call, or in office conferences with provider agencies two to three times per month to review incident reports and provider compliance with rules and regulations.

The results of these meetings have included:

- Where appropriate, ORCC has issued Enforcement Actions (civil penalties, restricted license and revocation of license) on some licensed facilities.
- Where patterns of repeat maltreatment have been identified, OPUOM follows up with the provider by addressing the outcome of a CPS investigation via phone conference, office conference and/or a visit to the facility. Prior to the development of an agreed upon corrective action plan with the provider, intake can be suspended.
- Once a corrective action plan is implemented to address any identified areas of deficiency, the provider's submitted and accepted corrective action plan is monitored for adherence via a higher frequency of monitoring that can include announced visits, unannounced visits, and review and approval of all prospective placements prior to admission throughout the following quarter.
- In one case, a Provider's ORCC approved Corrective Action Plan was jointly accepted by OPOUM and jointly monitored for adherence. Monitoring results from each agency's visits were shared between ORCC and OPUOM.

2. Corporal Punishment in Foster Homes

Section 12C of the Consent Decree contains process and practice requirements related to the prohibition of corporal punishment in foster care settings and investigations of reports of

corporal punishment.²⁰ 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 161 of 161 foster home records sampled (100%), 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 the same as Period VII performance of 100 percent.

b. Enforcement of Corporal Punishment Prohibition

Enforcement of the corporal punishment prohibition in DFCS-supervised foster homes is carried out by the County DFCS offices. Enforcement in private provider placements is carried out by child placing agencies (CPAs), Office of Residential Child Care (ORCC), and the Office of Provider Utilization and Outcomes Management (OPUOM). ORCC requires CPAs, Child Caring Institutions, and Outdoor Child Caring Programs to have written policies prohibiting corporal punishment as a condition of licensure. ORCC monitors compliance with this requirement by means of a pre-licensure review of all provider policies. When ORCC 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.

OPUOM 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. OPUOM enforces this prohibition through site visits to CPAs and to a sample of the foster homes they supervise, and through reviewing a sample of the foster home files the CPAs maintain. OPUOM's Period VIII visitation strategy was to prioritize visits to the administrative offices and foster homes of providers with higher numbers of reported incidents, while providers with lower numbers of reported incidents were visited during the latter part of the monitoring cycle.

c. Compliance with Corporal Punishment Prohibition

Actual compliance with the corporal punishment prohibition appears to be excellent. The review of child records of 177 randomly selected children in foster care during Period VIII identified no confirmed instances of corporal punishment (0.0%).²¹ This is comparable to Period VII, during which there were no confirmed instances of corporal punishment among the children included in the placement sample.

²⁰ See pp 29-30, paragraph 12.C of the Consent Decree

²¹ However, there was a child who alleged to his Permanency Case Manager (PCM) and then recanted that his maternal great grandmother, with whom he was placed, had used corporal punishment. The child's PCM failed to refer the allegation to CPS staff for assessment and possible investigation or screen-out.

The foster home record review of 161 randomly selected foster homes looked for evidence in the foster home record that foster parents or other placement resources 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 one of the 161 foster home records reviewed (0.6%). In this one incident, a CPS report was made by the placement case manager which was screened out by CPS staff and referred to Resource and Development staff who determined that no policy violation had been committed.

The review of all 91 maltreatment in care reports investigated during the reporting period identified seven reports (8%) that began as an allegation of corporal punishment. This is about the same as Period VII, during which eight of the 111 maltreatment in care reports (7%) began as corporal punishment allegations. None of the seven investigations completed during Period VIII that began with an allegation of corporal punishment resulted in a substantiation of abuse or neglect; however in one case a violation of DFCS disciplinary policy was confirmed. In this case the relative caregiver was counseled on appropriate disciplinary techniques and a safety plan was put in place. Among the remaining six cases that began as corporal punishment allegations, three resulted in the children being removed from those placements; two resulted in the involved caregivers being counseled: one on appropriate disciplinary techniques and one on requirements regarding approved caregivers; and no further action was taken on the remaining case.

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.

In DeKalb and Fulton Counties, 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 Residential Child Care (ORCC). 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 seven CPS investigations prompted by an allegation of corporal punishment; four in provider-supervised foster homes, two in relative placements, and one in a DFCS-supervised foster home. Of these seven:

- 7 (100%) showed that all alleged victims were interviewed separately within 24 hours;
- 7 (100%) showed evidence that the continued safety of any children remaining in the home was adequately evaluated;
- 7 (100%) file reviewers felt the investigative conclusion was consistent with the investigative documentation; and,
- 4 (57%) were completed within the 30 days required by DFCS policy; two were completed within 31 days and one was completed in 34 days.

The four investigations in privately-supervised foster homes were comparable to Period VII during which five investigations in private care settings were precipitated by corporal punishment allegations. Documentation indicates that both ORCC and OPUOM were notified of all four of these investigations; ORCC was notified as well of the investigative conclusion for all four investigations, but OPUOM was notified of the investigative conclusion for only two 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 ORCC 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 part reports on the State's progress in the areas related to children in DFCS custody maintaining their family connections and safely returning home or achieving permanency with new families.

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, Period I requirements that have been discussed in previous reports.²² 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 IV-1 provides a more detailed 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 VIII. This part also includes charts which display the State's permanency performance trends over the eight reporting periods to date.

²² 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 VIII 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 IX
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).	98%
Outcome 21: At least 85% of all children with the goal or reunification shall have appropriate visitation with their parents to progress toward reunification.	90%
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.	56%
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.	9.7%
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.	53%
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.	19%
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.	16%

Children Achieve Permanency	Period VIII 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	52%
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.	96%
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.	77%
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.	87%

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

One of the Consent Decree principles is “*all non-destructive family ties should be maintained and nurtured.*”²³ Preserving connections between children and their families, friends, and community is an important strategy for achieving permanency when those relationships are not destructive. Preservation of these connections starts with placing 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.²⁴

a. Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in Period VIII. Appendix B provides a summary of previously resolved interpretation and measurement issues. The measurement of Outcome 19 performance is based on the sample of 177 children in foster care at any time between July 1 and December 31, 2009.

b. State Performance

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

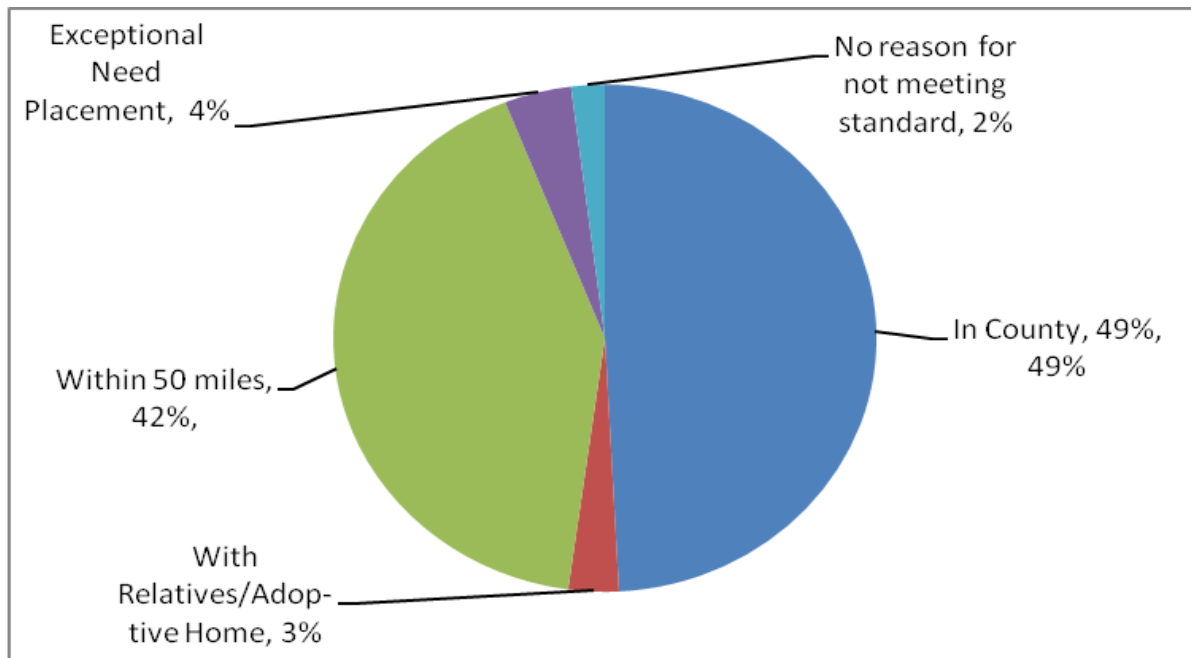
The State placed 173 children (98%) of the 177 children in the sample of children in foster care within the designated proximity to the home from which they were removed or there was an accepted reason for a more distant placement. The outcome performance threshold is 90 percent. Of the 177 children, 161 children (91%) were placed within the same county as the home from which they were removed or within a 50 mile radius of the home. Of the remaining 16 children (9%), 12 met one or more of the criteria that exempt them from the placement proximity standard. Specifically, seven (4%) of the 177 children were placed outside the designated proximity because of their exceptional needs (including a youth from Florida who was abandoned in Atlanta by his mother); six (3%) were placed with relatives (in-state, or out-of-state through the Interstate Compact for the Placement of Children), or were placed in birth or

²³ See p. 4, principle 2 in the Consent Decree

²⁴ See p. 35, Outcome 19, of the Consent Decree.

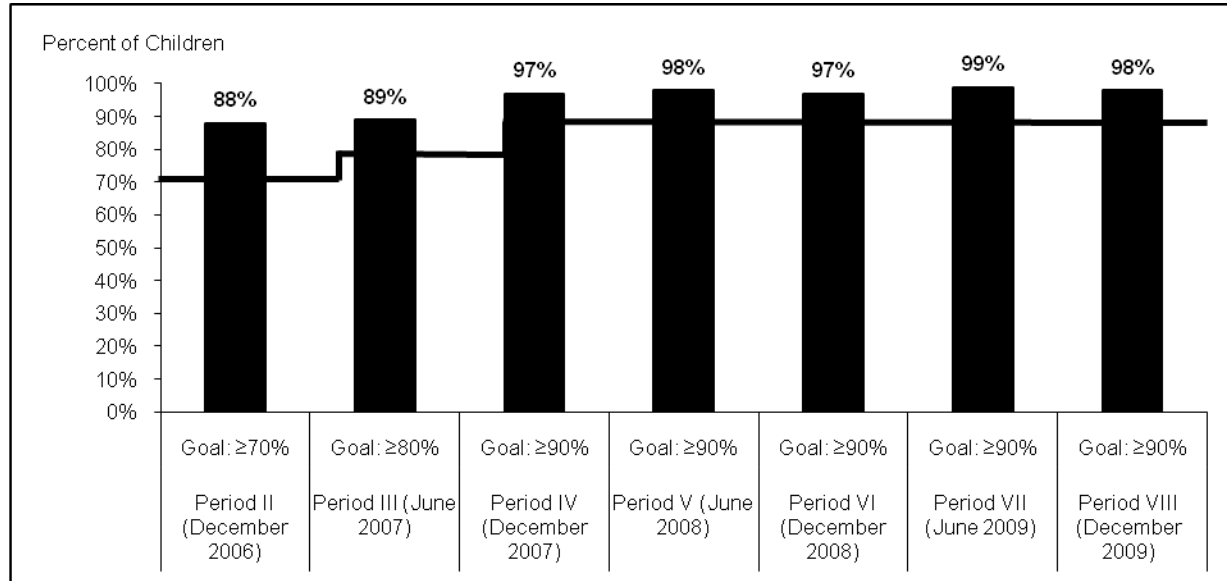
adoptive homes. There were no reasons documented as to why three children (2%) did not meet the proximity criteria. This performance is similar to Period VII performance of 99 percent. The distribution of all 177 children in the sample among placement types is displayed in Figure IV-2 below. The State's performance over the seven reporting periods to which the Consent Decree standards applied is displayed in Figure IV-3.

Figure IV-2
Child Placement Proximity to Home of Removal
or Reason for Being Unable to Place Within the Proximity Standards
n=177



Source: Case Record Review March-May 2010

Figure IV-3
Seven Reporting Periods of State Performance on Outcome 19:
Children are in Placements Close to their Homes



Source: Review Period Foster Care Case Record Reviews, July 2006-December 2009

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 ensure that appropriate visitation takes place between children and their parent(s)²⁵ 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 VIII. Appendix B provides a summary of previously resolved interpretation and measurement issues. The measurement of Outcome 21 is based on the sample of 177 children at any time between July 1 and December 31, 2009. Within the sample of 177 children in foster care, 105 were considered to have the permanency goal of reunification for purposes of measuring parental visitation. However, 15 children were excluded from the analysis for the following reasons:

- twelve children were living with their reunification resources during the entire six months of the review period or were reunited with parent(s) by July 15, 2009;
- one youth reached age 18 on July 26 and he had been refusing to visit with his parent;

²⁵ 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.

-
- one youth refused parental visits and custody was given to a relative in October;
 - one child who entered custody mid-November was on runaway status for a month.

Therefore, 90 children were included in the parent-child visitation analysis.²⁶

b. State Performance

- **The State Surpassed the Outcome 21 Threshold.**

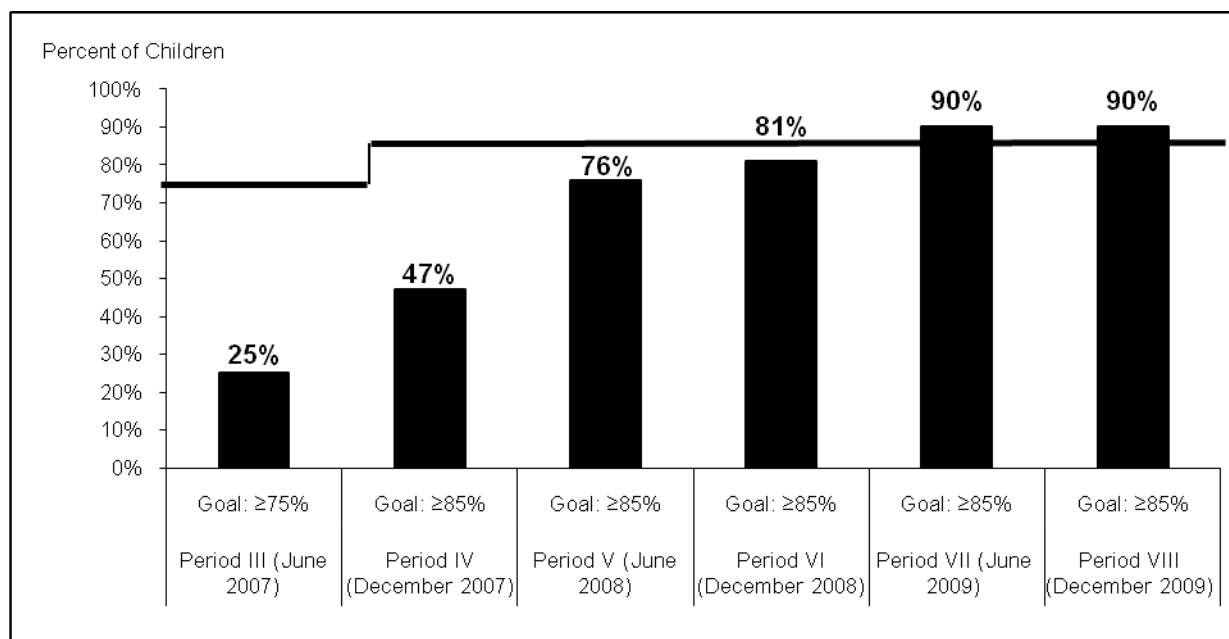
Among the 90 children used in this analysis, 81 (90%) had evidence in their records of appropriate visitation to progress toward reunification with their parents or other individuals with whom they are to be reunified.²⁷ In fact, 16 children (one-fifth of 81) were reunified during the period. The performance threshold for this outcome is 85 percent. This performance is the same as the Period VII performance of 90 percent.

Among the remaining 9 children, five children had sporadic visits and 4 children had no documented visits with their parents. Eight of the nine children had concurrent goals of reunification and live with a relative or adoption. The ninth child had been in custody three months and the guardian was initially refusing to visit the child. Seven of the nine did visit with other family members during the period. In at least two cases, the State was making plans to change the child's permanency plan to nonreunification. Figure IV-4 displays the State's performance over the six reporting periods to which the Consent Decree standards applied.

²⁶Conclusions 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 90 percent.

²⁷ See Appendix B for a discussion of how "appropriate visitation" was determined.

Figure IV-4
Six Reporting Periods of State Performance on Outcome 21:
Children are Appropriately Visiting with their Parent(s) to Progress Toward Reunification



Source: Review Period Foster Care Case Record Reviews, January 2007 - December 2009

Outcome 16– Sibling Placement and Outcome 23 - Sibling Visitation

The Consent Decree stipulates a sibling placement standard²⁸ that intends to keep siblings connected 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.²⁹ Because these Outcomes both focus on sibling connections, they are reported on together.

b. Outcome 16: Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in Period VIII. The analysis relied on SHINES data.

Among the 413 children who entered care during Period VIII, 226 children (55%) did not appear to have entered custody with a sibling. Among the remaining 187 children, there were a total

²⁸ See p. 16, paragraph 5C.4.d of the Consent Decree.

²⁹ See p.36, Outcome 23, in the Consent Decree.

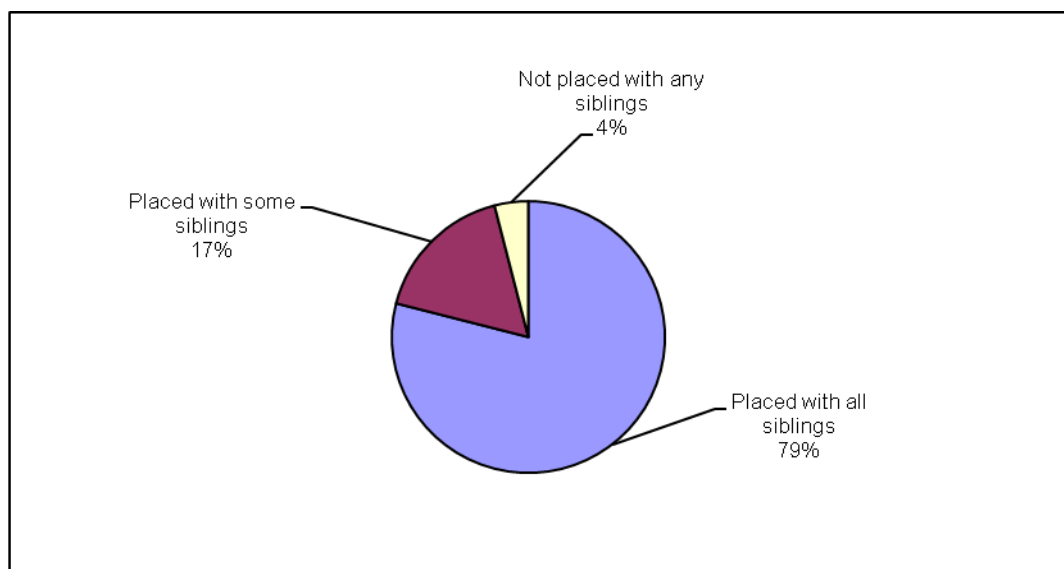
of six children, three groups of two siblings each, who were separated from one another due to special circumstances. In one instance, the older sibling was pregnant and was placed in an appropriately supportive placement setting that could help ensure a healthy pregnancy. In the second instance, the two siblings had been sexually acting out and victimizing each other. In the third instance, one sibling was placed in a psychiatric facility to meet her special behavior needs. The placement arrangements of the remaining 181 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 181 children who entered custody with one or more siblings in Period VIII and did not have a special placement need, 143 children (79%) were placed with all of their siblings.³⁰ As previously noted, Outcome 16 requires at least 80 percent be placed with all siblings. Another 31 children (17%) were placed with some of their siblings and 7 children (4%) were not placed with any of their siblings by December 31, 2009. This is similar to Period VII, when 81 percent of the children who entered custody with a sibling were placed with all their siblings. Figure IV-5 illustrates the sibling placement pattern in Period VIII and Figure IV-6 displays the State's performance over the five reporting periods to which the Consent Decree standard applied.

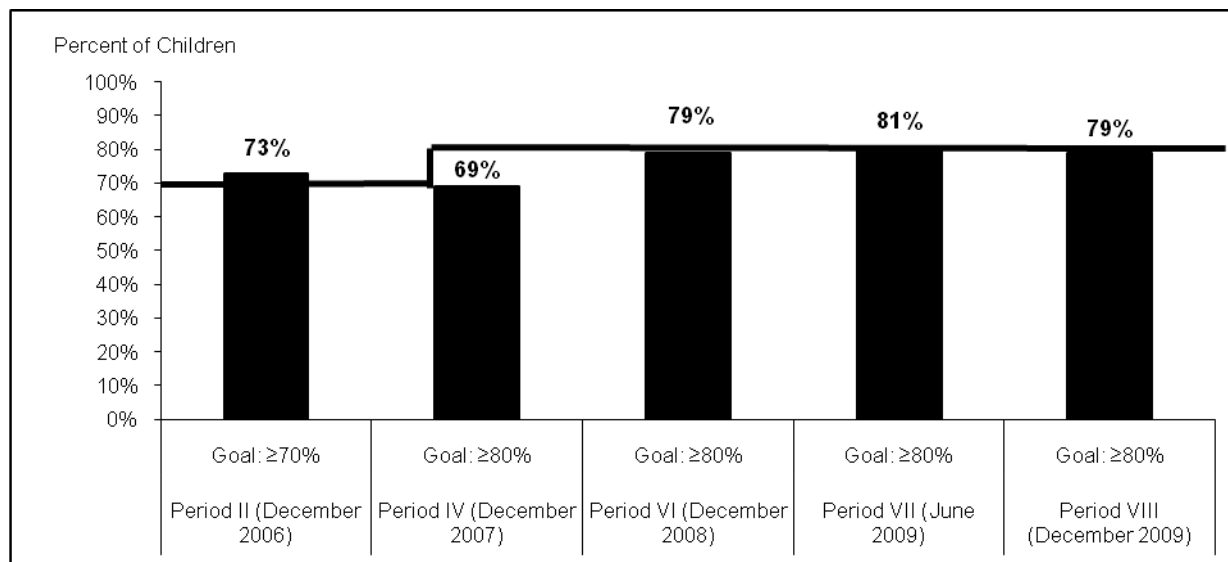
Figure IV-5
Sibling Group Placement for Period VIII Foster Care Entries
N=181



Source: SHINES report, verified.

³⁰ This includes children who were placed with all siblings who did not require a separate setting because of special needs.

Figure IV-6
Five Reporting Periods of State Performance on Outcome 16:
Sibling Groups are Together in Placements



Source: Review Period Foster Care Case Record Reviews and SHINES reports, July 2006 to December 2009.

Among the 38 children who were placed with some or none of their siblings, the majority (29) were in 4 large sibling groups of 5 or more children. These children were separated among different relatives and foster homes. The other nine children were in three groups of three and they too were split among different placement settings and, in some cases, had different permanency plans. One of these groups was reunited after the end of the reporting period.

c. Outcome 23: Interpretation and Measurement Issues

No new interpretation issues were encountered in Period VIII. Appendix B provides a summary of previously resolved interpretation and measurement issues. The measurement of Outcome 23 is based on the sample of 177 children in foster care at any time between July 1 and December 31, 2009. In the sample of 177 children, there were 64 children who were separated from some or all of their siblings during some or all of the 12 months preceding December 31, 2009 or the date they were discharged. Five children were excluded from the analysis. Four children were excluded because of allegation of sexual abuse among siblings and/or therapist restrictions on visits. Another child's sibling was on runaway status for the last year. Therefore, the analysis for Outcome 23 is based on 59 children.³¹

³¹ Conclusions drawn from the subsample of 59 children who were separated from their siblings for all or some of the time they were in care would have a margin of error of at +/- 13%.

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 **33 (56%)** of the 59 children in the sample who had one or more siblings in custody but in separate placements. The outcome performance threshold is 80 percent, and requires that separated siblings visit at least once, each and every month of the previous 12 months during which they were in custody and separated. The 33 children visited with at least one separated sibling each consecutive month for the last 12 months. The State's performance is an improvement from the Period VII proportion of 50 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 64 percent in Period VIII compared to 62 percent in Period VII. Table IV-5 describes the visitation picture captured by the case record review. Figure IV-7 displays the State's Outcome 23 performance over the six of seven reporting periods to which the Consent Decree standard applied.³²

Table IV-5
Separated Sibling Visitation Pattern for the 12 months*
preceding December 30, 2009 or the last date of DFCS custody
n=59

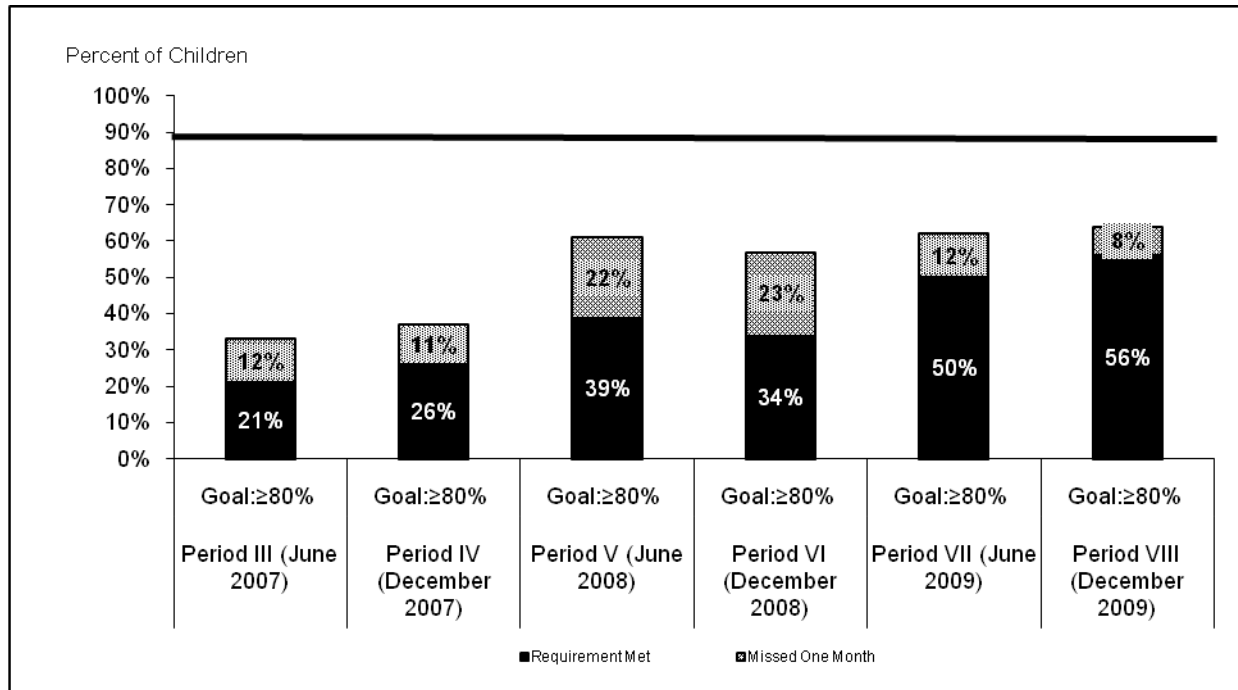
Frequency of meeting required visitation	Number	Percent	Cumulative Percent**
Met outcome requirement of monthly visits each month for every month of previous 12 months.	33	56%	
Missed visitation in one of the required months (i.e. equivalent to 11 of 12 months)	5	8%	64%
Did not meet outcome requirement but visited with siblings at least half of the months separated (i.e. the equivalent of 6-10 visits in a 12 month period)	13	22%	86%
Visitation pattern was infrequent and sporadic (i.e. the equivalent of less than 6 visits in a 12 month period)	7	12%	98%
No visits were documented (a two-week old infant entered care 12/1/2009 and was placed with a sibling.)	1	2%	100%
Total	59	100%	

Source: Case record review, March-May 2010.

*For those children in custody less than 12 months, only the applicable number of months in custody was considered

³² 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-7.

Figure IV-7
Six Reporting Periods of State Performance on Outcome 23:
Siblings Not Placed Together Have 12* Consecutive Monthly Visits



Source: Review Period Foster Care Case Record Reviews and SHINES reports, January 2007-December 2009

*For those children in custody less than 12 months, only the applicable number of months in custody was considered.

2. Children Achieve Permanency: Outcomes 8, 9, 10, 11, 4, 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 use of a “concurrent goal” appears to be increasing. In such circumstances, reunification usually remains the primary goal, but a concurrent goal of custody to a relative, guardianship, or adoption may be part of the permanency plan as well in the event that reunification efforts fail. Concurrent planning encourages case managers to be focused on more than one permanency option for a child and it provides a very clear statement to parents that the State will move to achieve permanency for the children even if they cannot be returned home. As indicated in Table IV-6, almost 40 percent of the children have concurrent permanency goals.

Table IV-6
Permanency Goals of Children
n=177

Permanency Goal	Number	Percent
Judicially Determined/ Presumed Reunification*	46	26%
Concurrent Goal (Reunification and another goal; or, in some cases, Adoption and another goal)	68	38%
Adoption	30	17%
Guardianship	7	4%
Custody to a Fit and Willing Relative	11	6%
Long Term Foster Care	2	1%
Emancipation	11	6%
No goal documented	2	1%
Total	177	99%

Source: Case Record Review, March-May 2010. * Presumed re-unification goal for children in care for less than 12 months. Total does not add to 100% due to rounding

In the case record review of a sample of 177 children in foster care, two-thirds did not have any documented barriers to permanency. In the third that did have documented barriers, the most frequently cited barriers included parental substance abuse and mental health conditions; lack of parental participation in services or visiting with children; child medical or behavioral conditions; and the lack of an adoptive resource. In addition, economic conditions appear to be a barrier for some families as housing and employment appeared to be the primary needs. In a few cases, however, the barriers appeared to be straight forward and more readily addressed. The actions required petitioning to terminate parental rights, completing home evaluations for adoptive homes, completing the child's life history for adoption, and adoptive parents completing appropriate training.

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-7 below summarizes the differences between Outcome 8a and Outcome 8b.

Table IV-7
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 requirements 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)³³ – the requirements of 8(a) and 8(b) are identical: to be “counted” toward the Outcome performance requirements, each must be achieved within 12 months of a child’s entering State custody.

As a result of the overlapping time frames shown in Table IV-7, Outcome 8b performance is very dependent on Outcome 8a performance. In Period VIII, Outcome 8a accounted for 89 percent of the Outcome 8b performance.

a. Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in Period VIII. 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.

³³ The Consent Decree stipulates 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.” In these circumstances, the child remains 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*”.

b. State Performance

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

Through December 31, 2009, 5603 children had entered DFCS custody since October 27, 2005. From this cohort of children, 2952 children (53%) exited by December 31, 2009 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 VIII is a modest improvement over the Period VII performance of 50 percent. It is the seventh consecutive reporting period the State has surpassed the Outcome 8a standard.

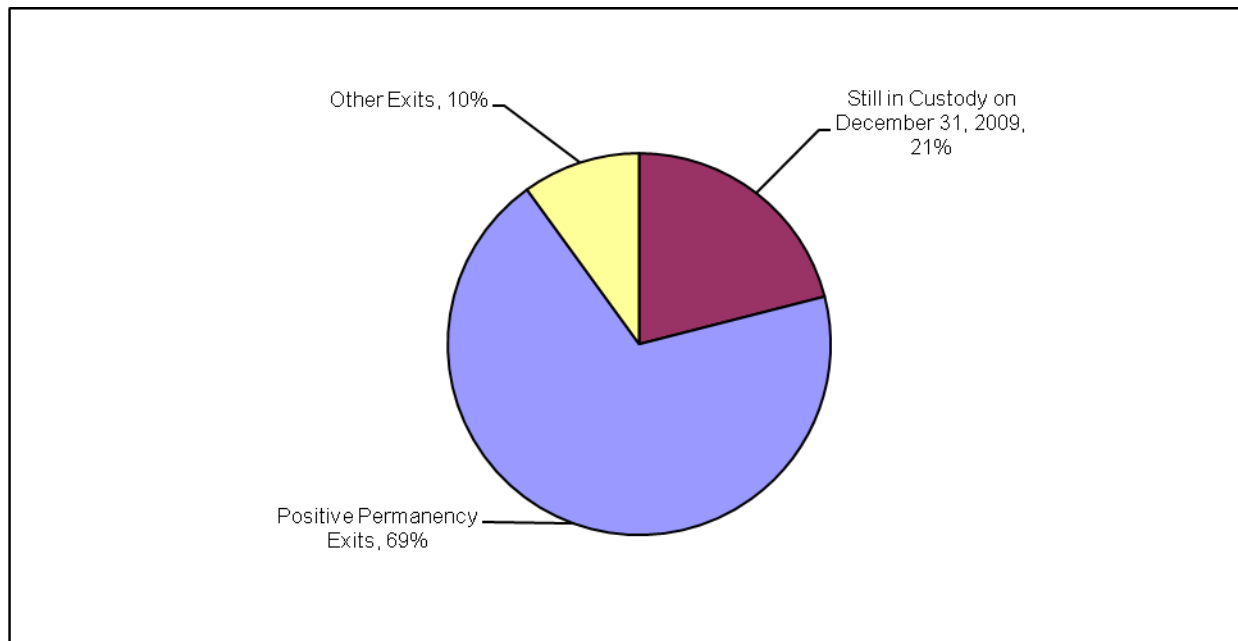
Another 367 children were adopted or exited to the custody of relatives or to legal guardians within 24 months of entering foster care (**Outcome 8b**), bringing the total that exited to the designated permanency arrangements within the time frames specified in the Consent Decree to 3319 or **59 percent** of the total cohort. This is also a modest improvement over the Period VII performance of 56 percent, but remains short of the Outcome 8b performance threshold of 74 percent.

Table IV-8 provides the distribution of all the children in the Outcome 8 cohort who exited custody by December 2009. An additional 544 children (10% of the cohort) exited to one of the designated permanency arrangements but these exits occurred outside the designated time frames for the outcomes. Although these children cannot be "counted" toward either Outcome 8a or 8b, the Accountability Agents recognize the permanency achievement.

The Accountability Agents continued to observe a decline in the proportion of children who have entered State custody since the Consent Decree and are still in care at the end of Period VIII, 21 percent of the Outcome 8 cohort of children remained in custody compared to 26 percent at the end of Period VII and 30 percent at the end of Period VI. However, the length of time the remaining children have been in care is increasing. At the end of Period VIII, half the children remaining in the cohort had been in custody 14.5 months compared to 11.5 months for those remaining at the end of Period VII.

Figure IV-8 illustrates the exit outcomes for all children who have entered State custody on or after the Consent Decree. Table IV-8 provides the performance detail for period VIII.

Figure IV-8
Foster Care Outcomes of 5603 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-8
Outcome 8
Children Entering DFCS Custody on or after October 27, 2005 Who Exited to Permanency by
December 31, 2009

	Children who entered custody on or since October 27, 2005	
Number of children in cohort	5603	
Exits as of December 31, 2009	8(a)	8(b)
Reunification within 12 months	2319	2319
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)	434	434
Additional Permanent Legal Custody between 12 and 24 months (live with other relatives in the custody of relatives)		191
Adoption within 12 months	7	7
Additional Adoptions between 12 and 24 months	0	78
Guardianship within 12 months	192	192
Additional Guardianships between 12 and 24 months	0	98
Total Exits for Outcome Measurement	2952	3319
Percentage Exiting for Outcome Measurement	53%	59%
Number Exited to Permanency but not in required time frame	544	
Other exits (transfer to other counties, emancipation, etc)	541	
Total number exiting	4404	
Remaining number in cohort on December 31, 2009	1199	
Demographics of those still in DFCS custody at December 31, 2009	Average length of stay: 17.1 Months	
	Median length of stay: 14.5 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 VIII. 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 Outcome 9 Threshold.**

Of 140 children who had been in State custody up to 24 months as of October 27, 2005 and were still in custody on June 30, 2009, 26 children (19%) had positive permanency exits during the period July 1 through December 31, 2009.³⁶ The performance threshold for this outcome is 40 percent. Another eight children exited DeKalb and Fulton custody for reasons other than positive permanency during this time period, leaving 106 children from the Outcome 9 cohort still in custody on December 31, 2009. The State's Period VIII performance is the same as in Period VII.

As noted in Table IV-9, 48 percent of the 106 children remaining in custody were under the age of 12. The average age is about 11 years, the average length of stay was nearly five years, and 51 percent of the children were male. In addition, there are 24 sibling groups remaining in this cohort.

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 129 children who had been in State custody for over 24 months as of October 27, 2005 and remained in custody on June 30, 2009, 20 children (**16%**) exited to positive permanency during the period July 1 through December 31, 2009. This was an improvement from Period VII, when 10 percent of the Outcome 10 cohort exited to positive permanency, and represented the best performance since Period II when the outcome threshold was surpassed with 36 percent. The performance threshold for this outcome is 35 percent. Another 14 children exited DeKalb and Fulton custody for reasons other than positive permanency during this time period, leaving 95 children from the Outcome 10 cohort still in custody on December 30, 2009.

As noted in Table IV-9, 16 percent of the 95 children remaining in custody were under the age of 12. The average age of all children in the cohort was about 14 and half years and the average length of stay was 9.2 years. As with Outcome 9, the majority of children remaining in the Outcome 10 cohort (54%) were male.

Table IV-9
Outcomes 9 and 10
Remaining Children Who Entered DFCS Custody before October 27 2005 and Who Exited to
Permanency July 1 through December 31, 2009

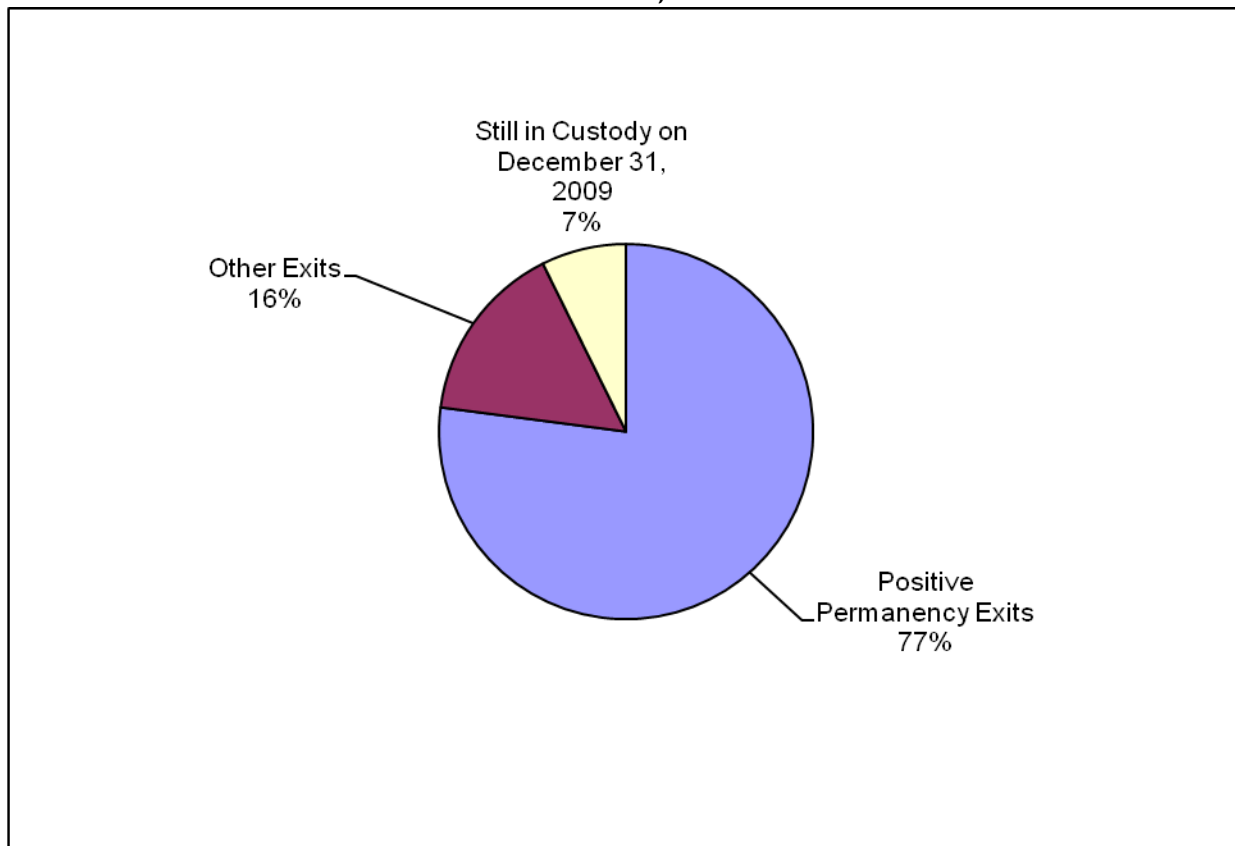
	Cohorts of Children		
	Children in custody for <u>up to</u> 24 months and still in custody on October 27, 2005 (Outcome 9)	Children in custody for <u>more than</u> 24 months and still in custody on October 27, 2005 (Outcome 10)	Total
Number of children in cohort	140	129*	269
Permanency Exits			
Reunification	3	2	5
Adoption	12	10	22
Guardianship	6	7	13
Live with other relative	5	1	6
Permanent Placement with relatives	0	0	0
Total for Outcome Measurement	26	20	46
Percentage exiting for Outcome Measurement	19%	16%	17%
Other exits (transfer to other counties, emancipation, etc)	8	14	22
Total number exits	34	34	68
Remaining number in cohort December 31, 2009	106	95	201
Characteristics of those children remaining in custody on December 31, 2009			
Proportion under the age of 12	48%	16%	
Average length of stay	59 months (4.9 years)	110 months (9.2 years)	
Median length of stay	58 months (4.8 years)	101 months (8.4 years)	
Average age	11 years	14 years	
Percent female	49%	46%	
Percent male	51%	54%	

Source: SHINES, and county tracking systems.

* In Period VIII, one additional child was identified as previously exiting care. The correction does not affect Period VII performance.

Figures IV-9 and IV-10 summarize the State's performance on Outcome 9 and Outcome 10, respectively. These figures reflect the State's cumulative progress with these two groups of children.

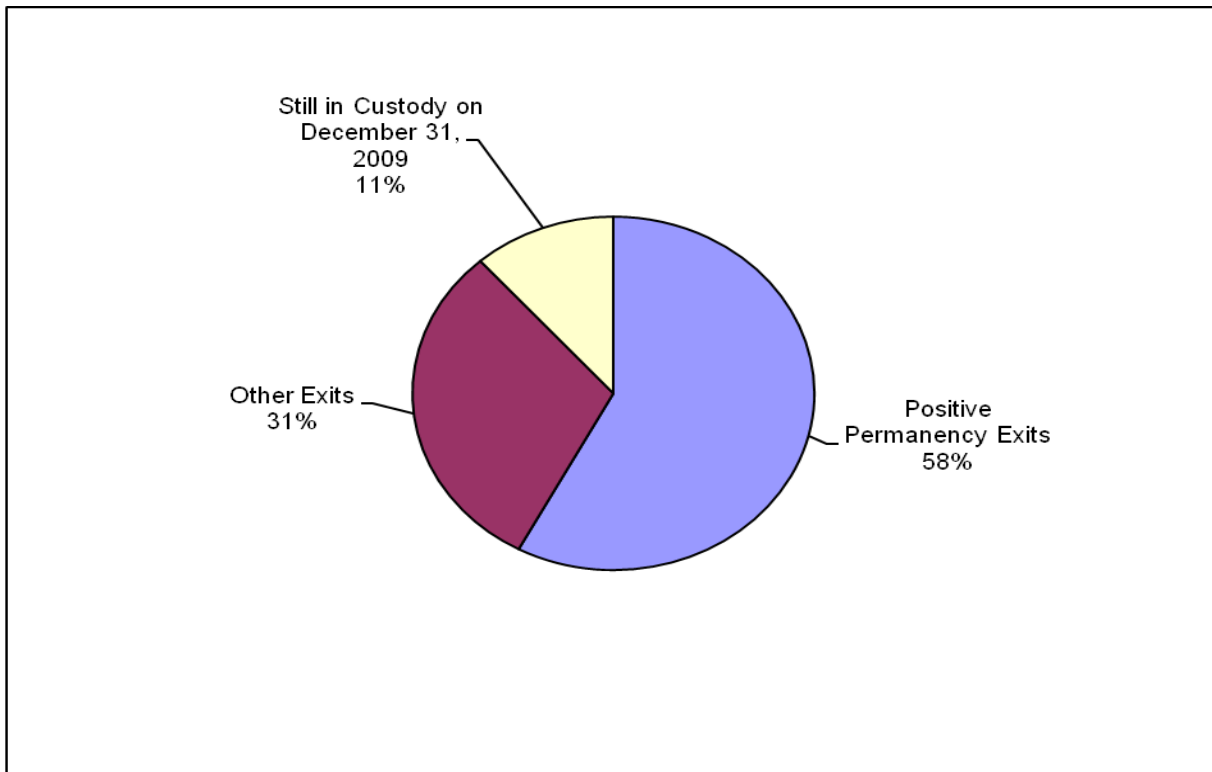
Figure IV-9
Outcome 9
Foster Care Outcomes of 1448 Children in Custody Up To 24 Months Before
October 27, 2005*



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. Original cohort number of 1453 adjusted for children who exited before Consent Decree as they have been identified.

Figure IV-10
Outcome 10
Foster Care Outcomes of 825 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. Original cohort number of 828 adjusted for children who exited before Consent Decree as they have been identified.

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, 2008. 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 rights.³⁷ 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.³⁸

³⁷ See p. 34. Outcome 11 of the Consent Decree.

³⁸ 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

a. Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in Period VIII. 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, 2008. The measurement is based on a report from SHINES supplied by the State and verified by the Accountability Agents.

b. State Performance

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

Between July 1 and December 31, 2008, the parental rights of the parents of 100 children were terminated or relinquished. Of these 100 children, 50 (50%) were adopted within 12 months. This falls below the performance threshold of 80 percent for this outcome and reflects a continuing decline in performance on this outcome. However, by comparison to Period VII, when a total of 34 children had been adopted within 12 months, 16 more children were actually adopted in Period VIII. The Period VIII performance is lower, in part, because the State acted to terminate the parental rights of twice as many children in the last half of 2008 than it had in the first half. In fact, the 100 children whose parental rights were terminated between July and December 2008 was the highest number in a reporting period thus far.

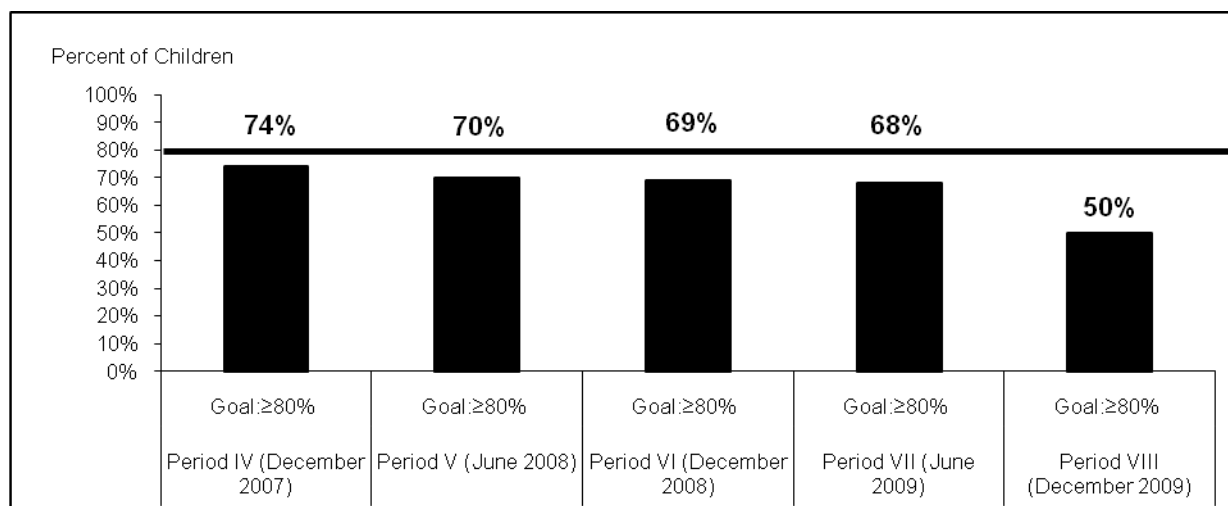
As reflected in Table IV-10, another 14 children (14% of the 100) achieved permanency through adoption but not within the specified 12-month time frame. One of the 14 was adopted within 13 months and 13 had adoptions finalized in approximately 14 to 16 months. Two additional children were placed in the custody of relatives for purposes of adoption through private process. One was placed in relative custody on the same date as the termination of parental rights; the other was placed in relative custody almost 12 months after termination of parental rights. Figure IV-11 displays the State's Outcome 11 performance for the five reporting periods to which the Consent Decree standard applied.

Table IV-10
Status as of December 31, 2009 of Children with Parental Rights Terminated between
July 1 and December 31, 2008
N=100

	Number	Percent	Cumulative Percent
Adoption finalized within 12 months	50	50%	
Guardianship	0		
Adoption or Guardianship finalized within 13 months	1	1%	51%
Adoption or Guardianship finalized within 14 - 16 months	14	14%	65%
Custody to relatives for purposes of adoption (granted within 12 months of TPR)	2	2%	67%
Emancipated from foster care at age 18	1	1%	68%
Awaiting adoption as of March 1, 2010	32	32%	100%
Total	100	100%	

Source: State reporting from IDS and SHINES.

Figure IV-11
Five Reporting Periods of State Performance on Outcome 11:
Children are Adopted within 12 months of Parental Rights Termination



Source: State reporting from IDS and SHINES, July 2007 –December 2009

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 re-enter 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 in a year.

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.³⁹ 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.⁴⁰

a. Interpretation and Measurement Issues

No new interpretation issues were encountered in Period VIII. Appendix B provides a summary of previously resolved interpretation and measurement issues and the verification process. The measurement of Outcome 4 is based on the entire population of 413 children who entered foster care through adjudication at any time between July 1 and December 31, 2009. The State used SHINES to produce a report of the children experiencing a re-entry into foster care in Period VIII. This list was verified by the Accountability Agents, see Appendix B.

b. State Performance

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

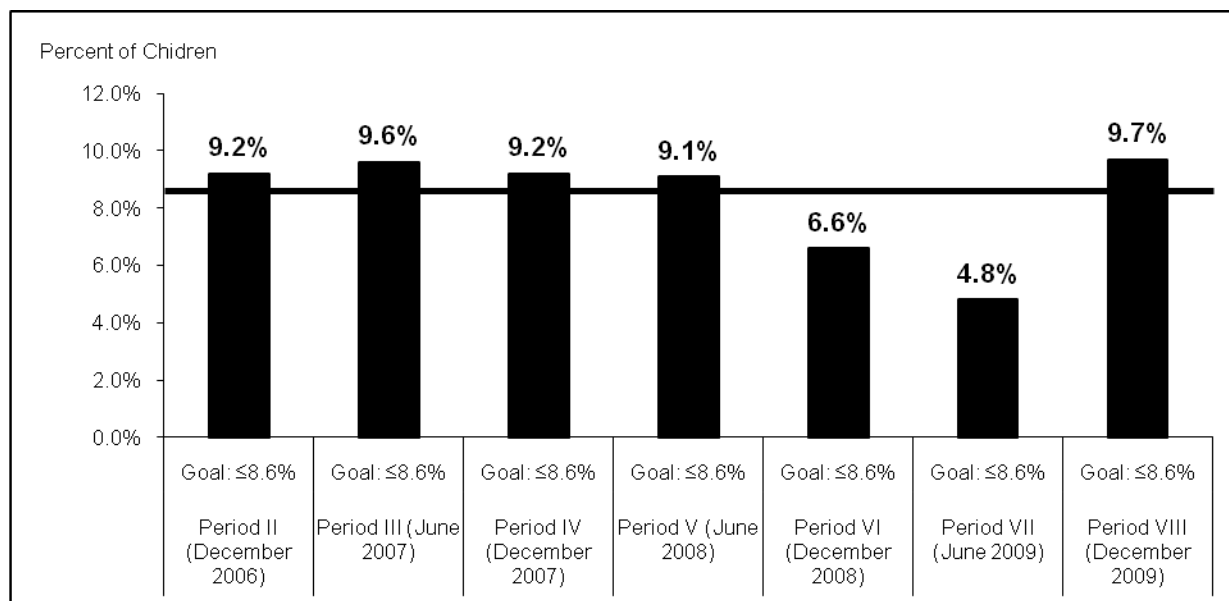
Of the 413 children who entered foster care between July and December 2009, 40 children (9.7%) had exited foster care at least once in the 12 months prior to their most recent entry. The outcome performance threshold is no more than 8.6 percent. The Period VIII performance is a substantial increase over the Period VII performance of 4.8 percent and it is the State's poorest performance on this outcome to date. With increasing State efforts to shorten foster care stays for children and to safely return them to their families, the rise in re-entry is not entirely unexpected since children cannot *re-enter* care until they have been *discharged* from care. This reversal in the trend over the previous three periods should be watched closely. Figure IV-12

³⁹ See p 32, Outcome 4, 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 C1.4 Permanency of Reunification at <http://www.acf.hhs.gov/programs/cb/pubs/cwo5/appendix/appendixb.htm>

displays the State's Outcome 4 performance over the seven reporting periods to which the Consent Decree standard applied.

Figure IV-12
Seven Reporting Periods State Performance on Outcome 4:
Foster Care Re-entry within 12 Months of Previous Exits



Source: IDS and SHINES reports, July 2006-December 2009

Concerned about this performance, the counties have started to look at the discharges to determine what strategies may be employed to regain the momentum they appeared to have had in Period VII. For example, Fulton County has analyzed its 28 re-entries and identified several useful characteristics of among the re-entering children. This analysis found that eight children (29% of 28) who re-entered had been previously discharged contrary to the County's recommendations. In these circumstances, Fulton County reports requesting the Judge to place the family under a protective order so that the children can be supervised and the family receive services. In addition half of the children (14 of 28) had been in custody 30 days or less before being discharged from their prior foster care episode – nearly one third (9 children) were sent home at the 72 hour hearing. The Accountability Agents have recommended that Fulton County share its analysis with the judicial team in Fulton County that act on these cases as the County will likely need judicial assistance to reduce the number of children reunified over the Department's objections.

The Accountability Agents found the following patterns in their own review of the cases of all 40 children who returned to foster care within 12 months:

- 18 (45% of 40) of the reentries were teenagers, ages 14 to 17, and 12 of the 18 teenagers also appear to have open delinquency cases which suggests that the youth

-
- may have behaviors that create barriers to permanency;
 - The cases of 24 children (60% of 40) had protective orders for continued monitoring and services through Family Preservation case managers and providers put in place when the children previously exited custody;
 - 12 children (30% of 40) returned to custody because the parents/caregivers did not cooperate with the Family Preservation Services under the protective order;
 - 11 children (28% of 40) returned because of their behaviors and family dynamics: parents/caregivers appeared to vacillate as to whether they wanted the children in their homes as they were frustrated with the children's behaviors or they simply could no longer adequately supervise the children. In some cases, the judicial decision failed to find support for "deprivation" or maltreatment more than once but the parents would refuse to allow the youth to return home.
 - six children (15% of 40) returned to custody because of parental substance abuse relapse or mental health issues;
 - four children (10% of 40) returned because they appeared to be homeless: two youth released from the Regional Youth Detention facility had no guardians to return to and two young children who had been with their mother in a substance abuse treatment program returned when she completed that program but was rejected by another and had no place for her children;
 - four children (10% of 40) returned because of maltreatment by the guardians to whom they had exited; and
 - three children (8% of 40) returned for other, more case unique reasons.

The Accountability Agents believe the implication of these patterns is twofold. First, protective orders are a strategy for helping to ensure that children remain safe when returned to their care givers. By their very nature, it increases the surveillance some families receive. In the absence of the protective orders, some of these children may not have returned to custody as quickly as they did or they may not have returned at all, or something tragic may have occurred. However, the repeated trauma of separation and foster care placement is detrimental to children's healthy development. The fact that almost two-thirds of the children returned because of caregiver noncooperation with the protective orders should help the counties and the courts look closely at their discharge planning with families and the underlying reasons for imposing protective orders.

Second, Georgia, like most jurisdictions around the country, continues to struggle with adolescents who are involved in both child welfare and juvenile justice systems. These youth are sometimes referred to as "crossover youth"⁴¹ because of their dual involvement in both systems. Often, the parents and guardians of these teenagers have given up and feel they can "no longer deal with" the teen behaviors as in the case of one youth who re-entered care because his parent refused to allow him to return to his home after the judge had twice

⁴¹ *Crossover Youth Practice Model*, Casey Family Programs and the Center for Juvenile Justice Reform, April 2010. See <http://cjjr.georgetown.edu/pm/practicemodel.html> Justice Reform.

dismissed “deprivation” petitions. After the youth was detained at a regional youth detention center, the judge authorized DFCS custody. In another example, the youth fought with his legal guardian and she did not want him in her home anymore because of his behaviors; the judge returned the youth to the guardian’s custody but the situation disrupted and the youth returned to DFCS custody. In another situation, a youth had been in DFCS custody and then was transferred to the custody of the Department of Juvenile Justice. When his detention sentence was complete he had no legal guardian to return to so he was returned to DFCS custody.

Foster and group homes are often not equipped to adequately supervise and address teen behaviors that result in delinquency charges just as juvenile detention and probation programs are often not equipped to adequately address the underlying causes of the behaviors. Youth bounce from home to foster care to juvenile detention back to home or foster care and along the way often have episodes of being on the run. This issue cannot be addressed solely by DFCS. It requires joint problem solving and strategy development with multiple community stakeholders.

Outcome 14 – Adoption Disruptions within 12 Months of Finalizations

Outcome 14 focuses on 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.⁴²

a. Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in Period VIII. Appendix B provides a summary of previously resolved interpretation and measurement issues. The measurement of Outcome 14 is based on the entire population of 82 children who were adopted any time between July 1 and December 31, 2008 (Period VI) to allow for the 12 month follow-up period.

b. State Performance

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

Within the group of 82 children adopted between July 1 and December 31, 2008, no child is known to have re-entered the State’s custody by December 31, 2009. The outcome performance

⁴² See p. 34, Outcome 14, of the Consent Decree

threshold is no more than 5 percent. The State has consistently surpassed this outcome measure in all reporting periods.

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

To reduce the number of children who experience long 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.⁴³

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.⁴⁴

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.⁴⁵

a. Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in Period VIII. 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 VIII. As in previous periods, the Accountability Agents reviewed the compelling reason provided for each child and compared it to past information. Information from the Period VIII case record review of the 177 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 Period VIII, there were 896 children who had reached or surpassed their 15 month in custody out of the last 22 months. Although 143 of these children were discharged by the end of the reporting period, they were included in the analysis. A portion of children, 138, were

⁴³ Adoption and Safe Families Act, see also Social Services Manual Chapter 1000, Section 1002.7, Georgia Department of Human Services

⁴⁴ See Social Services Manual , Section 1002.12.3, 1002.17, and 1013.11 Georgia Department of Human Services

⁴⁵ See p 34, Outcome 15, of the Consent Decree.

excluded from the Outcome 15 performance measurement based on the placement with relatives as allowed under Federal law.

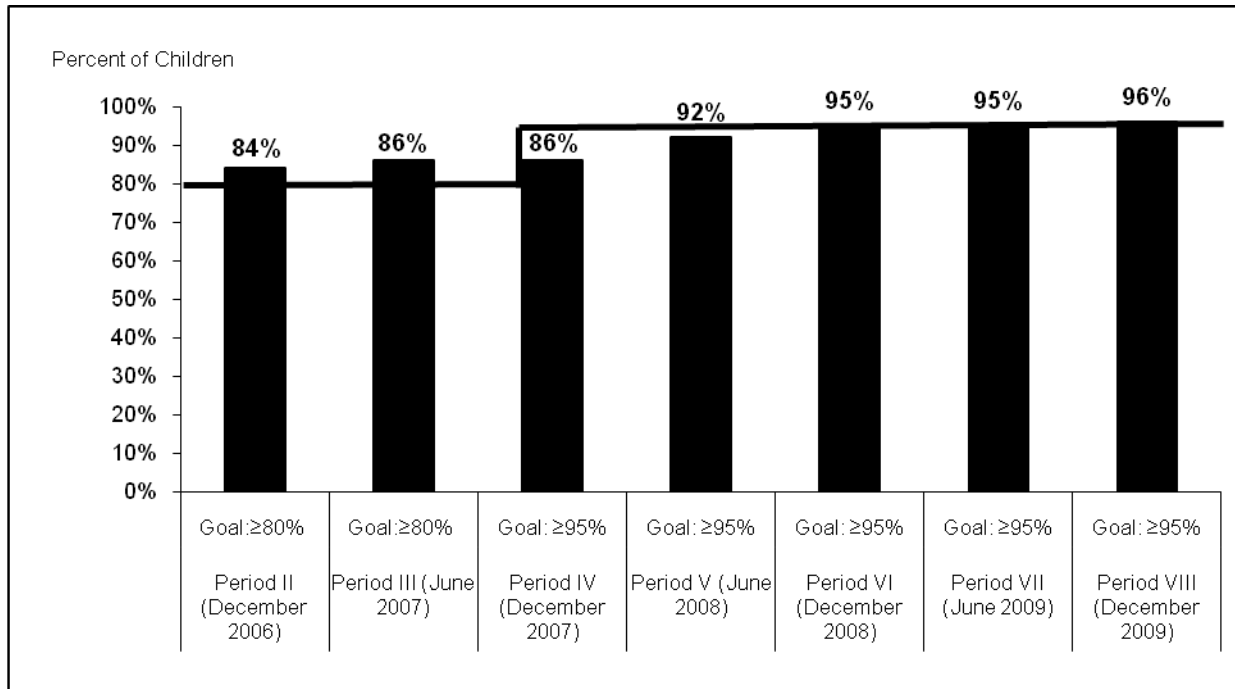
b. State Performance

• The State Surpassed Outcome 15 Threshold

By December 31, 2009, **96 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. This is similar to the Period VII performance of 95 percent and it is the third consecutive period that the State has met or surpassed this outcome measure. Figure IV-13 displays the State's performance on Outcome 15 for the seven reporting periods to which the Consent Decree standards applied. Table IV-11 summarizes the different components of the counties' Period VIII performance as analyzed from the data in their tracking systems.

The children discharged were distributed across all the categories. For example, among the 119 children who had a compelling reason of *expected reunification within six months*, 36 children (30%) actually were discharged during the period. Among 149 children who had a compelling reason of *permanency other than adoption expected within 12 months*, 21 (14%) were discharged. In addition, the State moved to terminate parental rights for a portion of children who had previously had compelling reasons.

Figure IV-13
Seven Reporting Periods of State Performance on Outcome 15:
Children in Care 15 of the Previous 22 Months have Petitions for Terminating Parental
Rights or a Compelling Reason Not to Terminate Parental Rights



Source: County data, verified, July 2006-December 2009.

Table IV-11
Status of Children Who Had Been in DFCS Custody 15 of the previous 22 months
As of December 31, 2009

Category		Total		
		Number	Percent	Cumulative
Children who reached or surpassed their 15 th month in custody in the last 22 months between July 1 through December 31, 2009.*		896		
Excepted subpopulation (s):				
<i>Children placed with relatives</i>		138		
<i>The State has not made reasonable efforts to reunify the family</i>		0		
Number of Children for Outcome 15 Measurement		758		
Parental Rights of Both Parents have been terminated or relinquished.		224	30%	
DFCS has filed a petition to complete the termination of the parental rights of both parents where applicable.		63	8%	38%
There is a documented compelling reason for not terminating parental rights.		441	58%	96%
Reasons cited	Number			
There is a permanency goal of return home, approved by the Court and the child is expected to be reunited with parents within 6 months.	119			
The child is a specified age (14) or older and objects to being adopted.	106			
The child has severe emotional or behavioral problems or a serious medical condition and reunification remains an appropriate goal.	20			
The child has a permanency goal other than adoption and is expected to achieve that goal within 12 months of establishing the goal.	149			
Parents are deceased, or have voluntarily relinquished rights.	2			
The child is an unaccompanied refugee minor as defined in 45 Code of Federal Regulations 400.11.	5			
There are international legal obligations or compelling foreign policy reasons that would preclude terminating parental rights.	6			
The child is a child of a teen mother who is also in the State's custody	24			
Other circumstances.	10			
There is no documented Compelling Reason not to file a petition to terminate parental rights.		0	0%	96%
There are plans to terminate parental rights, but a petition had not yet been filed as of December 31, 2009 or date of discharge.		30	4%	100%

Source: SHINES and County tracking systems; *143 children were discharged from this pool during Period VIII; they are distributed across all categories;

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 Federal and 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 the child is in custody thereafter.⁴⁶ Outcome 27 stipulates that at least 95 percent of the children are to have timely semi-annual reviews of their case plan.

- **Interpretation and Measurement Issues**

There were no interpretation or measurement issues in Period VIII. The measurement of Outcome 27 is based on the sample of 177 children in foster care at any time between July 1 and December 31, 2009. The outcome 27 analysis was applicable to 151 children who had been in custody six months or more. This represents 85 percent of the sample of 177 children in foster care.⁴⁷

- b. State Performance**

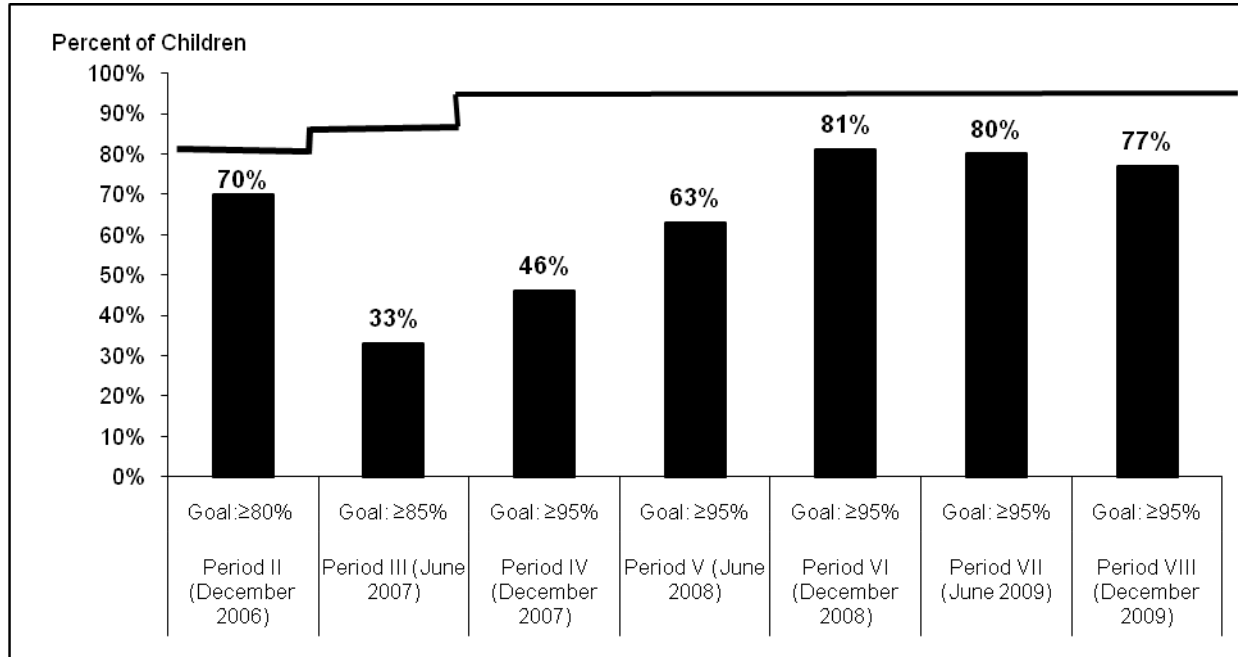
- **The State Fell Short of the Outcome 27 Threshold**

Case file documentation indicates that 116 children (77%) of the 151 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, 2009. This performance declined from the Period VII performance of 80 percent, but the observed difference is within the statistical margin of error for the sample. The Outcome 27 performance threshold is 95 percent. Another 22 children (15%) had a plan reviewed but not within six months of entry or the previous case plan review and five children (3%) had one review in the 12 months between January 1 and December 31, 2009. Eight of the 151 children (5%) due one or more reviews had no documentation of a plan review in the period. Figure IV-14 displays the State's performance for the seven reporting periods to which the Consent Decree standards applied.

⁴⁶ See p. 7, paragraphs 4A.4 and pp. 7-8, paragraphs 4B.1-6, and p. 37, Outcome 27, of the Consent Decree.

⁴⁷ Conclusions drawn from the 151 would be subject to a margin of error of ± 8 percent.

Figure IV-14
Seven Reporting Periods State Performance on Outcome 27:
Timely Semi-Annual Judicial/Citizen Panel Case Reviews



Source: Review Period Foster Care Case Record Reviews, July 2006-December 2009

In total, the plans of 142 children in the foster care sample who had been in custody at least six months (94% of 151) received a review by either the Juvenile Court or the JCRP sometime between July 1, 2009 and December 31, 2009. These included the reviews considered timely for Outcome 27 as well as those that were not timely. Two reviews were held for children who had not yet been in custody six months. These 144 reviews were used to provide information about aspects of the review process. Among the 144 reviews, DFCS sought a permanency plan change for 21 children (15%). There were court orders documenting court approval for 67 (47%) of the 144 plans reviewed. The case files of the remaining 77 children did not contain court orders specifically indicating approval or rejection of the plans by the court. Table IV-9 provides information documented in the case files regarding the 144 most recent six-month reviews occurring between January and December 2009.

Table IV-12
Characteristics of Six-month Case Reviews
n=144

(most recent plans reviewed between January-December 2009)

Characteristic			Number	Percent
Participants				
Birth Mother			65	45%
Birth Father			16	11%
Child			26	18%
Relative caregivers/ Extended Family Members			31	22%
Foster parents/placement providers			32	22%
DFCS case manager			122	85%
DFCS supervisor			13	10%
Other DFCS representative			9	6%
CCFA provider			2	1%
Private agency case manager			25	17%
Medical and mental health professionals			3	2%
Parents' attorney(s)			26	18%
SAAG (State Assistant Attorney General)			54	38%
Child's advocate			99	69%
Elements Evaluated/Considered				
Necessity and appropriateness of child's placement			102	71%
Reasonable efforts made to obtain permanency			97	67%
Degree of compliance with specific goals and action steps			100	69%
Progress made in improving conditions that caused removal			76	53%
Changes that need to be made to plan			19	13%
County recommendations			31	22%
Parent recommendations			1	1%
JCRP conducted review (percentage based on n=144)			75	52%
Total JCRP reports submitted (percentage based on n=75)	58	77%		
Number of reports with Panel findings (percentage based on n=58)	58	100%		
Number of reports with Panel recommendations (percentage based on n=58)	58	100%		
Number of reports with County findings (percentage based on n=58)	48	83%		
Number of reports with County recommendations (percentage based on n=58)	45	78%		
Court conducted review (percentage based on n=144)			69	48%
Plan adopted by Juvenile Court (percentage based on n=144)			67	47%

Source: Case Record Review, March-May 2010

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.⁴⁸ 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 VIII. The measurement of Outcome 28 performance is drawn from the sample of 177 children in foster care at any time between July 1 and December 31, 2009. The outcome 28 analysis was applicable to 115 children (65%) in the sample of 177 who had been in custody 12 months or more.⁴⁹

b. State Performance

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

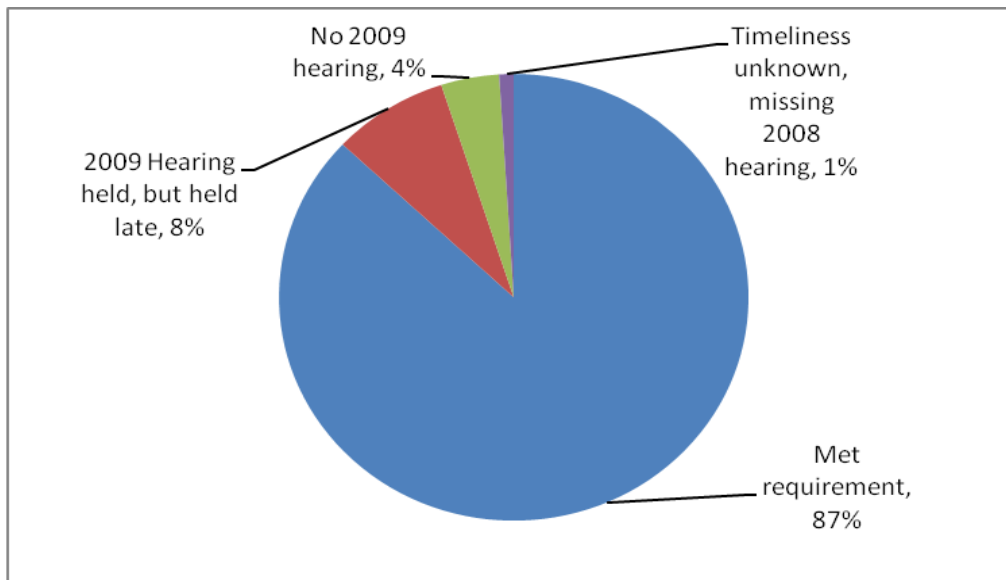
For Outcome 28, 100 children (87%) of the 115 foster children in the sample who were in custody for 12 or more months had timely permanency hearings held by the Juvenile Court or a timely request for a hearing when the 12 months had expired in Period VIII. Although this is a decline from Period VII performance of 95 percent, and the observed change is still within the subsample's statistical margin of error, it is the second best performance in this outcome in seven reporting periods. The performance threshold for Outcome 28 is 95 percent.

During Period VIII, 99 children had had a permanency hearing within 12 months of entry or the previous twelve-month permanency hearing. Another child had a timely petition for permanency hearing but continuances delayed the hearing. Among the remaining 15 children who did not appear to have a timely permanency hearing or a petition, two children had a hearing within 13 months, seven had hearings in within 14 months; five were overdue one to 12 months at December 31, 2009; and the timeliness of the hearing could not be established for one child because there was insufficient documentation about 2008 hearings. Figure IV-15 illustrates the proportion of records in each category. Figure IV-16 illustrates the State's performance for this Outcome over the seven reporting periods to which the Consent Decree standard applied.

⁴⁸ See p. 9, paragraph 4B.10, and p.37, Outcome 28, of the Consent Decree.

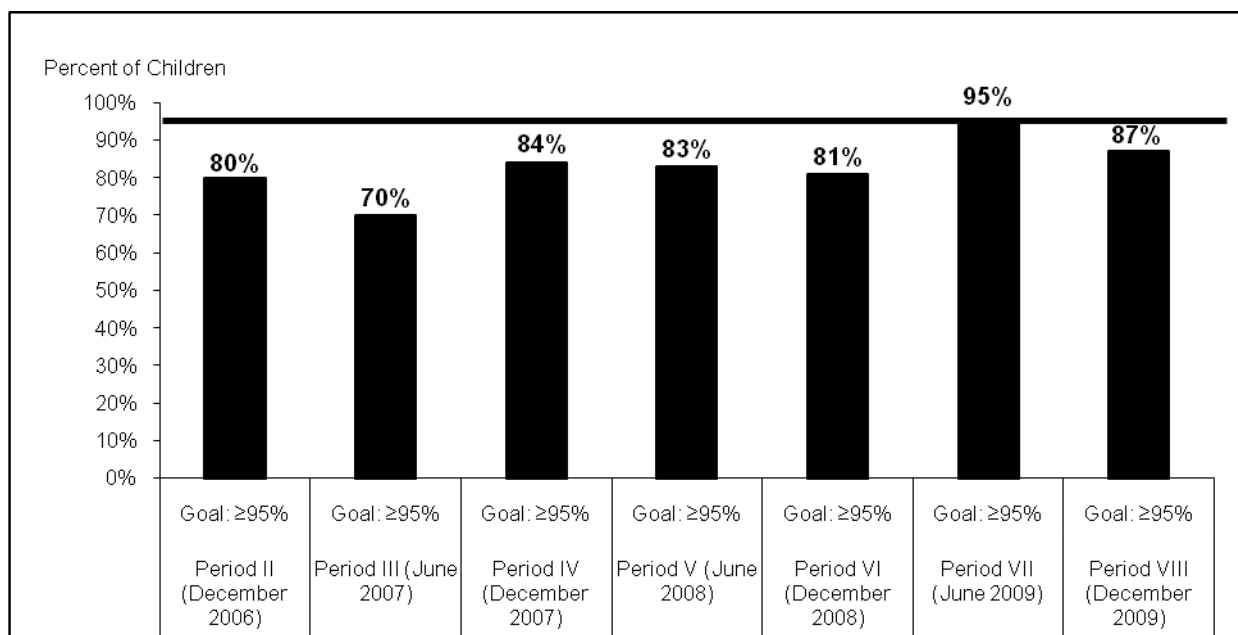
⁴⁹ Conclusions drawn from the subsample of 115 children are subject to a margin of error of ± 9 percent.

Figure IV-15
Timeliness of Permanency Hearings
n=115



Source Case Record Review, March-May 2010

Figure IV-16
Seven Reporting Periods of State Performance on Outcome 28:
Timely Permanency Hearings



Source: Review Period Foster Care Case Record Reviews, July 2006-December 2009

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

Placement with relatives has been demonstrated to help children have placement stability⁵⁰ 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;⁵¹ 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.⁵²

1. Placement with Relatives

Of the 177 children in the foster care sample, 48 (27%) were placed with relatives on December 31, 2009 or the last date the children were in custody. This is slightly higher than the 23 percent found in the Period VII sample. Children placed with family were in a combination of relative homes, relative homes licensed and reimbursed for foster care, and parental homes.

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. 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.

Table IV-13 summarizes some of the characteristics of the 13th month permanency review practice as reported by the State. The Accountability Agents reviewed approximately 20 percent (40 out of 208 cases) as a means of verifying the reported 13th month activity. In addition, the case record review of 177 children in DFCS custody also supported that these reviews were taking place.

Based on the State's own tracking and reconciliation, all children received a timely 13th month permanency review between July and December 2009. A total of 208 cases were reviewed during Period VIII. Key findings from state-tabulated data include the following:

- The proportion of cases in which the State reviewers concurred with the county

⁵⁰ Zinn, Andrew, DeCoursey, Jan, Goerge, Robert M., Courtney, Mark E. *A Study of Placement Stability in Illinois*, Chapin Hall Center for Children, 2006.

⁵¹ 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.

⁵² See p. 9-10, paragraphs 4C.1-5, of the Consent Decree.

permanency plan decreased in Period VIII as the reviewers concurred with 66 percent of the case plans compared to 80 percent in Period VII.

- Overall, 112 cases (82%) received subsequent staffings with the counties.
- The proportion of cases with current case plans (no older than six months since previous plan at the time of review) has decreased, with 57 percent of 208 cases in Period VIII having current case plans compared to 87 percent in period VII.
- The practice of convening a Family Team Meeting (see Table IV-14) before a review appears to be similar to Period VII. In Period VIII, 65 percent of the 204 cases in which FTMs were applicable⁵³ had Family Team Meetings within 90 days of the 13th month review and in Period VII, 63 percent had had such meetings.

Table IV-13
13th Month Permanency Review Implementation
July 1 through December 31, 2009
N=208

	Number	Percent
Total Cases Reviewed by State Permanency Reviewers	208	
Reviewer Concurrence with goal and plan	137	66%
Permanency Goal		
Reunification	144	69%
Permanent placement with relative	27	13%
Adoption	5	3%
Guardianship	9	4%
Another planned permanency arrangement	23	11%
Totals	208	100%
Cases with current case plans (Court sanctioned/approved)	119	57%

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

⁵³ The State reports that four cases were not applicable because a TPR had been granted therefore an FTM was not held for these children.

Table IV-14
Family Team Meetings Convened for 13th Month Permanency Reviews
July 1 through December 31, 2009

	Number	Percent
Cases with "Family Team Meetings" (FTM) within the last 90 days (percentages based on the number of applicable cases =204)	132	65%
FTMs with parents/legal guardians involved (percentages based on the number of applicable cases = 132)	81	61%
FTMs with relatives involved (percentages based on the number of applicable cases = 132)	60	45%
FTMs with foster parents involved (percentages based on the number of applicable cases = 132)	57	43%
FTMs had recommendations specific to Child/Family needs (percentages based on the number of applicable cases = 132)	58	44%

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

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 2009 and who remained in custody throughout the month. A total of 148 staffings were held. Reported findings include:

- Among the 148 children who had a 25th month staffing, 148 children (100%) had had a 13th month permanency review.
- Among the 148 children, 67 children (45%) 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 27 of the 67 children (40%). In 14 of the 27 cases (52%) 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 47 percent of the children since the 13th month review (70 children).
- The permanency review team concurred with the County's permanency plan in 74 percent of the cases (110 children).
- The proportion of children with current case plans (no older than six months since previous plan at the time of review) was 87 percent (129 children).

Table IV-15
25th Month Permanency Review Implementation
July 1 through December 31, 2009
N=148

	Number	Percent
Total Cases Staffed	148	
Reviewer Concurrence with county plan	110	74%
Permanency Goal		
Reunification	73	49%
Permanent Placement with relative	37	25%
Adoption	0	0%
Guardianship	17	12%
Another planned arrangement	21	14%
Totals		
Cases with current case plans (Court sanctioned/approved)	129	87%

Source: Division of Family and Children's Services, State Permanency Review Project Director, Quarterly Reports on 13th month Permanency Reviews. Percentage totals greater than 100 due to rounding.

During Period VIII, the Permanency Review team became a part of the State's overall quality assurance effort. The team was moved to the Program Evaluation and Analysis Section (PEAS) of the Data Analysis, Accountability, Research and Evaluation Division (DAARE). This unit is now supervised by a different administrator, and the team participates in all PEAS training. Several changes have been put in place:

- Additional staff were added to the review team.
- A new review/ staffing form was designed and implemented in January 2010.
- All cases have second level reviews.
- The permanency reviews were restructured to use the "roundtable" format as implemented in the permanency roundtable project in Period VII.

Since these changes were underway during period VIII, the accountability agents will look for the results associated with them in period IX.

C. Post Adoption Assistance

The State reports that 76 children were adopted between July and December 31, 2009. According to data obtained from the Office of Adoptions, 74 (97%) of those children were receiving or were scheduled to receive monthly Adoption Assistance benefits and Medicaid. This is about the same proportion as in Period VII. All families receiving the monthly adoption assistance are also eligible to receive additional benefits to cover non-recurring expenses. Among the 74 families, 11 percent had received these benefits during Period VIII. One child

received some type of post-adoption services. The Accountability Agents independently verified that 76 children were adopted during the period and reviewed payment documentation for 25 randomly selected children to verify adoption assistance was being received.

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 part 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 regarding discharge planning 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 VIII. This part also includes charts which display the State's performance trends over the eight reporting periods to date.

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

Children Experience Stable Placements and Worker Continuity	Period VIII 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.	87%
Outcome 18: At least 90% of all children in care at a point in time during the reporting period shall have had 2 or fewer DFCS placement case managers during the prior 12 months in custody. This measure shall not apply to cases that are transferred to an adoption worker or Specialized Case Manager; case managers who have died, been terminated, or transferred to another county; or case managers who have covered a case during another case manager's sick or maternity leave.	92%
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.	64%
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.	82%

Table V-1, continued
Well-Being Outcomes

Children and Youth Receive the Services they Need	Period VIII 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.	50%
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.	68%

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.⁵⁴

a. Interpretation and Measurement Issues

No new interpretation issues were encountered in Period VIII. Appendix B provides a summary of previously resolved interpretation and measurement issues. The measurement of Outcome 17 performance is based on the sample of 177 children in foster care at any time between July 1 and December 31, 2009.

⁵⁴ See p. 35, Outcome 17 of the Consent Decree

b. State Performance

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

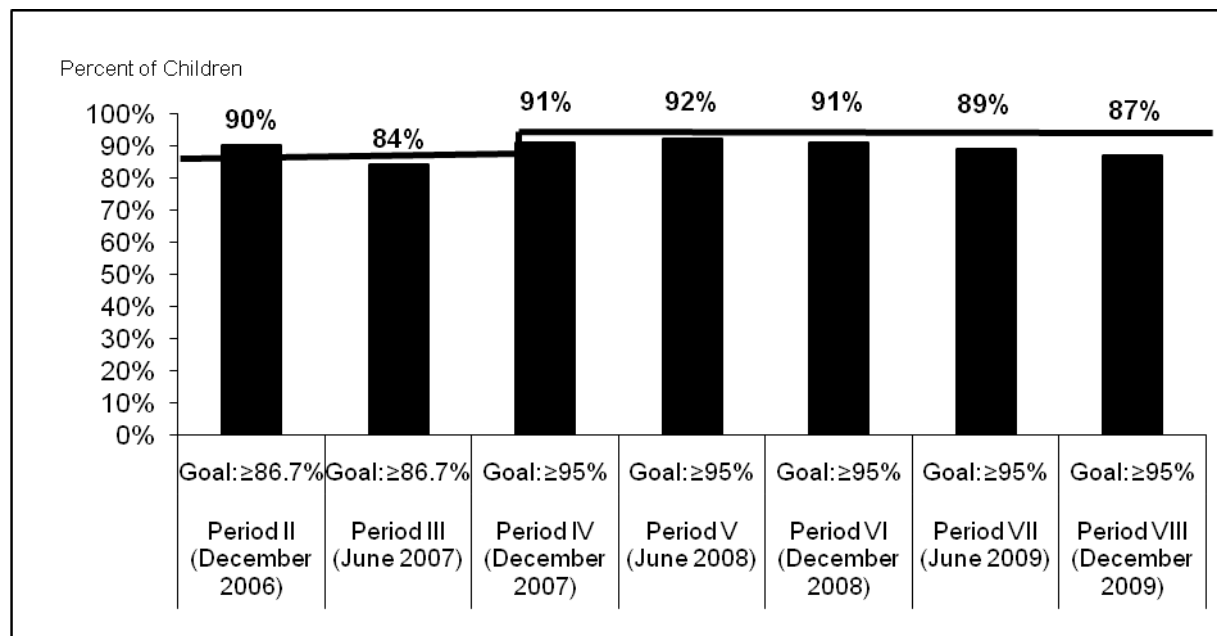
For Outcome 17, 157 children (87%) of the 177 children in the foster care sample experienced two or fewer placement moves during the previous 12 months in custody. This is similar to the Period VII performance of 89 percent as the observed change is within the statistical margin of error for the sample. The performance threshold is 95 percent for this outcome. Table V-2 provides a breakdown of the number of placement moves experienced by the children in the foster care sample. File documentation attributes the majority of multiple moves to child behaviors. Figure V-1 illustrates the State's performance over the seven 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, 2009 or the Last Date of Custody
n=177

Number of Moves	Number	Percent	Cumulative Percent
No Moves	78	44%	
One Move	53	30%	74%
Two Moves	23	13%	87%
Subtotal	154		
Three Moves	9	5%	92%
Four Moves	6	3%	96%
Five Moves	3	2%	97%
Six Moves or more	5	3%	100%
	177	100%	

Source: Case Record Review, March-May 2010.

Figure V-1
Seven Reporting Periods of State Performance on Outcome 17:
Children with 2 or Fewer Placement Moves in Prior 12 Months



Source: Review Period Foster Care Case Record Reviews, July 2006-December 2009

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.⁵⁵

a. Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in Period VIII. Measurement in Period VIII used SHINES as the primary source of data. Appendix B provides a summary of previously resolved interpretation and measurement issues. The measurement of Outcome 18

⁵⁵ See p. 35, Outcome 18, of the Consent Decree.

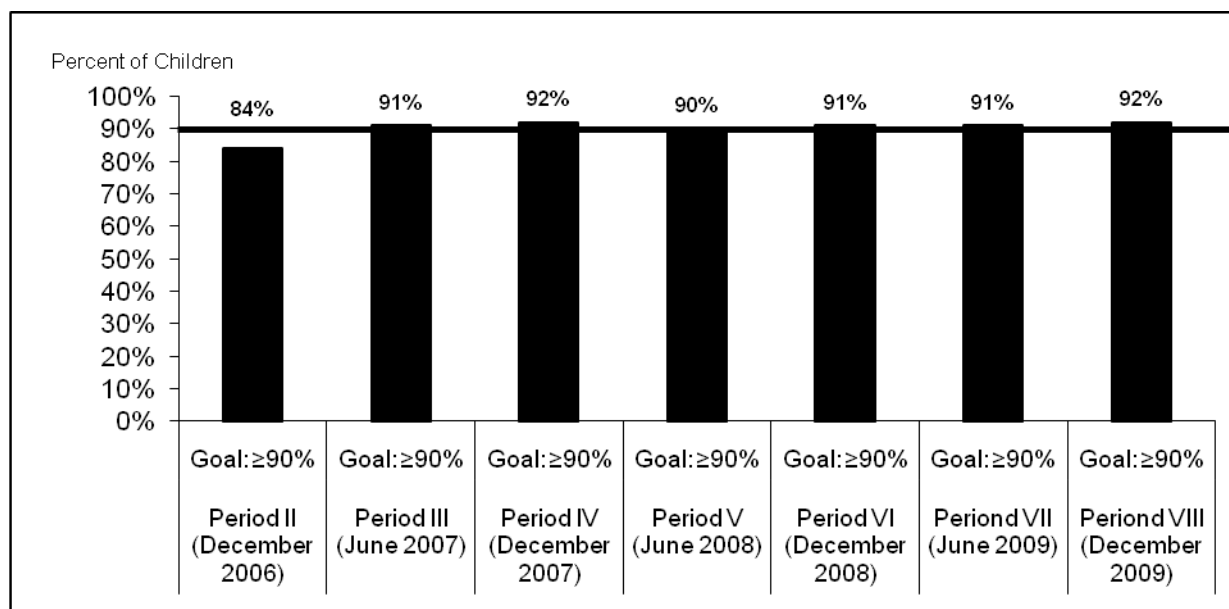
performance is based on the entire population of children in DeKalb and Fulton county custody on December 31, 2009.

b. State Performance

• **The State Surpassed the Outcome 18 Threshold**

For Outcome 18, 1287 children (92%) of the 1400 children in custody on December 31, 2009 had 2 or fewer placement case managers since January 1, 2009, once the allowable exceptions were taken into account. The performance threshold for this outcome is 90 percent. This was the sixth consecutive reporting period in which the Outcome 18 threshold was met or surpassed. Figure V-2 illustrates the State's performance on this outcome over the seven reporting periods to which the Consent Decree standard applied.

Figure V-2
Seven Reporting Periods of State Performance on Outcome 18:
Children with 2 or Fewer Placement Case Managers in Prior 12 Months



Source: State systems: SHINES and county records, July 2006-December 2009

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."⁵⁶

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*."⁵⁷

a. Interpretation and Measurement Issues

No new interpretation issues were encountered in Period VIII. Appendix B provides a summary of previously resolved interpretation and measurement issues. The measurement of Outcome 20 performance is based on the sample of 177 children in foster care at any time between July 1 and December 31, 2009, with adjustments to the applicable months for those children who were actually in custody fewer than 12 months.

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 113 children (64%) of the 177 children included in the placement sample for Period VIII. This is a significantly higher proportion than the 51 percent found in Period VII. The threshold for this outcome is 95 percent. Table V-3 displays the number of months in which visits meeting the Outcome 20 definition were conducted for 177 children. Figure V-3 illustrates the State's performance on this outcome over the six of seven reporting periods to which the Consent Decree standard applied.⁵⁸ 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. The figure reflects steady progress since Period IV toward the rigorous standard for this outcome.

⁵⁶ Ibid.

⁵⁷ See p. 19, Section 5D of the Consent Decree

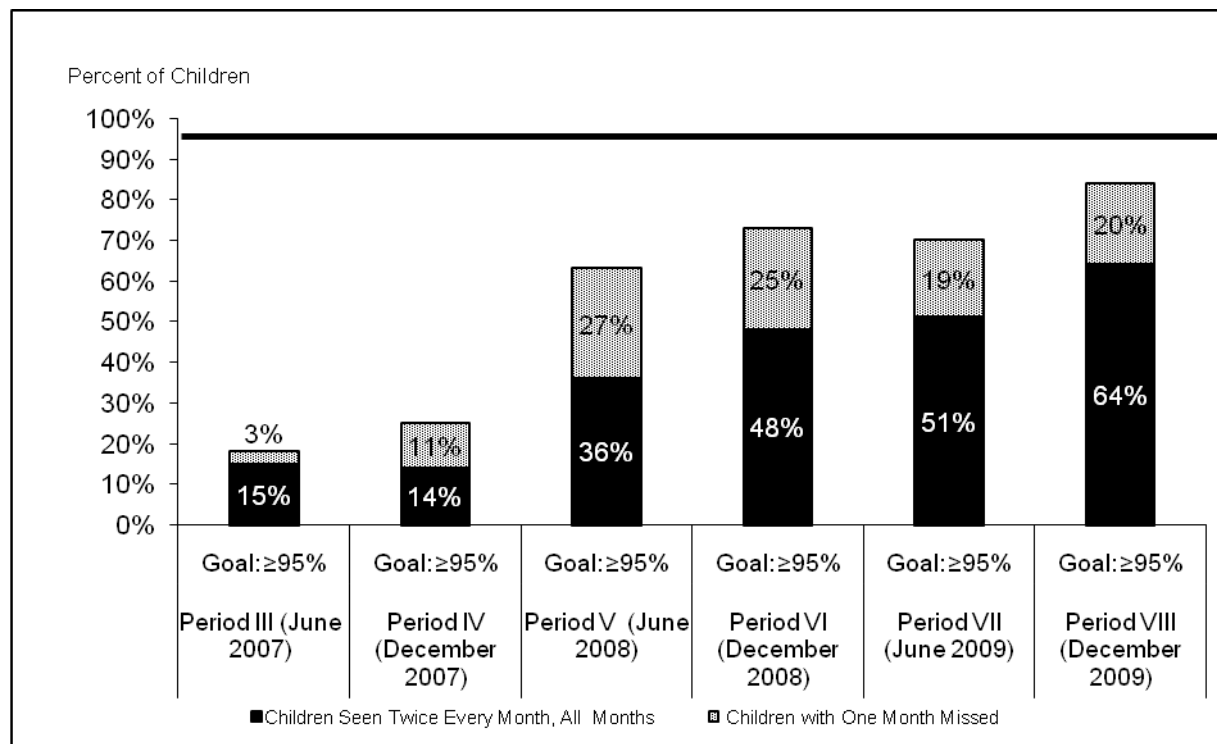
⁵⁸ The case manager-child visitation analysis was slightly different in Period II, therefore there is not a comparable set of data points to include in Figure V-3.

Table V-3
Case Manager Visitation with Children as Stipulated in Outcome 20:
Visitation Pattern over the 12 months prior to
December 31, 2009 or last date of custody
n= 177

Number of Months Achieving Two Visits per Month That Meet the Outcome 20 Definition	Number of Children	Percent	Cumulative Percent
12 of 12 months	113	64%	
11 of 12 months	36	20%	84%
10 of 12 months	16	9%	93%
9 of 12 months	7	4%	97%
8 of 12 months	0	0%	97%
7 of 12 months	1	1%	98%
6 of 12 months or less frequent visitation meeting the requirement	3	2%	99%
No months of meeting the visitation requirement (child was in custody approximately two weeks and received one visit, but it did not occur in the child's placement)	1	1%	100%
TOTAL	177	101%	

Source: Case Record Review, March-May 2010. Total is greater than 100% due to rounding.

Figure V-3
Six Reporting Periods of State Performance on Outcome 20:
Case Managers Visit Children Twice Monthly, Every Month



Source: Review Period Foster Care Case Record Reviews, January 2007-December 2009

Outcome 22 – Case Manager Visitation with Substitute Caregivers

The Consent Decree requires case managers to visit once a month with placement caregivers, every month a child is in care.⁵⁹ 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 VIII. Appendix B provides a summary of previously resolved interpretation and measurement issues. The measurement of Outcome 22 performance is based on the sample of 177 children in foster care at any time between July 1 and December 31, 2009, with adjustments to the applicable months for those children who were actually in custody fewer than 12 months.

⁵⁹ See p. 36, Outcome 22 of the Consent Decree

b. State Performance

• The State Fell Short of the Outcome 22 Threshold

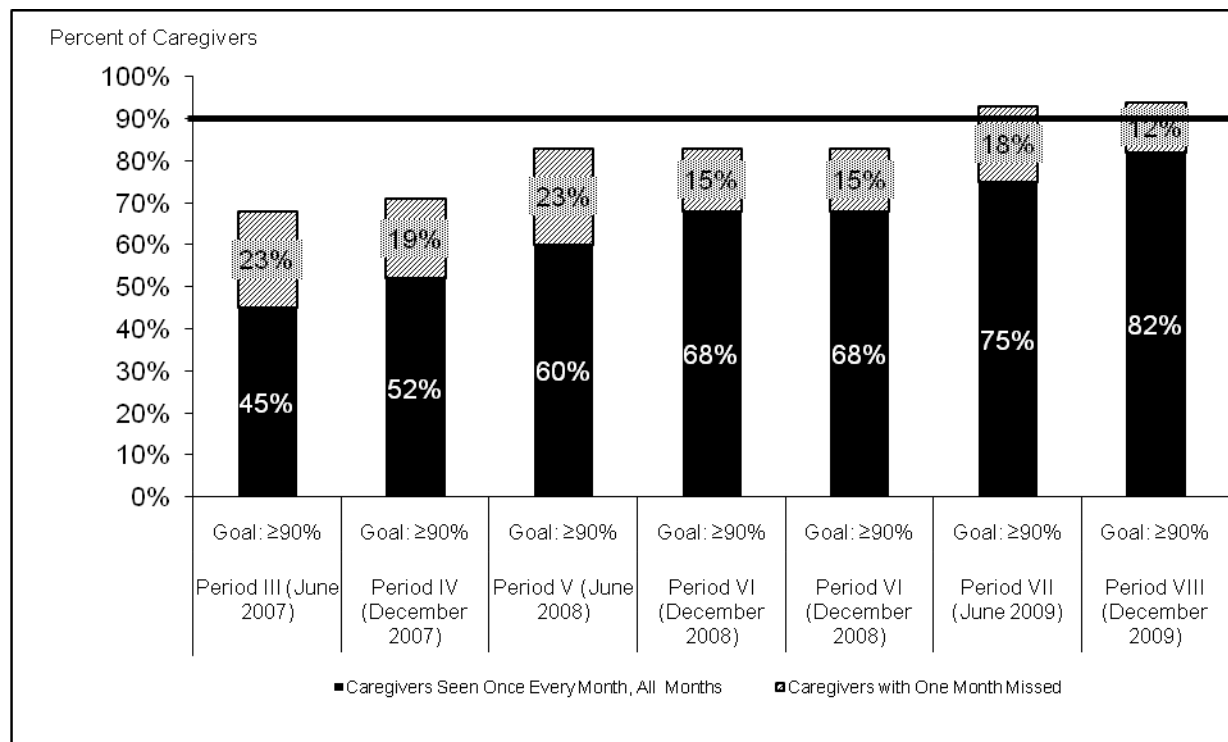
For Outcome 22, 146 children (**82%**) of the sample of 177 children had caregivers who were visited by case managers at least once each and every month in the 12 months prior to December 31, 2009 or the last date in custody. The performance threshold for this outcome is 90 percent. The Period VIII performance is an improvement over the Period VII performance of 75 percent, but the observed change is within the sample's statistical margin of error. Table V-4 summarizes the pattern of case manager visitation with caregivers. Figure V-4 illustrates the State's improved performance over the seven 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, 2009 or Last Date of Custody
n=177

Proportion of Monthly Case Manager Visits with Substitute Caregivers	Number	Percent	Cumulative Percent
All required sequential monthly visits	146	82%	
All but one monthly visit (missed one month among applicable months)	21	12%	94%
All but two monthly visits (missed two months among applicable months)	5	3%	97%
Some Visits	4	2%	99%
No visits (child was in custody approximately two weeks and received one visit, but it did not occur in the child's placement)	1	1%	100%
Total caregivers	177	100%	

Source: Case Record review, March-May, 2010.

Figure V-4
Seven Reporting Periods of State Performance on Outcome 22:
Case Managers Visit Substitute Caregivers Monthly, Every Month



Source: Review Period Foster Care Case Record Reviews, January 2007-December 2009

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.”⁶⁰ 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. Therefore, the target DFCS has for this outcome is now 85.7 percent.

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

a. Interpretation and Measurement Issues

Appendix B provides a summary of previously resolved interpretation and measurement issues. In Period VIII, two previously unidentified measurement issues were encountered. These measurement issues both relate to the question of when a youth should be counted in the analysis for Outcome 24. Specifically, the first issue is whether a youth has to be in foster care a certain length of time. The second issue is whether there is an allowable time gap between when a youth leaves care at age 18 and subsequently voluntarily re-enters foster care to qualify for “Extended Youth Supportive Services” (EYSS).

To address these issues and provide guidance for future periods, the Accountability Agents consulted DFCS policy and determined that:

- A youth must have a total of six months in foster care to be eligible for “Extended Youth Supportive Services (EYSS).”⁶¹ The six months do not have to be contiguous.
- Foster care youth who reach age 18 while in foster care can exercise the option to remain in/return to foster care at any time within six months after reaching age 18.⁶²

Based on these DFCS policies, youth who reach age 18 and exit foster care are included in the Outcome 24 analysis if they have been in foster care a total of six months or more. Likewise, youth who exit foster care at age 18 but return to care within six months are included in the Outcome 24 analysis. These criteria were applied in Period VIII. Two youth were not included in the analysis because their documented stays in foster care were less than six months and one youth was not included because he re-entered in early 2010, approximately six months after his 2009 exit at age 18. This youth will be included when he subsequently exits.

For calendar year 2009, the measurement of Outcome 24 performance is based on all of the youth, age 18 or over who exited care any time between January 1 and December 31, 2009 and, as of December 31, 2009, had not returned to care except for the youth identified above. Supporting documentation for the educational achievement is maintained by the counties, the State Department of Education, and the Technical College System of Georgia. The Accountability Agents reviewed the supporting documentation, including copies of diplomas and appropriate educational certificates.

b. State Performance

• The State Fell Short of the Outcome 24 Threshold

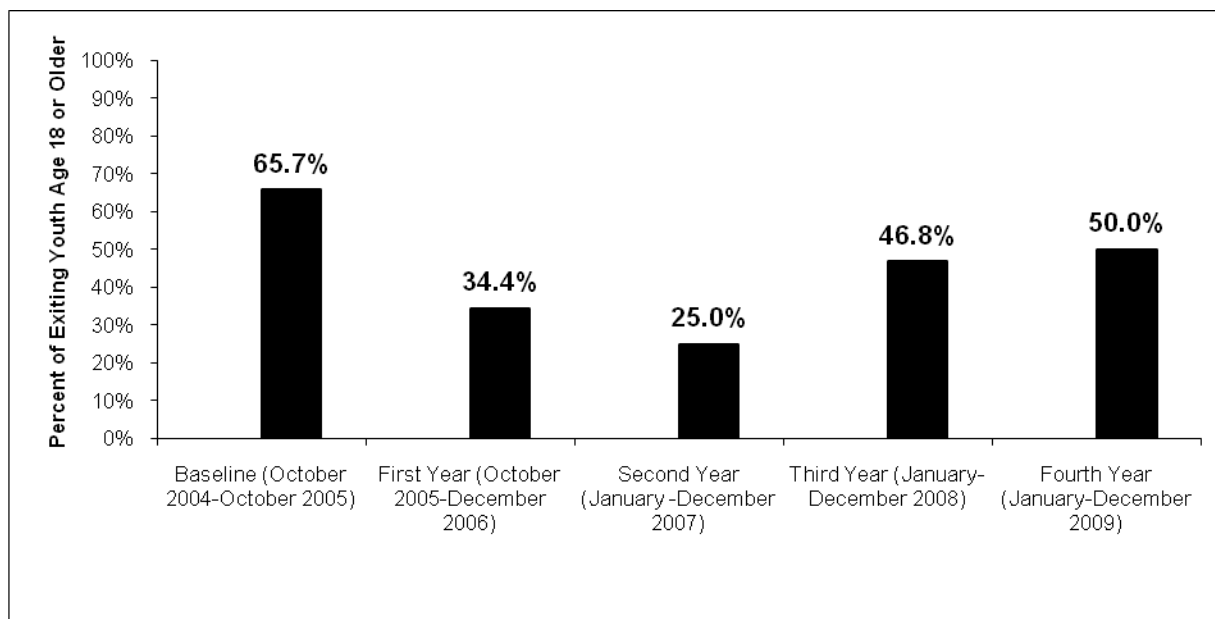
The State reports that 58 of 116 exiting youth (50%) who left DFCS care at age 18 or older between January 1 and December 31, 2009 graduated from high school or achieved a GED.

⁶¹ See Division of Family and Children Services Child Welfare Manual, Chapter 11, Section 12.

⁶² Ibid.

Although this performance is below the baseline, it is more than three percentage points higher than the results for 2008. Figure V-5 displays the State's performance compared to the baseline for the four years since the baseline measurement was taken.

Figure V-5
State Performance on Outcome 24 Compared to Baseline:
Educational Attainment of Youth Exiting DFCS Care (High School Diploma or GED)
(October 26, 2004 to December 31, 2009)



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

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.⁶³ As noted in Part 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 VIII. Appendix B provides a summary of previously resolved interpretation and measurement issues. The measurement of Outcome 30 performance is based on the sample of 177 children in foster care at any time between July 1 and December 31, 2009.

⁶³ See p 38, Outcome 30 of the Consent Decree

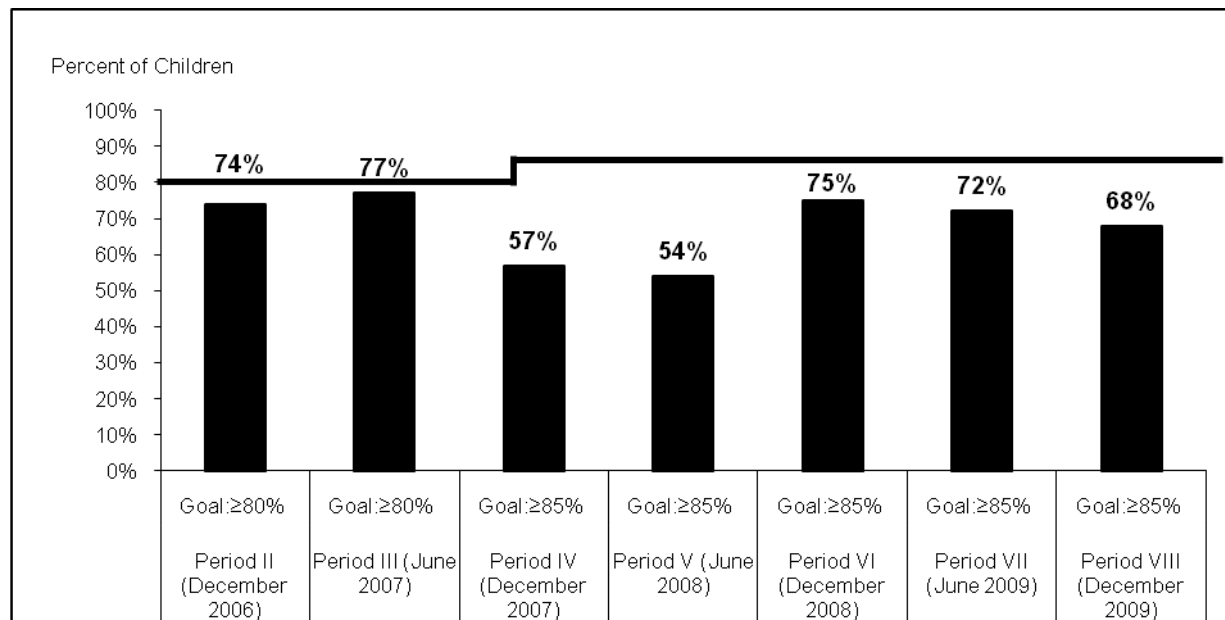
Among the 177 children in the sample, 168 children had one or more case plans in their records. Seven of the nine children who did not have case plans in the files had been in custody less than 30 days, an eighth child had been in custody 30 to 60 days on December 31, 2009, and the ninth child had been in custody 8 months. Of the 168 plans, 144 (86%) had been developed within the seven months prior to December 31, 2009 or the child's discharge date. Another 23 (14%) were seven to 12 months old and one plan (less than 1%) was older than 12 months. Two children had no needs identified in their plans, thus the outcome performance is based on 166 children who had plan-identified needs.

b. State Performance

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

Based on case file documentation and reviewer judgment, 113 children (68%) of 166 children with needs identified in their case plans had all the plan-identified needs met. The performance threshold for this outcome is 85 percent. Period VIII performance is lower than the Period VII performance of 72 percent, but the observed difference is within the statistical margin of error for the sample. Figure V-5 displays the State's performance over the seven reporting periods to which the Consent Decree standards applied.

Figure V-5
Six Reporting Periods of State Performance on Outcome 30:
Children with All Plan Identified Needs Met



Source: Reporting Period Foster Care Case Record Reviews, July 2006-December 2009

Among the 168 plans analyzed for period VIII, 166 had at least one routine or child-specific need identified. Table V-5 provides a breakdown of the needs identified and the percentage of needs met in each category. Nearly all children had routine medical, dental health and educational/developmental needs cited in their plans. These routine needs include timely health and dental “well child” check-ups. The percentage of children who appear to have mental health needs documented increased compared to Period VII (from 72% to 82%) and a higher proportion of the needs were being met (96% compared to 93%). Nine children had other needs identified (such as independent living skills, job training, and mentoring). The State appeared to meet half of these needs. Overall, it appears that performance on this outcome could be improved by better attention to ensuring the routine physicals and dentals are completed timely and properly documented.

Table V-5
Needs Identified in Most Recent Case Plans and Degree Needs Met as of
December 31, 2009 or last Date of Custody

Children with Case Plans n=168			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)	166	99%	All Identified Needs Met (n=166)	113	68%
Frequency of different identified needs			Frequency of different needs being met		
Medical	165	99%		144	87%
Dental	165	99%		135	82%
Mental Health	136	82%		131	96%
Educational/ Developmental	165	99%		152	92%
Other	9	5%		4	50%

Source: Case Record Review, March-May 2010

B. The Placement Experience

This section describes characteristics and placement practices identified in the case record review of 177 children in foster care during the period July 1 through December 31, 2009. This includes the placement environment, the use of temporary placement settings, and case manager visits to children in new placements. Congregate care for children under the age of 12 is based on actual population data.

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, 139 children (77%) in the sample were in family settings on December 31, 2009 or the last day of DFCS custody. These settings include family foster homes, relative foster homes, relative homes, and the homes of birth parents and guardians. Thirty-nine children (22%) were in congregate care settings including residential treatment facilities, group homes, skilled nursing facilities and special psychiatric hospitals. One youth (1%) was in a detention/correctional facility.

Table V-6
Placement Settings of Children in DFCS Custody
on December 31, 2009 or the last day of custody (or before running away)
(n= 177)

Placement Type	Frequency	Percent	Category Percent
Family Settings			77%
Foster Home (DFCS or Private Agency Supervised)	88	50%	
Relative Home (Foster and non Foster Home)	39	22%	
Parents/Guardian/Fictive Kin	10	6%	
Congregate Care Settings			22%
Emergency Shelter/Assessment Center	0		
Group Home	25	14%	
Residential Treatment Facility/ Child Caring Institution/ Specialty Hospital	13	7%	
Other			1%
Regional Youth Detention Center (RYDC)/ County Jail	1	1%	
Total	177	100%	100%

Source: Case Record Review, March-May 2010.

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

Seventy-three children (41%) in the sample of 177 children in foster care experienced a new placement setting or at least one move during Period VIII. There was evidence that case managers attempted to minimize the emotional trauma of the most recent move for 45 of the 73 children (62%). Twenty-three of the 73 children experienced more than one new placement setting in Period VIII and the record review collected information about trauma minimizing efforts on the previous placement experience. Among these 23 children, it appeared that case managers attempted to reduce the trauma of the earlier move for nine children (39% of 23). Trauma minimizing efforts included placing children with parents and relatives; conducting transition interviews and transition visits; explanatory conversations with the children, case managers and foster parents; pre-placement visits; and helping children to pack personal belongings. In one situation, both the case manager and the foster parent escorted the child to his out-of-state reunification with his mother.

3. Use of Emergency or Temporary Placements

The Consent Decree has several requirements addressing placement appropriateness. It requires that “no child shall be placed in an emergency or temporary facility....for more than 30 days.” It also stipulates that no child shall spend more than 23 hours in a County DFCS office or any facility providing intake functions.⁶⁴

The case record review found that 2 children, (3%) of the 73 children in the foster care sample who entered care and/or changed placements during July 1 through December 31, 2009 experienced more than 23 hours in one of the counties’ assessment centers.⁶⁵ Two additional children (3% of 73) were placed in temporary settings. Both children spent less than 30 days in temporary settings. For additional information about children in the assessment centers longer than 23 hours, see the previous discussion of this issue in Part III Safety.

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.⁶⁶ 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. Although it is improving with the use of SHINES, there is still limited available information in the records of children. 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

⁶⁴ See p. 16, paragraph 5C4.c of the Consent Decree

⁶⁵ One youth was in the Fulton County Resource Center (FRC) for 7 days and one youth was in the FRC for approximately 48 hours.

⁶⁶ See p. 19, paragraph 5C.6d of the Consent Decree

additional files maintained by the placement units were not reviewed for Period VIII. Among the 73 children who had an initial and/or a new placement during the period (excluding children returned to parents) in the sample of 177 children in foster care, case managers appeared to have provided medical information to the substitute caregivers of 22 children (29% of 73) and education and mental health information to 17 care givers (22% of 73). 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 (25% of 73) children. During Period VIII and IX, Fulton County met with foster parents and discussed how to improve communication. One idea that will be implemented in Period X is a "Placement Passport" which is a compilation of assorted information that is to accompany the child at each move.

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

The Consent Decree stipulates a frequent case manager visit schedule for the first eight weeks of a new placement.⁶⁷ Children are to have at least one in-placement visit in the first week and one in-placement 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 73 children in the sample who entered and/or changed placements during the reporting period. The circumstances of six children precluded starting the required visits during the review period.⁶⁸ Of the 67 children, the file documentation indicated that the requirements were met for 14 children (21% of 67). Another 10 children (15% of 67) missed one of the required additional visits. The majority of children (60% of 67) had at least one of the two required in-placement visits and some additional visits. Three children (4% of 67) had some or all the required weekly visits, but none appeared to be in private, in placement. The visitation pattern is arrayed in Table V-7.

⁶⁷ See p. 19, paragraph 5D.1 of the Consent Decree

⁶⁸ One child had placement change on December 28, 2009 and one child was placed 12/24/2009; four children were moved out of state through ICPC arrangements.

Table V-7
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	14	21%
Missed one week of requirement (equivalent of 5 visits in addition to the two required in-placement visits over the 8 week period)	10	15%
Some requirements met (one or both in-placement visits and some portion of additional visits)	40	60%
One or more visits, but none met the in-placement criteria for the period of time child in the placement	3	4%
No Visits (child was in new placement 10 days before exiting custody to care of relative)	0	0%
Total	67	100%

Source: Case Record Review, March-May 2010.

4. Use of Congregate Care

The Consent Decree has several restrictions related to the use of group care.⁶⁹ Between July 1 and December 31, 2009, the counties continued to limit use of congregate care for young children. The reported information is for all children aged 12 and under; not for a sample of the foster care population. A total of seven children under the age of 12 were placed in congregate care during Period VIII. Five of the seven children (71%) were infants or toddlers placed with their mothers in a group care setting designed for teen mother transitional living. The remaining two children (29%), aged 9 and 11 years, were placed in child care institutions because of their special needs.

Some children were moved from congregate care settings or reached age 12 before December 31, 2009. Therefore, on December 31, 2009, 14 children under the age of 12 remained in group care settings with seven children in facilities with more than 12 beds. Among the 14 children, 7 (50%) were young children placed with their teenage mothers, three (2%) were medically fragile infants, and four (29%) were aged six to 11 years. DFCS has supplied documentation to the Accountability Agents that these placements have been reviewed and certified to meet the

⁶⁹ See p. 16-17, paragraph 5C.5f of the Consent Decree

needs of the children.⁷⁰ Table V-8 summarizes the State's actions with regard to the Consent Decree stipulations.

Table V-8
Children Younger Than Age 12 in Group Care Settings
July 1 through December 31, 2009

Children under the age of 6						
Reason for placement	Number placed as of June 30, 2009		Number newly placed between July 1 and December 31, 2009		Number still placed as of December 31, 2009	
	Bed Capacity		Bed Capacity		Bed Capacity	
	≤12	>12	≤12	>12	≤12	>12
With mother	13	3	2	3	4	3
Service Need	3				3	
Total	19		5		10	
Children aged 6 to 12						
	Number placed as of June 30, 2009		Number newly placed between July 1 through December 31, 2009		Number still placed as of December 31, 2009	
	Bed Capacity		Bed Capacity		Bed Capacity	
	≤12	>12	≤12	>12	≤12	>12
	1	7		2		4
Total	8		2		4	

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

⁷⁰ The Accountability Agents did not verify the appropriateness of these placements or the certification of need.

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.⁷¹ As a means of “*strengthening and rebuilding families to bring about the child’s early return*”⁷² 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, and the case record review.

1. Assessment of Needs at Foster Care Entry

Once a child enters custody, one of the earliest opportunities for assessment of family strengths and needs is a Family Team Meeting (FTM), to be held within three to nine days of entry.⁷³ Other initial activities include health and dental screening and mental health or developmental assessments.⁷⁴ All of these activities form the basis of the first case plan used to guide the case to permanency.

a. Family Team Meetings

During Period VIII, the State used SHINES data to report that 400 children entered custody and were in custody nine days or more as of December 31, 2009. Figure V-6 displays the proportion of children that had timely (within 3 to 9 days) Family Team Meetings (FTMs). According to the county tracking systems, timely FTMs were convened for 341 of the 400 children (85%). Another 40 children (10%) had FTMs but they were not convened within the first nine days. An additional 19 children (5%) did not appear to have had a FTM.⁷⁵ The proportion of FTMs that was timely was slightly lower than Period VII level of 87 percent, but the proportion of children that had a Family Team Meeting convened is remaining about the same as in previous periods, 95 percent in Period VII and 94 percent in Period VI.

⁷¹ 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 Services.

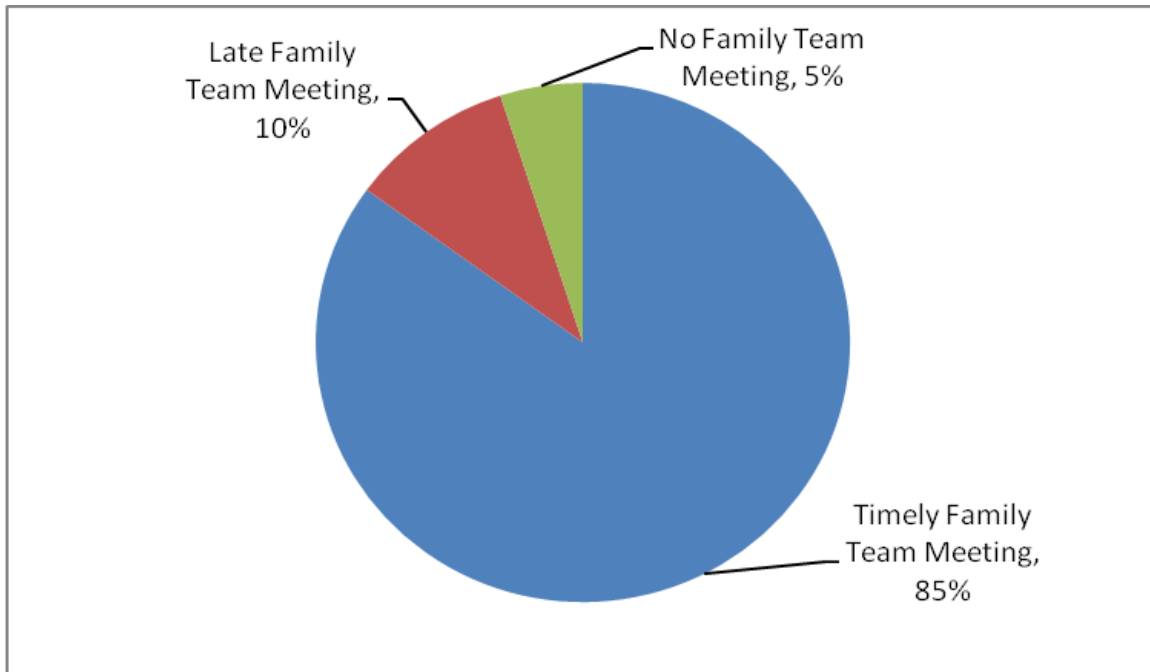
⁷² See Social Service Manual 3060, Georgia Department of Human Services.

⁷³ See pp 5-7, section 4A of the Consent Decree.

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

⁷⁵ The Accountability Agents are conducting a separate case record review designed to validate and capture more information about DFCS activities in the first 60 days of a child’s entry into foster care. The results of this case record review will be contained in a separate report.

Figure V-6
Initial Family Team Meetings at Foster Care Entry
July 1 – December 31, 2009
N=400 (all children remaining in custody 9 days or more)



Source: County records

b. Initial Health and Dental Screenings

The State's overall performance around initial health and dental screening is measured by the subsample of children who entered care and had been in custody at least 10 days. In the Period VIII sample of 177 children, there was a subsample of 24 children who entered during the period and remained at least 10 days. The statistical margin of error for a subsample of 24 children is approximately +/-20 percent. As in previous reports, caution should be exercised in interpreting these and other results drawn from the subsample of children who entered care because the sample size is very small and they were not randomly selected from the entire population entering custody during the period.

Of the children in this subsample of 24, 18 (75%) had documented health screens within 10 days of entering care. When the ten-day time frame is relaxed, 22 children (92% of 24) received an initial health screen. For those children whose health screen fell outside the 10-day window, the elapsed time ranged from 11 to 20 days. One child who did not have a documented initial health screen entered care in November 2009 and the other child entered in October 2009 and was in custody about three weeks.

Four children (16% of 24) had a documented dental screen within 10 days. However, the total proportion receiving an entry dental screening within any timeframe was 63 percent (of 24). The children who received their initial dental screens late received them 11 to 90 days after entering. Among the nine children who do not appear to have received their initial dental screen during Period VIII, five were under age three.⁷⁶

Table V-9
Initial Health and Dental Exams at Foster Care Entry:
July 1 – December 31, 2009
n=24

<i>Screen</i>	Number	Percent	Cumulative Percent
<i>Initial Health Screen At Foster Care Entry</i> (n=24 from sample)			
Received within 10 days	18	75%	
Received, but not within 10 days (11 to 20 days)	4	17%	92%
No initial health screen received	2	8%	100%
Total	24		
<i>Initial Dental Screen At Foster Care Entry</i> (n=24) (includes infants for a “gum check”)			
Received within 10 days	4	16%	
Received, but not within 10 days (11-90 days)	11	46%	63%
No initial dental screen received (5 children were under the age of 3)	9	48%	100%
Total	24	100%	

Source: Case record review, March-May 2010

c. 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.⁷⁷ Children four years of age or older are expected to receive a mental health screening within 30 days of placement in compliance with EPSDT standards.⁷⁸ Within the sample of 177 foster children in Period VIII, there were 9 children who were younger than age 4 and were in custody at least 30 days after entering care. There were 8 children in the foster care sample who entered DFCS custody in the last half of 2009 and remained in care 30 days or more who were age 4 or older. This information is included in Table V-10.

⁷⁶ The Consent Decree stipulates that “all children shall receive a dental screening within in 10 days of placement...” (p. 20, Section 6.A.2), thus children under the age of 3 are included in the analysis and an inspection of the child’s mouth and gums is expected.

⁷⁷ See p. 20, paragraph 6A.3 of the Consent Decree.

⁷⁸ See p. 20, paragraph 6A.3 of the Consent Decree.

Among the 9 children under the age of four, 5 had completed developmental assessments and two of these were completed within the first 30 days. Three of the four children who did not have completed assessments were infants who were less than a week old when they entered custody and the fourth child was 3 months old at entry.

Among the eight children that were over the age of four and had been in custody 30 days or more, seven had a mental health assessment. Five children had their assessments within 30 days and the other two had their assessments completed anywhere from 35 days and 40 days after entering.

Table V-10
Initial Developmental or Mental Health Assessments at Foster Care Entry:
July 1 – December 31, 2009
n=varies depending on the assessment

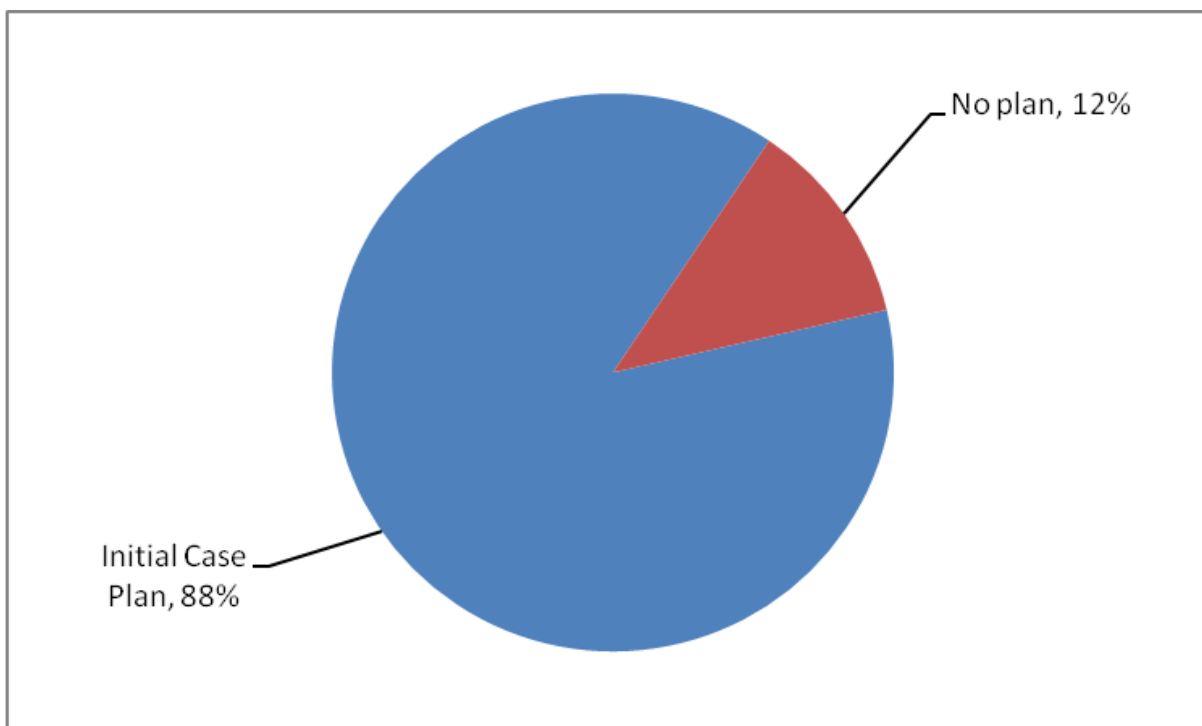
<i>Assessment</i>	Number	Percent	Cumulative Percent
<i>Initial Developmental Assessment</i> (children younger than age 4) (n=8)			
Received within 30 days	1	12%	
Received, but not within 30 days (36 and 44 days, and 4 months)	3	38%	50%
No initial Developmental Assessment received	4	50%	100%
Total	8	100%	
<i>Initial Mental Health Assessment</i> (children age 4 and older) (n=8)			
Received within 30 days	5	63%	
Received, but not within 30 days (33, 44 days)	2	25%	88%
No Initial Mental Health Assessment	1	12%	100%
Total	8	100%	

Source: Case record review, August-September 2009

d. Initial Case Plans

Among the 18 children entering custody during the reporting period and remaining in custody more than 30 days, 16 (88% of 18) had an initial case plan developed by December 31, 2009 or their last date in custody within 20 to 60 days of entering care. The remaining two children had been in custody 38 to 61 days with no documented initial case plan in the file.

Figure V-7
Initial Case Plans for Children Entering Foster Care and in Custody 30 days or More
July 1 – December 31, 2009
N=18



Source: County records and Case record review, March-May 2010

2. Periodic Health and Dental Screening

In addition to requiring health and developmental assessments when a child enters foster care, the Consent Decree requires all children to receive periodic health screenings⁷⁹ in accordance with the Early Periodic Screening, Diagnostic and Treatment Program (EPSDT)/Georgia Health Check Program standards.⁸⁰ DFCS' performance with respect to meeting these standards is discussed below. The case record review of 177 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.

Routine health screening was assessed for all children in the sample of 177 children. For these 177 children, health screens appeared to be on schedule for 141 children (80%). This is the same proportion as in Period VII. However, 20 exams (14% of 141) may have been missing one or more required EPSDT component. These 20 exams were most often missing documentation of

⁷⁹ See p. 30, paragraph 13A in the Consent Decree.

⁸⁰ See p. 20, paragraphs 6A 1 and 2, and p.21, 6B, paragraphs 1-8 of the Consent Decree

required laboratory work or vision and hearing testing and height and weight. Approximately 50 additional exams were missing the calculated Body Mass Index (BMI) but the health screens included the necessary components from which the BMI could be computed. The remaining 37 children (20% of 177) appeared to be overdue for an exam, even if they had received one or more in Period VIII. The specific findings are provided in Table V-11.

Table V-11
Status of Periodic Health Screening for Children
July 1 through December 31, 2009
n=177

Component and Action	Number	Percent	Cumulative Percent
No EPSDT health screen required during period, children current with health check-ups during entire period	48*	27%	
Children receiving a health screen according to EPSDT schedule or standards (exams received timely) (includes initial exams received at entry)	93*	53%	80%
Children receiving one or more of the required health screens between July and December 2009, but were still behind schedule as of December 31, 2009	6	3%	83%
Required well child health screen(s) in Period VIII not received	30	17%	100%
<i>TOTAL</i>	177	100%	

*Twenty exams appeared to be missing some EPSDT components or compliance.

Source: Case record review, March-May 2010.

As reflected in Table V-12, routine dental screening was assessed for 140 children because 37 children were under the age of three through December 31, 2009.⁸¹ For the 140 children,⁸² dental screens appeared to be current for 115 children (82%). This is an improvement from Period VII performance of 72 percent and the observed difference exceeds the sample's statistical margin of error. Another two children received a dental screen during Period VIII that was more than 12 months since the previous screen. Twenty-three of the dental exams received in 2009 did not have documentation of x-rays, teeth cleaning, or both.

⁸¹ The Consent Decree stipulates that "all children age 3 and over shall receive at least one annual screening in compliance with EPSDT standards..." see Section 6B paragraph 8 on p.21. Children younger than age 3 may have oral exams as part of their regular well-child visits, but documentation of this is rarely found in the description of services rendered in an exam.

⁸² The margin of error for a subsample of 140 is +/-8%.

Table V-12
Children Age 3 and Over Receiving Periodic Dental Screening
July 1 through December 31, 2009
n=140

Component and Action	Number	Percent	Cumulative Percent
No annual EPSDT dental exam required during period, children current with annual requirement during entire period	52*	37%	
Children receiving a timely annual EPSDT dental exam during period (includes initial exams of children age 3 and over)	63*	45%	82%
Children receiving a dental exam, but more than 12 months since last exam EPSDT schedule (unable to determine EPSDT compliance)	2	1%	83%
Required annual dental exam not received as of December 31, 2009	23	16%	100%
TOTAL	140	99%	

Source: Case record review, March-May 2010. Total does not add to 100% due to rounding. *Twenty three exams did not have documented x-rays or cleaning or both.

3. Periodic Developmental and Mental Health Assessments

The Consent Decree does not have a requirement that specifically speaks to the frequency of developmental and mental health assessments. The required EPSDT health screenings, by definition, should include some limited assessment of the child's developmental progress and mental health. In addition, the court may request specific evaluations. During Period VIII, 15 children had documented developmental assessments in addition to the four children who received an initial assessment. Another 22 children had documented mental health assessments in addition to the seven children who received the initial assessment.

4. Response to Assessment/Screening Identified Needs

Responsiveness to health needs remains an area for continued State focus. Evidence from the case record review provides the following specific findings for Period VIII⁸³:

- 26 (30%) of the 99 children who received regular (initial and on-going) health screening during Period VIII had health needs identified. Among these 26 children, the documentation in their files indicated that 17 (65%) had received appropriate treatment, or

⁸³ Conclusions drawn from subsamples of 26 or smaller have margins of error of $\pm 19\%$.

treatment was scheduled, for all the needs identified during Period VIII. One child (4% of 26) appeared to have had some, but not all needs met. Eight of the 26 children (31%) did not have follow-up treatment documented in the case record. The needs that appeared to be unmet included an ear infection, influenza vaccination, poor vision, below normal height, and a urological examination. Two children had needs identified in what was their discharge medical but one child was receiving after care services and no follow-up was noted as part of the after care services.

- 15 (21%) of the 71 children who had a dental health screening during Period VIII had dental needs identified. Seven children (47% of 15) had all their needs met. Two of the eight children who were in need of treatment had their dental screens late in December and treatment appeared to be scheduled in 2010 for at least one of the children and a third child, age 14, refused to have his cavities filled. Of the eight children, untreated cavities were the primary issue for four children and the other four had multiple dental issues including wisdom teeth removal and teeth restoration.
- 17 (89%) of the 19 children who had developmental or educational assessments in Period VIII had identified needs. All of the needs for 15 of the 17 children (88%) were being addressed up through the end of December. One child needed an evaluation for autism and another child needed a structured behavior plan to coordinate activities between home and school.
- 23 (79%) of the 29 children who had mental health assessments in Period VIII had identified needs. All of the needs for 18 of the 23 children (78%) were being addressed. Another five (21% of 23) had some of their needs addressed or services scheduled by December 31, 2009. However, the assessments for one of the five were not completed until mid-December; therefore it may have been too early to expect to see all services in place. Recommended services apparently received or scheduled included counseling, supervised family visits, enrollment in extra-curricular school activities, and substance abuse treatment. Recommended services not apparently provided or scheduled included therapeutic foster home placement, further psychiatric and or psychological assessment, and individual therapy.

5. Response to Emerging Needs Between Routine Well-Child Visits

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.

- 35 children (20%) of the 177 children in the sample experienced emerging physical health needs during the reporting period. All appear to have had these needs met.
- Five children (3%) of the 177 children in the sample experienced acute dental needs during

the reporting period and four of the five had those needs treated. The fifth child chipped a tooth that was not fixed but case notes indicate the case manager was planning on speaking to the foster parent about having it addressed.

- 34 children (19%) of the 177 sample experienced acute or emerging mental health needs during the reporting period. Thirty-two (94% of 34) appear to have received the treatment they needed either through new services or through the on-going therapeutic services they were receiving. One youth was in a county jail and not receiving mental health services and another youth was refusing to participate in recommended therapy.

6. On-going Attention to Development and Education

As previously noted, 17 children in the sample had one or more developmental and/or educational needs identified between July 1 and December 31, 2009. Academic assistance was needed by six children. Five children needed therapy or other assistance for behavioral concerns, another three children had developmental delays or mild retardation, eight children needed speech therapy and two children needed to be further evaluated. As previously noted, two children were not having all needs met. One child who was getting his speech therapy needs met also needed an evaluation for autism and another child who was getting multiple other needs met needed a structured behavior plan to coordinate activities between home and school.

Other indicators of developmental or educational needs are Supplemental Security Income (SSI) benefits and Individualized Education Plans (IEP). Twelve children in the sample appear to be receiving SSI benefits and 46 had IEPs. Twenty-seven (73%) of the 46 IEPs appeared to be current (less than 12 months since the previous IEP).

Children aged 7 to 16 are required to be enrolled in school in Georgia. Within the foster care sample, 103 children (58% of 177) were age 7 or older by August 31, 2009 and were in DFCS custody sometime during a portion of the school year. Among the 103 children 96 (93%) were enrolled in school or a GED program in the last half of 2009 and seven (7%) were not. Among the 96 enrolled, however, 13 children (14%) experienced gaps in school enrollment for different reasons. Gaps in enrollment appear to have been caused primarily by youth behaviors – running away, school expulsions and suspensions, and refusal to attend school. Entering foster care and a placement change appeared to have affected enrollment for two children. Within the foster care sample, 74 children (42% of 177) were younger than age 7 on August 31, 2009 and were in DFCS custody sometime during a portion of the school year. Twenty-nine of these children (39% of 74) were enrolled in a kindergarten, pre-school or another developmental program.

7. 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 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.”⁸⁴

The foster care case record review of 177 children collected some limited information on the experience of children who had reached their 18th month in custody before or during Period VIII. Within the sample of 177 children, 90 (51%) had been in custody 18 months or more. Among the 90 children, 61 (68%) were aged 14 or older and eligible for Independent Living Program (ILP) services. Thirty of the 61 (49%) appeared to be receiving such services. Another 29 youth (48% of 61) had Written Transitional Living Plans (WTLP) but did not appear to be receiving ILP services. Two youth without ILP services or a WTLP were ages 15 and 14.

Eighty-three of the 90 children (92%) had meetings between July and December 2009 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. Most meetings resulted in few changes to the plans and strategies the State had in place. Some meetings changed the permanency goal, assessed progress in existing services and considered revised services, and explored adoption opportunities and recruitment.

Twelve of the 90 children (13%) were discharged before December 31, 2009. None of the 12 children were discharged by the court against the recommendation of DFCS. Among the 12 discharges, 11 appeared to have had discharge planning. Among the 11 children, seven children had an identified discharge meeting and discharge planning for another four children occurred over a series of visits between the case manager and child, there was no single event identified.

⁸⁴ See pp 11 and 12, Section 4.F paragraph 3, of the Consent Decree.

D. Curative Actions to Address Concerns about State Performance: Discharge Planning and Discharge Medicals for All Children

The Consent Decree stipulates that “DFCS will determine whether additional services are necessary to ensure the continued success of the discharge”⁸⁵ and that all children receive a health screen within 10 days of discharge.⁸⁶ 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.

Analysis of the curative action performance in Period VIII is based on information from two sources. First, within the sample of 177 foster care children, 43⁸⁷ children (24% of 177) had been discharged by December 31, 2009. The discharges of six children (14% of 43 discharged) however, were excluded from the analysis because the presiding judge discharged the children without prior notice to DFCS. The 37 remaining discharges from the foster care sample, were augmented with information from a separate, on-line case record review of 41 children who were discharged between July and December. The Accountability Agents initially drew a random sample of 10% of the approximate 100 monthly discharges in Period VIII. This equaled 62 children. However, as these cases were reviewed, 21 children (34% of 62) were excluded because they appear to have been discharged against the recommendations of DFCS. Another three children were dropped from the analysis because they were also in the sample of 177 children. Therefore, additional information is provided from 38 files reviewed on-line in SHINES; the paper files for these children were not requested or reviewed.

a. Discharge Planning

In the sample of 37 children, there was documentation of discharge planning for 25 children (68% of 37). In 10 cases, the discharge planning took place over a series of visits with the children. Discharge planning for another 15 children occurred in some form of meeting – one-on-one meetings between case managers and children or a family team meetings or multi-disciplinary meetings. In some cases discharge planning occurred through a combination of these activities. Table V-13 provides a summary of the information collected from the case record review.

From the additional on-line case review, 28 children and youth (74% of 38) had some form of discharge planning. Six of the 28 children and families had meetings with the case managers. Eleven children and families appeared to be planning over a series of visits, six had a Family Team Meeting, four had a meeting that was not called a Family Team Meeting, and one child

⁸⁵ See p.10, Section 4.C.6 in the Consent Decree.

⁸⁶ See p. 21, Section 6.B.6 in the Consent Decree.

⁸⁷ This number includes the children who had been in custody 18 months or more and reported on separately in the previous section.

had a meeting with county supervising the placement a month prior to discharge. This information is included in Table V-13.

While the information from each data source is not entirely comparable, it does indicate that some type of discharge planning occurred with or for about two-thirds of the children and families. However, it also indicates that there is a portion of children for whom discharge was expected but there was no documentation of what was being done to plan for their successful transitions back into their families or into other permanent living arrangements.

Table V-13
Discharge Planning in Period VIII

Discharge Planning	Discharges in the case record review sample n=37*		Sample of Monthly Discharges n=38**	
	Number	Percent	Number	Percent
Discharge planning through one-on-meeting with case manager	4	11%	6	16%
Discharge planning in a Family Team Meeting	4	11%	6	16%
Discharge planning over a series of visits with children and family	10	27%	11	29%
Other type of meeting (internal staffing, staffing with State Attorney General	7	19%	5	13%
No documented discharge planning	12	32%%	10	26%

Source: *Case Record Review, March-May 2010; **SHINES, 10 percent of monthly discharges in Period VIII
Multiple discharge planning methods were used in some cases.

Both information sources indicated that discharge planning addressed a variety of topics including school enrollment and education performance, and on-going medical, dental, and mental health care for the majority of children. Other issues included continued therapeutic services and financial support. Specific services to support successful discharge included financial support through subsidies. In some cases, the family was still to be supervised and receive after care services under a protective order.

- **Discharge Medicals**

In the sample of 37 children discharged by December 31, 2009 five had discharge medicals and all were completed within 10 days of their discharge. Another nine medicals were planned during the discharge planning and there was no documentation of planned medicals for 23 of the 37 children. The information is summarized in Table V-14.

In the on-line record review, 20 of the 38 discharged children had discharge medicals. Scheduling a discharge medical was discussed in the discharge planning for another six children (15%). No reference to discharge medicals was found in 14 records (34% of 41). This information is summarized in Table V-14.

As with discharge planning, the information from each source of data is not entirely comparable. It does indicate that discharge medicals are not being discussed and/or not occurring for possibly 32 percent to 59 percent of the children for whom discharge is anticipated. It appears that youth who return to foster care when they reach age 18 and children who are placed under a protective order or are court ordered to receive after care services are less likely to have documentation of a discharge medical.

Table V-14
Discharge Medicals in Period VIII

Discharge Medicals	Discharges in the case record review sample n=37*		Sample of Monthly Discharges n=38**	
	Number	Percent	Number	Percent
Discharge medicals scheduled during discharge planning	9	24%	6	16%
Evidence of discharge medicals received	6	16%	20	53%
No evidence of discharge medicals scheduled or received	22	59%	12	32%
TOTAL	37	100%	38	101%

Source: *Case Record Review, March-May 2010; **SHINES, 10% of monthly discharges in Period VIII; totals greater than 100% due to rounding.

PART VI STRENGTHENING THE SERVICE DELIVERY INFRASTRUCTURE

Several of the Consent Decree requirements focus on DHS/DFCS organizational capabilities, with the intent of enhancing or creating capacity thought to be instrumental to the achievement of desired outcomes. This includes specialized staff, caseload sizes, workforce skill development, and having the resources and services to meet needs. This part reports on the progress of the State in meeting Outcomes 25, 26, 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 VIII. Charts are used to illustrate the performance trends emerging over eight periods.

Table VI-1
Strengthening Infrastructure Outcomes

Effective Oversight of Placement Settings	Period VIII 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.	98%
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.	4%
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.	69%
Outcome 29: No more than 5% of all children in custody of DHS/DFCS for 12 months or more shall have lapse of legal custody within the prior 13 months.	5%

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."⁸⁸

a. Interpretation and Measurement Issues

There were no new interpretation or measurement issues encountered during Period VIII. Appendix B provides a summary of previously resolved interpretation and measurement issues. Measurement of Outcome 25 performance is based on the sub-sample of 137 children who remained in care on December 31, 2009, drawn from the sample of 177 children in the custody of DeKalb or Fulton County placed in out-of home care at any time between July 1 and December 31, 2009.

b. State Performance

- **The State Met the Outcome 25 Threshold**

At the end of Period VIII, **98 percent** of the children in custody were in placements that were in full approval and/or licensure status. This represents the second consecutive reporting period in which the Outcome 25 performance threshold of 98 percent was met or surpassed. The State's Period VII performance on Outcome 25 was 99 percent. Additional detail on this measurement appears in Table VI-2.

As in Period VII, compliance with the relevant approval processes remained at 100 percent for DFCS-supervised foster homes, child-caring institutions, and group homes. The approval rate for non-foster relative placements remained at 96 percent, while the approval rate for provider-supervised foster homes declined to 96 percent from the Period VII level of 100 percent (however, the observed change is within the foster home sample's margin of statistical error). Figure VI-1 displays the State's performance on this outcome over the seven reporting periods to which the Consent Decree standards applied.

⁸⁸ 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 12/31/09	Children in “Fully Approved” Placements on 12/31/09	Percent of Children in care on 12/31/09 in “Fully Approved” Placements
Relative Placement ^{a b}	39	24	23 ^c	96%
DFCS-supervised Foster Home ^d	32	26	26	100%
Provider-supervised Foster Home ^{e f}	56	51	49	96%
Group Home ^g	25	18	18	100%
Child Caring Institution ^g	13	12	12	100%
Other (no relevant approval process)	12	6	N/A	N/A
Total	177	137	128/131 ^h	98%

^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.

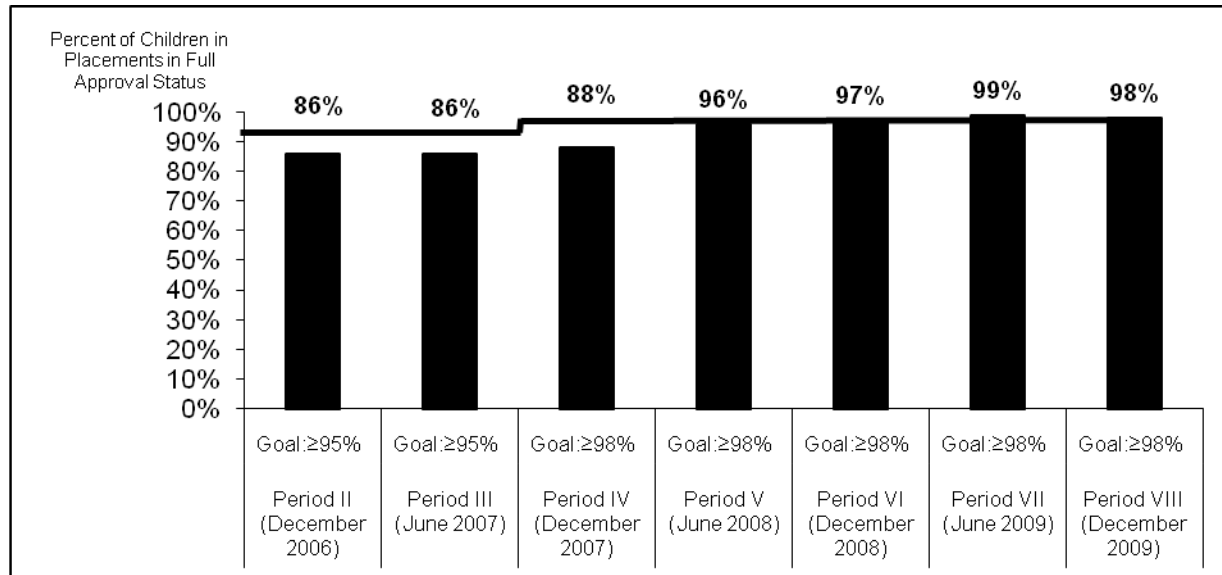
^e Data source: Review of child-placing agency’s records.

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

^g Data source: SHINES

^h Excludes six children in state custody on 12/31/2009 that were in settings with no relevant approval process (all six children were placed with birth or non-custodial parents).

Figure VI-1
Seven Reporting Periods of State Performance on Outcome 25:
Children Placed in Settings that are in Full Approval and/or Licensure Status



Source: Review Period Foster Home Case Record Reviews, July 1, 2006 – December 31, 2009

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...”⁸⁹ The capacity limits referenced in Outcome 31 are contained in Section 5.c.4.e of the Consent Decree.⁹⁰

a. Interpretation and Measurement Issues

There were no new interpretation or measurement issues encountered during Period VIII. Appendix B provides a summary of previously resolved interpretation and measurement issues. The point-in-time used for measurement of Outcome 31 in Period VIII was December 31, 2009. Measurement of Outcome 31 performance is based on the 77 children in the sample of 177 children in foster care that were in custody and placed in family foster homes on December 31, 2009. The statistical margin of error for this subsample is +/- 11 percent.

⁸⁹ See p. 38 of the Consent Decree

⁹⁰ The Section 5.c.4.e capacity limits provide that “No child shall be placed in a foster home if that placement will result in more than three (3) foster children in that foster home, or a total of six (6) children in the home, including the foster family's biological and/or adopted children.... The only exception to these limits shall be circumstances in which the placement of a sibling group in a foster home with no other children in the home would exceed one or more of these limits.” See p. 16 of the Consent Decree.

b. State Performance

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

Three of the 77 children from the placement sample that were in care at the end of Period VIII, or **4 percent**, had been placed in foster homes that exceeded the specified capacity limits. By comparison, three percent of the children in foster homes on June 30, 2009 had been placed in foster homes that exceeded the specified capacity limits. In Period VIII, all three of the foster homes that exceeded 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 an unrelated foster child was placed in the home in addition to the sibling group. 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 seven reporting periods to which the standards applied.

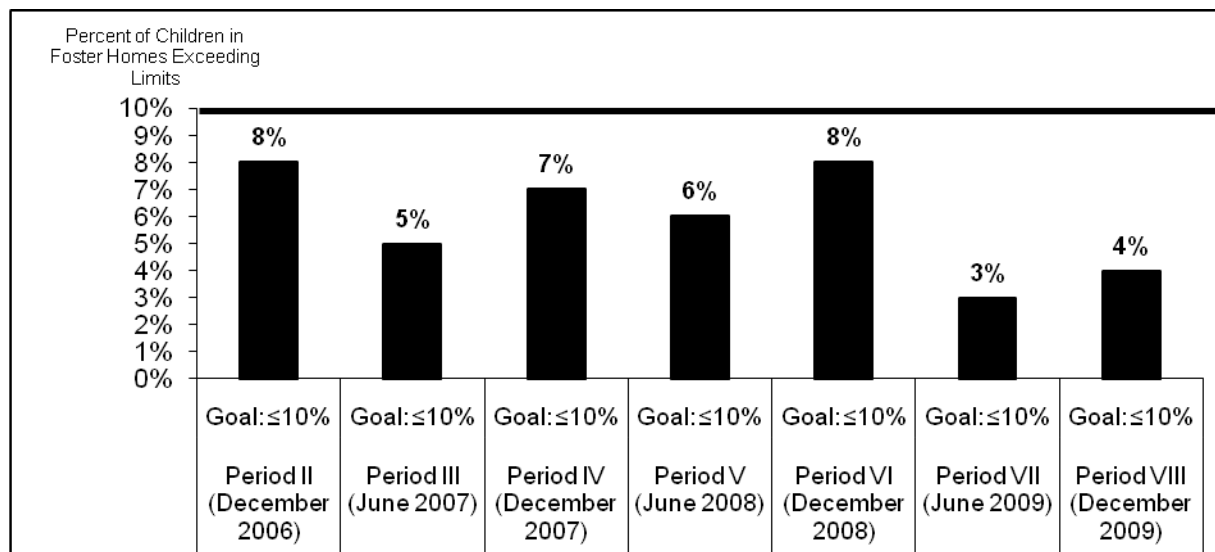
Table VI-3
Outcome 31 – Children in Foster Homes Exceeding Capacity Limits
n=77

Placement Type	Sampled Children in Foster Homes on 12/31/2009	Children Placed in Foster Homes Having 3 or More Foster Children	Children Placed in Foster Homes Having 6 or More Children in Total	Children Placed in Foster Homes Having 3 or More Foster Children and/or 6 or More Total Children
DFCS-supervised Foster Homes ^a	26	0	0	0%
Provider Supervised Foster Homes ^b	51	3	0	6%
Total	77	3	0	4%

^a Data Source: SHINES

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

Figure VI-2
Six Reporting Periods of State Performance on Outcome 31:
Children are Not in Foster Homes Exceeding Licensed Capacity



Source: Review Period Case Record Reviews July 2006-December 2009

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 services to children in custody and to ensure DFCS has documented custodial authority for 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.⁹¹ 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.⁹² 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.

⁹¹ See pp 36-37, Outcome 26 of the Consent Decree

⁹² 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 appropriately made and the State cannot claim federal reimbursement during the gap.

a. Interpretation and Measurement Issues

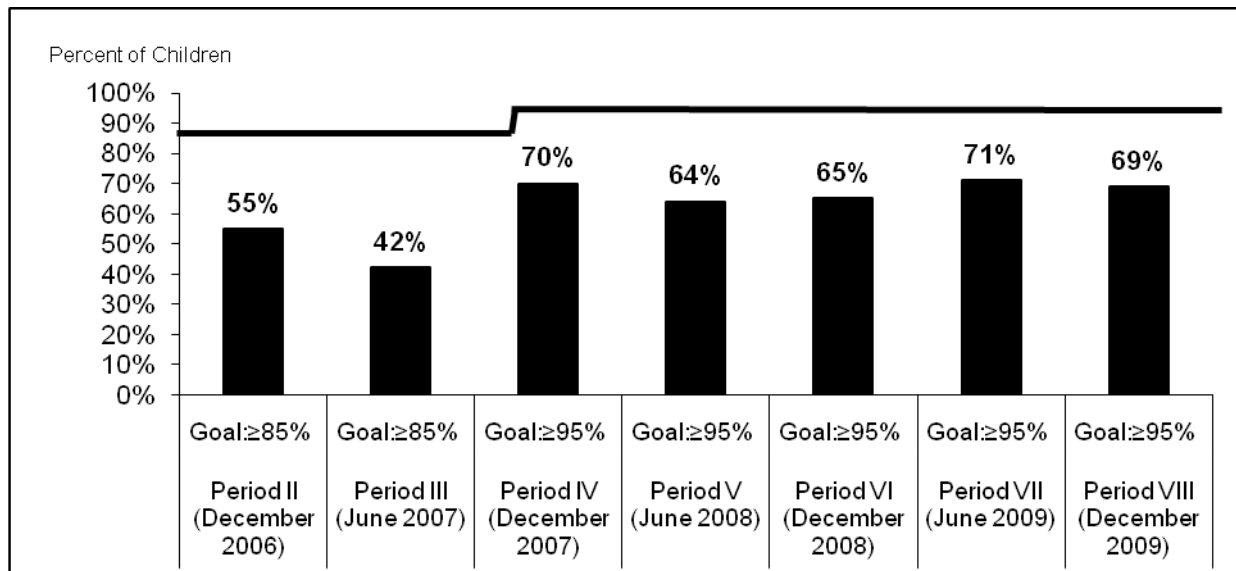
No new interpretation or measurement issues were encountered in the Period VIII. Appendix B provides a summary of previously resolved interpretation and measurement issues. Measurement of Outcome 26 performance is based on sample of 177 children in foster care. For those children in the sample who entered before October 27, 2005, only the annual permanency review orders were included in the analysis.

b. State Performance

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

For Outcome 26, 123 children (69%) of the 177 children in the Period VIII 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 six reporting periods to which the Consent Decree standards applied. Period VIII performance declined from the Period VI performance of 71 percent but the observed difference is within the sample’s statistical margin of error.

Figure VI-3
State Performance on Outcome 26:
Court Orders Contain Required Language to Support IV-E Funding Claims
For Six Reporting Periods (July 1, 2006 to December 31, 2009)



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: missing documentation or incomplete documentation. Among the 54 records that did not meet Outcome 26 standards, the following patterns emerged:

- Initial orders
 - 18 records had initial removal orders, but the orders were missing child-specific language.
 - 6 records were missing court orders from the 72-hour hearings.
 - 1 were missing signed removal orders.
- 60-day Determination orders
 - 7 records were missing evidence of 60-day judicial determinations or these determinations were not done within the required 60 days.
- Permanency hearing orders
 - 22 records were missing one or more Permanency Orders or the orders did not have the required language.

The Accountability Agents have discussed these findings with the Office of Revenue Maximization to determine if it has more complete documentation on which to base the outcome measurement and anticipate using a different measurement strategy in Period IX that

employs the Office's paper files of court orders and eligibility determination as well as working with the State to design a report from SHINES for analysis.

Outcome 29 – Lapses in Legal Custodial Authority

The Consent Decree strives to limit the proportion of children for whom DHS/DFCS custodial authority lapses.⁹³ 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.

a. Interpretation and Measurement Issues

No new interpretation issues were encountered in Period VIII. Measurement of Outcome 29 performance is based on 119 children in the sample of 177 children in foster care. These 119 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

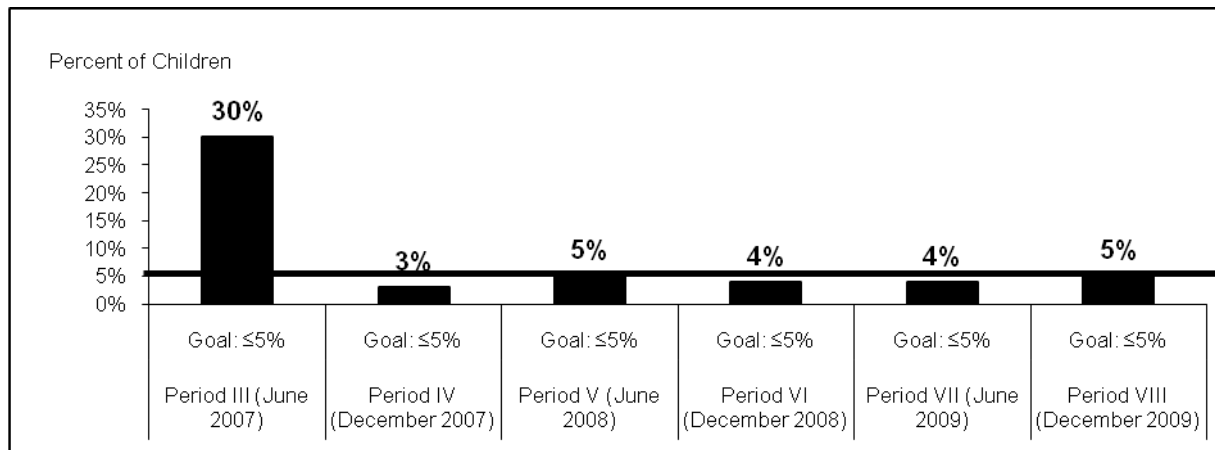
b. State Performance

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

In Period VIII, it appears that DFCS had lapses in custody for six children out of 119 (5%). The outcome threshold is no more than 5 percent. This performance is the same as Period VII. Figure VI-4 illustrates the proportion of children in DFCS custody with custody lapses over the six reporting periods to which the Consent Decree standard applied.

⁹³ See p 37, Outcome 29 of the Consent Decree

Figure VI-4
Six Reporting Periods of State Performance on Outcome 29:
Children in Care With Legal Custody Lapses



Source: Review Period Foster Care Case Record Reviews, January 2007-December 2009; Court documentation

B. Caseloads

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)
Family Preservation (Child Protective Services On-Going) Case Managers	Provide services to and supervise the safety of children who are not taken into state custody and remain in their own homes.	17 cases (the equivalent of 17 families)
Permanency Case Managers ⁹⁴	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 case managers are 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 a “differential” or “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.” 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.

⁹⁴ 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.

a. State Performance as of December 31, 2009

On December 31, 2009, 66 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 substantial decline compared to the last several periods. The increased size of caseloads is reportedly attributable to turnover among casework staff and the lag time involved in hiring and training their replacements; not to an increase in the number of investigations, family preservation, or foster care cases. One worker who was not fully certified by December 31, 2009 had a caseload size exceeding DFCS-set limits. An increasing number of cases appeared to remain assigned solely to workers who had been promoted, left DFCS employment before December 31, 2009, or were on medical leave, or were temporarily assigned to supervisors in anticipation of formal assignment. In Period VIII there were 102 such cases compared to 31 in Period VII. According to county leadership, the casework for the 102 cases was being completed by other co-workers and supervisors. All but one of these cases appeared to have been reassigned by January 4, 2010.

The Accountability Agents interviewed 62 foster care case managers in January 2010 to obtain supportive information about caseload sizes. The case managers were asked about their caseload sizes on the day of the interview and the pattern they experienced in the six-month period July-December 2009. 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 discrepancies found generally reflected a lag time in cases being reflected as closed in SHINES although the case managers had completed all the necessary steps. When found, these discrepancies represented one or two cases. There were no apparent systemic discrepancies and the interviews confirmed the caseload sizes and supervisory ratios reported by the State.

Because of the much lower compliance with caseload caps at the end of Period VIII, the Accountability Agents continued to review unofficial caseloads reports at different points in time in Period IX. As of May 2010, the Accountability Agents had observed little improvement. The state reports an extensive hiring effort in early 2010 with anticipation of caseload realignment beginning in May and June of 2010 as the new hires become provisionally certified to take on cases.

Table VI-5
DeKalb and Fulton County Caseload Status on December 31, 2009

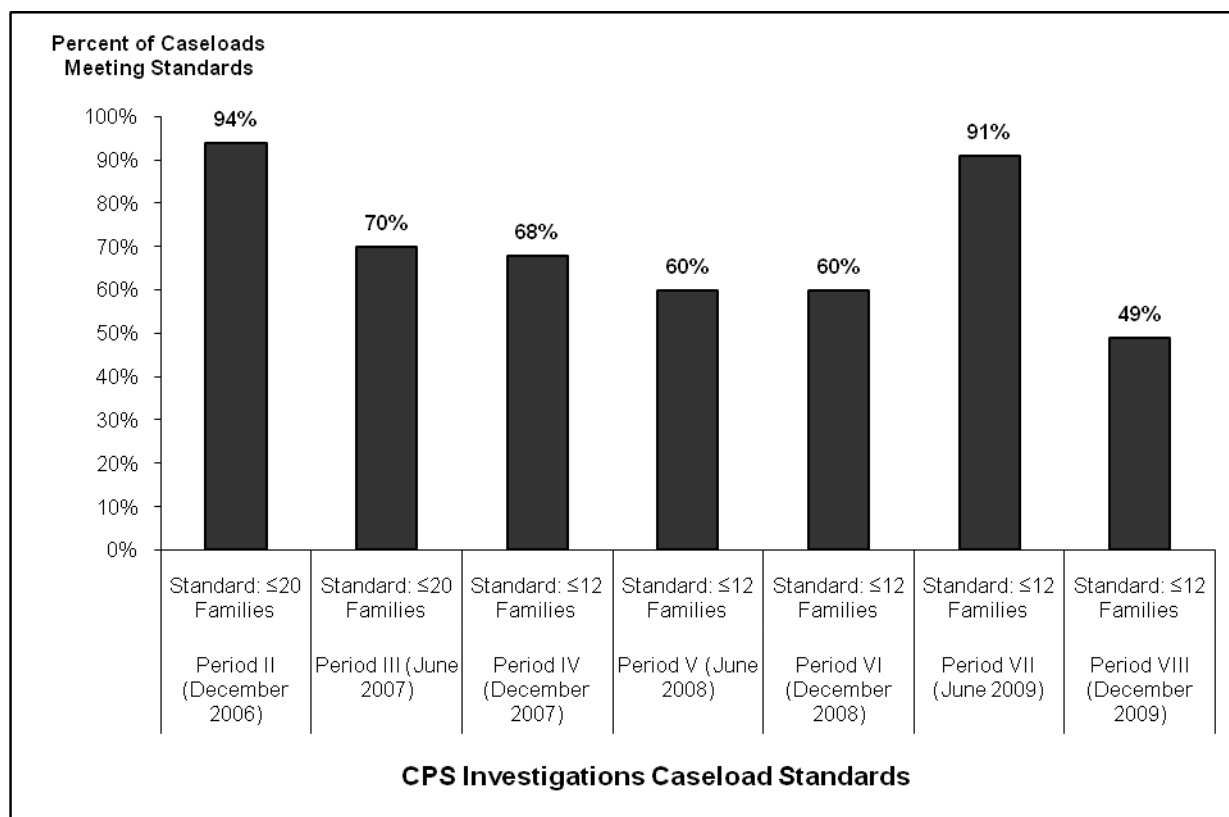
Case Manager Function	Target Caseload Cap: Number of cases	Number of Active Staff on 12/31/09 ¹	Number of Active, On-leave Staff on 12/31/09 ²	Actual Performance				
				Meeting Cap on assigned caseloads ³		Not Meeting Cap on assigned caseloads		Cases assigned to separated/ on leave workers/ Supervisors
				Number	%	Number	%	Number
CPS Case Manager	12 families	35		17	49%	18	51%	23
Family Preservation	17 families	32	3	19	54%	16	46%	25
Permanency Case Manager	15 children	55	2	49	86%	8	14%	39
Specialized Case Manager	12 children	38		19	50%	19	50%	
Adoption Case Manager	16 children	30		24	81%	6	19%	15
Total		190	5	128	66%	67	34%	102
Sources: SHINES; county personnel systems for leave and separation information								
Notes:								
¹ Active staff are those staff that were not on leave of absence on December 31, 2009 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 exclusively of children placed in Georgia through ICPC and not in DFCS custody								
² Active staff on leave at December 31, 2009 but leave anticipated to be more than 30 days.								
³ One provisionally certified worker had a caseload within the Consent Decree requirements but exceeding the 7 case limit established by DFCS. The caseload was an investigative caseload of 16.								

Child Protective Services Caseloads

In December 2009, 49 percent of the *CPS investigation* caseloads were at or under the caseload cap of 12 families. This is a substantial decline over Period VII and is the poorest performance in this area since the caseload caps took effect. Caseloads over the cap ranged from 14 to over 40 for case managers responsible for both investigations and family support cases. Fourteen investigators had caseloads of 20 or more cases. Seven had caseloads of 20 to 29 cases, six had 30-39 assignments and two had assignments of 40 or more. One provisionally certified case manager had 16 investigations on December 31, 2009. Twenty investigations were still officially assigned to two case managers who left before the end of the month. Figure VI-5 illustrates the

proportion of CPS investigation caseloads meeting the Consent Decree standards over the seven reporting periods to which the standards applied.

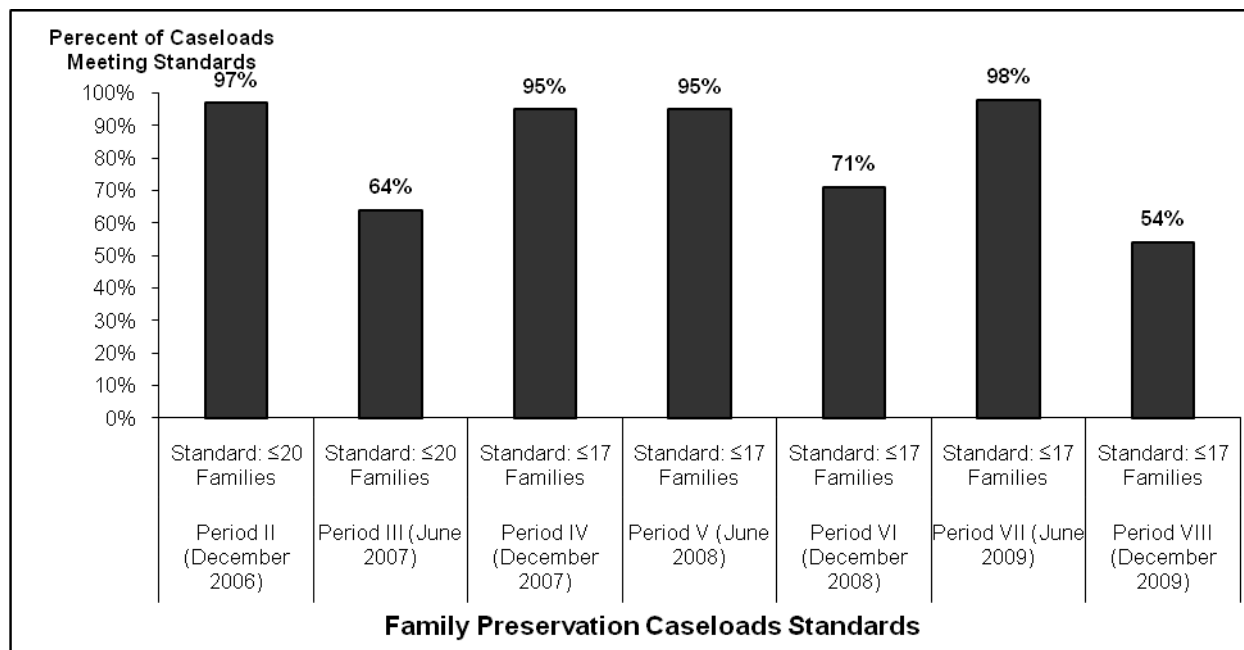
Figure VI-5
Seven Reporting Periods of CPS Investigation Caseloads
Percent of Caseloads Meeting Standards



Source: State data bases: IDS and SHINES; county personnel systems for leave and separation information. July 2006-December 2009.

Among the case managers who provide *family preservation (on-going, in-home child protective services)*, 54 percent had caseloads of 17 or fewer families. Again, this is the State's poorest performance to-date in meeting the caseload caps for family preservation case managers. The range of caseloads over the cap was 18 families to more than 26 families for a caseload including family support cases. Thirteen of the 16 caseloads exceeding the cap had over 20 families. Two case managers were on extended leave on December 31, 2009 and there were 17 cases assigned to each of them. Figure VI-6 illustrates the proportion of CPS on-going services caseloads meeting the Consent Decree standard over the seven reporting periods to which the standards applied.

Figure VI-6
Seven Reporting Periods of Family Preservation⁹⁵ Caseloads
Percent of Caseloads Meeting Standards



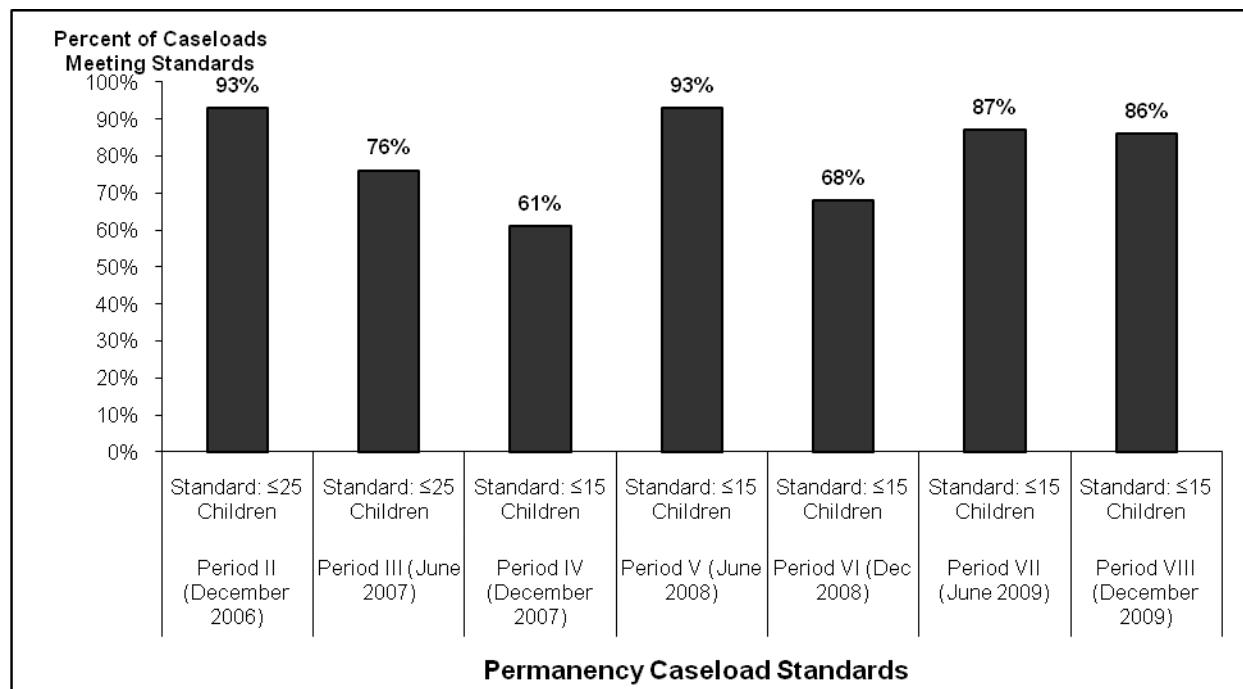
Source: State data bases: SHINES; county personnel systems for leave and separation information. July 2006-December 2009

Permanency Caseloads

In Period VIII, 86 percent of the “*regular*” *permanency caseloads* were at or under the caseload cap of 15 children. This is similar to Period VII when 87 percent of the caseloads were at or under the cap. Seven of the active case managers had caseloads of 16 to 19 children and one case manager had 21 assigned children on December 31, 2009. Two case managers on extended leave on December 31, 2009 had 11 and 9 assigned cases. Fifteen cases were still assigned to one case manager who was dismissed before the end of the month. Figure VI-7 illustrates the proportion of regular permanency caseloads meeting the Consent Decree standards over the seven reporting periods to which the standards applied.

⁹⁵These cases were formerly referred to “on-going CPS”.

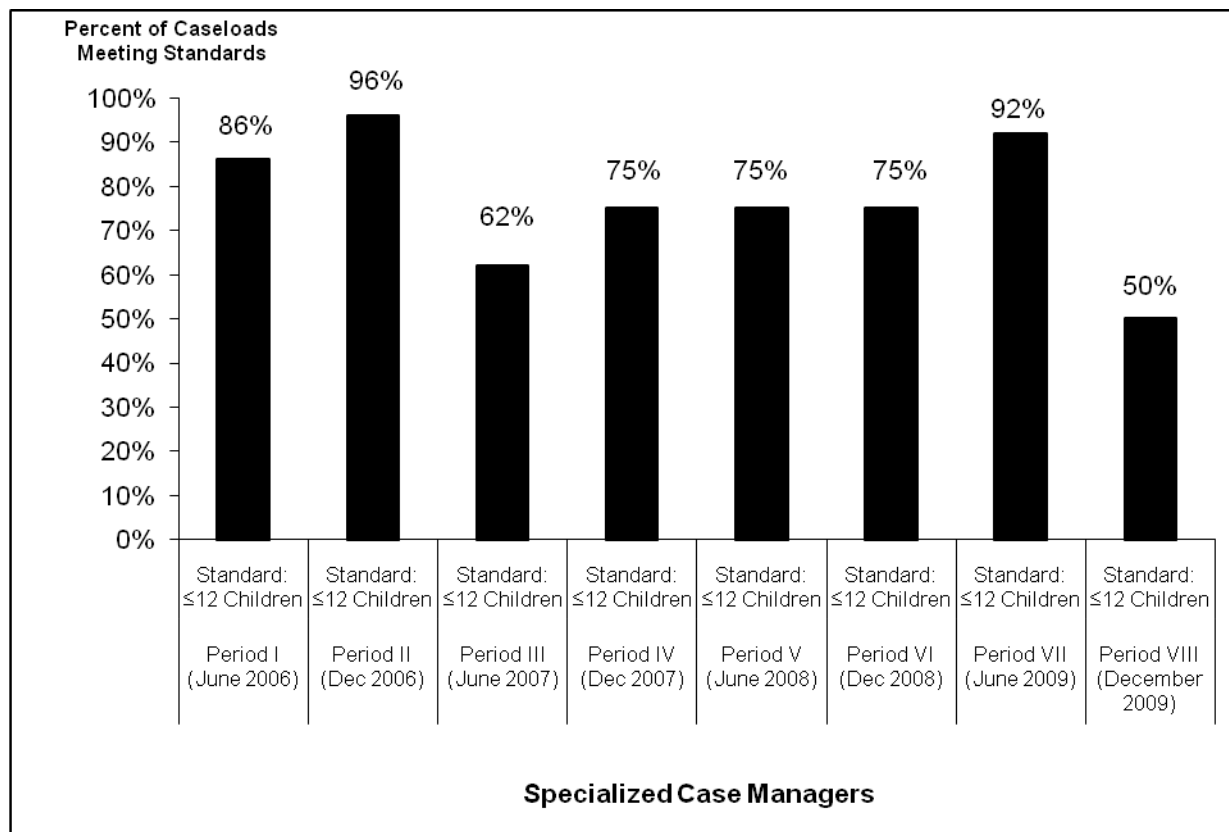
Figure VI-7
Seven Reporting Periods of Regular Permanency Caseloads
Percent Meeting Standards



Source: State data bases: IDS and SHINES; county personnel systems for leave and separation information. July 2006-December 2009.

Compliance with the designated *specialized caseload* standard declined substantially, with 50 percent of the caseloads having 12 or fewer children. This is the State's lowest compliance with this caseload cap since it became effective. The 19 caseloads over the cap ranged from 15 to 22 cases. Figure VI-8 illustrates the proportion of specialized caseloads meeting the Consent Decree standard over the eight reporting periods to which the standard applied.

Figure VI-8
Eight Reporting Periods of Specialized Caseloads
Percent Meeting Standard

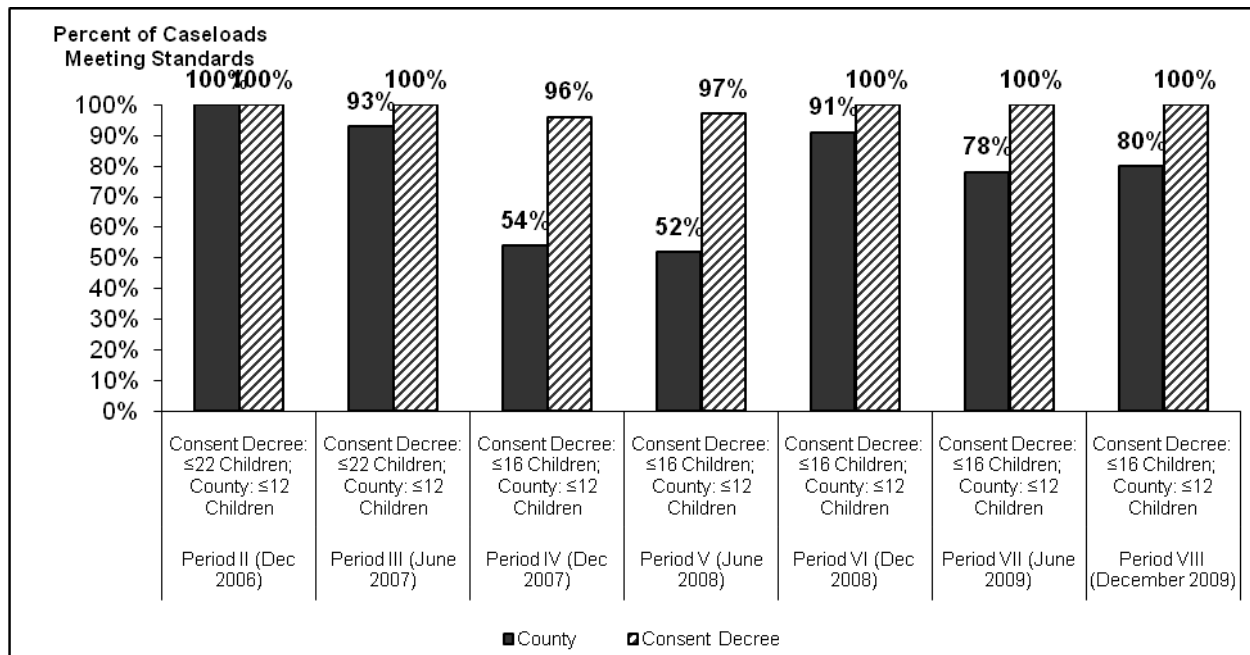


Source: State data bases: IDS and SHINES; county personnel systems for leave and separation information. July 2006-December 2009

The *adoption* caseloads improved over Period VIII. County performance, as measured by the counties' self-imposed limits,⁹⁶ reveals that 80 percent of the adoption caseloads have 12 or fewer children. This is similar to 78 percent in Period VII. As measured by the Consent Decree requirement, all of the adoption case managers continued to have caseloads of 16 or fewer children for the third consecutive period. Two case managers had caseloads of 13, three had 14 children and one had 15 children. One case manager who was dismissed before December 31, 2009 still had 15 assigned cases. Figure VI-9 illustrates the proportion of adoptions caseloads meeting the Consent Decree standards over the seven reporting periods to which the standards applied.

⁹⁶ The Consent Decree stipulates that all adoption case managers have caseloads no larger than 16 children. However, as the Counties set up the required Specialized Caseloads in the first reporting period, they elected to keep adoption caseloads at 12 or fewer children to be equivalent with the specialized case manager requirements

Figure VI-9
Seven Reporting Periods of Adoption Caseloads
Percent Meeting Standards



Source: State data bases: IDS and SHINES; county personnel systems for leave and separation information. July 2006-December 2009

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.⁹⁷

As shown in Table VI-6, on December 31, 2009, **94 percent** of the supervisory units had a ratio of five workers or fewer to one supervisor. This is a slight decline from Period VII when 98 percent had the required ratio. Two units that did not meet the standard had six case managers. A third unit had a quality assurance supervisor temporarily assigned to assist with case closings. There were no supervisory vacancies. Four units were being supervised by “Lead Workers”. These individuals have taken the supervisory training, but some do not have the educational credentials to be appointed a supervisor yet.

⁹⁷ See p. 23, Section 8.B.2 in the Consent Decree.

Table VI-6
DeKalb and Fulton County Supervisory Ratios at December 31, 2009

Program/Service Area	Number of Units	Meeting 1 to 5 ratio		Not Meeting 1 to 5 ratio	
		Number	%	Number	%
Child Protective Services (Investigations and Family Preservation)	18	17	94%	1	6%
Permanency	15	14	93%	1	7%
Adoption	8	8	100%		
Specialized Case Management	11	10	91%	1	8%
Total	52	49	94%	3	6%

Includes four Lead Workers acting as supervisors.

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

C. Building Workforce Skills

The Consent Decree has several training requirements.⁹⁸ In this report section, the Accountability Agents describe State efforts to continually improve its practice curricula, the qualifications of new supervisors and the State's compliance with pre-service and in-service training requirements.

1. Education and Training Services Section⁹⁹

There have been no changes in the leadership of the Education and Training Services (ETS) section since the fourth reporting period.

2. Staff Preparation and Professional Development

The State reported that the Education and Training Services Section (ETS) engaged in several activities in Period VIII. Table VII-7 provides a summary of some of the new curricula that were deployed or piloted during the period. Of particular note is the enhanced supervisory training. ETS has developed a *New Supervisors Capacity Development Program*. According to the ETS description, the *Capacity Development Program* includes different segments of online, classroom and field activities. The first phase of the *Capacity Development Program* was piloted in November and December 2009.

⁹⁸ See pages 25 and 26 of the Consent Decree for the complete description of the requirements.

⁹⁹ 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.

In Period IX, ETS (in partnership with Georgia State University) is developing the second phase of the Capacity Development Program, using supervisory learning circles as a means of providing clinical supervision, coaching, and mentoring to new supervisors (and existing supervisors) in the field. Also under development in Period IX is *Comprehensive Child and Family Assessment Training for Case Managers*. This is a pilot being developed for specific counties where case managers are completing the Comprehensive Child and Family Assessment instead of private contractors.

Table VII-7
Newly Developed Curricula for DFCS Professional Development

Target Audience	Course/Component
New Supervisors	<i>Family Centered Practice for Administrators and Supervisor</i> , delivered in a classroom and developed by the Georgia State University. It is designed to provide management's approach to implementing and maintaining the Family Centered Practice Model. It covers seven requisite standards that affect practice: Agency Management and Leadership; Policies and standards; Qualifications, Workload and Professional Development of Staff; Array of Services; Information Systems; Agency Coordination within the Community and Quality Assurance.
	Field coaching and mentoring where new supervisors are paired with more experienced supervisors
	<i>Results Oriented Management in Child Welfare (ROM)</i> , an online training component, designed to assist new supervisors in meeting the ASFA challenge of managing programs and supervising staff to achieve these results for children and families within this new policy context
	<i>Daily Management: Day to Day Supervising with SHINES</i>
All Supervisors	<i>Putting the Pieces Together</i> , delivered in the classroom and developed in consultation with The Butler Institute for Families, University of Denver Graduate School of Social Work. This training reviews the three core functions of a supervisor: educative, administrative, and supportive.

Table VII-7, continued
Newly Developed Curricula for DFCS Professional Development

Target Audience	Course/Component
Case Managers	<i>Family Centered Practice for Case Managers</i> , classroom training developed by Georgia State University. It outlines the framework of Family Centered Practice and incorporates a continuous set of activities that every worker is expected to employ in their practice. Linked to outcomes, it emphasizes quality screening; engagement of youth and families; working with teams; development of quality assessments; individualized planning and relevant services; continuous review and adaptation and safe and sustained transition from DFCS involvement to the community. It addresses core values and principles of family Centered Practice; intentional engagement; partnership parenting; parenting protective capabilities; psychological permanency, working with incarcerated parents and strengthening community involvement.
Case Managers	<i>Special Issues in Interviewing Children</i> is a workshop that is designed to provide frontline case managers with practical skills to effectively communicate complex and difficult information to children and teens. Techniques and strategies for matching interview skills with a child's social and emotional age, skills for interviewing young adults with ADHD, anxiety, depression and developmental disorders are addressed using videos, scripts and hands-on practice.
Case Managers	Concurrent planning pilot training was held in November 2009
All Staff	Comprehensive Assessment/Risk Assessment Family Functioning pilot training was held in November 2009. Curriculum writers and trainers from Georgia State University were available for onsite technical assistance and curriculum revision input. The training curriculum was subsequently revised with plans to begin training in January 2010.

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.¹⁰⁰ Four individuals were promoted or newly employed as case manager supervisors July 1 through December 31, 2009. All either had a BSW or a Master's degree in Social Work (MSW) and four or more years of experience.

¹⁰⁰ See p. 26 of the Consent Decree

4. Pre-Service and On-going Training Hours

According to the county training and 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. Overall, 97 percent of the case managers and all supervisors received the required annual 20 hours of professional development. In the interviews with 62 case managers and supervisors in January 2010, the Accountability Agents collected information about training opportunities and actual training received, including the time spent in the courses. Their description of the training they had completed was consistent with the training data provided by the counties and the new course offerings previously described.

5. Case Manager and Supervisor Certification

The proportion of staff and supervisors who are fully certified has increased from Period VI. Table VI-8 summarizes the certification status available from the State at the end of December 2009 for social service case managers and supervisors in Fulton and DeKalb counties. As noted 194 (99.5%) case managers and 45 (87%) supervisors had achieved full certification as of December 31, 2009. This compares to 94 percent of the case managers and 77 percent of the supervisors in Period VII. There are still three supervisors who had completed some, but not all of the requirements for supervisor certification by the end of December. The Accountability Agents used the previously described case manager and supervisory interviews to obtain information to verify the reported certification status.

Table VI-8
Certification Status of Case Managers and Supervisors in
DeKalb and Fulton County DFCS as of December 31, 2009

Position Title	Fully Certified	Results Pending	Provisional	Not Certified	Total*
Case Managers					
CPS Investigators	34		1		35
CPS On-Going Case Managers	35				35
Permanency Case Managers	57				57
Adoption Case Managers	30				30
Specialized Case Managers	38				38
TOTAL	194		1		195
Supervisors					
CPS (Investigations and On-Going)	15	2		3	20
Permanency	13	1		1	15
Adoption	8				8
Specialized Cases	9				9
TOTAL	44	3		4	52

Source: Compiled from data supplied by county training coordinators. The four lead workers acting as supervisors are included, they are not certified. *Includes workers who were on extended leave on December 31, 2009

D. Assuring Needed Services Are Available

During Period VIII, the counties continued their foster home retention and recruitment efforts. Table VI-9 summarizes county progress by December 31, 2009 compared to the March 31, 2008 baseline. The counties continue to fall short of the goals they have set for themselves. Despite adding new homes each period, they continue to lose homes as well. During Period VIII, Fulton reported opening 21 new homes. However, the county also closed 55 homes and transferred eight to private agency supervision during the period. Almost one third of the homes closed at the foster parents' request for personal reasons. Others closed because the parents adopted the foster child(ren) in their care, had health issues, moved from the area, or had a maltreatment in care issue. DeKalb reported appointing a new administrator to oversee resource development and also opening a substantial number of homes during the period (52) but closing 27 homes and transferring three to private provider supervision. In addition, the administrator discovered problems in previous county tracking and DeKalb actually had fewer homes at the beginning of July 2009 than county records had indicated and previously reported.

Private agencies have also lost capacity since Period VII. In Period VII, the Office of Provider Utilization and Outcomes Management reported private agencies had 235 foster homes in

DeKalb County and in Period VIII that number had decreased by seven to 228 homes. Likewise the private agencies had 121 homes in Fulton County in Period VII and 114 homes at the end of Period VIII.

The Accountability Agents have not verified the recruitment information of the counties or private providers. The case record review of foster homes serves to verify open homes.

Table VI-9
DeKalb County and Fulton County Foster Home Capacity Building Progress

County	Baseline – As of March 31, 2008		Status on December 31, 2009		Progress: Net Gain or (Loss)		Goals (total capacity)	
	Beds	Homes	Beds	Homes	Beds	Homes	Beds	Homes
DeKalb								
<i>County Supervised Homes</i>	418	209	411	200	-7	-9*	798	308 to 339
<i>CPA Supervised Homes*</i>			604	228				
Total			1015	428				
Fulton								
<i>County Supervised Homes</i>	504	238	403	194	-102	-44*	594	328
<i>CPA Supervised Homes*</i>			328	114				
Total			731	308				

Source: DeKalb and Fulton County reporting. *Includes homes that transferred from County supervision to private agency supervision.

E. Placement Support

This section of the report describes the State's performance on a number of issues related to the regulation and support of foster care providers. These issues are described in the Consent Decree in Section 5.C.4.e-i, 5.C.6¹⁰¹ and Section 11.¹⁰² The State performed very well in Period VIII and maintained or further advanced many of the significant improvements documented in Periods V, VI and VII compared to earlier reporting periods.

¹⁰¹ Ibid, pp. 16-19.

¹⁰² 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 161 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 Residential Child Care (ORCC) 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 excellent and to be somewhat improved compared to Period VII, 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 Periods VII and VIII.

The foster home record review found completed initial/re-evaluation reports in 160 of 160 records (100%) in which they should have appeared, similar to the 98 percent found in Period VII.¹⁰³ The file review found evidence that for most approval standards, 97 percent or more of the homes reviewed were in compliance. This is about the same as Period VII, for which most of the approval standards were met by 96 percent or more of the homes reviewed (although the change is within the sample's margin of error). Compliance appears to have improved on two of the 16 requirements, remained about the same (± 2 percentage points) for 12 requirements, and decreased for two requirements (although all changes observed for Period VIII were within the sample's margin of error).

Table VI-9
Foster Care Approval and Licensing Standards
n = 161

Foster Care Screening, Licensing, Training, and Investigative Requirements	Documentation found indicating requirement met	
	Period VII	Period VIII
Family assessment completed	99%	100%
Pre-service foster parent training requirements met	99%	100%
Gender of children in home never varied from that approved	97%	100%
CPS history has been checked	98%	99%
Sex Offender Registry checked for foster parents	100%	99%
Timely Criminal Record Checks for foster parents	100%	98%
No violations of agency discipline or other foster care policies	97%	98%
Comprehensive Drug Screen for Foster Parents	95%	98%
Comprehensive medical report for each foster parent	95%	97%
Timely annual re-evaluation (no lapses)	96%	96%
Ongoing foster parent training requirements met	96%	94%
Age of children in home never varied from that approved	92%	93%
Number of children in home never exceeded approved capacity	91%	93%
Timely Criminal Record Checks for other adults in the home	94%	90% ^a
Appropriate health statements for household members	93%	93% ^b
Sex Offender Registry checked for other adults in the home	95%	90% ^a

Source: Foster Home Record Reviews for Periods VII and VIII.

^a As these measures are based on a sub-sample of 40 foster homes, they have a margin of statistical error of $\pm 15\%$.

^b As this measure is based on a sub-sample of 42 foster homes, it has 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

¹⁰³ One provider-supervised foster home was excluded from this analysis because the most recent approval type found in the record was not an initial approval or re-evaluation, but a conversion from an adoption home to a foster-to-adopt home.

be as low as 54 percent for certain requirements. Period V saw widespread and, in many cases, substantial improvement in evidence of compliance with these licensing and approval standards, much of it coming from provider-supervised foster homes. The Period VIII record review demonstrates that the improvement documented in Periods V, VI, and VII has been maintained or further advanced for eleven of the approval and licensing standards. Period VIII marked the second consecutive period in which the compliance rate for each of the 16 approval and licensing standards exceeded 90 percent.

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 good overall; however there was a foster parent with a history of substantiated maltreatment included in the Period VIII sample that the State systems failed to prevent from becoming a foster parent. That case is considered in greater detail below.

The State's performance in preventing foster parents from using corporal punishment was found to be excellent. Of the 161 foster home files reviewed for Period VIII, none (0%) had confirmed incidents of corporal punishment during the 12 months ending December 31, 2009. Similarly, there were no confirmed incidents of corporal punishment identified in the Period VII 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. Five homes in the sample of 161 (3%) were found to have a prior substantiation of maltreatment and to be open during the reporting period. The nature of these previous substantiated reports and the reasons the homes were allowed to remain open are detailed below.

- Home 1 is a DFCS-supervised foster home that was also reviewed in Periods I and V as part of those foster home samples. The home had a substantiation of physical abuse in 2004 and a second substantiation in 2009 for abandonment/rejection. The first incident is also described in the Accountability Agent's Period I and V reports. It involved a non-verbal, child (subsequently moved to another placement for unrelated reasons) who had bruising of an uncertain origin. The Resource Development and CPS staff differed on whether or not it was indicative of abuse. The foster home previously had been regarded as a good one, so a waiver to keep it open under a corrective action plan was requested from the Central Office. The waiver was granted, but the home was placed on "hold" for additional placements. The home has since been limited to one placement, a medically

fragile 14 year old that has been in the home since age four without incident. The foster mother also had an adopted child with severe behavioral issues. Feeling she could no longer meet the adopted child's needs for care and supervision she returned him to DFCS custody in June 2009. Although the county office treated this as a substantiated case of abandonment/rejection, under the circumstances a waiver to keep the home open exclusively for the placement of the medically fragile 14 year old was approved by the Central office.

- Home 2 is a DFCS-supervised group home that was also reviewed in Periods IV, V, and VI as part of those foster home samples and the incident below is also described in the Accountability Agents' Period IV, V, and VI reports. The home is run by former foster parents who 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.
- Home 3 is a provider-supervised foster home that was also reviewed in Periods II, III, IV, and VII as part of those foster home samples and the incident summarized below is also described in the Accountability Agents' Period II, III, IV, and VII reports. In September 2006 the home had an allegation of inadequate supervision substantiated. The foster parents were attending training in a neighboring county and their back-up resource failed to pick-up from school two of the siblings in their care. The supervising child placing agency (CPA) developed a Corrective Action Plan that addressed back-up child care plans and updated the family's approved support system. The supervising CPA requested a waiver to allow the home to remain open. During Period VIII the home was closed by the provider as there had been no children placed in it for some time.
- Home 4 is a DFCS-supervised foster home that had never been reviewed as part of a previous *Kenny A.* foster home sample. In November 2004 the couple's adopted son was the subject of a substantiated maltreatment report that occurred at school. Although, the report was opened in the name of the adoptive mother, neither foster parent was the alleged perpetrator in this report, nor have they ever been the subject of a CPS report.
- Home 5 is a provider-supervised foster home that was reviewed for the first time in Period VIII. Prior to the home's initial approval by the supervising CPA, the foster mother had two substantiated maltreatment cases in her name. The first involved her birth son and took place in a group home in which he was placed by the Department of Juvenile Justice (DJJ). As in the case of Home 4 above, the report was opened in the birth parent's name per DFCS standard operating procedure pertaining to cases in group homes, but she had no role in the alleged maltreatment. The second substantiated

case was for inadequate supervision involving the foster mother's 10 year-old birth daughter and an eight-year old foster child placed in her home. The children were working on a map of the route between their school and home for a school project and went outside without the foster mother's permission to capture street names. They were seen near their subdivision entrance by a neighbor who reported the matter to DFCS. The county DFCS office put a safety plan in place with the foster mother's cooperation, but also substantiated the report of inadequate supervision.

Six other homes in the sample had allegations of maltreatment that were substantiated during the current reporting period. All six of these foster homes were closed after the investigations were concluded.

Given the importance of preventing perpetrators of substantiated maltreatment from becoming or remaining foster parents, the Accountability Agents vetted each of these 11 cases very carefully. In the first three cases (which were 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 case of Home 4, the foster parents in question had nothing to do with the substantiated maltreatment report listed in their names; their association with it is strictly a function of DFCS' record keeping protocols. In the six cases that had substantiated reports during Period VIII, the involved foster homes were closed as a consequence of those maltreatment in care investigations. However, in the case of Home 5, a foster parent with an apparent history of substantiated maltreatment received an initial foster home approval from a private provider agency. This case is discussed in greater detail below.

In the case of Home 5, two errors combined to result in an individual with two previous child maltreatment substantiations being newly-approved as a foster parent.¹⁰⁴ As described above, this individual had nothing to do with the first report in her name, and the second report, after being thoroughly reviewed by the Accountability Agents and State Central Office staff, appears not to have warranted a substantiation of maltreatment. It appears to have been a relatively minor infraction in an otherwise good and safe foster home and a safety plan was immediately put in place and agreed to and acted upon by the foster parent. Central Office leaders indicate that if an administrative review of the case were to be requested (a process that did not exist in 2006 when the investigation was concluded) the substantiation likely would be overturned. The

¹⁰⁴ The Accountability Agents regard this as **not** representative of the way the system usually functions; this is only the third case in eight reporting periods in which such a result has been identified. No examples of individuals with a previous history of substantiated maltreatment becoming newly-approved foster parents were identified in Periods I, II, III, VI or VII. The previous such incidents were identified in the Period IV and V file reviews and prompted the Accountability Agents' *Period V Monitoring Report* to raise the concern that the decentralized process then employed for performing CPS checks (which required CPAs to request a CPS clearance from the DFCS office in the would-be foster home's county of residence) was too error prone and offered too little accountability. The State acted upon the Accountability Agents' recommendation that the CPS clearance process be centralized and in Period VI decided to centralize this service to providers through the State's Interstate Compact on the Placement of Children (ICPC) Unit.

first error, then, was that this foster parent does not appear to have been a perpetrator of maltreatment, despite the two substantiated cases in her name.

The second error was in the CPS clearance that was run for this individual. The search was run in the IDS Master Index, prior to the widespread availability of SHINES. As described in Appendix B of the Accountability Agents' first five reports, a significant limitation of the IDS system's search capability was that it only returned exact matches. The individual that ran the clearance at the ICPC unit searched on the foster mother's first and last names, date of birth, and Social Security number. The first report in the foster mother's name (the one involving her birth son) contained information in all these fields and therefore IDS selected it as a "match;" the second report did not contain her Social Security number and therefore did not appear on the CPS clearance report generated by IDS that was sent to the CPA to which she had applied. In Part II of this Report, *Conclusions and Recommendations* the Accountability Agents recommend additional training for the staff in the ICPC Unit on the most effective methods of running matches as part of the CPS clearance process to prevent such a result in the future. The Accountability Agents will continue to scrutinize the results of the CPS clearance process to determine if there is evidence that such clearances are not being done correctly.

Section 11.F. of the Consent Decree 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. To prevent such individuals from becoming approved foster parents, the Office of Provider Utilization and Outcomes Management (OPOUM) requires all CPAs to run a "CPS clearance" on all prospective foster homes through the DFCS Social Services ICPC Unit to ensure they do not have a previous history of substantiated maltreatment.¹⁰⁵ In addition, OPOUM officials indicate the Office uses SHINES, CPS-specific notes in the KIDSTAR data system, and an "issue" spreadsheet that is developed and distributed monthly by the office of the Director of Family Services to identify and to prevent individuals with a history of substantiated maltreatment from attempting to switch supervision environments.

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 Residential Child Care (ORCC). This section describes the Accountability Agents' understanding of how DFCS and ORCC 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.

ORCC licenses Child Placing Agencies (CPAs) and other institutional providers. A CPA must be licensed by ORCC before DFCS will execute a contract with them to provide foster care. In

¹⁰⁵ Effective July 1, 2009, the DFCS Provider Relations Unit became the Office of Provider Utilization & Outcomes Management (OPOUM) as part of the reorganization of DHS into the new Department of Human Services (DHS).

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 SHINES. Of the 88 provider-supervised foster homes sampled that had a class member in care at any point during the reporting period, 88 (100%) were overseen by CPAs that had a valid license on December 31, 2009.

ORCC licenses the CPAs themselves, not the foster homes supervised by the CPAs. ORCC only gets involved with individual provider-supervised foster homes if they receive a complaint about a particular home or when they make unannounced visits to a random sample of provider-supervised foster homes. To receive a license, a CPA must allow ORCC to review their policies and procedures for compliance with the ORCC rules regarding such things as home studies and visitation. In deciding whether to grant, deny, or continue a CPA's license, ORCC reviews a random sample of 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 ORCC, be approved by the DFCS Office of Provider Utilization and Outcomes Management (OPUOM)¹⁰⁶. 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, OPUOM conducts a detailed desk review of the prospective provider's enrollment application. The provider is required to submit a copy of their current ORCC license along with the completed enrollment application to show that the agency has a valid license. OPUOM either accesses the ORCC website to gather information about recent citations against the agency and/or contacts the ORCC Surveyor to confirm that the provider is in good standing. In addition, during OPUOM's initial site visit, the provider is questioned about their latest ORCC visit(s) and if ORCC has issued any citations to the provider. If there are citations, the provider is required to explain how the citations were resolved before OPUOM will initiate a Room, Board, and Watchful Oversight (RBWO) contract.

Typically a prospective CPA will include at least three home studies with their provider enrollment application. The foster home studies are assessed during the desk review and a site

visit is made to each home to evaluate readiness. The foster parents are interviewed and a walk through of the home is conducted. After field visits are completed, each enrollment application is staffed within OPUOM (this includes the Specialist, Supervisor, Unit manager and/or Unit Director) to reach consensus on a decision to initiate a DHS RBWO contract.

OPUOM also conducts regular site visits to a portion of CPA administrative offices and to foster homes they supervise to interview children, review files for compliance with contract provisions, and to inspect physical plant. The Accountability Agents voiced concern in their period VII Report that the intensity of OPUOM's monitoring activities had declined and, contemporaneously, substantiated maltreatment among children in provider-supervised placements had increased. OPUOM officials indicated that the Period VII decline in monitoring activities was largely a consequence of staffing issues (attrition, promotion, extended medical leave, armed services duty and retirement). Due to the State's fiscal crisis these employees were not replaced.

Although OPUOM's staffing issues persisted into Period VIII, the intensity of monitoring activities appears to have returned to a level similar to that observed in Period VI.

- Among large CPAs (those with more than 20 foster homes), during the first half of Period VIII, OPUOM visited 100 percent of the administrative offices and 25 percent of the foster homes they supervise. During the second half of Period VIII, site visits were made to 98 percent of the administrative offices and to 55 percent of the foster homes supervised.
 - In contrast, during the first half of Period VII, about 75 percent of large CPAs were visited and during the second half of Period VII that rate fell to approximately 32 percent; about nine percent of the foster homes supervised by large CPAs were visited during the period.
- Among small CPAs (those with fewer than 20 foster homes) during the first half of Period VIII, OPUOM visited 100 percent of the administrative offices and 100 percent of the foster homes they supervise. During the second half of Period VIII, site visits were made to 100 percent of the administrative offices and to 90 percent of the foster homes supervised.
 - In contrast, during the first half of Period VII, about 75 percent of small CPAs were visited and during the second half of Period VII that rate fell to about 48 percent; about 35 percent of the foster homes supervised by small CPAs were visited during the period.
- Approximately half of the foster home visits made in Period VIII were unannounced.
 - In contrast, during Period VII, unannounced visits were made only when a CPA's intake had been suspended and a corrective action plan implemented.

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 114 foster homes sampled that had a child in care on December 31, 2009, 113 (97%) were within the Consent Decree's capacity limits at that point in time. Of these 114 foster homes, 109 (96%) had three or fewer foster children in them on December 31, 2009 and four 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, 112 of the 114 foster homes that had a child in care on December 31, 2009 (98%) were within that limit. Finally, all of the foster homes (100%) with a child in care on December 31, 2009 had three or fewer children under the age of three in them. These capacity compliance rates are similar to the Period VII rates of 98 percent within the overall capacity limits, 94 percent for three or fewer foster children, 99 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 DHS 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 so the fiscal year 2008 rates remained in effect. For fiscal years 2010 and 2011 DHS, along with all other State agencies, was required to make widespread and substantial budget cuts in response to the State's declining revenues during the

economic recession. However, DHS successfully protected foster care per diem rates from these cuts. The above cited foster care rates are expected to remain in effect through FY2011.

- **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 5.C.6 further stipulates that foster parents will be able to contact DFCS 24 hour per day, seven days per week with their questions or concerns. The Accountability Agents found DFCS performance on these requirements to be excellent.

The foster home case record review found evidence in the files of 100 percent of the foster homes reviewed that the pre-service training requirements had been met. This is similar to the Period VII rate of 99 percent.

With respect to ongoing annual training, documentation supporting that the requirements had been met was found in 94 percent of the files of the 132 foster homes sampled to which the requirement applied. This was about the same as the Period VII rate of 96 percent, although the change is within the sample's margin of statistical error. 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 (OPUOM) 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.¹⁰⁷ 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 the RRTF members, one-by-one, resigned.

¹⁰⁷ See pp. 14-15, paragraphs 2-7 of the Consent Decree

In May 2009, DFCS contracted with the University of Georgia's Carl Vinson Institute of Government (CVIOG) to staff a reconstituted foster care Rate Reimbursement Task Force. The Task Force members met four times between June and December 2009, as well as meeting by conference call and exchanging information over e-mail. The RRTF developed a set of recommendations for restructuring the Georgia child welfare financing system in accordance with a set of outcomes and principles that are consistent with national policy and practice direction. These recommendations are contained in its Final Report delivered in January 2010.¹⁰⁸ The Executive Summary of the RRTF Final Report is reproduced in this report at Appendix E.

The Task Force reviewed the current Room, Board and Watchful Oversight (RBWO) per diem rates, which were established as of July 1, 2007 (and which can be found above in Section 3.b. of this report), and determined that rates represent a reasonable reimbursement for the services identified in provider contracts. However, the Task Force concluded that DFCS needs to broaden the array of purchased services and link performance with payments in order to accomplish the mandates of the Kenny A. Consent Decree and CFSR standards and to establish joint accountability for outcomes.

The RRTF developed a set of specific recommendations for restructuring the Georgia financing system in order to align the existing rate structure with outcomes achievement. The RRTF recommendations are summarized in Exhibit VI-1.

2. Data Requested from Private Providers

Section 9.C. of the Consent Decree stipulates that DHS must ensure that all private agencies that provide placements or services to children in foster care report accurate data to DHS at least every six months. The Office of Provider Utilization and Outcomes Management (OPUOM) 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 training 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)

¹⁰⁸ See Georgia Department of Human Services, Division of Family and Children Services, *Rate Reimbursement Task Force Final Report*, January, 2010.

- Completion of comprehensive drug screens
- Completion of comprehensive medical report(s) and whether it was completed timely

OPUOM reports that all providers report these data weekly – CCIs to their designated OPUOM specialist; CPAs directly to Care Solutions, the agency that manages OPUOM’s KIDSTAR data system. When data are not submitted timely or when incomplete data are submitted, the OPUOM specialist or Care Solutions follows up immediately with the provider. OPUOM reports that this information is validated by OPUOM through quarterly site visits and reviewing a sample of the files the CPAs and CCIs maintain. OPUOM reports using this information in training with CPAs and sharing it with the State Office of Family Services to strengthen policy and practice.

Exhibit VI-1 Rate Reimbursement Task Force Recommendations	
<i>I Recommendation: Expand Partnerships with Behavioral/Mental Health</i>	
In order to accomplish this recommendation the Division should:	
a.	Assess the fiscal, policy, and practice impacts that may result from the withdrawal of the proposed rule, “Medicaid Program; Coverage for Rehabilitative Services” (72 FR 45201) by the Centers for Medicare & Medicaid Services (CMS)
b.	Make appropriate modifications, including developing a uniform child/family assessment protocol, to ensure that providers anywhere in the state receive similar payment for children/families with similar behavior problems and service needs
c.	Develop a comprehensive assessment that is common across DFCS/DBH that looks at the individualized needs of a child in the context of his/her family and community and promotes the outcomes of most family-like and least restrictive setting possible
d.	Ensure that the assessment follows the child throughout the life of the case and through every placement change
e.	Provide a common DFCS/DBH assessment team for each child at risk of foster care
f.	Provide a common DFCS/DBH plan of care for each child/family with DFCS, DBH, and family roles and responsibilities clearly spelled out
g.	Ensure that a common set of providers meet both DFCS and DBH licensure/certification requirements

Exhibit VI-1, continued
Rate Reimbursement Task Force Recommendations

- h. Provide common contract monitoring teams issuing joint reports to DFCS/DBH and providers
- i. Coordinate DFCS/DBH rate-setting based on a common annual cost report, taking into account success in achieving common DFCS/DBH outcomes and performance measures.
- j. Where appropriate, share fiscal resources in an effort to establish a more integrated system of care thereby increasing the necessary coordination of oversight and clinical services
- k. Develop family teams across systems that engage families as full participants in decisions that impact their children.

II. Recommendation: Maximize and Reinvest Resources to Achieve Child Welfare Outcomes

In order to accomplish this recommendation the Division should:

- a. Tie performance in achieving the goals of safety, maintaining family connections, permanency, stability, and well-being to reimbursements received
- b. Modify policies, procedures, and contracts to reflect expansion of the role of private providers and to provide accountability for outcomes
- c. Incent providers to shorten lengths of stay and to reduce use of high end residential treatment/psychiatric hospital stays with the understanding that providers can reinvest accrued savings into activities that are proven to further the achievement of child welfare goals, including strengthening front-end family support and after care services
- d. Adequately fund case management so that providers can assist children placed with them to attain the permanency and well-being goals spelled out in the child's/family service plan
- e. Increase federal revenue with improved IV-E claiming of foster care related costs while encouraging DBH to maximize Medicaid reimbursement for its treatment related services
- f. Further explore the potential to take up the federally-subsidized guardianship option so that more children – particularly those living with relatives – have the opportunity to achieve permanency

Exhibit VI-1, continued
Rate Reimbursement Task Force Recommendations

III. Recommendation: Acknowledge and Support Implications of Shifting Responsibility for Outcomes from Public Agency to Private Providers

In order to accomplish this recommendation the Division should:

- a. Instill a level of consistency of care based on a set of agreed-upon standards that encompass: Kenny A. Consent Decree Standards, CFSR Standards, and licensure rules and regulations
- b. Create partnerships based on transparent decision-making, mutual goal setting, and clear articulation of changing expectations
- c. Adequately fund the providers' need for case management and family support/after care services to meet case plan goals
- d. Establish a structure for quickly resolving differences between DFCS and providers so lack of resolution does not jeopardize positive case outcomes
- e. Invest time, resources, and expertise to assist providers with making the shift to a performance-based system

IV. Recommendation: Make Financial Decisions Based on Data

In order to accomplish this recommendation the Division should:

- a. Adequately fund and develop information systems that allow both the private provider and DFCS/DBH case monitors to know what is happening with each child receiving foster care and related services
- b. Develop periodic reports that assist both the private and public sectors to better manage the complex foster care program
- c. Provide data that is necessary to condition payment rates paid to private providers on success in achieving prescribed child/family outcomes.

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”¹⁰⁹ 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 the credentials 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 of March 2008 in an effort to obtain a 100 percent response from providers. By the end of Period VIII, OPUOM indicated that the Office had received completed portfolios for two new providers; but the baseline remained about 70 percent complete. OPUOM further indicates that it intends to brief the newly appointed Education and Training Director on the history of this initiative and to engage DFCS leadership in the development of a comprehensive plan to meet the Consent Decree’s requirements regarding provider case management qualifications and training. The Accountability Agents will continue to monitor the State’s efforts to achieve compliance with Section 10.B.4 of the Consent Decree.

4. The Office of Residential Child Care Continues to Conduct Unannounced Visits of Licensed Placement Settings

Section 9.D. of the Consent Decree specifies that ORCC will make at least one unannounced visit per year to all licensed Child Placing Agencies (CPAs) and Child Caring Institutions (CCIs) to review all relevant aspects of their operations, and will also make annual unannounced visits to five percent of each licensed CPA’s foster homes (or to all the foster homes supervised by CPAs with fewer than 10 total foster homes). The State reports that there were 263 licensed CCIs and 91 licensed CPAs in Georgia at the end of December 2009. This represents a four percent decrease in the number of licensed CCIs and an 11 percent increase in the number of licensed

¹⁰⁹ See Section 10.B. 4.a.-d. in the Consent Decree, pp 25 and 26.

CPAs compared to Period VII and reflects DFCS' movement away from congregate care in favor of family-based placement settings.

During the period July 1 through December 31, 2009, ORCC reports conducting 143 re-licensure inspections among CCIs and 45 re-licensure inspections among CPAs, a component of which was 102 unannounced Foster Home visits (representing 11 percent of the foster homes of the 45 CPAs inspected). Although the 102 unannounced foster home visits represents a decrease compared to the 138 such visits conducted during Period VII, it should be noted that 23 of the 45 CPAs inspected during Period VII were agencies that had no active foster homes at the time of re-licensure, either because they were "adoption only" agencies that do not provide foster care (seven agencies); were first-time licensures of CPAs that did not yet have children in care and were still in the process of recruiting foster homes (four agencies); were previously licensed agencies that had no children in foster care placements during the review period (nine agencies); or were agencies that only conduct home studies (three agencies). According to ORCC, the inspections and visits conducted during Period VIII suggested a need for:

- Improved matching by more recently approved CPAs of children with foster parents;
- Better foster home compliance with the Agency's medication management policies and procedures; and,
- Closer supervision of resident activities in congregate care settings.

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 database of record for Georgia child welfare.

The State continued to enhance SHINES during Period VIII. A major enhancement was the addition of the private provider "portal"—a means for private providers to be connected to SHINES. This portal is a "web-based" application that allows placement providers to enter and view child and contact information. Initially, private providers will use the portal to enter information about visits with children. This capability is part of meeting the federal requirements for access and interface with provider systems. Private provider training took place in early 2010.

User defined reporting capability was expanded in Period VIII, making reports for Resource Development and Foster Care available. This capability allows a SHINES user to generate a report that has several different pieces of information contained in an excel spreadsheet. The user can then combine the information to answer different questions of interest. This gives the users more ability than the standard available reports to conduct their own analysis.

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.

The development team reported continued efforts to address some of the challenges the Accountability Agents identified in reports, but many remain as case managers learn the system and more features become available. Training is an on-going need. Challenges the Accountability Agents continue to monitor include the following:

- *Challenge:* generated reports may not be complete or accurate because data entry fields may be left blank or completed in error. For example, an investigation of maltreatment in care can be completed without ever designating it a “special investigation” in the specified field because completing the field is optional. Thus, a report of all maltreatment in care investigations that relies on this field may not have a complete listing of such investigations. (The Accountability Agents rely on a different case finding method to ensure they have a complete listing of all maltreatment in care reports.)

Resolution: The SHINES development team is making some additional fields mandatory, programming the system to generate “alerts” for others, and deleting some available options in order to improve data entry in the appropriate places. “Alerts” signal to case managers and others that information is missing or needs updating or that an action has been taken. These changes have begun and are on-going. During Period IX, a “case watch” page was implemented. This page notifies case managers about missing or outdated information. In addition, training is an on-going effort.

- *Challenge:* Duplicate records are created by inadvertent assignment of more than one “unique” Person Identification Number (or “person ID”). This duplication affects data outputs and analyses that rely on the person ID to link records across case-types or over time.

Resolution: DFCS reports implementing procedural changes in addition to training interventions to address the issue and the Accountability Agents observed the duplication to be less of a problem in Period VIII than Period VII.

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 Analysis, Accountability, Research and Evaluation (DAARE) Division’s Program Evaluation and Analysis Section (PEAS) assist the Accountability Agents with all case record reviews. As previously noted, the permanency review process is now housed in the PEAS unit as part of increasing the quality of that effort. County quality assurance staff review visitation documentation and prepare monthly data reports for County leadership. PEAS is also responsible for conducting practice reviews around the state in accordance with the State’s federally required Program Improvement Plan.

I. Maximizing Federal Funding¹¹⁰

The Consent Decree contains requirements for DHS/DFCS to 1) maximize available federal funding through Titles IV-B and IV-E of the Social Security Act, and 2) not supplant state dollars for foster care services with any federal increase that results from the maximization efforts.¹¹¹ As a gauge to this activity, the following discussions summarize federal and state funding patterns over the last several years.

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.

1. Comparison of Title IV-B Federal and State Funding Distribution

Table VI-10 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-10
Title IV-B Funding
Federal Fiscal Year 2006, 2007, 2008, and 2009 Financial Reports
(October 1, 2005 – September 30, 2009)

	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%
Federal Fiscal Year 2009	\$3,265,672	\$9,797,015	\$13,062,687
Percent change over 2008	+1%	+1%	+1%
Percent change over 2006	+5%	+5%	+5%

Source: Georgia IV-B Financial Status Reports, submitted December 11, 2006, November 6, 2007, November 4, 2008, and December 29, 2009 to the U.S Department of Health and Human Services

¹¹⁰ See Dimas, J.T. and Morrison, S. A. *Period I Monitoring Report, Kenny A. v. Perdue*, November 2006 for background on Title IV-E

¹¹¹ See p. 31, Section 14 of the Consent Decree

2. Comparison of Title IV-E Federal and State Funding Distribution

Table VI-11(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. However, the State reports that it did not claim all eligible IV-E training contract expenditures in the final quarter of State Fiscal Year 2009 because it was engaged in negotiations with the federal government as to the applicable reimbursement match rate. These negotiations have been ongoing and no IV-E training contract expenditures have been submitted until the last quarter of State Fiscal Year 2010 (quarter ending June 30, 2010.) Therefore, the comparison of IV-E expenditures in SFY 2009 to preceding years is affected by this circumstance.

Even without a complete expenditure report, the comparison of IV-E expenditures reveals overall increases in expenditures by both the state and federal governments since the baseline year. State expenditures increased by 16 percent and federal expenditures increased by 40 percent between state fiscal years 2006 and 2009. These increases can be largely attributed to costs associated with the design and development of the Statewide Automated Child Welfare Information System (known as SHINES) and related training costs. However, foster care maintenance payments also increased since the baseline year. The increase, despite the declining foster care population, may reflect a combination of factors. One factor may be the state's improved ability to claim more federal reimbursement from the IV-E program due to a policy clarification in June 2009.¹¹² Other factors are the federal initiatives that increased funding for foster care and adoption assistance through the American Recovery and Reinvestment Act (ARRA) and the Fostering Connections Act. This legislation collectively increased the federal reimbursement and lifted some previous IV-E eligibility restrictions for certain populations.

During Period VIII, the Children's Bureau of the Administration for Children and Families of the Department of Health and Human Services conducted a secondary review of the State's title IV-E foster care program. The review recognized that the State had strengthened several aspects of its title IV-E eligibility determination and claiming effort. Furthermore, it found that the State was in substantial compliance with Federal eligibility requirements for the period that was under review (October 1, 2008 through March 31, 2009). It did, however, make several recommendations for further improving program performance with regard to judicial determinations, custodial lapses, placement settings in full approval status, safety requirements of foster care providers, adhering to requirements related to financial need, and payments made prior to IV-E eligibility.¹¹³

¹¹² See Dimas, J.T. and Morrison, S. A. Period VII Monitoring Report, Kenny A. v. Perdue, January 2009 for a description of the policy issue.

¹¹³ State of Georgia, *Secondary Review Title IV-E Foster Care Eligibility Report of Findings for October 1, 2008-March 31, 2009*, at <http://www.acf.hhs.gov/programs/cb/cwmonitoring/final/secondary/ga.htm>

Table IV-11a
Title IV-E Funding:
State Expenditures
for State Fiscal Years 2006, 2007, 2008, and 2009

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</i> Change	SFY 2008 (July 2007- June 2008) <i>Year 2</i>	<i>Year 2 over Year 1</i> Change	SFY 2009 (July 2008- June 2009) <i>Year 3</i>	<i>Year 3 over Year 2</i> Change	<i>Year 3 over Baseline Year</i> Change
Adoption Assistance Payments	18,796,102	19,073,837	1%	18,561,904	-3%	16,685,892	-10%	-11%
Adoption Administration	6,522,392	7,886,253	21%	6,753,761	-14%	4,8522,461	-28%	-26%
Adoption Training	175,215	237,802	36%	139,894	-41%	51,342	-63%*	-71%
Adoption subtotal	\$25,493,709	\$27,197,892	7%	\$25,455,559	-6%	21,589,695	-15%	-15%
Foster Care Maintenance Payments	12,830,120	10,804,756	-16%	20,536,434	90%	22,479,552	+9%	+75%
Foster Care Administration	32,892,589	27,845,512	-15%	38,827,744	39%	39,607,332	+2%	+20%
Foster Care Training	97,199	104,675	+8%	399,841	282%	639,250	+60%*	+558%
SACWIS	2,006,645	5,221,541	160%	8,166,422	56%	735,155	-91%	-63%
Foster Care subtotal	47,826,553	43,976,484	-8%	67,930,441	54%	63,461,289	-7%	+33%
Title IV-E State Expenditure Total	\$ 73,320,262	\$71,174,376	-3%	\$93,386,000	31%	85,050,984	-9%	+16%

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

*Does not include expenditures for IV-E training contracts for March-June 2009.

Table IV-11b
Title IV-E Funding:
Federal Expenditures *
for State Fiscal Years 2006, 2007, 2008, and 2009

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>	SFY 2009 (July 2008- June 2009) <i>Year 3</i>	<i>Year 3 over Year 2 Change</i>	<i>Year 3 over Baseline Year Change</i>
Adoption Assistance Payments	28,864,149	30,490,022	+6%	31,424,146	+3%	34,196,743	+9%	+18%
Adoption Administration	6,522,392	7,886,254	+21%	6,753,762	-14%	4,852,462	-28%	-26%
Adoption Training	525,646	713,409	+36%	419,687	-41%	154,028	-63%	-71%
Adoption subtotal	\$35,912,187	\$39,089,685	+9%	\$38,597,595	-1%	\$39,203,233	+2%	+9%
Foster Care Maintenance Payments	19,706,811	17,284,001	-12%	34,840,478	+102%	45,947,054	+32%	+133%
Foster Care Administration	32,892,586	27,845,515	-15%	38,827,749	+39%	39,607,338	+2%	+20%
Foster Care Training	291,600	314,029	+8%	1,199,526	+282%	1,917,753	+60%	+558%
SACWIS	2,006,646	5,221,541	+160%	8,166,422	+56%	735,155	-91%	-63%
Foster Care subtotal	\$54,897,643	\$50,665,086	-8%	\$83,034,175	+64%	\$88,207,300	+6%	+61%
Title IV-E Federal Expenditure Total	\$ 90,809,830	\$89,754,771	-1%	\$121,631,770	+36%	\$127,410,533	+5%	+40%

Source: DHS/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-11c
Title IV-E Funding:
Total Expenditures
for State Fiscal Years 2006, 2007, 2008, and 2009

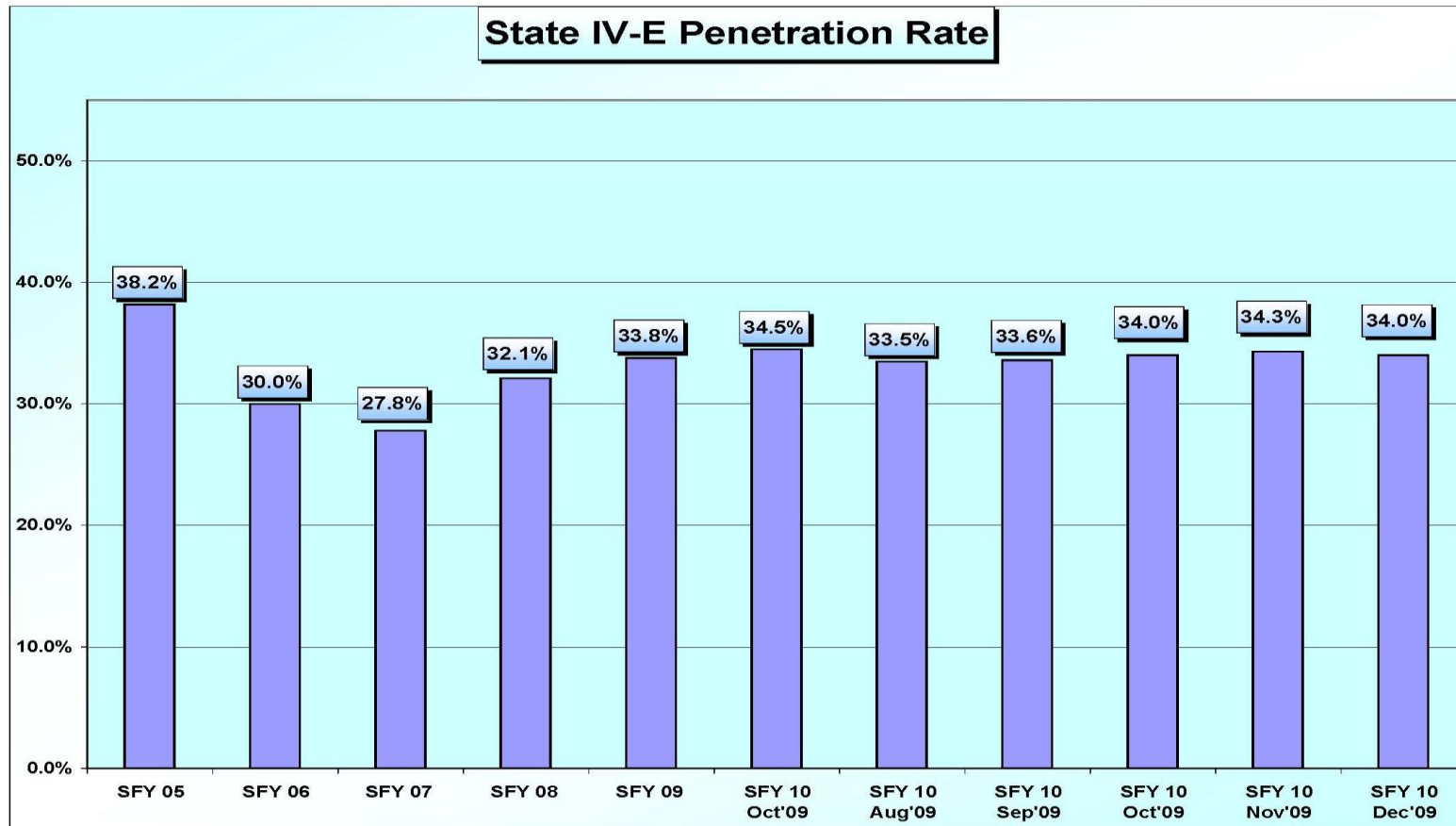
Title IV-E Funding Category	SFY 2006 (July 2005- June 2006) <i>Baseline Year</i>	SFY 2007 (July 2006- June 2007) <i>Year 1</i>	<i>Year 1 over Baseline Year Change</i>	SFY 2008 (July 2007- June 2008) <i>Year 2</i>	<i>Year 2 over Year 1 Change</i>	SFY 2009 (July 2008- June 2009) <i>Year 3</i>	<i>Year 3 over Year 2 Change</i>	<i>Year 3 over Baseline Year Change</i>
Adoption Assistance Payments	47,660,251	49,563,859	+4%	49,986,050	1%	50,882,635	+2%	+7%
Adoption Administration	13,044,784	15,772,507	+21%	13,507,523	-14%	9,704,923	-28%	-26%
Adoption Training	700,861	951,211	+36%	559,581	-41%	205,370	-63%	-71%
Adoption subtotal	\$61,405,896	\$66,287,577	+8%	\$64,053,154	-3%	\$60,792,928	-5%	-1%
Foster Care Maintenance Payments	32,536,931	28,088,757	-14%	55,376,912	97%	68,426,606	+24%	+110%
Foster Care Administration	65,785,175	55,691,027	-15%	77,655,493	39%	79,214,670	+2%	+20%
Foster Care Training	388,799	418,704	+8%	1,599,367	282%	2,557,003	+60%	+558%
SACWIS	4,013,291	10,443,082	+160%	16,332,884	56%	1,470,310	-91%	-63%
Foster Care subtotal	\$102,724,196	\$94,641,570	-8%	\$150,964,616	60%	\$151,668,589	+<1%	+48%
Title IV-E Total	\$164,130,092	\$160,929,147	-2%	\$215,017,770	34%	\$212,461,517	-1%	+29%

Source: DHS/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 was consistently 33 percent or better in Period VIII.

Figure VI-6
State IV-E Penetration Rates
SFY 2005 through December 2009

IV-E - 6.0



Note: 2-mth delay in reporting. SFY's 2005 -2009 stated as of the end of each fiscal year. Based on payments processed.
3/15/2010

Source: COSTAR
Data Analysis, Accountability, Research, and Evaluation

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.¹¹⁴ These are covered in this part of the report.

A. Repeat Maltreatment Data

Section 20.G.1 of the Consent Decree requires DHS 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, 2009-December 30, 2009</i>			
		DEKALB	FULTON
a) Number of children during the reporting period experiencing substantiated maltreatment		355	940
b) the number of children in a) of this item who also experienced maltreatment during the preceding 12 month period		20	51
Percentage of children who had substantiated maltreatment during the preceding 12 months		5.6%	5.4%

¹¹⁴ See pp. 45-46 of the Consent Decree,

B. Diversion Data

Section 20.G.2 of the Consent Decree requires DHS 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 DHS's diversion program. These data, as reported by the State for the period July 1, 2008 – December 30, 2008 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 Period V.) 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, 2008 –December 30, 2008</i>			
		DEKALB	FULTON
a) Number of cases in each county during the reporting period in which there was a referral into DHS's diversion program		451	386
b) the number of cases in a) in which there was substantiated maltreatment within 11-365 days after referral to DHS's diversion program		15	19
Percentage of cases in which there was substantiated maltreatment within 11-365 days of referral into DHS's diversion program		3.3%	4.9%

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 DHS/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 Reporting Period VIII

Four primary sources of information were used to assess the State of Georgia’s progress during Period VIII, July-December 30, 2009. The challenge for data collection and analyses in Period VIII was the continued need to use both SHINES, the statewide automated child welfare system and paper files. Fulton and DeKalb Counties implemented SHINES in June 2008 and ended all new data entry into the previous system, IDS, on May 28, 2008. Children who entered custody before the conversion to SHINES may have extensive paper files and even those entering after the switch to SHINES have paper files with external documentation that has not been scanned into SHINES. The timeliness of scanning external documentation into SHINES appears to be improving but record reviews still generally need both the paper records and SHINES access to complete all data collection.

1. State Data Systems

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

a. Addressing Data Integrity Issues

Like all information systems, the accuracy of SHINES data is a function of the accuracy with which data are coded and input into the system. Most identified 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 has more “edit-checks” than its predecessor system. These edit-checks help to limit some the errors. In addition, the Accountability Agents have direct access to SHINES 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 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, , 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 who entered foster care at anytime up to December 30, 2009. 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 30, 2009 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 30, 2009. 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 30, 2009.

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	111	111	91	+/- 0.0 percent
Foster Homes	1025	160	161	+/- 7 percent
Children in Foster Care	2074	180	177	+/- 7 percent

b. Instrument Design

Three separate data collection instruments were developed, one for each sample. They were developed in conjunction with the DFCS Program Evaluation and Analysis Section (PEAS) 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 January 2010 with discussions with PEAS and GSU regarding formatting data instruments for efficient data capture and analysis. As in previous periods, each of the review guides was set up as a SAS-based form for electronic information entry directly into a 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 for the maltreatment in care investigations and foster care reviews began in February 2010 and the foster home file review in April 2010. 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

Nine PEAS 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 were training sessions before commencing each record review. The training consisted of reviewing and discussing the wording and meaning of each question on the data collection instruments. Additional changes were made to the guides as a result of these discussions. 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 PEAS 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. 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 (QA) was provided by the Georgia State University (GSU) project coordinator and four research assistants with master's degrees in social work or a related field and backgrounds in child welfare and case record review. The GSU QA team reviewed the following percentages of case records: 44 percent of Maltreatment in Care Investigations cases; 45 percent of Placement cases; and 48 percent of foster homes cases. The records were randomly selected from each reviewer's completed set. Review guides that had different responses from the GSU QA staff and the PEAS reviewers were set aside, investigated

and resolved as possible by the GSU project coordinator and PEAS team leaders, often in consultation with the Accountability Agents, and changes were made to the data set as necessary. Time was set aside in the schedule to review the completed review guides in question and do any necessary clean up.

To calculate inter-rater reliability GSU selected variables from all three files (CPS Investigations, Foster Homes, and Foster Care) where both the reviewers and the QA reviewers had access to the same information in the case file. Each response was not tested for inter-rater reliability. Correlations between the reviewer results and the QA reviewer results were calculated using Microsoft Excel 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	.994
Foster Homes	.988
Foster Care	.997

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 or the Accountability Agents looked directly into the SHINES record.

f. Data Analysis

Microsoft Excel was 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 a set of reasons for why a case record may not be read was established. 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 completed between July 1 and December 31, 2009	0
	Coding error, this is not a maltreatment in care referral/report	2
	Case was "opened on report" (no maltreatment was alleged)	0
	Case record cannot be located	0
	No child in the legal custody of Fulton and Dekalb Counties was involved in this report	7
	Other	5
	Total	14
Foster Homes	Coding error in SHINES, this home was not open between July 1 and December 31, 2009	1
	No children were placed in this home between July 1 and December 31, 2009	1
	No children in the legal custody of Dekalb or Fulton County DFCS were placed in this home between July 1 and December 31, 2009	1
	Private agency did not supply necessary files	0
	Case record cannot be located	0
	Oversight of foster home transferred to another county	2
	Other	10
	Total	15

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

Target of Review	Number of cases sampled but not read as part of the review and reason why they were not read	
Children in Foster Care	Child not in foster care anytime July 1 and December 31, 2009	0
	Child not in the legal custody of Fulton or DeKalb counties July 1 and December 30, 2009	3
	Child's file has been sealed as result of finalized adoption	9
	Child living in another state, file has insufficient information to review adequately.	3
	Child age 18 before July 1, 2009.	0
	Case timeframe too short (child in care 8 days or less)	2
	Case record cannot be located.	0
	Case record provided too late to be included in review.	0
	Incomplete case file provided – missing important volumes.	1
	Child placed out of state through ICPC the entire review period.	4
	This is a duplicate of child in sample.	0
	Other	8
	Total	30

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 VIII.

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.¹¹⁵ As indicated above, DFCS policy regards the commencement of an investigation to be the point at which an alleged victim child is seen by the investigator. For measurement purposes Outcomes 1 was operationalized as the percentage of cases in which any alleged victim had face-to-face contact with a CPS investigator 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

¹¹⁵ See p. 28 of the Consent Decree

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.

Outcome 6 operationalizes the Consent Decree's use of the phrase "...all foster homes..."¹¹⁶ 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 Accountability Agents used several steps, described below, to verify the information from SHINES in Period VIII and repeated these steps as necessary in subsequent periods.

First, the State generated a list of all children who entered custody between July 1, 2009 and December 31, 2009. This list came from SHINES. This list included several data elements including the dates of current removal and previous exit if the child had been in custody previously and an indicator as to whether the current episode represented a re-entry within 12 months of the previous exit. Second, county Quality Assurance staff compared this list to the data they maintain about exits and entries and corrections needed to SHINES. Using this

¹¹⁶ Ibid, p. 32

information, the counties identified additional children with re-entries in the period. In addition, this comparison identified some duplicate records on the SHINES list because of children assigned more than one unique identifier. In a third step, the Accountability Agents used the record review of the 177 children in the foster care sample to identify children in the sample who had experienced re-entry within 12 months of their last foster care episode. Finally, the Accountability Agents compared county logs of entry Family Team Meetings in Period VIII to the list of re-entries.

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."¹¹⁷ 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;
- Using the Family Team Meeting, case planning meetings, or Multi-disciplinary Team Meetings as an opportunity to identify individuals and collect contact information;

¹¹⁷ Social Services Manual, Chapter 1000, Section 1002.3.1 Georgia Department of Human Services

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- 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.”¹¹⁸ 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.

This outcome is measured using a case record review of a sample of children in foster care during the period.

Outcomes 8, 9, and 10 performance reported for outcomes 8, 9, and 10 is based on IDS /SHINES data and documentation of relatives who have signed “an agreement for long-term care.”¹¹⁹ The outcome data from IDS was not independently validated by the Accountability Agents. However, the Accountability Agents have 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 SHINES and any discrepancies were reviewed and discussed with DFCS.

Outcome 11 is similar to the Federal measure¹²⁰ for expeditious adoption following termination of parental rights and method used to calculate this outcome is consistent with the Federal method. This outcome is measured using a report from SHINES that identifies all children whose parents had their parental rights terminated 12-18 months prior to the end of the reporting period and their adoption status as of the end of the reporting period. The report has the calculated elapsed time between the final TPR action and adoption finalization.

¹¹⁸ Social Services Manual, Chapter 1000, Section 1002.3.2 Georgia Department of Human Services

¹¹⁹ See p. 3, Definition T, of the Consent Decree

¹²⁰ 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.

Outcome 14 includes those children who return to the custody of DFCS/DHS after their adoption has been finalized. This includes children who are in the temporary custody of the 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 can 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, is 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 review all 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.

In reporting Outcome 15 for Period VII, the counties piloted a new classification system of compelling reasons or other exemptions from moving to termination of parental rights.¹²¹ The new classifications used by both counties are as follows:

1. There is a permanency goal of return home, approved by the Court and the child is expected to be reunited with parents within 6 months.
2. The child is a specified age (14) or older and objects to being adopted.
3. The child has severe emotional or behavioral problems or a serious medical condition and reunification remains an appropriate goal.
4. The child has a permanency goal other than adoption and is expected to achieve that goal within 12 months of establishing the goal.
5. Parents are deceased, or have voluntarily relinquished rights.
6. A petition for adoption has been filed with the Court.
7. The parent is terminally ill, does not want parental rights terminated and has designated the child's present caretaker, with the caretaker's agreement, as the child's permanent caretaker.
8. The child is an unaccompanied refugee minor as defined in 45 Code of Federal Regulations 400.11.
9. There are no or insufficient legal grounds for filing a TPR because required reasonable efforts have not been made.
10. There are international legal obligations or compelling foreign policy reasons that would preclude terminating parental rights.
11. The child is a child of a teen mother who is also in the State's custody.
12. Other circumstances make termination of parental rights at this time inappropriate.

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 and subsequent periods, the Accountability Agents were able to use data produced for the whole population from SHINES.

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-

¹²¹ Adapted from *Criteria and Procedures for Determining a "Compelling Reason" Not to File A TPR*, Discussion Paper and Approved Recommendations prepared for the Child Welfare Leadership Team of the District of Columbia by the Center for the Study of Social Policy, Washington D.C., March 2005.

line reviews or “look ups” of the SHINES file of each child with a sibling who had entered care during Period VI. 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.

Outcome 19 is measured through information collected through a record review of approximately 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*”¹²² between children and parents “*to progress toward reunification*”¹²³ where the goal is reunification. The issues with this language include 1) who has a permanency goal of reunification; 2) with whom is reunification intended; and 3) what is appropriate visitation to make progress toward reunification.

Permanency goals are established by court order with consideration of DFCS recommendation. During the first 12 months, before the first permanency hearing, the presumed goal is reunification or a concurrent goal of reunification and another goal such as adoption or custody to a relative. This outcome is measured using a case record review of a sample of children in foster care during the period. For purposes of this outcome, children with a presumed goal of reunification (in care less than 12 months) are included in the analysis. Exceptions would be instances where the Department is clearly not working toward reunification given case circumstances such as abandonment. Children with concurrent goals, presumed or court ordered, are also included in the analysis unless it is clear in the case documentation that the Department is working toward achieving the alternate permanency goal.

In some cases, the child has the goal of reunification, but the parent is not always available to visit regularly or take advantage of the visiting opportunities. Missed visits are often supporting evidence to change the goal from reunification in order to proceed with another permanency plan. Reunification may not be the appropriate goal and the department is working to change it.

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).

¹²² See p. 36, Outcome 21, of the Consent Decree

¹²³ Ibid.

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.¹²⁴ Second, a plan for parental visitation should be a part of every Case Plan.¹²⁵ Third, “when agency resources allow, visitation shall be scheduled at two-week intervals unless the court has specified another visitation arrangement.”¹²⁶ 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. In addition, the Accountability Agents reviewed the cases to further assess the appropriateness of the visitation given the individual case circumstances. For example, a monthly visit might be missed due to a parent’s incarceration, but the parent re-establishes contact after exiting jail and begins again to work toward reunification.

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. The visits may be supervised by other DFCS staff or private agencies or foster parents. Visits may also be unsupervised as the case progresses toward reunification. However, case managers may record what they learn from foster parents, parents and children about the visits. As a result, in a portion of the cases the reviewers can often determine “regular” visitation is occurring because of the information shared, but cannot match the pattern of visits to the schedule established in the case plan or Family Team Meetings. That is, there may not be a reference to an exact date of the visit, but a reference to the visit occurring within a span of time, such as “last week.” Or, another example of notation may be “children have unsupervised visits every weekend.” Such cases were counted toward the achievement of the outcome.

A portion of the children in the sample live with relatives. These circumstances may allow for frequent visitation between parents and children.¹²⁷ 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

¹²⁴ Social Services Manual, Section 1009.3 Georgia Department of Human Services

¹²⁵ Social Services Manual, Section 1009.4 Georgia Department of Human Services

¹²⁶ Social Services Manual Section 1009.5, Georgia Department of Human Services

¹²⁷ Annie E. Casey Foundation, Elders as Resources Fact Sheet, *Basic Data: Kinship Care*, 2005, found at <http://www.aecf.org/upload/PublicationFiles/FactSheet.pdf>,

did not have contact with their parents. The contact that they did have was sufficient to “progress toward reunification” as the ultimate goal – reunification -- was achieved. Or, the children were in custody a short period of time before being reunified. These children were included in the analysis.

Outcome 23 is measured using information collected directly from the documentation in children’s records. This outcome is measured using a case record review of a sample of children in foster care during the period. 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 a sample of the 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 a sample of 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. This outcome is measured using a case record review of a sample of children in foster care during the period.

Outcome 18 performance measurement is based on data drawn from SHINES 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.¹²⁸ Resignations and promotions were not exempted because they were not specifically identified as such in the Consent Decree. 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. 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

¹²⁸ See p. 35, paragraph 18, of the Consent Decree.

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.

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 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. This outcome is measured using a case record review of a sample of children in foster care during the period. Again, the Consent Decree only counts case manager visits with care givers 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. The second measurement year was January 1 to December 31, 2007 and the third measurement year was January 1 to December 31, 2008, and the fourth measurement year was January 1 to December 31, 2009.

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.

This outcome is measured using a case record review of a sample of children in foster care during the period. 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 177 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.”¹²⁹ Section 5.c.4.e. also enumerates certain exceptions to these capacity limits.¹³⁰ 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.

¹²⁹ See Kenny A. Consent Decree, p. 38.

¹³⁰ Ibid, p.16.

C. Methodology for Verifying Caseload Data

SHINES is able to produce reports on individual case manager caseloads and the Accountability Agents started 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 take 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 are cross-referenced or reconciled with the SHINES caseload data. This allows 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.

D. Methodology for Verifying State Data on Repeat Maltreatment and Maltreatment Subsequent to Diversion

Section 20 G of the Consent Decree requires DHS 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 DHS'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 DHS data on repeat maltreatment and substantiated maltreatment subsequent to diversion in DeKalb and Fulton Counties are presented in Section VIII. 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.¹³¹

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 SHINES and from the state Protective Services Data System (PSDS), a component of IDS, 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);

¹³¹ As discussed in Parts III and VI of this report, an issue was identified in Period VII that involved the undercounting of maltreatment in care reports. This problem was a function of the erroneous creation of duplicate person identification numbers for some children in care. This problem does NOT affect the accurate counting of maltreatment reports, only the linking of those reports to foster care records so reports of maltreatment **in care** can be identified.

-
- 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 using a search routine that cast a “wide net” to capture all potential matches; and
 - Resulting matches were manually reviewed to affirm correct matches. Children that had a matched substantiation of maltreatment from the two time frames were deemed to have 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 SHINES and from the state Protective Services Data System (PSDS) and the diverted cases file provided monthly by Systems & Methods, Inc. (SMI), 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 succeeding 12 months (to reflect the specified 11-365 day follow-up period after the diversion referral) using a search routine that cast a “wide net” to capture all potential matches; and,
- Resulting matches were manually reviewed to affirm correct matches that 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
Selected Characteristics of the Children in the Custody
of DeKalb and Fulton Counties

This appendix provides some additional information about the 1640 children in the custody of DeKalb and Fulton counties on July 1, 2009. The information is reported by the State and has not been independently verified by the Accountability Agents.

Table C-1
Gender of Children Remaining in Custody on December 31, 2009
N=1640*

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

Source: Georgia SHINES

*Includes youth placed voluntarily in DFCS as well as those adjudicated into custody.

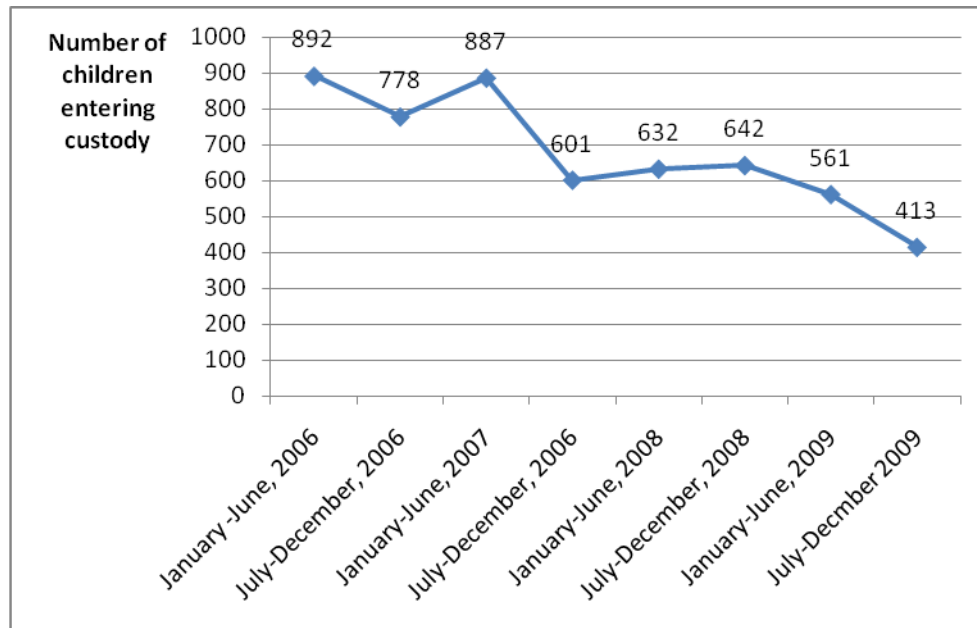
Table C-2
Ager of Children Remaining in Custody on December 31, 2009
N=1640*

Age Group	Percent of Children
Age 2 years or less	26%
Ages 3 to 5 years	14%
Ages 6 to 9 years	15%
Ages 10 to 12 years	10%
Ages 13-15 years	17%
Ages 16 to 17 years	18%
Total	100%

Source: Georgia SHINES;

*Includes youth placed voluntarily in DFCS as well as those adjudicated into custody.

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



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

*Includes youth placed voluntarily in DFCS as well as those adjudicated into custody.

Appendix D

PERIOD VI
SUPPLEMENTAL REPORT

Kenny A. v Perdue

July 1, 2008 to December 31, 2008

Accountability Agents:

James T. Dimas and Sarah A. Morrison

May 17, 2010

Period VI Corrected Data on Maltreatment in Care and Useful Comparisons

In the process of analyzing Period VII maltreatment in care data, the Accountability Agents identified a problem with SHINES that resulted in the undercounting of maltreatment in care reports and, therefore, understated the number of substantiated victims of maltreatment in care. Upon discovering the problem, the Accountability Agents, with the full cooperation and assistance of DAARE section staff, took additional case finding steps to ensure that the data presented in the Period VII report were complete and correct. These additional case finding steps have now been retrospectively applied to the SHINES data for Period VI, which resulted in the identification of 12 additional CPS reports, five from DeKalb/Fulton counties and seven from the perimeter counties (for a total of 89); 16 additional *alleged* victims of maltreatment in care (for a total of 122); and one additional *substantiated* victim of maltreatment in care (for a total of 13) that should have been included in the Accountability Agents' Period VI report. The Accountability Agents are confident that the data presented below for Period VI are now complete and correct. The corrected Period VI data are presented in this supplemental report in Tables 1 through 8.

Background

The problem of undercounted maltreatment in care reports resulted from intake workers inadvertently creating duplicate person identification numbers (or "person IDs") during the processing of new maltreatment reports. When a report alleging maltreatment is received, DFCS standard operating procedure at intake is for the intake worker to perform a search on the name of all alleged victims associated with a new report to determine if they have any previous DFCS history. If the search identifies any previous DFCS involvement of the child, the intake worker is to use the unique person ID that previously was assigned to the child to "associate" the child with the new report. When this is properly done, it allows all the cases in which a child is involved (e.g., the child protective services (CPS) case that brought a child into care, a child's foster care case, any subsequent CPS reports involving the child while in care) to be linked and easily retrieved and reviewed in SHINES.

However, if an intake worker's search for the child is not correctly or thoroughly executed, a child's previous DFCS history may fail to be detected and the child erroneously assigned a second "unique" person ID. This problem is abetted by the search logic employed by the SHINES search engine. When a person search is conducted in SHINES, the system returns a list of potential matches, listed in order from the highest to the lowest probability that each potential match listed is the person of interest. The SHINES search engine appears to accord higher probability to exact spelling matches of a person's surname than to any characteristic of the given name. Thus, even a slight misspelling of a child's surname (*Kelly* instead of *Kelley*) can place the *true* match well down the list of potential matches; after individuals with given names different from that used in the search.

For example, if an intake worker conducting a search misspells the name “Jamie Davies” – Black (non-Hispanic) Female – as “Jamie *Davis*” – Black (non-Hispanic) Female, SHINES will return a list of potential matches that rank “James Davis” – White (non-Hispanic) Male, “Davis James” – Black (non-Hispanic) Male, “Jayme Davis” – White (non-Hispanic) Female, “Unknown Davis” – White (non-Hispanic) Male, and “Davis Unknown” – Race/Ethnicity unknown, as higher probability matches than “Jamie Davies” – Black (non-Hispanic) Female. If the intake worker fails to work their way carefully down the list, they might erroneously conclude that this is the first case for Jamie Davies and generate a new (duplicate) person ID that will not be linked with the child’s previous CPS or foster care cases. When the DFCS Data, Analysis, Reporting, and Evaluation (DARE) division generates a list of maltreatment in care investigations for the reporting period, Jamie Davies would be “missed” because her maltreatment in care report (containing her duplicate person ID) would not be linked to her foster care case (containing her original person ID).

Results

The corrected Period VI data are presented along with data for Period V (which was not affected by the undercounting problem as it was not based on data from the new SHINES system) and for Period VII, for comparison purposes. There was little or no change to the Period VI outcome measures. The percentage of children in foster care with substantiated maltreatment (0.55%) was still below the Outcome 5 ceiling of 0.57 percent and the percentage of investigations commenced within 24 hours of report receipt (97%) still surpassed the Outcome 1 requirement of 95 percent. With the addition of the 16 alleged victims, the percentage of investigations timely completed (Outcome 2) showed the most change, from 87 percent to 84 percent, reflecting the fact that most of the additional cases (7 of 12) were from the perimeter counties which, as a group, continued to underperform DeKalb/Fulton counties in timely investigation completion. Outcome 3 (face-to-face contact with alleged maltreatment victims within 24 hours) did not change from the previously reported level of 97 percent. Table 1 provides a summary of outcome performance and Tables 2 through 6 provide selected details regarding each outcome. Table 7 displays the proportion of investigations meeting applicable investigative policy requirements. Finally, Table 8 provides a breakdown of maltreatment in care investigations by placement type.

Table 1
Children in Foster Care are Safe from Maltreatment:
Progress from July 1, 2008 to June 30, 2009

Consent Decree Outcome	Period V Performance 7/1– 12/31/08	Period VI Performance 1/1– 6/30/09	Period VII Performance 7/1–12/31/09
Outcome 5: No more than .57% of all children in foster care shall be the victim of substantiated maltreatment while in foster care.	0.90%	0.55%	1.06%
Outcome 1: At least 95% of all investigations of reports of abuse or neglect of foster children shall be commenced, in accordance with Section 2106 of the Social Services Manual, within 24 hours of receipt of report.	90%	97%	97%
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.	76%	84%	90%
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.	88%	97%	97%

Table 2
Outcome 5: Maltreatment in Care for Periods V, VI, and VII
July 1, 2008 to June 30, 2009

Reporting Period	V	VI	VII
Children in Care	2674	2373	2348
Substantiated Victims of Maltreatment in Care (number meeting federal definition)	24	13	25
Maltreatment in Care Rate	0.90%	0.55%	1.06%
Children for which allegation type was substantiated			
Inadequate supervision	14	7	15
Inadequate supervision + inadequate health/medical care			3
Inadequate supervision + physical abuse			1
Inadequate supervision + inadequate food/clothing/shelter			1
Inadequate supervision + emotional/psychological neglect		1	
Inadequate supervision + other abuse/neglect	2		
Inadequate health/medical care		2	2
Inadequate food/clothing/shelter	1		
Physical abuse	3	3	3
Emotional/psychological neglect	3		
Emotional abuse	1		
Victims of Substantiated Maltreatment not meeting federal definition (by perpetrator)	6	8	16
Biological parent	3	3	7
Other relative	1	5	8
Daycare provider/babysitter	2		1

Table 3
Outcome 5 – Maltreatment in Congregate Care Facilities

Reporting Period	Placement Type	Investigations		Substantiated Victims	
		Number	% of Total	Number	% of Total
Period V	Congregate Care	5	6%	5	21%
	Family-based Care	77	94%	19	79%
	Total	82	100%	24	100%
Period VI	Congregate Care	2	3%	2	15%
	Family-based Care	75	97%	11	85%
	Total	77	100%	13	100%
Period VII	Congregate Care	6	5%	10	40%
	Family-based Care	105	95%	15	60%
	Total	111	100%	25	100%

Source: File Review of All Completed Maltreatment in Care Investigations, July 1, 2008 – June 30, 2009.

Table 4
Outcome 1 – Commencement of Maltreatment in Care Investigations

Reporting Period	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
Period V	DeKalb/Fulton	2	4%	52	96%	54	100%
	Perimeter Counties	6	21%	22	79%	28	100%
	Total	8	10%	74	90%	82	100%
Period VI	DeKalb/Fulton	3	4%	65	96%	68	100%
	Perimeter Counties	0	0%	21	100%	21	100%
	Total	3	3%	86	97%	89	100%
Period VII	DeKalb/Fulton	2	3%	68	97%	70	100%
	Perimeter Counties	1	2%	40	98%	41	100%
	Total	3	3%	108	97%	111	100%

Source: File Review of All Completed Investigations, July 1, 2008 – June 30, 2009.

Table 5
Outcome 2 – Timely Investigation Completion
Source: File Review of All Completed Investigations, July 1, 2008 – June 30, 2009.

Reporting Period	Investigating County	Completed in > 30 Days		Completed in ≤ 30 Days		Total	
		Number	% of Total	Number	% of Total	Number	% of Total
Period V	DeKalb/Fulton	3	6%	51	94%	54	100%
	Perimeter Counties	17	61%	11	39%	28	100%
	Total	20	24%	62	76%	82	100%
Period VI	DeKalb/Fulton	7	10%	61	90%	68	100%
	Perimeter Counties	7	33%	14	67%	21	100%
	Total	14	16%	75	84%	89	100%
Period VII	DeKalb/Fulton	5	7%	65	93%	70	100%
	Perimeter Counties	6	15%	35	85%	41	100%
	Total	11	10%	100	90%	111	100%

Table 6
Outcome 3 – Face-to-Face Contact with Alleged Maltreatment Victims within 24 Hours

Reporting Period	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
Period V	DeKalb/Fulton	3	4%	3	4%	65	92%	71	100%
	Perimeter Counties	2	5%	5	13%	32	82%	39	100%
	Total	5	5%	8	7%	97	88%	110	100%
Period VI	DeKalb/Fulton	2	2%	2	2%	92	96%	96	100%
	Perimeter Counties	0	0%	0	0%	26	100%	26	100%
	Total	2	2%	2	2%	118	97%	122	100%
Period VII	DeKalb/Fulton	1	1%	1	1%	84	98%	86	100%
	Perimeter Counties	0	0%	2	3%	57	97%	59	100%
	Total	1	1%	3	2%	141	97%	145	100%

Source: File Review of All Completed Investigations, July 1, 2008 – June 30, 2009.

Table 7
Proportion of Investigations Meeting Policy Requirements
(N varies based on placement setting and other case characteristics)

Investigation Policy Requirement	Percent of Applicable Files with Documentation of Compliance					
	Period V		Period VI		Period VII	
	Percent	N*=82	Percent	N*=89	Percent	N*=111
Investigator saw/interviewed every alleged maltreated child separately	99%	82	99%	89	100%	111
All other adults frequently in the home interviewed separately	69%	13	88%	8	96%	23
Continued safety of the child(ren) placed in the home was adequately evaluated and assessed	95%	82	98%	84	96%	111
Alleged maltreater was interviewed separately	91%	79	87%	83	95%	107
All approved foster parents/caregivers interviewed separately	85%	82	84%	89	92%	111
Investigator reviewed the DFCS history of the foster parent/caregiver	93%	57	87%	63	88%	74
At least two relevant collateral sources contacted during the investigation	89%	82	90%	89	86%	111
Investigator saw/interviewed each of the other children (non-alleged victims) separately	79%	66	92%	59	85%	89
Investigator reviewed previous CPS reports for foster parents/caregivers	93%	57	87%	62	84%	74
File contains physical evidence to support case documentation	82%	65	77%	57	83%	54
DFCS case managers required to visit in this foster care setting were contacted	88%	82	90%	86	78%	111

Source: Case file review of all investigations completed July 1, 2008 – June 30, 2009.

* Number of investigations to which the requirement was applicable

Table 8
Maltreatment in Care Investigations by Placement Type
Periods V, VI, and VII

Placement Type	Period V		Period VI		Period VII	
	Number	% of Total	Number	% of Total	Number	% of Total
Relative Placements	6	7%	12	13%	9	8%
DFCS-supervised Foster Homes	23	28%	25	28%	27	24%
Provider-supervised Foster Homes	37	45%	31	35%	41	37%
Group Homes	13	16%	12	13%	19	17%
Residential Care Facilities	3	4%	6	7%	13	12%
Other	0	0%	3	3%	2	2%
Total	82	100%	89	100%	111	100%

Source: Case file review of all investigations completed July 1, 2008 – June 30, 2009.

APPENDIX E

Georgia Division of Family & Children Services

Rate Reimbursement Task Force

Executive Summary

In May 2009 the Georgia Division of Family and Children Services (DFCS) contracted with the University of Georgia's Carl Vinson Institute of Government (CVIOG) to staff a foster care Rate Reimbursement Task Force. The Task Force members met four times between June and December 2009, as well as meeting by conference call and exchanging information over email, and developed a set of recommendations for restructuring the Georgia child welfare system in accordance with a set of outcomes and principles that are consistent with national policy and practice direction.

The Rate Reimbursement Task Force was mandated by the Kenny A Consent Decree, entered into by the state in October 2005. In accordance with the Consent Decree, the Task Force was given the responsibility for making recommendations for rate reimbursements for out of home care based on the reasonable cost of achieving measurable outcomes for all children in foster care (excluding base foster care rates). Two issues the Task Force needed to consider were: (1) to develop a rate structure consistent with an "unbundled" system, which requires DFCS to pay for placement costs using state, IV-E, and TANF dollars while the Medicaid system directly reimburses providers for behavioral health care; and, (2) to recommend a rate structure that complies with funding requirements related to Title IV-E and TANF funding so that DHS/DFCS can draw down such funds.

On November 18, 2009, the Centers for Medicare & Medicaid Services (CMS) announced that it is withdrawing the proposed rule, "Medicaid Program; Coverage for Rehabilitative Services" (72 FR 45201). As a result of this rule, Georgia (and Colorado) was asked, beginning July 1, 2007, to unbundle Medicaid services that were provided through private community based therapeutic foster care and group homes. The announcement provides an opportunity to return to a more integrated financing system that is consistent with the recommendations in this report. As the

Division moves forward with these recommendations, the Task Force strongly encourages the State as well to assess the fiscal, policy, and practice impacts that may result from this announcement.

Guided by that scope of work, the Task Force was provided the following options per Mark Washington, Assistant Commissioner of the Georgia Department of Human Services:

1. Simply take the current per diem rates and create a new set of rates.
2. Ensure that the rate system is structured to support achievement of a set of principles and outcomes that guide the child welfare system, particularly how to promote permanency for children in foster care. This option would require the Task Force to examine different types of rate systems that exist, including other states' experiences with performance-based contracting given Georgia's movement in that direction.

The Task Force elected to pursue the second of these two options for two reasons. First, the state had reexamined and restructured per diem rates as recently as two years ago (going into effect in July 2007). Second, the Task Force felt strongly that any per diem rates established would provide an incentive to move children to permanency, which was not a stated priority when rates had previously been restructured. Recognizing that the second option was more complex and far-reaching, it was necessary to consider an extensive amount of information in a short amount of time, including:

- National financing structures, including Title IV-E and TANF funding and the implications of recommendations for use of these funding sources
- Federal law, including the newly-enacted Fostering Connections to Success and Increasing Adoptions Act of 2008
- Trends in system delivery, including Systems of Care, Family Centered Practice, and Performance-Based Contracting
- Other state models and structures, particularly those in Georgia's Administration for Children and Families Region IV

- Georgia’s shift from a Level of Care system to Room, Board and Watchful Oversight system and the unbundling of behavioral health services
- The development of a system consistent with the movement toward Performance-Based Contracting in Georgia
- Georgia data and Georgia data capabilities

Recommendations

First, the Task Force recommends that the Georgia child welfare system aligns its work with nationally recognized and agreed upon child welfare outcomes, based on the outcomes measured by the Child and Family Services Reviews and those Georgia hopes to achieve for each child and family served, including:

1. Safety – the child is safe from recurrence of maltreatment
2. Maintenance of Family Connections – with parents, siblings, extended family, and others who are important in the child’s life
3. Permanency – expedient achievement of most appropriate permanency outcome
4. Stability – any placement changes are to further stability and permanency
5. Well-being – addressing the needs of the child related to primary health, mental health, dental health, and education

Second, the Task Force recommends that the work of the Georgia child welfare system be based on a set of principles, including:

1. Instill a level of consistency of care based on a set of standards
2. Bring a level of predictability and accountability
3. Make appropriate modifications that support equity for all children and families served by the system
4. Give consideration to tying performance to reimbursements received
5. Create partnerships based on transparency, mutuality of goals, and changing roles

6. Provide a comprehensive individualized response to children based on an objective assessment of a child in the context of his/her family and community

Third, in order to accomplish these outcomes in accordance with these principles for each child and family served, the Task Force has developed a set of recommendations for restructuring the Georgia system in order to align the existing rate structure with outcomes achievement:

I. Recommendation: Expand Partnerships with Behavioral/Mental Health

In order to accomplish this recommendation the Division should:

- a. Assess the fiscal, policy, and practice impacts that may result from the withdrawal of the proposed rule, “Medicaid Program; Coverage for Rehabilitative Services” (72 FR 45201) by the Centers for Medicare & Medicaid Services (CMS)
- b. Make appropriate modifications, including developing a uniform child/family assessment protocol, to ensure that providers anywhere in the state receive similar payment for children/families with similar behavior problems and service needs
- c. Develop a comprehensive assessment that is common across DFCS/DBH that looks at the individualized needs of a child in the context of his/her family and community and promotes the outcomes of most family-like and least restrictive setting possible
- d. Ensure that the assessment follows the child throughout the life of the case and through every placement change
- e. Provide a common DFCS/DBH assessment team for each child at risk of foster care
- f. Provide a common DFCS/DBH plan of care for each child/family with DFCS, DBH, and family roles and responsibilities clearly spelled out
- g. Ensure that a common set of providers meet both DFCS and DBH licensure/certification requirements
- h. Provide common contract monitoring teams issuing joint reports to DFCS/DBH and providers
- i. Coordinate DFCS/DBH rate-setting based on common annual cost report, taking into account success in achieving common DFCS/DBH outcomes and performance measures

- j. Where appropriate, share fiscal resources in an effort to establish a more integrated system of care thereby increasing the necessary coordination of oversight and clinical services
- k. Develop family teams across systems that engage families as full participants in decisions that impact their children

II. Recommendation: Maximize and Reinvest Resources to Achieve Child Welfare Outcomes

In order to accomplish this recommendation the Division should:

- a. Tie performance in achieving the goals of safety, maintaining family connections, permanency, stability, and well-being to reimbursements received
- b. Modify policies, procedures, and contracts to reflect expansion of the role of the private provider to be held accountable for outcomes
- c. Incentivize providers for shortened length of stay and reduced use of high- end residential treatment/psychiatric hospital stays with the understanding that providers can reinvest such savings into activities that are proven to further the achievement of child welfare goals, including strengthening front-end family support and after care services
- d. Adequately fund case management so that providers can assist children placed with them to attain the permanency and well-being goals spelled out in the child's/family service plan
- e. Increase federal revenue with improved IV-E claiming of foster care related costs while encouraging DBH to maximize Medicaid reimbursement for its treatment related services
- f. Further explore the potential to take up the federal subsidized guardianship option so that more children – particularly those living with relatives – have the opportunity to achieve permanency

III. Recommendation: Acknowledge and Support Implications of Shifting Responsibility for Outcomes from Public Agency to Private Providers

In order to accomplish this recommendation the Division should:

- a. Instill a level of consistency of care based on a set of agreed-upon standards that encompass: Kenny A Consent Decree Standards, CFSR Standards, and licensure rules and regulations
- b. Create partnerships based on transparent decision-making, mutual goal-setting, and clear articulation of changing expectations
- c. Adequately fund the providers' need for case management and family support/after care services to meet case plan goals
- d. Establish a structure for quickly resolving differences between DFCS and the provider when such differences arise; lack of resolution can jeopardize positive case outcomes
- e. Invest time, resources, and expertise to assist providers with making the shift to a performance-based system

IV. Recommendation: Make Financial Decisions Based on Data

In order to accomplish this recommendation the Division should:

- a. Adequately fund and develop information systems that allow both the private provider and DFCS/DBH case monitors to know what is happening with each child receiving foster care and related services
- b. Develop periodic reports that assist both the private and public sectors to better manage the complex foster care program
- c. Provide data that is necessary in order to base rates paid to private providers on success in achieving prescribed child/family outcomes