



PERIOD 11 MONITORING REPORT

Kenny A. v Perdue

January 1 to June 30, 2011

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
CMS	Centers for Medicare and Medicaid
CPA	Child Placing Agency
CPRS	Case Plan Reporting System
CPS	Child Protective Services
CRR	Case Record Review
DAARE	DFCS Data Analysis, Accountability, Research & Evaluation Division
DFCS	Department of Family and Children Services
DHR	Department of Human Resources
DHS	Department of Human Services
DOE	Department of Education
EPSDT	Early and Periodic Screening, Diagnosis 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 on the Placement of 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
OPM	Office of Provider Management
ORCC	Office of Residential Child Care
PEAS	Program Evaluation and Analysis Section
PCM	Permanency Case Manager
PIP	Program Improvement Plan
QA	Quality Assurance

RBWO	Room, Board, and 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 eleventh report prepared by the Accountability Agents for the *Kenny A. v Perdue* Consent Decree. This report reviews the State Defendants' progress from January 1 through June 30, 2011 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 11 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 January 1 and June 30, 2011 and the other of all licensed foster homes active in the same time period. All maltreatment in care investigations completed between January and June 2011 were reviewed. Appendix B has a full description of the methodology for Period 11. 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 11 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 11. It offers 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 11 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 11 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. This Part also includes the Outcome 7 performance for Period 10.

Part V, Children's Well Being in Care includes an assessment of the State's Period 11 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 11 progress in achieving Outcomes 25, 26, 29, and 31 and implementing required infrastructure components related to providing services to families and children.

Part VII, Miscellaneous Provisions provides verified data regarding the re-maltreatment rate of children in DeKalb and Fulton counties and the number and percentage of "diversion" cases in those counties between January 1 and June 30, 2010 that experienced substantiated maltreatment within the subsequent 12 months.

Appendix A provides the full wording for all 31 outcomes.

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 June 30, 2011.

Appendix D is a special supplemental report to Period 10 providing the measurement of Outcome 7, Diligent Search, and a picture of assessments and services to children in their first 60 to 90 days in foster care.

Part II CONCLUSIONS AND RECOMMENDATIONS

During the January 1 to June 30, 2011 period covered by this report the number of children entering Fulton or DeKalb county custody increased by 55 percent over the number of Period 10 entries. This is the largest number of entries during a reporting period since Period 9 (January 1 to June 2009).¹

Despite this increase, the State was able to sustain the smaller caseloads and the lower rate of maltreatment in care (Outcome 5) achieved in Period 10, and reduce the rate of re-entry to care (Outcome 4) to the Consent Decree standard. Performance remained steady in many areas; in some cases it was at or above the levels mandated by the Consent Decree, but performance appears to have reached a plateau below the Consent Decree standard in others.

Based on their assessment of the State's Period 11 performance, the Accountability Agents commend to the State's attention some emerging safety issues including: improving the reliability of CPS history checks, ensuring allegations of maltreatment in care are properly handled, and recovering some slippage in the timely initiation of maltreatment in care investigations. Also recommended as priorities for attention are the ongoing problem of meeting all the case plan-identified service needs of children in care, gearing-up foster parent recruitment to keep pace with the influx of children entering care, and improving records management practices. The challenge for the State and Counties continues to be sustaining high levels of achievement while improving performance in other areas.

The remainder of this chapter highlights the State's major accomplishments in Period 11, program and performance trends, and the Accountability Agents' recommended priorities for State attention. 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 10 performance.

A. Major Accomplishments

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

The Period 11 maltreatment in care rate (Outcome 5) was **0.41 percent**. This is the State's best-ever performance. The Outcome 5 standard is 0.57 percent. In Period 11, the case record review found seven instances of substantiated maltreatment fitting the federal definition among the 1687 children in custody at any point during the reporting period. This is the same number of substantiated victims of maltreatment in care as in Period 10; the maltreatment in care *rate* declined slightly due to the somewhat larger number of children in care in Period 11 (1687 in Period 11 compared to 1649 in Period 10).

¹ See chart in Appendix C.

- *Worker Caseloads Continued to be Universally Low.*

In June 2011, **99 percent** of the case managers were at or below the Consent Decree designated caseload caps or DFCS policy requirements. This is the State's best performance on caseloads to date. Lower caseloads can influence workforce stability and 88 percent of the children in custody on June 30, 2011 had two or fewer case managers in the previous 12 months. This performance is an improvement over Period 10, but still fell short of the 90 percent standard for Outcome 18.

- *A Greater Proportion of Children Experienced Timely Permanency After the Termination of Parental Rights. (Outcome 11)*

Outcome 11 applies to all children whose parents' parental rights were terminated between January 1 and June 30, 2010. 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.² Although the State's Period 11 performance of **67 percent** is still well below the outcome threshold, the State demonstrated improvement on this outcome for the third consecutive reporting period.

- *Timely Efforts to Identify and Contact Extended Family Members Who Can Be Permanency Resources for Children Continues at a High Level. (Outcome 7)*

The Consent Decree, in Outcome 7, requires the diligent search for parents and relatives to be undertaken and documented within 60 days of entry for at least 95 percent of all children entering foster care. Measurement of Outcome 7 lags behind the measurement of most other outcomes because it requires a sample of children in care who enter and remain in care at least 60 days. As a result, the performance reported here reflects the Period 10 activity, not Period 11. The file documentation indicated that a diligent search was undertaken for 119 (**95%**) of the 125 children in the sample. This performance is similar to the 94 percent found in Period 8.

B. Program and Performance Trends

Safety Trends

- *Foster Parents Continued to Refrain from Using Corporal Punishment. (Outcome 6)*

For the eleventh consecutive reporting period, the State met the Consent Decree standard related to the use of corporal punishment in foster homes (Outcome 6). Of the 160 foster homes sampled, 159 (**99%**) 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.

² See p. 34, Outcome 11 of the Consent Decree.

- *Timely Completion of CPS Investigations Continued to Improve (Outcome 2).*

In Period 11, 82 percent of maltreatment in care investigations (49 of 60) were completed within 30 days. This was a 5 percentage point improvement from the Period 10 rate of 77 percent but remains substantially below the Outcome 2 standard of 95 percent.

Permanency Trends

- *The Number of Children Entering Care is Increased.*

More children entered foster care in Period 11 than entered in several previous periods. The 55 percent increase in entries to care over Period 10 formed the back drop for the measured performance in a number of areas. County efforts to achieve permanency for children kept apace of the increase sufficiently that the total number of children in custody during Period 11 increased by only about two percent. However, if entries to care continue to rise, it is possible that caseload sizes will be affected and overloaded case managers may not be able to maintain the rate of foster care exits that have been experienced to date.

- *A Smaller Proportion of Children Entering Foster Care Had a Recent Previous Foster Care Episode. (Outcome 4)*

For the first time since Period 7 (June 2009), the State achieved the rate of re-entry to care stipulated in the Consent Decree. In Period 11, **8.6 percent** of the children who entered foster care had had a previous foster care episode within the prior 12 months. This compares to the Period 10 rate of 9.6 percent. Although this is an important accomplishment, it reflects both State efforts to reduce the rate of re-entry and the increased number of children who entered foster care in Period 11. The greater number of children entering foster care produced a larger denominator for the re-entry rate calculation. By comparison, several prior reporting periods with higher re-entry rates actually had the same number of children or fewer re-enter foster care within 12 months as in Period 11.

- *Maintaining Sibling Connections Relied More on Frequent Visits Together Than Placement Together. (Outcomes 16 and 23)*

In Period 11, the State fell short of the performance standard for placing siblings together. Fortunately, it was able to maintain a high standard of frequent visiting among separated siblings. In Period 11, 234 children entered foster care with one or more siblings who did not need special separate placements. The State placed together **74 percent** of the 234 children, falling short of the Outcome 16 threshold of 80 percent. This is the lowest performance on this Outcome since Period 4 (December 2004). The lower performance is, in part, due to the larger number of children entering in sibling groups and a greater number of large sibling groups. Twelve sibling groups that were separated among relatives and/or foster homes had four or more children (nine of these groups had five or more children).

For all siblings who are in separate placements, Outcome 23 requires that at least 90 percent of the required monthly visits among separated siblings occur.³ In Period 11, **95 percent** of the required monthly visits among separated siblings occurred.

- ***A Majority of Children Continued to Achieve Permanency with Their Families or New Families. (Outcomes 8, 9, and 10)***

Period 11 performance in achieving permanency for children entering care within the last two years was similar to that of Period 10. By the end of Period 11, 15 percent of the children entering care in the last five years remained in foster care on June 30, 2011. In addition, half of these children remaining in care had been in custody 11 months or less. However, there was a decline in achieving permanency for children with the longest stays in foster care.

Performance specifics include the following:

- **54 percent** of the children entering custody since the Consent Decree's advent exited to permanency within 12 months (Outcome 8a). The standard is 40 percent.
 - **61 percent** of the children entering custody since the Consent Decree's advent exited to permanency within 24 months (Outcome 8b). The standard is 74 percent.
 - **27 percent** of the children in custody up to 24 months prior to the Consent Decree exited to permanency (Outcome 9). The standard is 40 percent. (At the end of Period 11, 32 children remained in this cohort.)
 - **9 percent** of the children in custody for more than 24 months prior to the Consent Decree exited to permanency (Outcome 10). The standard is 35 percent. (At the end of Period 11, 35 children remained in this cohort.)
- ***Nearly All of the Children Continued to be Placed in Care Settings Close to their Homes. (Outcome 19)***

For the tenth 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 11, the State again placed **99 percent** of the children in the sampled foster care case records within the proximity guidelines.

³ Beginning in Period 10 based on a modified stipulation to the Consent Decree, the State is required to ensure 90 percent of the required monthly visits between separated siblings occur. As a result, Accountability Agents verified county reported data for visits among all separated siblings to measure outcome 23. See *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

- *Children with the Goal of Reunification Continue to have Appropriate Visitation with Their Parents. (Outcome 21)*

Outcome 21 seeks to facilitate the goal of reunification by requiring 85 percent of the children with a goal of reunification to have appropriate visitation with their parents. For the fifth consecutive period (since December 2008), the State surpassed the Outcome 21 threshold. **Eighty-seven percent** of the children with the goal of reunification in the sampled foster care case records had visited appropriately with their parents.

- *Permanency Options for Children in Custody 15 of the Last 22 Months Continued to be Timely Evaluated. (Outcome 15)*

For the sixth consecutive reporting period (since July 2008), the State met or surpassed the Outcome 15 threshold.⁴ Among the 665 children who, during Period 11, reached or had surpassed their 15th month in custody out of the last 22 months and were not living with relatives, **100 percent (when rounded)** were either 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. The standard stipulated for this outcome is 95 percent.

- *The Timeliness of Judicial and Citizen Panel Reviews Declined Slightly. (Outcomes 27 and 28)*

According to Federal and State policy and the Consent Decree, case plans are initially to be reviewed by the court or designated panel within six months of a child's entry into custody and every six months thereafter the child is in custody;⁵ and children are expected to have a judicial permanency hearing (to determine whether the State is making reasonable efforts to help them achieve permanency) at least every 12 months they are in custody.⁶ Outcome 27 stipulates that at least 95 percent of the children are to have timely semi-annual case plan reviews or the State is to have filed a timely request for such a review. Outcome 28 stipulates that 95 percent of permanency hearings are to be held timely or the State is to have filed a timely request for such a hearing.

In Period 11, the State's performance declined slightly on both Outcomes 27 and 28. The observed difference for each, however, was within the margin of statistical error for the sample from which they were measured. For Outcome 27, **87 percent** of the children in the foster care sample received a timely sixth-month case plan review or petition for one. For Outcome 28, **93 percent** of the children in the foster care sample received timely permanency reviews or petitions for one.

⁴ 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.

⁵ See p. 7, paragraphs 4A.4 and pp. 7-8, paragraphs 4B.1-6, and p. 37, Outcome 27, of the Consent Decree.

⁶ See p. 9, paragraph 4B.10, and p.37, Outcome 28, of the Consent Decree.

Well-Being Trends

- *Case Managers Continued to Frequently Visit Children and Substitute Caregivers. (Outcomes 20 and 22)*

Case managers are expected to visit children in foster care twice a month with at least one private visit each month and they are expected to visit substitute caregivers monthly. In Period 11, case managers made **97.8 percent** of the required twice monthly visits with children and **99.1 percent** of the required monthly private visits with children. Furthermore, they made **98 percent** of the required monthly visits to substitute caregivers. In all instances, this performance exceeded the revised Consent Decree standards for the second consecutive period.

- *The Proportion of Children Experiencing Stability in Their Living Arrangements Declined Slightly But Remained at a High Level. (Outcome 17)*

In the sample of foster care cases reviewed, **90 percent** of the children experienced two or fewer placement moves in the 12 months prior to June 30, 2011 or their last date in custody. This is a modest decline from the Period 10 performance of 94 percent, but the observed difference is within the margin of statistical error for the sample. Outcome 17 requires that 95 percent of the children in foster care experience no more than two moves among placements in 12 months. Period 11 did mark the third consecutive period that 90 percent of the children in care experienced two or fewer placement moves within 12 months.

Infrastructure Strengthening Trends

- *Nearly All Children Continued to be in Fully Approved Placements. (Outcome 25)*

Outcome 25 requires at least 98 percent of all foster placements serving class member children to be in “full approval and/or licensure status.” The State met this standard for Period 11 with **98 percent** of foster placements serving class member children in “full approval and/or licensure status.” Period 11 represents the fifth consecutive reporting period in which the Outcome 25 performance threshold of 98 percent was met or surpassed. The State’s documented compliance rate exceeded 90 percent for 15 of 16 monitored foster home approval and licensing standards.

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

Outcome 31 stipulates that no more than 10 percent of all foster family home placements serving class member children will have 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. For Period 11, less than **2 percent** of all foster family home placements serving class member children exceeded these standards. Period 11 was the tenth consecutive reporting period in which the Outcome 31 threshold was met or exceeded.

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

For the eighth consecutive reporting period (since December 2007), the State met or surpassed 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 11, **none** of the children in the foster care sample appear to have had a lapse of legal custody within the prior 13 months. This is the State's best performance to date on Outcome 29.

- ***Required Court Order Documentation to Support Federal Reimbursement Claims Continued to Improve. (Outcome 26)***

Outcome 26 relates to the proper legal documentation in a child's file to support a claim for Federal reimbursement under the Title IV-E program.⁷ For Outcome 26, **90 percent** of the children in the Period 11 foster care 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. The Period 11 performance is the State's best performance to date. In addition, 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 a whole, the State's penetration rate was consistently 55 percent or better in Period 11. This a substantial increase over the rate in previous periods.

C. Recommended Priorities for State Attention

The State is to be commended for the accomplishments and continued positive performance trends evident in Period 11. However, several items represent emerging or ongoing challenges. Sustaining the broad-based, significant improvements evident in the many Consent Decree outcomes that have now been achieved, while attaining the last several remaining outcomes, may be the greatest challenge of all. Based on the overall trends and issues facing the State, the Accountability Agents commend one previously identified priority and five new ones to the State's attention.

1. Improve the Reliability of CPS History Checks.

Although there was negligible change from Period 10 to Period 11 in compliance with the policy requirement that foster homes be checked for previous CPS history prior to their initial approval, in the course of examining compliance with this requirement a safety concern was identified that has been brought to the State's attention. Six foster homes in the sample of 160 (4%) were found to have incomplete CPS history checks in their records. These CPS history

⁷ See pp 36-37, Outcome 26 of the Consent Decree.

checks were incomplete because they failed to include one or more unsubstantiated reports of maltreatment. Section 11 G. of the Consent Decree requires DFCS to maintain for “every foster or pre-adoptive family/parents with whom class members may be placed, a complete history for the prior 5 years of any reports of possible abuse or neglect and any substantiated reports of abuse or neglect...”⁸ The absence of a **complete** CPS history in the foster home record hampers efforts to ensure that a given foster home represents a good and safe match to the needs and characteristics of an individual child. For example, a foster home with several unsubstantiated reports of inadequate supervision (but no substantiated reports) would need to be vetted very thoroughly to determine if it would be able to meet the needs of a child requiring a high degree of supervision.

The State has responded vigorously to the finding that a number of the CPS history checks found in foster home records were incomplete. The State is in the process of taking the following remedial actions and changes to policy:

- Completely rescreening all CPA and DFCS approved foster homes. All CPS history (information on substantiated and unsubstantiated reports, diversions and screen outs) will be provided to the local DFCS Office or supervising CPA.
- Developing a policy that requires DFCS staff to verify CPS history of a foster parent within 24 hours of placement to ensure consideration of any unsubstantiated or diversion history prior to placement.
- Creating a State Office CPS Screening Unit, to process all requests for CPS history for CPA and DFCS foster homes. CPS screeners will be professional level staff with a child welfare background.
- Implementing a revised screening process (to be conducted by the new State Office CPS Screening Unit) that, in addition to administering the existing requirement that all potential foster homes be checked for prior CPS history before initial approval, will administer a new requirement that all CPA and DFCS foster homes be rescreened every 5 years at re-approval. The CPS Screening Unit will provide local DFCS offices and CPAs a summary of CPS history on all household members over age 18 in homes inquiring to become, or seeking re-approval as, foster or adoptive homes for children in DFCS custody.

2. Ensure Allegations of Maltreatment in Care are Investigated, not Screened Out.

There were no foster homes in the sample of 160 that had substantiated allegations of maltreatment **during** Period 11. However, 12 homes in the sample had allegations of maltreatment made against them. Four of these were investigated and found to be unsubstantiated; the remaining eight were screened out. By comparison, in the Period 10 sample of 160 foster homes, 16 homes were found to have had CPS referrals during the reporting period but only three referrals were screened out. DFCS Policy specifies that “DFCS

⁸ See p. 28 of the Consent Decree.

may not screen-out alleged child maltreatment which occurred in a foster care, relative care or any child in a Child Caring Institution (CCI) placement (sic).”⁹ Based on a careful review of the circumstances surrounding the screened out referrals involving these eight foster homes, the Accountability Agents believe that four of the referrals were properly screened out because maltreatment was not alleged. However, the remaining four instances appear to the Accountability Agents to have met the standard that should have triggered a full CPS investigation.

Conducting a complete CPS investigation of a referral when warranted, rather than screening it out is important for the obvious reason that it entails a more thorough inquiry into the situation. In addition, the amount of detailed information preserved in SHINES is far greater for completed investigations than it is for screen-outs, so the decision to screen out a referral effectively reduces the quality and amount of information on previous CPS referrals subsequently available to investigators and staff responsible for foster home approval.

Training on this issue and on the requirements specified in policy is being planned for DeKalb and Fulton county investigative staff in early 2012. The State is urged also to make this curriculum part of the ongoing training conducted for perimeter county staff, and to take such other action as needed to ensure that all referrals that contain allegations of maltreatment are properly investigated.

3. Improve Timely Initiation of Maltreatment in Care Investigations. (Outcomes 1 & 3)

The State commenced **93 percent** of maltreatment in care investigations within 24 hours of report receipt (Outcome 1) and **93 percent** of all alleged victims were interviewed within 24 hours by trained CPS investigators (Outcome 3). This represents the first time in the last six reporting periods (3 years) that the Outcome 1 threshold was not surpassed. The Outcome 3 performance represents the State’s poorest performance on this outcome since Period 5. To identify the causes of delay in initiating investigations, the State convened a CPS workgroup which reviewed each of the Outcome 1 and 3 “misses.” State *Kenny A.* staff conducted a case practice exercise at the December 2011 G2 meeting to address the issue. The State is urged to closely monitor compliance with these requirements on an ongoing basis to ensure staff feel accountable for timely initiating investigations.

4. Improve Responsiveness to Children’s Needs (Outcome 30)

Outcome 30 stipulates that the State shall meet all the service needs identified in case plans for at least 85 percent of the children in foster care. In Period 11, the State met all the plan-identified service needs for **78 percent** of the children in the sample of foster care cases reviewed. This was about the same as the Period 10 rate of 77 percent.

⁹ Social Services Manual, Section 2.6, June 2009.

State strategies appear to have improved the timeliness of health screens and other assessments of children's well being. However, there continues to be a lack of evidence that the results of assessments are consistently reviewed and reflected upon in service plans, compromising follow-up action on identified needs. Such review, reflection, and follow-up action need not fall on the shoulders of case managers alone. Nor should new practices or resources be required to improve performance. DFCS currently has several practices in place that could be strengthened and enhanced to better ensure children's needs are met. These practices include, but are not limited to the following:

- *Family Team Meetings.* Such meetings can, and often are, convened throughout the span of time a family has children in foster care. As originally envisioned by their designers, they are intended to be opportunities for youth, parents, family support networks, and professionals to form a team and share information and responsibility for effecting the necessary changes for families to remain together, or, if a child has been removed, for them to be reunified. In such teams, the needs identified in assessments can be shared and discussed among team members and solutions jointly designed and responsibility for follow-through appropriately designated. Family Team Meetings can also be forums for providing evaluative feedback on services to keep the chosen treatment responsive and on track.
- *Regular Supervisory Consultations or "Staffings."* These case consultations occur monthly, at a minimum. The report and tracking tools available in SHINES allow supervisors and case managers to more easily keep children on the appropriate schedules for health screenings and other assessments. Case consultations could be more focused on the substance of casework contacts and the knowledge acquired about children and families from assessments. Greater supervisory vigilance is necessary to ensure that assessment findings are reviewed and promptly shared with foster parents, birth parents/family members, other appropriate professionals and informal helpers to support a timely course of action.
- *Visits.* The whole array of frequent case manager visits required by the Consent Decree present avenues for building trust, and opportunities to demonstrate caring and to engage family members in ensuring the well-being of children and youth. Assessment findings should inform the purpose of visits and the desired results to be achieved through the face-to-face exchange.
- *Six-month Case Plan Reviews.* The purpose and desired result of the Judicial Citizen Review Panel or Judiciary Review every six months should be informed by findings from assessments completed in the previous six months and the accomplished actions. In addition to considering court-ordered assessments, information from schools and providers should be considered as well. These reviews can also be forums for youth and birth parents to provide evaluative feedback on the services received and how they are or are not meeting the needs the family is experiencing.

5. Increase The Number of Foster Homes

During Period 11, the counties continued their foster home retention and recruitment efforts. However, the counties continue to fall short of the goals they established for recruiting additional foster homes and beds. Despite adding new homes each period, the counties continue to lose homes as well. Private agencies also reportedly lost one home in the two counties during Period 11. Although the lower number of children in custody over the last few years has kept the demand for foster homes lower than had been projected in a study completed several years ago, the Accountability Agents believe there are several reasons why the State should focus now on maintaining and growing the supply of good foster homes.

- First, the increased entries in Period 11 may signal that the foster care population may be on the rise and current capacity may become stretched.
- Second, as the counties have focused on increasing placement stability by reducing placement disruptions, they are learning more about the shortcomings of the current foster home supply in meeting the supervision and parenting needs of the adolescents in the foster care population. They also believe they are seeing an increasing number of adolescents entering foster care. Thus, greater recruitment efforts may need to focus on finding individuals and families who are supportive of and responsive to adolescents.
- Finally, improving the reliability of CPS history checks and investigating all allegations of maltreatment, discussed above, may lead to some necessary home closures.

6. Improve Electronic Records Management and Quality

Over the last two periods the Accountability Agents' increasing reliance on SHINES for case review information has highlighted some systemic weaknesses in the ability of SHINES to support the archiving and extraction of case documentation. The challenges include:

- Long delays in uploading acquired documents to SHINES;
- Errant document uploading practices that make it appear that documents have been scanned and are available to review in SHINES, when, in fact, they are not;
- Poor scanning quality; and
- Inconsistent organization and labeling of digital document images.

Most of these issues are the product of human error rather than of hardware or software deficiencies. Their cumulative effect is lengthier, more time consuming searches for information, and when records are missing, an incomplete picture of the work that has been accomplished. This is not simply a problem for record review efforts like those required to measure Consent Decree performance. It limits the ability of DHS and DFCS to be knowledgeable and accountable for what happens within the life cycle of particular cases. The Accountability Agents recommend these issues be explored by DHS and appropriate remedial actions identified and implemented.

Table II-1
Kenny A. Outcomes: Progress as of June 30, 2011

Safety Outcomes Children in Foster Care are Safe From Maltreatment in Care	Period 11 Performance	Comparison to Period 10¹⁰
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.	93%	Declined
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.	82%	Improved
Outcome 3: At least 99% of all investigations of reported abuse or neglect of foster children during the reporting period shall include timely, face-to-face, private contact with the alleged victim, including face-to-face contact with a child who is non-verbal due to age or for any other reason.	93%	Declined
Outcome 5: No more than 0.57% of all children in foster care shall be the victim of substantiated maltreatment while in foster care.	0.41%	Similar
Outcome 6: 98% of all foster homes will not have an incident of corporal punishment within the previous 12 months.	99%	Similar
Permanency Outcomes Children in Placements Maintain Family Connections		
Outcome 7: At least 95% of all foster children entering care shall have had a diligent search for parents and relatives undertaken and documented within 60 days of entering foster care.	95%	Similar
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.	74%	Declined
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).	99%	Similar

¹⁰The characterization of differences between Period 11 and Period 10 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, 20, 22, 23, 24, 25 and 31): similar = change up to +/- 2%; improved/declined = change +/- 3% or more; Outcomes measured using a sample each period (numbered 6,7,17,19,21,26,27,28,29, and 30) employed a statistical test that measured the differences between the results for the two periods, accounting 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 June 30, 2011

Permanency Outcomes Children in Placements Maintain Family Connections	Period 11 Performance	Comparison to Period 10
Outcome 21: At least 85% of all children with the goal of reunification shall have appropriate visitation with their parents to progress toward reunification.	89%	Similar
Outcome 23: At least 90% of the total minimum number of required monthly sibling-group visits shall have taken place during the reporting period. Children who have one or more siblings in custody with whom they are not placed shall be provided a visit with their siblings at least one time each month, unless the visit is harmful to one or more of the siblings, the sibling is placed out of state in compliance with ICPC, or the distance between the children's placement is more than 50 miles and the child is placed with a relative. ¹¹	95%	Similar
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.	8.6%	Improved
Outcome 8a: Of all the children entering custody following the entry of the Consent Decree, at least 40% shall have had one of the following permanency outcomes within 12 months or less after entering custody: reunification, permanent placement with relatives, permanent legal custody, adoption, or guardianship.	54%	Similar
Outcome 8b: Of all the children entering custody following the entry of the Consent Decree, at least 74% shall have had one of the following permanency outcomes within 12 months or less after entry: reunification, permanent placement with relatives, or shall have had one of the following permanency outcomes within 24 months or less after entering: adoption, permanent legal custody, or guardianship.	61%	Similar
Outcome 9: Children in custody for up to 24 months and still in custody upon entry of the Consent Decree (children in the "24 month backlog pool"): For all children remaining in the 24 month backlog pool after the third reporting period at least 40% by the end of the fourth reporting period shall have one of the following permanency outcomes: reunification, permanent placement with relatives, permanent legal custody, adoption, or guardianship.	27%	Improved

¹¹ As part of a Stipulated Modification to the Consent Decree, the standard for Outcome 23 was modified. See *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

Table II-1, continued
Kenny A. Outcomes: Progress as of June 30, 2011

Permanency Outcomes Children Achieve Permanency	Period 10 Performance	Comparison to Period 10
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.	9%	Declined
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	67%	Improved
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 ¹²	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%	Similar
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.	100%	Similar

¹² 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 June 30, 2011

Permanency Outcomes Children Achieve Permanency	Period 11 Performance	Comparison to Period 10
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.	87%	Declined Within 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.	93%	Declined Within 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.	90%	Declined Within Margin of Error
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.	88%	Improved

Table II-1, continued
Kenny A. Outcomes: Progress as of June 30, 2011

Well-Being Outcomes Children Experience Stable Placements and Worker Continuity	Period 11 Performance	Comparison to Period 10
Outcome 20a: At least 96.25% of the total minimum number of twice monthly face-to-face visits between case managers and all class member children required by Section 5.D.1.b during the reporting period occur. ¹³	97.8%	Similar
Outcome 20b: At least 96.25% of the total minimum number of monthly private , face-to-face visits between case managers and all class member children required by Section 5.D.1.b during the reporting period occur ¹⁴	99.1%	Similar
Outcome 22: At least 95% of the total minimum required monthly visits by case managers to care givers during the reporting period occur. ¹⁵	98%	Similar
Well-Being Outcomes Children and Youth Receive Services They Need		
Outcome 24: The percentage of youth discharged from foster care at age 18 or older with a high school diploma or GED will increase over baseline by 20 percentage points.	To be measured in Period 12	
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.	78%	Similar

¹³ As part of a Stipulated Modification to the Consent Decree, the standard for Outcome 20 was modified. See *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

¹⁴ Ibid.

¹⁵ As part of a Stipulated Modification to the Consent Decree, the standard for Outcome 22 was modified. See *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

Table II-1, continued
Kenny A. Outcomes: Progress as of June 30, 2011

Strengthened Infrastructure Outcomes Effective Oversight of Placement Settings	Period 11 Performance	Comparison to Period 10
Outcome 25: At least 98% of all foster placements serving class member children shall be in full approval and/or licensure status. ¹⁶	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.	90%	Improved within Margin of Error
Outcome 29: No more than 5% 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.	0%	Similar
Outcome 31: No more than 10% of all foster family home placements serving class member children at any time during the reporting period shall exceed the capacity limits referenced in Section 5.C.4.e. of the Consent Decree, concerning the requirement that no child shall be placed in a foster home if that placement will result in more than three (3) foster children in that foster home, or a total of six (6) children in the home, including the foster family's biological and/or adopted children. ¹⁷	2%	Similar

¹⁶ As part of a Stipulated Modification to the Consent Decree, the methodology for Outcome 25 was modified. See *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

¹⁷ As part of a Stipulated Modification to the Consent Decree, the methodology for Outcome 31 was modified. See *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

Part 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.”¹⁸ 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 4 (December 2007). Table III-1 below provides the measured performance summary for each outcome in Period 11. 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 that display the State’s performance trends over the applicable reporting periods to date.

Table III-1
Children in Foster Care are Safe from Maltreatment: Progress as of June 30, 2011

Consent Decree Outcome	Period 11 Performance
Outcome 5: No more than .57% of all children in foster care shall be the victim of substantiated maltreatment while in foster care.	0.41%
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.	93%
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.	82%
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.	93%
Outcome 6: 98% of all foster homes will not have an incident of corporal punishment within the previous 12 months.	99%

¹⁸ 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. It is unacceptable that any child in the State's protective custody should experience maltreatment in their out-of-home placement.

a. Interpretation and Measurement Issues

There were no new interpretation or measurement issues encountered during Period 11. Appendix B provides a summary of previously resolved interpretation and measurement issues. The Consent Decree standard for maltreatment in care (Outcome 5) since the end of 2007 (Period 4) 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."*¹⁹ The data used to measure the outcome performance are derived from a review of all 60 investigations of alleged maltreatment concerning class member children in foster care completed during Period 11 (January-June, 2011).

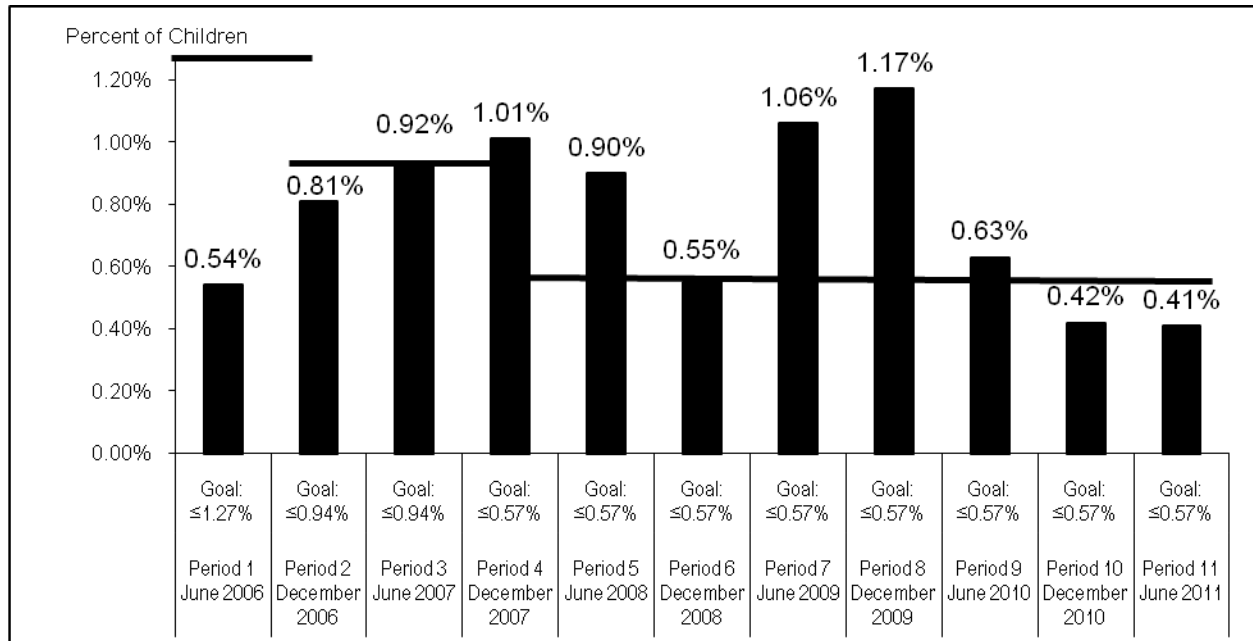
b. State Performance

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

For Outcome 5, less than one-half percent (**0.41%**) of all children in foster care between January 1 and June 30, 2011 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 11 rate is similar to the Period 10 rate of 0.42 percent, and represents the lowest maltreatment in care rate measured since reporting began. Figure III-1 displays the State's performance over 11 reporting periods.

¹⁹ U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families: Updated National Standards for the Child and Family Service Reviews and Guidance on Program Improvement Plans. Information Memorandum ACYF-CB-IM-01-07, August 16, 2003.

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



Source: File Review of All Completed Maltreatment in Care Investigations, October 2005 – June 2011.

In Period 11, the case record review found seven instances of substantiated maltreatment fitting the federal definition among the 1687 children in custody at any point during the reporting period. This is the same number of substantiated victims of maltreatment in care as in Period 10; the maltreatment in care *rate* declined slightly due to the somewhat larger number of children in care in Period 11 (1687 in Period 11 compared to 1649 in Period 10). The type of maltreatment substantiated for these seven children consisted of: inadequate supervision alone (4 children) and inadequate food, clothing, shelter (3 children). 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. One child was maltreated by relatives in whose care the children had been placed, one child was maltreated by their biological parent during a supervised visit, and one child was maltreated by a family member (secondary caretaker).

In Period 11 as in previous reporting cycles, congregate care settings continued to have a substantial impact on the overall maltreatment in care rate. Table III-2 shows congregate care as the primary driver of the State's best and poorest performance on Outcome 5 to date. It displays the number of victims of substantiated maltreatment in congregate care settings and in family foster homes for the four reporting periods in which the State had its best performance on Outcome 5, and the three periods with the poorest performance on this outcome. In each of Periods 1, 6, 10, and 11 (the four periods in which performance bettered the current Outcome 5 standard of 0.57%) there were six or fewer substantiated victims of maltreatment in congregate care facilities. Conversely, in each of the three periods in which Outcome 5 exceeded one

percent of the children in care, the number of substantiated victims of maltreatment in congregate care facilities ranged from 10 to 15. The number of substantiated victims of maltreatment in family foster homes varied to a lesser extent across these reporting periods, although in the two periods with the lowest maltreatment in care rates (Periods 10 and 11), there were six or fewer substantiated victims in family foster homes as well as in congregate care facilities.

Table III-2
Substantiated Maltreatment in Congregate Care^a and Family Foster Homes in
Reporting Periods with the Best and Poorest Performance on Outcome 5

Substantiated Maltreatment	Lowest Maltreatment in Care Rates				Highest Maltreatment in Care Rates		
	Period 1	Period 6	Period 10	Period 11	Period 4	Period 7	Period 8
	Outcome 5: 0.54%	Outcome 5: 0.55%	Outcome 5: 0.42%	Outcome 5: 0.41%	Outcome 5: 1.01%	Outcome 5: 1.06%	Outcome 5: 1.17%
Number of Substantiated Victims in Congregate Care ^a	6	2	1	3	15	10	11
Number of Substantiated Victims in Family Foster Homes	12	11	6	4	12	15	14
Total	18	13	7	7	27	25	25

Source: Case file review of all investigations completed October 27, 2005 – June 30, 2011.

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

One reason the maltreatment in care rate is sensitive to maltreatment occurring in congregate care facilities is that maltreatment reports emanating from such settings have a higher likelihood of involving multiple victims. In addition, successfully reducing maltreatment in congregate care settings is complicated by the significant supervision challenges presented by the multiple teens usually placed in such facilities and the tendency for supervision to be provided by non-resident shift-work staff rather than resident parental authority figures.

Given the sensitivity of the State's maltreatment in care rate to maltreatment occurring in congregate care facilities, continuing to meet 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, and continuing to work with providers to identify and ameliorate the conditions associated with the maltreatment of children who *are* placed in congregate care settings.

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 60 maltreatment investigations completed during the reporting period that involved a child in the custody of DeKalb or Fulton County. This represented a twenty-two percent decrease from the 77 such reports completed during Period 10. 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 allegations of maltreatment are to be investigated by the DFCS local office in the child’s county of residence.²⁰ For ease of reference, counties outside DeKalb and Fulton are referred to throughout this report as “perimeter counties.” For Outcomes 1, 2, and 3 and the CPS notification data later in this chapter, the performance of the State Special Investigations Unit (SSIU) is displayed separately from county performance.

a. Interpretation and Measurement

There were no new interpretation or measurement issues encountered during Period 11. Appendix B provides a summary of previously resolved interpretation and measurement issues. The data used to measure the outcome performance are derived from a review of all 60 investigations of alleged maltreatment of class member children in foster care completed during Period 11 (January-June, 2011).

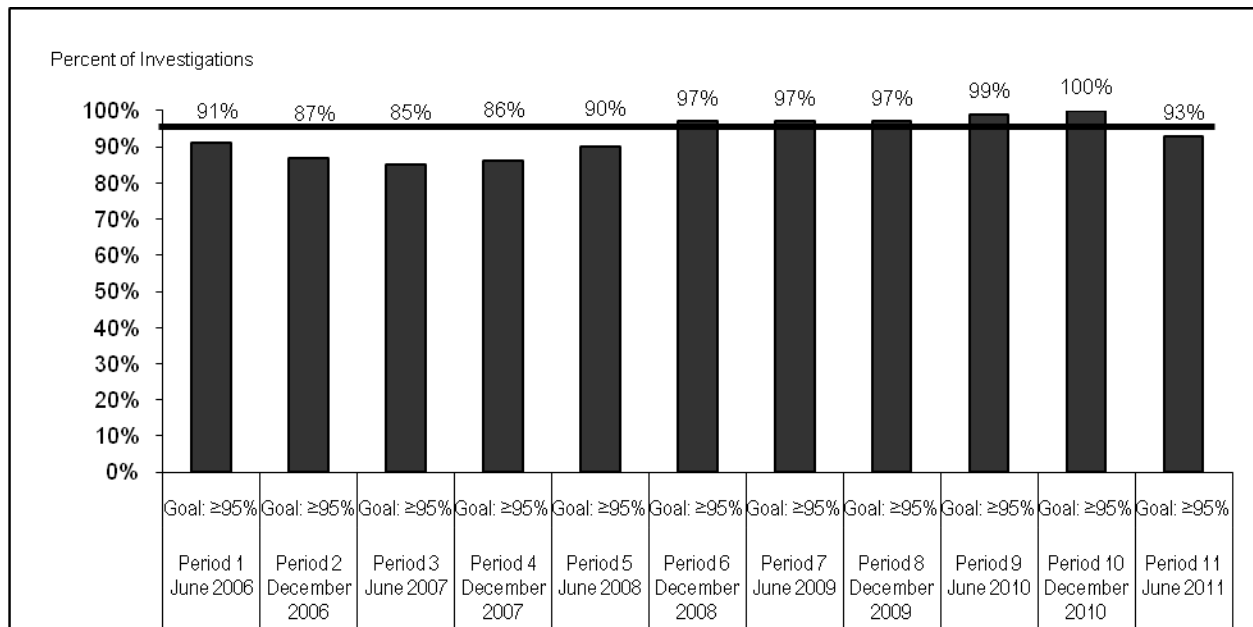
²⁰ Effective December 1, 2010, allegations arising in congregate care facilities and in certain other circumstances may be investigated by the new State Special Investigations Unit (SSIU), in lieu of, or in conjunction with, the local DFCS office.

b. State Performance

- **The State Fell Short of the Outcome 1 Threshold**

As noted in Table III-1 for Outcome 1, **93 percent** of maltreatment in care investigations were commenced within 24 hours according to file review data from the universe of investigations completed during the reporting period. Outcome 1 requires that 95 percent of such investigations be commenced within 24 hours. This represents the first time in the last six reporting periods that the Outcome 1 threshold was not surpassed. Figure III-2 displays the State's performance on Outcome 1 over 11 reporting periods.

Figure III-2
Eleven 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 – June 2011.

As displayed in Table III-3, the SSIU commenced 100 percent of the investigations they completed within 24 hours; DeKalb and Fulton counties timely commenced 94 percent of investigations while the 24-hour commencement rate for the perimeter counties was 88 percent. For DeKalb/Fulton and the perimeter counties, this represented a decline from the Period 10 rate of 100 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.

Table III-3
Outcome 1 – Commencement of Maltreatment in Care Investigations
N=60

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	2	6%	31	94%	33	100%
Perimeter Counties	2	12%	14	88%	16	100%
State Special Investigations Unit ^a	0	0%	11	100%	11	100%
Total	4	7%	56	93%	60	100%

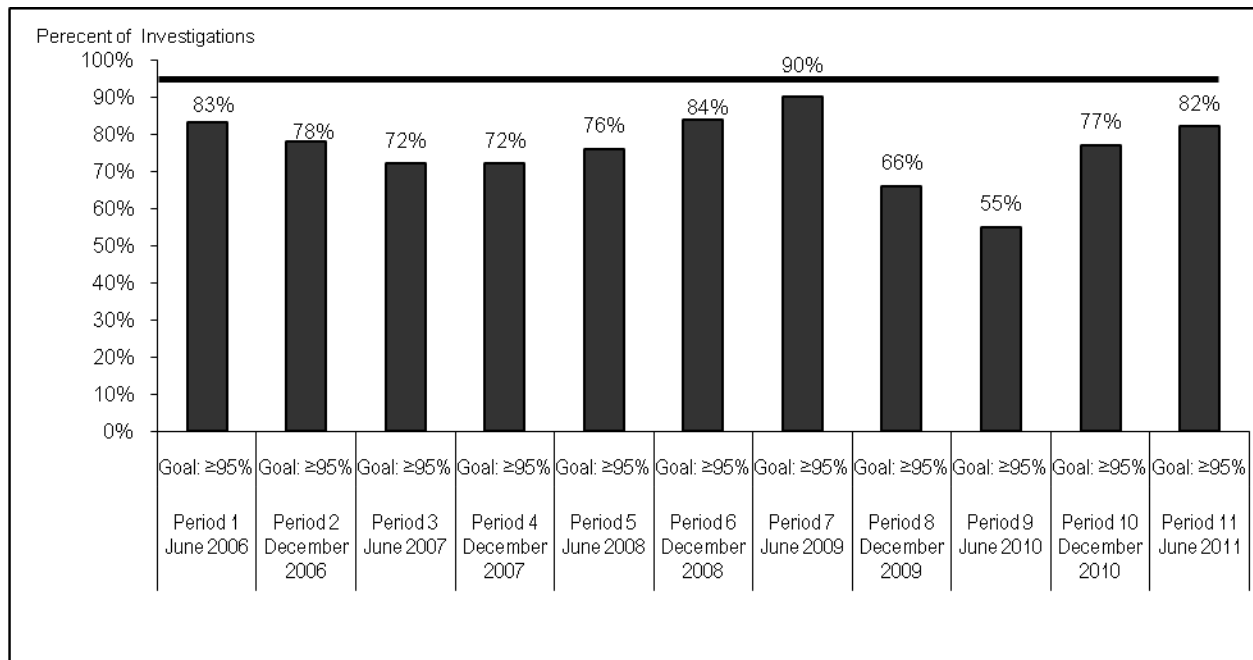
Source: File Review of All Completed Investigations, January - June 2011.

^a Allegations arising in congregate care facilities and in certain other circumstances may be investigated by the new State Special Investigations Unit rather than a local DFCS office.

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

For Outcome 2, **82 percent** of maltreatment in care investigations (49 of 60) were completed within 30 days according to record review data from all investigations completed during the reporting period. This was a 5 percentage point improvement from the Period 10 rate of 77 percent, but remains substantially below the Outcome 2 standard. Outcome 2 requires that 95 percent of maltreatment in care investigations be completed, in accordance with DFCS policy, within 30 days. For Period 11, 95 percent of such investigations were completed within 40 days; 98 percent were completed within 45 days.

Figure III-3
Eleven 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 – June 2011.

The Period 11 performance of DeKalb and Fulton counties in completing investigations within 30 days was unchanged from Period 10 (79%) while that of the perimeter counties improved slightly (from 69 to 75 percent). All (100%) of the investigations completed by the SSIU were completed within 30 days. The Period 11 performance in completing investigations within 45 days improved in DeKalb and Fulton compared to Period 10, from 97 percent to 100 percent; while it fell in the perimeter counties, from 100 percent to 96 percent. The Period 11 performance of DeKalb and Fulton counties, the SSIU, and the perimeter counties is displayed in Table III-4.

Table III-4
Outcome 2 – Timely Investigations
N=60

Investigating County	Completed in ≤ 30 Days		Completed in ≤ 45 Days		Total	
	Number	% of Total	Number	% of Total	Number	% of Total
DeKalb/Fulton	26	79%	33	100%	33	100%
Perimeter Counties	12	75%	15	94%	16	100%
State Special Investigations Unit ^a	11	100%	11	100%	11	100%
Total	49	82%	59	98%	60	100%

Source: File Review of All Completed Maltreatment in Care Investigations, January – June 2011.

^a Allegations arising in congregate care facilities and in certain other circumstances may be investigated by the new State Special Investigations Unit rather than a local DFCS office.

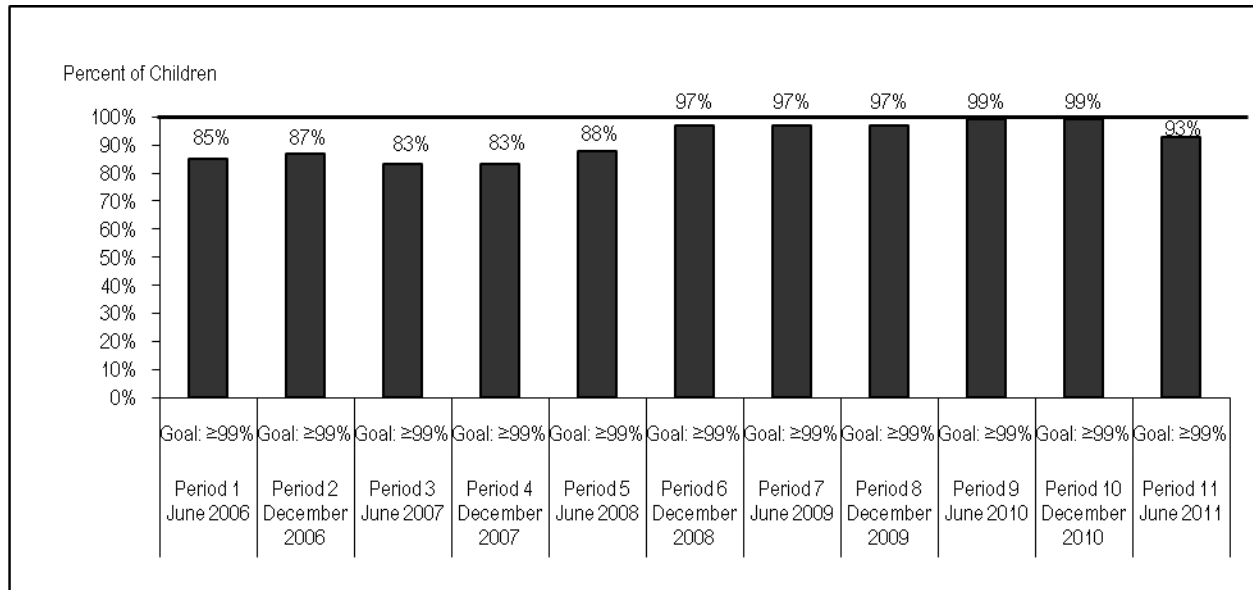
- **The State Fell Short of the Outcome 3 Threshold**

For Outcome 3, **93 percent** (64 of 69) alleged victims of maltreatment in care during Period 11 had face-to-face private contact with a CPS investigator within 24 hours, according to record review data from all investigations completed during the reporting period. This represents the State's poorest performance since Period 5 (88%). Figure III-4 illustrates the State's performance on Outcome 3 for 11 reporting periods.

The 69 alleged victims of maltreatment in care represented a thirty percent decrease from the 99 alleged victims reported for Period 10. In the cases it investigated, the SSIU made face-to-face contact within 24 hours with 100 percent of the alleged victims, but the Outcome 3 performance of DeKalb and Fulton counties dropped from 99 percent in Period 10 to 95 percent in Period 11, while that of the perimeter counties fell from 100 percent to 84 percent. Period 11 data for Outcome 3 is displayed in Table III-5.

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. There were five alleged victims who were not seen within this time frame. Two alleged victims were in cases investigated by DeKalb and Fulton counties. Three alleged victims were in cases investigated by perimeter counties. One of the two alleged victims investigated by DeKalb and Fulton counties and one of the three alleged victims investigated by perimeter counties were removed from the placement setting in which the maltreatment was alleged to have occurred within 24 hours, but the children were not interviewed by a CPS investigator within that timeframe.

Figure III-4
Eleven 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 – June 2011.

Table III-5
Outcome 3 – Face-to-Face Contact with Alleged Maltreatment Victims within 24 Hours
N=69

Investigating County	No Contact Within 24 Hours		Removed Prior To or Within 24 Hours of Report		CPS Contact Within 24 Hours		Total	
	Alleged Victims	Percent of Total	Alleged Victims	Percent of Total	Alleged Victims	Percent of Total	Alleged Victims	Percent of Total
DeKalb/Fulton	1	3%	1	3%	37	95%	39	100%
Perimeter Counties	2	11%	1	5%	16	84%	19	100%
State Special Investigations Unit ^a	0	0%	0	0%	11	100%	11	100%
Total	3	4%	2	3%	64	93%	69	100%

Source: File Review of All Completed Maltreatment in Care Investigations, January – June 2011.

^a Allegations arising in congregate care facilities and in certain other circumstances may be investigated by the new State Special Investigations Unit rather than a local DFCS office.

c. Operational Context

The State's Period 11 performance on the child safety measures related to maltreatment in care (Outcome 5) and timely investigation completion (Outcome 2) represented continued improvement from Periods 9 and 10. The maltreatment in care rate of 0.41 percent (Outcome 5) was the lowest rate measured since the advent of the Consent Decree. The proportion of timely-completed investigations (Outcome 2), while still low at 82 percent, represented a modest improvement from the Period 10 performance of 77 percent. However, the State's performance on the measures related to timely initiation of investigations (Outcome 1 – 93%) and timely face-to-face contact with all alleged victims (Outcome 3 – 93%) fell well short of the “high water marks” established for these Outcomes in Period 10 (100 percent and 99 percent, respectively) and represented the State's poorest performance on these outcomes since Period 5 (January-June, 2008).

While the reasons for these declines in performance are unclear, one thing is clear: the declines would likely have been greater had not the SSIU been created in December 2010. The SSIU performed at the rate of 100 percent on each of Outcomes 1, 2, and 3 in Period 11. Without the SSIU, DeKalb, Fulton, and the perimeter counties performed at a combined rate of 92 percent on Outcome 1; 78 percent on Outcome 2; and 91 percent on Outcome 3.

The Accountability Agents' Period 10 report attributed the significant improvement between Periods 9 and 10 in the State's Outcome 2 performance (from 55 to 77 percent) to corrective actions put in place under an agreement with Plaintiff's Counsel to address the precipitous decline in Outcome 2 observed between Periods 7 and 9.^{21,22} However, those corrective actions may have played themselves out; when the SSIU's impact is excluded, the Period 11 Outcome 2 performance of DeKalb, Fulton, and the perimeter counties remained virtually unchanged from Period 10.

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.”²³ Outcome 6 stipulates that by the end of Period 4, 98 percent of all foster homes will not have an incident of corporal punishment within the previous 12 months.

²¹ See Dimas, J.T. and Morrison, S.A. *Period 10 Monitoring Report, Kenny A. v Perdue*, June 2011 p. 29 for a description of these corrective actions.

²² See Dimas, J.T. and Morrison, S.A. *Period IX Monitoring Report, Kenny A. v Perdue*, December 2010 pp. 30-31 for a more detailed discussion of this issue.

²³ See p. 2 of the Consent Decree.

a. Interpretation and Measurement

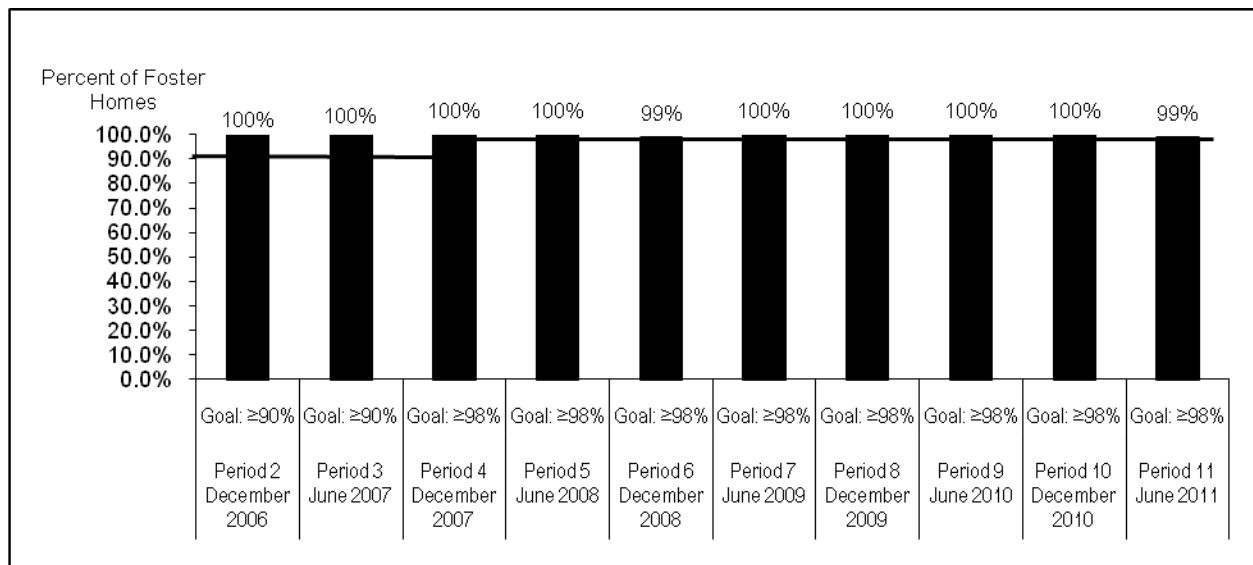
The Consent Decree's use of the phrase "...all foster homes...."²⁴ is operationalized as all foster homes with a class member in custody during the reporting period for measurement purposes. Appendix B provides a summary of previously resolved interpretation and measurement issues. The data used to measure Outcome 6 performance is based on a sample of 160 foster homes that had a class member in care at any point during the reporting period.

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, 159 of 160 of the foster homes sampled (99%) had not had a confirmed incident of corporal punishment in the previous 12 months, surpassing the Consent Decree standard. This is about the same as the Period 10 rate of 100 percent 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 10 reporting periods to which the Consent Decree standards applied.

Figure III-5
Nine Periods of State Performance on Outcome 6:
Incidents of Corporal Punishment in Foster Homes



Source: Foster Home Record Reviews, July 2006 – June 2011.

²⁴ See p. 32 of the Consent Decree.

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.²⁵ 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 Management (OPM) and the Office of Residential Child Care (ORCC), and the review of 175 randomly selected foster care records and all 60 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 assessed by CPS staff who decide whether the report rises to the level of suspected maltreatment and will be investigated, or whether the report fails to rise to that standard and will be screened out. The Period 11 reviews of foster care records of 175 sampled children and 160 foster homes identified no instance in which placement staff declined or failed to refer allegations of maltreatment to CPS staff for screen-out or investigation, as appropriate. 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."²⁶ DFCS policy on maltreatment in care investigations (which are considered "Special Investigations") is contained in Section 2106 of the Social Services Manual.²⁷ Section 2106 contains guidance on the many aspects of properly conducting Special Investigations, such as separately interviewing the parties involved, contacting DFCS case managers required to visit the placement setting, 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.

²⁵ See pp.28-30 of the Consent Decree.

²⁶ See p. 28 of the Consent Decree.

²⁷ 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 11 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-6 for the 11 investigative standards common to most placement types. The percentages reported in Table III-6 represent the number of instances for which the investigative record was adequate to provide a conclusive, affirmative response.

Table III-6
Proportion of Investigations Meeting Policy Requirements
(N shown is for Period 11 cases and varies based on
placement setting and other case characteristics)

Investigation Policy Requirement	Percent of Applicable Files with Documentation of Compliance	
	Period 10	Period 11
Investigator saw/interviewed every alleged maltreated child separately (N=60)	100%	100%
Alleged maltreater was interviewed separately (N=58)	97%	100%
All other adults frequently in the home interviewed separately (N=13)	92%	100%
DFCS case managers required to visit in this foster care setting were contacted (N=60)	88%	97%
Investigator saw/interviewed each of the other children (non-alleged victims) separately (N=45)	91%	96%
At least two relevant collateral sources contacted during the investigation (N=49)	99%	94%
Continued safety of the child(ren) placed in the home was adequately evaluated and assessed (N=33)	96%	94%
Investigator reviewed the DFCS history of the foster parent/caregiver (N=33)	88%	94%
All approved foster parents/caregivers interviewed separately (N=60)	95%	93%
Investigator reviewed previous CPS reports for foster parents/caregivers (N=33)	76%	88%
Case record contains physical evidence to support case documentation (N=39)	76%	69%

Source: Case file review of all maltreatment in care investigations completed July 1, 2010 – June 30, 2011.

As reflected in Table III-6, documented compliance with each of the 11 investigative policy requirements applicable to most investigations showed evidence of improvement compared to Period 10 for six requirements (*alleged maltreater was interviewed separately; all other adults*

frequently in the home interviewed separately; DFCS case managers required to visit in the foster care setting were contacted; investigator saw/interviewed each of the other children (non-alleged victims) separately; investigator reviewed the DFCS history of the foster parent/caregiver; and investigator reviewed previous CPS reports for foster parents/caregivers); one requirement (investigator saw/interviewed every alleged maltreated child separately) remained about the same (\pm one percentage point), while compliance appears to have declined for four requirements (at least two relevant collateral sources contacted during the investigation; continued safety of the children placed in the home was adequately evaluated and assessed; all approved foster parents/caregivers interviewed separately; and case record contains physical evidence to support case documentation). However, documented compliance was found to be 90 percent or greater for nine of the 11 investigative policy requirements evaluated. State performance on the two requirements (investigator reviewed previous CPS reports for foster parents/caregivers and case record contains physical evidence to support case documentation) for which compliance was found to be below 90 percent is considered in greater detail below.

The compliance rate of 88 percent for *investigator reviewed previous CPS reports for foster parents/caregivers* represented 29 of the 33 cases in which the foster parent/caregiver had a history of previous CPS reports. In two of these cases the investigator identified some, but not *all* of the previous CPS history, in one the investigator failed to acknowledge reviewing the CPS history that was compiled by the intake worker, and in one the investigator indicated there was no CPS history when actually a history did exist. While the 88 percent compliance rate for Period 11 represented a substantial improvement over the Period 10 rate of 76 percent (which was the lowest rate measured since the advent of the Consent Decree) it is still too low considering the importance of this step to establishing an accurate context in which the current allegation should be considered, and the fact that the compliance rate ranged from 90 percent to 96 percent for the first five reporting periods.

Properly documenting investigators' review of previous CPS reports has been problematic since the implementation of SHINES in Period 6. SHINES has no dedicated mechanism (such as clicking a radio button) that the investigator can use to indicate that he/she *reviewed* the CPS history that is usually compiled by the intake worker. The only place in SHINES an investigator can indicate that they reviewed previous CPS reports on an alleged maltreater is in the "contact narrative" field (which supports free form text) or in the External Documents tab, which enables free-standing documentation (such as an Investigation Summary) to be uploaded. After concerted efforts to encourage investigators to be more consistent in their use of the contact narrative field to document their review of previous CPS histories, compliance rates rebounded to 92 percent in Period 8 and to 93 percent in Period 9. After the Period 10 drop-off to 76 percent an additional strategy to improve the compliance rate was implemented. Investigators were encouraged to include a complete CPS history in the Investigation Summary they are required to send to the DFCS Policy Office at the conclusion of each maltreatment in care investigation and to upload that document into SHINES. This likely contributed to the observed improvement in Period 11. DHS and DFCS are urged to continue monitoring ongoing compliance with this important policy requirement, and to take such additional training, supervision, and/or technological steps as may be warranted.

The compliance rate of 69 percent for *case record contains physical evidence to support case documentation* represented 27 of the 38 cases in which the record reviewer concluded that the nature of the allegations warranted the collection of physical evidence. The collection and archiving of physical evidence is an important part of investigative practice that helps support the final disposition of the case. Of the 11 such cases in which no physical evidence was found in the SHINES case record, five (45%) had a clear indication in the case record that such evidence was collected but there was no indication it was ever uploaded to SHINES; one (9%) indicated the information was collected and uploaded but file reviewers were unable to locate it in SHINES; and five (45%) did not have any indication in the case record that such evidence ever was collected. This contrasts with Period 10 in which only two of the nine cases (22%) missing physical evidence that should have been collected had no indication in the case record that such evidence ever was collected. In three of the five Period 11 cases (60%) in which expected physical evidence did not appear ever to have been collected, the missing evidence was a medical/forensic/police report.

The problem of physical evidence existing but not being retrievable in SHINES is not a new one. The Period 11 data suggest the problem is more one of practice (investigators failing to upload – or properly to upload – the physical evidence to SHINES) than of technology (SHINES failing properly to handle the uploaded documents). The increase between Periods 10 and 11 in the proportion of investigations in which physical evidence should have been collected but was not is a new practice concern. The State is encouraged to address both of these investigative practice concerns through training and supervision. The Accountability Agents will continue to monitor and report on State compliance with policy requirements applicable to investigations of maltreatment in care.

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

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 10 days. If the incident occurred in a provider-supervised foster care setting, an investigative summary is also to be sent to ORCC and OPM.

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 Management (OPM).²⁸ The purpose of the review specified in the Consent Decree is “...to determine whether a pattern of abuse or neglect exists within... [the provider agency]... that contributed to the abuse or neglect; whether the contract should be terminated; whether particular homes or facilities should be closed....”²⁹

²⁸ ORCC licenses child placing agencies (CPA), child caring institutions (CCI), and outdoor therapeutic programs (OTP). OPM approves CPAs, CCIs, and OTPs wishing to serve DFCS children once they have been licensed by ORCC.

²⁹ See Section 12 B, p. 28 of the Consent Decree.

To assess compliance with these provisions, the Accountability Agents collect data directly from ORCC, OPM, and the DFCS Policy Unit to ascertain which maltreatment investigations involving foster children had been reported to each office, and interview ORCC and OPM 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 OPM of Maltreatment in Care Investigations**

The completeness of maltreatment in care reporting to the DFCS Policy Unit, ORCC, and OPM improved in Period 11. Complete maltreatment in care reporting to the three statewide offices responsible for identifying maltreatment in care patterns remains critical to the State's ability to successfully prevent maltreatment in care.

For Period 11, data collected directly from the DFCS Policy Unit indicate that administrative packets were received for 58 (97%) of the 60 maltreatment in care investigations completed during Period 11. This was similar to Period 10 when the Policy Unit was notified of 74 of 77 investigations (96%). In Period 11, only Fulton and Polk counties failed to notify the DFCS Policy Unit of 100 percent of their investigations. Thirty-seven (64%) of the 58 reports the Policy Unit received for Period 11 were received within the 10-day window specified by DFCS policy.³⁰ This rate remains low but represents a substantial improvement from the 41 percent of maltreatment in care reports received within the 10 day window in Period 10. Table III-7 displays data on reporting of maltreatment in care investigations to the DFCS Policy Unit.

³⁰ Social Services Manual, Section 2106.11, Georgia Dept. of Human Resources, July 2005.

Table III-7
Policy Unit Notification of Period 11 Maltreatment in Care Investigations
N=60

Investigating County	Total Investigations	Notified		Not Notified	
	Number	Number	% of Total	Number	% of Total
DeKalb	13	13	100%		
Fulton	20	19	95%	1	5%
Clayton	1	1	100%		
Cobb	5	5	100%		
Henry	3	3	100%		
Newton	2	2	100%		
Paulding	1	1	100%		
Polk	2	1	50%	1	50%
Rockdale	1	1	100%		
Taylor	1	1	100%		
State SIU	11	11	100%		
Total	60	58	97%	2	3%

Source: Survey of Notification of CPS Investigations in Foster Care Settings, January 1 – June 30, 2011.

The Period 11 file review of maltreatment in care investigations included 29 investigations of maltreatment that occurred in provider-supervised settings and therefore should have been reported to both ORCC and OPM.³¹ Data collected directly from ORCC and OPM indicate that ORCC was notified of 29 (100%) of these 29 investigations. This represents an improvement from Period 10 when ORCC was notified of 93 percent of such maltreatment in care investigations. Table III-8 displays data on county reporting of maltreatment in care investigations to ORCC.

³¹ There were a total of 37 investigations that involved children placed in provider-supervised settings, but eight of these fell outside the jurisdiction of ORCC and OPM. In these eight cases the alleged maltreatment occurred in Psychiatric Residential Treatment Facilities (PRTFs) which operate under contract to the Department of Behavioral Health and Developmental Disabilities and are regulated by the Department of Community Health, Healthcare Facility Regulation Division.

Table III-8
Office of Residential Child Care Notification of
Period 11 Maltreatment in Care Investigations
N=29

Investigating County	Total Investigations	Notified		Not Notified	
	Number	Number	% of Total	Number	% of Total
DeKalb	3	3	100%		
Fulton	9	9	100%		
Cobb	2	2	100%		
Henry	3	3	100%		
Newton	2	2	100%		
Paulding	1	1	100%		
Polk	2	2	100%		
Rockdale	1	1	100%		
Taylor	1	1	100%		
State SIU	5	5	100%		
Total	29	29	100%		

Source: Survey of Notification of CPS Investigations in Foster Care Settings, January 1 – June 30, 2011.

Fulton County conducted the largest number of maltreatment in care investigations in provider-supervised settings at nine. All nine (100%) were reported to ORCC. This exceeded Fulton County's Period 10 ORCC notification performance of 89 percent (16 of 18 investigations). DeKalb County notified ORCC of 100 percent of the investigations they completed (the same rate as in Period 10). The seven perimeter counties that completed maltreatment in care investigations in provider-supervised settings notified ORCC of 100 percent of those investigations, as did the State Special Investigations Unit (SIU).

The Period 11 notification data illustrate that county incident reporting enables prudent, collaborative action by ORCC and DFCS. Among the 29 maltreatment in care investigations of which ORCC was informed, ORCC elected to conduct a joint investigation with DFCS for 19 (66%) of them. 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 Management (OPM), the statewide organizational entity charged with supervising DFCS' provider contracts, enhances OPM's ability to be a prudent purchaser of care. For Period 11, OPM appears to have been notified of 29 (100%) of the 29 investigations of alleged maltreatment that occurred in provider-supervised settings. This matches the Period 10 rate of 100 percent. Table III-9 displays data on county reporting of maltreatment in care investigations to OPM.

Table III-9
Office of Provider Management
Notification of Period 11 Maltreatment in Care Investigations
N=29

Investigating County	Total Investigations	Notified		Not Notified	
	Number	Number	% of Total	Number	% of Total
Fulton	9	9	100%		
DeKalb	3	3	100%		
Cobb	2	2	100%		
Henry	3	3	100%		
Newton	2	2	100%		
Paulding	1	1	100%		
Polk	2	2	100%		
Rockdale	1	1	100%		
Taylor	1	1	100%		
State SIU	5	5	100%		
Total	29	29	100%		

Source: Survey of Notification of CPS Investigations in Foster Care Settings, January 1 – June 30, 2011.

Fulton and DeKalb counties maintained their Period 10 OPM notification rates of 100 percent; all perimeter counties that completed maltreatment investigations in provider-supervised settings (Cobb, Henry, Newton, Paulding, Polk, Rockdale, and Taylor) had OPM notification rates of 100 percent, as did the State SIU.

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

Interviews with ORCC and OPM 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 survey staff are assigned for investigation if appropriate and shared with members of the ORCC leadership team and with OPM and other DFCS staff. The OPM Contracts and Risk Manager leads the review process for OPM. ORCC and OPM staff meet individually or jointly, by conference call or in office conferences, with provider agencies as needed 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, OPM follows up with the provider by addressing the outcome of the CPS investigation via phone conference, office conference, or a visit to the facility. Corrective action plans are implemented to correct areas of deficiency. Pending agreement on a corrective action plan or, in some instances, completion of it, intake may be suspended for that provider.
 - After a corrective action plan is implemented to address any identified areas of deficiency, the provider's compliance with it is monitored via a higher frequency of announced and unannounced visits. On a case-by-case basis, review and approval by OPM of all prospective placements prior to admission may be required throughout the following quarter.

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.³² 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 159 of 160 foster home records sampled (99%), there was a signed written statement or other evidence that foster parents understood and agreed to comply with DFCS' prohibition on the use of corporal punishment. This is similar to the Period 10 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 Management (OPM). 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 report related to corporal punishment in a provider supervised foster home, the home's file is inspected to determine if the foster parent(s) signed the CPA's discipline policy.

³² See pp 29-30, paragraph 12.C of the Consent Decree.

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

c. Compliance with Corporal Punishment Prohibition

Actual compliance with the corporal punishment prohibition appears to be excellent. The review of child records of 175 randomly selected children in foster care during Period 11 identified no confirmed instances of corporal punishment (0.0%). This is comparable to Period 10, during which there were no confirmed instances of corporal punishment among the children included in the placement sample.

The foster home record review of 160 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 160 foster home records reviewed (0.6%). In this one incident, three children in a DFCS-supervised foster home told their child advocate they were being whipped with a belt; however, the children told their placement case manager and the Judicial Review Panel they were never hit, and the children had no marks or bruises. While the allegations were being assessed, a separate report alleging inadequate supervision was received on this home. The two allegations were combined into one investigation which was substantiated for inadequate supervision and the home was closed.

The review of all 60 maltreatment in care reports investigated during the reporting period identified six reports (10%) that began as an allegation of corporal punishment. In Period 10, seven of the 77 maltreatment in care reports (9%) began as a corporal punishment allegation. One of the six investigations completed during Period 11 that began with an allegation of corporal punishment found that allegation to be substantiated and the children were removed from the placement (which was their biological mother's home). The disposition of the five remaining cases is detailed below:

- In one case, the alleged maltreatment occurred while the child was in daycare and as a result of the allegation the child was placed in a new daycare facility.
- A corrective action plan was implemented in one case that specified the supervising CPA would review with the foster parent their discipline policy and the foster parent would complete a training titled Calming Children in Crisis.
- In three cases, the alleged victim children were removed from the placements involved and not returned at the investigations' conclusion.

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 six CPS investigations prompted by an allegation of corporal punishment; three involving children placed in DFCS supervised foster homes, two involving children placed in provider-supervised foster homes, and one involving children placed with their birth mother. Of these six investigations:

- 5 (83%) showed that all alleged victims were interviewed separately within 24 hours;
- 5 (83%) showed that the continued safety of any children remaining in the home was adequately evaluated;
- 6 (100%) the investigative conclusion was consistent in reviewers’ opinion with the investigative documentation; and,
- 6 (100%) of the investigations were completed within 30 days as required by DFCS policy.

In both of the investigations involving children placed in privately-supervised foster homes, OPM and ORCC were notified of the report and of the investigative conclusion. In one of these cases the maltreatment was alleged to have occurred in a day care center and in such instances notice of the investigation is not required to be made to ORCC or OPM.

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 1 requirements that have been discussed in previous reports.³³ The remaining outcomes apply to subsequent reporting periods with the final phase-in of performance thresholds occurring in Period 4. 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 11. This part also includes charts that display the State's permanency performance trends over the applicable reporting periods to date.

³³ 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 11 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.	95%
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.	74%
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).	99%
Outcome 21: At least 85% of all children with the goal or reunification shall have appropriate visitation with their parents to progress toward reunification.	89%
Outcome 23: At least 90% of the total minimum number of required monthly sibling-group visits shall occur during the reporting period. Children who have one or more siblings in custody with whom they are not placed shall be provided a visit with their siblings at least one time each month, unless the visit is harmful to one or more of the siblings, the sibling is placed out of state in compliance with ICPC, or the distance between the children's placement is more than 50 miles and the child is placed with a relative. ³⁴	95%
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.	8.6%
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.	54%
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.	61%
Outcome 9: Children in custody for up to 24 months and still in custody upon entry of the Consent Decree (children in the "24 month backlog pool"): For all children remaining in the 24 month backlog pool after the 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.	27%

³⁴ As part of a Stipulated Modification to the Consent Decree, the standard for Outcome 23 was modified. See *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

Table IV-1, continued
Permanency Outcomes

Children Achieve Permanency	Period 11 Performance
Outcome 10: Children in custody for more than 24 months and still in custody upon entry of the Consent Decree (children in the “over 24 month 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.	9%
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.	67%
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.	100%
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.	87%
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.	93%

1. Children in Placement Maintain Family Connections: Outcomes 7 16, 19, 21, and 23

One of the Consent Decree principles is “*all non-destructive family ties should be maintained and nurtured.*”³⁵ 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 to maintaining family ties and achieving permanency.

Outcome 7 – Diligent Search

A “reasonably diligent search is required by law (O.C.G.A. Section 15-11-55) to identify those individuals who may be considered a resource for placement or custody of the child.”³⁶ The Consent Decree, in Outcome 7, requires the diligent search for parents and relatives to be undertaken and documented within 60 days of entry for at least 95 percent of all foster children entering care. In practice, a search should be initiated as soon as the child enters custody or even before entry as information is gathered in the investigation or assessment stage. Immediate efforts can serve to hasten permanency for a child and to minimize the trauma of removal if the child can be placed with someone known to him or her.

Furthermore, the search for relatives and other individuals who have “demonstrated an on-going commitment to the child”³⁷ should be ongoing until the child has achieved permanency. The diligent search process can be effective in identifying individuals who are or can be part of a supportive team for the child and family. For example, these individuals may be called on to help supervise a safety plan for a child who is returned home or provide housing and transportation for parents or facilitate regular visits among separated siblings.

a. Interpretation and Measurement Issues

The performance of Outcome 7 was measured based on a case record review of 125 children randomly selected from those entering custody between July-December 2010 and remaining at least 60 days. The targeted review of these cases was conducted in May and June 2011. The outcome requirement for undertaking a diligent search within 60 days was deemed to have been met if one of the following conditions was met:³⁸

- the child was placed with a family resource within 60 days after entering custody; **or**,
- a court order stated that the diligent search had been properly and timely submitted to the court; **or**,

³⁵ See p. 4, principle 2 in the Consent Decree.

³⁶ Social Services Manual, Chapter 1000, Section 1002.3.1, Georgia Department of Social Services

³⁷ Social Services Manual, Chapter 1000, Section 1002.31 Georgia Department of Social Services

³⁸ See Dimas, J. T and Morrison, S. A. Period VIII Monitoring Report, *Kenny A. v. Perdue*, July 2010 Appendix B for a fuller description of the interpretation and measurement issues associated with Outcome 7.

- there were documented search efforts that included: children over age 3 were interviewed about adults in their lives or someone with whom they would want to live **and** one or more family member or family friend was interviewed within 60 days **and**, when resources were identified, there was evidence that one or more of the identified resources were contacted or contact was attempted within 60 days.

b. State Performance

- **The State Met the Outcome 7 Threshold.**

The file documentation indicated that a diligent search was undertaken and documented for 119 (95%) of the 125 children in the sample. The Consent Decree requires at least 95 percent of children entering care in the reporting period to have a diligent search undertaken and documented within 60 days. This performance is a slight improvement from the Period 8 performance of 94 percent (although the observed change is within the sample's margin of statistical error). Table IV-1 provides the number and frequency of different types of diligent search actions undertaken on behalf of the 125 sampled children. The State's performance over the five reporting periods for which the outcome has been measured is displayed in Figure IV-1.

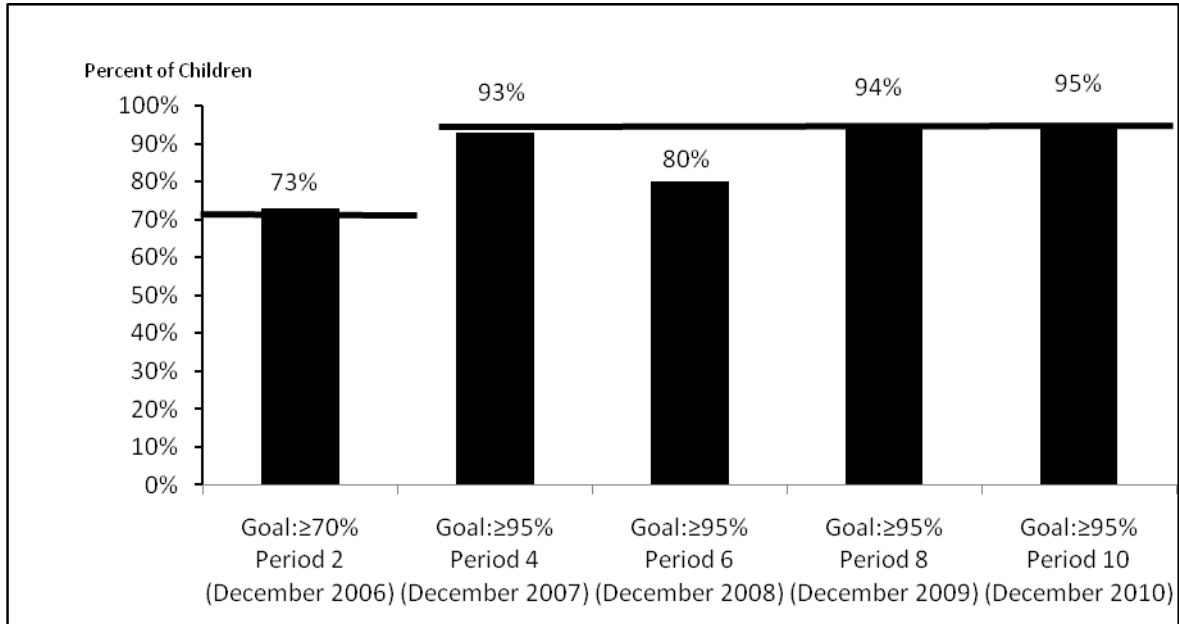
Table IV-1
Diligent Search Actions Undertaken
n=125

Actions	Number	Percent
Children placed with a family resource within 60 days of entering custody*	24	
Court order documented that the diligent search was "properly and timely" submitted	39	
Evidence of interviews with child and child's family and others within first 60 days and contact made with one or more possible resource, as applicable	56	
Subtotal for Outcome Measurement	119	95%
Insufficient search activities in first 60 days: no documented interviews of children to gather information about relatives and significant others (children ranged in age from 5 to 17)	4	3%
No documented search activities	2	2%
Total	125	100%

Source: Case Record Review, May-June 2011. *There were court orders supporting diligent search for six children.

Figure IV-1

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



Source: Case Record Reviews

c. Diligent Search Results

Locating parents

Mothers (birth or adoptive) were identified for 122 (98%) of 125 sampled children. Fathers (putative or legitimated birth or adoptive fathers) were identified for 99 (79%) children of 125. However, the location of parents was not always known. The identity and location of one mother and the whereabouts of 16 other mothers were not known at the time children entered care. Various search activities were conducted to determine this information in each of these cases. The searches ranged in intensity from simply interviewing the child to using up to eight different sources or methods to find the mother. Similarly, the whereabouts of 62 of the 99 fathers were known when children entered DFCS custody. Search efforts were required for 57 fathers: 20 needed to be identified and located and another 37 identified fathers needed to be located. Search activities appear to have been undertaken for all of 57 fathers.

Identifying other resources

The diligent search activities undertaken for 123 children in the sample of 125 identified possible resources for 122 children (98% of 123). The individuals included grandparents,

siblings, other relatives, and “fictive kin” (individuals with whom the child has a relationship and emotional bond but who are not blood relatives). Table IV-2 displays the proportion of children for whom resources were identified and the relationship of the resources to the children.

Table IV-2
Proportion of Children for Whom Resources were Identified in Diligent Search Efforts, by
Relationship to Child
n=123

	Number of children for whom resources identified	Percent of children
Children with at least one identified resource	122	98%
Relationship of Identified Resources		
Maternal relatives excluding mother	119	97%
Paternal relatives excluding father	94	76%
Adult siblings	13	11%
Fictive kin	48	39%
Other familial or legal relationships	7	6%

Source: Case Record Review, May-June 2011.

Resources contacted

Among the 122 children for whom Diligent Search activities identified resources, DFCS contacted at least one identified resource for 121 children (99% of 122). Table IV-3 displays the pattern of contacted resources compared to those identified.

Placement or visiting resources obtained

Within 60 days of entering foster care, 46 children (38% of 121 children) for whom the search included contacting individuals had a relative placement resource. Of the 46, 24 children were placed with their resources within approximately 90 days of entry. Another 39 children (32% of 121) had at least one resource interested in visiting with them and 29 had visited with their visiting resources in the first 90 days.

Table IV-3
Proportion of Children for Whom Identified Resources were Contacted in Diligent Search
Efforts, by Relationship to Child
n=122

	Number of Children for whom Identified	Number of Children for whom Individual Contacted	Percent of children for whom identified resource was contacted
Children who had at least one identified resource contacted	122	121	99%
Relationship of Resources			
Maternal Relatives, excluding mother	119	108	91%
Paternal relatives, excluding father	94	64	68%
Adult Siblings	13	5	38%
Fictive Kin	48	40	83%
Other familial or legal relationships	7	4	57%

Source: Case Record Review, May-June 2011

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.³⁹

a. Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in Period 11. Appendix B provides a summary of previously resolved interpretation and measurement issues. The measurement of Outcome 19 performance is based on the sample of 175 children in foster care at any time between January 1 and June 30, 2011.

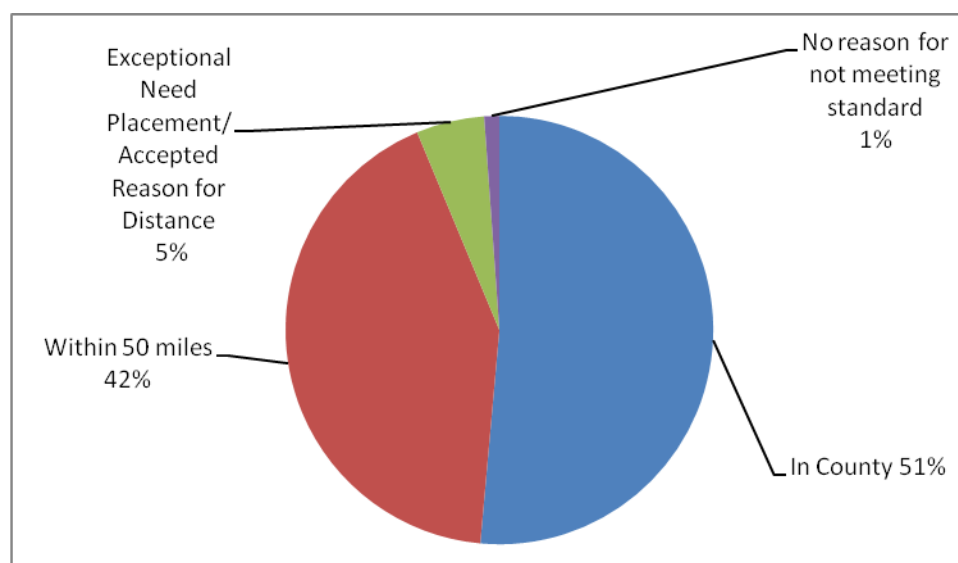
³⁹ See p. 35, Outcome 19, of the Consent Decree.

b. State Performance

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

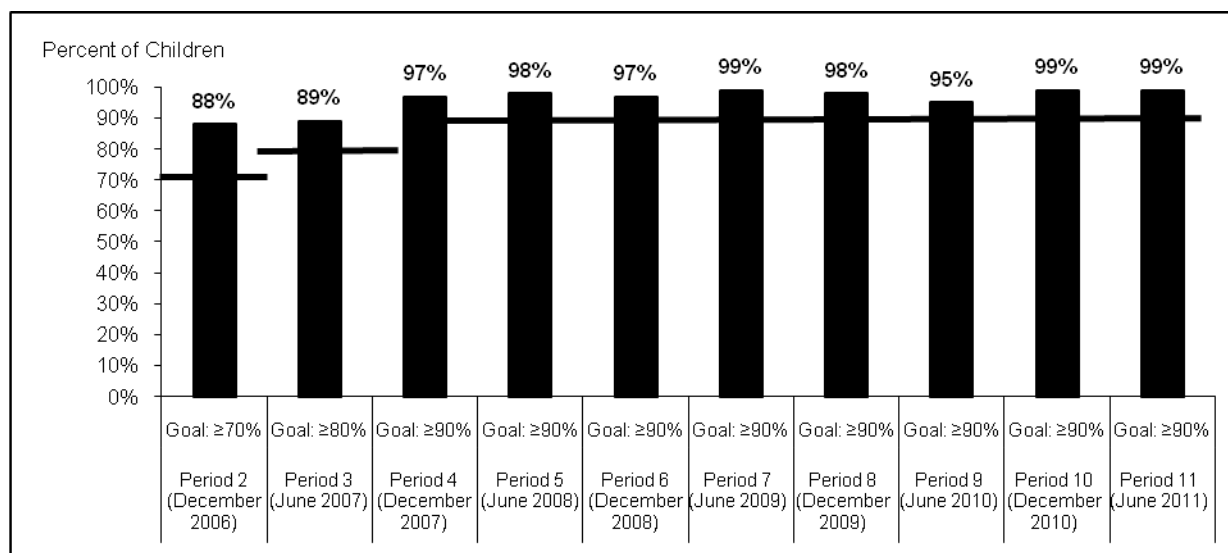
The State placed 173 children (99%) of the 175 children in the sample of children in foster care within the designated proximity to the home from which they were removed or there was an accepted reason for a more distant placement. The outcome performance threshold is 90 percent. Among the 175 children, 164 children (94%) were placed within the same county as the home from which they were removed or within a 50 mile radius of the home. Placement of nine other children was acceptable as three children were placed outside the designated proximity because of their exceptional needs, and six children were placed with parents, other relatives, or adoptive parents outside the 50 mile radius. The distribution of all children in the sample among placement locations is displayed in Figure IV-2. The State's performance over the 10 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=175



Source: Case Record Review July-September 2011; total less than 100% due to rounding

Figure IV-3
Ten 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-June 2011

Outcome 21 – Parent-Child Visitation

National studies have found that children who have frequent, regular contact with 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)⁴⁰ by setting a target for the proportion 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 11. Appendix B provides a summary of previously resolved interpretation and measurement issues. The measurement of Outcome 21 is based on the sample of 175 children at any time between January 1 and June 30, 2011. Within the sample of 175 children in foster care, 102 were considered to have the permanency goal of reunification for purposes of measuring parental visitation. However, 20 children were excluded from the analysis for the following reasons:

- Seven children were placed the entire period with the family member with whom they were to be reunified.
- 13 children had the following special circumstances :
 - Two youth, ages 16 and 12, refused to visit with their mothers.
 - One parent was incarcerated more than 50 miles away

⁴⁰ 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 was on run away status and the case was closed in the first two weeks of January.
 - Parents of seven children had no contact orders during the period. However, in the case of three siblings, the children reportedly had daily phone contact and periodic visits with their birth mother who lives in Illinois but she was not the designated reunification resource because she had lost her custodial rights in a divorce and was appealing that judicial decision.
 - One child entered foster care in late May 2011 and the parent's whereabouts were unknown, however DFCS was making efforts to locate the mother through interviews with relatives.
 - One child entered foster care in early June as a result of the disruption of an ICPC guardianship. The child's guardian returned the child to Georgia from South Carolina.

Therefore, 82 children were included in the parent-child visitation analysis. Conclusions drawn from the subsample of 82 children used in this analysis are subject to a margin of error of ± 10 percent.

b. State Performance

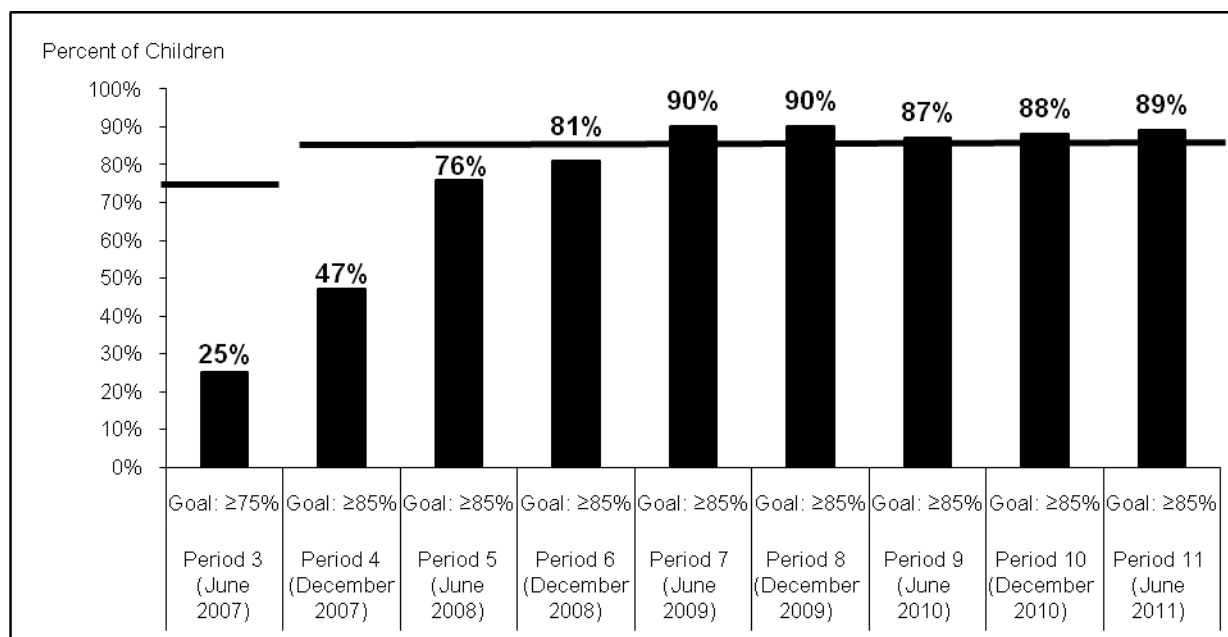
- **The State Surpassed the Outcome 21 Threshold**

Among the 82 children included in this analysis, 73 children (89%) had evidence in their records of appropriate visitation to progress toward reunification with their parents or other individuals with whom they were to be reunified.⁴¹ In fact, 23 of the 73 children (32%) were reunified during the period. The performance threshold for this outcome is 85 percent. This performance is similar to the Period 10 performance of 88 percent. The Period 11 performance is also similar to that indicated by county tracking systems for all children in care during the period that had a goal of reunification.

Among the remaining nine children, five children had sporadic visits and four children had no documented visits with their parents. Eight of the nine children had concurrent goals of reunification, adoption or of living with a relative; and one had the goal of reunification alone. One of the four children who had no parental visits during the period exited in January 2011 to the custody of relatives. Another of the four children without visits entered in the first part of June and there was no documentation as to why the child was not visited in June. A child who entered in February was not visited and the record indicates that the mother was told she could visit but her partner could not be a part of the visits because of domestic violence issues. Finally, there were no documented barriers to visits for a fourth child who entered in April 2011. Figure IV-4 displays the State's performance over the reporting periods to which the Consent Decree standards applied.

⁴¹ See Appendix B for a discussion of how "appropriate visitation" was determined.

Figure IV-4
Nine 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 – June 2011

Outcome 16 – Sibling Placement and Outcome 23 - Sibling Visitation

The Consent Decree stipulates a sibling placement standard⁴² that intends to keep siblings connected and establishes two performance outcomes related to maintaining sibling bonds. 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 requires at least monthly visits between siblings in care that are not placed together, unless specific circumstances preclude such visits. At least 90 percent of the total required monthly sibling-group visits are to take place each reporting period.⁴³ Because Outcomes 16 and 23 both focus on sibling connections, they are reported on together.

a. Outcome 16: Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in Period 11. Appendix B provides a summary of previously resolved interpretation and measurement issues. The analysis relied on SHINES data. A total of 326 children entered custody in a sibling group of two or more during Period 11. Not all 326 children could be placed with their entire sibling group because one or more of the siblings in a group had special medical, developmental needs,

⁴² See p. 16, paragraph 5C.4.d of the Consent Decree.

⁴³ See *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

or behavioral needs that required separate placements. Among the 326 children, 10 children in nine sibling groups were separated from other siblings due to their special needs. In one sibling group, the special needs child had only one sibling, therefore sibling placement was not applicable. These 11 children were removed from the analysis, leaving 315 children with which to measure Outcome 16 performance. This number represents twice as many siblings as entered care in Period 10.

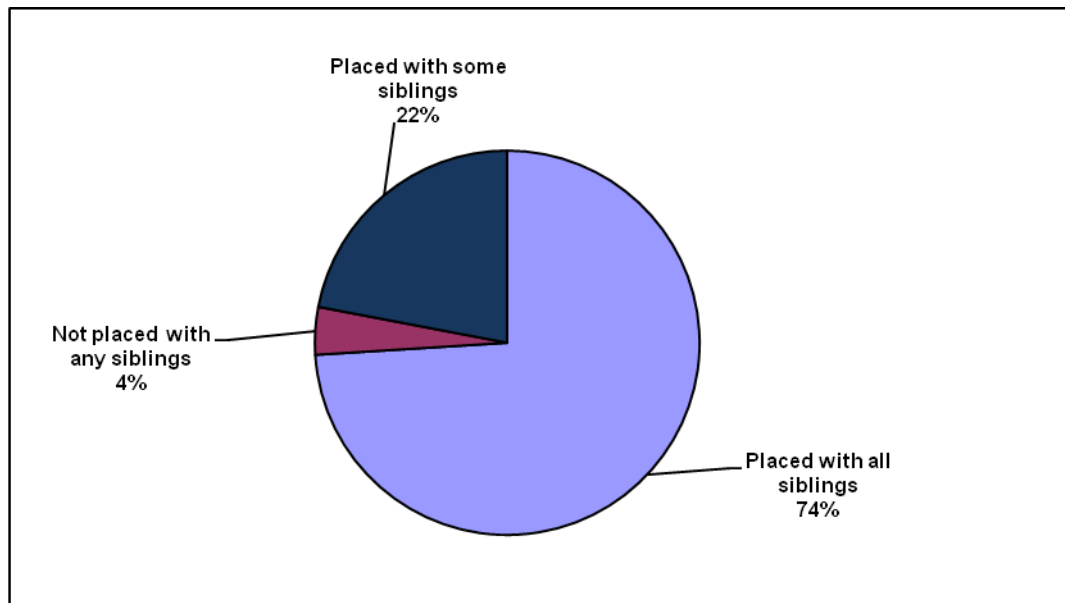
b. Outcome 16: State Performance

- **The State Fell Short of the Outcome 16 Threshold**

Of the 315 children who entered custody with one or more siblings in Period 11 and did not have a special placement need, 234 children (74%) were placed with all of their siblings.⁴⁴ Outcome 16 requires at least 80 percent of children entering care with siblings to be placed with all their siblings. This is the lowest performance on this Outcome since Period 4 (69%) and represents a substantial decline from the Period 10 performance of 94 percent. The decline appears to be due to the greater number of children who entered care in sibling groups during Period 11, and the fact that many of those sibling groups were quite large. Twelve sibling groups that were separated among relatives and/or foster homes had four or more children. (nine of these groups had five or more children). The 81 children that were not placed with all siblings were separated primarily because the sibling groups were split among willing relatives and/or foster homes due to the familial relationships or the size of the sibling groups. As a result of these space or relational issues nine of the 81 children were not placed with any of their siblings. Three children were not placed with siblings due to sibling conflict. Some of the siblings that were initially separated were placed together after the reporting period ended. Figure IV-5 illustrates the sibling placement pattern in Period 11 and Figure IV-6 displays the State's performance over the eight reporting periods to which the Consent Decree standard applied.

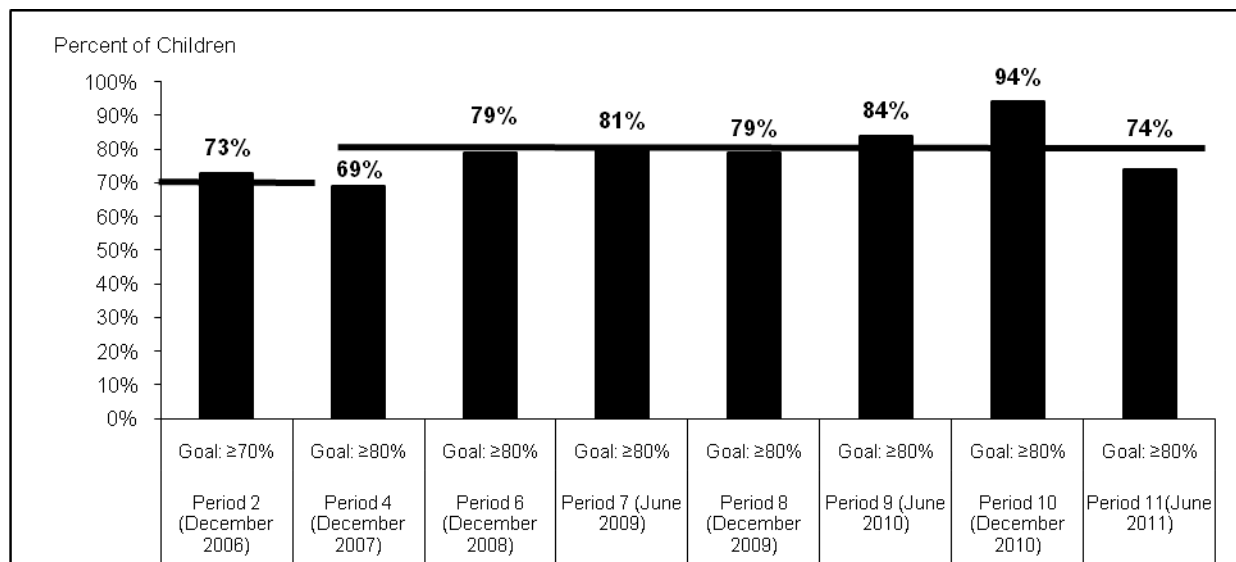
⁴⁴ All of their siblings that did not themselves require a separate setting because of special needs.

Figure IV-5
Sibling Group Placement for Period 11 Foster Care Entries
N=315



Source: SHINES report, verified.

Figure IV-6
Eight 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 June 2011.

c. Outcome 23: Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in Period 11. Appendix B provides a summary of previously resolved interpretation and measurement issues. The standard requires that at least 90 percent of the total minimum number of required monthly sibling-group visits occur each reporting period.⁴⁵ At a minimum, siblings are to have monthly visits 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.⁴⁶ The measurement of Outcome 23 is based on all sibling groups in foster care at any time between January 1 and June 30, 2011 as reported by the State. The Accountability Agents verified the State report by randomly sampling 10 percent of the children in custody each month during Period 11 and collecting information from the on-line case files in SHINES about all applicable visits (sibling, parental, and case manager.) Information for each of the children sampled was compared with the information in the county system and discussed with the county representatives. The Accountability Agents are satisfied that the State report on sibling visits is accurate.

d. Outcome 23: State Performance

- **The State Surpassed the Outcome 23 Threshold**

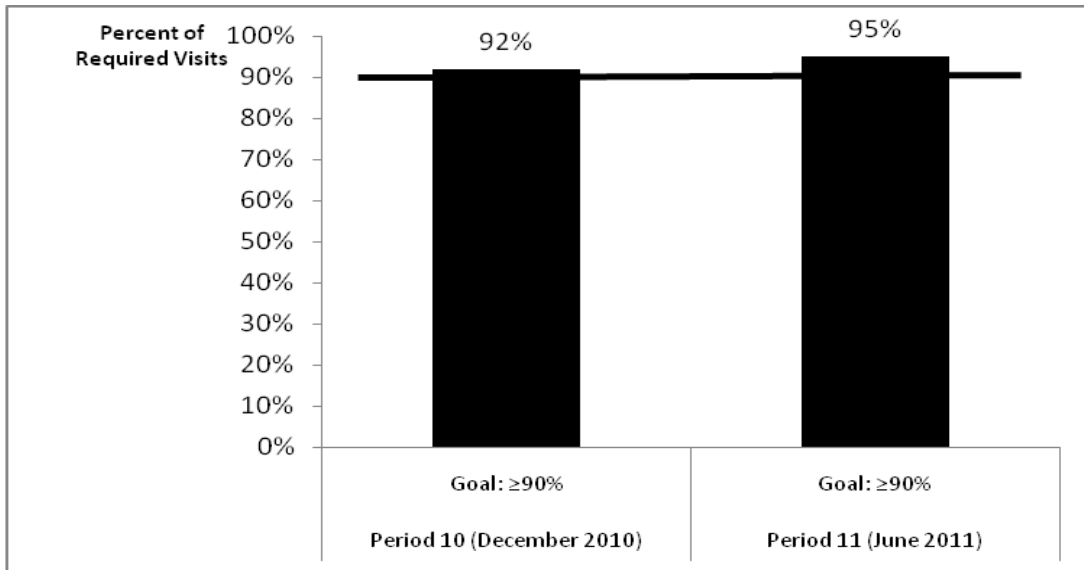
For Outcome 23, the Consent Decree's sibling visitation requirement was met as **95 percent** of the required monthly visits among siblings in custody but in separate placements occurred. The outcome performance threshold is 90 percent.⁴⁷ Figure IV-7 displays the State's performance over the two reporting periods to which the revised Consent Decree measurement and standard applied.

⁴⁵ See *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010

⁴⁶ See page 36, Outcome 23, in the Consent Decree.

⁴⁷ See *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

Figure IV-7
Two Reporting Periods of State Performance on Outcome 23:
Sibling Visits



Source: County databases

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. In concurrent planning, reunification usually remains the primary goal, but a concurrent goal of custody to a relative, guardianship, or adoption also may be part of the permanency plan in the event that reunification efforts fail. Concurrent planning encourages case managers to focus 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. Table IV-4, provides the distribution of permanency goals across the sample of 175 children.

Table IV-4
Permanency Goals of Children
n=175

Permanency Goal	Number	Percent
Judicially Determined/Presumed Reunification*	44	25%
Concurrent Goal (Reunification and another goal; or, in some cases, Adoption and another goal)	67	38%
Adoption	31	18%
Guardianship	7	4%
Custody to a Fit and Willing Relative	13	7%
Long Term Foster Care	5	3%
Emancipation	8	5%
Total	175	100%

Source: Case Record Review, July-September 2011. *Presumed re-unification goal for children in care for less than 12 months.

In the case record review of a sample of 175 children in foster care, 89 percent did not have any documented barriers to permanency. In the remaining 11 percent that did have documented barriers, the most frequently cited single barriers were lack of parental participation in services or termination of parental rights being under appeal. Many children had barriers unique to their circumstances such as parents with pending criminal charges. In a few cases, however, the barriers appeared to be readily addressed; for example, homes needed to be evaluated or adoption studies awaited supervisory approval.

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-5 below summarizes the differences between Outcome 8a and Outcome 8b.

Table IV-5
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 the State's legal custody)⁴⁸ – 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.

a. Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in Period 11. 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 and the Accountability Agents worked with the State to reconcile and validate the data.

b. State Performance

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

Through June 30, 2011, 7074 children had entered DFCS custody since October 27, 2005. From this cohort of children, 3827 children (**54%**) exited by June 30, 2011 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 11 unchanged from Periods 9 and 10. The State has surpassed the Outcome 8a standard in every reporting period to which it applied.

Another 506 children were adopted or exited to the custody of relatives or to legal guardians between 12 and 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 4333 or **61 percent** of the total cohort. This is similar to the Period 10 performance of 62 percent, and remains short of the Outcome 8b performance threshold of 74 percent.

Table IV-6 provides the distribution of all the children in the Outcome 8 cohort who exited custody by June 2011. An additional 973 children (14% of the cohort) exited to one of the

⁴⁸ 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*".

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 achievement of permanency for these children.

Figure IV-8 displays the State’s performance over the nine reporting periods to which the Consent Decree standards applied. Figure IV-9 illustrates the exit outcomes for all children who have entered State custody since the start of the Consent Decree.

The proportion of children who have entered State custody since the Consent Decree and are still in care remained at 15 percent, the same as it was at the end of Period 10. A difference between Period 10 and Period 11, however, is the length of time the remaining children had been in County custody.

The children remaining in care at the end of Period 11 had, on average, spent less time in care than those who remained at the end of Period 10. Among the children exiting care in Period 11, the average stay was 13 months. Among those who exited care in Period 10, the average length of stay had been 17 months. At the end of Period 11, half the children remaining in the cohort had been in custody 11 months compared to 14 months for half those remaining at the end of Period 10. Although this difference is most likely attributable to the larger number of children who entered care in Period 11 compared to Period 10, the number and proportion of children in the cohort who had been in custody for over two years decreased slightly from 306 (31%) in Period 10 to 293 (27%) in Period 11. By comparison, the number of children in care over two years at the onset of the Consent Decree in 2005 was 825. Furthermore, as indicated in the Outcome 15 discussion later in this section, fewer children reached their 15th month in care of the last 22 months in Period 11 than in previous periods.

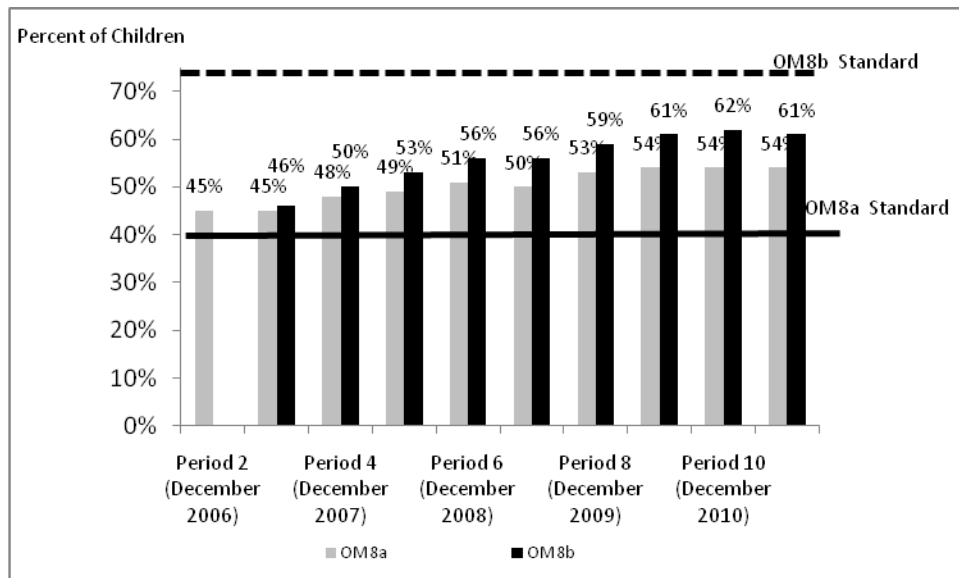
However, the number and proportion of the longest staying children did increase slightly in Period 11. Among the 1093 children remaining in care in Period 11, 95 children (9%) had been in custody four or more years compared to 68 (7%) of the 991 children who remained in care at the end of Period 10. A continued challenge for DFCS, therefore, is achieving permanency for those longer staying children.

Table IV-6
Outcome 8
Children Entering DFCS Custody on or after October 27, 2005
Who Exited to Permanency by June 30, 2011

	Children who entered custody on or since October 27, 2005	
Number of children in cohort	7074	
Exits as of June 30, 2011	8(a)	8(b)
Reunification within 12 months	2973	2973
Permanent Placement with Relatives within 12 months (still in state custody)	0	0
Permanent Legal Custody within 12 months (custody transferred from DFCS)	552	552
Permanent Legal Custody between 12 and 24 months (custody transferred from DFCS)		254
Adoption within 12 months	14	14
Adoptions between 12 and 24 months		112
Guardianship within 12 months	288	288
Guardianships between 12 and 24 months		140
Total Exits for Outcome Measurement	3827	4333
Percentage Exiting for Outcome Measurement	54%	61%
Number Exited to Permanency but not in required time frame	973 (14%)	
Other exits (transfer to other counties, emancipation, etc)	675 (10%)	
Total number exiting	5981 (85%)	
Remaining number in cohort on June 30, 2011	1093 (15%)	
Demographics of those still in DFCS custody at June 30, 2011	Average length of stay: 16.8 months	
	Median length of stay: 11 months	
	Average Age: 9.3 years	
	46% female, 54% male	

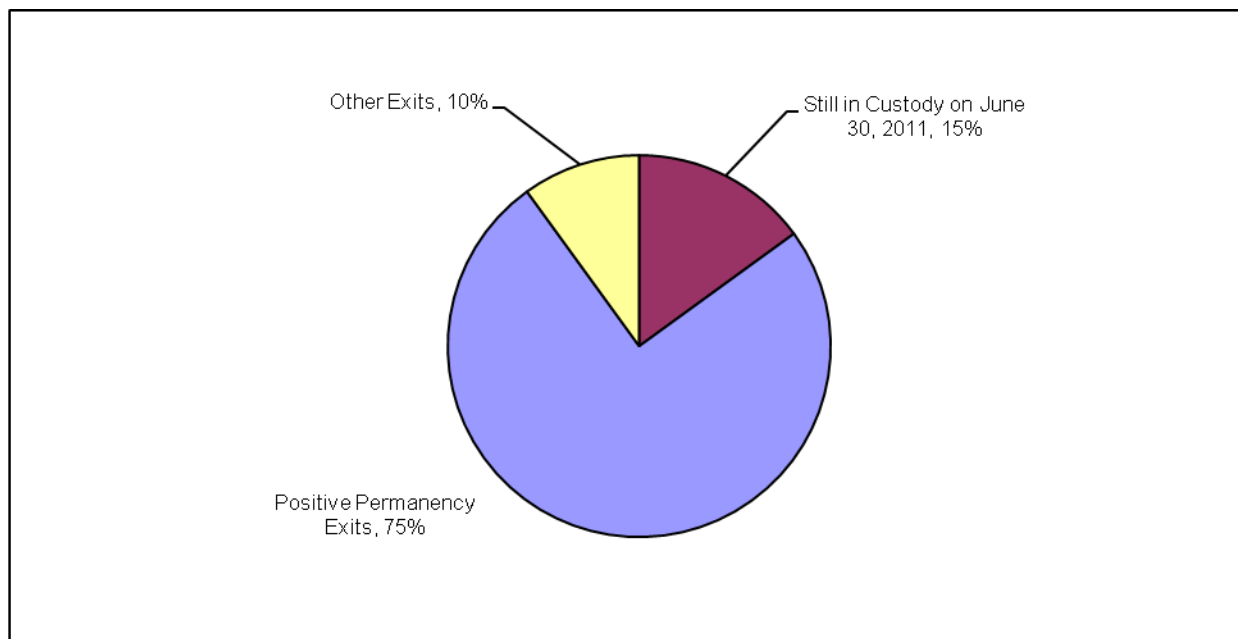
Source: SHINES, and county tracking systems.

Figure IV-8
Ten Reporting Periods of State Performance on Outcome 8:
Permanency for Children Entering Foster Care since October 27, 2005



Source: State data systems, IDS and SHINES

Figure IV-9
Foster Care Outcomes of 7074 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.

c. Operational Context

The observed performance in Outcomes 8a and 8b and the continued exits to permanency outside of the stipulated time frames may be the result of some of the strategies initiated by the State and Counties previously and during Period 11, but the specific impact of any one strategy has not been tracked. More likely, the improvements reflect the cumulative effect of multiple efforts. Existing county efforts have been described in previous monitoring reports.⁴⁹

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

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

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 Decree was finalized in October 2005.⁵⁰ 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.⁵¹

a. Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in Period 11. 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 the two previously described cohorts.

b. State Performance

• The State Fell Short of the Outcome 9 Threshold

Of the 49 children remaining in custody on December 31, 2010 who were in the cohort of children that had been in State custody up to 24 months as of October 27, 2005, 13 children (27%) had positive permanency exits during the period January 1 through June 30, 2011.⁵² This is a modest improvement in the State's Period 10 performance of 24 percent. The performance

⁴⁹ See Dimas, J. T. and Morrison, S. A., Period IX Monitoring Report, *Kenny A. v Perdue*, June 2010 for more description of the strategies and resources employed by the Counties.

⁵⁰ See p. 33, Outcome 9, of the Consent Decree.

⁵¹ See pp 33 and 34, Outcome 10, of the Consent Decree.

⁵² "Positive permanency exits" refers to reunification, permanent placement with relatives, permanent legal custody, adoption or guardianship.

threshold for this outcome is 40 percent. Another four children exited DeKalb and Fulton custody for reasons other than positive permanency during this time period, leaving 32 children from the Outcome 9 cohort still in custody on June 30, 2011.

As noted in Table IV-7, 41 percent of the 32 children remaining in custody were under the age of 12. The average age was about 13 years, the average length of stay was six and half years, and 62 percent of the children were male. In addition, there were six sibling groups remaining in this cohort.

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

Of the 43 children remaining in custody on December 31, 2010 who were in the cohort of children that had been in State custody for over 24 months as of October 27, 2005, four children (9%) exited to positive permanency during the period January 1 through June 30, 2011. The performance threshold for this outcome is 35 percent. This was a decline from the Period 10 performance of 23 percent. Another four children exited DeKalb and Fulton custody for reasons other than positive permanency during Period 11, leaving 35 children from the Outcome 10 cohort still in custody on June 30, 2011.

As noted in Table IV-7, nine percent of the 35 children remaining in custody were under the age of 12. The average age of all children in the cohort was nearly 16 years and the average length of stay was 10 years. There are four sibling groups among the 35 children remaining in this cohort. As with Outcome 9, the majority (51%) of children remaining in the Outcome 10 cohort were male.

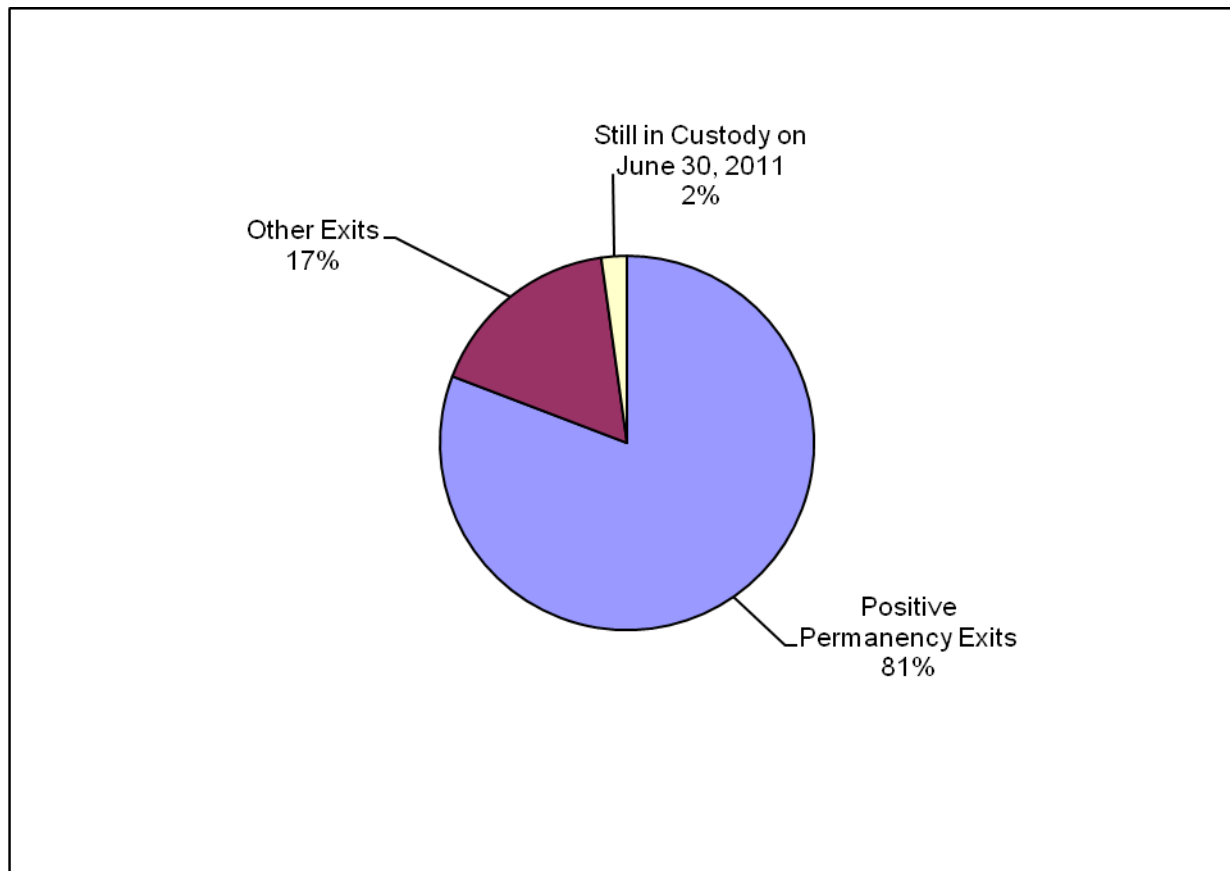
Figures IV-10 and IV-11 summarize the State's performance on Outcome 9 and Outcome 10, respectively. These figures reflect the State's cumulative progress with these two groups of children.

Table IV-7
Outcomes 9 and 10
Remaining Children Who Entered DFCS Custody before October 27 2005 and Who Exited to
Permanency January 1 through June 30, 2011

	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 <u>for more</u> <u>than</u> 24 months and still in custody on October 27, 2005 (Outcome 10)	Total
Number of children in cohort	49	43	92
Permanency Exits			
Reunification	2	1	3
Adoption	9	3	12
Guardianship	1	0	1
Live with other relative	1	0	
Permanent Placement with relatives	0	0	
Total for Outcome Measurement	13	4	17
Percentage exiting for Outcome Measurement	27%	9%	18%
Other exits (transfer to other counties, emancipation, etc)	4	4	8
Total number exits	17	8	25
Remaining number in cohort June 30, 2011	32	35	67
Characteristics of those children remaining in custody on June 30, 2011			
Proportion under the age of 12	41%	9%	
Average length of stay	77.6 months(6.5 years)	119.5 months (10 years)	
Median length of stay	77 months(6.4 years)	114(9.5 years)	
Average age	13	15.8	
Percent female	38%	49%	
Percent male	62%	51%	

Source: SHINES, and county tracking systems.

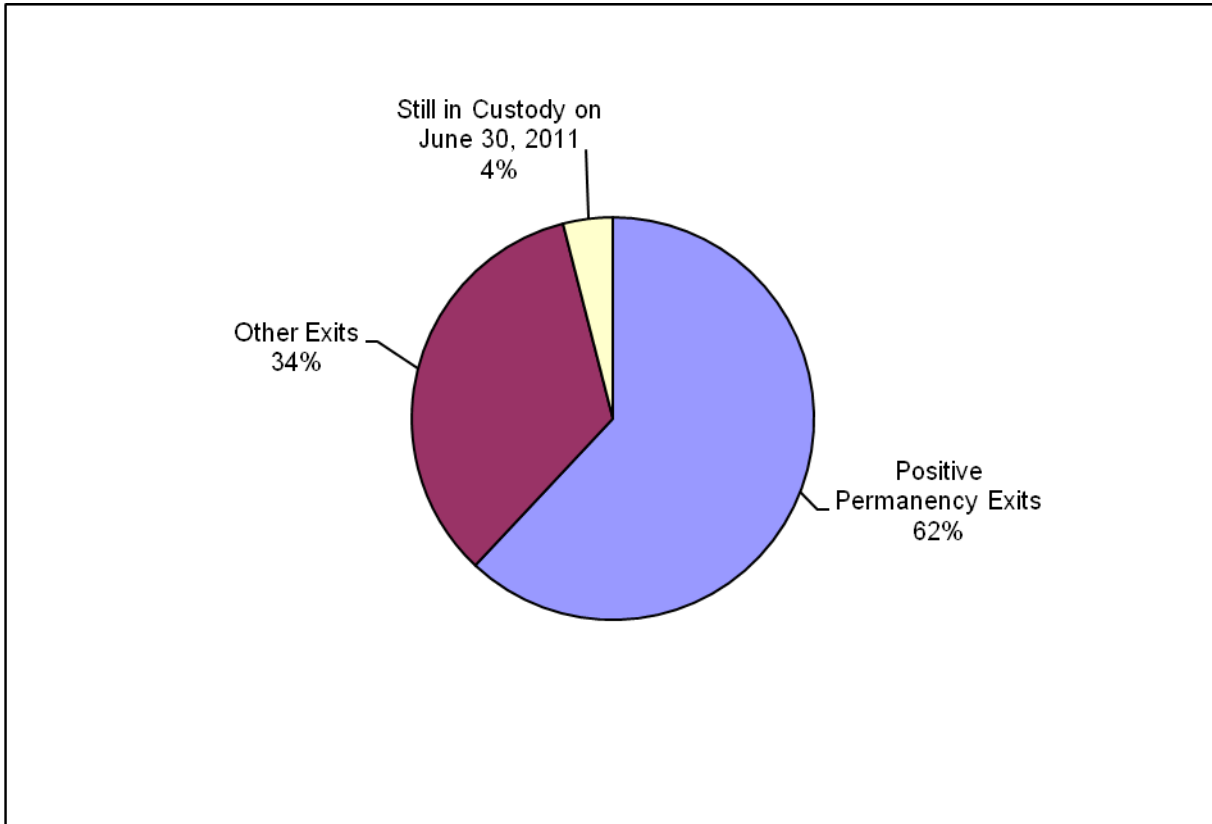
Figure IV-10
Outcome 9
Foster Care Outcomes of 1448 Children in Custody Up To 24 Months Before
October 27, 2005*



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 has been reduced to account for children who exited before Consent Decree as they were identified.

Figure IV-11
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 was reduced to account for children who exited before Consent Decree as they were 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 January 1 and June 30, 2010. 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.⁵³ 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.⁵⁴

⁵³ See p. 34. Outcome 11 of the Consent Decree.

⁵⁴ 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 11. 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 January 1 and June 30, 2010. The measurement is based on a report from SHINES supplied by the State and verified by the Accountability Agents.

b. State Performance

a. The State Fell Short of the Outcome 11 Threshold

Between January 1 and June 30, 2010, the parental rights of the parents of 64 children were terminated or relinquished. Of these 64 children, 43 children (67%) were adopted within 12 months. This falls below the performance threshold of 80 percent for this outcome but it is an eight percentage point improvement over the Period 10 performance of 59 percent.

As reflected in Table IV-8, another child (2%) achieved permanency through adoption but not within the stipulated 12-month time frame and one child's custody was transferred to a former foster parent for purposes of adoption, but the adoption had not occurred by June 30, 2011. Figure IV-12 displays the State's Outcome 11 performance for the eight reporting periods to which the Consent Decree standard applied.

c. Operational Context

As part of an agreed-upon curative action plan between the parties, the State created a team with a "champion administrator" to ensure that barriers and/or needs to achieve permanency are effectively addressed. The team is composed of adoption workers from both DeKalb and Fulton counties as well as representatives from the state office. The administrator is responsible for tracking and ensuring that staffings are regularly held to identify children appropriate for termination of parental rights and to initiate timely actions for termination and for adoption/guardianship.⁵⁵ In addition, several strategies are being employed to reduce the time between termination of parental rights and finalization of adoption including close monitoring by adoption supervisors, case managers, and State Assistant Attorneys General. The team is projecting further performance improvement in Period 12.

[http://www.acf.hhs.gov/programs/cb/pubs/cwo\)5/appendix/appendixb.htm](http://www.acf.hhs.gov/programs/cb/pubs/cwo)5/appendix/appendixb.htm).

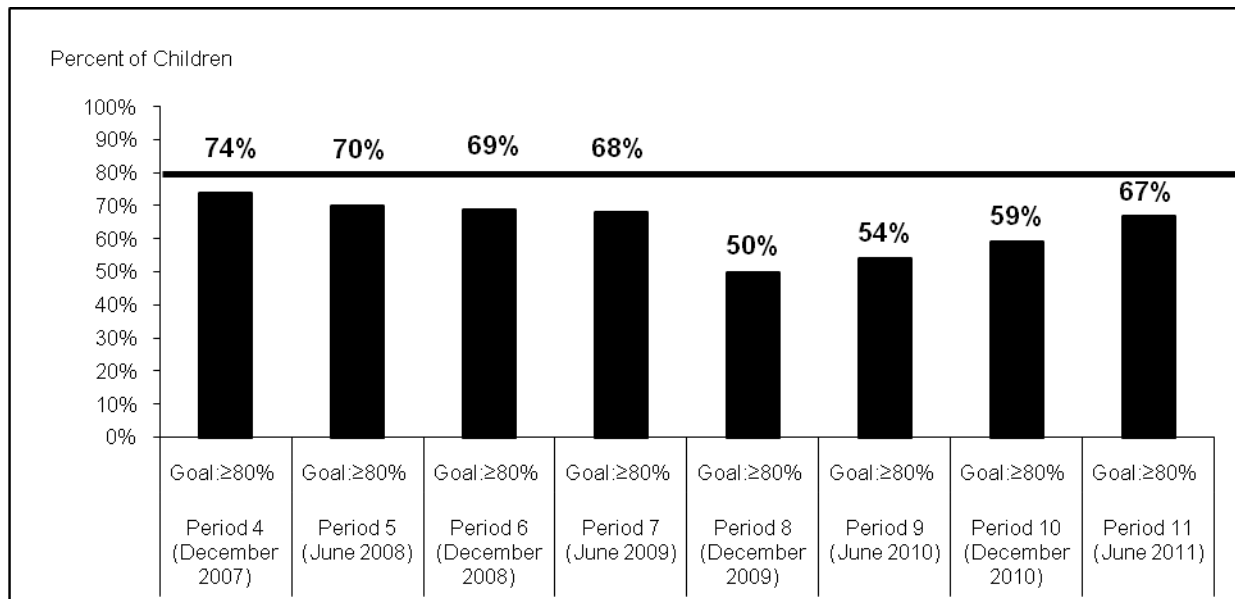
⁵⁵ Correspondence from Brenda King Woodard, Georgia Department of Human Services, to Ira P. Lustbader, Children's Rights, August 23, 2010 and September 22, 2010.

Table IV-8
Status as of June 30, 2011 of Children with Parental Rights Terminated between
January 1 and June 30, 2010
N=64

	Number	Percent	Cumulative Percent
Adoption finalized within 12 months	43	67%	67%
Guardianship	0		
Adoption or Guardianship finalized within 13 months	1	2%	69%
Adoption or Guardianship finalized within 14 - 17 months			
Custody to relatives/other for purposes of adoption (granted within 12 months of TPR)	1	2%	71%
Custody to relatives within 12 months of TPR			
Awaiting adoption as of July 2011	19	29%	100%
Total	64	100%	

Source: State reporting from SHINES.

Figure IV-12
Eight 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 –June 2011

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 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 within one 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 entering foster care who previously left custody within the prior 12 months.⁵⁶ Outcome 4 sets the same numerical standard as the national standard established by the U.S. Department of Health and Human Services as part of its child welfare monitoring responsibility.⁵⁷ However, the federal standard has generally applied to children who returned to custody after being reunified and the Consent Decree standard applies to all children, regardless of their previous discharge reason. In addition, the Federal methodology for assessing the permanency of reunification has evolved over time and now calculates the number of re-entries as a percentage of the children *exiting* care in a given period, rather than as a percentage of the children *entering* care. That is, the federal analysis of the permanency of reunification now asks, *of all children discharged from foster care to reunification in the 12-month period prior to the current year, what percentage reentered care in less than 12 months from the date of discharge?* The federal rationale for the methodological change is that a longitudinal measure of reentry into foster care is a more direct measure of the permanency exits than the original reentry measure.⁵⁸ However, as the Outcome 4 standard is still expressed as a percentage of the children *entering* care, the measurement methodology upon which this report is based remains unchanged.

a. Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in Period 11. 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 584 children who entered foster care through adjudication at any time between January 1 and June 30, 2011. The State used SHINES to produce a report of the children experiencing a re-entry into foster care in Period 11. This list was verified by the Accountability Agents.

⁵⁶ See p 32, Outcome 4, of the Consent Decree.

⁵⁷ See the Information Memorandum at http://www.acf.hhs.gov/programs/cb/laws_policies/policy/im/2001/im0107.htm.

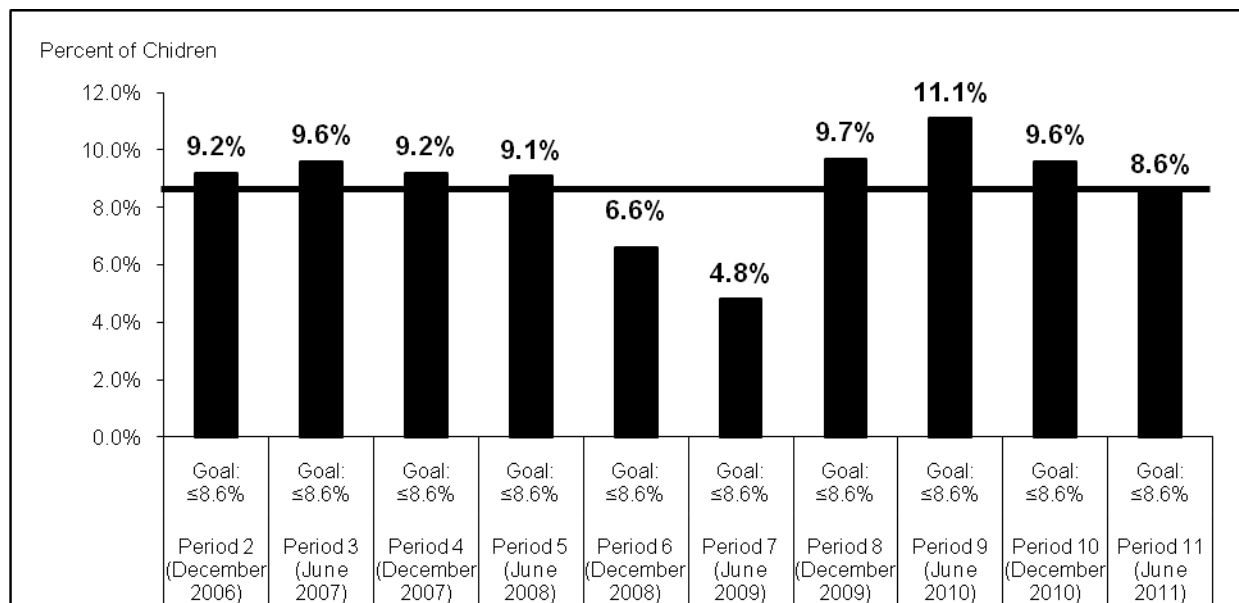
⁵⁸ See the Child Welfare Outcomes 2004-2007: Report to Congress at <http://www.acf.hhs.gov/programs/cb/pubs/cwo04-07/index.htm>.

b. State Performance

• The State Met the Outcome 4 Threshold.

Of the 584 children who entered foster care between January and June 2011, 50 children (8.6%) 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 11 performance is an improvement over the Period 10 performance of 9.6 percent and marks the first time since Period 7 (June 2009) that the State has achieved this outcome. Figure IV-13 displays the State's Outcome 4 performance over the 10 reporting periods to which the Consent Decree standard applied.

Figure IV-13
Ten Reporting Periods State Performance on Outcome 4:
Foster Care Re-entry within 12 Months of Previous Exits



Source: IDS and SHINES reports, July 2006-June 2011

c. Operational Context

As part of an agreed-upon curative action plan between the parties to reduce the rate of re-entry,⁵⁹ the State and counties have undertaken certain actions and continued to study re-entry's root causes to support formulation of practice improvement strategies. The improved outcome performance may in part be attributable to these strategies. County actions include convening family team meetings that serve as case transfer meetings when children are returned to

⁵⁹ See Correspondence from Brenda King Woodard, Georgia Department of Human Services, to Ira P. Lustbader, Children's Rights, September 2, 2010.

parental custody under a protective order. These meetings bring together foster care staff, family preservation staff, and the family to help ensure service continuity, clarity of roles, and to manage the expectations of all involved parties. Another County effort is aimed at the youth involved with both the juvenile justice and child welfare systems and working collaboratively with juvenile justice to prevent custodial authority from being passed back and forth.

However, the improvement observed in Period 11 also reflects the increased number of children who entered foster care in Period 11, thus producing a larger denominator for the re-entry calculation. Table IV-9 below displays the number of re-entries, the total number of entries to care, and the proportion of total entries represented by re-entering children each reporting period. As seen in the table, the number of children re-entering care has been as low as 27 and as high as 84. In three previous reporting periods (Periods 5, 8, and 10) there were fewer than 50 re-entering children, but they represented a larger proportion of all children entering care than in Period 11. Thus, performance on Outcome 4 is influenced by a number of factors including the total number of children who enter care, the number of children who remain in custody and, therefore, do not have an “opportunity” to return to care, and the county strategies to prevent re-entry.

Table IV-9
Number of Children Re-entering Foster Care and
Total Number of Children Entering Foster Care, Periods 2-11

Reporting Period	Number of Children Re-entering Foster Care	Total Number of Children Entering Foster Care	Percent of Entering Children Who Were Re-Entering
Period 2: July-December 2006	71	768	9.2%
Period 3: January-June 2007	84	875	9.6%
Period 4: July-December 2007	54	590	9.2%
Period 5: January-June 2008*	44	486	9.1%
Period 6: July-December 2008	41	619	6.6%
Period 7: January-June 2009	27	561	4.8%
Period 8: July-December 2009	40	413	9.7%
Period 9: January-June 2010	53	479	11.1%
Period 10: July-December 2010	36	375	9.6%
Period 11: January-June 2011	50	584	8.6%

Source: State systems, IDS and SHINES. *Measurement is actually based on entries January – May 2008 because of the conversion to SHINES in June 2008

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.⁶⁰

a. Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in Period 11. Appendix B provides a summary of previously resolved interpretation and measurement issues. The measurement of Outcome 14 is based on the entire population of 72 children who were adopted between January 1 and June 30, 2010 (Period 9) to allow for the 12 month follow-up period.

b. State Performance

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

Within the group of 72 children adopted between January 1 and June 30, 2010, no child is known to have re-entered the State's custody by June 30, 2011. The outcome performance threshold is no more than 5 percent. The State has surpassed this outcome measure in every reporting period.

Outcome 15 – Permanency Actions for Children Reaching Their 15th 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 parental rights would not serve the child's best interests; or
- The state has not made “reasonable efforts” to reunify the family.⁶¹

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.⁶²

The Consent Decree Outcome 15 stipulates that 95 percent of children who reach their 15th month in care will have had either: 1) a petition for the termination of parental rights filed

⁶⁰ See p. 34, Outcome 14, of the Consent Decree.

⁶¹ Adoption and Safe Families Act, see also Social Services Manual Chapter 1000, Section 1002.7, Georgia Department of Human Services.

⁶² See Social Services Manual, Section 1002.12.3, 1002.17, and 1013.11, Georgia Department of Human Services.

against both parents or legal caregivers, as applicable; or 2) compelling reasons documented in the case record as to why such action is not in the best interest of the child.⁶³

a. Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in Period 11. 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, in Period 11, reached or exceeded their 15th month in custody out of the previous 22 months. As in previous periods, the Accountability Agents reviewed the compelling reason provided for each child and compared it to past information. Information provided by the counties was also verified using data from the Period 11 review of 175 randomly-selected foster care case records.

During Period 11, there were 731 children who had reached or surpassed their 15 month in custody out of the previous 22 months. Of these children, 182 (25%) were discharged by the end of the reporting period but were included in the analysis. A group of 66 children (9% of 731), was excluded from the Outcome 15 performance measurement based on the placement of these children with relatives, as allowed under Federal law.

b. State Performance

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

By June 30, 2011, **100 percent** (based on rounding) of the children in care 15 of the previous 22 months were legally free to be adopted or the State had filed petitions to terminate parental rights or documented compelling reasons why it had not taken such action. This is similar to the 98 percent achieved in Period 10 and it is the sixth consecutive period that the State has met or surpassed this outcome measure. Table IV-10 summarizes the different components of the counties' Period 11 performance, drawn from the data in their tracking systems. Figure IV-14 displays the State's performance on Outcome 15 for the reporting periods to which the Consent Decree standards applied.

The 182 children discharged by the end of the reporting period were distributed across every category displayed in Table IV-10. For example, among the 87 children who had a compelling reason of *expected reunification within six months*, 36 children (41%) actually were discharged during the period.

Period 11 was the second consecutive period the total number of children in custody who had reached the 15 of 22 months benchmark declined. In Period 8 (July-December 2008), there were 896 children to whom this outcome standard applied. In Period 9, it increased to 1005. But, in Period 10 it declined to 865 and declined again to 731 in Period 11. This is another indication

⁶³ See p. 34, Outcome 15, of the Consent Decree.

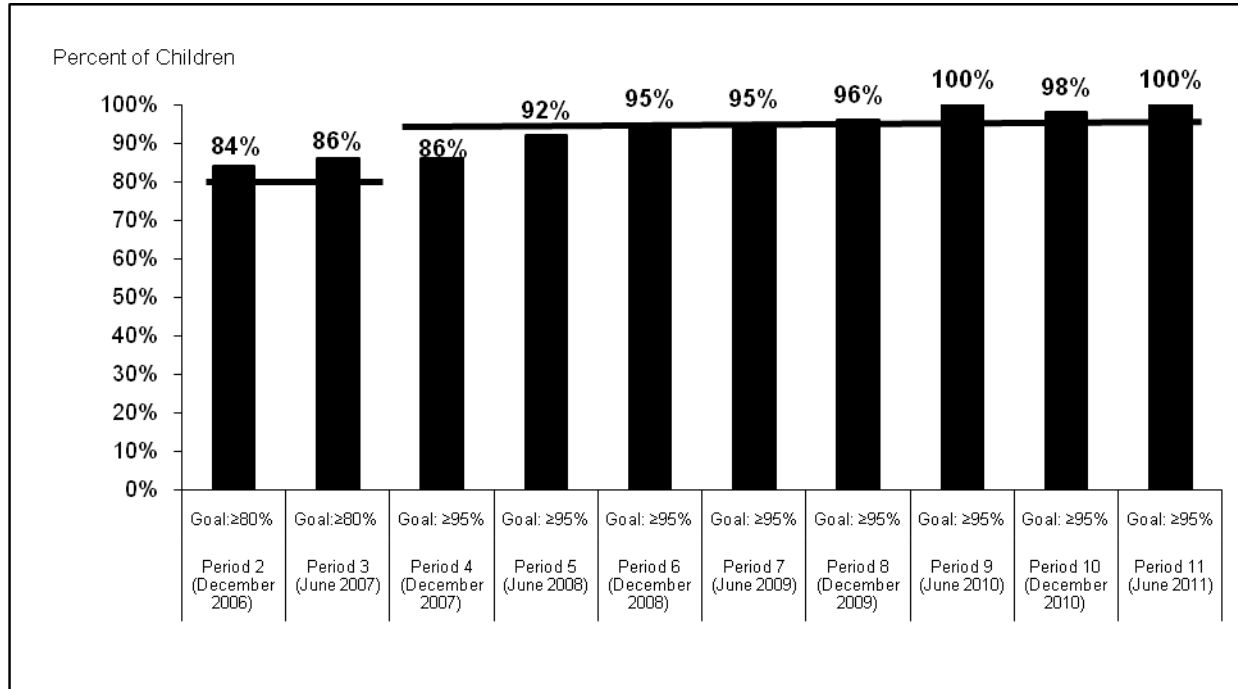
that fewer children are experiencing long stays in foster care than previously was the case (see previous discussion about Outcome 8).

Table IV-10
Status of Children Who Had Been in DFCS Custody 15 of the previous 22 months
As of June 30, 2011

Category		Total		
		Number	Percent	Cumulative
Children who reached or surpassed their 15 th month in custody of the last 22 months between January 1 through June 30, 2011.*		731		
Excepted subpopulation (s):				
<i>Children placed with relatives</i>		66		
<i>The State has not made reasonable efforts to reunify the family</i>		0		
Number of Children for Outcome 15 Measurement		665		
Parental Rights of Both Parents have been terminated or relinquished.		218	33%	
DFCS has filed a petition to complete the termination of the parental rights of both parents where applicable.		87	13%	46%%
There is a documented compelling reason for not terminating parental rights.		358	54%	100%
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.	87			
The child is a specified age (14) or older and objects to being adopted.	82			
The child has severe emotional or behavioral problems or a serious medical condition and reunification remains an appropriate goal.	12			
The child has a permanency goal other than adoption and is expected to achieve that goal within 12 months of establishing the goal.	153			
Parents are deceased, or have voluntarily relinquished rights.	0			
The child is an unaccompanied refugee minor as defined in 45 Code of Federal Regulations 400.11.	2			
The child is a child of a teen mother who is also in the State's custody.	11			
Other circumstances.	11			
There is no documented Compelling Reason not to file a petition to terminate parental rights.		1	<1%	
There are plans to terminate parental rights, but a petition had not yet been filed as of June 30, 2011 or date of discharge.		1	<1%%	100%

Source: SHINES and County tracking systems; *182 children were discharged from this pool during Period 11; they are distributed across all categories.

Figure IV-14
Ten 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-June 2011

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 reviewed by the court or designated panel within six months of entering foster care and every six months the child is in custody thereafter.⁶⁴ 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 new interpretation or measurement issues in Period 11. The measurement of Outcome 27 is based on the sample of 175 children in foster care at any time between January 1 and June 30, 2011. The outcome 27 analysis was applicable to 119 children who had been in custody six months or more. This represents 68 percent of the sample of 175 children in foster care. Conclusions drawn from the subsample of 119 are subject to a margin of error of ± 9 percent.

⁶⁴ See p. 7, paragraphs 4A.4 and pp. 7-8, paragraphs 4B.1-6, and p. 37, Outcome 27, of the Consent Decree.

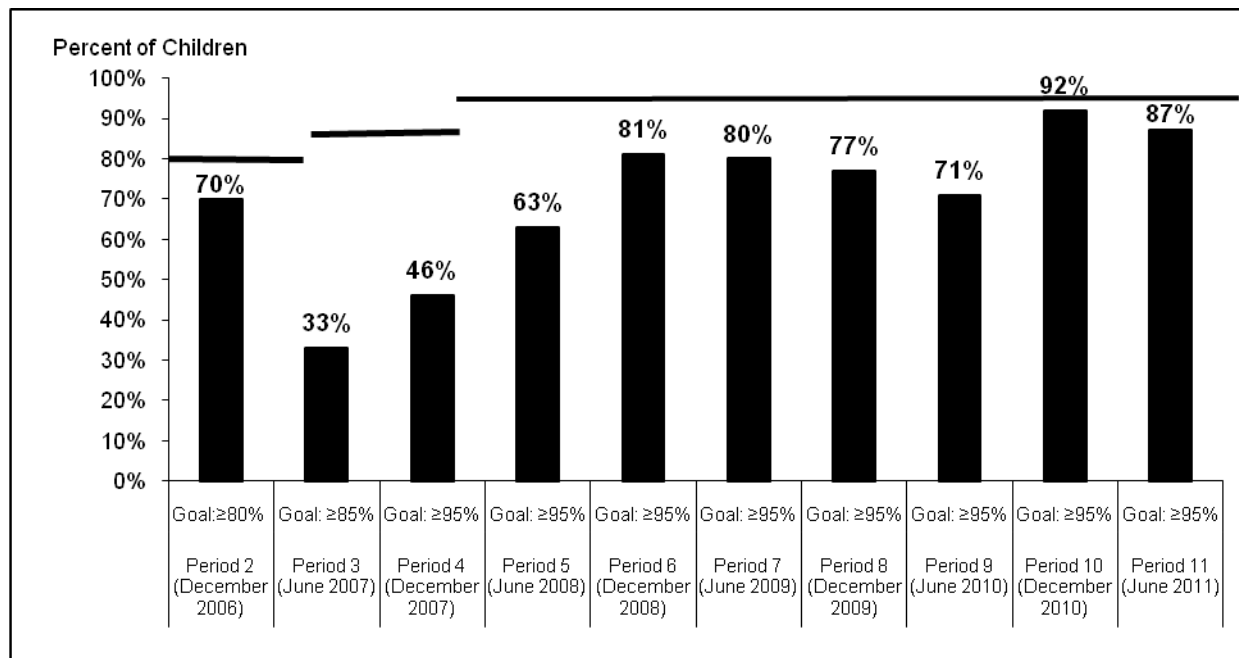
b. State Performance

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

Of the 119 children in the foster care sample that were in custody for six months or more by the end of the reporting period, case file documentation indicates that 104 (87%) had documented timely case plan reviews completed by the Juvenile Court or Juvenile Court Review Panel (JCRP), or a timely request for such a review. The Outcome 27 performance threshold is 95 percent. The Period 11 performance reflects a decline from the Period 10 performance of 92 percent, but the observed difference is within the margin of statistical error for the subsample.

Among the remaining 15 children requiring reviews who did not receive a timely review or a timely request for review, 11 children (9% of 119) had a plan reviewed but not within six months of entry or the previous case plan review; seven of the reviews occurred in the 7th month; two occurred in the 8th month; one occurred in the 9th month; and one occurred in the 10th month. Three children (3% of 119) had only one review in the 12 months between July 1, 2010 and June 30, 2011. One child did not have any reviews in 12 months. Documentation in the file indicated the reviews for this child were not held because a parent was appealing the termination of parental rights. Figure IV-15 displays the State's performance for the reporting periods to which the Consent Decree standards applied.

Figure IV-15
Ten 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-June 2011

c. Operational Context

The Counties have instituted additional monitoring efforts to track and influence timely case plan reviews. These monitoring efforts include monthly conferences with supervisors and administrators to review SHINES data.

All but one of the 119 children in the subsample of foster care children who had been in custody at least six months (99%) had their case plans reviewed by either the Juvenile Court or the JCRP in the most recent 12-month period (sometime between July 1, 2010 and June 30, 2011). These included the reviews considered timely for Outcome 27 as well as those that were not timely. Reviews were also held for three children who had not yet been in custody six months. Together with the 118 reviews for children who had been in custody at least six months, they provided a total of 121 reviews from which information about aspects of the review process could be gleaned.

Among the 121 reviews, DFCS sought a permanency plan change for 10 children (8%). There were court orders documenting court approval for 80 (66%) of the 121 plans reviewed. The case files of the remaining 41 children (34%) did not contain court orders specifically indicating approval or rejection of the plans by the court. Table IV-11 provides additional information documented in the case files for these 121 case plan reviews.

Table IV-11
Characteristics of Six-month Case Reviews
n= 121

(most recent plans reviewed between July 1, 2010-June 30, 2011)

Characteristic			Number	Percent
Participants				
Birth Mother			48	40%
Birth Father			15	12%
Child			21	17%
Relative caregivers/ Extended Family Members/ Informal Supports			29	24%
Foster parents/placement providers			35	29%
DFCS case manager			107	88%
DFCS supervisor			17	14%
Other DFCS representative			8	7%
CCFA provider			1	1%
Private agency social worker			22	18%
Medical and mental health professionals			10	8%
Parents' attorney(s)			42	35%
SAAG (Special Assistant Attorney General)			61	50%
Child's advocates (attorney, Guardian Ad Litem, CASA volunteer, Child Advocate)			99	82%
Elements Evaluated/Considered				
Necessity and appropriateness of child's placement			86	71%
Reasonable efforts made to obtain permanency			99	82%
Degree of compliance with specific goals and action steps			78	64%
Progress made in improving conditions that caused removal			61	50%
Changes that need to be made to plan			7	6%
County recommendations			20	17%
Parent recommendations			4	3%
JCRP conducted review (percentage based on n=121)			59	49%
Total JCRP reports submitted (percentage based on n=59)	45	76%		
Number of reports with Panel findings (percentage based on n=45)	45	100%		
Number of reports with Panel recommendations (percentage based on n=45)	45	100%		
Number of reports with County findings (percentage based on n=45)	33	73%		
Number of reports with County recommendations (percentage based on n=45)	32	71%		
Court conducted review (percentage based on n=121)			62	51%
Plan adopted by Juvenile Court (percentage based on n=121)			80	66%

Source: Case Record Review, July-September 2011.

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.⁶⁵ 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 new interpretation or measurement issues in Period 11. The measurement of Outcome 28 performance is drawn from the sample of 175 children in foster care at any time between July 1 and December 31, 2010. The outcome 28 analysis was applicable to 94 children (54%) in the sample of 175 who had been in custody 12 months or more. Conclusions drawn from the subsample of 94 children are subject to a margin of error of ± 10 percent.

b. State Performance

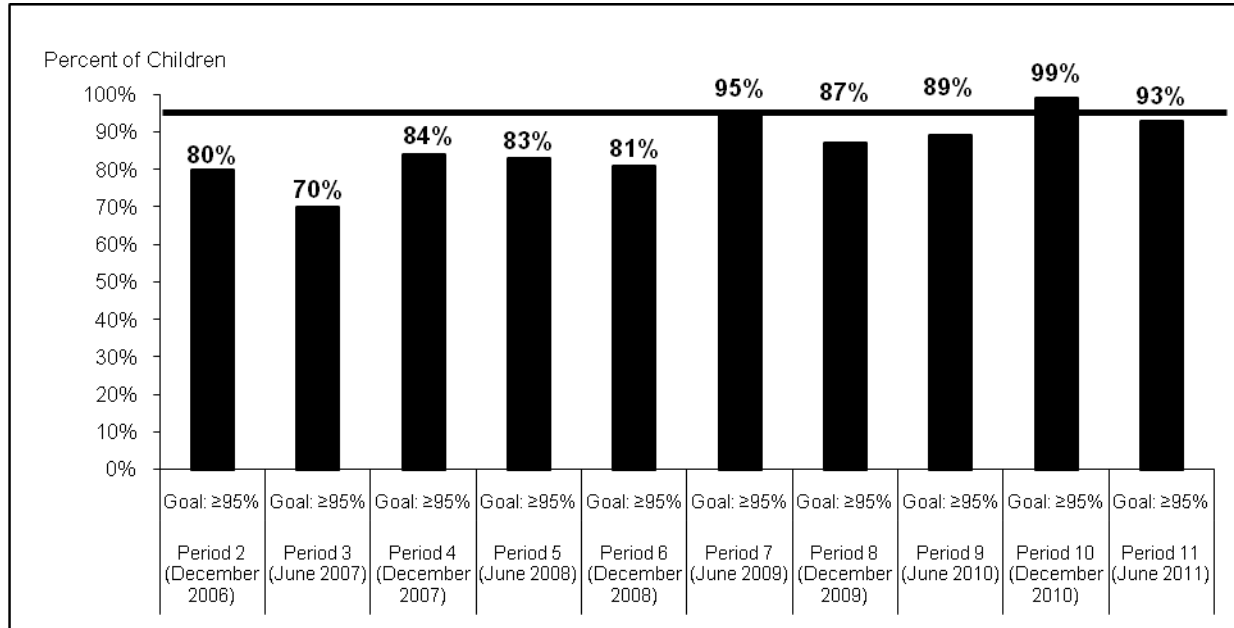
- **The State Fell Short Outcome 28 Threshold**

For Outcome 28, 87 (93%) of the 94 children in the foster care sample who had been in custody for 12 months or more had timely permanency hearings held by the Juvenile Court upon reaching their 12th month in care, or a timely request for such a hearing. The performance threshold for Outcome 28 is 95 percent. The Period 11 performance reflects a decline from the Period 10 level of 99 percent but the observed change is within the subsample's margin of statistical error.

During Period 11, 80 children had at least one permanency hearing within 12 months of entry or the previous twelve-month permanency hearing. Seven other children had a timely petition for a permanency hearing but continuances delayed the hearing. Figure IV-16 illustrates the State's performance for this Outcome over the 10 reporting periods to which the Consent Decree standard applied.

⁶⁵ See p. 9, paragraph 4B.10, and p.37, Outcome 28, of the Consent Decree.

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



Source: Review Period Foster Care Case Record Reviews, July 2006-June 2011

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

Placement with relatives has been demonstrated to help children have placement stability⁶⁶ 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;⁶⁷ 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.⁶⁸

1. Placement with Relatives

Of the 175 children in the foster care sample, 47 children (27%) were placed with relatives on June 30, 2011 or the last date the children were in custody. This is a modest improvement from the Period 10 rate of 23 percent, but the observed change is within the sample's margin of statistical error. 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.

Previous monitoring reports have included State reported data about the Permanency Review Process at the 13th and 25th month for the entire reporting period. Due to technical problems with the automated data base it uses for tracking the reviews, the State was unable to retrieve information about the activities conducted in April through June 2011. Thus, information reported here reflects only the permanency reviews conducted in January through March 2011.

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. In fact, in Period 10, the State's permanency review team initiated a practice of reviewing cases at the 9th month to further efforts to help children achieve permanency before they reach their 13th month in care. They also conducted 13th month reviews and assessed the progress that had been made between the 9th and 13th month. According to the State reported data, 72 children reached their 13th month in care during January through March 2011. Of these 72 children, 62 had their cases reviewed by the State permanency review team. Ten children did not have their cases reviewed because they achieved permanency or reached the age of 18 during their 13th month. Tables IV-12 and IV-13 summarize some of the characteristics of the 13th month permanency review practice as

⁶⁶ Zinn, Andrew, DeCoursey, Jan, Goerge, Robert M., Courtney, Mark E. *A Study of Placement Stability in Illinois*, Chapin Hall Center for Children, 2006.

⁶⁷ 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.

⁶⁸ See p. 9-10, paragraphs 4C.1-5, of the Consent Decree.

reported by the State for January-March 2011.⁶⁹ Highlights from the tables include the following:

- A total of 62 cases were reviewed in the first three months of 2011. The permanency review team concurred with 29 (47%) of the 62 plans and convened a staffing with the County for these 29 cases and for an additional 12 cases. A total of 41 (66% of 62) staffings were convened. These staffings do not necessarily produce a revised permanency goal, but the State reports they do produce an action plans for appropriate case work.
- 40 case plans (64%) reflected the most recent court-ordered permanency plan.
- Family Team Meetings were convened 90 days prior to the review in 37 percent of the 62 cases.

Table IV-12
13th Month Permanency Review Implementation
January 1 through March 31, 2011
N=62

	Number	Percent
Total Cases Reviewed by State Permanency Reviewers	62	100%
Reviewer Concurrence with goal and plan	29	47%
Permanency Goal		
Reunification	45	73%
Permanent placement with relative	8	13%
Adoption	7	11%
Guardianship	2	3%
Another planned permanent living arrangement	0	0%
Totals	62	100%
Cases with current case plans (court sanctioned/approved)	40	64%

Source: Division of Family and Children's Services, State Permanency Review Project Director, 2011 First Quarter Reports on 13th month Permanency Reviews.

⁶⁹ The information was not independently verified by the Accountability Agents in Period 11. Period 8 reported information was verified as described in Dimas, J. T. and Morrison, S. A., *Period VIII Monitoring Report, Kenny A. v Perdue*, July 2010. The Accountability Agents will continue to periodically verify 13th and 25th Month Permanency Review Activity.

Table IV-13
Family Team Meetings Convened for 13th Month Permanency Reviews
January 1 through March 31, 2011
N= varies

	Number	Percent
Cases with “Family Team Meetings” (FTM) within the last 90 days (percentages based on the number of applicable cases =62)	23	37%
FTMs with mothers involved (percentages based on the number of FTMs held—excludes cases where there was a TPR, non-reunification, the mother’s whereabouts were unknown throughout the life of the case, or the mother was deceased—N=19)	12	63%
FTMs with fathers involved (percentages based on the number of FTMs held—excludes cases where there was a TPR, non-reunification, the father’s whereabouts were unknown throughout the life of the case, or the father was deceased—N=19)	2	11%
FTMs with relatives involved (percentages based on the number of FTMs held and potential relatives to invite-- N=16)	6	38%
FTMs with foster parents involved (percentages based on the number of FTMs held and number of children with foster parents-- N= 17)	16	94%
FTMs had recommendations specific to Child/Family needs (percentages based on N=23)	20	87%

Source: Division of Family and Children’s Services, State Permanency Review Project Director, 2011 First Quarter Reports on 13th month Permanency Reviews.

Table IV-14 summarizes family and caretaker involvement in case planning as identified in the 13th month permanency review and reported by the State. The information provided by the State about involvement is different from that which it reports about Family Team Meetings. The family involvement information is a qualitative judgment by the permanency review team. It considers family and caretaker participation over the life of the foster care episode, not just the single event of the FTM required for the 13th month permanency review. The assessment by permanency reviewers was based on all documentation in the case file that indicated parental and/or youth involvement. Although a total of 62 cases were reviewed during the first three months of 2011, the applicable number of cases varies for each category based on several factors. Excluded cases included those in which parental rights were terminated, the parents’ whereabouts were unknown, or the parent was deceased. In addition, cases with children too young to participate in case planning were excluded. Key findings from state-tabulated data include the following:

- 100 percent of substitute caretakers participated actively in case planning.
- 96 percent of children old enough to participate in case planning were actively involved.
- 88 percent of mothers were actively involved in case planning.
- 59 percent of fathers were actively involved in case planning.

Table IV-14
13th Month Permanency Review: Engagement in Case Planning
January 1 through March 31, 2011
N=varies

	Number	Percent
Active involvement in the case planning process		
Child (n=27)	26	96%
Mother (n=50)	44	88%
Father (n=39)	23	59%
Caretaker (n=44)	44	100%

Source: Division of Family and Children's Services, State Permanency Review Project Director, 2011 First Quarter 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 January and March 2011 and who remained in custody throughout the 25th month. A total of 48 staffings were held. Table IV-15 provides a summary of the data related to these staffings. Reported findings include:

- The permanency review team concurred with the County's permanency plan in 52 percent of the cases (25 children).
- In Period 11, 63 percent of plans had a goal of reunification.
- In Period 11, 21 percent of plans had a goal of adoption.
- The proportion of children with current case plans was 73 percent (35 children).

Table IV-15
25th Month Permanency Review Implementation
January 1 through March 31, 2011
N=48

	Number	Percent
Total Cases Staffed	48	
Reviewer Concurrence with county plan	25	52%
Permanency Goal		
Reunification	30	63%
Permanent Placement with relative	4	8%
Adoption	10	21%
Guardianship	1	2%
Another planned permanent living arrangement	3	6%
Totals	48	100%
Cases with current case plans (Court sanctioned/approved)	35	73%

Source: Division of Family and Children's Services, State Permanency Review Project Director, 2011 First Quarter Reports on 13th month Permanency Reviews.

Table IV-16 summarizes family and caretaker involvement in case planning at the 25th month permanency review, as reported by the State. Although a total of 48 cases were reviewed during the first three months of Period 11, the applicable number of cases for family involvement varies for each category based on several factors. Cases excluded were those in which parental rights were terminated, the parent's whereabouts were unknown, or the parent was deceased. In addition, cases in which children were too young to participate in case planning were excluded. Key findings from state-tabulated data include the following:

- All caretakers (100%) participated actively in case planning.
- 94 percent of children old enough to participate in case planning were actively involved.
- 97 percent of mothers were actively involved in case planning.
- 65 percent of the fathers were actively involved in case planning.

Table IV-16
25th Month Permanency Review: Engagement in Case Planning
January 1 through March 31, 2011
N=varies

	Number	Percent
Active involvement in the case planning process		
Child (n=33)	31	94%
Mother (n=35)	34	97%
Father (n=23)	15	65%
Caretaker (n=48)	48	100%

Source: Division of Family and Children's Services, State Permanency Review Project Director, 2011 First Quarter Reports on 13th month Permanency Reviews.

C. Post Adoption Assistance

The State reported that 66 children were adopted between January 1 and June 30, 2011. According to data obtained from the state Office of Adoptions, 62 (94%) of those children were receiving or were scheduled to receive monthly Adoption Assistance benefits and Medicaid. This proportion is about the same it has been for several periods. All families receiving monthly adoption assistance are also eligible to receive additional benefits to cover one-time, non-recurring expenses. They may apply for reimbursement of non-recurring expenses of up to \$1500 once the adoption is finalized. Timely reimbursement is somewhat dependent on how quickly families are able to obtain the signed adoption decree and submit the application to DFCS. Once submitted to DFCS, all the appropriate data must be entered into SHINES to move the case into a post-adoption category. Among the 62 families eligible for monthly adoption assistance, 58 percent had received these benefits by June 30, 2011. This is a substantial improvement over Period the 10 proportion of 26 percent and is similar to most previous periods.

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 are related to 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 6 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 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 11. This part also includes charts which display the State's performance trends over the applicable reporting periods to date.

Table V-1
Well-Being Outcomes

Children Experience Stable Placements and Worker Continuity	Period 11 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.	90%
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.	88%
Outcome 20a: At least 96.25% of the total minimum number of twice monthly face-to-face visits between case managers and all class member children required by Section 5.D.1.b during the reporting period occur. ⁷⁰	97.8%
Outcome 20b: At least 96.25% of the total minimum number of monthly private , face-to-face visits between case managers and all class member children required by Section 5.D.1.b during the reporting period occur. ⁷¹	99.1%
Outcome 22: At least 95% of the total minimum number of monthly case manager-caregiver visits required during the reporting period occur. ⁷²	98%
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.	To be measured in Period 12
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.	78%

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

⁷⁰See *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

⁷¹ Ibid.

⁷² Ibid.

that at least 95 percent of children in custody have two or fewer placement moves during the most recent 12 months in custody.⁷³

a. Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in Period 11. Appendix B provides a summary of previously resolved interpretation and measurement issues. The measurement of Outcome 17 performance is based on the sample of 175 children in foster care at any time between January 1 and June 30, 2011.

b. State Performance

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

For Outcome 17, 158 children (90%) of the 175 children in the foster care sample experienced two or fewer placement moves during the previous 12 months in custody. The performance threshold is 95 percent for this outcome. The Period 11 performance is a slight decline from the Period 10 performance of 94 percent. The observed change, however, is within the sample's margin of statistical error. Table V-2 provides a breakdown of the number of placement moves experienced by the children in the foster care sample. Figure V-1 illustrates the State's performance over the 10 reporting periods to which the Consent Decree standards applied.

c. Operational Context

The Counties are concerned about children experiencing multiple moves. Multiple placements are not good for the children and it increases case manager workload to meet the intensive visitation requirements for children in new placements. County staff continue to convene "placement stabilization meetings" as a means to preserve placements that are at risk of disrupting because the foster care provider has requested that the child be removed. In reviewing the data they have collected about placement disruptions, the Counties have determined that a large proportion of children who have multiple placement moves are teenagers. This assessment is supported by the findings in the Outcome 17 analysis. Among the 17 children in the sample who had more than two placement moves, 59 percent were aged 13 or older and the median age was 14. All six children who experienced four or more placement moves in 12 months were aged 14 or older. In addition, 11 of the 17 children entered foster care in 2010 or 2011. This suggests that greatest instability may be in the first 12 to 18 months as the most appropriate placement match for children is sought.

Possible additional strategies discussed by the Counties include more timely convening of the placement stabilization meetings; taking a closer look at the situations that disrupt to better identify root causes, and recruiting foster homes that will specifically work with teenagers.

⁷³ See p. 35, Outcome 17 of the Consent Decree.

They have observed that the foster homes being used for receiving homes do well with teenagers in part because receiving homes are required to have one full-time parent in the home. This observation may provide insight for future efforts to achieve stable placements for teens.

Further analysis of provider and foster home capacity for supporting sibling groups and adolescents is also supported by the data collected in the record review for Outcome 17. Among the 17 children with three or more moves, 11 children had three moves in 12 months. The remaining six children experienced four moves (2 children); five moves (1 child); six moves (1 child), nine moves (1 child), and 10 moves (1 child). The stated reasons for the moves varied by child (and the reasons were not the same for each move). Examples included:

- Unsuccessful attempts to place children with relatives or keep all siblings together because the relatives could not adequately care for the children or the combined effect of the sibling behaviors overwhelmed care givers (2 children);
- successful moves to relative placement settings (4 children);
- children reaching a crisis and needing intensive psychiatric attention after attempts to maintain them in less restrictive settings were unsuccessful (5 children);
- temporarily successful moves to a less restrictive care setting after intensive treatment (4 children);
- foster parents deciding to stop fostering because they were going to adopt another child in their care or they moved out of the area (2 children);
- allegations of maltreatment, home or facility closures, and the removal of children during investigations (5 children);
- unfolding knowledge of child sexual victimization and their behaviors as perpetrators of sexual abuse (3 children);
- children running away from one or more placement (3 children);
- dual involvement with the juvenile justice system that included periodic detention for delinquent behaviors (2 children);
- movement among receiving homes in the first few weeks of placement (3 children);
- child behaviors, both formally diagnosed and undiagnosed (13 children)
- temporary placements while waiting for Medicaid application/reapplication processing and/or treatment “beds” not being immediately available (1 child); and,
- Poor follow-through on recommendations from assessments and poor assessments (1 child).

This information suggests strengthening several existing county activities. The Counties should identify existing placement settings that do well with adolescents and teens to better understand the care-giving capacities and characteristics that breed success. Recruitment efforts should target caregivers with similar capacities and characteristics who are willing and prepared to “specialize” in adolescents and teens, some of whom may have experienced serious trauma. In addition, training and an organized support network for peer sharing and learning should be made available to both existing and newly recruited “adolescent/teen specialists” to enhance their understanding of adolescent needs, adolescent brain development and trauma

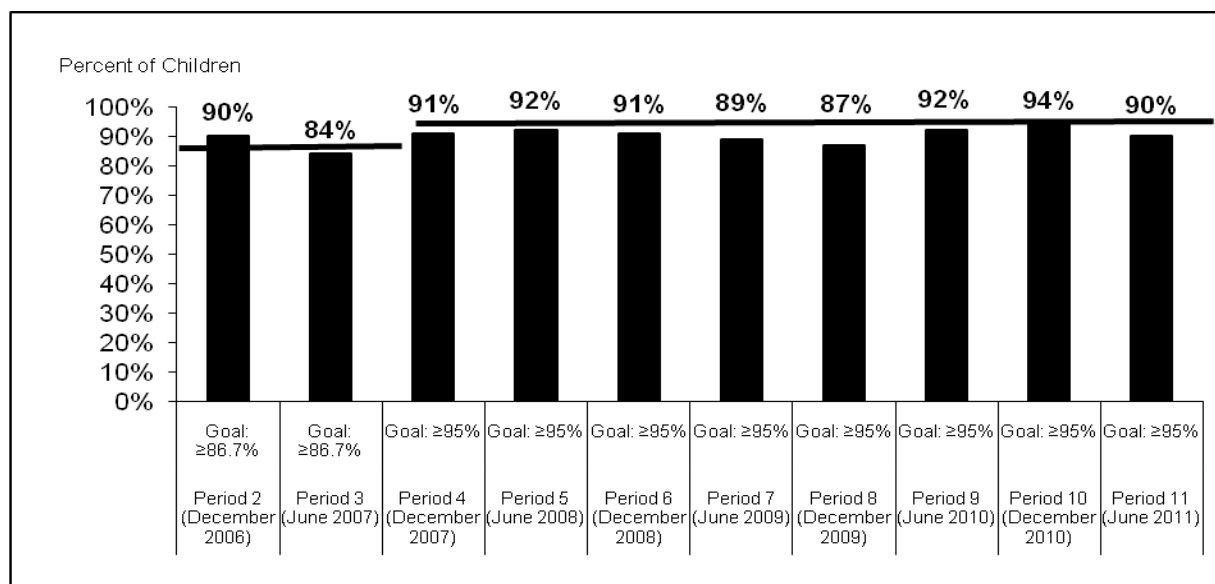
informed practice. Assessed service needs should be carefully reviewed and matched with the providers best- equipped to meet the needs of adolescents and teens. Finally, DFCS should not be alone in this effort. It should partner with providers who are willing to work with youth who have challenging behaviors, and willing to be held accountable for the results they produce.

Table V-2
Number of Placement Moves Experienced by Children in the 12 months prior to
June 30, 2011 or the Last Date of Custody
n=175

Number of Moves	Number	Percent	Cumulative Percent
No Moves	94	54%	
One Move	51	29%	83%
Two Moves	12	7%	90%
Subtotal	158		
Three Moves	11	6%	97%
Four Moves	2	1%	98%
Five Moves	1	<1%	98%
Six Moves or more	3	2%	100%
	175		

Source: Case Record Review, July-September 2011.

Figure V-1
Ten 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-June 2011

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.⁷⁴

a. Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in Period 11. Measurement in Period 11 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 performance is based on the entire population of children in DeKalb and Fulton county custody on June 30, 2011, which was 1161.

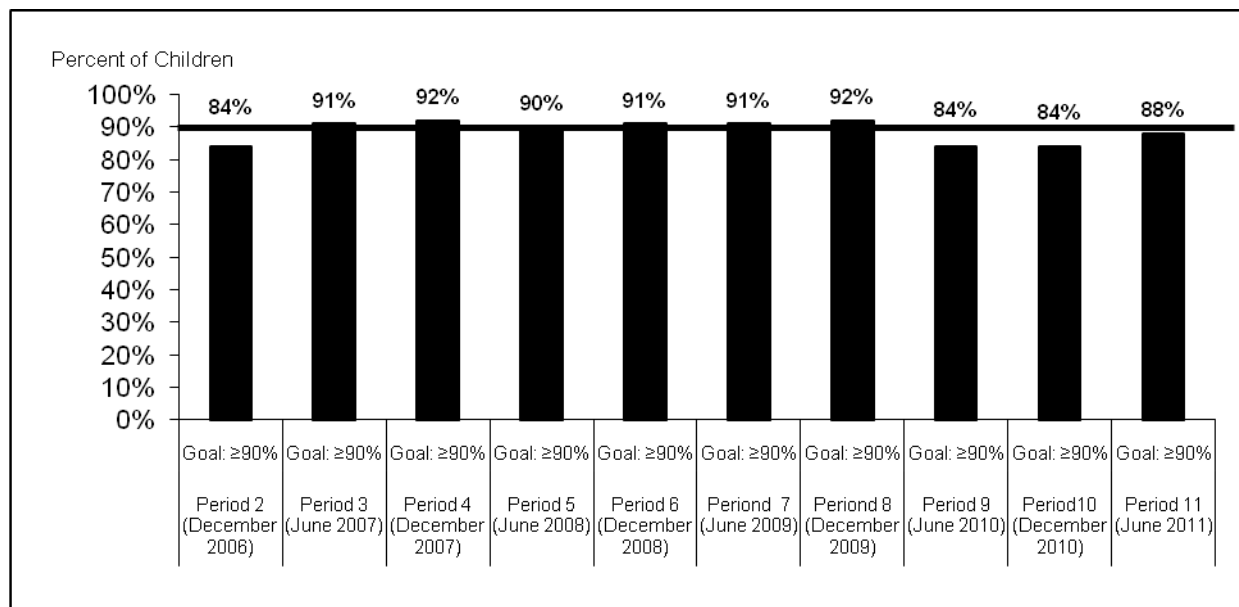
⁷⁴ See p. 35, Outcome 18, of the Consent Decree.

b. State Performance

- **The State Fell Short of the Outcome 18 Threshold**

For Outcome 18, 1027 (88%) of the 1161 children in custody on June 30, 2011 had 2 or fewer placement case managers since July 1, 2010, once the allowable exceptions were taken into account. The performance threshold for this outcome is 90 percent. The Period 11 performance is a modest improvement over the previous two periods which were at 84 percent each period. Figure V-2 illustrates the State's performance on this outcome over the ten reporting periods to which the Consent Decree standard applied.

Figure V-2
Ten 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-June 2011

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."*⁷⁵

⁷⁵See p. 19, Section 5D of the Consent Decree.

a. Interpretation and Measurement Issues

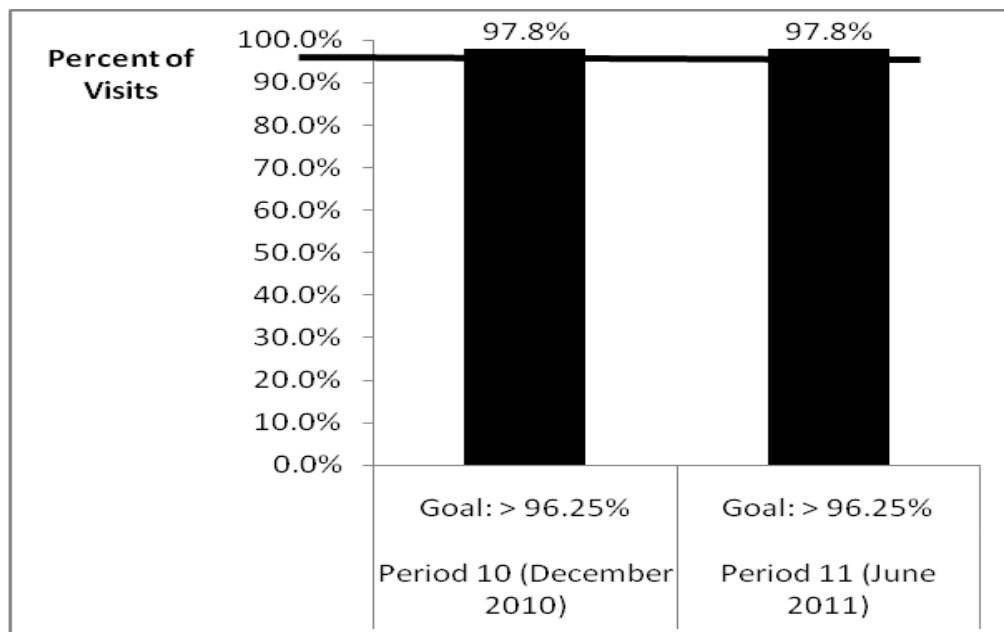
No new interpretation or measurement issues were encountered in Period 11. Appendix B provides a summary of previously resolved interpretation and measurement issues. Outcome 20 has two parts. Outcome 20a requires at least 96.25 percent of the total twice-monthly case manager visits to children in custody required during the period to occur. Outcome 20b requires at least 96.25 percent of the total monthly private visits to children in custody required during the period to occur.⁷⁶

b. State Performance

- **The State Surpassed the Outcome 20a Threshold**
- **The State Surpassed the Outcome 20b Threshold**

Case managers completed **97.8** percent of the required twice monthly visits (Outcome 20a) and **99.1** percent of the required private monthly visits (Outcome 20b) in Period 11. The threshold for each outcome is 96.25 percent. Figures V-3 and V-4 illustrate the State's performance over the two reporting periods to which revised the Consent Decree standards applied.

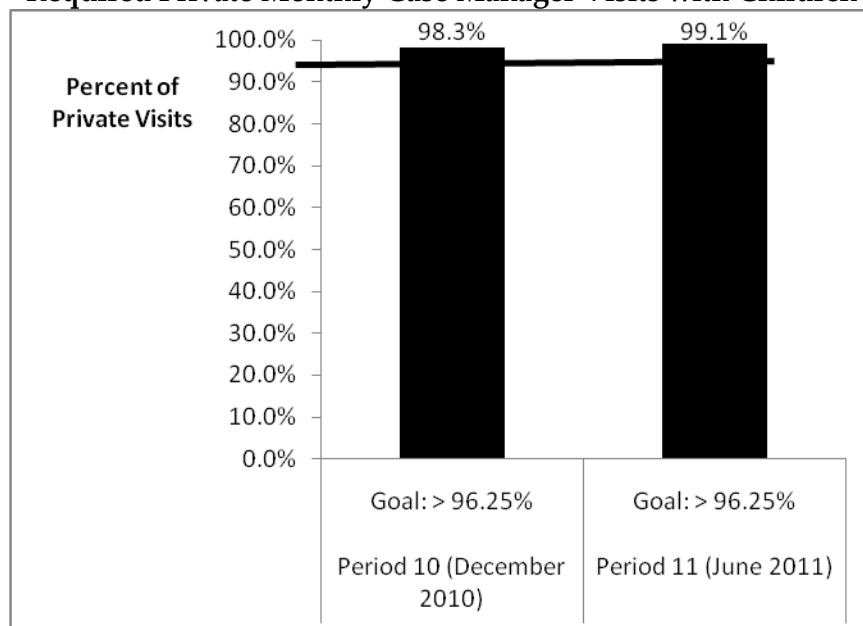
Figure V-3
Two Reporting Periods of State Performance on Outcome 20a:
Required Twice Monthly Case Manager Visits with Children



Source: County Quality Assurance data bases.

⁷⁶See *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

Figure V-4
Two Reporting Periods of State Performance on Outcome 20b:
Required Private Monthly Case Manager Visits with Children



Source: County Quality Assurance data bases.

Outcome 22 – Case Manager Visitation with Substitute Caregivers

The Consent Decree requires case managers to visit once a month with placement caregivers.⁷⁷ 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 or measurement issues were encountered in Period 11. Measurement in Period 11 used county-maintained data bases. Appendix B provides a summary of previously resolved interpretation and measurement issues. Outcome 22 requires that at least 95 percent of the total minimum number of monthly case manager visits to substitute care givers required during the period occur.⁷⁸

Using the visit data base maintained by County Quality Assurance staff previously described in Outcome 20, the State generated a performance report for the period. The Accountability

⁷⁷ See p. 36, Outcome 22 of the Consent Decree.

⁷⁸ See *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

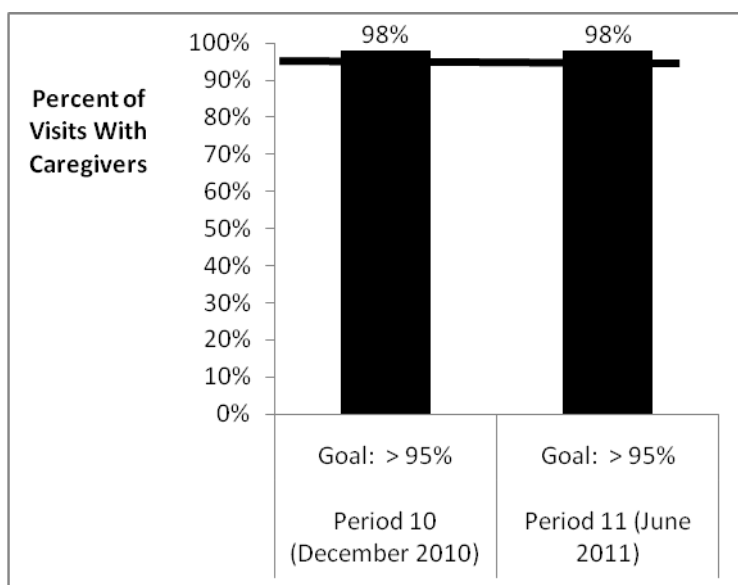
Agents verified the State report by randomly sampling 10 percent of the children in custody each month during Period 11 and collected information about all applicable visits (sibling, parental, and case manager.) This information was compared with the information in the county system and discussed with the county representatives. The Accountability Agents are satisfied that the State report on case manager visits with care givers is accurate.

b. State Performance

- **The State Surpassed the Outcome 22 Threshold**

For Outcome 22, 98 percent of the required monthly case manager visits to substitute caregivers in Period 11 occurred. The performance threshold for this outcome is 95 percent. Figure V-5 illustrates the State's performance over the two reporting periods to which revised the Consent Decree standards applied.

Figure V-5
Two Reporting Periods of State Performance on Outcome 22:
Required Case Manager Visits with Caregivers



Source: County Quality Assurance data bases.

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.”⁷⁹ 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 analysis 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. Period 10 performance for Outcome 24 was 58 percent. State performance on this outcome will next be measured for Period 12.

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.⁸⁰ As noted in Part IV of this report, 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 11. Appendix B provides a summary of previously resolved interpretation and measurement issues. The measurement of Outcome 30 performance is based on the sample of 175 children in foster care at any time between January 1 and June 30, 2011.

Among the 175 children in the sample, 157 children had one or more case plans in their records. Fourteen of the 18 children who did not have case plans in the files had been in custody 30 or fewer days during the review period. Two children had been in custody 36 days and two had been in custody 60 days. Of the 157 plans, 142 (90%) were current – they had been developed within seven months of June 30, 2011 or the child’s discharge date. Another 15 (10%) were seven to 20 months old. Four children had no needs identified in their plans, thus the outcome performance is based on 153 children who had plan-identified needs. The margin of statistical error for a subsample of 153 children is ± 8 percent.

⁷⁹ See p. 36, paragraph 24 of the Consent Decree.

⁸⁰ See p 38, Outcome 30 of the Consent Decree.

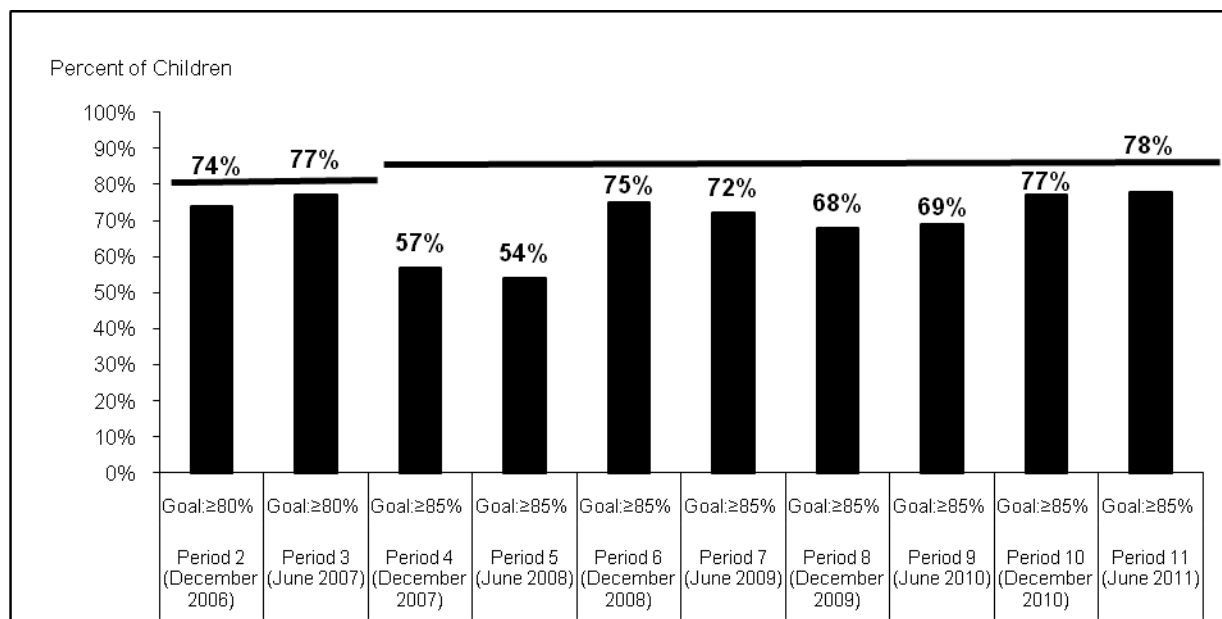
b. State Performance

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

Based on case file documentation and reviewer judgment, **120 children (78%)** of 153 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 11 performance is similar to Period 10 performance of 77 percent. Figure V-6 displays the State's performance over the 10 reporting periods to which the Consent Decree standards applied.

Table V-3 provides a breakdown of the needs identified and the percentage of needs met in each category. All children had routine medical, dental health and educational/developmental needs cited in their plans. The percentage of children who appear to have mental health needs documented (73%) is slightly lower than the 78 percent in Period 10.

Figure V-6
Ten 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-June 2011

Table V-3
Needs Identified in Most Recent Case Plans and Degree Needs Met as of
June 30, 2011 or last Date of Custody

Children with Case Plans n=157			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)	153	97%	All Identified Needs Met (n=153)	120	78%
Frequency of different identified needs			Frequency of different needs being met		
Medical	153	100%		139	91%
Dental	153	100%		144	94%
Mental Health	111	73%		110	99%
Educational/ Developmental	153	100%		139	91%
Other	0	0%		0	0%

Source: Case Record Review, July-September 2011

c. Operational Context

DFCS case plans usually contain a series of standard goals. One such standard goal is “*DFCS will ensure that the medical, dental, educational, and psychological needs of the child are met.*” Part of ensuring that this goal is achieved requires a child to have timely, routine health examinations, including physical, dental, and psychological assessments. It also means that if a child has an Individualized Education Program⁸¹ (IEP), it should be current. The schedule for health and dental exams is indicated in Section 6 of the Consent Decree⁸² and DFCS policy⁸³. Another part of achieving this goal requires addressing the needs identified in the examinations and IEPs. For example, if a health exam identifies a potential vision problem and follow-up with an ophthalmologist is recommended, it is the State’s responsibility to see that the child is examined by an ophthalmologist. Likewise, if a dental examination identifies tooth cavities requiring fillings, it is the State’s responsibility to see that the child receives the appropriate follow-up dental care.

⁸¹ For a description of the policies and rules applying to the Georgia Individualized Education Program, see http://public.doe.k12.ga.us/_documents/doe/legalservices/160-4-7-.06.pdf.

⁸² Per Section 6, physical health examinations are to be completed in accordance with the requirements of the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Health Check Program and dental exams are to be annual.

⁸³ DFCS policy regarding meeting the service needs of children is in Section 1011, Chapter 1000 of the Social Services Manual.

In assessing whether the standard case plan needs are being met, the Accountability Agents, through the case record review, look for timely examinations and appropriate follow-up where indicated. The case records of the children who appeared to have unmet needs for Outcome 30 reflected the following circumstances:

1. Unmet educational/developmental needs:
 - Out of date Individualized Education Programs; (IEPs)
 - Undelivered academic assistance;
 - Poor school attendance;
 - Untimely developmental assessments; and
 - No follow-up evaluations.
2. Unmet Health/Dental needs:
 - Overdue screenings;
 - No follow-up dental treatment;
 - Overdue immunizations; and
 - No follow-up consultation as recommended.
3. Overdue mental health assessments.

As part of a curative action plan agreed to by the parties to address underperformance on this outcome, the State has strengthened or initiated several activities over the last few periods that are designed to ensure children are getting their needs appropriately identified and addressed.⁸⁴ These activities include using SHINES reports in supervisory case staffings to ensure health screens are received in a timely manner and intensified follow-up with staff when needs are identified⁸⁵. However, the Counties continue to struggle with:

- Acknowledgment of referrals and recommendations from assessments, review of the findings and timely follow-up efforts as dictated by the findings. It appears that case managers and supervisors are not consistently reviewing, using or acting on the information they receive from the completed assessments as a portion of the shortfall in Outcome 30 performance can be attributed to a lack of apparent follow-up.
- Timely documentation of completed health and dental assessments. Case manager documentation of interactions with children and caregivers fails to refer to the treatment/services recommended and received. In addition, completed health action may be listed on the health log in a child's case file, but the supporting documentation may not be uploaded to SHINES for several months.

Improving performance on this outcome goes beyond improved electronic records management, although that would be helpful and is important. Improving performance will

⁸⁴ Correspondence from Brenda King Woodard, Georgia Department of Human Services, to Ira P. Lustbader, Children's Rights, February 15, 2010, August 23, 2010 and September 22, 2010.

⁸⁵See Dimas, J. T. and Morrison, S. A., Period 10 Monitoring Report, *Kenny A v. Perdue*, December 2010 for more description of the strategies employed by the Counties.

likely require more focused and strategic use of existing practices. These practices include, but are not limited to family team meetings, regular supervisory consultations, the frequent visits case managers make with children and caregivers, and six-month reviews. All of these efforts are opportunities to identify strengths and needs and reflect on the findings of the formal assessments DFCS has commissioned. They are also opportunities to obtain evaluative feedback for holding services responsive and accountable for results.

B. The Placement Experience

This section describes characteristics and placement practices identified in the case record review of 175 children in foster care during the period January 1 to June 30, 2011. This includes the placement environment, the use of temporary placement settings, and case manager visits to children in new placements. Data on children under the age of 12 in congregate care placements is based on the entire universe of such children.

1. Placement Setting

There were no significant changes to the placement process in Period 11 from that reported in the first monitoring report. However, the Fulton County Family Resource Center was closed effective June 30, 2011 and the Accountability Agents will be reporting on the resulting changes in the Period 12 monitoring report. Table V-4 provides the distribution of children among placement settings found in the case record review. When the different family settings are combined, 146 children (83%) in the sample were in family settings on June 30, 2011 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. Twenty-six children (15%) were in congregate care settings including residential treatment facilities, group homes, skilled nursing facilities and special psychiatric hospitals. Two youth were in correctional facilities and one was in a state personal care home.

Table V-4
Placement Settings of Children in DFCS Custody
on June 30, 2010 or the last day of custody (or before running away)
(n=175)

Placement Type	Frequency	Percent	Category Percent
Family Settings			83%
Foster Home (DFCS or Private Agency Supervised)	99	57%	
Relative Home (Foster and non Foster Home)	34	19%	
Parents/Guardian/Fictive Kin	13	7%	
Congregate Care Settings			15%
Emergency Shelter/Assessment Center	0	0	
Group Home	13	7%	
Residential Treatment Facility/ Child Caring Institution/ Specialty Hospital	13	7%	
Other			2%
Jail, personal care home	3	2%	
Total	175	100%	100%

Source: Case Record Review, July-September 2011.

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

Seventy-six children (43%) in the sample of 175 children in foster care experienced one or more new placement settings during Period 11. The proportion of children experiencing a new placement or placement change is somewhat larger than the 35 percent observed in the Period 10 sample primarily due to the increased number of foster care entries in Period 11. For those experiencing a move, there was evidence that case managers attempted to minimize the emotional trauma of the most recent move for 40 of the 76 children (53%)⁸⁶. This finding compares to 38 of 62 children (61%) in Period 10.

Thirty-six of the 76 children experienced more than move in Period 11 and the record review collected information about trauma-minimizing efforts related to the prior placement move in addition to the most recent. Among these 36 children, it appeared that case managers attempted to reduce the trauma of the previous move for 18 children (50% of 36). Trauma minimizing efforts included placing children with siblings, parents and relatives; conducting transition interviews and transition visits; having explanatory conversations with the children and foster parents; offering comforting words and actions during the move; and placing children with previous foster families. The proportion of cases with documented trauma reducing efforts in a previous move found in Period 10 was 15 of 23 children or 65 percent.

⁸⁶ The margin of statistical error for a subsample of 76 is +/- 11 percent.

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.⁸⁷

The case record review found two children who experienced more than 23 hours in the Fulton County Family Resource Center during Period 11. One child spent 25 hours and the other spent 29 hours. Twelve children experienced at least one placement in temporary or respite foster homes. Two of the 12 children experienced more than one stay in a temporary foster home. The total length of stay for each of the 12 children was less than 30 days. These temporary foster homes are “receiving homes” used by DeKalb County to place children when first enter care, or in some instances, when a placement disrupts. Fulton County did not begin using receiving homes until July 2011. These temporary homes also include “respite homes” used by both counties when foster parents need to have time off from caring for children for up to five days.

⁸⁷ See p. 16, paragraph 5C4.c of the Consent Decree.

4. Informing Caregivers and Providing Appropriate Clothing

The Consent Decree stipulates that DFCS will ensure available information concerning a specific foster child will be provided to foster parents before the child is placed.⁸⁸ As the Accountability Agents learned in Period 3, the files of children do not contain an adequate picture of the information that 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 additional files maintained by the placement units were not reviewed for Period 11.⁸⁹ Among the 76 children in the sample of 175 children in foster care who had an initial and/or a new placement during the period (excluding children returned to parents), case managers provided medical information to the substitute caregivers of 21 children (28% of 76) and education and mental health information to 12 (16%) and 18 (24%) care givers respectively. Based on the information in these same records, case managers reviewed the clothing needs and took the necessary steps to ensure children had appropriate clothing in their new placements for 32 (42% of 76) children.

5. 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.⁹⁰ 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 72 of the 76 children in the sample who entered and/or changed placements during the reporting period. The circumstances of four children precluded starting the required visits during the review period.⁹¹

Among the remaining 72 children,⁹² the file documentation indicated that 56 children (78%) had a visit in the first week of placement. For 41 of these children, the visit occurred in their placement settings. A total of 31 children (43%) received the required number of visits. However, three of these 31 children were not seen in the placement setting in the first week of placement. Another 14 children (19% of 72) missed one of the required additional visits. The majority of the remaining children (20 of 27) had at least half of the required visits. Seven children had fewer than half of the required visits. The visitation pattern is arrayed in Table V-5. The proportion of children who received case manager visits in the first 8 weeks of a new placement for a child does not appear to have changed much from that found in Period 10's subsample (47%).⁹³

⁸⁸ See p. 19, paragraph 5C.6d of the Consent Decree.

⁸⁹ The Accountability Agents last reviewed the placement unit files in Period 3.

⁹⁰ See p. 19, paragraph 5D.1 of the Consent Decree.

⁹¹ One child's most recent placement was on June 29, 2011 and three children began a trial home visit with a parent in another state in June.

⁹² Conclusions drawn from a subsample of 72 children has a margin of error of +/-11%.

⁹³ Results from a larger sample drawn for a supplemental review of Period 10 indicate that 82 percent of the children

Table V-5
Pattern of Case Manager Visits with Children in the First 8 Weeks
of a New Foster Care Placement
n=72

Degree of Required Visits	Number of Children	Percent
At least one visit in the first week of placement	56	78%
At least one in-placement visit in the first week of placement	41	57%
All requirements met for period of time child in placement	28	39%
The number of required visits were made, but there was no in-placement visit in the first week.	3	4%
Missed one week of required visits (equivalent of 5 visits in addition to the two required in-placement visits over the 8 week period)	14	19%
Missed two weeks of required visits (equivalent of 4 visits in addition to the two required in-placement visits over the 8 week period)	2	3%
Half of the required visits made (equivalent to 4 visits in 8 weeks)	18	25%
Less than half of the required visits	7	10%
Total	72	100%

Source: Case Record Review, July-September 2011.

To address chronic underperformance on this requirement, the Parties agreed to a set of corrective actions to be undertaken by the State.⁹⁴ These corrective actions focus on more intensive supervision. DeKalb County has Quality Assurance staff reviewing a random sample of the visits each month and following-up with supervisors. Fulton County has attempted to expedite case assignment within 24 hours of the child coming into custody and convening staffings within five days of receiving the case.

6. Use of Congregate Care

The Consent Decree has several restrictions related to the use of group care.⁹⁵ Between January 1 and June 30, 2011, the counties continued to limit their use of congregate care for young children. The reported information is for all children under the age of 12; not for a sample of the foster care population. No children under the age of 12 were placed in group homes or child caring institutions except as allowed by the Consent Decree stipulations.

During the period, a total of two children under the age of 6 were placed with their mothers in group care settings designed for teen mother transitional living or older mothers with children.

received a visit the first week and 50 percent of the children had eight visits in 8 weeks, see Appendix D, pages D-16 and D-17.

⁹⁴ Correspondence from Brenda King Woodard, Georgia Department of Human Services, to Ira P. Lustbader, Children's Rights, December 17, 2010..

⁹⁵ See p. 16-17, paragraph 5C.5f of the Consent Decree.

The capacity of these settings ranged from 18 to 48 beds. On June 30, 2011, five children under the age of six remained in congregate care settings, all placed with their mothers

On June 30, 2011, six children aged 8 to 11 remained in psychiatric residential treatment facilities (PRTFs) or other group care settings. All six children were in facilities with more than 12 beds. Two of the six children entered PRTFs during Period 11 and three entered at the end of Period 10. One of the six children, aged 10, had improved sufficiently to be moved to a less restrictive setting by June 30, 2011. According to the State, the continued need for in-patient treatment in a PRTF is reviewed every 30 days and reauthorized as necessary.

Although DFCS does not consider psychiatric hospitals to be “placement settings,” DFCS has supplied documentation to the Accountability Agents that these placements have been reviewed and authorized.⁹⁶ Table V-6 summarizes the State’s actions with regard to the Consent Decree stipulations.

Table V-6
Children Younger Than Age 12 in Group Care Settings
January 1 through June 30, 2011

Children under the age of 6						
Reason for placement	Number placed as of December 31, 2010		Number newly placed between January 1 and June 30, 2011		Number still placed as of June 30, 2011	
	Bed Capacity		Bed Capacity		Bed Capacity	
	≤12	>12	≤12	>12	≤12	>12
With mother	3	7	1	1	2	3
Service Need						
Total	10		2		5	
Children aged 6 to 12						
	Number placed as of December 31, 2010		Number newly placed between January 1 through June 30, 2011		Number still placed as of June 30, 2011	
	Bed Capacity		Bed Capacity		Bed Capacity	
	≤12	>12	≤12	>12	≤12	>12
PRTF		1*		5		5
Group Care						1***
Total	1*		5**		6	

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

*Children hospitalized in psychiatric residential treatment facilities (PRTF); **Three of 5 entered facilities in Period 10. ***During Period 11, one child was transferred from a PRTF to a group care setting

⁹⁶ The Accountability Agents did not verify the appropriateness of these arrangements 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.⁹⁷ As a means of “*strengthening and rebuilding families to bring about the child’s early return*”⁹⁸ 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 considers the State’s practice as reflected in state and county-reported data and the case record review of 175 children in foster care during Period 11.

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.⁹⁹ Other initial activities include health and dental screening and mental health or developmental assessments.¹⁰⁰ 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 11, the State used SHINES data to report 599 entries to care during Period 11, but not all of the children who entered remained in care beyond a few days. Among the 476 children who were in custody nine days or more, the county tracking systems indicated that 425 children (89%) received timely Family Team Meetings (FTM). Another 40 children (8%) had FTMs but they were not convened within the first nine days. The late FTMs were held 10-24 days after the child’s entry into County custody. An additional 11 children (2%) did not appear to have had a FTM. The proportion of timely FTMs was larger than the Period 10 level of 81 percent and the proportion of children that had a Family Team Meeting convened at all improved as well from 92 percent in Period 10 to 98 percent in Period 11. Figure V-7 illustrates the Period 11 findings.

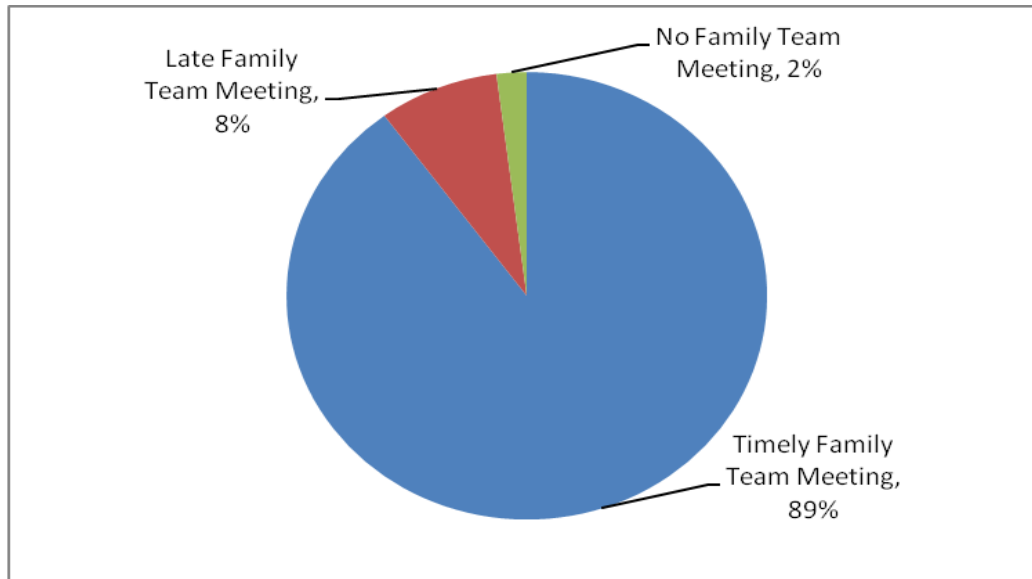
⁹⁷ See p. 4, principle 7; pp. 20-21, section 6; p.38, Outcome 30 of the Consent Decree; See also Social Services Manual Section 3060, Georgia Department of Human Services.

⁹⁸ See Social Service Manual 3060, Georgia Department of Human Services.

⁹⁹ See pp 5-7, section 4A of the Consent Decree.

¹⁰⁰ See p. 20, Section 6.A. of the Consent Decree.

Figure V-7
Initial Family Team Meetings at Foster Care Entry
January 1-June 30, 2011
N=476 (all children remaining in custody 9 days or more)



Source: County records. Totals less than 100% due to rounding

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 11 sample of 175 children, there was a subsample of 47 children who entered care during the period and remained at least 10 days. The margin of statistical error for a subsample of 47 children is approximately ± 14 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.¹⁰¹

Of the children in this subsample of 47, 38 (81%) had documented health screens within 10 days of entering care. When the ten-day time frame is relaxed, all children received an initial health screen. For those children whose health screens fell outside the 10-day window, the elapsed time ranged from 11 to 35 days. This performance is similar to that found in Period 10.

Twenty-eight children (60% of 47) had a documented dental screen within 10 days. The total proportion receiving an entry dental screening was 87 percent. The 13 children who received

¹⁰¹ The Accountability Agents will be conducting a separate record review to collect information about practice in the first 60 days after a child enters custody. The results of this review will be published in a separate, supplemental report. The results for P10 are contained in the supplemental report in Appendix D of this report.

their initial dental screens late received them 11 to 30 days after entering care. Although the timeliness of the dental screens improved over Period 10 (from 45% to 60%), a larger proportion did not have any initial dental screen in Period 11 (13%) than in Period 10 (3%).

Table V-7
Initial Health and Dental Exams at Foster Care Entry:
January 1- June 30, 2011
n=47

<i>Screen</i>	Number	Percent	Cumulative Percent
<i>Initial Health Screen At Foster Care Entry</i> (n=47 from sample)			
Received within 10 days	38	81%	
Received, but not within 10 days (11 to 35 days)	9	19%	100%
Total	47	100%	
<i>Initial Dental Screen At Foster Care Entry</i> (n=47) (includes infants for a "gum check")			
Received within 10 days	28	60%	
Received, but not within 10 days (11-30 days)	13	28%	87%
No initial dental screen received by June 30, 2011	6	13%	100%
Total	47	100%	

Source: Case record review, July-September 2011.

c. Initial Mental Health/Developmental Assessment

The Consent Decree requires that all children under the age of four years receive a developmental assessment in compliance with EPSDT standards within 30 days of placement.¹⁰² Children four years of age or older are expected to receive a mental health screening in compliance with EPSDT standards within 30 days of placement.¹⁰³ Within the sample of 175 children in foster care in Period 11, there were 15 children who were younger than age four, were in custody at least 30 days, and entered care on or after December 1, 2010.¹⁰⁴ Two additional children under age 4 were in custody less than 30 days, but did receive a developmental assessment. There were 21 children in the foster care sample who were age four or older, remained in care 30 days or more, and entered DFCS custody on or after December 1, 2010.

All 17 children under the age of four had completed developmental assessments, 14 within 30 days. The three children who did not receive developmental assessments within 30 days had

¹⁰² See p. 20, paragraph 6A.3 of the Consent Decree.

¹⁰³ See p. 20, paragraph 6A.3 of the Consent Decree.

¹⁰⁴ In order to have a larger pool of children in the sample for whom the responsiveness to identified needs could be measured, the record review was designed to collect information on children who entered custody in December 2010 and, therefore, had sufficient time for identified needs to be addressed in Period 11.

them completed between 33 to 62 days. All 21 children that were over the age of four and had been in custody 30 days or more had mental health assessments, 16 within 30 days. Three children entered custody with recently completed mental health assessments (completed within the previous 80 days) and two had the assessment completed 36 and 47 days after entering care. This information is included in Table V-8.

Table V-8
Initial Developmental or Mental Health Assessments at Foster Care Entry:
December 1, 2010- June 30, 2011
n=varies depending on the assessment

<i>Assessment</i>	Number	Percent	Cumulative Percent
<i>Initial Developmental Assessment</i> (children younger than age 4) (n=17)			
Received within 30 days	14	82%	
Received, but not within 30 days (33-62 days and unable to determine)	3	18%	100%
No initial Developmental Assessment received	0	0%	
Total	17	100%	
<i>Initial Mental Health Assessment</i> (children aged 4 and older) (n=21)			
Received within 30 days (includes pre-assessments)	19	90%	
Received, but not within 30 days (36, 47 days)	2	10%	100%
No Initial Mental Health Assessment	0	0%	
Total	21	100%	

Source: Case record review, July-September 2011

d. Initial Case Plans

Twenty-nine (88%) of the 33 children entering custody during the reporting period and remaining more than 30 days had an initial case plan developed by June 30, 2011 or their last date in custody. In addition, two children who were in custody less than 30 days had case plans developed. Twenty-six of the 31 were completed within 20 to 30 days of entering care and five were completed within 31 and 59 days.

2. Periodic Health and Dental Screening

In addition to requiring health and developmental assessments when a child enters foster care, the Consent Decree requires all children to receive periodic health screenings¹⁰⁵ in accordance with the Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT)/Georgia Health Check Program standards.¹⁰⁶ DFCS' performance with respect to meeting these standards is discussed below. The case record review of 175 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 performance was assessed for 174 children in the sample of 175 children. Analysis was not applicable for one child who was on run away status for the time he was in custody during Period 11 and for several months before that. All 174 children had at least one documented health screen. Overall, 170 of the 174 children (97%) appeared to be current with their "well child" visits as of June 30, 2011 as a result of receiving a scheduled health screen prior to or during reporting Period 11; or receiving a health screen during Period 11 that brought them up-to-date. This is similar to the proportion found in Period 10 when 96 percent of the sample was current with their health screens by the end of the period. The remaining four children (3% of 174) appeared to be overdue for an exam, even if they had received one or more in Period 11. The specific findings are provided in Table V-9.

Compliance with EPSDT requirements continues to be challenging to assess either because documentation of the exams is incomplete or the exams themselves lacked certain components. Of the 174 children who had at least one documented health screen, 63 (36%) of the most recent health screens may have been missing one or more required EPSDT components. These 63 exams were most often missing documentation of required height, weight, blood pressure measurement, required laboratory work or vision and hearing testing. In another 45 (26%) of the 174 cases, reviewers could not determine from the documentation whether the exams were compliant with EPSDT requirements.

¹⁰⁵ See p. 30, paragraph 13A in the Consent Decree.

¹⁰⁶ See p. 20, paragraphs 6A 1 and 2, and p.21, 6B, paragraphs 1-8 of the Consent Decree.

Table V-9
Status of Periodic Health Screening for Children*
January 1-June 30, 2011
n=174

Component and Action	Number	Percent	Cumulative Percent
No health screen required during period, children current with health check-ups during entire period	45	26%	
Children receiving timely health screens (according to EPSDT schedule) between January 1 and June 30, 2011	121	70%	95%
Children receiving a health screen between January 1 and June 30, 2011 received later than recommended schedule	4	2%	97%
Children receiving one or more of the required health screens between January and June 2011, but were still behind schedule as of June 30, 2011	3	2%	99%
Required well child health screen(s) between January 1 and June 30, 2011 not received	1	1%	100%
TOTAL	174	100%	

Source: Case record review, July-September 2011. *Sixty-three of the 174 most recent exams received appeared to be missing some EPSDT components.

As reflected in Table V-10, routine dental screening was assessed for 154 children because 19 children were under the age of three through June 30, 2011;¹⁰⁷ one young child was medically fragile; and one youth was on run away status for the time he was in custody during Period 11 and for several months prior to that. For the 154 children,¹⁰⁸ dental screens appeared to be current for 147 children (95%) by June 30, 2011. This is a slight improvement from the 92 percent found in Period 10. Among the seven children who were still due a dental exam during the period, four were in care less than 30 days during the period (one child did receive a dental exam in July 2011); one youth was in different psychiatric settings in her 60 days in custody; and the records of the remaining two children had dental visits referenced in the health log but there was no supporting documentation. One of these two children was discharged in February 2011 and the other had a dental exam in September 2011. Forty-one (28%) of the 147 dental exams received did not have documentation of sealants, x-rays, teeth cleaning, or a combination of these three components. In another 33 (22%) of the 147 cases, reviewers could not determine from the documentation whether the exams were compliant with EPSDT requirements.

¹⁰⁷ 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.

¹⁰⁸ Conclusions drawn from subsample of 154 have a margin of error of +/-8%.

Table V-10
Children Aged 3 and Over Receiving Periodic Dental Screening*
January 1 –July 2011
n=154

Component and Action	Number	Percent	Cumulative Percent
No annual EPSDT dental exam required during period, children current with annual requirement during entire period	55	36%	
Children receiving a timely annual EPSDT dental exam during period (includes initial exams of children under age 3)	89	58%	94%
Received more than 12 months since previous exam	3	2%	95%
Required annual dental exam not received as of June 30, 2011	7	5%	100%
TOTAL	154	101%**	

Source: Case record review, July-September 2011. *Forty of the 147 exams received did not have documented x-rays or cleaning or both. **Total is greater than 100% due to rounding

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 11, 32 children had documented developmental or educational assessments that identified needs in addition to the 17 children who received an initial assessment. Another 24 children had documented mental health assessments in addition to the 21 children who received an initial assessment.

4. On-going Attention to Development and Education

Forty children in the sample had one or more developmental and/or educational needs identified between January 1 and June 30, 2011 either through an initial assessment or some other process. Fifteen children needed speech therapy. Academic assistance was needed by 12 children. Fourteen children had developmental delays, five children needed physical or occupational therapy, and nine children needed to be further evaluated. There were behavioral concerns for eight children.

Other indicators of developmental or educational needs are Supplemental Security Income (SSI) benefits and Individualized Education Programs (IEPs). Ten children in the sample appear to be receiving SSI benefits and 28 had IEPs. Nineteen (68%) of the 28 IEPs appeared to be current (less than 12 months since the previous IEP).

Children aged 6 to 16 are required to be enrolled in school in Georgia. Within the foster care sample, 93 children (53% of 175) were aged 7 or older and were in DFCS custody sometime during a portion of the school year. Among the 93 children, 91 (98%) were enrolled in school or a GED program in the first half of 2011. One youth was on runaway status during the period and another youth was not enrolled although attempts had been made to enroll the youth in two different alternative educational programs. Among the 91 children enrolled, eight (9%) experienced gaps in school enrollment as a result of runaway behavior, episodes of mental health treatment, and, disrupted placements. Within the foster care sample of 175, 81 children (46%) were younger than age 7. Fifty-eight of these 81 children (72%) were enrolled in a kindergarten, pre-school or another developmental program.¹⁰⁹

5. 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 11¹¹⁰:

- 44 (25%) of the 173 children who received regular (initial or periodic) health screening during Period 11 had health needs identified. Among these 44 children, the documentation in their files indicated that 29 (66%) had received appropriate treatment or treatment was scheduled for all the needs identified during Period 11. Four children (9%) appeared to have had some, but not all needs met. Eleven of the 44 children (25%) did not have follow-up treatment during the reporting period documented in the case record. The needs that appeared to be unmet included follow-up tuberculosis skin test readings, immunizations, eye exam/glasses and other diagnostic tests or referrals. One of the 15 children with unmet needs received the necessary vaccinations after the end of the period.
- 19 (21%) of the 92 children who had a dental health screening during Period 11 had dental needs identified. Eleven children (58% of 19) had all their needs met. Of the eight children with unmet needs, untreated cavities were the primary issue. Other children required other dental treatments or assessment. The discharge meeting for one child addressed with the child's mother the dental work that needed to be done.
- 39 (78%) of the 50 children who had developmental or educational assessments in Period 11 had identified needs. One child required a follow-up evaluation in a year but this need was not considered in the analysis of unmet needs because it was too soon to see evidence of the evaluation being scheduled. All of the needs for 29 (76%) of the remaining 38 children were being addressed as of the end of June. The needs of nine children that were unmet included academic assistance and further developmental assessments.

¹⁰⁹ According to the Georgia Department of Education website, "Georgia law requires that students attend a public or private school or a home study program from their sixth to their 16th birthdays. Public Kindergarten is available in every school system, but it is not mandatory." See <http://www.doe.k12.ga.us/askdoe.aspx?PageReq=ASKNewcomer>

¹¹⁰ Conclusions drawn from subsamples of 38 or smaller have margins of error of $\pm 16\%$.

-
- 31 (69%) of the 45 children who had mental health assessments in Period 11 had identified needs. All of the needs for 30 of the 31 children (97%) were being addressed. One child had some needs addressed or services scheduled by June 30, 2011, however, a needed evaluation by an audiologist did not appear to have been scheduled.

6. **Response to Emerging Needs Between Routine Well-Child Visits or Scheduled Assessments**

A small portion of children may have episodes of acute illness or emerging needs between regular assessments. The record review captures information about the response to these needs, but the sample sizes and resulting percentages are too small to draw conclusions as to the need for improvement.

- 36 children (21%) in the sample of 175 experienced emerging physical health needs during the reporting period. All but two children appear to have had these needs met. There was a physical impairment concern for one child which was assessed after the end of the period and found not to be a problem and another child broke his glasses but had not obtained a new pair before June 30, 2011.
- Five children (3%) of the 175 sampled experienced acute dental needs during the reporting period and those needs were treated.
- 33 children (19%) of the 175 sample experienced acute or emerging mental health needs during the reporting period. All 33 children had those needs met.

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.”¹¹¹

The foster care case record review of 175 children collected some limited information on the experience of children who had reached their 18th month in custody before or during Period 11. Within the sample of 175 children, 69 (39%) had been in custody 18 months or more.¹¹² Among the 69 children, 22 (32%) were aged 14 or older and eligible for Independent Living Program

¹¹¹ See pp 11 and 12, Section 4.F paragraph 3, of the Consent Decree.

¹¹² Conclusions drawn from a subsample of 69 are subject to a statistical margin of error of +/-12%.

(ILP) services. Thirteen of the 22 (59%) appeared to be receiving such services. All of the remaining nine youth (41%) had Written Transitional Living Plans (WTLP) but did not appear to be receiving ILP services.

Sixty-seven of the 69 children (97%) had meetings between January and June 2011 to review the appropriateness of their permanency goal and effectiveness of services they are receiving. Most youth (38) had case plan reviews convened by the Judicial Citizen Review Panel (JCRP) and at least one other meeting for the review of permanency goals and services. Twenty-six had JCRP reviews only. One youth's plan was the subject of a permanency roundtable and internal periodic DFCS staffings were convened for two other youth. The meetings had a range of results. Most meetings did not change the case plans, but 13 children had services revised as a result and seven had revised permanency goals.

Fifteen of the 69 children (22%) were discharged by June 30, 2011. All 15 discharges were expected by DFCS. Among the 15 discharges, 13 appeared to have had discharge planning. For eight children, the discharge planning occurred through an identified discharge meeting. Four children had discharge planning occur over a series of visits between the case manager and child (there was no single event identified). Another child had a meeting with just the case manager and two children did not have documented discharge planning although one of these youth did voluntarily return to care after being discharged at age 18.

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"¹¹³ and that all children receive a health screen within 10 days of discharge.¹¹⁴ Discharge planning and discharge medicals continue to be areas needing improvement. As a result, the Parties agreed to implement a curative action plan to improve performance that includes reinforced practice steps, more supervisory oversight, and tracking of previously established activities such as discharge family team meetings.¹¹⁵

Analysis of the curative action performance in Period 11 is based on information from two sources. First, within the sample of 175 children foster care, 49 children (28%) had been discharged by June 30, 2011.¹¹⁶ The discharges of 15 children (31% of the 49 discharged) however, were excluded from the analysis because the presiding judge discharged the children

¹¹³ See p.10, Section 4.C.6 in the Consent Decree.

¹¹⁴ See p. 21, Section 6.B.6 in the Consent Decree.

¹¹⁵ Correspondence from Brenda King Woodard, Georgia Department of Human Services, to Ira P. Lustbader, Children's Rights, February 15, 2010 and September 22, 2010.

¹¹⁶ The total of 49 children includes the children who had been in custody 18 months or more and reported on separately in the previous section.

without prior notice to DFCS or the child's discharge was the result of being on extended runaway status. The 34 remaining discharges from the foster care sample were augmented with information from a separate, on-line case record review of 53 children who were discharged between January and June 2011.¹¹⁷

a. Discharge Planning

In the sample of 34 children, there was documentation of some form of discharge planning for 31 children (91%). In some cases discharge planning occurred through a combination of activities. Discharge planning for 22 children occurred in some form of meeting – one-on-one meetings between case managers and children, family team meetings or multi-disciplinary team meetings. Nine families/youth experienced discharge planning solely over a series of conversations with the case manager. In two instances, discharge planning meetings appeared to have been more limited, in part, because of case circumstances that included on-going DFCS involvement. In one case the documented discharge planning involved returning custody to the family under a protective order and on-going services included day care for the child and DFCS monitoring the parent's treatment progress and the child's health and well-being. The child's discharge from custody and the requirements of the protective order were discussed with the mother prior to the transfer to the Family Preservation staff. A Family Team Meeting was subsequently convened by Family Preservation staff approximately six weeks after case transfer and a closure FTM occurred in September 2011. In the other case, the child was discharged into the guardianship of the foster parents who were adopting the child's younger sibling. The parent's agreement with the guardianship plan was discussed prior to discharge and the court ordered open visitation for the parents. Child support payment was also discussed with the birth father and the child remained in day care. In both instances, the discharge medicals were received. Table V-11 provides a summary of the information collected from the case record review.

From the additional on-line case review of 53 discharged children, 51 (96%) had some form of discharge planning. Again, discharge planning occurred through a combination of activities in a number of cases. Nine of the 51 children and families had meetings with the case managers; 16 children and families appeared to be planning over a series of visits; nine had a Family Team Meeting; and 17 children had an adoption placement staffing or another type of meeting that included family members. This information is also included in Table V-11.

¹¹⁷ The Accountability Agents initially drew a random sample of 69 children (10 percent of the nearly 700 discharges in Period 11). However, as these cases were reviewed, 16 children (20% of 69) were excluded. Four were excluded because they were aged 19 or older and were actually discharged from voluntary foster care; four were discharged against the recommendation of DFCS; six children were excluded from the analysis because they were also in the sample of 175 children; and two children were excluded because the deprivation petition was dismissed at the 72 hour detention hearing.

While the information from each data source is not entirely comparable, it does consistently suggest that some type of discharge planning occurred with 91 percent or more of the children and families. This is the second period of marked improvement in discharge planning.

Both information sources indicated that discharge planning addressed a variety of topics including school enrollment and educational 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 family preservation services under a protective order; others received court-ordered after care services.

Table V-11
Discharge Planning in Period 11

Discharge Planning	Discharges in the case record review sample n=34*		Sample of Monthly Discharges n=53**	
	Num ber	Percent	Number	Percent
Discharge planning through one-on-meeting with case manager	6	18%	9	17%
Discharge planning in a Family Team Meeting	9	33%	9	17%
Discharge planning over a series of visits with children and family	19	54%	16	30%
Other type of meeting (internal staffing, discharge staffing)	10	29%	17	32%
No documented discharge planning	3	9%	2	4%

Source: *Case Record Review, July-September 2011; **SHINES, 10 percent of monthly discharges in Period 11
Multiple discharge planning methods were used in some cases.

b. Discharge Medicals

In the case record review sample of 34 children expected to be discharged, 33 were candidates for health screens. One youth was on runaway status the 18 days before the planned discharge date. That youth had had a health exam 58 days prior to his discharge date.

Among the remaining 33 children, documentation indicated that scheduling medical exams was discussed during discharge planning in 12 cases. Of the 12 cases, eight had discharge medicals in the file. Another eight cases that did not have evidence of scheduling during discharge planning also had discharge medicals in the files. Therefore, there were a total of 16 children who had discharge medicals documented in the files of the 33 children. There was no

documentation of planning for or receipt of medicals for 13 of the 33 children. Additional detail about these cases reveals the following:

- 10 of the 16 discharge medicals were completed within 10 days of the discharge date (two of these health screens had also served as initial health screens due to the children's short stays). The other six discharge medicals were completed as early as 26 days before the discharge date and as late as 58 days afterwards.
- The last health screen received by any of the remaining 13 children was as recent as 58 days before discharge and as distant as 215 days prior to discharge. Three of the youth for whom a discharge medical was not discussed prior to discharge were youth who voluntarily returned to foster care after reaching the age of 18 in order to continue to receive independent living benefits. The information is summarized in Table V-12.

In the on-line record review, 32 children (60% of 53) had discharge medicals. Scheduling a discharge medical was discussed in the discharge planning for 25 children (47% of 53). No reference to discharge medicals was found in 13 records (25% of 53). The data required to calculate the timeliness of the discharge medicals was not collected. This information is summarized in Table V-12.

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 25 percent to 39 percent of the children for whom discharge is anticipated. This is similar to the Period 10 findings.

Table V-12
Discharge Medicals in Period 11

Discharge Medicals	Discharges in the case record review sample n=33*		Sample of Monthly Discharges n=53**	
	Number	Percent	Number	Percent
Discharge medicals scheduled during discharge planning	12	36%	26	49%
Evidence of discharge medicals received	16	48%	32	60%
No evidence of discharge medicals scheduled or received	13	39%	13	25%

Source: *Case Record Review, July-September 2011; **SHINES, 10% of monthly discharges in Period 11.

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-related Outcome. 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 11. Charts are used to illustrate the performance trends emerging over the applicable periods.

Table VI-1
Strengthening Infrastructure Outcomes

Effective Oversight of Placement Settings	Period 11 Performance
Outcome 25: At least 98% of all foster placements serving class member children shall be in full approval and/or licensure status.	98%
Outcome 31: No more than 10% of all foster family home placements serving class member children at any time during the reporting period shall exceed the capacity limits referenced in Section 5.C.4.e. of the Consent Decree, concerning the requirement that no child shall be placed in a foster home if that placement will result in more than three(3) foster children in that foster home, or a total of six (6) children in the home, including the foster family's biological and/or adopted children.	2%
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.	90%
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.	0%

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 SHINES.

Outcome 25 - Approved Placement Settings for Children

Outcome 25 seeks to reduce the risk that children may be placed in harmful living situations by requiring foster care placements to be evaluated and to be in full approval and/or licensure status. To facilitate more timely completion of the Accountability Agents' reports, the Parties agreed in October 2010 to replace the previous Outcome 25 measure with a revised measure that uses *the placement* as the unit of analysis and which can be extracted from a single, automated data source – SHINES.¹¹⁸ Outcome 25, as revised, stipulates that “By the end of the tenth reporting period, at least 98% of all foster placements serving class member children shall be in full approval and/or licensure status. In computing this percentage, each placement shall be weighted by the approved and/or licensed capacity of that placement.”¹¹⁹

a. Interpretation and Measurement Issues

There were no new interpretation or measurement issues encountered during Period 11. Appendix B provides a summary of previously resolved interpretation and measurement issues. Measurement of Outcome 25 performance is based on the entire universe of out-of-home care placements subject to a DHS licensure or approval process and therefore has no margin of statistical error.

b. State Performance

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

At the end of Period 11, 557 of the 579 placements subject to a DHS approval or licensure process (96%) were in full approval and/or licensure status. These placements had an approved or licensed capacity of 2732 children, while the approved or licensed capacity of all placements with a child in care on June 30, 2011 was 2794 children; yielding an Outcome 25 measurement of **98 percent**. Although the Outcome 25 measurement methodology changed as described above, Period 11 represents the fifth consecutive reporting period in which the Outcome 25 performance threshold of 98 percent was met or surpassed. The State's Period 10 performance on Outcome 25 was also 98 percent. Additional detail on this measurement appears in Table VI-2.

¹¹⁸ The original Outcome 25 measure used *the child* as the unit of analysis, and therefore required the use of multiple data sources (some of which were manual) to link individual children to the approval status of the placements in which they resided.

¹¹⁹ See p. 4, *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

One hundred percent of the placement capacity of child-caring institutions (including group homes) was found to be in “full approval status,” that is, to have been fully approved by the relevant licensing and approval processes. This rate was unchanged from the Period 10 rate of 100 percent. The full-approval rate of provider-supervised foster homes was 97 percent, also unchanged from the Period 10 rate. The full approval rate for DFCS-supervised foster home capacity was 97 percent, similar to the Period 10 rate of 98 percent. However, the full approval rate for non-foster relative placement capacity was 81 percent, a substantial decline from the period 10 rate of 94 percent. Figure VI-1 displays the State’s performance on this outcome over the ten reporting periods to which the Consent Decree standards applied.

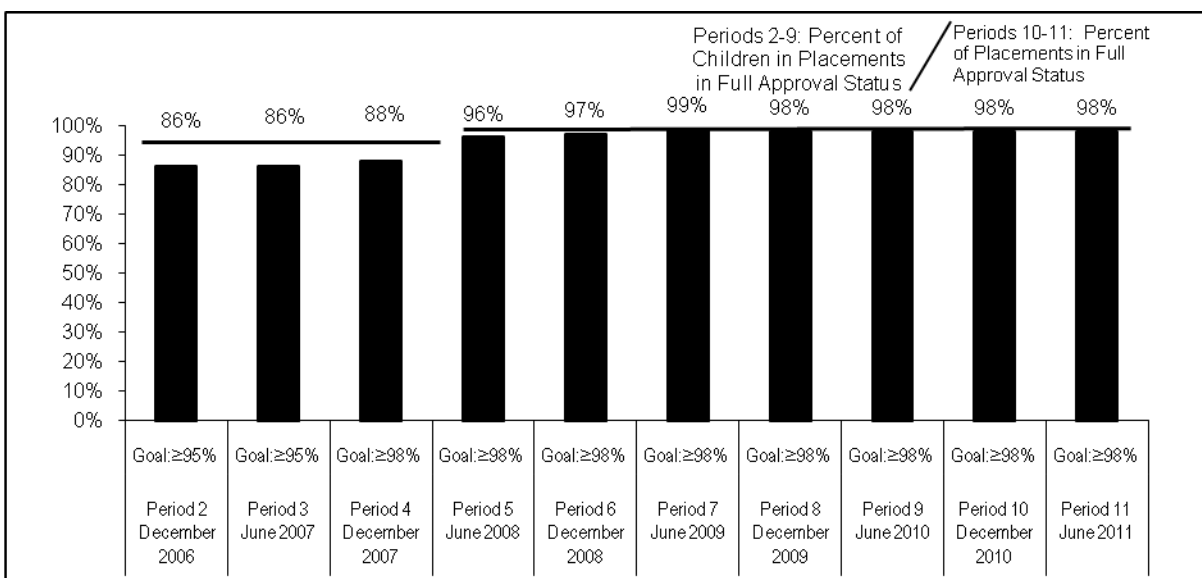
Table VI-2
Outcome 25 – Placements^a in Full Approval Status

Placement Type	Number of Placements with a Class Member in Care on 6/30/11	Number of Placements with a Class Member in Care on 6/30/11 that were in Full Approval Status	Overall Capacity of Placement Settings with a Class Member in Care on 6/30/11	Capacity of Placements with a Class Member in Care on 6/30/11 that were in Full Approval Status	Capacity of Placements in Full Approval Status as a Percentage of Overall Placement Capacity
Relative Placement	73	60	127	103	81%
DFCS - supervised Foster Home	143	141	311	303	97%
Provider - supervised Foster Home	303	296	963	933	97%
Child Caring Institution	60	60	1393	1393	100.0%
Total	579	557	2794	2732	98%

^a Excludes 24 children in state custody on 6/30/2011 that were in settings with no relevant approval process (12 children were placed with a birth parent/guardian, four were in Metro YDC, three in County Jail, three were on runaway, one in a hospital, and one in a Psychological Residential Treatment Facility).

Data source: Georgia SHINES.

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



Sources - Periods 2-9: Placement file reviews, Georgia's ICPC records, child placing agency records, and SHINES;
 Periods 10-11: SHINES.

Outcome 31 – Foster Home Capacity Limits

Outcome 31 seeks to limit the number of children placed in individual foster homes. To facilitate more timely completion of the Accountability Agents' reports, the Parties agreed in October 2010 to replace the previous Outcome 31 measure with a revised measure that uses *the placement* as the unit of analysis and which can be extracted from a single, automated data source – SHINES.¹²⁰ Outcome 31, as revised, stipulates that "By the end of the tenth reporting period and continuing thereafter, no more than ten percent of all foster family home placements serving class member children at any time during the reporting period shall exceed the capacity limits referenced in Section 5.C.4.e. of this Consent Decree..."^{121,122}

¹²⁰ The original Outcome 31 measure used *the child* as the unit of analysis, and therefore required the use of multiple data sources (some of which were manual) to link individual children to the point-in-time census of the foster homes in which they were placed.

¹²¹ See p. 4, *Kenny A. v. Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

¹²² 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.

a. Interpretation and Measurement Issues

There were no new interpretation or measurement issues encountered during Period 11. Appendix B provides a summary of previously resolved interpretation and measurement issues. The point-in-time used for measurement of Outcome 31 in Period 11 was June 30, 2011. As the Outcome 31 measure is based on the entire universe of family foster homes that had a class member child in care on the last day of the reporting period, it has no margin of statistical error.

b. State Performance

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

Of the 682 family foster homes that had a child in care at any point during the period January 1 to June 30, 2011, 446 (65%) continued to have one or more children placed in them on June 30, 2011. Only nine of these 446 foster homes (2%) exceeded the Consent Decree's capacity limits. Outcome 31 permits up to 10 percent of such homes to exceed the capacity limits specified in Section 5.c.4.e. Although the Outcome 31 measurement methodology changed as described above, Period 11 was the tenth consecutive reporting period in which the Outcome 31 threshold was met or exceeded.

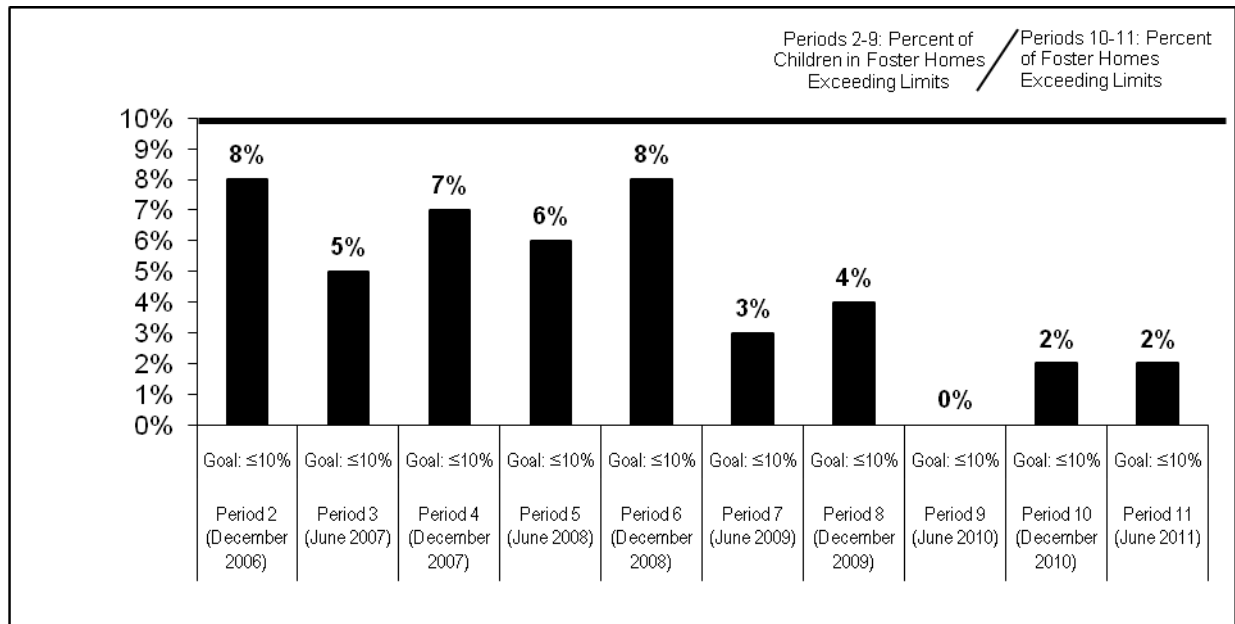
In Period 11, there were 22 family foster homes (2 DFCS-supervised; 20 provider-supervised) that exceeded the three-foster-child capacity limit. However, 13 of these homes (all provider-supervised) qualified for the sibling group exception enumerated in Section 5.c.4.e. since no children other than the sibling groups resided in those homes. No family foster home in Period 11 exceeded the six-total-children capacity limit specified in Section 5.c.4.e. 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 ten reporting periods to which the standards applied.

Table VI-3
Outcome 31 – Foster Homes Exceeding Capacity Limits
n = 446

Placement Type	Foster Homes with One or More Children in Care at Any Time During Period 11	Foster Homes with One or More Children in Care on 06/30/11	Foster Homes with > 3 Foster Children on 06/30/11	Foster Homes with > 6 Children in Total on 06/30/11	Foster Homes with > 3 Foster Children and/or > 6 Children in Total on 06/30/11
DFCS - Supervised Foster Homes	214	143	2	0	1.4%
Provider Supervised Foster Homes	468	303	7	0	2.3%
Total	682	446	9	0	2.0%

Data Source: SHINES

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



Sources - Periods 2-9: Period Case Record Reviews July 2006-June 30, 2010; Periods 10-11: Georgia SHINES.

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 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.¹²³ For those children who entered care on or after October 27, 2005, judicial determinations regarding leaving children in their homes would be "...contrary to the welfare..." of the children must be made in the first order that authorizes the State agency's action to remove the child from home. In practice, this is often the court order from the 72 hour hearing. In addition, there must be documentation of a judicial determination made no later than 60 days from the date of the child's removal from the home that "*reasonable efforts*" were made to prevent the child's removal from his/her family.¹²⁴ If either of these requirements is not met the State cannot claim federal Title IV-E reimbursement for the child's care the entire time the child is in custody even though the child's family meets the Title IV-E income test.

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

a. Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in Period 11. Appendix B provides a summary of previously resolved interpretation and measurement issues. Measurement of Outcome 26 performance is based on a record review of a sample of 175 children in foster care. During the Period 11 record review, the Office of Revenue Maximization made available its paper files of court orders and eligibility determination to supplement what was recorded in SHINES and in the paper files maintained by case managers. The case record review team also made additional efforts to obtain court order documentation to ensure an accurate assessment could be made. For those children in the sample who entered before October 27, 2005, only the annual permanency review orders were included in the analysis.

¹²³ See pp 36-37, Outcome 26 of the Consent Decree.

¹²⁴ Ibid.

b. State Performance

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

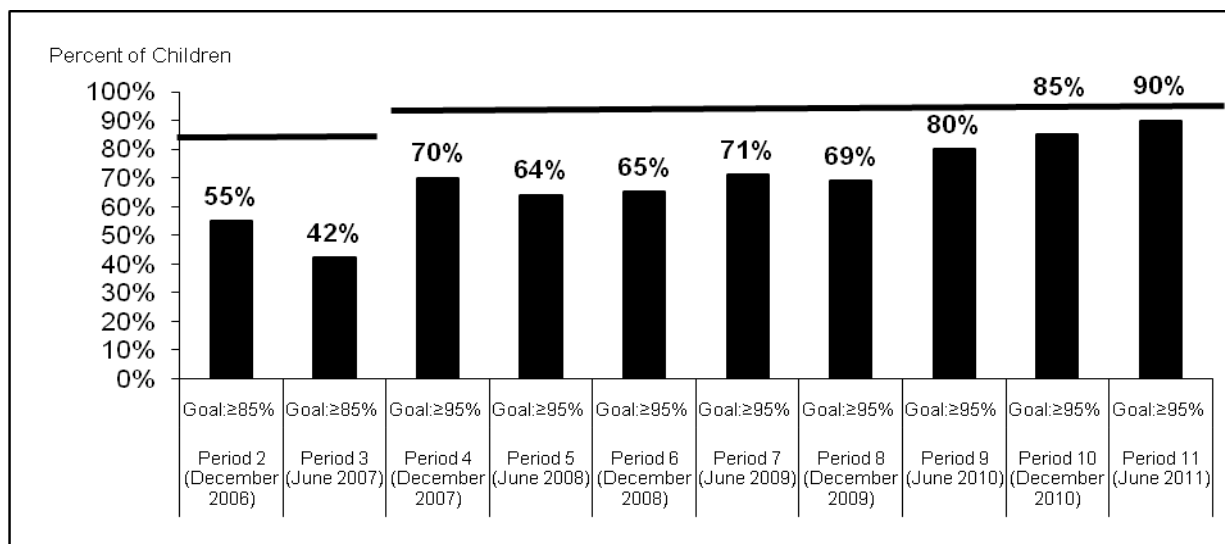
For Outcome 26, 158 children (90%) of the 175 children in the Period 11 placement sample had court orders with all the required language necessary to assess current eligibility for federal funding under Title IV-E. The threshold for this outcome is 95 percent. The Period 11 performance is an improvement over the Period 10 performance of 85 percent, but it is within the margin of statistical error for the sample. Period 11 represents the State's best performance to date on this outcome. Figure VI-3 displays the State's performance on Outcome 26 over the reporting periods to which the Consent Decree standards applied.

The Accountability Agents believe the improved performance is related to both county and state level efforts and extensive efforts by the case file review team to obtain necessary documentation from the counties during the review. The majority (82%) of gaps in court orders appear to be from actions prior to 2010. Among the 17 records that did not meet Outcome 26 standards, the following pattern emerged:

- 4 initial removal orders did not have child-specific language; three (75%) of the four were foster care entries before 2010.
- 4 60-day determinations were either missing child-specific language or did not occur within 60 days; all four (100%) were from foster care entries before 2010.
- 9 permanency hearings were either not held, there was no court order in file, or the orders were missing appropriate child-specific language; seven (78%) of the nine were from permanency hearings held before 2010.

The ability to determine IV-E funding eligibility for the eight children for whom there was a problematic initial order or a 60-day determination has been lost for the entire length of their current foster care episode. However, eligibility can still be determined and potential reimbursement claimed, albeit with some loss, for the nine children for whom there was a problematic permanency review order.

Figure VI-3
State Performance on Outcome 26:
Court Orders Contain Required Language to Support IV-E Funding Claims
For Ten Reporting Periods (January 1, 2006 to June 30, 2011)



Source: Review Period Foster Care Case Record Reviews

Outcome 29 – Lapses in Legal Custodial Authority

The Consent Decree strives to limit the proportion of children for whom DHS/DFCS custodial authority lapses.¹²⁵ 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 11. Appendix B provides a summary of previously resolved interpretation and measurement issues. Measurement of Outcome 29 performance is based on 80 children in the sample of 175 children in foster care. These 80 children had been in custody 12 months or more and were still in the temporary custody of the State. The margin of statistical error for this subsample is +/- 11 percent.

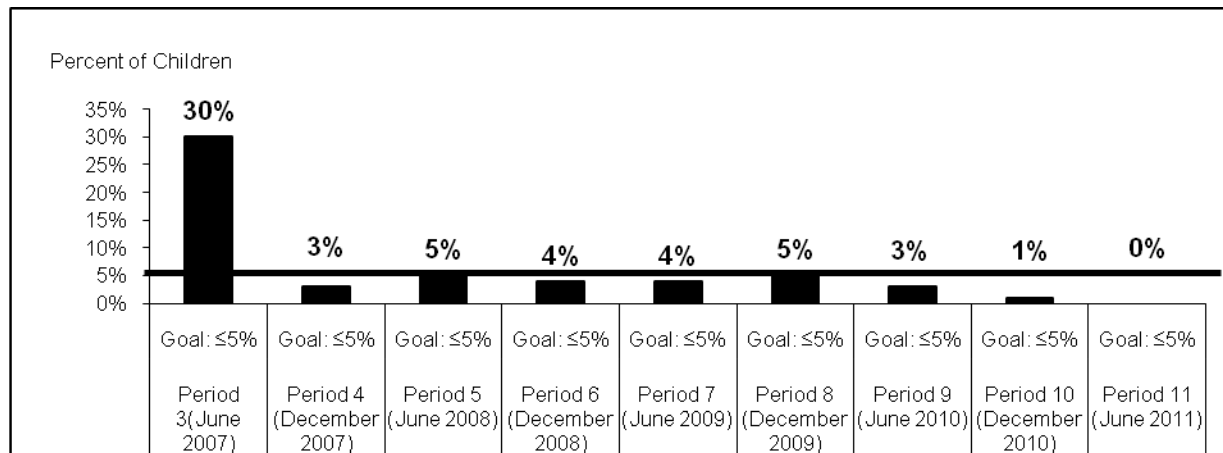
¹²⁵ See p 37, Outcome 29 of the Consent Decree.

b. State Performance

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

In Period 11, DFCS had a lapse in custody for no child in the subsample of 80 (0%). The outcome threshold is no more than 5 percent. This is an improvement over the Period 10 performance of 1 percent and is the State's best performance to date although the difference is within the margin of statistical error for the subsample. Figure VI-4 illustrates the proportion of children in DFCS custody with custody lapses over the reporting periods to which the Consent Decree standard applied.

Figure VI-4
Nine 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-June 2011

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 ¹²⁶	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 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. Family Support 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 Family Support case managers are called on to conduct the investigation to ensure a timely response. Family

¹²⁶ The State has designated “placement” case managers as “permanency” case managers to emphasize their primary purpose is to promote permanency in the lives of children.

Support 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 in measuring compliance with the caseload caps -- family support cases along with investigations and/or family preservation cases.

a. State Performance as of June 30, 2011

In June 2011, **99** 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. One case manager was over the caseload cap that applies to case managers that have not yet been certified and one case manager exceeded the caps set by the Consent Decree. This performance maintains the gains demonstrated in Period 10. Twelve cases were temporarily assigned to supervisors pending assignment to case managers. This is the State's best performance to date in meeting the caseload caps.

The Accountability Agents interviewed 44 case managers and 15 supervisors in August and September 2011 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 between January 1 and June 30, 2011. These interviews confirmed the accuracy of the SHINES caseload report provided to the Accountability Agents. According to the case managers and supervisors interviewed, the caseload sizes were remaining below the caps into the fall of 2011 (Period 12). The Accountability Agents also reviewed the November 30, 2011 caseload reports available in SHINES and the caseloads appeared to be remaining at or under the caps.

Table VI-5
DeKalb and Fulton County Caseload Status June 2011

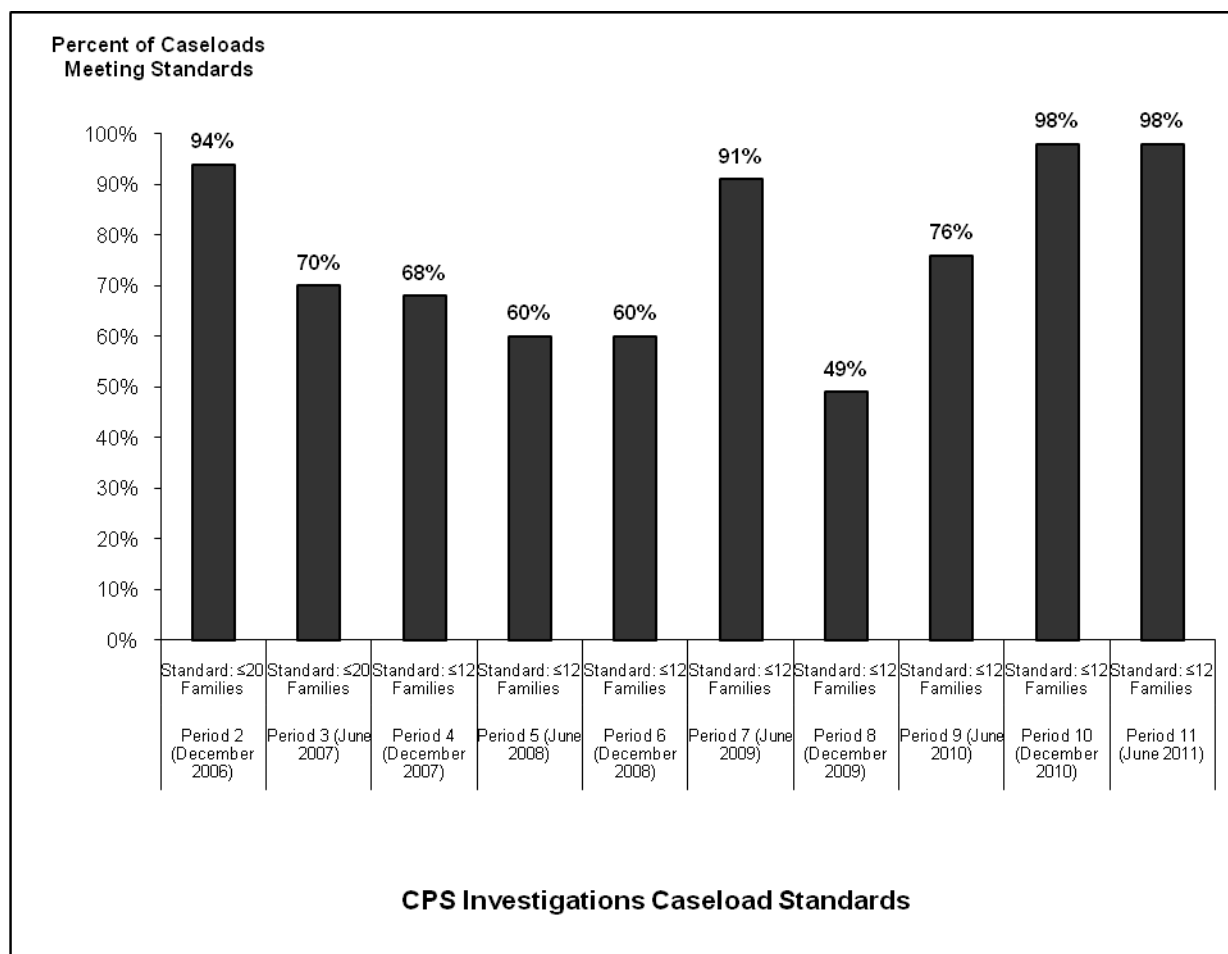
Case Manager Function	Target Caseload Cap: Number of cases	Number of Active Staff on 6/30/11 ¹	Number of Active, On-leave Staff on 6/30/11 ²	Actual Performance				
				Meeting Cap on assigned caseloads		Not Meeting Cap on assigned caseloads		Cases assigned to separated/ on leave workers/ Supervisors
				Number	%	Number	%	Number
CPS Case Manager ³	12 families	47	0	46	98%	1	2%	1
Family Preservation	17 families	37	0	37	100%			0
Permanency Case Manager	15 children	30	0	30	100%			0
Specialized Case Manager	12 children	60	0	59	98%	1	2%	11
Adoption Case Manager	16 children	28	0	28	100%			0
Total		202	0	200	99%	2	1%	12
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 June 30, 2011 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 June 30, 2011 but leave anticipated to be more than 30 days.								
³ Includes four investigators assigned to the Special Investigations Unit supervised by the State Central Office								

Child Protective Services Caseloads

In June 2011, all of the *CPS investigation* caseloads were at or under the caseload cap of 12 families. However, one provisionally certified case manager had 7 cases, 6 investigations and one family support (diversion) case. As a result, 98 percent of the investigation caseloads were in compliance with the Consent Decree and/or DFCS policy. This performance is the same Period 10 and represents the State's best performance to date and the first time such a high level of compliance was maintained for 12 months. One case was assigned to a supervisor pending assignment to a case manager. Figure VI-5 illustrates the proportion of CPS investigation

caseloads meeting the Consent Decree standards over the reporting periods to which the standards applied.

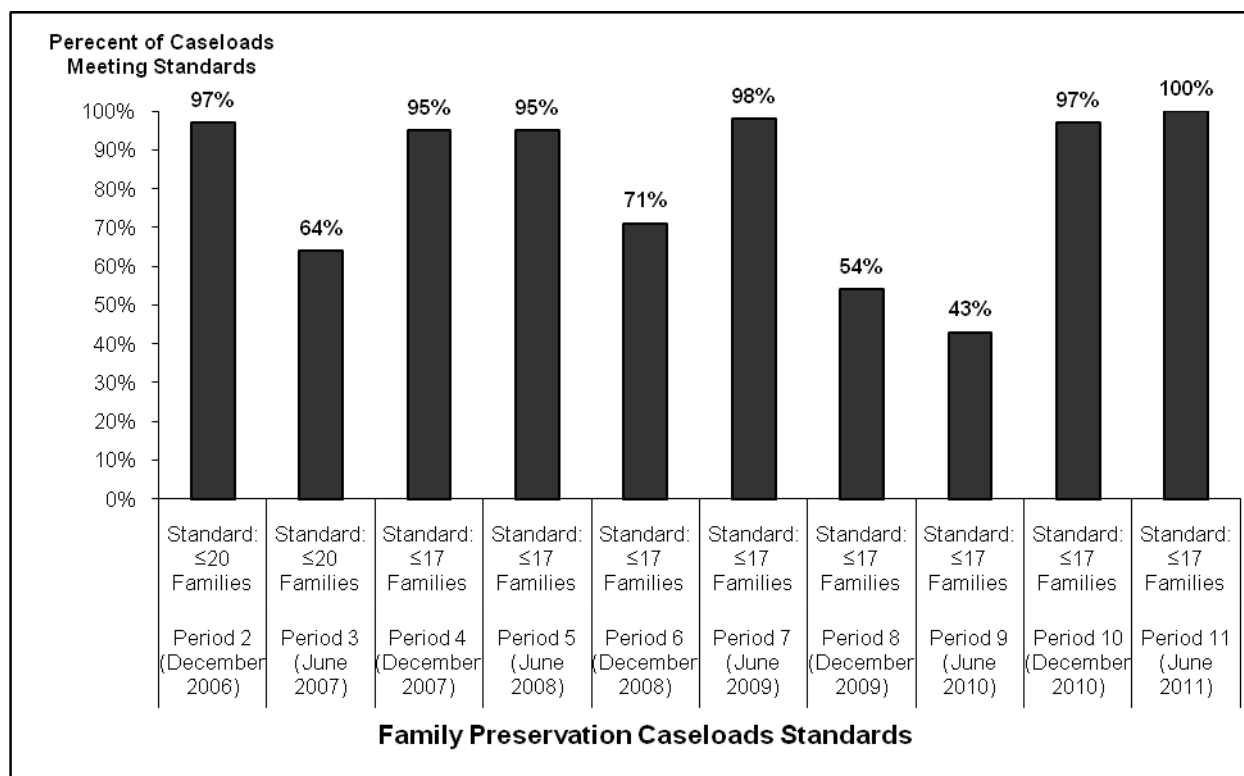
Figure VI-5
Ten Reporting Periods of CPS Investigation Caseloads
Percent of Caseloads Meeting Standards



Source: State data bases: IDS and SHINES; county personnel systems for leave and separation information. July 2006-June 2011.

Among the case managers who provide *family preservation (on-going, in-home child protective services)*, 100 percent had caseloads of 17 or fewer families. This performance is an improvement over the Period 10 performance of 97 percent and represents the State's best performance to date and the first time such a high level of compliance was maintained for 12 months. Figure VI-6 illustrates the proportion of Family Preservation caseloads meeting the Consent Decree standard over the reporting periods to which the standards applied.

Figure VI-6
Ten Reporting Periods of Family Preservation¹²⁷ Caseloads
Percent of Caseloads Meeting Standards



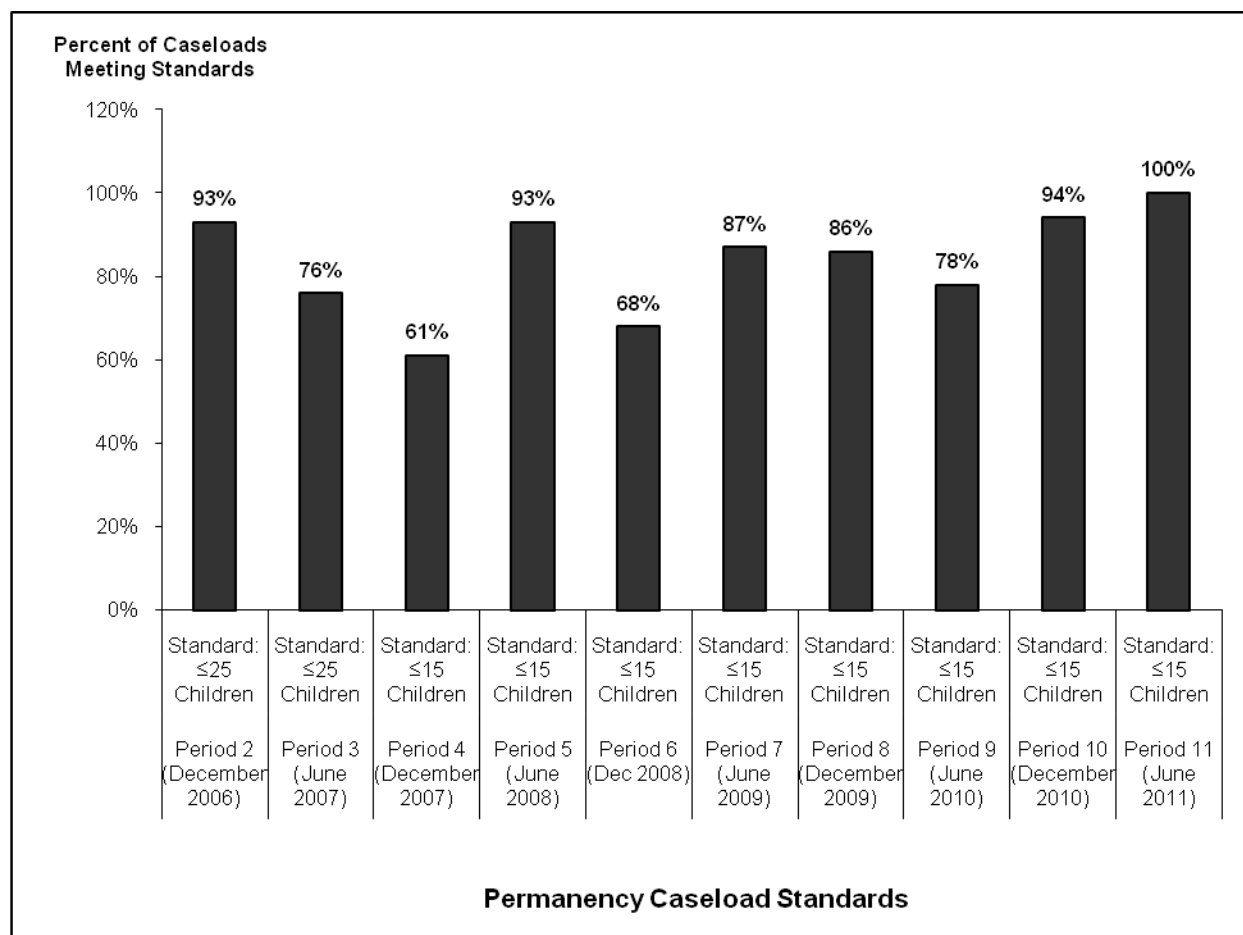
Source: State data bases: SHINES; county personnel systems for leave and separation information. July 2006-June 2011.

Permanency Caseloads

In Period 11, 100 percent of the “regular” *permanency caseloads* were at or under the caseload cap of 15 children. This performance is a slight improvement over the Period 10 performance of 97 percent and represents the State’s best performance to date and the first time such a high level of compliance was maintained for 12 months. Figure VI-7 illustrates the proportion of regular permanency caseloads meeting the Consent Decree standards over the reporting periods to which the standards applied.

¹²⁷These cases were formerly referred to as “on-going CPS”.

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

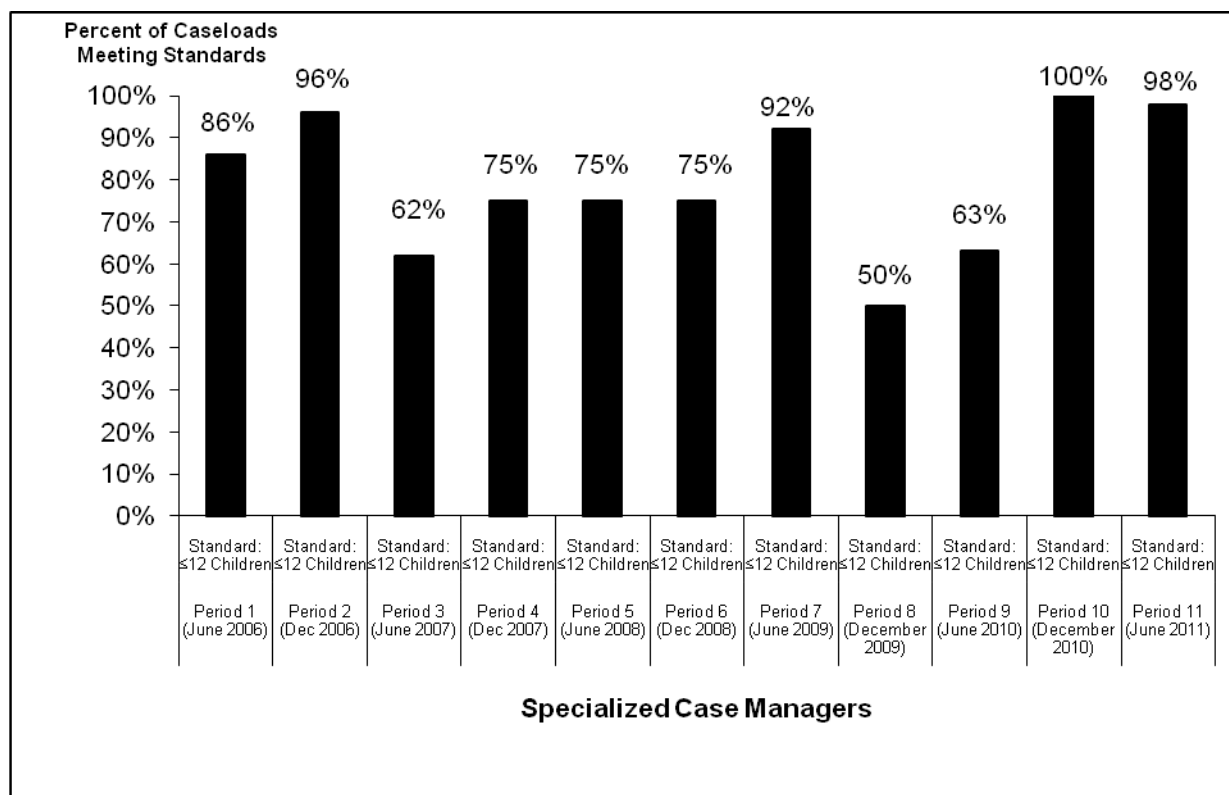


Source: State data bases: IDS and SHINES; county personnel systems for leave and separation information, July 2006-June 2011.

In Period 11, 98 percent of the *specialized caseloads* were at or under the caseload cap of 12 children. This represents the first time such a high level of compliance was maintained for 12 months. One case manager exceeded the caseload caps with four post foster care cases assigned in addition to 11 children that were in custody 18 months or more and one child who was in foster care less than 18 months. DeKalb County has made a commitment to keep all of its permanency case managers to caseloads of 12 or fewer children to allow them all to “focus on removing barriers to permanence”¹²⁸ and to provide greater case manager continuity for those children who do reach their 18th month in custody. Eleven cases were assigned to a supervisor pending re-assignment to case managers. Figure VI-8 illustrates the proportion of specialized caseloads meeting the Consent Decree standard over the reporting periods to which the standard applied.

¹²⁸ See the Consent Decree, Section 4.F.1., page 11.

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

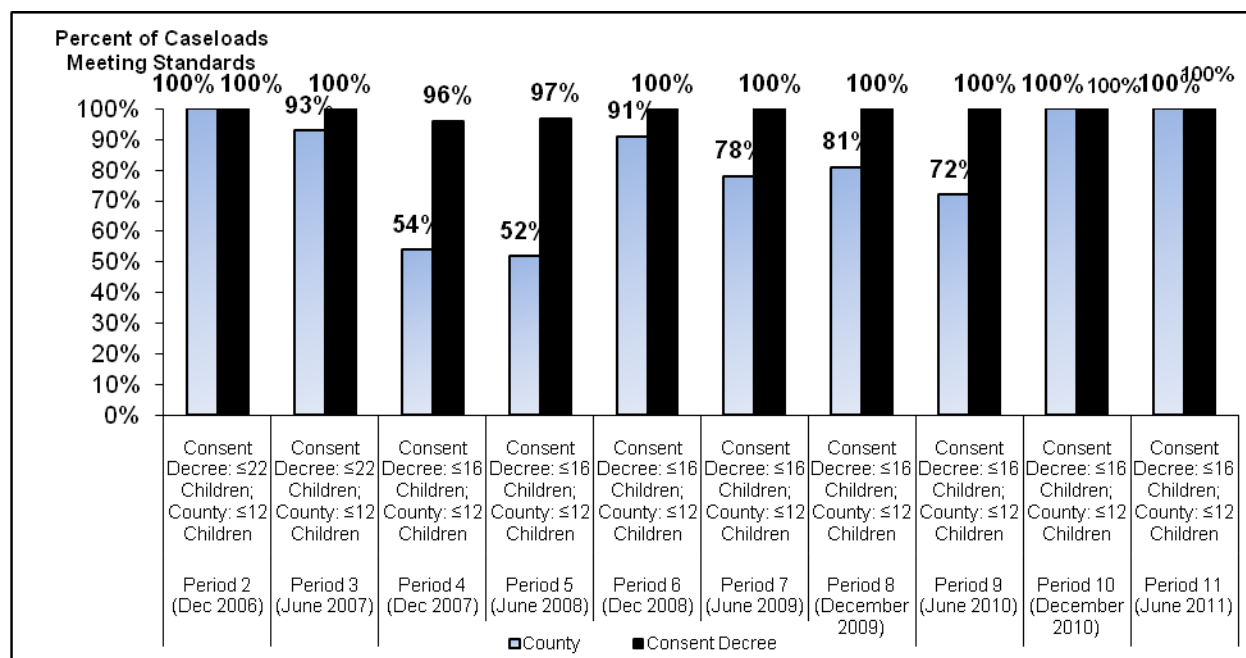


Source: State data bases: IDS and SHINES; county personnel systems for leave and separation information. January 2006-June 2011.

County performance on the *adoption caseloads*, as measured by the counties' self-imposed limits,¹²⁹ reveals that 100 percent of the adoption caseloads have 12 or fewer children. This performance is the same as in Period 10. The State has been able to keep the adoption caseloads at 16 or fewer children for three years. Periods 10 and 11 represent the first time the State has kept the adoption caseloads to 12 or fewer children for 12 months. Figure VI-9 illustrates the proportion of adoptions caseloads meeting the Consent Decree standards over the reporting periods to which the standards applied.

¹²⁹ 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
Ten 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-June 2011.

2. Supervisory Ratios

In addition to caseload caps, the Consent Decree establishes supervisory ratios. Each supervisor should supervise no more than five case managers at any one time.¹³⁰ As shown in Table VI-6, in June 2011, **100 percent** of the supervisory units had a ratio of five workers or fewer to one supervisor. This performance is the same as in Period 10.

¹³⁰ See p. 23, Section 8.B.2 in the Consent Decree.

Table VI-6
DeKalb and Fulton County Supervisory Ratios at June 30, 2011

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)*	22	22	100%		
Permanency**	10	10	100%		
Adoption	8	8	100%		
Specialized Case Management	14	14	100%		
Total	54	54	100%		

*Includes the supervisory unit for special investigations housed in central office.

**Two units have split caseloads. Each unit has a supervisor who supervises both regular permanency caseloads and specialized caseloads.

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

C. Building Workforce Skills

The Consent Decree has several training requirements.¹³¹ In this report section, the Accountability Agents describe State efforts to 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 Section ¹³²

There have been no changes in the leadership of the Education and Training Services (ETS) section since Period 4.

2. Staff Preparation and Professional Development

The State reported that the Education and Training Services Section (ETS) engaged in several activities in Period 11. Table VI-7 provides a summary of some of the new curricula and projects during the period.

In addition to the activities listed in Table VI-7, ETS had a number of projects in the developmental stage. It also embarked on an assessment of the DFCS training system to be

¹³¹ See pages 25 and 26 of the Consent Decree for the complete description of the requirements.

¹³² 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.

conducted by Care Solutions, Inc based on the training guidelines from the National Child Welfare Resource Center for Organization Improvement. According to ETS, the purpose of the assessment is *"to determine the training system's level of development, including strengths, gaps and opportunities for improvement; its impact on child welfare outcomes; and its ability to meet individual and organizational training needs."*¹³³

Table VI-7
Newly Developed Curricula for DFCS Professional Development and Education and Training Projects during Period 11

Target Audience	Curriculum/Activity
Case Managers	<i>Intimate Partner Violence</i> focuses on violence between adults and how that impacts the parental capacity and child vulnerability. Participants are challenged to do a better job of recognizing the signs of intimate partner violence and understanding the complexity of the situation that keeps victims in relationships.
Supervisors	On-going <i>Supervisor Learning Circles</i> as part of the supervisor capacity development. Starting in July, these circles have been meeting monthly.
Family Team Meeting Implementation	Two quarterly <i>Statewide Support Team Meetings and Advanced Training for Facilitators</i> were opportunities to provide information, training and support to those who are responsible for the FTM process. Private providers and other community partners were invited and encouraged to attend. In February 2011, participants worked on including fathers, children, and informal family support in case planning for families. The May 2011 session included guest speaker, Cornelius Bird from the Child Welfare Policy and Practice Group.

Specific professional development activities in DeKalb and Fulton Counties during Period 11 include the following courses and assistance:

- Legal Issues Mock Trial Pilot
- Child Trauma: An Overview for Child Welfare Staff
- Interviewing Skill Development and Practice
- Skills and Strategies for Working with Fathers
- Supervisor coaching
- *More than Words* documentation improvement

In the interviews with case managers, the legal training and *"More Than Words"* were cited as being particularly useful.

¹³³ Education and Training Section 11th Period Report, January 1, 2011-July 30, 2011 provided to the Accountability Agents in August 2011.

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.¹³⁴ Accordingly, all supervisors in Period 11 assigned since the Consent Decree either had a BSW or a Master's degree in Social Work (MSW) and two or more years of experience.

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. One newly appointed or hired supervisor during Period 11 had not completed the supervisory pre-service training prior to the end of the period due to medical leave. Overall, 89 percent of the case managers and 94 percent of the supervisors received the required pre-service or annual 20 hours of professional development. In the interviews with 44 case managers and 15 supervisors in August and September 2011, 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.

5. Case Manager and Supervisor Certification

Table VI-8 summarizes the certification status available from the State at the end of June 2011 for social service case managers and supervisors in Fulton and DeKalb counties. As shown, 186 case managers (92%) and 43 supervisors (80%) had achieved full certification as of June 30, 2011. This compares to 96 percent of the case managers and 67 percent of the supervisors in Period 10. All of the remaining (11) supervisors or acting supervisors of case-carrying units were expected to be certified by the end of December 2011. The Accountability Agents used the previously described case manager and supervisory interviews to obtain information to verify the reported certification status.

¹³⁴ See p. 26 of the Consent Decree.

Table VI-8
Certification Status of Case Managers and Supervisors in
DeKalb and Fulton County DFCS as of June 30, 2011

Position Title	Fully Certified	Results Pending	Provisional	Not Certified	Total*
Case Managers					
CPS Investigators	41		6		47
CPS On-Going Case Managers	31		6		37
Permanency Case Managers	27		3		30
Adoption Case Managers	27		1		28
Specialized Case Managers	60				60
TOTAL	186		16		202
Supervisors					
CPS (Investigations and On-Going)	17	2		3	22
Permanency	7	2		1	10
Adoption	8				8
Specialized Cases	11	1		2	14
TOTAL	43	5		6	54

Source: Compiled from data supplied by county training coordinators. Lead workers acting as supervisors are included as an uncertified supervisors *Includes workers who were on extended leave on June 30, 2011

D. Assuring Needed Services Are Available

During Period 11, the counties continued their foster home retention and recruitment efforts. Table VI-9 summarizes county progress by June 30, 2011 compared to the March 31, 2008 baseline. The counties continue to fall short of the goals they set for themselves. Despite adding new homes each period, they continue to lose homes as well. Private agencies also reportedly lost one home in the two counties. At the same time, the foster care population, although beginning to increase, is still lower that it was at the advent of the Consent Decree, reducing the anticipated demand for foster homes. However, the increased number of children entering foster care in 2011 may signal that the foster care population is on the rise again and additional foster homes will be needed, particularly homes for adolescents.

During Period 11, Fulton County reported opening 19 new homes. However, the county also closed 27 homes during the period. Fifteen homes closed for foster parent personal reasons and five homes closed because the parents adopted or took guardianship of the children they were fostering or their related child was no longer in county custody. These reasons accounted for 74 percent of the closed homes. One home closed due to maltreatment-related issues. Six closed

for administrative reasons (non compliance with agency policy, no transportation, no identified in child in ICPC approved home).

DeKalb County reported opening 19 homes but closing 42 homes. Twelve of the 42 closures were the result of a voluntary decision by foster parents. One of these homes however, was actually in the process of transferring to a private agency. Another 20 homes closed as a result of finalized adoptions – foster parents desiring to close their homes after adopting children in their care. These two reasons account for 76 percent of the home closures. Another five homes closed because the foster parents moved out of the county and one home was closed as the result of a substantiated report of maltreatment. Four homes were closed for administrative reasons.

Private agencies reportedly lost capacity in DeKalb County (from 215 homes to 211) during Period 11 but they gained three homes in Fulton County.

The Accountability Agents have not verified the recruitment information of the counties or private providers. The sampling frame for the foster home case record review is all foster homes with a class member in care during the reporting period; therefore it does provide some verification that homes identified by the State as being open actually are open.

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

County	Baseline – As of March 31, 2008		Status on June 30, 2011		Progress: Net Gain or (Loss)		Goals (total capacity)	
	Beds	Homes	Beds	Homes	Beds	Homes	Beds	Homes
DeKalb								
<i>County Supervised Homes</i>	418	209	316	158	-60	-28	798	308 to 339
<i>CPA Supervised Homes*</i>			573	211				
Total			889	369				
Fulton								
<i>County Supervised Homes</i>	504	238	261	150	-202	-83	594	328
<i>CPA Supervised Homes*</i>			357	121				
Total			618	271				
Two-County Total			1507	640				

Source: DeKalb and Fulton County reporting and the Office of Provider Management.

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.6¹³⁵ and Section 11.¹³⁶ Overall, the State performed well in Period 11 and maintained (+/- one percent) many of the significant improvements documented in Periods 5-10 compared to earlier reporting periods.

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 review of 160 foster home records sought evidence in each record that the home was in compliance with applicable standards at the end of the reporting period. Data from the foster home record 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.

¹³⁵ Ibid, pp. 16-19.

¹³⁶ Ibid, pp. 26-28.

However, the existence of uniform standards by itself cannot ensure children in care are safe and well. Therefore, the review of foster home records specifically sought evidence that the foster homes reviewed were in compliance with the DFCS approval standards. Overall, compliance was found to be very good, but to be slightly lower than in Period 10.

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 9 and 10.

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

Foster Care Screening, Licensing, Training, and Investigative Requirements	Documentation found indicating requirement met	
	Period 10	Period 11
Timely Criminal Record Checks for foster parents	100%	100%
Sex Offender Registry checked for foster parents	100%	100%
Timely annual re-evaluation (no lapses)	100%	99%
Pre-service foster parent training requirements met	100%	99%
Family assessment completed	100%	99%
Gender of children in home never varied from that approved	99%	99%
Appropriate health statements for other adults in the home	95%	98% ^a
No violations of agency discipline or other foster care policies	97%	98%
Comprehensive Drug Screen for Foster Parents	96%	97%
Age of children in home never varied from that approved	99%	96%
Number of children in home never exceeded approved capacity	98%	96%
CPS history has been checked	97%	96%
Sex Offender Registry checked for other adults in the home	97%	95% ^a
Ongoing foster parent training requirements met	93%	92%
Comprehensive medical report for each foster parent	99%	91%
Timely Criminal Record Checks for other adults in the home	97%	88% ^a

Source: Foster Home Record Reviews for Periods 9 and 10.

^a As these measures are based on a sub-sample of 39 foster homes, they have a margin of statistical error of $\pm 15\%$.

The foster home record review found completed initial/re-evaluation reports in 160 of 160 records (100%) in which they should have appeared, unchanged from the 100 percent found in Period 10. 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 10, for which most of the approval standards were met by 98 percent or more of the homes reviewed. Compliance appears to have remained about the same (± 2 percentage points) for 12 of the 16 requirements and to have declined for three requirements (*timely criminal record checks for other adults in the*

home, comprehensive medical report for each foster parent, and age of children in home never varied from that approved – by 9, 8, and 3 percentage points, respectively). Compliance improved for one requirement (*appropriate health statements for other adults in the home* – by 3 percentage points). However, the only change that was not within the total foster home sample’s margin of statistical error was the eight percentage point decline for *comprehensive medical report for each foster parent*. The most common cause of noncompliance with this requirement was the failure of foster parents with diagnosed health conditions to receive annual comprehensive medical exams.

In each of the Accountability Agents’ first four reports, there were three or four approval and licensing standards for which evidence of compliance was found in fewer than 80 percent of the foster home files reviewed. In those review periods, evidence of compliance had been found to be as low as 54 percent for certain requirements. Period 5 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 11 record review demonstrates that the improvements documented in Periods 5–10 largely have been maintained.

Although there was negligible change from Period 10 to Period 11 in compliance with the policy requirement that foster homes be checked for previous CPS history prior to their initial approval, in the course of examining compliance with this requirement a safety concern was identified that merits further discussion. Six foster homes (1 DFCS-supervised, 5 provider-supervised) in the sample of 160 (4%) were found to have incomplete CPS history checks in their records. These CPS history checks were incomplete because they failed to include one or more unsubstantiated reports of maltreatment. Section 11 G. of the Consent Decree requires DFCS to maintain for “every foster or pre-adoptive family/parents with whom class members may be placed, a complete history for the prior 5 years of any reports of possible abuse or neglect and any substantiated reports of abuse or neglect...”¹³⁷ The absence of a **complete** CPS history in the foster home record hampers efforts to ensure that a given foster home represents a good and safe match to the needs and characteristics of an individual child. For example, a foster home with no substantiated reports of maltreatment but with several unsubstantiated reports of inadequate supervision would unlikely be the best available placement for a child needing a high degree of supervision.

The Accountability Agents brought to the attention of the State and of Plaintiff’s Counsel the Period 11 finding that a number of the CPS history checks found in foster home records were incomplete. In response, the State is taking the following remedial actions and policy changes:

- Complete rescreening all 1847 CPA and 2069 DFCS approved foster homes. All CPS history (information on substantiated and unsubstantiated reports, diversions and screen outs) will be provided to the local DFCS Office or supervising CPA.

¹³⁷ See p. 28 of the Consent Decree.

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- The rescreening process will begin with the 381 CPA homes with a class member child in placement and then expand to all approved homes. The rescreening of foster homes with a class member in placement is expected to be completed by the end of December 2011.
 - Any home where an adult household member has a substantiated finding will be closed in SHINES, preventing the placement of children in DFCS custody with the resource home.
 - Unsubstantiated and diverted reports will be reviewed for safety concerns. Any homes where safety concerns are indicated will be closed in SHINES, preventing the placement of children in DFCS custody with the resource home.
 - Homes with two or more policy violations will be closed in SHINES, preventing the placement of children in DFCS custody with the resource home.
 - If removal of a child from a home with a substantiated CPS history, safety concerns, or two or more policy violations will be harmful to the child, a state office waiver to keep the home open can be requested. All other children will be removed; no other children will be placed in the home; and the home will be closed once permanency is achieved for the child or the child is relocated. Waivers will be provided to the accountability agents.
 - Develop policy that requires DFCS staff to verify CPS history of a foster parent within 24 hours of placement to ensure consideration of any unsubstantiated or diversion history prior to placement.
 - Create a State Office CPS Screening Unit, to process all requests for CPS history for CPA and DFCS foster homes. CPS screeners will be professional level staff with a child welfare background.
 - Implement a revised screening process.
 - CPS screening will be conducted by the CPS Screening Unit at initial approval for all CPA and DFCS foster homes and every 5 years at re-approval.
 - The CPS Screening Unit will provide local DFCS offices and CPAs a summary of CPS history (substantiated, unsubstantiated, screen out, information and referral and family support assessments) on all household members over age 18 in homes inquiring to become foster or adoptive homes for children in DFCS custody.

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. While the State's performance in preventing foster parents from using corporal punishment remains excellent, State performance in not allowing perpetrators of substantiated maltreatment to remain foster parents was found to need improvement.

Of the 160 foster home files reviewed for Period 11, only one (1%) had a confirmed incident of corporal punishment during the 12 months ending June 30, 2011. Similarly, there were no confirmed incidents of corporal punishment identified in the Period 10 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. Four homes in the sample of 160 (3%) were found to have prior substantiations 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 provider-supervised foster home that was caring for a profoundly disabled child with the assistance of a Licensed Practical Nurse (LPN). The child sustained first and second degree burns to his head and body one evening while being bathed by the LPN. The foster parents did not seek medical attention for the child until the following day, as the marks that they observed from the shower did not appear to require immediate medical attention. Upon noticing the marks had changed to blisters the following morning, the foster parents contacted 911 and the child was transported to the hospital. A CPS investigation was opened alleging inadequate supervision by the LPN and inadequate health/medical care by the foster parents. The allegation of inadequate medical care against the foster parents was unsubstantiated because doctors confirmed that the initial onset of marks on the child may not have appeared to warrant immediate medical treatment. The allegation of inadequate supervision against the LPN was substantiated and she was prohibited from providing further care to the child. A safety plan was put in place that included installing a temperature-control shower head in the bathroom used by the child and setting the water heater to a lower temperature. The Child Placing Agency received citations from ORCC related to the water temperature in the home and the child's nursing plan, but the home was allowed to remain open and to continue caring for the child. This home has had no subsequent referrals or disciplinary actions.

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- Home 2 is a provider-supervised foster home that had in care a Gwinnett County teen mother, her two-year-old child, a 10-year-old Cobb County child, and a 17-year-old Clayton County child with special needs. In June 2010, while the foster mother was outside grilling food for dinner, the two-year old received second degree burns when placed in a tub of hot water by the special needs child who was trying to bathe him after he had diarrhea. The two-year old child was not taken to the hospital until two days later. Gwinnett County investigated the incident and substantiated the allegations of medical neglect and inadequate supervision. The teen mother and her two-year old were immediately removed from the home. Within days the special needs child was also moved. The provider agency allowed the foster home to remain open under a corrective action plan that addressed proper supervision of children, the provider's code of ethics, foster parent expectations, conditions for foster parent dismissal, and put in place a safety plan. The safety plan included setting the hot water thermostat at a safe temperature, placing a lock over it to prevent it from being changed, and identifying a back-up person who is willing and able to supervise the children in the foster parent's absence.

This substantiated report occurred some eight months after the initial CPS history check on this home was performed, and a summary of the substantiated CPS report does not appear to have been uploaded into SHINES by Gwinnett County prior to Fulton County's placement in the home of a one-year-old child in August 2010, or DeKalb County's placement of a 15 year-old child in January 2011. Fulton County's standard operating procedure is to check for previous CPS history prior to placing a child in a foster home. In this instance, however, the County's CPS check appears to have been performed incorrectly as it failed to show the substantiated report. The Fulton County child has since been removed from the home. DeKalb County had no standard operating procedure requiring a CPS history check prior to placement, and since the investigation summary was not timely uploaded into SHINES, DeKalb County staff were unaware the home had a previous substantiated report. However, because the placement is stable and the foster parent is seeking permanent guardianship of the child, DeKalb County decided it would be in the child's best interest to request a waiver to keep the home open. That waiver request has been approved.

- Home 3 became a Fulton County foster home in January 2011. In April 2009, there was an allegation of corporal punishment made against the primary caretaker concerning her biological daughter. A subsequent CPS investigation produced an unsubstantiated finding. In early 2010 the primary caretaker applied to become a foster parent. A CPS screening of the primary caretaker was conducted by Fulton County in August 2010, but it appears to have been run incorrectly as it indicated (erroneously) that she had no CPS history. Between the time of the August CPS screening and the home's approval to foster the following January, there were two additional CPS investigations of the primary caretaker again concerning her biological daughter. The first of these was unsubstantiated for abandonment/rejection and the second was substantiated for

physical abuse and abandonment/rejection. The home had a foster child placed in it for three days in March 2011, followed by the placement of a sibling group of three for several weeks in April-May 2011. This foster home is now closed.

- Home 4 was a provider-supervised foster home that in October 2009 had a CPS investigation concerning a foster child with very limited speaking ability whose birth mother reported that when he came for an unsupervised visit in her home he had bruises on his back and legs that appeared to be belt marks. The foster mother and the birth mother each indicated the other as the source of the child's injuries. According to the birth mother, the child's sibling, with whom he was placed, indicated the child was whipped by the foster parent for misbehaving in school; however the sibling indicated to the investigator that he did not know how his brother was injured. The investigation, which was opened in the name of the birth mother, was substantiated but the perpetrator was listed as unknown.

In June 2010, a different foster child that had been recently removed from Home 4 told her placement case manager that while in Home 4 she had been whipped with a belt. The allegation was investigated and no evidence was found to support the allegation, but there is no indication in the investigative record that the investigator reviewed the CPS history of this home prior to reaching a conclusion. Even if the home's CPS history had been reviewed, it is unclear whether the October 2009 investigation would have been identified since it was opened in the name of the birth mother rather than the foster parent.

In December 2010, a third child placed in Home 4 (the sibling of the child involved in the June 2010 report) alleged to his placement case manager that he was whipped with a belt when he misbehaved. He indicated that this happened as recently as the previous night. An investigator interviewed and examined the child later that day. The child had no marks or bruises, and recanted the allegation that he had ever been whipped by the foster parent. The investigator's documentation indicates that he reviewed the previous CPS history of this home, but he appears to have been unaware of the substantiated investigation from 2009, perhaps because it was opened in the name of the birth parent. The investigator decided to treat the December 2010 referral as a "screen out," meaning a complete investigation was not conducted.

Home 4 was voluntarily closed in May 2011.

Given the importance of preventing perpetrators of substantiated maltreatment from becoming or remaining foster parents, the Accountability Agents vetted these cases very carefully. In the case of Home 1, although the maltreatment report is listed in their names, the foster parents were not alleged to have been the perpetrators of the substantiated allegation and reasonable precautions appear to have been taken to minimize the possibility that the safety issue that prompted the report would reoccur.

In the case of the remaining three homes, issues in the checks for previous CPS history involving these homes contributed to children being placed in them after a previously substantiated report of maltreatment. Implementation of the remedial actions and policy changes concerning CPS history checks outlined in Section E.1. of this chapter should largely prevent situations such as those described above in the future.

DFCS Policy requires CPS history checks to be run for prospective foster parents prior to their initial approval;¹³⁸ any CPS reports occurring after a foster home's initial approval to be documented in the foster home's record;¹³⁹ investigators to review the CPS histories of caregivers when conducting a maltreatment in care investigation;¹⁴⁰ and CPS reports in DFCS or provider-supervised foster homes to be opened in the name of the approved caregiver.¹⁴¹ Incomplete CPS histories can be caused in two general ways: reports occurring prior to the initial CPS check may be "missed," and reports may occur after the initial CPS history check is run. In the latter circumstance, an accurate search for previous CPS reports must be conducted to identify reports that occurred after the initial CPS check was performed.

In the case of Home 2 (above), children were placed in a foster home with a substantiated maltreatment report that occurred after the home's initial CPS history check in part because the investigating county failed timely to upload documentation of that investigation to SHINES; and in part due to an incorrectly run CPS history check done by county placement staff.¹⁴² In the case of Home 3, an unsubstantiated report that occurred prior to the home's initial CPS history check was missed because the CPS history check appears to have been run incorrectly. Moreover, after the home's initial CPS history screening, the home had a substantiated maltreatment report, but children subsequently were placed in the home because CPS history checks run by placement staff appear to have been run incorrectly. In the case of Home 4, above, a substantiated report occurred after the home's initial approval – but prior to the CPS history checks that should have been conducted in response to two subsequent referrals. The original report (which contained allegations very similar to those in the subsequent referrals) may have been missed because it was erroneously opened in the name of the birth parent rather than the foster parent. In addition, the final referral on Home 4 was treated as a "screen out" which, as discussed below, appears to have been inappropriate given the nature of the allegation.

There were no foster homes in the sample of 160 that had substantiated allegations of maltreatment **during** the current reporting period. However, 12 homes in the sample had

¹³⁸ Social Services Manual, Section 2103.18, February 2008.

¹³⁹ Social Services Manual, Section 1015.39, April 2007.

¹⁴⁰ Social Services Manual, Sections 2106.8 and 2106.17, June 2005.

¹⁴¹ Social Services Manual, Sections 2106.9 and 2106.18, March 2006.

¹⁴² The most commonly identified problem with CPS history checks involved the person performing the check entering too much information (e.g., specifying the search criteria as "Sonia Johnson and including a social security number (SSN), rather than simply "S. Johnson (and no SSN). Entering too much information tends to reduce the number of potential matches returned by SHINES, increasing the likelihood of "missing" CPS reports that may have been opened with identifiers slightly different than those used in the search.

allegations of maltreatment made against them. Four of these were investigated and found to be unsubstantiated; the remaining eight were screened out. DFCS Policy specifies that “DFCS may not screen-out alleged child maltreatment which occurred in a foster care, relative care or any child in a Child Caring Institution (CCI) placement.”¹⁴³ Based on a careful review of the circumstances surrounding the screened out referrals involving these eight foster homes, the Accountability Agents believe that four of the referrals were properly screened out because maltreatment was not alleged. However, the remaining four instances appear to the Accountability Agents to have met the standard that should have triggered a full CPS investigation. Conducting a complete CPS investigation of a referral when warranted, rather than screening it out is important for the obvious reason that it entails a more thorough inquiry into the situation. In addition, the amount of detailed information preserved in SHINES is far greater for completed investigations than it is for screen-outs, so the decision to screen out a referral effectively reduces the quality and amount of information on previous CPS referrals subsequently available to investigators and staff responsible for foster home approval. The Accountability Agents will continue to examine in future reports the appropriateness of screened out referrals, and to report on the State’s progress in preventing perpetrators of substantiated maltreatment from becoming or remaining foster parents.

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 Management (OPM) requires all CPAs to run a “CPS clearance” on all prospective foster parents through the DFCS Social Services ICPC Unit to ensure they do not have a previous history of substantiated maltreatment.

In Period 11, OPM completed implementing a new process for following-up on instances in which the CPS clearance run by the ICPC unit returns a previous history of substantiated maltreatment. Under the new process, the ICPC Unit refers any CPS clearances on prospective foster parents that produce a history of substantiated maltreatment to the State Special Investigations Unit (SIU) for assessment of the previous CPS history and of the circumstances surrounding any substantiated reports. SIU notifies OPM of the results of its assessment and OPM issues a decision on whether the prospective foster home may be used for the placement of Children in DFCS custody.

¹⁴³ Social Services Manual, Section 2.6, June 2009. This policy identifies as examples of referrals that MAY be screened out because they contain no allegation of child maltreatment, the following: truancy/juvenile delinquency, which does not contain a separate allegation of child maltreatment; reported issues of a criminal nature (e.g. by a third party not acting in a parental or other caretaker role); report of statutory rape, when there is evidence that the parent has protected the child; abuse perpetrated on an unborn child; other situations where the only indicated concerns contain absolutely no report of any abuse or neglect (e.g. some poverty issues, some educational issues); and, other issues such as divorce/child support.

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 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 109 provider-supervised foster homes sampled that had a class member in care at any point during the reporting period, 109 (100%) were overseen by CPAs that had a valid license on June 30, 2011.

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 report 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 inspections the CPA may be cited for non-compliance with the terms of its license.

CPAs wishing to serve children in DFCS custody must, in addition to licensure by ORCC, be approved by the DFCS Office of Provider Management (OPM). 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, OPM 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 is in good standing with ORCC. During the site visit conducted by OPM staff, the

provider is asked questions about their latest ORCC visit(s) and if ORCC has issued any citations to the provider. In addition, OPM either accesses the ORCC website to gather information about recent ORCC citations against the provider and/or contacts the ORCC Surveyor to confirm that the provider is in good standing. If there are citations, the provider is required to explain how the citations were resolved before OPM will contract with the provider.

Typically, a prospective CPA will include at least three home studies with their provider enrollment application. The foster home studies are read 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 OPM (this includes the Specialist, Supervisor, Unit manager and Unit Director) to determine if OPM will initiate a DHS contract with the provider.

During Period 11, a total of 63 CPAs (supervising approximately 1460 foster homes) and 171 CCIs were approved by OPM for the placement of children in DFCS custody. These CPAs and CCIs varied in size:

- 11 CPAs and 134 CCIs were “Small Agencies” (≤ 6 CPA foster homes or CCI beds);
- 22 CPAs and 26 CCIs were “Medium Agencies” (7-20 CPA foster homes or CCI beds);
- 12 CPAs and 4 CCIs were “Large Agencies” (21-30 CPA foster homes or CCI beds); and,
- 18 CPAs and 3 CCIs were “Extra Large Agencies” (≥ 31 CPA foster homes or CCI beds).

During Period 11 OPM conducted “comprehensive reviews” of a portion of these CCIs and CPA administrative offices, and visited a sample of the foster homes supervised by CPAs to interview children, review files for compliance with contract provisions, and to inspect physical plant. OPM conducted comprehensive reviews of 31 (49%) of the 63 contracted CPAs, and 65 (38%) of the 171 contracted CCIs during Period 11.

During Period 11, OPM also conducted 255 “Safety Reviews” of CPA foster homes and 205 Safety Reviews of CCIs, in addition to the Comprehensive Reviews discussed above. A Safety Review (which takes about 90 minutes to complete) is a streamlined version of the Comprehensive Review (which typically takes about two days) that specifically focuses on child safety issues. During a typical Safety Review, one or more children are interviewed about how safe they feel in their placement environment; a caretaker is interviewed about how agency policies are implemented; the reviewer conducts a brief assessment of the facility’s overall acuity mix; and a walk-through of the facility is conducted.

All safety reviews are unannounced. All Comprehensive Reviews (and the foster home visits associated with them) are announced; however the files to be reviewed during Comprehensive Reviews are unannounced.

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 105 foster homes sampled that had a child in care on June 30, 2011, 105 (100%) were within the Consent Decree's capacity limits at that point in time. Of these 105 foster homes, 99 (94%) had three or fewer foster children in them on June 30, 2011 and six homes (6%) 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, 105 of the 105 foster homes that had a child in care on June 30, 2011 (100%) were within that limit. Finally, all of the foster homes (100%) with a child in care on June 30, 2011 had three or fewer children under the age of three in them. All these capacity compliance rates are similar to the Period 10 rates of 99 percent within the overall capacity limits, 100 percent for six or fewer total children and 100 percent for three or fewer children under the age of three.

b. Foster Care Maintenance Payments

Section 5.B.1. of the Consent Decree established specific foster care per diem rates to become effective July 1, 2005 (State fiscal year 2006). It also stipulates that the 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, 2011, and 2012 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 FY2012.

c. Foster Parent Training and Support

Sections 5.C.6. and 11.D. of the Consent Decree stipulate that foster and pre-adoptive parents will receive uniform pre-service training prior to being approved or having a child placed in their home; and that they will be required to complete ongoing, annual training as part of the annual re-approval process. Section 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 99 percent of the foster homes reviewed that the pre-service training requirements had been met. This is similar to the Period 9 rate of 99 percent.

With respect to ongoing annual training, documentation supporting that the requirements had been met was found in 91 percent of the files of the 132 foster homes sampled to which the requirement applied. This was similar to the Period 10 rate of 93 percent. 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 Office of Provider Management (OPM) 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 to recommend changes to the Level of Care system and to design a rate structure based on measurable outcomes for children.¹⁴⁴ The Final Report of this Task Force was delivered in January 2010.¹⁴⁵

¹⁴⁴ See pp. 14-15, paragraphs 2-7 of the Consent Decree.

¹⁴⁵ See Georgia Department of Human Services, Division of Family and Children Services, *Rate Reimbursement Task Force Final Report*, January, 2010.

In acting on the RRTF recommendations, the State implemented performance based contracts beginning July 1, 2010. FY 2011 was considered a “hold-harmless” year, meaning the performance measures being tested by OPM would not yet be used to affect provider reimbursement. Based on the FY 2011 experience with the initial set of performance-based contracting measures, changes were made to the contract deliverables and performance measures to improve their utility and practicality. OPM selected the strongest of the FY 2011 measures for enhancement, added new measures and associated outcomes, and continued to refine the data-entry and scoring processes. A revised set of measures and deliverables was included in the FY 2012 contracts that took effect on July 1, 2011, which the State will treat as another “hold harmless” year. OPM plans to evaluate the effectiveness of the revised FY 2012 performance-based contracting framework and to further refine it, if necessary, for the FY 2013 contracting cycle.

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 Management (OPM) reports that Child Placing Agencies (CPAs) use the GA+SCORE system to update data on the family composition and approval documentation for each foster home they supervise. The data, updated as necessary on a weekly basis, includes the following information for each CPA approved foster home:

- Home-by-home family composition;
- Status of completing foster parent pre-service 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 comprehensive drug screens; and
- Completion of comprehensive medical report(s) and whether it was completed timely.

OPM also reports that Child Caring Institutions (CCIs) report updated rosters of the children in their care to OPM through the GA+SCORE system each week. OPM reports that this information is validated by OPM through quarterly site visits and reviewing a sample of the files the CPAs and CCIs maintain.

To help maintain a high degree of compliance with State licensing and approval standards among CPA-supervised foster homes, OPM has asked Care Solutions (the GA+SCORE vendor) to develop two types of system e-mail alerts to be sent directly to CPAs (with a copy to OPM staff). The first is a set of Pre-Alerts at intervals of 90, 60, and 30 days, and weekly thereafter, to notify CPAs of pending lapses in individual foster home compliance with relevant approval standards. The second is a weekly alert identifying the foster homes that are not in compliance

and requiring immediate action to regain their compliance status. Development of these enhancements was delayed during Period 11, but they remain a work in progress and OPM expects them to go “live” in early 2012.

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”¹⁴⁶ meet certain criteria including educational credentials, pre-service training, certification, and on-going professional development. State efforts to ensure compliance with this requirement proceeded slowly, culminating in an assertion of non-compliance made by Plaintiff’s Counsel after Period 9.

The Parties are presently engaged in discussions about the appropriate steps to be taken to remedy the situation. The Accountability Agents will continue to monitor this issue and will discuss its disposition in future reports.

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

Section 9.D. of the Consent Decree specifies that ORCC will make at least one unannounced inspection per year of 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 inspections of five percent of each licensed CPA’s family foster homes or a total of 10 homes (whichever is greater, or to all the foster homes supervised by CPAs with fewer than 10 total foster homes) to review all relevant aspects of their operations.¹⁴⁷ The State reports that there were 207 licensed CCIs and 94 licensed CPAs in Georgia at the end of June 2011. This represents a four percent decrease in the number of licensed CCIs and a three percent increase in the number of licensed CPAs compared to Period 10, reflecting the State’s continued movement away from the use of congregate care facilities in favor of family-based care.

During the period January through June 30, 2011, ORCC reports that 99 of the 207 CCIs (48%) and 43 of the 94 CPAs (46%) were due for re-licensure. Each of these 99 CCIs and each of the 43 CPAs received at least one unannounced inspection from ORCC during that period. In addition, ORCC made a total of 392 unannounced visits (172 of which were unsuccessful) to conduct 220 unannounced inspections of the family foster homes operated by 25 of the 43 CPAs due for re-licensure (the remaining 18 CPAs due for re-licensure had either no foster homes, or no children in care during Period 11.) Detail on these unannounced family foster home inspections appears in Table VI-10.

¹⁴⁶ See Section 10.B. 4.a.-d. in the Consent Decree, pp 25 and 26.

¹⁴⁷ See Section 9.D. of the Consent Decree, p. 24.

Table VI-10
ORCC Unannounced Annual CPA Family Foster Home Inspections
n = 94 CPAs

94 CPAs	Licensed in Georgia as of 6/30/2011
43 CPAs	Due Re-licensure in Period 11
11 CPAs	Adoption or Home Study Only (no family foster homes ; no inspection required)
5 CPAs	No Placements During Period 11 (no inspection required)
2 CPAs	Undergoing License Revocation (no family foster homes ; no inspection required)
25 CPAs	Requiring Annual Unannounced Family Foster Home Inspections
0 CPAs	Subject to 5% of Foster Homes Annual Unannounced Inspection Requirement
16 CPAs	Subject to 10 Foster Home Annual Unannounced Inspections Requirement
	13 CPAs (81%) Received Required Foster Home Inspections During Period 11
	3 CPAs (19%) to Have Required Foster Home Inspections Completed During Period 12
9 CPAs	With < 10 Foster Homes (Subject to 100% Annual Unannounced Inspection Requirement)
	7 CPAs (78%) Received Required Foster Home Inspections During Period 11
	2 CPAs (22%) to Have Required Foster Home Inspections Completed During Period 12
7 CPAs	Re-licensed in Period 10 were to Have Required Annual Unannounced Family Foster Home Inspections Completed in Period 11
5 CPAs	Subject to 10 Foster Home Annual Unannounced Inspections Requirement
	3 CPAs (60%) Received Required Foster Home Inspections During Period 11*
2 CPAs	With < 10 Foster Homes (Subject to 100% Annual Unannounced Inspection Requirement)
	1 CPA (50%) Received Required Foster Home Inspections During Period 11**

* Of the two remaining CPAs due unannounced visits to 10 foster homes in Period 11, one had seven homes visited by 6/30/2011 and the remaining three homes visited by 8/30/2011; the other had numerous unsuccessful unannounced visit attempts that found many of the foster homes to be closed. Visit attempts to this CPA's foster homes will be resumed with the current year's re-licensure.

** The remaining CPA with <10 foster homes due unannounced visits in Period 11 had seven foster homes, six of which had visits completed by 6/30/2011.

According to ORCC, the inspections conducted during Period 11 suggested a need for:

- Foster homes and CPAs to improve their consistency in implementing the policies and procedures promulgated by the CPA (e.g., policies related to sleeping arrangements and proper maintenance of smoke detectors);
- Improved sharing of information at the time of placement between birth parents, foster parents, and other caretakers. ORCC is concerned that missing information may lead to poor assessment of child needs;

-
- Improved documentation of the services and supports needed in placements to appropriately meet the needs of children. Provider agencies appear to be receiving more children with increasingly complex needs and they need to document that they have the services in place to meet those needs; and
 - Improved foster parent education about, and compliance with, appropriate disciplinary techniques (e.g., not using exercise as a disciplinary sanction).

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. Data integrity problems appear to be diminishing and work continues to bring the system into full compliance with federal standards.

During Period 11, programming enhancements and edit checks continued to refine the adoption data base, foster home approval record keeping, and management reporting for such activities as case worker visitation, special investigations, foster home activity, health checks, and family team meetings. While such refinements continue to enhance the usefulness of SHINES reports for supervision and management purposes, certain accuracy issues remain. For example, management reports that use the child's date of removal to calculate due dates for such activities as health checks or specifying a compelling reason for not terminating parental rights may be inaccurate for children who have had multiple foster care episodes. Thus, children may appear to be overdue for initial and on-going health screens when they are not. Separate but related to the accuracy issues are report content and format issues. Some reports include too much information and require additional manual manipulation to allow users to assess the status of individual or unit caseloads on certain activities. If reports that are intended to be used to improve data integrity are too cumbersome to use, their purpose is defeated. Both of these issues are part of the ongoing work of the Information Technology staff.

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) assists the Accountability Agents with all case record reviews.

I. Maximizing Federal Funding¹⁴⁸

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

¹⁴⁸ See Dimas, J.T. and Morrison, S. A. *Period I Monitoring Report, Kenny A. v. Perdue*, November 2006 for background on Title IV-E.

dollars for foster care services with any federal increase that results from the maximization efforts.¹⁴⁹ To date the Accountability Agents have not found any evidence that the State is supplanting state dollars with increased federal reimbursement.

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 55 percent or better in the in Period 11, as shown in Figure VI-6. The state reports that the significant increase in the rate is the result of several circumstances:

- *improved state capacity to accurately determine and record IV-E eligibility of each child in foster care by entering and maintaining all appropriate information SHINES;*

SHINES became the data base of record in June 2008 but the Office of Revenue Maximization spent 18 months verifying the accuracy of the IV-E eligibility of all children in SHINES. The final switch to using SHINES came in May 2010. Prior to this effort, the state was only able to calculate the penetration rate on those children for whom they were actually receiving IV-E reimbursement. This calculation omitted children who were eligible but were placed with relatives who were not licensed foster parents, and thus there was no direct IV-E reimbursement claim.

- *receiving federal approval to claim as IV-E eligible all children who are receiving Supplemental Security Insurance (SSI); and,*

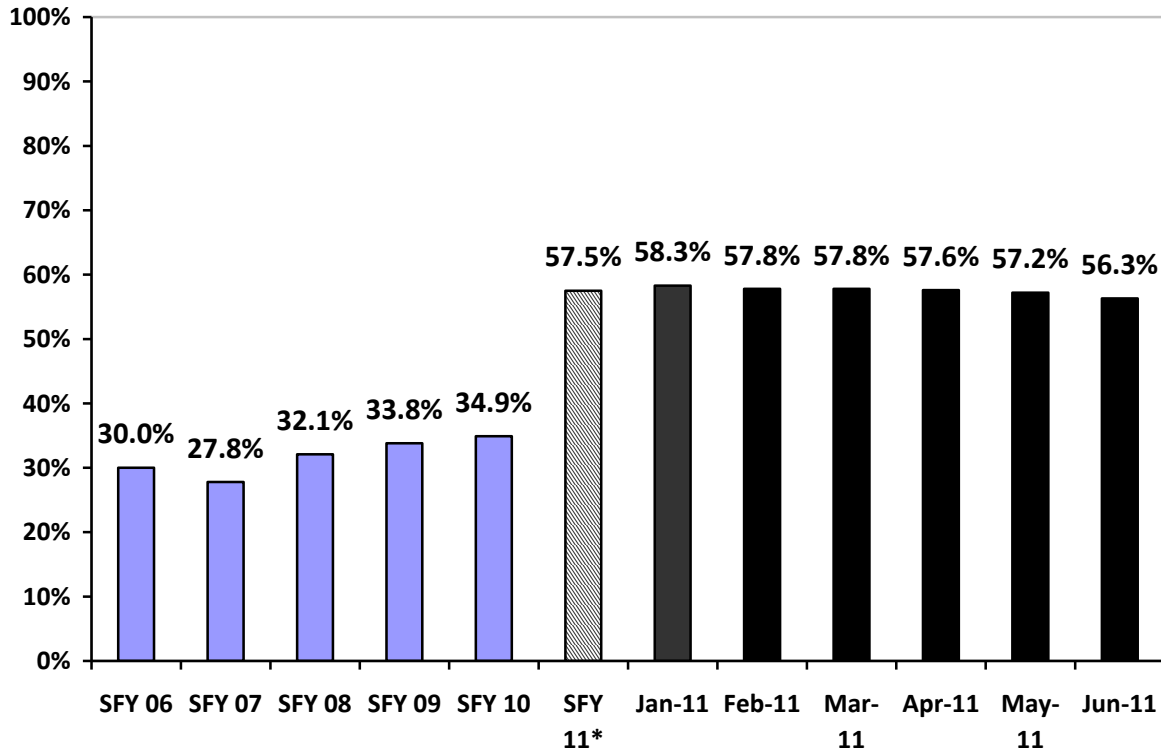
In 2010, the US Department of Human Services confirmed that those children receiving SSI were categorically eligible for IV-E.

- *continued work with judges and SAAGs around court orders.*

As reported in previous Periods, the State has made a concerted effort since 2007 to work with SAAGS and Judges to improve court order compliance with IV-E requirements and the Office of Revenue Maximization reviews all orders to ensure they meet the requirements.

¹⁴⁹ See p. 31, Section 14 of the Consent Decree.

Figure VI-6
State IV-E Penetration Rates
SFY 2006 through June 2011



Source: COSTAR through SFY 2010, SHINES SFY 2011 (July-2010 to June 2011). The patterned bar represents the entire SFY 2011, July 2010-June 2011. The dark bars represent the monthly performance in the last half of SFY 2011. Beginning July 2010, SSI eligible children are included in IV-E rates per Federal Policy.

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.¹⁵⁰ 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: January 1, 2011-June 30, 2011</i>			
		DEKALB	FULTON
a) Number of children during the reporting period experiencing substantiated maltreatment		418	546
b) the number of children in a) of this item who also experienced maltreatment during the preceding 12 month period		21	32
Percentage of children who had substantiated maltreatment during the preceding 12 months		5%	5.9%

¹⁵⁰ 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 January 1, 2010 – June 30, 2010 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 9.) The Accountability Agents' verification approach is discussed in Appendix B.

<i>Table VII-2 Diversions with Subsequent Substantiated Maltreatment</i>			
<i>Reporting Period: January 1, 2010-June 30, 2010</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		558	269
b) the number of cases in a) in which there was substantiated maltreatment within 11-365 days after referral to DHS's diversion program		28	8
Percentage of cases in which there was substantiated maltreatment within 11-365 days of referral into DHS's diversion program		5%	3%

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:**
Initial Stipulation:
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.

Revised Stipulation:

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

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:** Visitation(worker-child)
Initial Stipulation
- 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.

Revised Stipulation

- By the end of the tenth reporting period:
 - (a) At least 96.25% of the total minimum number of twice-monthly face-to-face visits between case managers and all class member children required by Section 5.D.1.b during the reporting period shall have taken place. Visits to any child in excess of the required minimum number of two visits per month shall be excluded when calculating this percentage.

(b) At least 96.25% of the total minimum number monthly private, face-to-face visits between case managers and all class member children required by Section 5.D.1.b during the reporting period shall have taken place. Visits to any child in excess of the required one private visit per month shall be excluded when calculating this percentage.

- **Outcome 22:** Visitation (worker-caregiver)

Initial Stipulation:

- 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.

Revised Stipulation:

- DCFS placement case managers shall visit each child's foster parent, group care, institutional or other caretaker at least one time each month. By the end of the tenth reporting period, at least 95% of the total minimum number of required monthly visits by case managers to caregivers during the reporting period shall have taken place. Visits to any caregiver, with respect to the same child, in excess of the required one visit per month shall be excluded when calculating this percentage.

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:** Placements not in full approval status:

Initial Stipulation:

- 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.

Revised Stipulation:

- By the end of the tenth reporting period, at least 98% of all foster placements serving class member children shall be in full approval and/or licensure status. In computing this percentage, each placement shall be weighted by the approved and/or licensed capacity of that placement.

- **Outcome 31:**

Initial Stipulation:

- 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.

Revised Stipulation:

- By the end of the tenth reporting period and continuing thereafter, no more than ten percent of all foster family home placements serving class member children at any time during the reporting period shall exceed the capacity limits referenced in Section 5.C.4.e of this Consent Decree, 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 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 methods 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 11

Four primary sources of information were used to assess the State of Georgia’s progress during Period 11, January-June 30, 2011. The challenge for data collection and analyses in Period 11 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. The Accountability Agents have direct access to SHINES which allows for direct inquiry into cases to validate reported information.

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 errors. 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.

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 visits, determinations for children in care 15 of 22 months, caseloads, and staff certification.

3. Structured Case Record Reviews

A third 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 June 30, 2011. 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 completed between January 1 and June 30, 2011 were read. Therefore, observed differences in these results do not reflect sampling error.

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 January 1 and June 30, 2011. 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 January 1 and June 30, 2011.

For each of these reviews, samples were drawn such that the findings would have a +/- 7% error rate at a 95% confidence level. This level of precision is for frequencies reported for the sample as a whole. Data provided on subsets of the sample are less precise; where appropriate, separate margins of error for the different subsets have been calculated and noted in the body of the report. As described later in this appendix, a certain number of records included in the original samples could not be read and were rejected based on pre-determined criteria. To achieve the minimum number of records for each review, small additional, random replacement samples were drawn.

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

Target of Review	Universe of cases	Desired Maximum Sample Size	Actual Number Reviewed	Margin of Error
Maltreatment in Care Investigations	77	77	77	Not applicable
Foster Homes	637	160	160	+/- 7 percent
Children in Foster Care	1677	175	175	+/- 7 percent

b. Instrument Design

Three separate data collection instruments were developed, one for each review. 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 November 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 July 2011 and the foster home file review in August 2011. 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 and consulting with the Accountability Agents when necessary. 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: 31 percent of Maltreatment in Care Investigations cases; 33 percent of Placement cases; and 34 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	.965
Foster Homes	.983
Foster Care	.996

A final check on quality came during the analysis. When the analysis identified a discrepancy that could not be explained by the reviewer comments, the Accountability Agents requested a reviewer to go back to the file in question and collect more specific information on which to make a judgment 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 January 1 and June 30, 2011	0
	Coding error, this is not a maltreatment in care referral/report	4
	Case was "opened on report" (no maltreatment was alleged)	4
	Case record cannot be located	0
	No child in the legal custody of Fulton and Dekalb Counties was involved in this report	0
	Other	3
	Total	11
Foster Homes	Coding error in SHINES, this home was not open between January 1 and June 30, 2011	0
	No children were placed in this home between January 1 and June 30, 2011	0
	No children in the legal custody of Dekalb or Fulton County DFCS were placed in this home between January 1 and June 30, 2011	0
	Private agency did not supply necessary files	0
	Case record cannot be located	0
	Oversight of foster home transferred to another county	0
	Other	1
	Total	1

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 January 1 and June 30, 2011	1
	Child not in the adjudicated legal custody of Fulton or DeKalb counties January 1 and June 30, 2011	2
	Child's file has been sealed as result of finalized adoption	5
	Child living in another state, file has insufficient information to review adequately.	0
	Child age 18 before January 1, 2011.	0
	Case timeframe too short (child in care 8 days or less)	12
	Case record cannot be located.	0
	Case record provided too late to be included in review.	0
	Incomplete case file provided – missing important volumes.	0
	Child placed out of state through ICPC the entire review period.	1
	This is a duplicate of child in sample.	0
	Other	0
	Total	21

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 Consent Decree 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 11.

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.¹⁵¹ 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

¹⁵¹ 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 a reporting period. In other words, what percentage of the children in care on June 30/December 31 of a given year after 2005 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..."¹⁵² 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.

First, the State generated a list from SHINES of all children who entered custody between January 1 and June 30, 2011. 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 information, the counties identified discrepancies requiring further research or additional children with re-entries in the period. In

¹⁵² Ibid, p. 32

a third step, the Accountability Agents used the record review of the 175 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 and compared the findings to the list generated from SHINES. Finally, the Accountability Agents compared county logs of entry Family Team Meetings in Period 11 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."¹⁵³ 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;
- Reviewing the Family Assessment portion of the Comprehensive Child and Family Assessment (CCFA);
- Checking various DFCS data systems;

¹⁵³ Social Services Manual, Chapter 1000, Section 1002.3.1 Georgia Department of Human Services.

-
- 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.”¹⁵⁴ 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.”¹⁵⁵ 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 measure¹⁵⁶ 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.

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

¹⁵⁴ Social Services Manual, Chapter 1000, Section 1002.3.2, Georgia Department of Human Services.

¹⁵⁵ See p. 3, Definition T, of the Consent Decree.

¹⁵⁶ See the following Federal internet site:

http://www.acf.hhs.gov/programs/cb/cwmonitoring/tools_guide/statewidetwo.htm#Toc140565117.

Department while reunification is attempted and those children who return to the Department's permanent custody because the adoption has been dissolved.

Measurement issues include timing and case identification. In terms of timing, the first cohort of children for whom this outcome could be measured were those children who were adopted during the first reporting period, October 27, 2005 to December 31, 2006. In terms of case identification, it is difficult to link case records of children who are returning to foster care from an adoption to their previous case records because key identifying information has changed and adoption records have been sealed. An adopted child always receives a new last name and social security number. In some cases, the child also receives a new first name. In addition, adoptive parents may live or move out of Georgia after the adoption and the disruption or dissolution may occur in another state. Furthermore, children who are discharged to relatives for the purposes of private adoption will not necessarily be reflected in the case files or data system as an adoption. Case identification, therefore, currently relies on a case manager's familiarity with the family through on-going post adoption communication, and comparing adoption dissolution actions that occur in the state to the adoptions that occurred in the state. In March 2007, the State established new procedures for collecting information about prior adoption activity as children enter care. This change requires case managers to record in IDS/SHINES, 1) whether the child was ever adopted, 2) type of adoption – public or private, 3) country of adoption, 4) state of adoption, and 5) if a Georgia adoption, the county of adoption.

Outcome 15 is measured using county tracking systems. Each county has a data base for tracking children who have reached or are approaching their 15th month in care within the most recent 22 months. The counties add to this data base by extracting information regarding length of stay, "TPR status," and compelling reasons from SHINES. County data, therefore, is used as the primary source of information to evaluate the continued progress on this outcome. .

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.

The counties have adopted a classification system of compelling reasons or other exemptions from moving to termination of parental rights.¹⁵⁷ The 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 2 and 4, a targeted case record review was used to measure the performance on this Outcome. In Period 6 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 6 because of SHINES implementation. At the request of the Accountability Agents, the State produces a report containing the list of all children who entered foster care in Period 11. This information includes the number of siblings a child had in custody and how many siblings were placed with the child. The Accountability Agents conduct on-line reviews or "look ups" of the SHINES file of each child with a sibling who had entered care during the period. Through this process, the Accountability Agents are 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.

¹⁵⁷ 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.

Outcome 19 is measured through information collected through a record review of approximately 175-180 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*”¹⁵⁸ between children and parents “*to progress toward reunification*”¹⁵⁹ 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).

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.¹⁶⁰ Second, a plan for parental visitation should be a part of every Case Plan.¹⁶¹ Third, “when agency resources allow,

¹⁵⁸ See p. 36, Outcome 21, of the Consent Decree.

¹⁵⁹ Ibid.

¹⁶⁰ Social Services Manual, Section 1009.3 Georgia Department of Human Services.

¹⁶¹ Social Services Manual, Section 1009.4 Georgia Department of Human Services.

visitation shall be scheduled at two-week intervals unless the court has specified another visitation arrangement.”¹⁶² 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.¹⁶³ Again, however, the dates and frequency may not always be reported to the case manager and, therefore, documented. These children were included in the denominator for measurement of the outcome, but not the numerator unless there was documentation of a visitation pattern.

Finally, a small number of children achieved reunification without any or with few documented visits with parents or their reunification resource. Again, this does not mean that the children did not have contact with their parents. 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.

¹⁶² Social Services Manual Section 1009.5, Georgia Department of Human Services.

¹⁶³ Annie E. Casey Foundation, Elders as Resources Fact Sheet, *Basic Data: Kinship Care*, 2005, found at <http://www.aecf.org/upload/PublicationFiles/FactSheet.pdf>.

Outcome 23 was measured in Periods 2 through 9 using information collected directly from the documentation in children's records through a case record review. In November, 2010 the parties reached agreement on a revised standard for sibling visits. Starting with Period 10, the standard requires at least 90 percent of the total minimum number of required monthly sibling-group visits occur each reporting period. This requirement applies to children who have one or more siblings in custody with whom they are not placed. At a minimum, they are to have monthly visits 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.¹⁶⁴ As a result of this modification, the measurement of Outcome 23 is based on all sibling groups in foster care at any time during the reporting period as reported by the State. County Quality Assurance staff review the quality of the documentation and maintain a data base of all required and completed sibling visits. The State report is generated from this data base. The Accountability Agents verified the State report by randomly sampling 10 percent of the children in custody each month during Period 11 and collected information from the on-line case files in SHINES about all applicable visits (sibling, parental, and case manager.) Information for each of the children sampled was compared with the information in the county system and discussed with the county representatives. The Accountability Agents are satisfied that the State report on sibling visits is accurate.

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. Well- Being

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.¹⁶⁵ 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 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 was measured through information collected from the case record review in Periods 2 through 9. In November 2010 the parties reached agreement on a revised standard for case manager visits with children. Starting with Period 10, Outcome 20 has two parts. Outcome 20a requires at least 96.25 percent of the total minimum number of twice monthly case manager visits to children in custody required during the period to occur. Outcome 20b requires at least 96.25 percent of the total number of monthly private visits to children in custody required during the period to occur.¹⁶⁶

This modification changed several aspects of the original stipulation. Previously, in Periods 2 through 9, the unit of analysis for Outcome 20 was the child and the stipulation required 95 percent of the children be visited by their case managers twice a month, each and every month in the 12 months preceding the end of the reporting period. Furthermore, one of the two visits had to be a private visit in the child’s placement setting. To measure performance in previous periods, the Accountability Agents had to use a case file review of a sample of the children in care. Starting with Period 10, under the new stipulation, the unit of analysis is the case manager

¹⁶⁵ See p. 35, paragraph 18, of the Consent Decree.

¹⁶⁶ See *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

visit with the child. Case managers are still required to visit children twice every month and one of the visits is still to be in private, but the private visit does not have to occur in the placement setting. As indicated, the stipulation now has a standard for the percentage of completed twice monthly visits and a standard for monthly private visits.

For nearly five years, county Quality Assurance staff have been assessing the quality of the visit documentation monthly and maintaining a data base of all required and completed case manager-child visits. This tracking system has enabled the counties to calculate the percentage of required visits that were completed by individual case managers, supervisory units, and program administrator. In Period 11, the State generated a report from the county data bases for all children in custody during Period 11. Thus, the Accountability Agents no longer have to rely on a case file review of a sample of children in foster care. The Accountability Agents verified the State report by randomly sampling 10 percent of the children in custody each month during Period 11 and collected information about all applicable visits (sibling, parental, and case manager.) This information was compared with the information in the county system and discussed with county representatives. The Accountability Agents are satisfied that the State report on case manager visits with children is accurate.

Outcome 22 was measured using a case record review of a sample of children in foster care during the period in Periods 2 through 9. In November 2010 the parties reached agreement on a revised standard for case manager visits with substitute caregivers. Starting with Period 11, Outcome 22 requires at least 95 percent of the total minimum number of monthly case manager visits to substitute care givers required during the period occur.¹⁶⁷

Similar to the changes made to Outcome 20, the new stipulation changes the unit of analysis for Outcome 22 from the caregiver to visits and the time frame for performance is limited to the required visits in the period. Starting with Period 10, as indicated, the standard is a percentage of completed monthly visits to caregivers in the reporting period.

Using the visit data base maintained by County Quality Assurance staff previously described in Outcome 20, the State generated a performance report for the period. The Accountability Agents verified the State report by randomly sampling 10 percent of the children in custody each month during Period 10 and collected information about all applicable visits (sibling, parental, and case manager.) This information was compared with the information in the county system and discussed with the county representatives. The Accountability Agents are satisfied that the State report on case manager visits with care givers is accurate.

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

¹⁶⁷ See *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

(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. The third measurement year was January 1 to December 31, 2008. The fourth measurement year was January 1 to December 31, 2009. The fifth measurement year was January 1 to December 31, 2010.

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 and indicated follow-up, 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, 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 or scheduled to respond to the need. This information was gathered from any and all sources found in the files.

3. Strengthening Infrastructure

Outcome 25 was modified in October 2010 to facilitate more timely completion of the Accountability Agents’ reports. The Parties agreed to replace the previous Outcome 25 measure with a revised measure that uses *the placement* as the unit of analysis and which can be extracted from a single, automated data source – SHINES.¹⁶⁸ Outcome 25, as revised, stipulates that “By the end of the tenth reporting period, at least 98% of all foster placements serving class member

¹⁶⁸ The original Outcome 25 measure used *the child* as the unit of analysis, and therefore required the use of multiple data sources (some of which were manual) to link individual children to the approval status of the placements in which they resided.

children shall be in full approval and/or licensure status. In computing this percentage, each placement shall be weighted by the approved and/or licensed capacity of that placement.”¹⁶⁹ The revised Outcome 25 language contains the phrase “*By the end of the tenth reporting period...*” this makes it clear that it is intended as a point-in-time measure to be taken at the end of the reporting period. The revised measure also states: “*In computing this percentage, each placement shall be weighted by the approved and/or licensed capacity of that placement.*” To operationalize this weighting scheme, the Outcome 25 measure uses as the denominator the licensed or approved capacity of all placement settings with a class member in care on the last day of the reporting period, and as the numerator, the licensed or approved capacity of all such placements that were in full approval or licensure status on the last day of the reporting period.

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 was modified in October 2010 to facilitate more timely completion of the Accountability Agents’ reports. The Parties agreed to replace the previous Outcome 31 measure with a revised measure that uses *the placement* as the unit of analysis and which can be extracted from a single, automated data source – SHINES.¹⁷⁰ Outcome 31, as revised, stipulates that “By the end of the tenth reporting period and continuing thereafter, no more than ten percent of all foster family home placements serving class member children at any time during the reporting period shall exceed the capacity limits referenced in Section 5.C.4.e. of this Consent Decree...”^{171,172}

The revised Outcome 31 language contains the phrase “*By the end of the tenth reporting period...*” this establishes that it is intended as a point-in-time measure to be taken at the end of the reporting period. The revised measure also states: “*....all foster family home placements serving class member children at any time during the reporting period...*” which indicates that the universe of

¹⁶⁹ See p. 4, *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

¹⁷⁰ The original Outcome 31 measure used *the child* as the unit of analysis, and therefore required the use of multiple data sources (some of which were manual) to link individual children to the point-in-time census of the foster homes in which they were placed.

¹⁷¹ See p. 4, *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

¹⁷² 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.

placements to be considered consists of any family foster home in which a class member child resided at any time during the reporting period. To operationalize this language, the Outcome 31 measurement first identifies the universe of family foster homes in which a class member child resided at any point during the reporting period, and then considers for outcome measurement the point-in-time child census of those family foster homes that had a class member child in care on the last day of the reporting period.

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 6 for assessing State progress in meeting the Consent Decree's caseload requirement reported 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 11 report is the tenth 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.¹⁷³

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.

¹⁷³ 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 did 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.

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);
- 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 1163 children in the custody of DeKalb and Fulton counties on June 30th. 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 June 30, 2011
N=1163

Gender	Percent of Children
Male	54%
Female	46%
Total	100%

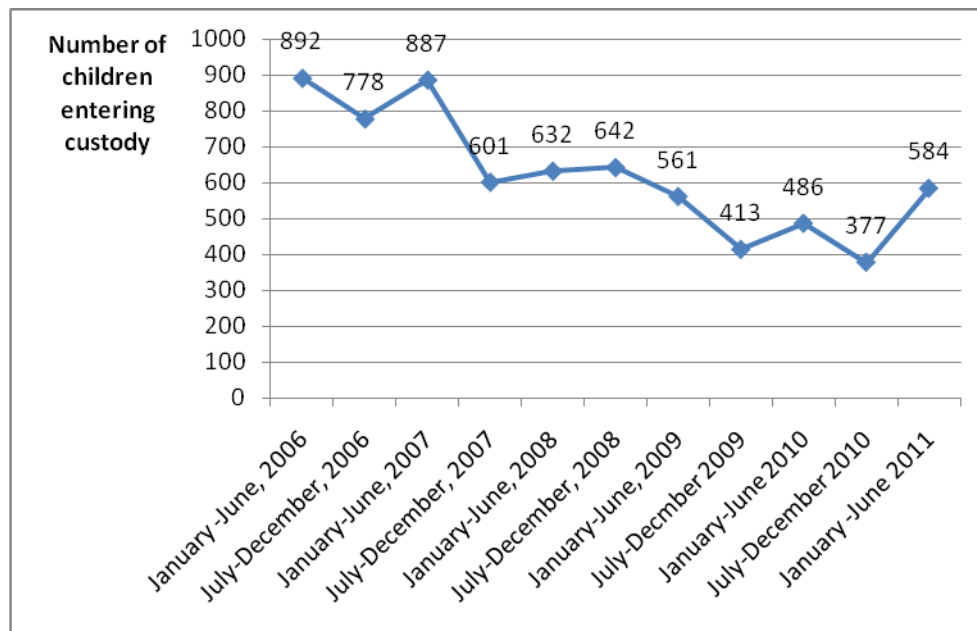
Source: Georgia SHINES

Table C-2
Age of Children Remaining in Custody on June 30, 2011
N=1163

Age Group	Percent of Children
Ages 0 to age 3 years	24%
Ages 3 to 6 years	16%
Ages 6 to 10 years	15%
Ages 10 to 13 years	11%
Ages 13 to 16 years	17%
Ages 16 to 17 years	17%
Total	100%

Source: Georgia SHINES; User Defined Report.

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.

*Periods prior to Period 11 includes youth under the age of 18 placed voluntarily in DFCS as well as those adjudicated into custody.

APPENDIX D

PERIOD 10
DRAFT SUPPLEMENTAL REPORT

*Diligent Search Performance and Casework
Activities in the First 60 Days of Foster Care
July 1 through December 31, 2010*

Accountability Agents:
James T. Dimas and Sarah A. Morrison

August 2011

I. Introduction

This is a supplemental report for Period 10, July through December 2010. It provides an assessment of the State's Period 10 performance on Outcome 7, related to the Diligent Search for relatives and others who could be permanency resources for children. Due to the nature of the Outcome 7 standard, the State's performance can only be measured at this time through a case record review using a targeted sample of children who entered the custody of DeKalb or Fulton County during the reporting period and remained for 60 days or more. The lag time in reporting the Outcome 7 performance is the result of this measurement issue.

This supplemental report represents the fifth measurement of Outcome 7 performance. Outcome 7 performance previously has been measured for periods 2, 4, 6 and 8, with the results included in the reports for Periods 3, 5, 7 and 9. The targeted sample enabled the Accountability Agents to collect more representative information about the assessment, planning, and service activities during the first 60 to 90 days children are in foster care than would have been available from the subset of cases in the foster care record review sample that entered care during Period 10.

All information presented in this report was obtained through a case record review of 125 randomly selected foster care case records of children who were adjudicated into the custody of DeKalb or Fulton County anytime between July 1 and December 31, 2010 and remained in care at least 60 days. The margin of statistical error for the sample is +/-6 percent. The case record review was conducted in May and June 2011.

II. Diligent Search (Outcome 7)

A "reasonably diligent search is required by law (O.C.G.A. Section 15-11-55) to identify those individuals who may be considered a resource for placement or custody of the child."¹⁷⁴ The Consent Decree, in Outcome 7, requires the diligent search for parents and relatives to be undertaken and documented within 60 days of entry for at least 95 percent of all foster children entering care. In practice, a search should be initiated as soon as the child enters custody or even before entry as information is gathered in the investigation or assessment stage. Immediate efforts can serve to hasten permanency for a child and to minimize the trauma of removal if the child can be placed with someone known to him or her.

Furthermore, the search for relatives and other individuals who have "demonstrated an ongoing commitment to the child"¹⁷⁵ should be ongoing until the child has achieved permanency. The diligent search process can be effective in identifying individuals who are or can be part of

¹⁷⁴ Social Services Manual, Chapter 1000, Section 1002.3.1, Georgia Department of Social Services

¹⁷⁵ Social Services Manual, Chapter 1000, Section 1002.31 Georgia Department of Social Services

a supportive team for the child and family. For example, these individuals may be called on to help supervise a safety plan for a child who is returned home or provide housing and transportation for parents or facilitate regular visits among separated siblings.

c. Interpretation and Measurement Issues

As previously described, the performance of Outcome 7 was measured based on a case record review of 125 children randomly selected from those entering custody between July-December 2010 and remaining at least 60 days. The targeted review of these cases was conducted in May and June 2011. The outcome requirement for undertaking a diligent search within 60 days was deemed to have been met if one of the following conditions was met:¹⁷⁶

- the child was placed with a family resource within 60 days after entering custody; **or**,
- a court order stated that the diligent search had been properly and timely submitted to the court; **or**,
- there were documented search efforts that included: children over age 3 were interviewed about adults in their lives or someone with whom they would want to live **and** one or more family member or family friend was interviewed within 60 days **and**, when resources were identified, there was evidence that one or more of the identified resources were contacted or contact was attempted within 60 days.

d. State Performance

- **The State Met the Outcome 7 Threshold.**

The file documentation indicated that a diligent search was undertaken and documented for 119 (95%) of the 125 children in the sample. The Consent Decree requires at least 95 percent of children entering care in the reporting period to have a diligent search undertaken and documented within 60 days. This performance is a slight improvement from the Period 8 performance of 94 percent (although the observed change is within the sample's margin of statistical error). Table 1 provides the number and frequency of different types of diligent search actions undertaken on behalf of the 125 sampled children. The State's performance over the five reporting periods for which the outcome has been measured is displayed in Figure 1.

¹⁷⁶ See Dimas, J. T and Morrison, S. A. Period VIII Monitoring Report, *Kenny A. v. Perdue*, July 2010 Appendix B for a fuller description of the interpretation and measurement issues associated with Outcome 7.

Table 1

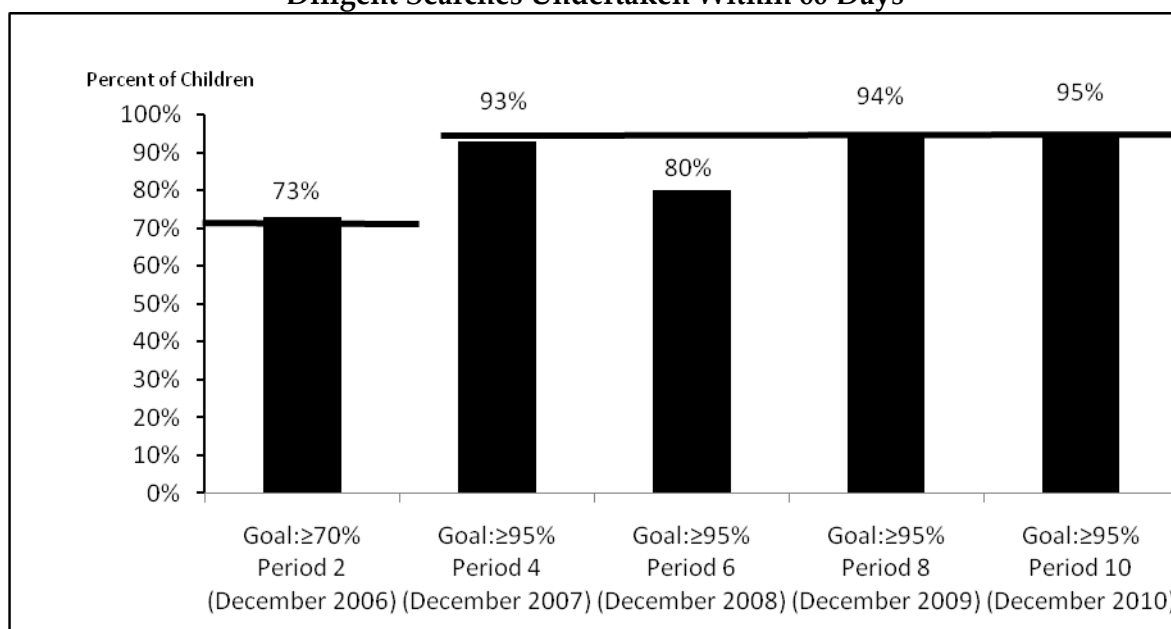
**Diligent Search Actions Undertaken
n=125**

Actions	Number	Percent
Children placed with a family resource within 60 days of entering custody*	24	
Court order documented that the diligent search was “properly and timely” submitted	39	
Evidence of interviews with child and child’s family and others within first 60 days and contact made with one or more possible resource, as applicable	56	
Subtotal for Outcome Measurement	119	95%
Insufficient search activities in first 60 days: no documented interviews of children to gather information about relatives and significant others (children ranged in age from 5 to 17)	4	3%
No documented search activities	2	2%
Total	125	100%

Source: Case Record Review, May-June 2011. *There were court orders supporting diligent search for six children.

Figure 1

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



Source: Case Record Reviews

d. Diligent Search Results

Locating parents

Mothers (birth or adoptive) were identified for 122 (98%) of 125 sampled children. Fathers (putative or legitimated birth or adoptive fathers) were identified for 99 of 125 children (79%). However, the location of parents was not always known. The identity and location of one mother and the whereabouts of 16 other mothers were not known at the time children entered care. Various search activities were conducted to determine this information in each of these cases. The searches ranged in intensity from simply interviewing the child to using up to eight different sources or methods to find the mother. Similarly, the whereabouts of 62 of the 99 fathers were known when children entered DFCS custody. Search efforts were required for 57 fathers: 20 needed to be identified and located and another 37 identified fathers needed to be located. Search activities appear to have been undertaken for all of 57 fathers.

Identifying other resources

The diligent search activities undertaken for 123 children in the sample of 125 identified possible resources for 122 children (98% of 123). The individuals included grandparents, siblings, other relatives, and "fictive kin" (individuals with whom the child has a relationship and emotional bond but who are not blood relatives). Table 2 displays the proportion of children for whom resources were identified and the relationship of the resources to the children.

Table 2
Proportion of Children for Whom Resources were Identified in Diligent Search Efforts, by
Relationship to Child
n=123

	Number of children for whom resources identified	Percent of children
Children with at least one identified resource	122	98%
Relationship of Identified Resources		
Maternal relatives excluding mother	119	97%
Paternal relatives excluding father	94	76%
Adult siblings	13	11%
Fictive kin	48	39%
Other familial or legal relationships	7	6%

Source: Case Record Review, May-June 2011.

Resources contacted

Among the 122 children for whom Diligent Search activities identified resources, DFCS contacted at least one identified resource for 121 children (99% of 122). Table 3 displays the pattern of contacted resources compared to those identified.

Table 3
Proportion of Children for Whom Identified Resources were Contacted in Diligent Search Efforts, by Relationship to Child
n=122

	Number of Children for whom Identified	Number of Children for whom Individual Contacted	Percent of children for whom identified resource was contacted
Children who had at least one identified resource contacted	122	121	99%
Relationship of Resources			
Maternal Relatives, excluding mother	119	108	91%
Paternal relatives, excluding father	94	64	68%
Adult Siblings	13	5	38%
Fictive Kin	48	40	83%
Other familial or legal relationships	7	4	57%

Source: Case Record Review, May-June 2011

Placement or visiting resources obtained

Of the 121 children for whom the search included contacting individuals, 46 children (38% of 121) had a possible relative placement resource identified within 60 days of entering foster care. Of the 46, 24 children were placed with their resources within approximately 90 days of entry. Another 39 children (32% of 121) had at least one resource interested in visiting with them. Twenty-nine children visited with their visiting resources within the first 90 days.

III. The First 30 Days in Custody: Initial Teaming, Needs Assessment and Planning¹⁷⁷

The first 30 to 60 days a child is in custody is a critical time. The degree of family engagement during this time and the assessment made about strengths and needs can have a substantial effect on the direction the case will take and the timeliness of a child's safe return home or to other custodial arrangements.¹⁷⁸ DFCS policy and the Consent Decree stipulate standards for several casework practices intended to ensure effective assessment of and planning for children when they first enter care.¹⁷⁹

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

- A Family Team Meeting (FTM) within three to nine days of the child's entry into care;¹⁸⁰
- Health and dental screening within ten days of the child's entry into care;¹⁸¹
- Weekly visits with children;
- Parent and sibling visits;¹⁸²
- A Multi-Disciplinary Team (MDT) Meeting within 25 days of the child's entry into care;
- A mental health or developmental assessment within 30 days of the child's entry into care;
- Diligent search for relatives and others significant to the child;
- A Comprehensive Child and Family Assessment (CCFA) within 30 days of the child's entry into care; and
- An initial service plan to guide the first six-months of service activities and timely permanency.

Table 4 displays information on the timeliness of initial assessment and planning efforts for the sample of 125 children entering custody between July-December 2010 and remaining in care for at least 60 days. Following the table is a discussion of the steps involved in assessment and service planning and response to identified needs.

¹⁷⁷ All comparisons between Period 8 and Period 10 findings employed a statistical test that measured differences between the results of the two periods that accounted for the margin of error of each sample or subsample. The test is described in *A Compass for Understanding and Using American Community Survey Data*, US Census Bureau, Washington, D.C., May 2009. See Appendix 4....

¹⁷⁸ Pecora, P. J., Whittaker, J.K., Maluccio, A.N., & R.P. Barth. (2000). *The child welfare challenge: Policy, practice, and research*. New York: Aldine de Gruyter, p. 164 and Maluccio, A.N. (2000). What works in family reunification. In Kluger, M.P., Alexander, G., & Curtis, P.A. *What works in child welfare*. Washington, D.C.: CWLA Press, as identified in Results Oriented Management in Child Welfare, University of Kansas, 2002-2003 at <https://rom.socwel.ku.edu/ROMTraining/EBPhandout.pdf>

¹⁷⁹ See pp 5-7, section 4A in the Consent Decree.

¹⁸⁰ See pp 5-7, section 4A of the Consent Decree.

¹⁸¹ See p 20, section 6A of the Consent Decree

¹⁸² Parent and sibling visits are not addressed in this supplemental report.

Table 4
Timeliness of Initial Assessment and Planning Activities in the First 30 Days of DFCS Custody,
July 1 – December 31, 2010
n=125 (unless otherwise noted)

Activities	Number	Percent
<i>Family Team Meeting</i>		
Held within 3-9 days of entry	102	82%
Held, but not within 3-9-days (10-56 days)	20	16%
Total Initial Family Team Meetings	122	98%
<i>Initial Health Screen At Foster Care Entry</i>		
Completed within 10 days	92	74%
Completed, but not within 10 days (11-42 days)	31	25%
Total Initial Health Screens	123	98%^a
<i>Initial Dental Screen At Foster Care Entry</i>		
Completed within 10 days	60	48%
Completed, but not within 10 days (11-89 days)	57	46%
Total Initial Dental Screens	117	94%
<i>Multi-Disciplinary Team Meeting</i>		
Held within 25 days	73	58%
Held, but not within 25 days (27-62 days)	25	20%
Unable to determine timing (documentation not dated)	1	<1%
Total Multi-Disciplinary Team Meetings	99	79%^a
<i>Initial Mental Health Assessment at Foster Care Entry, in Compliance with EPSDT Standards (children aged 4 and older) (n=73)</i>		
Completed within 30 days	38	52%
Completed, but not within 30 days(31-103 days)	24	33%
Completed before entry or children were under psychiatric care at entry, assessment completed 1 day to 12 months prior to current foster care episode)	8	11%
Total Initial Mental Health Assessment	70	96%
<i>Initial Developmental Assessment at Foster Care Entry (children younger than age 4) (n=52)</i>		
Completed within 30 days	35	67%
Completed, but not within 30 days (31-80 days)	12	23%
Total Initial Developmental Assessment	47	90%

^a Cumulative percentage affected by rounding.

Table 4 (cont'd)
Timeliness of Initial Assessment and Planning Activities in the First 30 Days of DFCS Custody,
July 1 – December 31, 2010
n=125 (unless otherwise noted)

Component	Number	Percent
<i>Comprehensive Child and Family Assessments</i>		
Completed within 30 days	53	42%
Completed, but not within 30 days (32-58 days)	37	30%
Completed, but unable to determine time frame (documentation not dated)	11	9%
Total Comprehensive Child and Family Assessments	101	81%
<i>Initial Case Plan</i>		
Completed within 30 days	83	66%
Completed within 31-45 days	22	18%
Completed after 45 days	16	13%
Total Case Plans	121	97%

Source: Case Record Review, May-June 2011

a. Family Team Meetings

Timely Family Team Meetings (within 3 to 9 days) were convened for 102 of the 125 children (82%) in the sample. Another 20 children (16%) had Family Team Meetings (FTMs) convened within ten to 56 days after entry and 3 children (2%) did not have documented FTMs.¹⁸³

Among the 122 FTMs that were convened,

- 93 meetings (76%) were attended by the birth mother, birth father, or relative caregivers from whom the children had been removed (including legal guardians). Another relative or informal support attended 63 meetings (52%). Children were included in 47 meetings (39%). DFCS case managers attended 115 meetings (94%). DFCS Supervisors attended 57 meetings (47%). Child and Family Comprehensive Assessment (CCFA) providers had representatives at 98 meetings (80%). All of these proportions are similar to or greater than those measured in Period 8, with the exception of DFCS supervisor attendance, which was lower than the 61 percent found in Period 8.¹⁸⁴ For the 29 FTMs that did not

¹⁸³ This finding serves to verify the information drawn from the county tracking systems and reported for Period 10. The tracking systems indicated that 81 percent of the children who entered custody in Period 10 had timely family team meetings, 12 percent had late meetings, and 7 percent did not have a FTM. When the sample's statistical margin of error is considered (+/-6%), this information is comparable. The tracking systems indicated that 81 percent of the children who entered custody in Period 10 had timely family team meetings, 12 percent had late meetings, and 7 percent did not have a FTM.

¹⁸⁴ The margin of statistical error for the entire sample for Period 8 was 6.5% and in Period 10 it was 6%. When these different margins of error are factored into the analysis, the differences between the two periods could be attributed to practice differences.

have birth parents or relative caregivers in attendance, file documentation indicated that efforts were made to encourage their attendance in 19 cases (66% of 29 meetings). For 10 meetings (34% of 29), reviewers were unable to determine if the non-attending parents/caregivers had been informed of the meeting or encouraged to attend. In addition, reviewers were unable to determine if non attending parents/caregivers had been informed of the determinations made at these meetings.

- 109 of 122 meetings (89%) discussed family and child needs. Family and child strengths and goals were discussed in 106 of 122 meetings (87%). Placement arrangements were discussed in 59 meetings (48%).
- 100 of 122 meetings (82%) determined that further evaluations of children and or caregivers were needed; 90 meetings (74%) made determinations about service needs. None of the meetings determined that the child could safely be returned home at the time of the meeting. Another 48 meetings (39%) identified an appropriate relative with whom the child could be placed. Family visitation was determined in 64 meetings (52%). Twenty-one meetings (35% of the meetings held on behalf of the 60 school-aged children in the sample) had documentation about what was needed to ensure the child remained in the school he or she had been attending or enrolling the child in a school near the foster placement.

b. Initial Health Screenings

In the sample of 125 children, 92 (74%) had documented health screens within 10 days of entering care. In total, when the ten-day time frame is relaxed, 123 children (98%) received an initial health screen. For those not meeting the ten-day time frame, the elapsed time ranged from 11 to 42 days. This performance is similar to the Period 8 performance of 72 percent and 95 percent, respectively. However, 39 percent of the 123 health screens were missing documentation of one or more components of an EPSDT exam and reviewers were unable to determine if the exams had all the EPSDT exam components for another 12 percent of the children. The component most often missing was the procedure of drawing blood and subsequent lab testing, 18 percent of the cases were missing documentation for this component. Approximately 10 percent of the cases were missing documentation of height and weight measurements that are used to calculate a Body Mass Index (BMI). Some case files were also missing documentation of vision/hearing testing (8 files), blood pressure readings (10 files), and immunizations (6 files). When the compliance or missing components could not be determined, it was usually because the documentation found in the file was simply a note signed by medical personnel stating that the child had been examined and was in good health.

Among the 123 children who received initial health screens, 56 (46%) had identified health needs. Forty-two of the 56 children (75%) had all their needs met or treatment was scheduled

during the first 90 days. This is a lower proportion than the 85 percent found in Period 8.¹⁸⁵ Eleven children were having some of their needs met and three children did not appear to be having any of their identified needs met. The unmet needs for the 14 children were primarily follow-up appointments for:

- Additional vision screening with an optometrist/ophthalmologist (7 children); or
- Tuberculosis test readings (5 children);
- Consultations with urologists, gynecologists, and/or Ear, Nose, and Throat specialists (4 children); or
- Other tests or follow-up needs (3 children).

c. Initial Dental Screenings

In the sample of 125 children, 60 children (48%) had a documented dental screen within 10 days of entering foster care. The total proportion receiving an entry dental screening within any timeframe was 94 percent. This performance is a considerable improvement over the Period 8 performance of 27 percent and 72 percent, respectively and the difference may be attributable to improved practice. Seven of the eight children who did not have documentation of a dental screening were about 18 months of age or younger when they entered DFCS custody. According to the Consent Decree, these very young children (up to age 3 years) are to receive a “gum check” as part of their physical health screen. The eighth child was an older adolescent who was placed in a Regional Detention Center upon entering foster care. Reviewers did not find documentation that the dental screens had all the EPSDT components for 25 children. Fluoride treatment was not documented for 22 children (19% of 117). Other missing components included x-rays or cleaning. In another 16 records, there was insufficient documentation to determine if anything was missing.

Among the 117 children with documented initial dental screens, 44 (38%) had dental health needs identified. This is about the same proportion with identified dental needs as the 30 percent found in Period 8. Twenty-eight of the 44 children (64%) had all their needs met or treatment was scheduled during the first 90 days. This is a higher proportion of children with needs met than the 54 percent found in Period 8.¹⁸⁶ The unmet needs of 16 children were similar to the unmet needs in Period 8 and included:

- Fillings or teeth restoration/ extractions (11 children);
- Root canals (3 children); or
- Wisdom teeth extraction or orthodontic evaluation (2 children).

¹⁸⁵The respective margins of statistical error for Period 8 and Period 10 somewhat temper these findings. In Period 8 the subsample of 41 children with identified health needs would have had a margin of statistical error of +/-14%. In Period 10, the margin of statistical error for a similar subsample of 56 is +/-11%. When these different margins of error are factored into the analysis, the differences between the two periods could be attributed to random sampling error/

¹⁸⁶ The respective margins of statistical error for Period 8 and Period 10 temper these findings. In Period 8 the subsample of 28 children with identified dental needs would have had a margin of statistical error of +/-18%. In Period 10, the margin of statistical error for a subsample of 44 is +/-13%. When these different margins of errors are factored into the analysis, the differences between the two periods could be attributed to random sampling error

d. Multi-Disciplinary Team Meetings

The case record review found 73 of 125 children (58%) had a Multi-Disciplinary Team Meeting (MDT) within 25 days. In total, when the 25 day time frame is relaxed, 99 children (79%) had an MDT. While the proportion of timely MDTs is similar to the 53 percent measured in Period 8, number of children with an MDT at any time declined from the 85 percent in Period 8.¹⁸⁷ As described later in this report, there was also a decline in the documented Comprehensive Child and Family Assessments (CCFAs). MDT documentation is often a part of the CCFA, thus when the file lacks documentation of a CCFA, it is also likely to lack documentation of an MDT. In some cases that were missing actual documentation of the MDT, case managers did provide sufficient description of the meetings in their contact narratives to support that the activity took place.

As reflected in Table 5, the most frequent recommendations that emerged from the documented MDTs focused on the services needed (77) and issues identified in Family Team meetings (66). Accordingly, the most frequently documented action following the MDT was service referrals.

After reviewing this performance with the Counties, the Accountability Agents believe there may be a few reasons for the decline observed in Period 10. First, the counties have identified gaps in their processes for referral, receipt, and documentation of CCFAs and recording MDTs. They have determined that eliminating these gaps will require holding private providers accountable for timely response to referral; eliminating confusion as to what providers are to submit for payment– electronic or paper versions of completed assessments; and clarifying the office routing process once the information is received. Finally, the counties are moving to “paperless” files and the case record review is seeing an increasing number of files that are referred to as “SHINES only.” This means that the electronic documents in SHINES are the only available documents; there are no companion paper files that could contain additional information. This practice is appropriate, however it is critically important for the counties to scan and upload documents into the electronic files in a timely manner to ensure records have the most complete information possible for permanency and service planning. The Accountability Agents found examples of documentation not being scanned into SHINES for up to nine months after the action. In interviews with case managers, the Accountability Agents have learned that not all case managers have readily available scanning capacity and, therefore, cannot easily upload paper documentation into SHINES. During Period 12 the counties began an examination of processes and practices in the first 90 days to determine how they might streamline activities and ensure the documentation is in SHINES.

¹⁸⁷ The margin of statistical error for the entire sample for Period 8 was 6.5% and in Period 10 it was 6%. When these different margins of error are factored into the analysis, the differences between the two periods could be attributed to random sampling error. .

Table 5
Recommendations Made by Multidisciplinary Team Meetings
Between July-December 2010
n= 99 except where otherwise noted

Recommendation Subject	Meeting Recommendation	
	Number	Percent
Appropriateness of child's permanency goal	40	40%
Services needed	77	78%
Implementing Assessment recommendations	25	25%
All or Some Issues identified in Family Team Meetings	66	67%
Appropriateness of the child's education (n=50 age 7 or older who had MDTs)	8	16%
Appropriateness of the child's independent living plan (n= 23 age 14 or older who had MDTs)	5	22%
Other issues	9	9%
No recommendations	12	12%

Source: Case Record Review, May-June 2011

e. Initial Mental Health/Developmental Assessment

The Consent Decree requires that all children under the age of four years receive a developmental assessment within 30 days of entering foster care in compliance with EPSDT standards.¹⁸⁸ All children four years of age or older are to receive a mental health screening within 30 days of placement in compliance with EPSDT standards.¹⁸⁹

As indicated in Table 4, 52 children in the foster care sample of 125 children were younger than age four. Among the 52 children, 47 (90%) had developmental assessments; 35 assessments (67%) were completed within 30 days and 12 assessments (23%) were completed between 31 and 80 days. This performance is an improvement over the Period 8 performance when 75 percent of the children in the sample received a developmental assessment (with 58 percent receiving them timely).¹⁹⁰ All five children who did not have a documented developmental assessment were 13 months or younger. Thirty-nine (83%) of the assessments appeared to comply with EPSDT standards. Documentation was insufficient in eight cases to determine if the assessments were missing an EPSDT requirement.

¹⁸⁸ See p. 20, paragraph 6A.3 of the Consent Decree.

¹⁸⁹ See p. 20, paragraph 6A.3 of the Consent Decree.

¹⁹⁰ The respective margins of statistical error for Period 8 and Period 10 temper these findings. In Period 8 the subsample of 48 children under the age of 4 would have had a margin of statistical error of +/-13%. In Period 10, the margin of statistical error for a subsample of 52 is +/-12%. When these different margins of error are factored into the analysis, the differences between the two periods could be attributed to random sampling error

Among the 47 children with documented developmental assessments, 21 children (45%) had developmental needs identified. For one child, the identified need was a follow-up assessment in six to nine months and this time frame was outside the period under review. Fifteen of the remaining 20 children (75%) had all their needs met within the first 90 days or were scheduled to receive services or treatment. Five children had some unaddressed needs in the first 90 days. The unmet needs of the five children included: scheduling further evaluation and/or treatment, speech therapy, and physical therapy. These findings are similar to the proportion of children with all developmental needs met in Period 8.¹⁹¹

As shown in Table 4, 73 children in the foster care sample of 125 children were age 4 or older. Among these 73 children, 70 (96%) had completed mental health assessments or were under psychiatric care when they entered, 38 were completed within 30 days (52%) had mental health assessments completed within 30 days and 24 (33%) had them completed in 31 to 103 days; five had them completed during a previous foster care episode, with the elapsed time between their previous assessment and their re-entry ranging from 2 to 12 months; two children were under psychiatric care; and one youth had an assessment completed at a Regional Youth Detention Center the day before entering DFCS custody. This performance is similar to the Period 8 performance when 90 percent of the children received mental health assessments (with 56 percent receiving them timely).

Among the 70 children with documented mental health assessments, 63 (90%) had mental health needs identified. Thirty-eight of the 63 children (60%) had all their needs met or were scheduled to receive services or treatment. The remaining 25 children required one or more services. The distribution of needed services is provided in Table 6. These findings are generally similar to the proportions of met and unmet needs found in Period 8.¹⁹² In Period 8,

¹⁹¹ In Period 8 the subsample of 47 children under the age of 4 would have had a margin of statistical error of +/- 13%. In Period 10, the margin of statistical error for a subsample of 52 is +/-12%. When these different margins of error are factored into the analysis, the differences between the two periods could be attributed to random sampling error.

¹⁹² In Period 8 the subsample of 74 children age of 4 or older would have had a margin of statistical error of +/-10%. In Period 10, the similar subsample had a margin of statistical error for a subsample of 70 is +/-10. When these different margins of error are factored into the analysis, the differences between the two periods could be attributed to random sampling error.

Table 6
Frequency of Needed Services
n=25

Type of Service Needed	Number of Children in Need of Service
Individual counseling/therapy	8
Family therapy with parent	12
Further evaluation (cognitive abilities; learning disorders, school progress)	5
Substance abuse treatment	5
Group therapy	4
Medication management	2
Behavior Management Therapy	4
Other services	3

Source: Case Record Review, May-June 2011

f. Comprehensive Child and Family Assessments

According to the case record review, 101 (81%) of the 125 children in the sample had a documented Comprehensive Child and Family Assessment (CCFA). Fifty-three CCFAs (42% of 125) were completed within 30 days. Another 48 children had completed CCFAs after 30 days or the timeframe for completion could not be determined from the file documentation. As with the previously discussed MDT performance, the measured proportion of completed CCFAs in Period 10 is lower than the 90 percent measured in Period 8 and the difference cannot be attributed to random sampling error. As also previously noted, the most likely reason for the decline in performance is the switch to “paperless files.” The family assessment was included in 95 (94%) of the 101 completed assessments. Fifty-three completed CCFAs (52%) included completed health checks. Fifty –three completed CCFAs (53%) addressed the appropriateness of the child’s placement, and in some cases made recommendations pertaining to placement moves. Finally, 43 (43%) had information from the FTM and 46 (46%) had MDT reports.

g. Initial Case Plans

Among the sample of 125 children, 83 children (66%) had an initial case plan developed within 30 days. Another 22 children (18% of 125) had case plans developed between 31 and 45 days. Sixteen children (13%) had case plans developed after 45 days and four children (3%) did not have a case plan developed. In all, 91 percent of the children in the sample had completed case plans within 60 days of entering DFCS custody, similar to the 94 percent found in Period 8, despite the lower measured proportion of completed MDTs and CCFAS.

h. Case Manager Visitation with Children in the First Eight Weeks of Placement

The Consent Decree stipulates a frequent case manager visitation schedule for the first eight weeks of every new placement a child experiences.¹⁹³ Children are to have at least one in-placement visit in the first week and one in-placement visit between the third and eighth week with six additional visits at any time within the eight week period. In practice, this represents weekly visitation for eight weeks.

Among the 125 children in the sample, 74 (59%) received at least one in-placement visit in their first week of placement. This is an improvement over the 48 percent measured in Period 8.¹⁹⁴ Another 29 children (23%) had at least one visit in their first week of placement but it did not occur where they were placed; it occurred in school, day care, or a court setting. Overall, therefore, 103 children (82%) were visited by their case managers in the first week of placement. Case managers were able to have private conversations or observations (if child was an infant) with 91 of the 103 children in a first week visit (73% of 125). Table 7 summarizes the visit pattern children in the sample experienced in the in the first week in custody.

Table 7
Pattern of Case Manager Visits with Children
in the First Week of Foster Care Placement
n=125

	Number of Children	Percent
At least one visit in the placement setting in week one	74	59%
At least one visit in a non-placement setting in week one	29	23%
Total number of children with at least one visit in week one	103	82%
At least one visit with a private conversation/observation in week one	91	73%

Source: Case Record Review, May-June 2011

After the first week, 80 children (64%) remained in the same placement their entire first eight weeks in custody and 35 children (36%) experienced more than one placement in their first eight weeks of custody.¹⁹⁵ All of these children should have had eight visits in the first eight weeks. Three children (2%) were on runaway status one or more weeks of their first eight weeks in custody. They should have received a weekly visit each week they were in a

¹⁹³ See p. 19, paragraph 5D.1 of the Consent Decree

¹⁹⁴ The margin of statistical error for the entire sample for Period 8 was 6.5% and in Period 10 it was 6%. When these different margins of error are factored into the analysis, the differences between the two periods could be attributed to practice differences.

¹⁹⁵ Of the 35 children, 27 experienced two placements, 14 experienced three or more placements in the first 60 days of foster care and four children experienced more than three placements.

placement. Table 8 provides further detail of the visit frequency children in the sample experienced in the first eight weeks in custody.

As shown in Table 8, among the 125 children in the sample, between the third and eighth week, virtually all children (98%) had at least one in-placement visit and for the same proportion, the visit involved a private conversation or observation. Sixty-two children (50%) had eight or more visits with their case managers in the first eight weeks.¹⁹⁶ This is more than double the 21 percent measured in Period 8 who had eight or more visits in the first eight weeks.¹⁹⁷ One third of the children (40) had 9 to 13 visits in the same period. In Period 10, two-thirds of the children had at least seven visits in eight weeks compared to 39 percent in Period 8.

Table 9
Pattern of Case Manager Visits with Children
in the Eight Weeks of Foster Care Placement
n=125

	Number of children	Percent	Cumulative Percent
At least one in-placement visit between the third and eighth week	122	98%	
At least one visit between the third and eighth week that had a private conversation/observation between case manager and child	123	98%	
Visit frequency over the eight weeks			
8 visits or more in first 8 weeks	62	50%	
7 visits in 8 weeks	22	18%	67%
6 visits in 8 weeks	15	12%	79%
5 visits in 8 weeks	14	11%	89%
Fewer than 5 visits in 8 weeks	12	10%	100%

Source: Case Record Review, May-June 2011.

As previously noted, the case manager visitation pattern is a marked improvement over the Period 8 performance. The Accountability Agents believe this performance may be helping to keep children safer in care as it may be related to the reduced rate of maltreatment in care (Outcome 5) measured in Period 10. The relationship between intensive case manager visits in the first eight weeks of a new placement setting for a child and the maltreatment in care rate is one that the Accountability Agents will continue to explore with the counties.

¹⁹⁶ The analysis was adjusted for the three runaways to include only the weeks they were not on runaway status, two children were on runaway status one week and one child was on runaway status two weeks

¹⁹⁷ The margin of statistical error for the entire sample for Period 8 was 6.5% and in Period 10 it was 6%. When these different margins of error are factored into the analysis, the differences between the two periods could be attributed to practice differences.