



PERIOD 12 MONITORING REPORT

Kenny A. v Perdue

July 1 to December, 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 twelfth report prepared by the Accountability Agents for the *Kenny A. v Perdue* Consent Decree. This report reviews the State Defendants' progress from July 1 through December 31, 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 Agents' 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 12 are similar to those employed in all previous reporting periods. As in previous periods, several sources of information and data collection methods have been used to produce the analyses presented in this report. These methods include two randomly drawn samples; one of all children in DFCS custody between July 1 and December 31, 2011 and the other of all licensed foster homes active in the same time period. All maltreatment in care investigations completed between July and December 2011 were reviewed. Appendix B has a full description of the methodology for Period 12. 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 led 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 12 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 12. 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 12 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 12 performance related to Outcomes 4, 8, 9, 10, 11, 14, 15, 16, 19, 21, 23, 27 and 28, focused on maintaining and achieving permanent family connections for children in State custody.

Part V, Children's Well Being in Care includes an assessment of the State's Period 12 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 12 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 July 1 and December 31, 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.

Part II CONCLUSIONS AND RECOMMENDATIONS

During the July 1 to December 31, 2011 period covered by this report, the State's performance continued at virtually the same level as Period 11. The most significant achievement was the adoptions of 31 children within 12 months of their becoming legally free for adoption (Outcome 11). In almost every other area, there was neither a significant improvement nor a serious decline. Fifteen of the remaining 29 outcomes measured were achieved this period; 13 of the 15 have consistently been achieved for at least three consecutive reporting periods. Most of these achieved outcomes focus on maintaining or finding permanent families for children. The State is to be commended for maintaining high standards in these areas. However, the State also continued to fall short of nine of the 29 outcomes measured while performance on seven outcomes continued to fluctuate, meeting or exceeding the Consent Decree standards in one or two periods and missing the mark in others. Of most concern to the Accountability Agents is the State's performance in the areas of safety and child well-being. The challenge for the State and Counties continues to be sustaining high levels of achievement on the Outcomes that have been attained while improving performance in the remaining areas.

Based on their assessment of the State's Period 12 performance, the Accountability Agents commend the State's attention to two safety issues identified in Period 11: ensuring allegations of maltreatment in care are properly handled and timely initiation of maltreatment-in-care investigations. Although progress has been observed on the former, the latter appears to have stagnated at a level below the compliance threshold. The Accountability Agents believe both issues require the State's ongoing attention to ensure that children in substitute care are safe in their placements. In addition, the Accountability Agents continue to recommend attention to the ongoing problem of meeting the identified service needs of children in care, recruiting and supporting a high quality pool of foster parents to keep pace with the needs of the children entering care, and improving records management practices to support timely and complete documentation of casework activities.

The remainder of this chapter highlights the State's major accomplishments in Period 12, 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 11 performance.

A. Major Accomplishments

- *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 July 1 and December 31, 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.¹ The State surpassed the standard with **84 percent** of the eligible children achieving permanency through timely adoption. It is the State's best performance on this outcome to date.

B. Program and Performance Trends

Safety Trends

- *Stagnant Child Safety Indicators (Outcomes 1, 2, 3 and 5).*

In Period 12, the State's maltreatment-in-care rate (Outcome 5) was **0.58 percent**, failing to meet the Consent Decree's preeminent child safety standard (set at 0.57%) for the first time since Period 9. The State also failed to meet the Consent Decree's other child safety standards related to the timely initiation of investigations (Outcome 1), timely completion of investigations (Outcome 2), and timely interviewing of alleged victims (Outcome 3). Outcome 1 performance was **94 percent** (the standard is 95%); Outcome 2 performance was **81 percent** (the standard is 95%); and Outcome 3 performance was **93 percent** (the standard is 99%). These measures appear to have stagnated at the Period 11 level, representing an end to the pattern of fairly steady improvements observed in Periods 5 through 10.

However, this performance plateau should be considered in the context of the overall maltreatment-in-care investigation workload. Between Periods 11 and 12 the State experienced an increase in the number of maltreatment-in-care investigations and the number of alleged victims of maltreatment in care of a magnitude unprecedented since the advent of the Consent Decree. Against the backdrop of this increase, the State's flat performance on Outcomes 1, 2 and 3 may be a better result than it appears on its face.

- *Fewer Screen-outs Means More Investigations.*

In Period 11 the Accountability Agents identified a number of screened-out CPS reports that appeared to meet the policy standard that **should** have triggered a full CPS investigation.² The concern that maltreatment-in-care reports were inappropriately being screened-out was raised with the DHS leadership and with Plaintiff's Counsel and the issue was the focus of several G2 Meetings, which included a review of DFCS Policy on screen-outs and small-group exercises on discerning the types of reports that could be properly screened-out and those that required a full investigation. Although these interventions did not take place until the middle of Period 12, the early results are encouraging.

¹ See p. 34, Outcome 11 of the Consent Decree.

² See Dimas, J.T. and Morrison, S.A. *Period 11 Monitoring Report, Kenny A. v. Perdue*, December 2011, pp.155-156.

In Period 12, the rate of screen-outs dropped from 55 percent to less than 40 percent, and the rate of “questionable CPS screen-outs” identified by the Accountability Agents, while still too high, was about half that observed in Period 11. However, a consequence of screening-out fewer maltreatment-in-care reports is that more such reports must be investigated. Hence the increase in the maltreatment-in-care investigation workload described above, which rose from 60 in Period 11 to 84 in Period 12 – or 40 percent.

- *Progress in Remediating Incomplete CPS History Checks.*

In Period 11 a number of foster homes in the sample of 160 were found to have incomplete CPS history checks in their records. The Accountability Agents brought this finding to the attention of the State and of Plaintiff’s Counsel and in response, the State agreed to take a number of remedial actions including the complete rescreening all 1847 CPA and 2069 DFCS approved foster homes. These efforts appear to be having the intended effect. In Period 12, one home in the sample of 160 (1%) was found to have a prior substantiation of maltreatment and to be open during the reporting period. This home was closed because its substantiated CPS history was detected during the re-screening effort. In Period 11, four such homes were identified (3% of the sample).

The status of the remedial actions and policy changes the State agreed to take is summarized below.

- **Action:** Complete rescreening of all 1847 Child Placing Agency (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.
Status: Rescreening of the 381 CPA homes with a class member child in placement was completed in March 2012. Re-Screening of all 702 foster homes in Fulton and DeKalb Counties (DFCS and CPA-supervised homes) will be completed by June 30, 2012. Re-Screenings of the remainder of all CPA and DFCS foster homes in the State will be completed by December 31, 2012.
- **Action:** 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.
Status: The new policy is being developed. Statewide release will occur before the end of September 2012.
- **Action:** Create a State Office CPS Screening Unit, to process all requests for CPS history for CPA and DFCS foster homes.
Status: The new CPS Screening Team (CPSST) was established and fully staffed as of March 16, 2012. The CPSST is responsible for all initial CPS history checks for all

prospective CPA and DFCS foster parents. The CPSST is also completing all CPS history re-screenings for all CPA and DFCS foster homes.

- **Action:** 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.

Status:

- The CPSST is responsible for screening and assessment of both prospective caregiver applicants and re-screening of existing caregivers at 5 year intervals.
 - At the completion of the initial approval screenings, CPA's are provided with a letter indicating whether or not that family is approved to proceed in the process.
- ***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, 156 (98%) did not have a confirmed instance of the use of corporal punishment in the previous 12 months. The standard for Outcome 6 requires that 98 percent of foster homes be without an incident of corporal punishment within the previous 12 months.

Permanency Trends

- ***The Number of Children Entering Care Declined but Remained Higher than in Previous Periods.***

Although the number of children entering foster care in Period 12 was smaller than that observed in Period 11, it was larger than the number of entrants in Periods 8, 9, or 10 (July 2009-December 2010). In Period 12, 561 children entered care compared to 584 in Period 11. Entries declined in the three periods before Period 11, never exceeding 486. Despite the smaller number of entrants to care, the total number of children in custody during the six-month period increased by about two percent.

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

Period 12 performance was nearly the same as that observed in 11 for maintaining sibling connections. As in Period 11, the State fell short of the performance standard for placing siblings together but was able to maintain a high standard of frequent visiting among separated

siblings. In Period 12, 262 children entered foster care with one or more siblings who did not need special separate placements. The State placed together **74 percent** of the 262 children, falling short of the Outcome 16 threshold of 80 percent. This is the same proportion as measured in Period 11. 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 12, **94 percent** of the required monthly visits among separated siblings occurred. This proportion compares to 95 percent in Period 11.

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

Period 12 performance in achieving permanency for children entering care within the last two years was similar to that of previous periods. By the end of Period 12, 14 percent of the children entering care in the last six years remained in foster care on December 31, 2011. In addition, half of the children remaining in care had been in custody 10 months or less. However, there was a decline in achieving permanency for children with the longest stays in foster care, those who entered foster care before the Consent Decree.

Performance specifics include the following:

- **55 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.
- **62 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.
- **9 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 12, 23 children remained in this cohort.)
- **6 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 12, 27 children remained in this cohort.)

In addition, the State undertook a special "entry cohort" analysis at the request of the Plaintiffs' Counsel.⁴ In part, this analysis considered the permanency results over 24 months for three separate cohorts of children: all those who entered foster care in Periods 6, 7 and 8. The analysis measured the proportion of children entering care in each of the designated periods that achieved one of the Outcome 8 stipulated permanency outcomes within 24 months of entry.

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.

⁴ Email correspondence from Laurence D. Borten, Children's Rights to Mark Cohen, Special Counsel to The Department of Human Services, February 17, 2012.

The analysis revealed that the State's performance improved over time for each of the cohorts. That is, 66 percent of the children who entered custody in Period 6 had achieved one of the stipulated permanency outcomes within 24 months; 70 percent of those entering custody in Period 7; and for those entering in Period 8, 75 percent had achieved permanency within 24 months.

- *The Proportion of Children Entering Foster Care Who Had a Recent Previous Foster Care Episode Remained About the Same (Outcome 4).*

The State fell just shy of the Outcome 4 standard stipulated in the Consent Decree for the rate of re-entry to care. In Period 12, **8.7 percent** of the children who entered foster care had experienced a previous foster care episode within the prior 12 months, falling short of the standard of 8.6 percent which was achieved in Period 11. As pointed out in Period 11, however, performance on this outcome is influenced not only by practice and decision making about discharging or retaining custody of children but by the number of children entering foster care. The number of children who re-entered care within 12 months in Period 12 was 49 compared to 50 in Period 11. The difference in the rate between the two periods is a function of the larger denominator (number of total children entering care) for the re-entry rate calculation.

- *Nearly All Children Continued to be Placed in Care Settings Close to their Homes (Outcome 19).*

For the eleventh 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 12, the State again placed **98 percent** of the children sampled within the proximity guidelines.

- *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 sixth consecutive period (since December 2008), the State surpassed the Outcome 21 threshold. **Eighty-six percent** of the children with the goal of reunification in the sampled foster care case records had visited appropriately with their parents.

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

For the seventh consecutive reporting period (since July 2008), the State met or surpassed the Outcome 15 threshold.⁵ Among the 581 children who, during Period 12, reached or had surpassed their 15th month in custody out of the last 22 months and were not living with relatives, **98 percent** 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 Remained About the Same as in Period 11 (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;⁶ 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.⁷ 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 12, the State's performance was similar to Period 11 on both Outcomes 27 and 28. However, in Period 12, the Outcome 28 performance improved sufficiently to meet the established standard. For Outcome 27, **88 percent** of the children in the foster care sample received a timely sixth-month case plan review or petition for one. For Outcome 28, **95 percent** of the children in the foster care sample received timely permanency reviews or petitions for one.

Well-Being Trends

- *Case Manager Continuity Improved (Outcome 18).*

By the end of Period 12, the State improved the case manager continuity children in care experienced. In Period 12, **92 percent** of the children in custody on December 31, 2011 had two

⁵ 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.

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

⁷ See p. 9, paragraph 4B.10, and p.37, Outcome 28, of the Consent Decree.

or fewer case managers in the previous 12 months. This performance exceeds the Consent Decree standard of 90 percent for Outcome 18 and is an improvement over Periods 10 and 11.

- *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 **97.5 percent** of the required twice monthly visits with children and **98.1 percent** of the required monthly private visits with children. Furthermore, they made **97 percent** of the required monthly visits to substitute caregivers. In all instances, this performance exceeded the revised Consent Decree standards for the third consecutive period.

- *The Proportion of Children Experiencing Stability in Their Living Arrangements Improved But Still Fell Short of Established Standard (Outcome 17).*

In the sample of foster care cases reviewed, **93 percent** of the children experienced two or fewer placement moves in the 12 months prior to December 31, 2011 or their last date in custody. This is a modest improvement from the Period 11 performance of 90 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 12 marked the fourth 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 surpassed this standard for Period 11 with **99 percent** of foster placements serving class member children in “full approval and/or licensure status.” Period 12 represents the sixth 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 14 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 12, less than **1 percent** of all foster family home placements serving class member

children exceeded these standards. Period 11 was the eleventh 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 ninth 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 12, **3 percent** of the children in the foster care sample appear to have had a lapse of legal custody within the prior 13 months.

- *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.⁸ For Outcome 26, **91 percent** of the children in the Period 12 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 12 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 57 percent or better in Period 12.

- **Caseloads Remained Within the Established Caps for Over 90 Percent of Case Managers.**

In December 2011, **91 percent** of the case managers were at or below the Consent Decree designated caseload caps or DFCS policy requirements. While better than many of the earlier reporting periods, this represented a decline from Periods 11 and 10 when 99 percent and 98 percent of case managers, respectively, had caseloads at or below the established standards. This decline is mostly the result of caseloads exceeding the standards in child protective services investigations and specialized foster care. Both of these areas have a standard of 12 cases per case manager and 15 percent of the caseloads in each of these areas exceeded this standard.

C. Recommended Priorities for State Attention

The Accountability Agents wish to recognize the State's accomplishments and continued strong performance in a number of areas evident in Period 12. However, several items represent

⁸ See pp 36-37, Outcome 26 of the Consent Decree.

ongoing challenges and on some of these challenges, the State has struggled to establish meaningful traction. 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 five previously identified priorities to the State's attention.

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

The Accountability Agent's Period 11 report flagged as a priority for State attention an increasing number of screened-out reports of maltreatment-in-care, and the concern that a sizable proportion of these reports appeared to meet the criteria that should have triggered a full CPS investigation. As referenced in the earlier discussion of Safety Trends, the State and Accountability Agents conducted training on this issue through the standing G2 meetings and the early results of that intervention have been encouraging. The percentage of maltreatment-in-care reports screened out, and the proportion of those screen-outs regarded as "questionable" declined substantially in Period 12. However, most of the decline came from DeKalb and Fulton Counties – the counties that had been exposed to the training. Most of the "questionable" screen-outs identified in Period 12 were screened out by perimeter counties. The State is urged to make the training curriculum on maltreatment-in-care report screen-outs part of the ongoing training conducted for perimeter county staff, and to remain vigilant to ensure that all referrals that contain allegations of maltreatment are properly investigated.

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.

2. Improve Timely Initiation of Maltreatment-in-care Investigations (Outcomes 1 & 3).

The State commenced **94 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 only the second time in the last seven reporting periods (3.5 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. After this issue was flagged in the Period 11 report, the State convened a CPS workgroup to identify the causes of delay in initiating investigations. The State is urged to review the information produced by that workgroup, to make a similar effort to understand the issues that resulted in the missed response times that occurred in Period 12, and to closely

monitor compliance with the Outcome 1 and 3 requirements on an ongoing basis to ensure staff feel accountable for timely initiating investigations.

3. 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 12, the State met all the plan-identified service needs for **75 percent** of the children in the sample of foster care cases reviewed. This was a modest decline from the achievement of 77 percent and 78 percent, respectively, in Periods 10 and 11.

The Accountability Agents' recommendations for improving performance on this outcome remain unchanged from Period 11 and earlier. The State is encouraged to hold staff and providers accountable for the following:

- Capturing the opportunity available through existing practices and strategies (these include supervisory reviews, twice-monthly visits with children, monthly visits with caregivers, and twice-yearly case plan reviews) to reflect on children's progress and needs and to ensure an appropriate, timely response to those needs.
- Consistently reviewing and acting upon the information received from completed assessments and conversations with providers and substitute caregivers.
- Timely and complete documentation of completed health and dental assessments.

In addition, there may be confusion as to what role members of a child's service team (case managers, supervisors, providers, and substitute caregivers) are to play in ensuring the child's needs are met and information documenting the activity is captured in SHINES. Currently, case managers, providers and caregivers may expect or assume that others are taking the initiative to make follow-up appointments. Expectations need to be clearly established and enforced as to who is to receive information from follow-up appointments and when and how information on the results of such appointments is to make its way back into the child's record. The State is encouraged to undertake a collaborative effort with case managers, supervisors, providers, and substitute caregivers to define "ownership" responsibility for following up on identified needs and for information sharing, and to promulgate the product of such an undertaking as a binding set of expectations incumbent on all system partners.

4. Improve the Availability of Appropriate Foster Homes

During Period 12 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 provider agencies also appear to be losing capacity.

A larger number of homes in and of itself, however, is not the solution. The *right* kinds of homes are needed, and they must be matched with the needs of the in-care population and those likely to enter care. For example, 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.

Although the reduced number of children in custody over the last few years has kept the demand for foster homes lower than a study completed several years ago projected, the stubborn rate of placement disruptions underscores that there may be a mismatch between the existing foster home stock and the needs of children currently entering care. This is a problem without easy solutions, but it is also a problem that is likely to grow more acute over time. The State is encouraged to embrace the likelihood that the situation that will continue to deteriorate, and to accord the highest priority to achieving a healthier balance between the types of foster homes needed and those available.

5. Improve Electronic Records Management and Quality

The Accountability Agents continue to encourage the State to address a number of weaknesses in SHINES. As noted in Period 11, increasing reliance on SHINES for case review information and for analytical undertakings with the Counties has highlighted systemic weaknesses. The Accountability Agents urge DHS to explore and take appropriate remedial actions to eliminate the following problems that plague more effective use of SHINES:

- 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.

The cumulative effect of these problems 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 each case.

Table II-1
Kenny A. Outcomes: Progress as of December 31, 2011

Safety Outcomes Children in Foster Care are Safe From Maltreatment in Care	Period 12 Performance	Comparison to Period 11⁹
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.	94%	Similar
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.	81%	Similar
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%	Same
Outcome 5: No more than 0.57% of all children in foster care shall be the victim of substantiated maltreatment while in foster care.	0.58%	Decline
Outcome 6: 98% of all foster homes will not have an incident of corporal punishment within the previous 12 months.	98%	Similar
Permanency Outcomes Children in Placements Maintain Family Connections		
Outcome 7: At least 95% of all foster children entering care shall have had a diligent search for parents and relatives undertaken and documented within 60 days of entering foster care.	To be reported on in Period 13	
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%	Same
Outcome 19: 90% of all children in care shall be placed in their own county (the county from which they were removed) or within a 50 mile radius of the home from which they were removed, subject to the exceptions in Paragraph 5.C.4.b (ii) and (iii).	98%	Similar
Outcome 21: At least 85% of all children with the goal of reunification shall have appropriate visitation with their parents to progress toward reunification	86%	Declined within margin of error

⁹The 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 December 31, 2011

Permanency Outcomes Children in Placements Maintain Family Connections	Period 12 Performance	Comparison to Period 11
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. ¹⁰	94%	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.	8.7%	Similar
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.	55%	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.	62%	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.	9%	Declined

¹⁰ 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 December 31, 2011

Permanency Outcomes Children Achieve Permanency	Period 12 Performance	Comparison to Period 11
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.	6%	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	84%	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 ¹¹	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.	Less than 1%	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.	98%	Similar

¹¹ The children to whom this outcome applied have recruitment plans. Those who have been discharged since Period I have been included in the Outcome 9 and 10 results.

Table II-1, continued
Kenny A. Outcomes: Progress as of December 31, 2011

Permanency Outcomes Children Achieve Permanency	Period 12 Performance	Comparison to Period 11
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.	88%	Similar
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.	95%	Similar
Well-Being Outcomes Children Experience Stable Placements and Worker Continuity		
Outcome 17: At least 95% of all children in care shall have had 2 or fewer moves during the prior 12 months in custody.	93%	Improved, 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.	92%	Improved
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. ¹²	97.5%	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 ¹³	98.1%	Similar

¹²As 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.

¹³ Ibid.

Table II-1, continued
Kenny A. Outcomes: Progress as of December 31, 2011

Well-Being Outcomes Children Experience Stable Placements and Worker Continuity	Period 12 Performance	Comparison to Period 11
Outcome 22: At least 95% of the total minimum required monthly visits by case managers to caregivers during the reporting period occur. ¹⁴	97%	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.	49.1% for 2011	
Outcome 30: At least 85% of children in care shall not have any unmet medical, dental, mental health, education or other service needs, according to the service needs documented in the child's most recent case plan.	75%	Declined within margin of error
Strengthened Infrastructure Outcomes Effective Oversight of Placement Settings		
Outcome 25: At least 98% of all foster placements serving class member children shall be in full approval and/or licensure status. ¹⁵	99%	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.	91%	Similar
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.	3%	Declined within margin of error
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. ¹⁶	1%	Similar

¹⁴ 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.

¹⁵ 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.

¹⁶ 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.”¹⁷ 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 12. 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.

¹⁷ See p. 4, Principle 4, of the Consent Decree.

Table III-1
Children in Foster Care are Safe from Maltreatment: Progress as of December 31, 2011

Consent Decree Outcome	Period 12 Performance
Outcome 5: No more than .57% of all children in foster care shall be the victim of substantiated maltreatment while in foster care.	0.58%
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.	94%
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.	81%
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.	98%

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 12. 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 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.”¹⁸ The data used to measure the outcome performance are

¹⁸ 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.

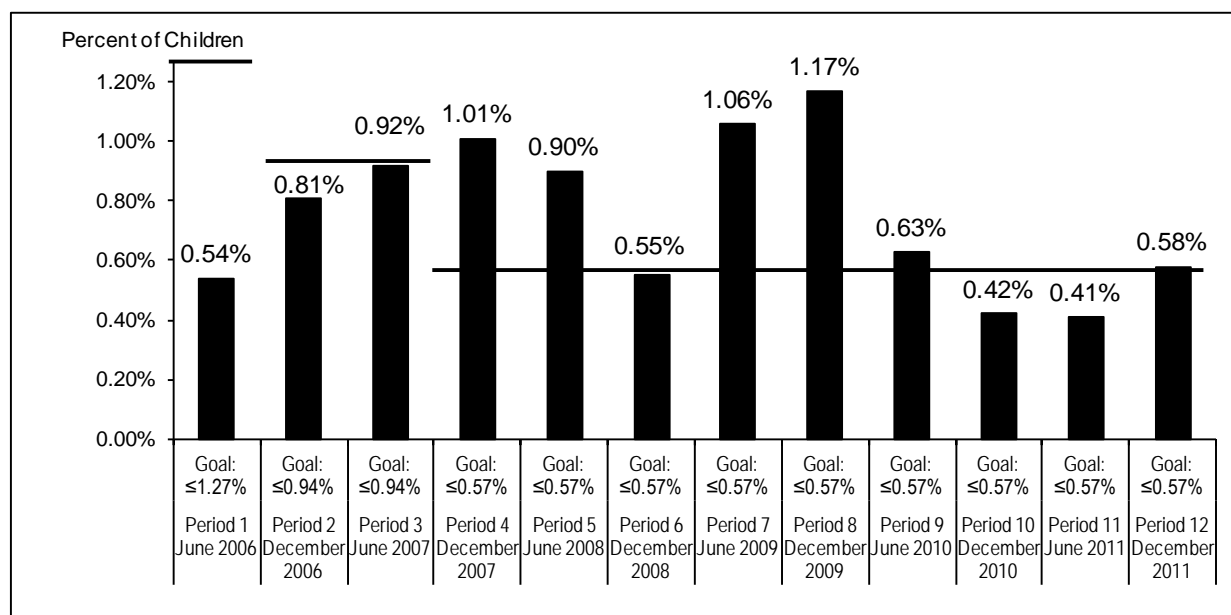
derived from a review of all 84 investigations of alleged maltreatment concerning class member children in foster care completed during Period 12 (July-December, 2011).

b. State Performance

• The State Fell Short of the Outcome 5 Threshold

The review of all maltreatment-in-care investigations completed between July 1 and December 31, 2011 found that **0.58 percent** of the children in foster care had been victims of substantiated maltreatment during that time period (Outcome 5). The Consent Decree performance threshold for Outcome 5 is not more than 0.57 percent. Although the Period 12 rate exceeded the Consent Decree standard by the narrowest of margins, it was nearly half-again as high as the Period 11 rate of 0.41 percent and represents the first time since Period 9 that the Outcome 5 standard was not attained. Figure III-1 displays the State's performance over 12 reporting periods.

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



Source: File Review of All Completed Maltreatment-in-care Investigations, October 2005 – December 2011.

In Period 12, the case record review found 11 instances of substantiated maltreatment fitting the federal definition among the 1718 children in custody at any point during the reporting period.¹⁹ This represented four additional substantiated victims of maltreatment in care

¹⁹ One child was a substantiated victim in two separate investigations completed during Period 12. Because the

compared to the seven such victims identified in Period 11 (a 57% increase); the total number of children in care increased from 1687 in Period 11 to 1718 in Period 12 (2%). The type of maltreatment substantiated for these 11 children consisted of: inadequate supervision (5 children), physical abuse (3 children), inadequate health and medical care (1 child), abandonment/rejection (1 child), and emotional abuse (1 child). During the reporting period, eight other class-member children were the victims of substantiated maltreatment that did not fit the federal definition of maltreatment in care. Four children were maltreated by relatives in whose care the children had been placed, two children were maltreated by their biological parent during a supervised visit, one child was maltreated by a police officer, and one child was maltreated by an unknown perpetrator.

The relative occurrence of maltreatment in care by placement type did not change substantially between Periods 12 and 11. In Period 12, family foster homes accounted for 64 percent (seven) of 11 substantiated victims of maltreatment in care (five in DFCS-supervised foster homes; two in provider-supervised foster homes); group homes and residential treatment facilities accounted for four substantiated victims (36%). In Period 11, family foster homes accounted for 57 percent (4) of seven substantiated victims of maltreatment in care (three in a DFCS-supervised foster home; one in a provider-supervised foster home); congregate care facilities accounted for three substantiated victims (43%).

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 each 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 84 maltreatment investigations completed during the reporting period that involved a child in the custody of DeKalb or Fulton County. This represented a forty percent increase from the 60 such reports completed during Period 11. 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

Outcome 5 measure is expressed as a percentage “...of all children in foster care...” this child is counted only once in the Outcome 5 numerator.

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 described 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 12. 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 84 investigations of alleged maltreatment of class member children in foster care completed during Period 12 (July-December, 2011).

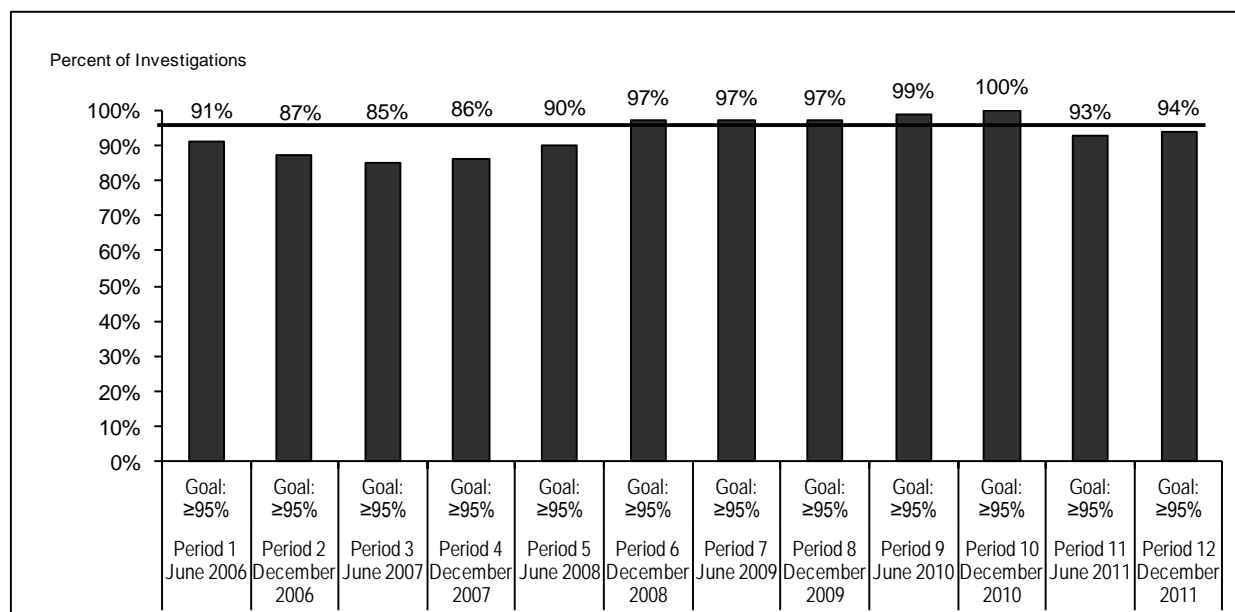
b. State Performance

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

As noted in Table III-1 for Outcome 1, **94 percent** of maltreatment-in-care investigations were commenced within 24 hours according to file review data from the universe of investigations completed during Period 12. This was similar to the Period 11 performance of 93 percent. Outcome 1 requires that 95 percent of such investigations be commenced within 24 hours; the State had surpassed that standard for five consecutive periods prior to Period 11. Figure III-2 displays the State's performance on Outcome 1 over 12 reporting periods.

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

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



Source: File Review of All Completed Maltreatment-in-care Investigations, October 2005 – December 2011.

As displayed in Table III-3, DeKalb and Fulton counties timely commenced 97 percent of the investigations they completed within 24 hours; while the 24-hour commencement rate for the SSIU and perimeter counties was 96 and 88 percent, respectively. For DeKalb and Fulton counties this represented an improvement from the Period 11 rate of 94 percent; the performance of SSIU declined from the Period 11 rate of 100 percent; and performance of the perimeter counties remained unchanged at 88 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=84

Investigating County	Commenced Within 24 Hours		Not 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	36	97%	1	3%	37	100%
Perimeter Counties	21	88%	3	13%	24	100%
State Special Investigations Unit ^a	22	96%	1	4%	23	100%
Total	79	94%	5	6%	84	100%

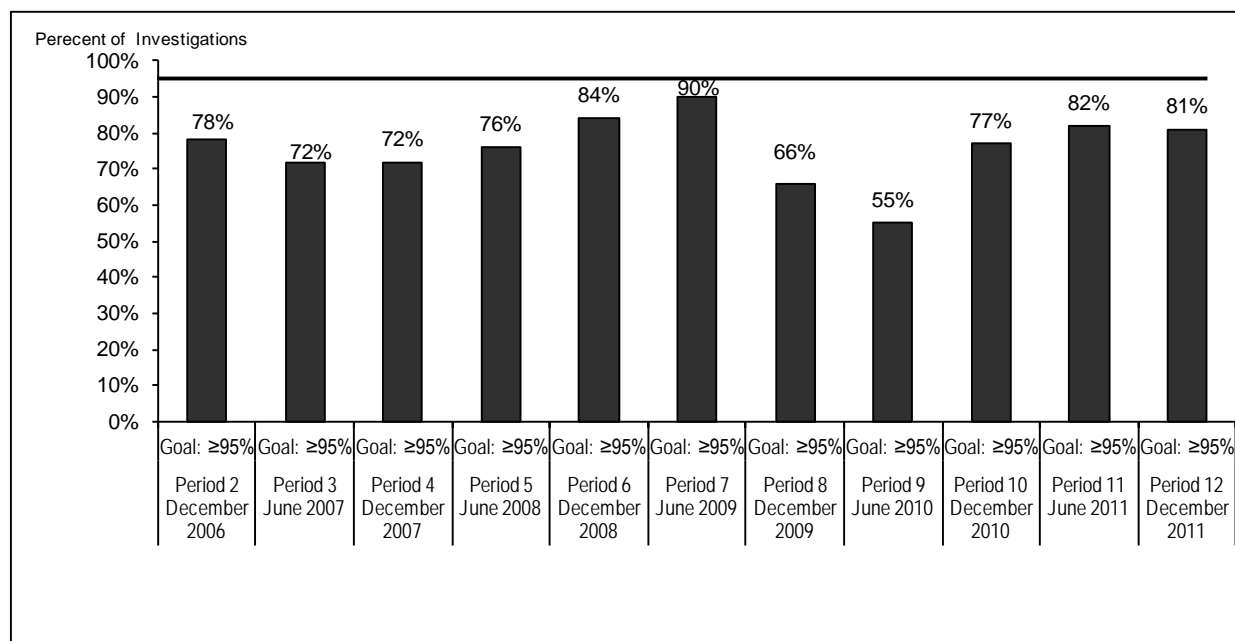
Source: File Review of All Completed Investigations, July-December 2011.

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

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

For Outcome 2, **81 percent** of maltreatment-in-care investigations (68 of 84) were completed within 30 days according to record review data from all investigations completed during the reporting period. This was similar to the Period 11 performance of 82 percent, and 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 12, 95 percent of such investigations were completed within 38 days (in Period 11 it took 40 days for 95% of such investigations to be completed). In Period 12 (as in Period 11), 98 percent of investigations were completed within 45 days.

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



Source: File Review of All Completed Maltreatment-in-care Investigations, October 2005 – December 2011.

The Period 12 performance of DeKalb and Fulton counties in completing investigations within 30 days improved substantially compared to Period 11 (from 79 percent to 92 percent) while the performance of the perimeter counties decreased significantly (from 75 to 54 percent). SSIU's Period 12 performance fell to 91 percent from 100 percent in Period 11. The Period 12 performance in completing investigations within 45 days remained at 100 percent in DeKalb and Fulton (the same as Period 11); it improved from 94 to 100 percent in the perimeter counties; while it fell from 100 to 91 percent for SSIU. The Period 12 performance of DeKalb and Fulton counties, the perimeter counties, and SSIU is displayed in Table III-4.

Table III-4
Outcome 2 – Timely Investigations
N=84

Investigating County	Completed in ≤ 30 Days		Completed in ≤ 45 Days		Total	
	Number	% of Total	Number	% of Total	Number	% of Total
DeKalb/Fulton	34	92%	37	100%	37	100%
Perimeter Counties	13	54%	24	100%	24	100%
State Special Investigations Unit ^a	21	91%	21	91%	23	100%
Total	68	81%	82	98%	84	100%

Source: File Review of All Completed Maltreatment-in-care Investigations, July-December 2011.

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

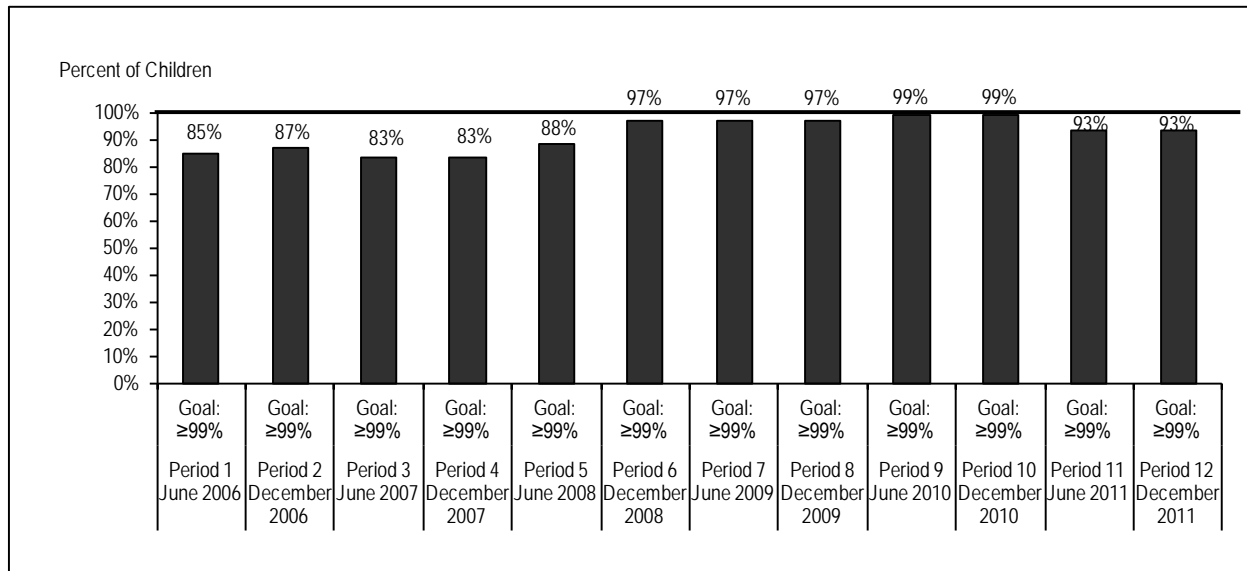
- **The State Fell Short of the Outcome 3 Threshold**

For Outcome 3, **93 percent** (108 of 116) alleged victims of maltreatment in care during Period 12 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 was the same as Period 11, which represented the State's poorest performance since Period 5 (88%). Figure III-4 illustrates the State's performance on Outcome 3 for 12 reporting periods.

The 116 alleged victims of maltreatment in care represented a sixty-eight percent increase from the 69 alleged victims reported for Period 11. In the cases they investigated, DeKalb and Fulton counties made face-to-face contact within 24 hours with 95 percent of the alleged victims, the same as in Period 11. The perimeter counties Outcome 3 performance improved to 90 percent from the 84 percent in Period 11, but the performance of the SSIU declined from 100 percent in Period 11 to 92 percent in Period 12. Period 12 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 eight alleged victims who were not seen within this time frame. Three alleged victims were in cases investigated by DeKalb and Fulton counties. Five alleged victims were in cases investigated by perimeter counties or SSIU. Of the five alleged victims for whom response time was missed by perimeter counties or SSIU, three 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
Twelve Reporting Periods of State Performance on Outcome 3:
Maltreatment-in-care Investigations with Timely Face-to-Face Private Contact
with All Alleged Victims



Source: File Review of All Completed Maltreatment-in-care Investigations, October 2005 – December 2011.

Table III-5
Outcome 3 – Face-to-Face Contact with Alleged Maltreatment Victims within 24 Hours
N=116

Investigating County	CPS Contact Within 24 Hours		Removed Prior To or Within 24 Hours of Report		No 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	59	95%	0	0%	3	5%	62	100%
Perimeter Counties	27	90%	2	7%	1	3%	30	100%
State Special Investigations Unit ^a	22	92%	1	4%	1	4%	24	100%
Total	108	93%	3	3%	5	4%	116	100%

Source: File Review of All Completed Maltreatment-in-care Investigations, July-December 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**

In Period 12, the State's performance on the Consent Decree's child safety measure related to maltreatment in care (Outcome 5) increased to a level not seen since Period 9. The State's performance on the Consent Decree's other child safety measures appears largely to have stagnated at the Period 11 level, which represented a reversal of the pattern of fairly steady improvements observed in Periods 5 through 10.

However, this performance plateau should be considered in the context of the overall maltreatment-in-care investigation workload. As shown in Table III-6, between Periods 11 and 12 the State experienced an increase in the number of maltreatment-in-care investigations and the number of alleged victims of maltreatment in care of a magnitude unprecedented since the advent of the Consent Decree. Against the backdrop of this increase the State's flat performance on Outcomes 1, 2, and 3 may be a better result than it appears on its face.

Table III-6
12 Periods of *Kenny A.* Maltreatment in Care Data

Period	Investigations	% Change from Prior Period	Alleged Victims	% Change from Prior Period	Substantiated Victims*	% Change from Prior Period	Maltreatment in Care Rate
12	84	+40.0	116	+68.1	11	+57.1	0.58%**
11	60	-22.1	69	-30.3	7	0.0	0.41%
10	77	-6.1	99	-10.0	7	-41.7	0.42%
9	82	-9.9	110	-5.2	12	-52.0	0.63%
8	91	-18.0	116	-20.0	25	0.0	1.17%
7	111	+24.7	145	+18.9	25	+92.3	1.06%
6	89	+8.5	122	+10.9	13	-45.8	0.55%
5	82	-11.8	110	-17.3	24	-11.1	0.90%
4	93	0.0	133	+3.1	27	+3.8	1.01%
3	93	+19.2	129	+22.9	26	+11.5	0.92%
2	78	+21.9	105	+1.0	23	+27.8	0.81%
1	64	–	104	–	18	–	0.54%

*Per Federal Definition (perpetrator was a foster parent or facility staff)

** Numerator excludes one child who was a substantiated victim in two separate investigations

Careful examination of the number of investigations from Periods 1 through 12, displayed in Table III-6, reveals that the increase in the number of investigations completed in Period 12 (and the concomitant increases in the number of alleged victims) simply returned the number of

investigations to a level (84) more in keeping with the historic baseline.²¹ The true anomaly was the relatively small number of investigations completed in Period 11 (60), compared to which the Period 12 data represented increases of unprecedented size. Although there may have been additional forces at work, a major reason for the relatively small number of investigations completed in Period 11 appears to have been changes in the way the “screening-out” of maltreatment-in-care reports was practiced over the most recent four reporting periods. Table III-7 displays for Periods 9-12 the number of reports of maltreatment involving children in the custody of DeKalb and Fulton counties, and of those, the number and percentage that were screened-out or investigated.

Table III-7
Number of Reports, Screen-outs, and Investigations Among Children in the Custody of DeKalb and Fulton Counties, Periods 9-12

Disposition of Referrals	Period 9	% of Reports	Period 10	% of Reports	Period 11	% of Reports	Period 12	% of Reports
Reports	109	100.0	131	100.0	132	100.0	139	100.0
Screen-outs	27	24.8	54	41.2	72	54.5	55	39.6
Investigations	82	75.2	77	58.8	60	45.5	84	60.4

In Period 9, screen-outs represented about 25 percent of the reports of maltreatment in care received; the remaining 75 percent were investigated. In Period 10, the rate of screen-outs jumped to 41 percent, with 59 percent investigated. In Period 11 the screen-out rate increased to 55 percent (more than twice the rate of screen-outs 12 months earlier in Period 9), while only 45 percent of maltreatment-in-care reports were investigated.

The Accountability Agents carefully reviewed each of the screened-out CPS reports associated with the 160 foster home records reviewed for Period 11. A total of eight screened-out reports were identified and four of these (50%) appeared to have met the policy standard that **should** have triggered a full CPS investigation.²² Three of these were screened-out by DeKalb County; one was screened-out by Gwinnett County.

The concern that maltreatment-in-care reports were inappropriately being screened-out was raised with the DHS leadership and with Plaintiff’s Counsel. The issue was the focus of several G2 Meetings, which included a review of DFCS Policy on screen-outs and small-group exercises on discerning the types of reports that could be properly screened-out and those that required a full investigation. Although these interventions did not take place until the middle of Period 12, the early results are encouraging.

²¹ The average number of investigations completed per period over the 12 reporting periods to date has been 83.7.

²² See Dimas, J.T. and Morrison, S.A. *Period 11 Monitoring Report, Kenny A. v. Perdue*, December 2011, pp.155-156.

In Period 12, the rate of screen-outs dropped from 55 percent to less than 40 percent. Moreover, in addition to the 160 foster home records sampled in Period 12, the 175 placement records reviewed also were scrutinized for indications of apparent maltreatment that was screened-out rather than investigated. Between both samples a total of 16 screen-outs were identified (4 from the placement sample; 12 from the foster home sample). In the Accountability Agents' view one of the screen-outs from the placement sample and three from the foster home sample (25% of the 16 screen-outs identified) probably should have been investigated.²³ While still needing improvement, this is half the rate of questionable CPS screen-outs observed in Period 11 (50%). Unlike Period 11, only one of these reports was screened-out by a "G2 County" (Fulton). The remaining three were screened-out by perimeter counties (Cobb, Newton, and Henry) which were not exposed to the G2 training on this issue. The State is encouraged to continue reinforcing with all counties the very limited circumstances in which maltreatment-in-care reports may appropriately be screened out, as defined in Policy, and to share with the perimeter counties a version of the screen-out training conducted with the G2 counties. The Accountability Agents will continue to closely monitor this issue to ensure that maltreatment-in-care reports are screened-out only as permitted by DFCS policy.

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."²⁴ 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.

a. Interpretation and Measurement

The Consent Decree's use of the phrase "...all foster homes..."²⁵ 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 Met 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, 156 of 160 of the foster homes sampled (98%) had not had a confirmed incident of corporal punishment in the previous

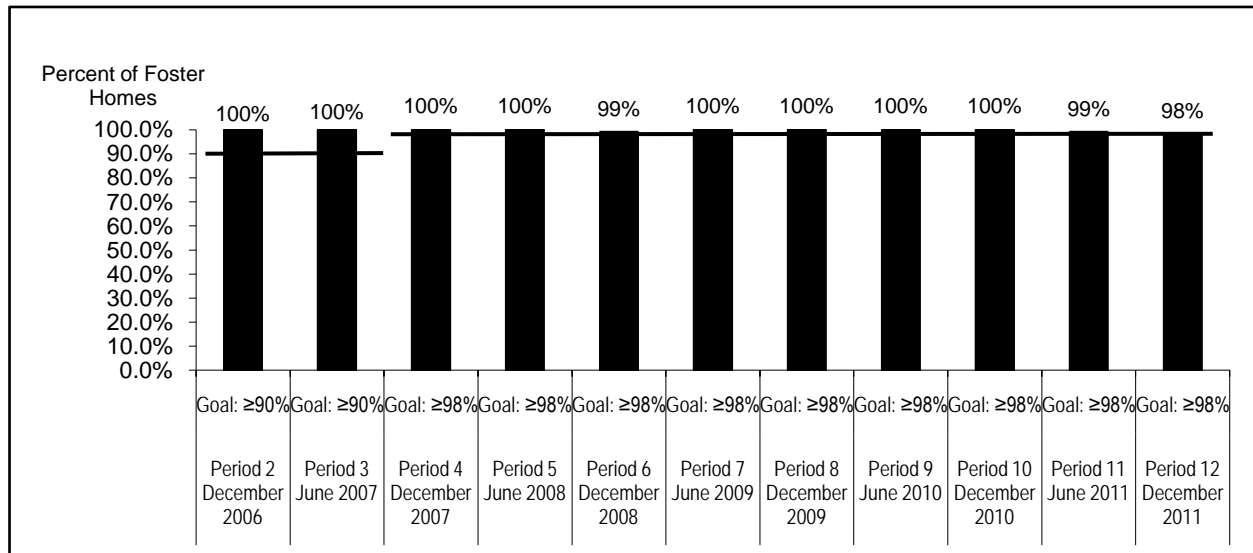
²³ See discussion in Section B.1.a. of this chapter, *CPS Staff Screening-out Alleged Maltreatment in Care*, for brief summaries of these four reports.

²⁴ See p. 2 of the Consent Decree.

²⁵ See p. 32 of the Consent Decree.

12 months, meeting the Consent Decree standard. This is similar to the Period 11 rate of 99 percent and indicates that DFCS continues to do quite well at protecting children placed in foster homes from corporal punishment. Figure III-5 illustrates the State's performance on Outcome 6 over the 11 reporting periods to which the Consent Decree standards applied.

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



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

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.²⁶ 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, 160 foster home records, and all 84 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.

However, the review of foster care records of 175 sampled children and 160 foster home records identified eight instances that did not appear to adhere to this policy and practice. In two instances (one each from DeKalb and Fulton counties) permanency staff declined or failed to refer allegations of maltreatment to CPS staff for screen-out or investigation, as appropriate. In four cases, (one each from Fulton, Cobb, Henry, and Newton counties) reports of maltreatment were screened-out by CPS staff despite appearing to the Accountability Agents to have met the standard that **should** have triggered a full investigation. Finally, in two instances (one handled by Fulton and one handled by both Fulton and Clayton counties) it appears that human errors resulted in allegations of maltreatment being neither investigated nor screened-out on a timely basis. Each of these incidents is described briefly below:

- **Permanency Staff Failing to Refer Alleged Maltreatment to CPS Staff for Disposition**

The review of 175 foster care records identified one DeKalb County case in which a set of siblings with medical issues had been removed from their birth mother (who was assessed to have low cognitive functioning) as a consequence of medical neglect. Over a ten-week period the birth mother made four separate allegations to the permanency case manager that the children were experiencing various types of maltreatment in their placement setting, but none of these allegations was referred to CPS staff for investigation or screen-out. Several months

²⁶ See pp.28-30 of the Consent Decree.

later when the issue was brought to the County's attention by the *Kenny A.* file review team an investigation was conducted that found the allegations to be unsubstantiated.

The review of 160 foster home records identified one provider-supervised foster home in which an autistic child told his provider agency case manager that the foster mother hit him with a shoe. The provider agency case manager informed the child's Fulton County permanency case manager of the allegation and said that she observed no marks or bruises and was suspicious of the child's claim. The permanency case manager visited the child the next day and said he denied being maltreated. The allegation was never referred to CPS intake for screen-out or investigation.

- **CPS Staff Screening-out Alleged Maltreatment in Care**

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 (sic)."²⁷ However, the review of the foster home and placement records sampled for Period 12 identified four reports screened-out by CPS staff that appeared to the Accountability Agents to have met the standard that should have triggered a full CPS investigation.

The first of these involved three siblings on an unsupervised, overnight visit with their birth mother who witnessed their mother and her husband (who is not the children's father) get into a physical fight in which knives were pulled and the husband was cut. The female child reported this to her Fulton County permanency case manager and that her mother later told her "...you all keep running away my men...." and "I hope you get raped and molested." This allegation does not appear to have been reported to CPS until the County was asked about it by the *Kenny A.* file review team. At that point, it was screened-out by Fulton County CPS Intake although the child made an allegation that appears to fit the DFCS definition of emotional abuse.²⁸

The second incident involved a child placed in a CCI who got into a physical altercation with staff while being removed from a classroom for disruptive behavior. The child claimed the staff person hit him in the eye. The CCI conducted an internal investigation and concluded that the staff person did not "...hit the client in the eye...." but had used unapproved techniques during

²⁷ 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.

²⁸ Social Services Manual, Chapter 2.2, defines emotional abuse as "Verbal abuse or excessive demands on a child's performance which results in the child having a negative self image, disturbed behavior and impaired psychological growth and development...Emotional abuse includes allowing a child to witness family violence (seeing or hearing the act)." Georgia Dept. of Human Resources, Sept. 2009.

the de-escalation process, which was captured on video surveillance. The incident was referred to Cobb County CPS Intake which screened it out, although DFCS Policy expressly prohibits the screening-out of "...alleged child maltreatment which occurred in a ... Child Caring Institution (CCI) placement."²⁹ Ultimately, the staff person was terminated by the CCI for violating their policies on therapeutic interactions and positive safety approaches to crisis.

The third incident involved a Fulton County child placed in a provider-supervised foster home in Henry County. At a Judicial Panel Review hearing a representative of the Child Advocate's Office raised a concern about the foster parent's disciplinary practices. The children allegedly were punished by being made to kneel on a stool in the corner. The child's permanency case manager indicated that he did not believe the concern had been reported to DFCS, but appears to have taken no action to report it himself. The allegation does not appear to have been reported to CPS until Fulton County was asked about it by the *Kenny A.* file review team. At that point it was referred to Henry County CPS Intake where it was screened-out, although it appears to the Accountability Agents to have involved an allegation of bizarre discipline.

The fourth incident involved allegations of inadequate food, clothing and shelter and physical abuse made against the foster parents of a provider-supervised foster home in Newton County. According to the intake report, the aunt of a child in care (who herself is also in care) told a staff member at her group home (who made the report) that her niece had bruises on her inner thigh and cries whenever she is given a bath. She also reported that the children all have greasy hair and are unkempt. On the same day, the children's previous foster mother reported that the child's birth mother told her about possible bruises on the child and that the child cried when the birth mother attempted to change her diaper. The case was screened out by Newton County CPS Intake which cited the following explanation: "[Permanency] worker has follow up with collaterals and visits and no signs of abuse or neglect were observed (sic)."

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.

- **Alleged Maltreatment Neither Investigated Nor Screened-out Timely**

Two cases identified through the foster home and foster care record reviews suggested the "ball had been dropped" somewhere in the hand-off of an allegation from permanency to CPS staff, with the result that no timely screen-out or investigation took place.

²⁹ Social Services Manual, Section 2.6, June 2009.

In the first such incident, a provider-supervised foster parent located in Clayton County conveyed to the provider agency case manager that she caught the two siblings placed in her home (aged 11 and 5) sexually acting out together. The provider agency case manager notified the children's Fulton County permanency case manager of the incident. The Fulton County permanency case manager reported the incident to Clayton County CPS Intake, but Clayton County referred the report back to Fulton County, apparently because the children were in Fulton County custody. The Fulton County permanency case manager then attempted to report the incident to Fulton County CPS Intake, but he was referred back to Clayton County (which had investigational jurisdiction as the foster home was located in that county). Ultimately, no report of the incident was ever logged, so the report never was investigated or screened-out. The provider, however, reported that chimes were installed on the children's door and both children are receiving mental health treatment.

The second incident came to light during an investigation of sexually-inappropriate touching involving the son of a foster parent and a four-year old child who was moved to a different Fulton County foster home after the sexual allegation was made. The child disclosed to the Fulton County investigator of the original allegation that the new foster mother "whooped" her for urinating on herself. The investigator conferred with the child's Fulton County placement case manager about the new allegation, and the permanency case manager indicated she would call it in to CPS Intake. However, in reviewing the first investigation prior to closure, the Fulton County special investigations supervisor noted the new allegation and upon checking SHINES, found no indication that it had ever been reported to CPS Intake. She instructed the investigator of the first allegation to call it in to CPS Intake. The report was screened-out by the Fulton County CPS Intake supervisor as a "...policy violation rather than abuse. Foster Child is no longer in the home; also the [permanency] worker is contacting resource development to address the concerns regarding the policy violation." The case record documentation shows no indication the discipline policy infraction was ever addressed with the foster mother.

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."³⁰ DFCS policy on maltreatment-in-care investigations (which are considered "Special Investigations") is contained in Section 2106 of the Social Services Manual.³¹ Section 2106 contains guidance on the many aspects of properly conducting Special Investigations, such as separately interviewing the

³⁰ See p. 28 of the Consent Decree.

³¹ Social Services Manual, Chapter 2100, Section VI, Georgia Dept. of Human Resources, July 2005.

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.

The file review of maltreatment-in-care investigations explored the extent to which the investigations completed during Period 12 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.

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 11 for three requirements (*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*); three requirements (*investigator saw/interviewed every alleged maltreated child separately; at least two relevant collateral sources contacted during the investigation; and investigator reviewed previous CPS reports for foster parents/caregivers*) remained similar (\pm one percentage point); while compliance appears to have declined for five requirements (*alleged maltreater was interviewed separately; DFCS case managers required to visit in the foster care setting were contacted; investigator reviewed the DFCS history of the foster parent/caregiver; investigator saw/interviewed each of the other children (non-alleged victims) separately; and all other adults frequently in the home interviewed separately*). Documented compliance was found to be 90 percent or greater for six of the 11 investigative policy requirements evaluated, with three other requirements at 89 percent. State performance on the two requirements (*all other adults frequently in the home interviewed separately; and case record contains physical evidence to support case documentation*) for which compliance was found to be 85 percent or lower is considered in greater detail below.

Table III-6
Proportion of Investigations Meeting Policy Requirements
(N shown is for Period 12 cases and varies based on
placement setting and other case characteristics)

Investigation Policy Requirement	Percent of Applicable Files with Documentation of Compliance	
	Period 11	Period 12
Investigator saw/interviewed every alleged maltreated child separately (N=84)	100%	99%
Continued safety of the child(ren) placed in the home was adequately evaluated and assessed (N=55)	94%	98%
Alleged maltreater was interviewed separately (N=82)	100%	96%
All approved foster parents/caregivers interviewed separately (N=84)	93%	95%
DFCS case managers required to visit in this foster care setting were contacted (N=84)	97%	93%
At least two relevant collateral sources contacted during the investigation (N=75)	94%	93%
Investigator reviewed the DFCS history of the foster parent/caregiver (N=57)	94%	89%
Investigator reviewed previous CPS reports for foster parents/caregivers (N=57)	88%	89%
Investigator saw/interviewed each of the other children (non-alleged victims) separately (N=61)	96%	89%
All other adults frequently in the home interviewed separately (N=20)	100%	85%
Case record contains physical evidence to support case documentation (N=46)	69%	80%

Source: Case file review of all maltreatment-in-care investigations completed July 1, 2011 – December 31, 2011.

When a foster home has had an allegation of child maltreatment, an important part of investigative practice is to interview all adults that frequent that home to assist in identifying additional witnesses that should be interviewed; to corroborate or refute the statements of others involved in the investigation; and to obtain insight into the foster parent and the child's temperament, history, and the nature of their relationship. The compliance rate of 85 percent for *all other adults frequently in the home interviewed separately* represented 17 of the 20 Period 12 investigations in which the investigator identified other adults frequently in the home. This represented a decline from the Period 11 compliance rate of 100 percent. In three Period 12 cases, one or more other adults were not interviewed at all (one case each investigated by DeKalb, Haralson, and Newton counties). In two of these cases, the foster mother's adult children were not interviewed and in one case the foster mother's mother was not interviewed. The collection and archiving of physical evidence is an important part of investigative practice that helps support the final disposition of the case. The compliance rate of 80 percent for *case*

record contains physical evidence to support case documentation represented 37 of the 46 cases in which the record reviewer concluded that the nature of the allegations warranted the collection of physical evidence. The Period 12 compliance rate represented a substantial improvement from the Period 11 rate of 69 percent. In all nine cases in which it appeared physical evidence should have been collected but no such evidence was found in SHINES, there was a clear indication in the case record that such evidence had been collected. In three cases (33%), documentation indicates the evidence was uploaded to SHINES but the associated documents could not be opened by the record review staff; in six cases (67%), there was no documentation to suggest that the collected evidence was uploaded to SHINES. This contrasts with Period 11 in which five of the 11 cases (45%) missing physical evidence that should have been collected had no indication in the case record that such evidence ever was collected.

The problem of physical evidence existing in but not being retrievable from SHINES is not a new one. The Period 12 data suggest the problem is more one of practice (investigators failing to upload – or properly upload – the physical evidence to SHINES) than of technology (SHINES failing properly to handle the uploaded documents). DHS is urged to: convey to supervisors the importance of ensuring that investigators have uploaded important physical evidence to SHINES; to convey to investigators the importance of confirming that documents they have attempted to upload to SHINES are retrievable from SHINES and can be opened; and to have the SHINES technical staff determine the causes of the fairly common occurrence of uploaded documents being “unopenable” in SHINES and to provide whatever instructions or training might prevent the problem. 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).³² 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....”³³

³² 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.

³³ 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 12. Complete maltreatment-in-care reporting to the three statewide offices responsible for identifying patterns in such reports remains critical to the State's ability to successfully prevent maltreatment in care.

For Period 12, data collected directly from the DFCS Policy Unit indicate that administrative packets were received for 83 (99%) of the 84 maltreatment-in-care investigations completed during Period 12. This was similar to Period 11 when the Policy Unit was notified of 58 of 60 investigations (97%). In Period 12, only Bartow County failed to notify the DFCS Policy Unit of 100 percent of their investigations. Forty-five (54%) of the 83 reports the Policy Unit received for Period 12 were received within the 10-day window specified by DFCS policy.³⁴ This rate remains low and represents a 10 percentage point decrease from the 64 percent of maltreatment-in-care reports received within the 10 day window in Period 11.³⁵ Table III-7 displays data on reporting of maltreatment-in-care investigations to the DFCS Policy Unit.

³⁴ Social Services Manual, Section 2106.11, Georgia Dept. of Human Resources, July 2005.

³⁵ The 10-day Policy Office notification requirement may be rendered obsolete by the release during Period 13 of a SHINES enhancement that will automate reporting of maltreatment in care investigations to the DFCS Policy Office (see Social Services County Letter No. 2012-02 issued March 15, 2012).

Table III-7
Policy Unit Notification of Period 12 Maltreatment-in-care Investigations
N=84

Investigating County	Total Investigations	Notified		Not Notified	
	Number	Number	% of Total	Number	% of Total
DeKalb	20	20	100%		
Fulton	17	17	100%		
Bartow	1			1	100%
Clayton	6	6	100%		
Cobb	2	2	100%		
Douglas	2	2	100%		
Fayette	1	1	100%		
Floyd	1	1	100%		
Gwinnett	3	3	100%		
Haralson	1	1	100%		
Newton	5	5	100%		
Rockdale	2	2	100%		
State SIU	23	23	100%		
Total	84	83	99%	1	1%

Source: Survey of Notification of CPS Investigations in Foster Care Settings, July 1 – December 31, 2011.

The Period 12 file review of maltreatment-in-care investigations included 58 investigations of maltreatment that occurred in provider-supervised settings and therefore should have been reported to both ORCC and OPM.³⁶ Data collected directly from ORCC and OPM indicate that ORCC was notified of 58 (100%) of these 58 investigations. Table III-8 displays data on county reporting of maltreatment-in-care investigations to ORCC.

The State Special Investigations Unit (SSIU) completed the largest number of maltreatment-in-care investigations in provider-supervised settings at 20, all of which were reported to ORCC. DeKalb County completed nine investigations in such settings; Fulton County eight; and nine perimeter counties accounted for the remaining 21 such investigations. ORCC was notified of all (100%) of the Period 12 investigations completed in provider-supervised settings; the second consecutive period in which ORCC notification rate was 100 percent.

³⁶ There were a total of 62 investigations that involved children placed in provider-supervised settings, but four of these fell outside the jurisdiction of ORCC and OPM. In three 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. In the fourth case, the maltreatment occurred while the child was on an authorized visit with the birth family. This case was not included in the ORCC Table III-8 because ORCC was not notified and was not required to be notified. However, this case was included in the OPM Table III-9 because OPM was notified even though it was not required to be notified.

Table III-8
Office of Residential Child Care Notification of
Period 12 Maltreatment-in-care Investigations
N=58

Investigating County	Total Investigations	Notified		Not Notified	
	Number	Number	% of Total	Number	% of Total
DeKalb	9	9	100%		
Fulton	8	8	100%		
Bartow	1	1	100%		
Clayton	5	5	100%		
Cobb	2	2	100%		
Douglas	2	2	100%		
Fayette	1	1	100%		
Floyd	1	1	100%		
Gwinnett	3	3	100%		
Newton	5	5	100%		
Rockdale	1	1	100%		
State SIU	20	20	100%		
Total	58	58	100%		

Source: Survey of Notification of CPS Investigations in Foster Care Settings, July 1 – December 31, 2011.

The Period 12 notification data illustrate that county incident reporting enables prudent, collaborative action by ORCC and DFCS. Among the 58 maltreatment-in-care investigations of which ORCC was informed, ORCC elected to conduct a joint investigation with DFCS for 36 (62%) 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 12, OPM appears to have been notified of 59 (100%) of the 59 investigations of alleged maltreatment that occurred in provider-supervised settings.³⁷ This matches the Period 11 rate of 100 percent. Table III-9 displays data on county reporting of maltreatment-in-care investigations to OPM.

³⁷ This total includes one case of which OPM was notified even though such notification was not required since the alleged maltreatment did not occur while the child was in the care of the CPA.

Table III-9
Office of Provider Management
Notification of Period 12 Maltreatment-in-care Investigations
N=59

Investigating County	Total Investigations	Notified		Not Notified	
	Number	Number	% of Total	Number	% of Total
DeKalb	9	9	100%		
Fulton	9	9	100%		
Bartow	1	1	100%		
Clayton	5	5	100%		
Cobb	2	2	100%		
Douglas	2	2	100%		
Fayette	1	1	100%		
Floyd	1	1	100%		
Gwinnett	3	3	100%		
Newton	5	5	100%		
Rockdale	1	1	100%		
State SIU	20	20	100%		
Total	59	59	100%		

Source: Survey of Notification of CPS Investigations in Foster Care Settings, July 1 – December 31, 2011.

For the third consecutive reporting period, DeKalb, Fulton, and all perimeter counties that completed maltreatment investigations in provider-supervised settings maintained OPM notification rates of 100 percent. SSIU, which first conducted maltreatment investigations in Period 11, had an OPM notification rate of 100 percent for the second consecutive period.

- **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.

Some of the specific patterns of maltreatment identified by ORCC in Period 12 included:

- One fairly large provider had a pattern of failing to report the use of emergency safety interventions (ESIs)³⁸ and failing to follow through on corrective action plans related to multiple adverse actions from ORCC. The provider agency leadership was brought in for an office conference with ORCC and OPM to discuss what appeared to be their blatant disregard of the rules and corrective action plan process.
- A small provider agency with a pattern of poor documentation was denied continuation of its license.
- A medium-sized provider agency had a pattern of multiple reports involving the misuse of ESIs and other problematic staff interactions with residents; two of which resulted in substantiated reports of maltreatment. ORCC leveled civil penalties against the agency, had multiple office conferences with the provider leadership and OPM, and conducted an on-site conference with the provider at the facility.
- A small provider agency had a pattern of misuse of ESIs and medication errors. ORCC lodged an adverse action against the agency in the form of a civil penalty.

OPM indicated that no specific patterns of maltreatment were identified among private provider agencies in Period 12.

³⁸ Emergency Safety Interventions (ESI) are behavioral intervention techniques that are authorized under an approved ESI Plan and are used by properly trained staff in an urgent situation to prevent a child from doing harm to self or others. ESIs can include: verbal de-escalation, manual holds, seclusion, etc.

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.³⁹ 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 160 of 160 foster home records sampled (100%), there was a signed written statement or other evidence that foster parents understood and agreed to comply with DFCS' prohibition on the use of corporal punishment. This is similar to the Period 11 performance of 99 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.

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 very good. The review of child records of 175 randomly selected children in foster care during Period 12 identified one confirmed instance of corporal punishment (0.6%). This is similar to Period 11, during which there were no confirmed instances of corporal punishment among the children included in the placement sample.

³⁹ See pp 29-30, paragraph 12.C of the Consent Decree.

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 five of the 160 foster home records reviewed (3.1%). This represented a substantial increase from the one such home (0.6%) identified in Period 11. All five of the Period 12 incidents were the subject of CPS referrals, and all five referrals were screened-out by CPS officials. In four of the five incidents, assessments performed consequent to the screen-out decision confirmed the corporal punishment allegations, which were addressed as violations of the DFCS Discipline Policy that did not rise to the level of abuse.

The review of all 84 maltreatment-in-care reports investigated during the reporting period identified eight reports (10%) that began as an allegation of corporal punishment. In Period 11, six of the 60 maltreatment-in-care reports (10%) began as a corporal punishment allegation. One of the eight investigations completed during Period 12 that began with an allegation of corporal punishment found maltreatment to be substantiated; the children were removed from the placement and the home was closed. The disposition of the seven remaining cases is detailed below:

- In one case, the alleged victim was removed from the placement and a corrective action plan was implemented that required the supervising CPA to make more unannounced visits to the foster home and the foster parent to receive additional training.
- In one case, the supervising CPA was advised to better inform their foster parents about their obligations as relates to the Special Investigations process and the case manager was advised to request a waiver to justify leaving the children in the home.
- In one case the supervising CPA was required to counsel the foster parent on the DFCS disciplinary policy and to send to the investigating county formal documentation indicating the disciplinary policy had been addressed.
- In four cases the allegations were found to be unsubstantiated and no further action was taken.

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 that a “hold” be placed 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; which include that a corrective action plan (CAP) must be developed, that the CAP must be agreed upon and signed by all participants, and that the CAP must be appropriately monitored and enforced.

Interviews with the Special Investigations units in DeKalb and Fulton counties indicate that 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.

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 to be 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.

As noted above, the Period 12 review of 160 foster home records found allegations in the records of five homes that corporal punishment had been used in the previous 12 months; assessments confirmed the corporal punishment allegations for four of these five foster homes. As also noted above, the Consent Decree contains certain mandatory safeguards and requirements applicable to all foster homes while screened-out reports of corporal punishment are being assessed, and if homes with confirmed corporal punishment allegations are to be kept open. With respect to these requirements, the foster home record review found conclusive evidence of the following:

- One of five homes (20%) was placed on “hold” while the assessment was completed;
- Two of four homes (50%) with a confirmed corporal punishment allegation had a Corrective Action Plan (CAP) developed;

-
- One of two homes (50%) with a CAP had it signed by the foster parent; and
 - One of two homes (50%) with a CAP received at least two monthly monitoring visits during the corrective action period. For the second of these homes, the corrective action period commenced too late in the reporting period for the monitoring visits to be evaluated.

The review of all maltreatment-in-care investigations found eight CPS investigations prompted by an allegation of corporal punishment; one involving children placed in a DFCS supervised foster home, and seven involving children placed in provider-supervised foster homes. Of these eight investigations:

- 7 (88%) showed that all alleged victims were interviewed separately within 24 hours;
- 8 (100%) showed that the continued safety of any children remaining in the home was adequately evaluated;
- 8 (100%) the investigative conclusion was consistent in reviewers' opinion with the investigative documentation; and,
- 8 (100%) of the investigations were completed within 30 days as required by DFCS policy.

In all seven of the investigations involving children placed in privately-supervised foster homes, OPM and ORCC were notified of the report and of the investigative conclusion.

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.⁴⁰ 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 12. This part also includes charts that display the State's permanency performance trends over the applicable reporting periods to date.

⁴⁰ 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 12 Performance
Outcome 7: At least 95% of all foster children entering care shall have had a diligent search for parents and relatives undertaken and documented within 60 days of entering foster care.	To be reported in Period 13
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).	98%
Outcome 21: At least 85% of all children with the goal or reunification shall have appropriate visitation with their parents to progress toward reunification.	86%
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. ⁴¹	92%
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.	8.7%
Outcome 8a: Of all the children entering custody following the entry of the Consent Decree, at least 40% shall have had one of the following permanency outcomes within 12 months or less after entering custody: reunification, permanent placement with relatives, permanent legal custody, adoption, or guardianship.	55%
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.	62%
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.	9%

⁴¹ 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 12 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.	6%
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.	84%
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.	Less than 1%
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.	98%
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.	88%
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.	95%

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

One of the Consent Decree principles is “*all non-destructive family ties should be maintained and nurtured.*”⁴² 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 close to the home and community from which they were removed, with family resources whenever possible and with their siblings who also must be removed. Regular visits between children and parents and among separated siblings are also critical to maintaining family ties and achieving permanency.

Outcome 19 – Placement Proximity

When it is in the best interest of the child for the State to remove the child from his or her home and place him or her in State custody, Outcome 19 defines the acceptable placement proximity to the removal home or community as being in a setting within the county or within a 50 mile radius of the home from which the child was removed.⁴³

a. Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in Period 12. 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 July 1 and December 31, 2011.

b. State Performance

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

In the sample of 175 children in foster care during Period 12, the State placed 171 children (98%) within the designated proximity to the home from which they were removed or according to the accepted reason for a more distant placement. The outcome performance threshold is 90 percent.

Among the 175 children in the sample, 163 children (93%) were placed within the same county or within a 50 mile radius from the home from which they were removed. Placement of eight other children is included in the outcome achievement because they met the Consent Decree standards for placement due to exceptional needs or placement with relatives. Two of the eight children were placed outside the designated proximity because of their exceptional needs, five of the eight children were placed out-of-state through ICPC arrangements, and one child was placed with relatives outside the 50 mile radius.

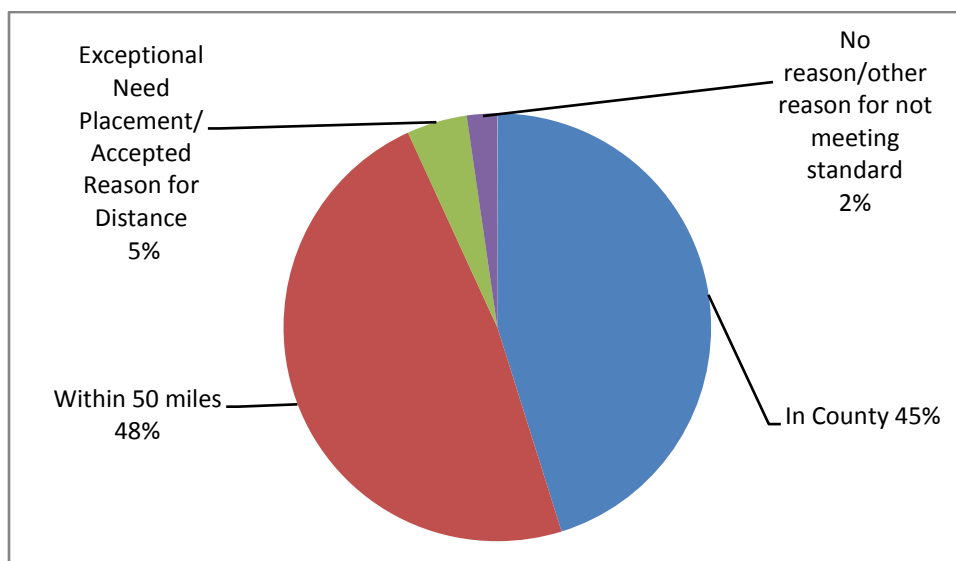
⁴² See p. 4, principle 2 in the Consent Decree.

⁴³ See p. 35, Outcome 19, of the Consent Decree.

The placement of two other children did not meet the stipulated criteria but their circumstances were unusual. One was an infant whose adolescent mother was a run away with no established address at the time of removal and the other youth had been denied placement in more nearby options because of alleged behaviors and possible gang involvement.

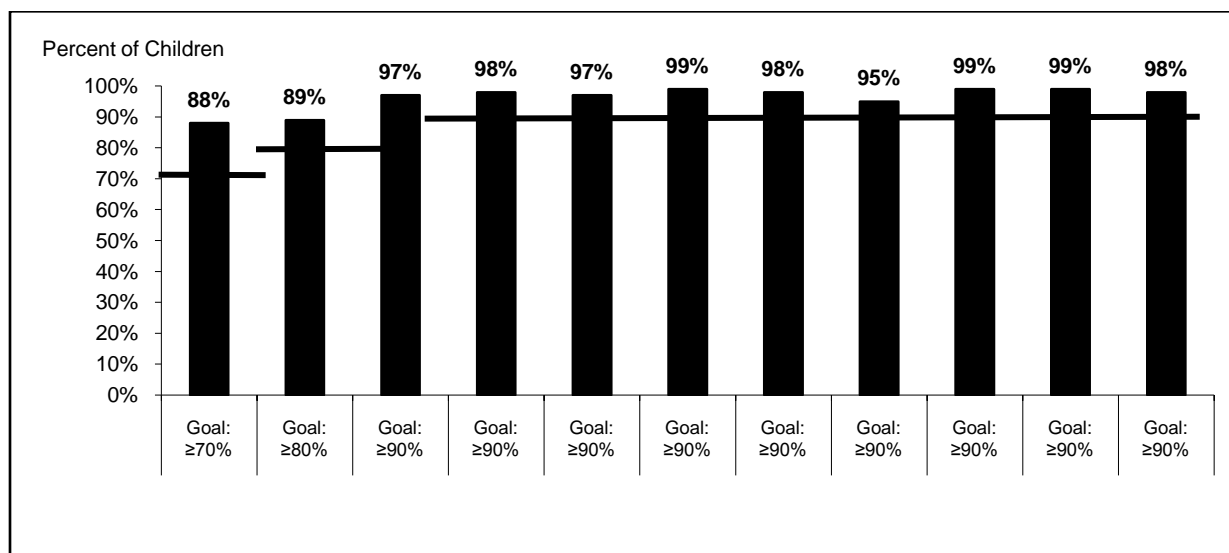
The distribution of all children in the sample among placement locations is displayed in Figure IV-1. The State's performance over the reporting periods to which the Consent Decree standards applied is displayed in Figure IV-2 and reflects the State's consistent achievement of this outcome.

Figure IV-1
Child Placement Proximity to Home of Removal
n=175



Source: Case Record Review February-March 2012;

Figure IV-2
Eleven Reporting Periods of State Performance on Outcome 19:
Children are in Placements Close to their Homes



Source: Review Period Foster Care Case Record Reviews of a sample of 175-180 children, July 2006-December 2012

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)⁴⁴ 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 12. 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 July 1 and December 31, 2011. Within the sample of 175 children in foster care, 118 were considered to have the permanency goal of reunification for at least some portion of the period for purposes of measuring parental visitation. However, children were excluded from the analysis for the following reasons:

- Eight children were placed the entire period with the family member with whom they were to be reunified.
- Eight children had the following special circumstances:
 - One youth was placed 70 miles away from home and the parent was discussing voluntary surrender of parental rights;

⁴⁴ 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.

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- Parents of two children were under court order not to have contact with the children during the period;
 - Three children were in care 18 days or less in July 2011. Two were reunified and one youth exited custody at age 18. File documentation indicated the youth was in contact with a parent who had moved to another state in July;
 - One child was in care less than 15 days in August 2011 and was reunified with parent; and,
 - One parent of a 2 year-old who entered care the first week of December 2011 was incarcerated the first 19 days of the child's placement in foster care and, once released, was unable to visit while she was arranging for her drug treatment in a facility where she could have her children. There was documentation that the child began having visits with the parent in mid January 2012.

Therefore, 102 children were included in the parent-child visitation analysis. Conclusions drawn from the subsample of 102 children used in this analysis are subject to a margin of error of +9 percent.

b. State Performance

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

Among the 102 children included in this analysis, 88 children (**86%**) 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.⁴⁵ In fact, 19 of the 88 children (22%) were reunified during the period. The performance threshold for this outcome is 85 percent. This performance is a slight decline from the Period 11 performance of 89 percent. The observed difference, however, is within the margin of statistical error for the sample. The Period 12 performance is similar to the 88 percent indicated by county tracking systems for all children in care during the period that had a goal of reunification.

Among the remaining 14 children, eight children had sporadic visits and six children had no documented visits with their parents. Half of the 14 children had concurrent goals of reunification with adoption or living with a relative or guardian.

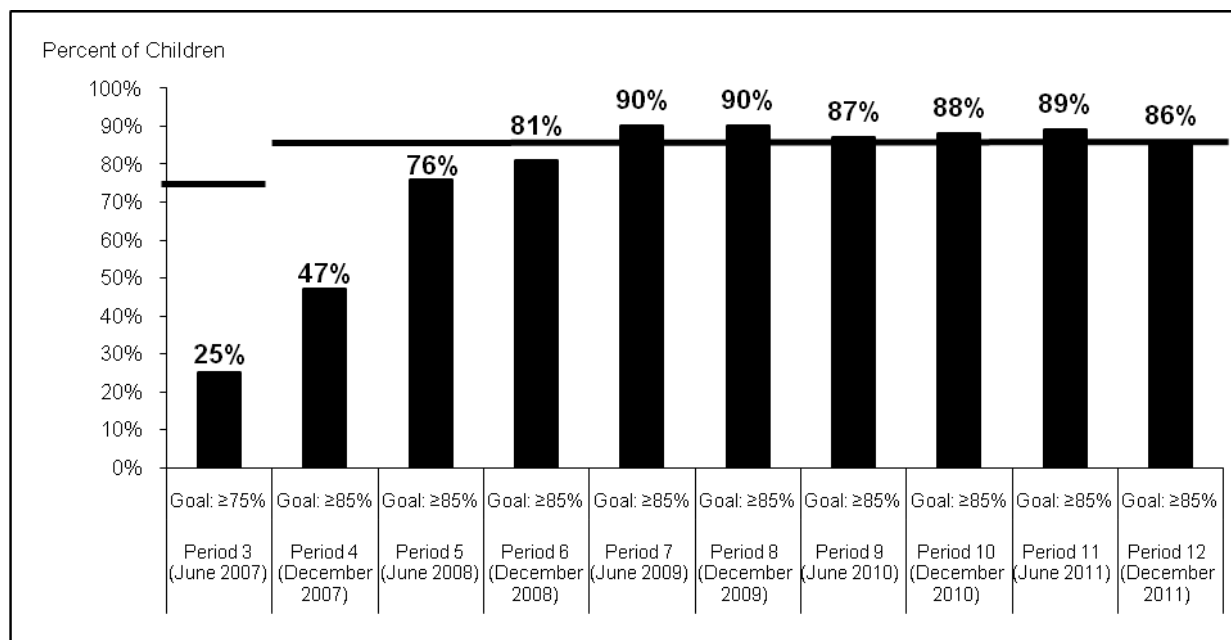
Among the eight children with sporadic visits, three exited care to guardianship or custody of a relative during the period. Another two had their plans changed from reunification to another permanency plan during the period. In one situation, the mother's whereabouts became unknown during the period and the case manager attempted to locate her but was unsuccessful by the end of the period. In two cases, there simply was not enough documentation to understand what the barriers were to more frequent visitation.

⁴⁵ See Appendix B for a discussion of how "appropriate visitation" was determined.

None of the six children who did not have any visits with reunification resources during the period exited during the period. Two of the six children with no visits were siblings, aged 12 and 13 whose reunification resource was incarcerated in another county, about 25 miles away; the documentation suggests that arrangements had been made with a private agency to transport the youth to the facility for visits, but there was no documentation that these visits actually occurred. The documentation for the other four children (aged 10-16) suggest that the reunification resources were refusing to visit with or were unsure about visiting with children. Case managers had attempted to engage these adults to visit. One of the youth was having phone calls with her parents who were unsure about face-to-face visits and the phone calls sometimes ended unpleasantly.

Figure IV-3 displays the State's performance over the reporting periods to which the Consent Decree standards applied.

Figure IV-3
Ten 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, sample size varies, January 2007 – December 2011

Outcome 16 – Sibling Placement and Outcome 23 - Sibling Visitation

The Consent Decree stipulates a sibling placement standard⁴⁶ 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

⁴⁶ See p. 16, paragraph 5C.4.d of the Consent Decree.

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.⁴⁷ 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 12. Appendix B provides a summary of previously resolved interpretation and measurement issues. The analysis relied on SHINES data. A total of 273 children entered custody in a sibling group of two or more during Period 12. Not all 273 children could be placed with their entire sibling group because one or more of the siblings in a group had special medical, developmental or behavioral needs that required separate placements. Among the 273 children, eight children in six sibling groups were separated from other siblings due to their special needs. In three sibling groups, the special needs child(ren) had only one sibling or one sibling that did not need a special placement, therefore sibling placement was not applicable for three children. These 11 children were removed from the analysis, leaving 262 children with which to measure Outcome 16 performance. This number compares to the 315 children in applicable sibling groups in Period 11.

b. Outcome 16: State Performance

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

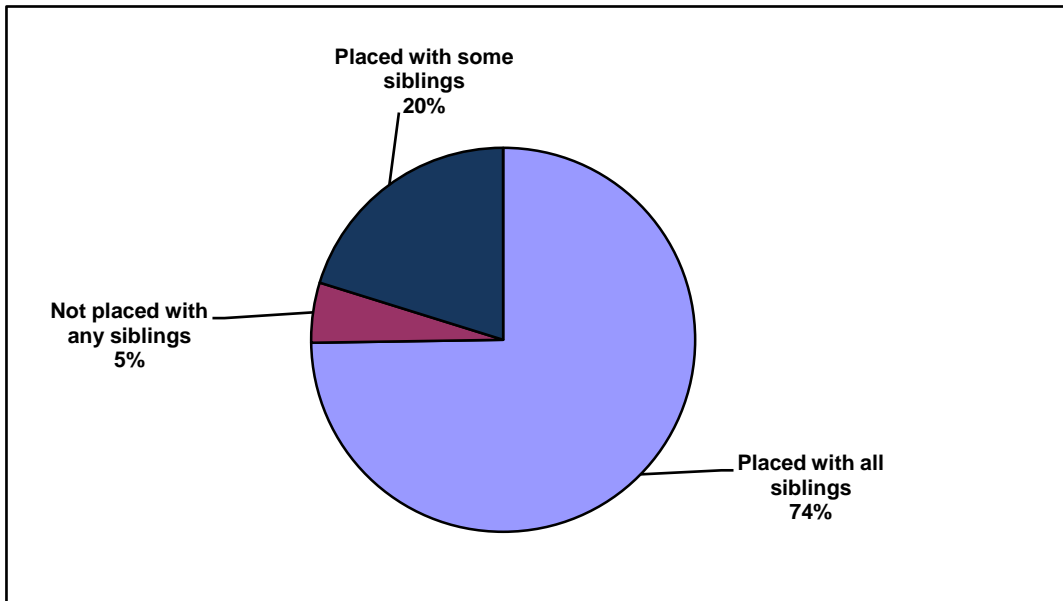
Of the 262 children who entered custody with one or more siblings in Period 12 and did not have a special placement need, 195 children (74%) were placed with all of their siblings.⁴⁸ Outcome 16 requires at least 80 percent of children entering care with siblings to be placed with all their siblings. This performance is the same as measured in Period 11. Figure IV-4 illustrates the sibling placement pattern in Period 12 and Figure IV-5 displays the State's performance over the applicable reporting periods to which the Consent Decree standard applied.

The 67 children that were not placed with all siblings were separated primarily because the sibling groups were split among willing relatives and foster homes due to familial relationships and/or the size of the sibling groups. As a result of these space or relational issues, 11 of the 67 children were not placed with any of their siblings. Another three children in one group were separated into three different settings due to sibling conflict. One sibling group of five was split between two foster homes and one sibling group of six was split between two foster homes. Both sibling groups were split because there was not a foster care home available that could accommodate their numbers.

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

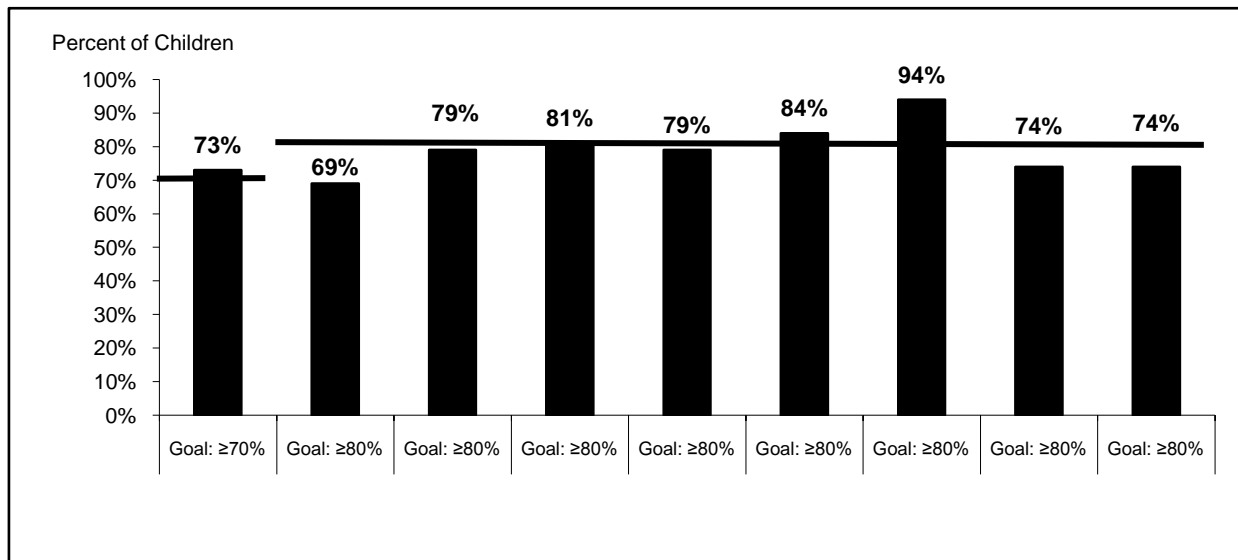
⁴⁸ All of their siblings that did not themselves require a separate setting because of special needs.

Figure IV-4
Sibling Group Placement for Period 12 Foster Care Entries
N=262



Source: SHINES report, verified. Percentages total less than 100% due to rounding

Figure IV-5
Nine Reporting Periods of State Performance on Outcome 16:
Sibling Groups are Together in Placements



Source: Review Period Foster Care Case Record Reviews and SHINES reports, July 2006 to December 2011.

As in Period 11, a number of large sibling groups entered foster care in Period 12. There were 12 sibling groups of four or more children. Eight of these sibling groups had five or more children. Table IV-2 displays the frequency of sibling group sizes in Period 12 and each of the three preceding reporting periods.

Table IV-2
Sibling Group Sizes in Periods 9, 10, 11, and 12
(January 2010- December 2011)

Sibling Group Size	Number of Sibling Groups by Size of Group			
	Period 9	Period 10	Period 11	Period 12
2 children	39	42	56	47
3 children	22	13	26	27
4 children	7	3	12	11
5 children	3	4	4	4
6 children	4		2	2
7 children	1			2
8 children	1			1
9 children			2	
10 children				
11 children	1			
Total Number of Sibling Groups with 4 or more children	17	7	20	20

Source: SHINES reports for designated reporting periods.

Outcome 23: Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in Period 12. 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.⁴⁹ 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.⁵⁰ The measurement of Outcome 23 is based on all sibling groups in foster care at any time between July 1 and December 31, 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 12 and collecting information from the on-

⁴⁹ See *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010

⁵⁰ See page 36, Outcome 23, in the Consent Decree.

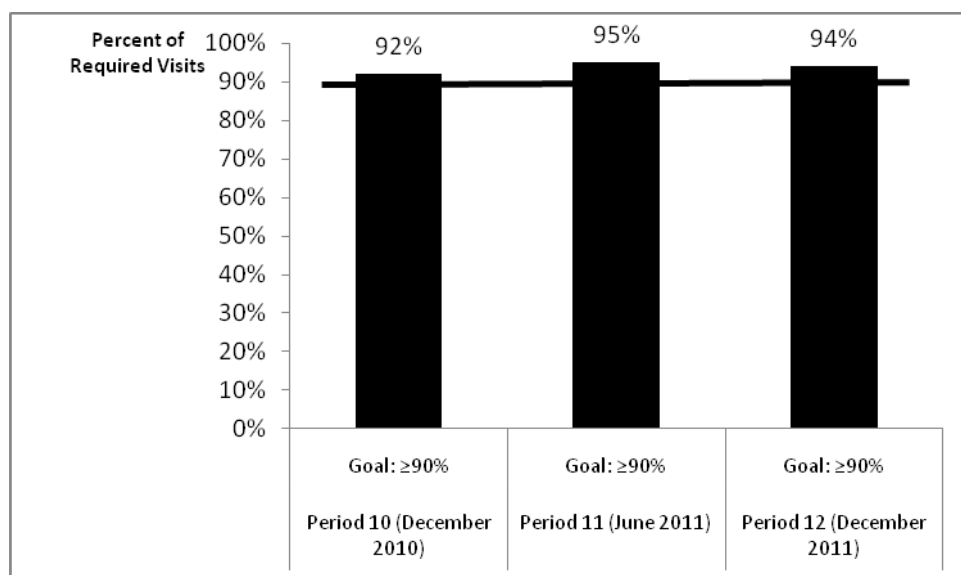
line case files in SHINES about all applicable visits (sibling, parental, and case manager.) Information for each of the children sampled was compared with the information in the county system and discussed with the county representatives. The Accountability Agents are satisfied that the State report 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 **94 percent** of the required monthly visits among siblings in custody but in separate placements occurred. The outcome performance threshold is 90 percent.⁵¹ The Period 12 performance is similar to the 95 percent in Period 11. Figure IV-6 displays the State’s performance over the three reporting periods to which the revised Consent Decree measurement and standard applied.

Figure IV-6
Three Reporting Periods of State Performance on Outcome 23:
Sibling Visits



Source: County databases

⁵¹ See *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

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-3, provides the distribution of permanency goals across the sample of 175 children.

Table IV-3
Permanency Goals of Children
n=175

Permanency Goal	Number	Percent
Judicially Determined/Presumed Reunification*	32	18%
Concurrent Goal (Reunification and another goal; or, in some cases, Adoption and another goal)	78	45%
Adoption	31	18%
Guardianship	4	2%
Custody to a Fit and Willing Relative	14	8%
Long Term Foster Care	4	2%
Emancipation	12	7%
Total	175	100%

Source: Case Record Review, January-March 2012. *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, 137 (78%) did not have any documented barriers to permanency; this is a smaller proportion than the 89 percent found in the Period 11 sample. Among the 137 without documented barriers, 41 children (30% of 137) were actually discharged during the period. In the remaining 22 percent of the files, the documented barriers included:

- Parent behavior/circumstances (20):
 - Cannot be located; not participating in services; not visiting with child;
 - Not wanting youth to return home because of his/her behaviors or because of parental inability to provide care for child; reluctance to take required steps to transition youth home; and,
 - Substance abuse/mental health issues impeded resource ability to effectively participate,

-
- Limited housing and economic opportunities: parents cannot obtain the necessary housing and employment or income support to adequately provide for their children; and,
 - Age, parent is a teenager.
 - Child behavior/ circumstances (7):
 - Teenager wishes to remain in care;
 - Youth on runaway status;
 - Disruptive behavior; and,
 - Special behavioral/medical needs.
 - Judicial actions (3):
 - Hearing continuances, disagreement with DFCS plan; reluctance to terminate parental rights without an identified adoptive resource.
 - Delays between Georgia and other states completing the requirements of the Interstate Compact on the Placement of Children (3).
 - Adoption finalization roadblocks (7):
 - Adoptive resource becoming reluctant to adopt;
 - Adoptive resource CPS history under review;
 - Ineligibility for post adoption child care support, indecision of foster parents to adopt, DFCS home conversion delay for adoption approval;
 - Delayed home conversion study by Department;
 - Final TPR hearings not yet held; and,
 - Department continues to inquire whether foster parent is willing and able to adopt.
 - Legal issues including pending charges against parents, immigration regulations, pending notification of hearings; paternity has not been established (4).

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

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

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

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

To meet the 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)⁵² – 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 12. 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 December 2011, 7645 children had entered DFCS custody since October 27, 2005. From this cohort of children, 4178 children (55%) exited by December 31, 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 12 is similar to the performance in the three

⁵² 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*”.

previous periods. The State has surpassed the Outcome 8a standard in every reporting period to which it applied.

Another 546 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 4724 or **62 percent** of the total cohort. This performance in Period 12 is similar to the performance in the three previous periods, and remains short of the Outcome 8b performance threshold of 74 percent.

Table IV-5 provides the distribution of all the children in the Outcome 8 cohort who exited custody by the end of December 2011. An additional 1085 children (14% of the cohort) exited to one of the designated permanency arrangements but these exits occurred outside the designated time frames for the outcomes. Although these children cannot be “counted” toward either Outcome 8a or 8b, the Accountability Agents recognize the achievement of permanency for these children. The proportion of children who have entered State custody since the Consent Decree and are still in care remained at 14 percent, similar to what it was at the end of Period 11. However, at the end of Period 12, half the children remaining in the cohort had been in custody 10 months compared to 11 months for half those remaining at the end of Period 11.

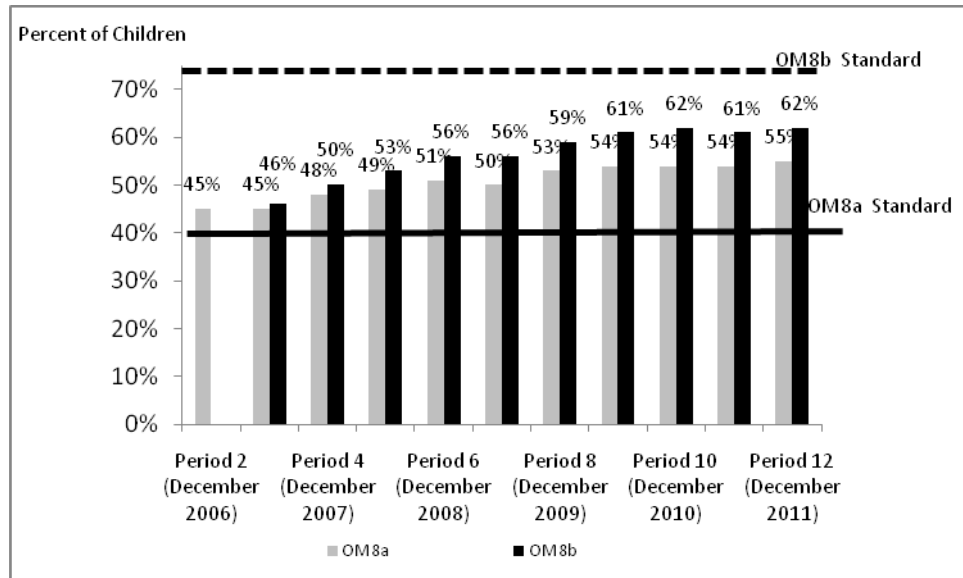
Figure IV-7 displays the State’s performance over the reporting periods to which the Consent Decree standards applied. Figure IV-8 illustrates the exit outcomes for all children who have entered State custody since the start of the Consent Decree.

Table IV-5
Outcome 8
Children Entering DFCS Custody on or after October 27, 2005
Who Exited to Permanency by December 31, 2011

	Children who entered custody on or since October 27, 2005	
Number of children in cohort	7645	
Exits as of December 31, 2011	8(a)	8(b)
Reunification within 12 months	3260	3260
Permanent Placement with Relatives within 12 months (still in state custody)	0	0
Permanent Legal Custody within 12 months (custody transferred from DFCS)	595	595
Permanent Legal Custody between 12 and 24 months (custody transferred from DFCS)		265
Adoption within 12 months	18	18
Adoptions between 12 and 24 months		130
Guardianship within 12 months	305	305
Guardianships between 12 and 24 months		151
Total Exits for Outcome Measurement	4178	4724
Percentage Exiting for Outcome Measurement	55%	62%
Number Exited to Permanency but not in required time frame	1085 (14%)	
Other exits (transfer to other counties, emancipation, etc)	738 (10%)	
Total number exiting	6547 (86%)	
Remaining number in cohort on December 31, 2011	1098 (14%)	
Demographics of those still in DFCS custody at December 31, 2011	Average length of stay: 16.3 months	
	Median length of stay: 10 months	
	Average Age: 8 years	
	47% female, 53% male	

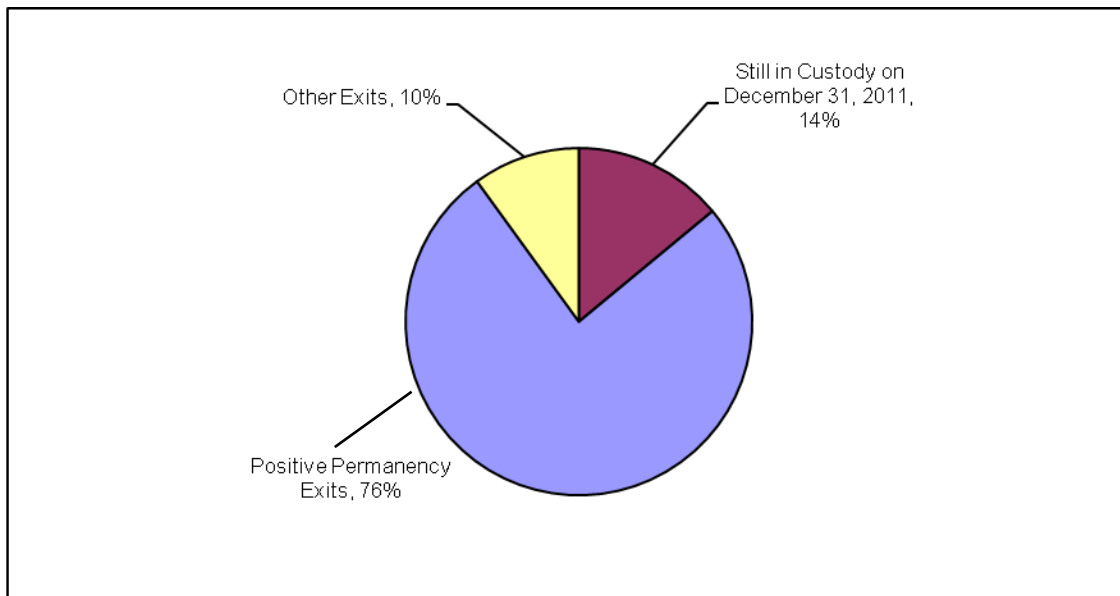
Source: SHINES, and county tracking systems.

Figure IV-7
Eleven 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-8
Foster Care Outcomes of 7645 Children Entering Custody since October 27, 2005*



Source: SHINES, and county tracking systems

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

c. Operational Context

As a result of ongoing discussions between the parties about the Outcome 8b performance and a request by Plaintiffs' Counsel in February 2012⁵³, the State undertook a special "entry cohort" analysis of the State's 8b performance to shed more light on the state's progress. This analysis considered the permanency results over 24 months for five separate cohorts of children. The cohorts were as follows:

- Cohort 1: All children who entered in Period 6 – July 1 through December 31, 2008;
- Cohort 2: All children who entered in Period 7 – January 1 through June 30, 2009;
- Cohort 3: All children who entered in Period 8 – July 1 through December 31, 2009;
- Cohort 4: All children who entered in Period 9 – January 1 through June 30, 2010; and
- Cohort 5: All children who entered in Period 10 – July 1 through December 31, 2010.

Specifically, this entry cohort analysis measured the proportion of children entering in each of the designated periods that achieved one of the stipulated permanency outcomes within 24 months of entry. The result is displayed in Table IV-6. The analysis reveals that the State's performance on Outcome 8b improved over time for each of the cohorts for whom the full 24 months since entry had transpired for all children in the cohort. For all periods, even those where the analysis is necessarily incomplete, the performance has been consistently higher than the cumulative measurement each period. That is, 66 percent of the children who entered custody in Period 6 (sometime between July and December 2008) had achieved one of the stipulated permanency outcomes within 24 months. For the cohort entering in Period 7 (January through June 2009), the performance rose to 70 percent and for those entering in Period 8 (July through December 2009) the performance reached 75 percent. Analyses of the cohorts of children that entered during Periods 9 and 10 were still incomplete as of March 2012 because the full 24 months had not yet elapsed for these children. However, the analyses indicated that 67 percent and 63 percent, respectively, of the children in these cohorts had achieved permanency. Both proportions are higher than the 59 percent - 62 percent the cumulative period measures have indicated for the last several periods.

⁵³ Email correspondence from Laurence D. Borten, Children's Rights to Mark Cohen, Special Counsel to The Department of Human Services, February 17, 2012.

Table IV-6
Children Achieving Timely Permanency Within 24 Months of Entering Foster Care:
Analysis Results for Cohorts of Children Entering Periods 6-10

Cohort 1	Cohort 2	Cohort 3	Cohort 4*	Cohort 5**
Period 6 (July to December 2008)	Period 7 (January to June 2009)	Period 8 (July to December 2009)	Period 9 (January to June 2010)	Period 10 (July to December 2010)
66%	70%	75%	67%	63%

*Analysis of cohort 4 cannot be completed until after June 30, 2012 as there are still some children who, by June 30, 2012, may exit to permanency within 24 months of entry.

** Analysis of cohort 4 cannot be completed until after December 31, 2012 as there are still some children who, by December 31, 2012, may exit to permanency within 24 months of entry.

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 2005.⁵⁴ 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.⁵⁵

a. Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in Period 12. 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 32 children remaining in custody on June 30, 2011 who were in the cohort of children that had been in State custody up to 24 months as of October 27, 2005, three children (9%) had

⁵⁴ See p. 33, Outcome 9, of the Consent Decree.

⁵⁵ See pp 33 and 34, Outcome 10, of the Consent Decree.

positive permanency exits during the period July 1 through December 31, 2011.⁵⁶ This is a substantial decline from the State's Period 11 performance of 27 percent. The performance threshold for this outcome is 40 percent. Another six children exited DeKalb and Fulton custody for reasons other than positive permanency during this time period, leaving 23 children from the Outcome 9 cohort still in custody on December 31, 2011.

As noted in Table IV-7, the average age of the 23 children who remained in care was about 12 years (43% were under the age of 12), the average length of stay was about seven years, and 65 percent of the children were male. In addition, 70 percent of the remaining children were in six sibling groups. . Five of the six sibling groups include one or more children aged 12 or under. In the first sibling group, the three children (aged 8, 10, and 12) are severely disabled with diagnoses including autism and mental retardation. The State and parents continue to work toward reunification for these three children. The second sibling group, three children aged 9, 10, and 14, is currently separated because of the oldest child's needs. The two youngest children have been placed with a relative for almost two years and the State is working with the relative toward adoption of these two children. The oldest child is placed in a Psychiatric Residential Treatment Facility (PRTF) to address mental health needs. The third sibling group, also a group of three (aged 8, 11, and 12), have been placed together in the same foster home since 2009. The State has filed to terminate parental rights and has been recruiting the foster mother to adopt the children. A fourth sibling group, another with three children (aged 9 and twins aged 15), is separated. The youngest is in a PRTF due to treatment needs, one of the teens is in a Child Caring Institution, and the second teen is in a foster home. Finally, the fifth sibling group, two children (aged 8 and 10), has been placed with a relative since entering care and the State and relative are working on establishing guardianship.

Among the children ages 12 or younger who are not in sibling groups, one child (aged 11) has been placed in an adoptive home and the adoption is progressing. A second child (aged 11) has been placed in the same foster home since March 2010. The State has explored placing the child with relatives in Florida, but the Court disagrees with the plan and has continued to approve a plan for reunification. A final child, aged 12, has been free for adoption since 2008 but does not want to be adopted and is currently placed in a foster home.

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

Of the 35 children remaining in custody on June 30, 2011 who were in the cohort of children that had been in State custody for over 24 months as of October 27, 2005, two children (6%) exited to positive permanency during the period July 1 through December 31, 2011. The performance threshold for this outcome is 35 percent. This was a decline from the Period 11 performance of 9 percent. Another six children exited DeKalb and Fulton custody for reasons other than positive

⁵⁶ "Positive permanency exits" refers to reunification, permanent placement with relatives, permanent legal custody, adoption or guardianship.

permanency during Period 12, leaving 27 children from the Outcome 10 cohort still in custody on December 31, 2011.

As noted in Table IV-7, the average age of all children in the cohort was nearly 16 years and the average length of stay was 10.6 years. Two children (7%) of the 27 remaining in custody were under the age of 12. One child, aged 11, is medically fragile requiring significant nursing support but the child has been placed with the same foster parents since entering care and they are moving toward adoption. The other child, aged 12, is placed in an adoptive home and the adoption is in progress. There were four sibling groups among the 27 children remaining in this cohort, accounting for 41 percent of the remaining children. As with Outcome 9, the majority (56%) of children remaining in the Outcome 10 cohort were male.

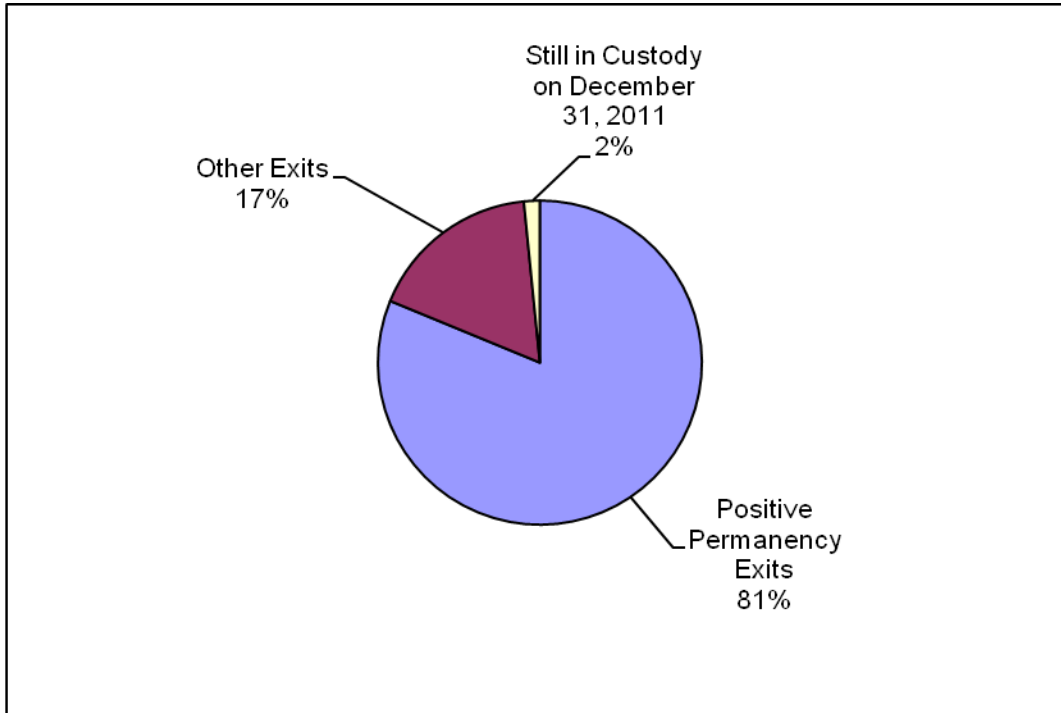
Figures IV-9 and IV-10 summarize the State's performance on Outcome 9 and Outcome 10, respectively. These figures reflect the State's cumulative progress with these two groups of children.

Table IV-7
Outcomes 9 and 10
Remaining Children Who Entered DFCS Custody before October 27 2005 and Who Exited to
Permanency July 1 through December 31, 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	32	35	67
Permanency Exits			
Reunification	1	0	1
Adoption	1	1	2
Guardianship	0	1	1
Live with other relative	1	0	1
Permanent Placement with relatives	0	0	
Total for Outcome Measurement	3	2	5
Percentage exiting for Outcome Measurement	9%	6%	7%
Other exits (transfer to other counties, emancipation, etc)	6	6	12
Total number exits	9	8	17
Remaining number in cohort December 31, 2011	23	27	50
Characteristics of those children remaining in custody on December 31, 2011			
Proportion under the age of 12	48%	7%	
Average length of stay	84.3 months (7 years)	127.1 months (10.6 years)	
Median length of stay	83 months (6.9 years)	126.6 months(10.6 years)	
Average age	12	16	
Percent female	35%	56%	
Percent male	65%	44%	

Source: SHINES, and county tracking systems.

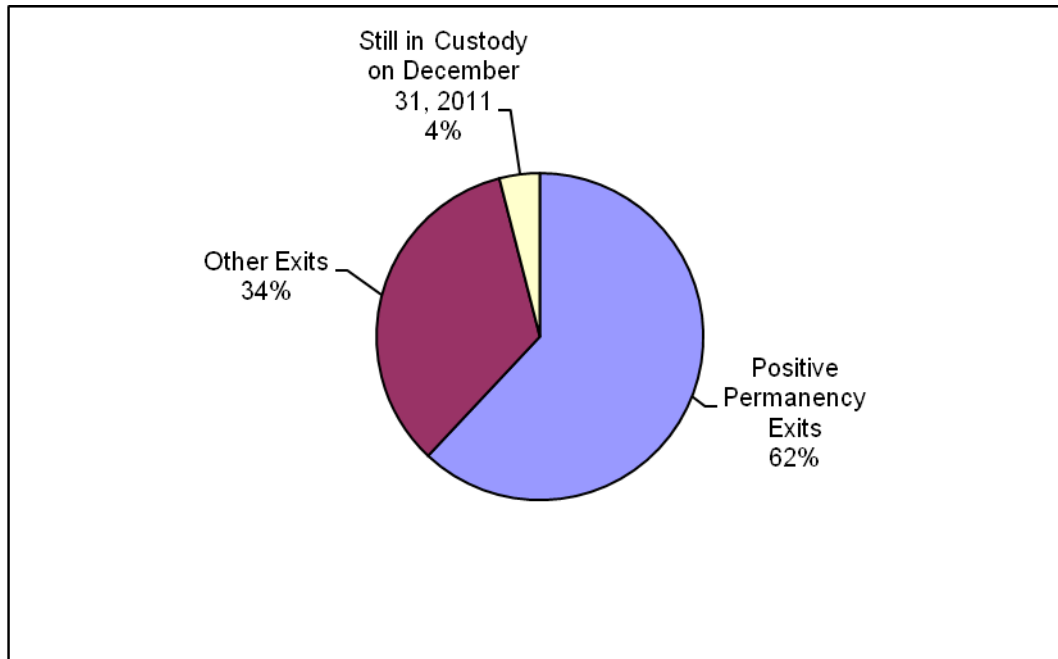
Figure IV-9
Outcome 9
Foster Care Outcomes of 1448 Children in Custody Up To 24 Months Before
October 27, 2005*



Source: SHINES, IDS

*Positive Permanency exits include reunification, adoption, guardianship, permanent legal custody, and permanency placement with relatives. Other exits include emancipation and transfer to other counties or states. Original cohort number of 1453 has been reduced to account for children identified over time who actually exited prior to the Consent Decree.

Figure IV-10
Outcome 10
Foster Care Outcomes of 825 Children Entering Custody More than 24 Months Before
October 27, 2005*



Source: SHINES, IDS

*Positive Permanency exits include reunification, adoption, guardianship, permanent legal custody, and permanency placement with relatives. Other exits include emancipation and transfer to other counties or states. Original cohort number of 828 was reduced to account for children identified over time who actually exited prior to the Consent Decree.

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

Outcome 11 applies to all children whose parents' parental rights were terminated between July 1 and December 31, 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.⁵⁷ 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.⁵⁸

⁵⁷ See p. 34. Outcome 11 of the Consent Decree.

⁵⁸ See discussion of the 15 new outcome measures developed for the second round of the CFSRs in *Child Welfare Outcomes 2002-2005: Report to Congress*, Appendix B, specifically C2.5 at <http://www.acf.hhs.gov/programs/cb/pubs/cwo5/appendix/appendixb.htm>.

a. Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in Period 12. Appendix B provides a summary of previously resolved interpretation and measurement issues. The measurement of Outcome 11 is based on the entire population of children whose parents had their parental rights terminated any time between July 1 and December 31, 2010. The measurement is based on a report from SHINES supplied by the State and verified by the Accountability Agents.

b. State Performance

- **The State Surpassed the Outcome 11 Threshold**

Between July 1 and December 31, 2010, the parental rights of the parents of 40 children were terminated or relinquished. Of these 37 children, 31 children (**84%**) were adopted within 12 months. This is the State's best performance to date and the first reporting period in which this outcome's performance threshold of 80 percent has been met or surpassed.

As reflected in Table IV-8, another four children (11%) achieved permanency through adoption or guardianship but not within the stipulated 12-month time frame. Figure IV-11 displays the State's Outcome 11 performance for the 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.⁵⁹ 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.

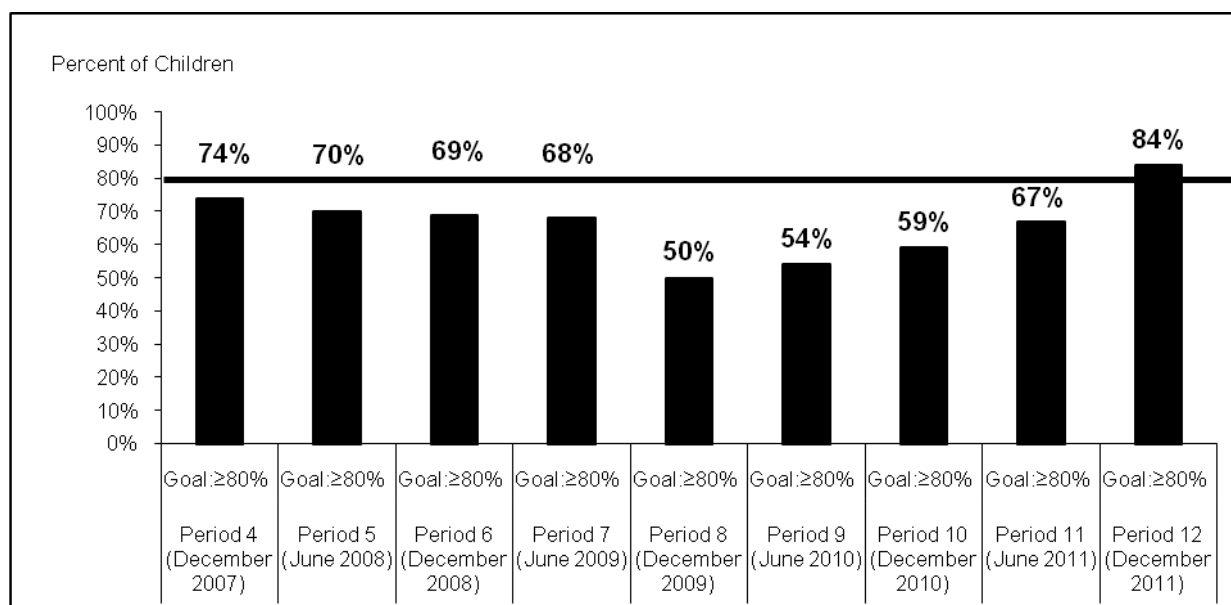
⁵⁹ Correspondence from Brenda King Woodard, Georgia Department of Human Services, to Ira P. Lustbader, Children's Rights, August 23, 2010 and September 22, 2010.

Table IV-8
Status as of December 31, 2011 of Children with Parental Rights Terminated between
July 1 and December 31, 2010
N=37

	Number	Percent	Cumulative Percent
Adoption finalized within 12 months	31	84%	84%
Guardianship	0		
Adoption or Guardianship finalized within 13 months	1	3%	86%
Adoption or Guardianship finalized within 14 - 17 months	3	8%	95%
Custody to relatives/other for purposes of adoption (granted within 12 months of TPR)	0		
Custody to relatives within 12 months of TPR	0		
Awaiting adoption as of July 2011	2	5%	100%
Total	37	100%	

Source: State reporting from SHINES.

Figure IV-11
Nine Reporting Periods of State Performance on Outcome 11:
Children are Adopted Within 12 Months of Parental Rights Termination



Source: State reporting from IDS and SHINES, July 2007 –December 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.⁶⁰ 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.⁶¹ 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 is a more direct measure of the permanency exits than the original reentry measure.⁶² 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 12. 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 561 children who entered foster care through adjudication at any time between July 1 and December 31, 2011. The State used SHINES to produce a report of the children experiencing a re-entry into foster care in Period 12. This list was verified by the Accountability Agents.

⁶⁰ See p 32, Outcome 4, of the Consent Decree.

⁶¹ See the Information Memorandum at http://www.acf.hhs.gov/programs/cb/laws_policies/policy/im/2001/im0107.htm.

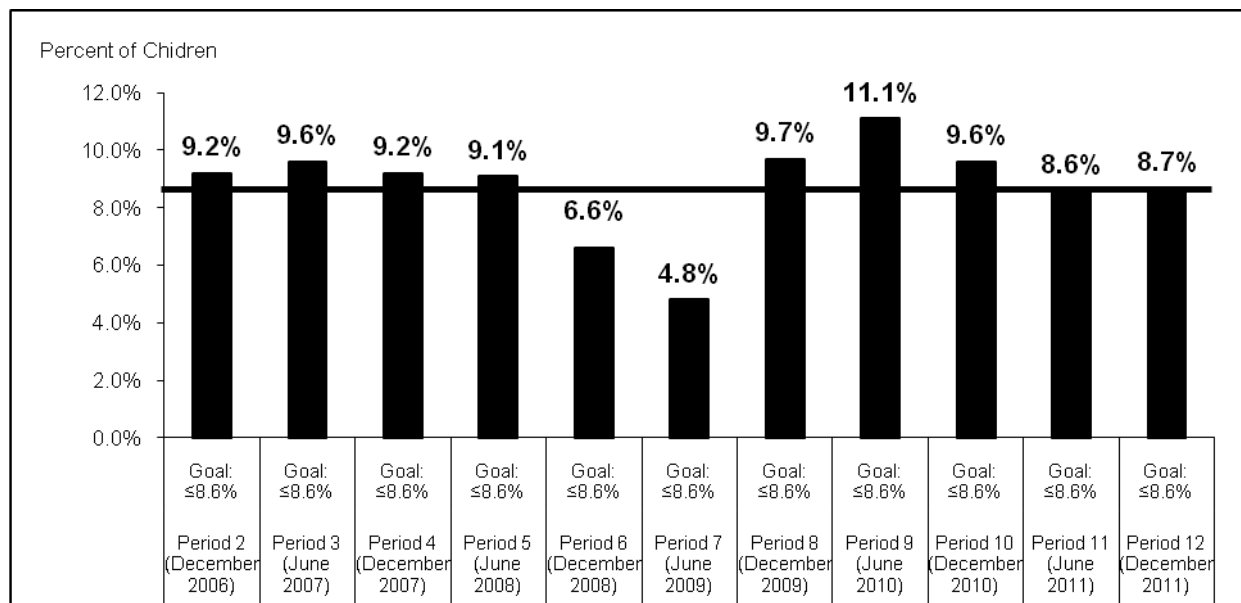
⁶² See the Child Welfare Outcomes 2004-2007: Report to Congress at <http://www.acf.hhs.gov/programs/cb/pubs/cwo04-07/index.htm>.

b. State Performance

• The State Fell Short of the Outcome 4 Threshold.

Of the 561 children who entered foster care between July 1 and December 31, 49 children (8.7%) had exited foster care at least once in the 12 months prior to their most recent entry. The outcome performance threshold is no more than 8.6 percent. The Period 12 performance is a slight decline over the Period 11 performance of 8.6 percent. Figure IV-12 displays the State's Outcome 4 performance over reporting periods to which the Consent Decree standard applied.

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



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

c. Operational Context

As discussed in the Period 11 Monitoring Report⁶³, the improvement observed in Period 11 was the result of the greater number of children who entered foster care in Period 11 compared to previous periods, thus producing a larger denominator for the re-entry calculation. Table IV-9 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. Period 12 had 49 children re-

⁶³ See Dimas, J.T. and Morrison, S. A. *Period 11 Monitoring Report*, Kenny A. V Perdue, December 2011.

enter, but failed to meet the outcome standard while Period 11 had 50 children re-enter and did meet the outcome standard due to the larger number of children entering care in Period 11.⁶⁴

Table IV-9
Number of Children Re-entering Foster Care and
Total Number of Children Entering Foster Care, Periods 2-12

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%
Period 12: July-December 2011	49	561	8.7%

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.⁶⁵

a. Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in Period 12. Appendix B provides a summary of previously resolved interpretation and measurement issues. The measurement of Outcome 14 is based on the entire population of 105 children who were

⁶⁴ The new federal methodology avoids such an anomaly by calculating the re-entry rate as a percentage of children exiting care rather than entering care.

⁶⁵ See p. 34, Outcome 14, of the Consent Decree.

adopted between July 1 and December 31, 2010 (Period 10) to allow for the 12 month follow-up period.

b. State Performance

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

Within the group of 105 children adopted between July 1 and December 31, 2010, one child (less than 1 percent) is known to have re-entered the State's custody by December 31, 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 15^h Month in Custody of Most Recent 22 Months

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

- The child is being cared for by a relative;
- The state has documented a “compelling reason” that filing a petition to terminate parental rights would not serve the child's best interests; or
- The state has not made “reasonable efforts” to reunify the family.⁶⁶

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.⁶⁷

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 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.⁶⁸

a. Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in Period 12. 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 12, 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

⁶⁶Adoption and Safe Families Act, see also Social Services Manual Chapter 1000, Section 1002.7, Georgia Department of Human Services.

⁶⁷ See Social Services Manual, Section 1002.12.3, 1002.17, and 1013.11, Georgia Department of Human Services.

⁶⁸ See p. 34, Outcome 15, of the Consent Decree.

compared it to past information. Information provided by the counties was also verified using data from the Period 12 review of 175 randomly-selected foster care case records.

During Period 12, there were 654 children who had reached or surpassed their 15 month in custody out of the previous 22 months. Of these children, 191 (29%) were discharged by the end of the reporting period but were included in the analysis. A group of 73 children (11% of 654), 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 December 31 2011, **98 percent** 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 100 percent achieved in Period 11 and it is the seventh consecutive period that the State has met or surpassed this outcome measure. Table IV-10 summarizes the different components of the counties' Period 12 performance, drawn from the data in their tracking systems. Figure IV-13 displays the State's performance on Outcome 15 for the reporting periods to which the Consent Decree standards applied.

The 191 children discharged by the end of the reporting period were distributed across every category displayed in Table IV-10. For example, among the 79 children who had a compelling reason of *expected reunification within six months*, 36 children (46%) actually were discharged to reunification during the period.

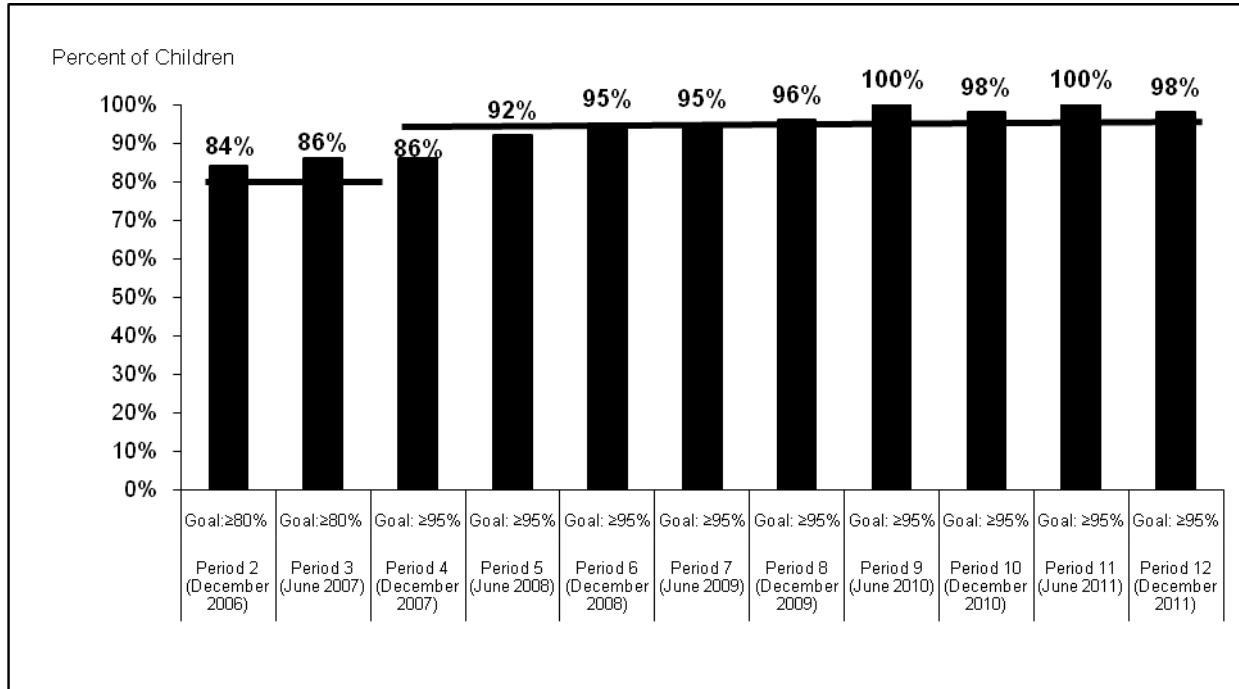
Period 12 was the third consecutive period the total number of children in custody who had reached the 15 of 22 months benchmark declined (to 654). In Period 8 (July-December 2008), there were 896 children to whom this outcome standard applied. In Period 9, it increased to 1005. But, in Period 10 it declined to 865 and declined again to 731 in Period 11. This is another indication 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 December 31, 2011

Category			Total		
			Number	Percent	Cumulative
Children who reached or surpassed their 15 th month in custody of the last 22 months between July 1 through December 31, 2011.*			654		
Excepted subpopulation (s):					
<i>Children placed with relatives</i>			73		
<i>The State has not made reasonable efforts to reunify the family</i>			0		
Number of Children for Outcome 15 Measurement			581		
Parental Rights of Both Parents have been terminated or relinquished.			205	35%	
DFCS has filed a petition to complete the termination of the parental rights of both parents where applicable.			81	14%	49%
There is a documented compelling reason for not terminating parental rights.			282	49%	98%
	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.	79			
	The child is a specified age (14) or older and objects to being adopted.	92			
	The child has severe emotional or behavioral problems or a serious medical condition and reunification remains an appropriate goal.	10			
	The child has a permanency goal other than adoption and is expected to achieve that goal within 12 months of establishing the goal.	85			
	Parents are deceased, or have voluntarily relinquished rights.	included above			
	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.	7			
	Other circumstances.	7			
There is no documented Compelling Reason not to file a petition to terminate parental rights.			0		
There are plans to terminate parental rights, but a petition had not yet been filed as of December 31, 2011 or date of discharge.			13	2%	100%

Source: SHINES and County tracking systems; *191 children were discharged from this pool during Period 12; they are distributed across all categories.

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



Source: County data, verified, July 2006-December 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.⁶⁹ 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 12. The measurement of Outcome 27 is based on the sample of 175 children in foster care at any time between July 1 and December 31, 2011. The Outcome 27 analysis was applicable to 120 children who had been in custody six months or more. This represents 69 percent of the sample of 175 children in foster care. Conclusions drawn from the subsample of 120 are subject to a margin of error of ± 9 percent.

⁶⁹ See p. 7, paragraphs 4A.4 and pp. 7-8, paragraphs 4B.1-6, and p. 37, Outcome 27, of the Consent Decree.

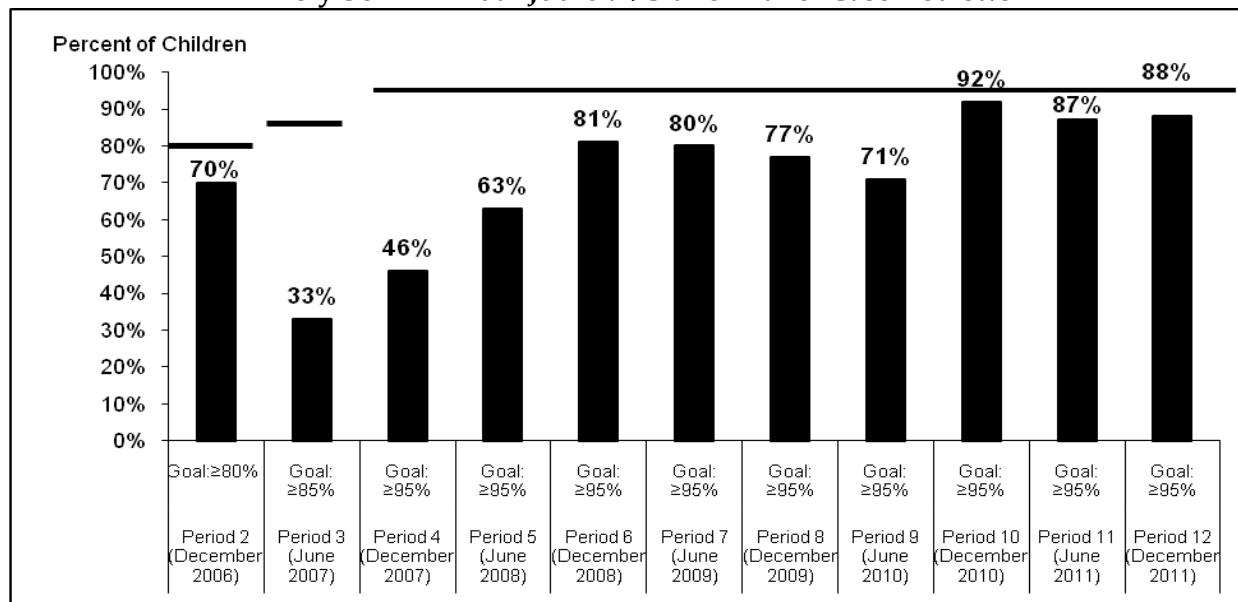
b. State Performance

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

Of the 120 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 106 (88%) 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 12 performance is similar to the Period 11 performance of 87 percent, and the observed difference is within the margin of statistical error for the subsample.

Among the 14 children requiring reviews who did not receive a timely review or a timely request for review, 10 children (8% of 120) had a plan reviewed but not within six months of entry or the previous case plan review; six of the reviews occurred in the 7th month; two occurred in the 8th month; and two occurred in the 9th month. Two children (2% of 120) had only one review in the 12 months between January 1 and December 31, 2011. Timely reviews should have been conducted in July and December 2011, respectively. One child who entered custody in May 2011 had not yet had a six month review by the end of the period. One child had not had any reviews since entering care in October 2010. Documentation in the child's file indicated the reviews for this child were not held because the adjudicatory hearing was continually reset over the course of 2010 and 2011. A hearing to extend custody was held in September 2011 and the extension was granted. Figure IV-14 displays the State's performance for the reporting periods to which the Consent Decree standards applied.

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



Source: Review Period Foster Care Case Record Reviews, July 2006-December 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 two of the 120 children in the subsample of foster care children who had been in custody at least six months (98%) had their case plans reviewed by either the Juvenile Court or the JCRP in the most recent 12-month period (sometime between January 1 and December 31, 2011). These included the reviews considered timely for Outcome 27 as well as those that were not timely. Reviews were also held for two 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 120 reviews from which information about aspects of the review process could be gleaned.

Among the 120 reviews, DFCS sought a permanency plan change for 7 children (6%). There were court orders documenting court approval for 74 (62%) of the 120 plans reviewed. The case files of the remaining 46 children (38%) 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 120 case plan reviews.

Table IV-11
Characteristics of Six-month Case Reviews
n= 120

(most recent plans reviewed between January 1 – December 31, 2011)

Characteristic				Number	Percent
Participants					
	Birth Mother			39	39%
	Birth Father			9	9%
	Child			32	27%
	Relative caregivers/ Extended Family Members/ Informal Supports			30	25%
	Foster parents/placement providers			39	39%
	DFCS case manager			100	83%
	DFCS supervisor			16	13%
	Other DFCS representative			7	6%
	CCFA provider			4	3%
	Private agency social worker			25	21%
	Medical and mental health professionals			0	
	Parents' attorney(s)			27	23%
	SAAG (Special Assistant Attorney General)			48	40%
	Child's advocates (attorney, Guardian Ad Litem, CASA volunteer, Child Advocate) – at least one per child			86	72%
Elements Evaluated/Considered					
	Necessity and appropriateness of child's placement			83	69%
	Reasonable efforts made to obtain permanency			95	79%
	Degree of compliance with specific goals and action steps			71	59%
	Progress made in improving conditions that caused removal			54	45%
	Changes that need to be made to plan			15	13%
	County recommendations			36	30%
	Parent recommendations			13	11%
JCRP conducted review (percentage based on n=120)				67	56%
	Total JCRP reports submitted (percentage based on n=67)			53	79%
		Number of reports with Panel findings (percentage based on n=53)	53	100%	
		Number of reports with Panel recommendations (percentage based on n=53)	53	100%	
		Number of reports with County findings (percentage based on n=53)	38	72%	
		Number of reports with County recommendations (percentage based on n=53)	38	72%	
Court conducted review (percentage based on n=120)				53	44%
Plan adopted by Juvenile Court (percentage based on n=120)				74	62%

Source: Case Record Review, February-March 2012.

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.⁷⁰ 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 12. 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, 2011. The outcome 28 analysis was applicable to 87 children (50%) in the sample of 175 who had been in custody 12 months or more. Conclusions drawn from the subsample of 87 children are subject to a margin of error of ± 10 percent.

b. State Performance

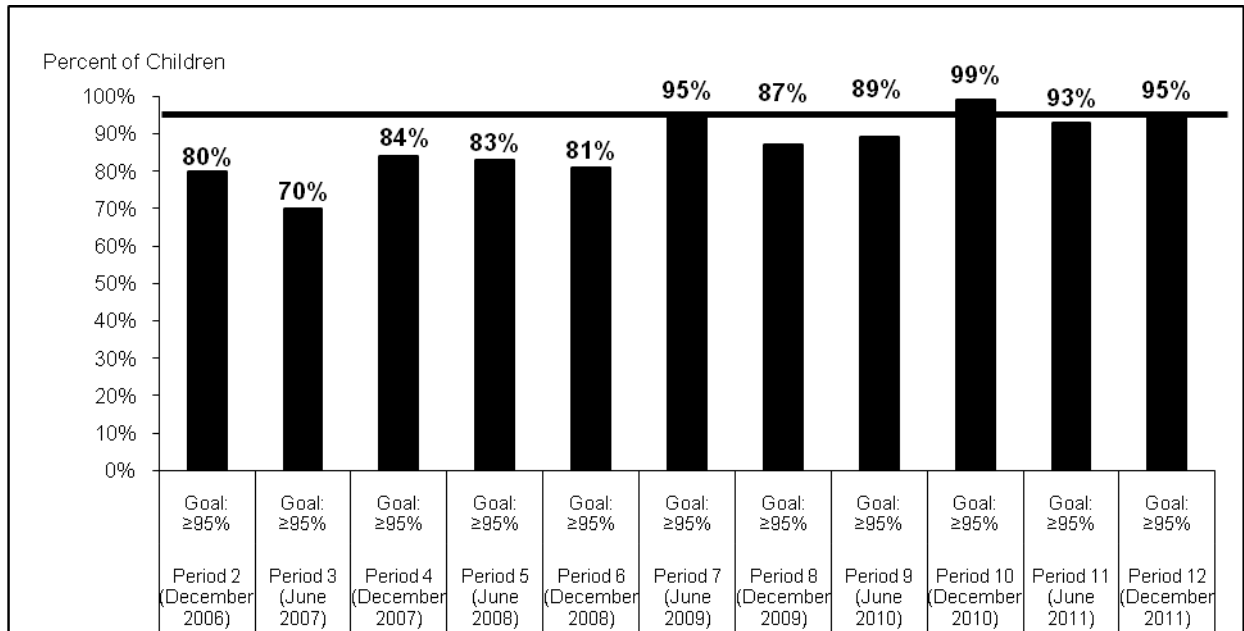
- **The State Met the Outcome 28 Threshold**

For Outcome 28, 83 (95%) of the 87 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 12 performance is a slight improvement from the Period 11 level of 93 percent but the observed change is within the subsample's margin of statistical error.

During Period 12, 81 children had at least one permanency hearing within 12 months of entry or the previous twelve-month permanency hearing. Two other children had a timely petition for a permanency hearing but continuances delayed the hearing. Figure IV-15 illustrates the State's performance for this Outcome over the 10 reporting periods to which the Consent Decree standard applied. The permanency hearings for four children were held in the 13th or 14th month from the previous hearing or the date of entry.

⁷⁰ See p. 9, paragraph 4B.10, and p.37, Outcome 28, of the Consent Decree.

Figure IV-15
Eleven Reporting Periods of State Performance on Outcome 28:
Timely Permanency Hearings



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

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

Placement with relatives has been demonstrated to help children have placement stability⁷¹ 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;⁷² 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.⁷³

1. Placement with Relatives

Within the sample of 175 children in foster care in Period 12, 42 children (24%) were placed with relatives on December 31, 2011 or the last date the children were in custody. This is a slightly lower proportion than the 27 percent observed in the Period 11 sample, 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 database it uses for tracking the reviews, the State was unable to retrieve information about the activities conducted in April through June 2011 to include in the Accountability Agents' Period 11 report. This technical problem was corrected during Period 12. As a result, the information reported here reflects the permanency reviews conducted over the entire year of 2011, January through December.

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. According to the State reported data, 302 children reached their 13th month in care in 2011. Of these 302 children, 267 had their cases reviewed by the State permanency review team. The 35 children who did not have their cases reviewed 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

⁷¹ Zinn, Andrew, DeCoursey, Jan, Goerge, Robert M., Courtney, Mark E. *A Study of Placement Stability in Illinois*, Chapin Hall Center for Children, 2006.

⁷² 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.

⁷³ See p. 9-10, paragraphs 4C.1-5, of the Consent Decree.

practice as reported by the State for 2011.⁷⁴ Highlights from the tables include the following:

- A total of 267 cases were reviewed in 2011. The permanency review team concurred with 131 (49%) of the 267 plans. A total of 199 (75% of 267) staffings were convened with the Counties. Staffings were convened for the 136 cases on which there was no concurrence and an additional 63 cases. These staffings do not necessarily produce a revised permanency goal, but the State reports they do produce action plans for appropriate case work.
- 199 case plans (75%) had the most recent court-ordered permanency plan identified as the case plan goal.
- Family Team Meetings were convened 90 days prior to the review in 36 percent of the 267 cases.

Table IV-12
13th Month Permanency Review Implementation
January 1 through December 31, 2011
N=267

	Number	Percent
Total Cases Reviewed by State Permanency Reviewers	267	100%
Reviewer Concurrence with goal and plan	131	49%
Permanency Goal		
Reunification	179	67%
Permanent placement with relative	43	16%
Adoption	32	12%
Guardianship	5	2%
Another planned permanent living arrangement	8	3%
Totals	267	100%
Cases with current case plans (court sanctioned/approved)	199	75%

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

⁷⁴ 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 December 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 =267)	96	36%
FTMs with mothers involved (percentages based on the number of FTMs held—excludes cases for which there was a TPR, a non-reunification order, the mother’s whereabouts were unknown throughout the life of the case, or the mother was deceased—N=81)	46	57%
FTMs with fathers involved (percentages based on the number of FTMs held—excludes cases for which there was a TPR, a non-reunification order, the father’s whereabouts were unknown throughout the life of the case, or the father was deceased—N=64)	18	28%
FTMs with relatives involved (percentages based on the number of FTMs held and potential relatives to invite — N=50)	26	52%
FTMs with foster parents involved (percentages based on the number of FTMs held and number of children with foster parents — N= 69)	55	80%
FTMs had recommendations specific to Child/Family needs (percentages based on N=91)	83	91%

Source: Division of Family and Children’s Services, State Permanency Review Project Director, 2011 Quarterly 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 267 cases were reviewed during 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:

- 99 percent of substitute caretakers participated actively in case planning.
- 97 percent of children old enough to participate in case planning were actively involved.
- 95 percent of mothers were actively involved in case planning.
- 77 percent of fathers were actively involved in case planning.

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

	Number	Percent
Active involvement in the case planning process		
Child (n=148)	144	97%
Mother (n=204)	194	95%
Father (n=143)	110	77%
Caretaker (n=246)	244	99%

Source: DFCS, State Permanency Review Project Director, 2011 Quarterly Reports on 13th month Permanency Reviews.

b. 25th Month County-State Staffings

In addition to the 13th month permanency reviews, the State reported 168 children reached their 25th month in care. Staffings were convened with the Counties for 155 children (92%). The remaining 13 children exited care during their 25th month. 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 66 percent of the cases (102 children).
- In 2011, 52 percent of plans had a goal of reunification.
- In 2011, 27 percent of plans had a goal of adoption.
- The proportion of children with current case plans was 77 percent (119 children).

Table IV-15
25th Month Permanency Review Implementation
January 1 through December 31, 2011
N=155

	Number	Percent
Total Cases Staffed	155	
Reviewer Concurrence with County Plan	119	77%
Permanency Goal		
Reunification	81	62%
Permanent Placement with Relative	14	27%
Adoption	42	27%
Guardianship	7	5%
Another Planned Permanent Living Arrangement	11	7%
Totals	155	100%
Cases with current case plans (Court sanctioned/approved)	119	77%

Source: DFCS State Permanency Review Project Director, 2011 Quarterly Reports on 25th 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 155 cases were reviewed during 2011, 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 applicable caretakers (100% of 154) participated actively in case planning (one child was living with birth father).
- 95 percent of children old enough to participate in case planning were actively involved.
- 95 percent of mothers were actively involved in case planning.
- 68 percent of the fathers were actively involved in case planning.

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

	Number	Percent
Active involvement in the case planning process		
Child (n=105)	100	95%
Mother (n=97)	92	95%
Father (n=65)	44	68%
Caretaker (n=154)	154	100%

Source: DFCS State Permanency Review Project Director, 2011 Quarterly Reports on 25th month Permanency Reviews.

C. Post Adoption Assistance

The State reported that 59 children were adopted between July 1 and December 31, 2011. According to data obtained from the state Office of Adoptions, 53 (90%) 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 53 families eligible for monthly adoption assistance, 38 percent had received these benefits by December 31, 2011. This is a lower proportion than found in Period the 11 when 58 percent of the eligible adoptions had received reimbursement by the end of the period.

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 initiated in Period 6 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 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 12. 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 12 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.	93%
Outcome 18: At least 90% of all children in care at a point in time during the reporting period shall have had 2 or fewer DFCS placement case managers during the prior 12 months in custody. This measure shall not apply to cases that are transferred to an adoption worker or Specialized Case Manager; case managers who have died, been terminated, or transferred to another county; or case managers who have covered a case during another case manager's sick or maternity leave.	92%
Outcome 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. ⁷⁵	97.5%
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. ⁷⁶	98.1%
Outcome 22: At least 95% of the total minimum number of monthly case manager-caregiver visits required during the reporting period occur. ⁷⁷	97%
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.	49.1%
Outcome 30: At least 85% of children in care shall not have any unmet medical, dental, mental health, education or other service needs, according to the service needs documented in the child's most recent case plan.	75%

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

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

Outcome 17 – Placement Stability

Once placed in an appropriate setting, a casework goal is to maintain the stability of the placement and avoid the trauma of disruption and placement into another setting. With Outcome 17, the Consent Decree establishes a threshold for placement stability by requiring

⁷⁵See *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

⁷⁶ Ibid.

⁷⁷ Ibid.

that at least 95 percent of children in custody have two or fewer placement moves during the most recent 12 months in custody.⁷⁸

a. Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in Period 12. Appendix B provides a summary of previously resolved interpretation and measurement issues. The federal definition of “placement” is used. As a result, runaway episodes, hospitalizations for medical treatment or psychiatric diagnosis or crisis intervention, trial home visits, respite care, and detention in locked facilities are not considered placements. The measurement of Outcome 17 performance is based on the sample of 175 children in foster care at any time between July 1 and December 31, 2011.

b. State Performance

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

For Outcome 17, 160 children (93%) 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 12 performance is an improvement over the Period 11 performance of 90 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 reporting periods to which the Consent Decree standards applied.

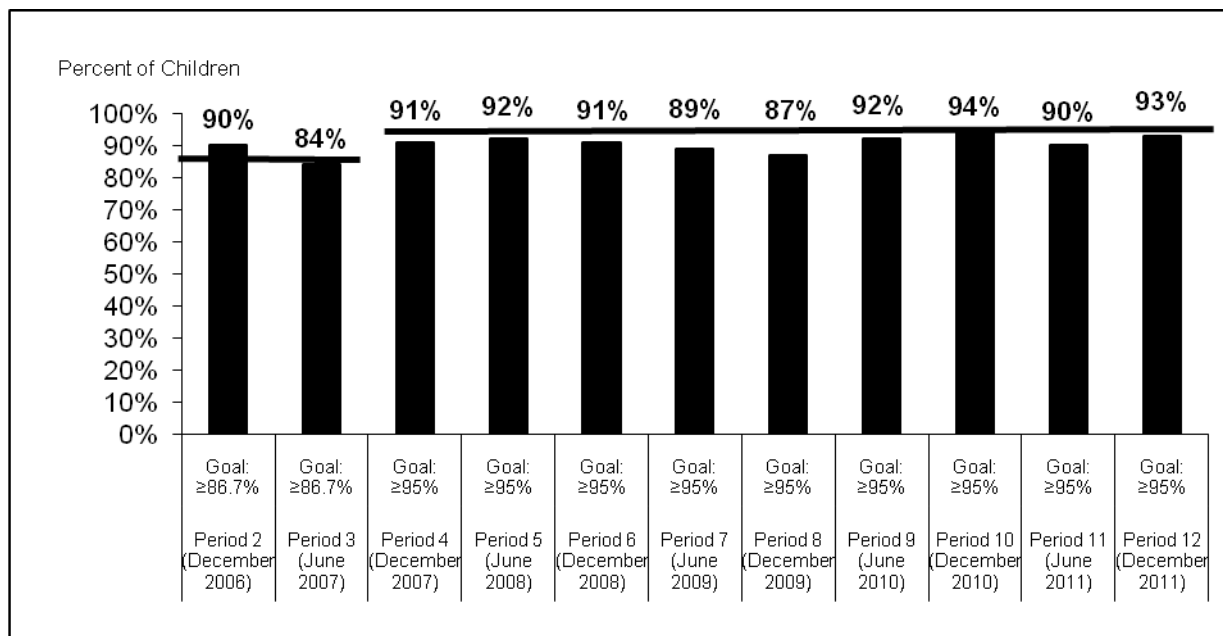
⁷⁸ See p. 35, Outcome 17 of the Consent Decree.

Table V-2
Number of Placement Moves Experienced by Children in the 12 months prior to
December 31, 2011 or the Last Date of Custody
n=175

Number of Moves	Number	Percent	Cumulative Percent
No Moves	98	56%	
One Move	46	26%	82%
Two Moves	18	10%	93%
Subtotal	162		
Three Moves	4	2%	95%
Four Moves	4	2%	97%
Five Moves	2	1%	98%
Six Moves or more	3	2%	100%
	175		

Source: Case Record Review, February-March 2012.

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



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

c. Operational Context

The Counties are concerned about children experiencing multiple moves. Multiple placements are not good for the children and meeting the intensive visitation requirements for children in new placements increases case manager workloads. 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.

Among the 13 children in the sample who had three or more placement moves, 54 percent were aged 13 or older and the median age was 16. In addition, eight of the 13 children entered foster care in 2010 or 2011. The stated reasons for the moves varied by child (and the reasons were not the same for each move). Examples included:

- Foster parent/caregivers unable to meet the child’s behavioral or mental health needs/a different level of care was needed (7 children);
- Placement with siblings and/or relatives (4 children);
- Frequent episodes of running away from one or more placements (3 children);
- Sibling behavior caused child to be moved with sibling (2 children); and,
- CPS allegation, home closure (2 children).

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 he/she is out on sick leave. The Consent Decree also allows for each child’s one-time transfer to a Specialized or Adoptions case manager.⁷⁹

a. Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in Period 12. Measurement in Period 12 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 December 31, 2011, which was 1151.

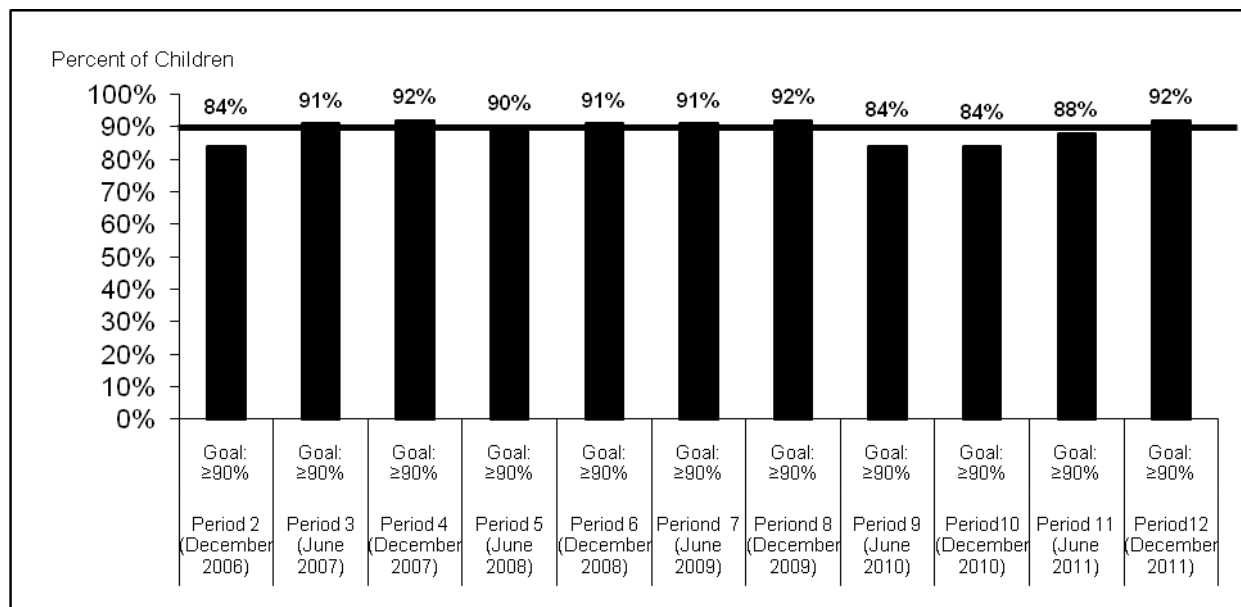
⁷⁹ See p. 35, Outcome 18, of the Consent Decree.

b. State Performance

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

For Outcome 18, 1062 (92%) of the 1151 children in custody on December 31, 2011 had 2 or fewer placement case managers since January 1, 2011, once the allowable exceptions were taken into account. The performance threshold for this outcome is 90 percent. The Period 12 performance is an improvement over the previous three periods in which the State had fallen short of the threshold. Figure V-2 illustrates the State's performance on this outcome over the reporting periods to which the Consent Decree standard applied.

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



Source: State systems: SHINES and county records, July 2006-December 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 case managers' knowledge about the children they serve 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.”*⁸⁰

⁸⁰See p. 19, Section 5D of the Consent Decree.

a. Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in Period 12. 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.⁸¹

Using the visit data base maintained by County Quality Assurance staff previously described in Outcome 23, 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 12 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 children is accurate.

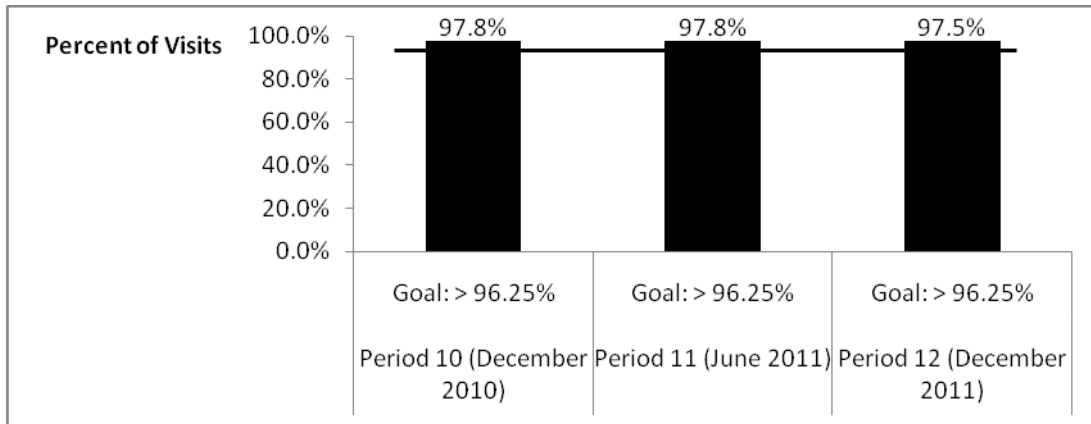
b. State Performance

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

Case managers completed 97.5 percent of the required twice monthly visits (Outcome 20a) and 98.1 percent of the required private monthly visits (Outcome 20b) in Period 12. The threshold for each outcome is 96.25 percent. The Period 12 performance is similar to Period 11. Figures V-3 and V-4 illustrate the State's performance over the three reporting periods to which revised the Consent Decree standards applied.

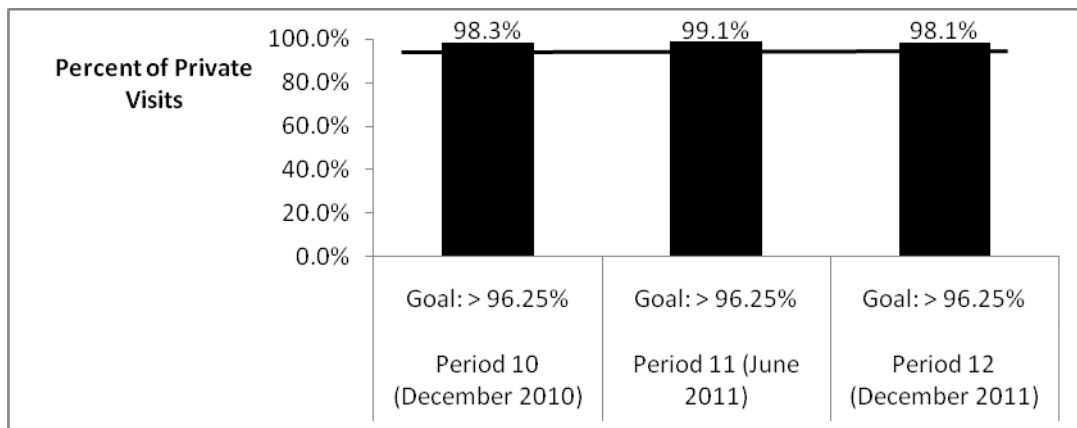
⁸¹See *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

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



Source: County Quality Assurance data bases.

Figure V-4
Three 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.⁸² 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

⁸² See p. 36, Outcome 22 of the Consent Decree.

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 12. Measurement in Period 12 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 caregivers required during the period occur.⁸³

Using the visit data base maintained by County Quality Assurance staff previously described in Outcome 23, 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 12 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 caregivers is accurate.

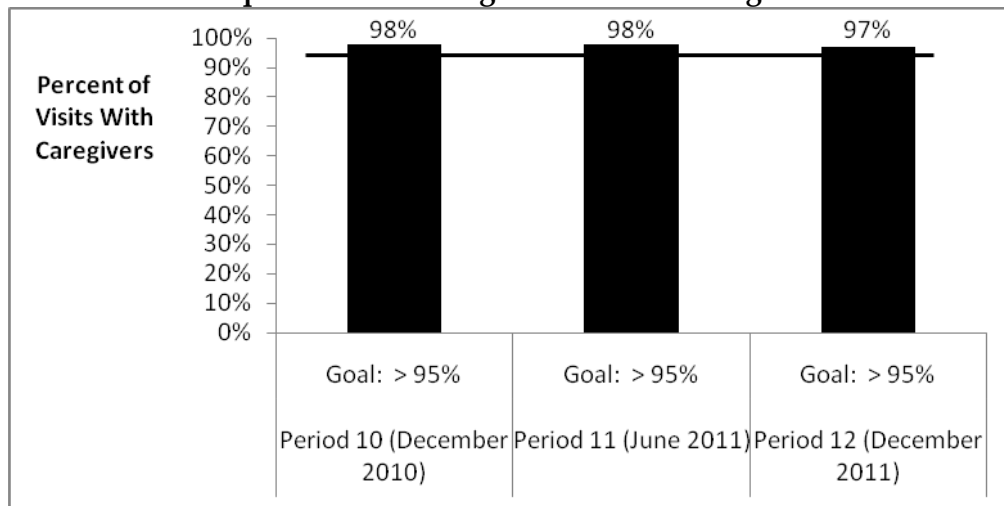
b. State Performance

• The State Surpassed the Outcome 22 Threshold

For Outcome 22, 97 percent of the required monthly case manager visits to substitute caregivers in Period 12 occurred. The performance threshold for this outcome is 95 percent. The Period 12 performance is similar to the Period 11 performance of 98 percent. Figure V-5 illustrates the State’s performance over the three reporting periods to which revised the Consent Decree standards applied.

⁸³ See *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

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.”⁸⁴ 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 (October 2004-October 2005) had earned a high school diploma or GED. Therefore, the target DFCS has for this outcome is now 85.7 percent.

a. Interpretation and Measurement Issues

Appendix B provides a summary of previously resolved interpretation and measurement issues. For calendar year 2011, the measurement of Outcome 24 performance was based on all youth aged 18 or older who exited care any time between January 1 and December 31, 2011 and, as of December 31, 2011, had not returned to care to take advantage of supportive services. Supporting documentation for the educational achievement of these youth is maintained by the counties, the State Department of Education (DOE), and the Technical College System of

⁸⁴ See p. 36, paragraph 24 of the Consent Decree.

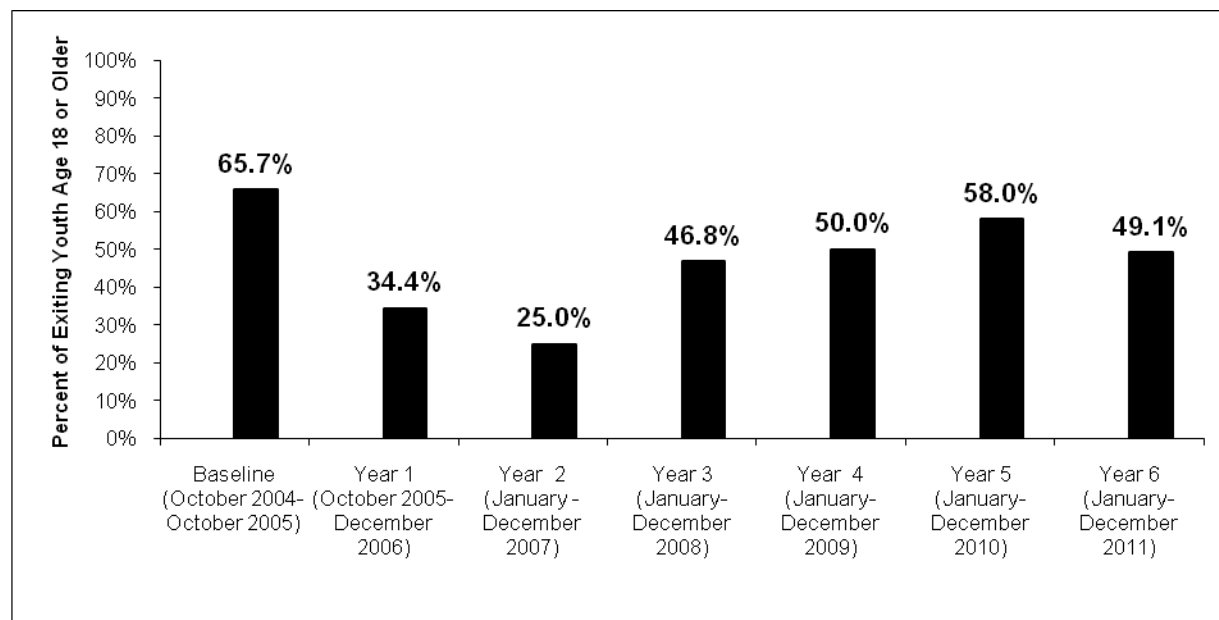
Georgia (TCSG). The Accountability Agents reviewed the supporting documentation, maintained by the counties and state, including copies of diplomas and appropriate educational certificates. They did not review the electronic files received from DOE and TCSG.

b. State Performance

• The State Fell Short of the Outcome 24 Threshold

The State reports that 57 of 116 exiting youth (**49.1%**) who left DFCS care at age 18 or older between January 1 and December 31, 2011 graduated from high school or achieved a GED. This performance appears to be a set-back for the State. However the State and the Accountability Agents are in the process of re-examining the performance from previous years as it may be overstated. In validating the 2011 performance, the Accountability Agents learned that the information obtained about GED achievement from the Technical College System of Georgia in previous years may have included all those foster youth who completed a portion of the GED components as well as those who completed and passed all components to earn a GED. The Accountability Agents will provide an updated analysis in the Period 13 report. Figure V-3 displays the State's performance compared to the baseline for the six years since the baseline measurement was taken.

Figure V-3
State Performance on Outcome 24 Compared to Baseline:
Educational Attainment of Youth Exiting DFCS Care (High School Diploma or GED)
(October 26, 2004 to December 31, 2011)



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

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

The Consent Decree specifies that the needs to be considered for achieving Outcome 30 are those medical, dental, mental health, educational and other needs identified in the child's most recent case plan.⁸⁵ 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 12. 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 July 1 and December 31, 2011.

Among the 175 children in the sample, 161 children had one or more case plans in their records. Eleven of the 14 children who did not have case plans in the files had been in custody fewer than 30 days during the review period and a completed plan was not yet required. Three children without case plans had been in custody 34-47 days. Of the 161 plans, 145 (90% of 161) were current – they had been developed within seven months of December 31, 2011 or the child's discharge date. Another 16 (10% of 161) were seven to 15 months old. Five children among the 161 had plans that were incomplete despite supervisory approval and could not be used for the analysis. These plans did not include any references to the child's needs or any standard DFCS goals. Thus the outcome performance is based on 156 children who had complete plans, even if they were not up-to-date. The margin of statistical error for a subsample of 156 children is ± 7 percent.

b. State Performance

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

Based on case file documentation and reviewer judgment, 117 children (75%) of 161 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 12 performance is similar to the performance in Period 10 (77%) and Period 11 (78%) but the observed difference is within the margin of statistical error. Figure V-6 displays the State's performance over the 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. As in Period 11, all or nearly all children had routine medical, dental, and educational/developmental needs cited in their plans. The proportion of children who appear

⁸⁵ See p 38, Outcome 30 of the Consent Decree.

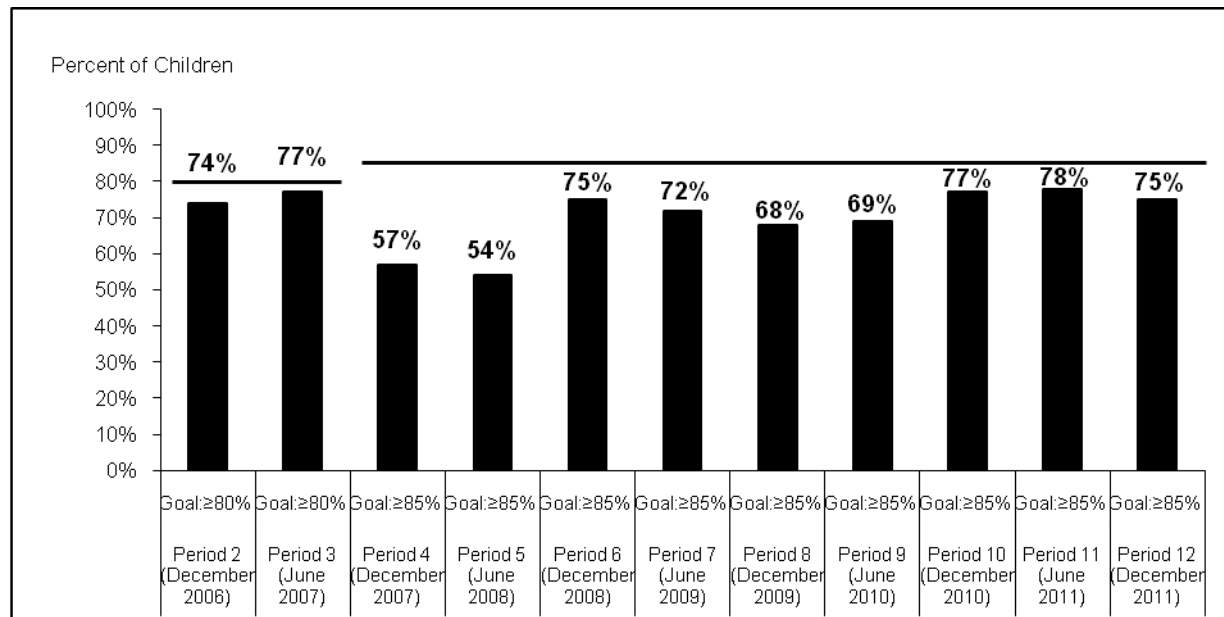
to have mental health needs documented (73%) is similar to the proportion with such needs identified Period 11.

Table V-3
Needs Identified in Most Recent Case Plans and Degree Needs Met as of
December 31, 2011 or last Date of Custody

Children with Case Plans n=161			Children Received/Receiving Services n varies depending on need identified		
	Number	Percent		Number	Percent of identified need
One or More Need Identified (routine or child-specific)	156	97%	All Identified Needs Met (n=153)	117	75%
Frequency of different identified needs			Frequency of different needs being met		
Medical	156	100%		135	87%
Dental	152	97%		134	88%
Mental Health	114	73%		110	96%
Educational/ Developmental	150	96%		144	96%
Other	0	0%		n/a	n/a

Source: Case Record Review, February-March 2012

Figure V-6
Eleven Reporting Periods of State Performance on Outcome 30:
Children with All Plan Identified Needs Met



Source: Reporting Period Foster Care Case Record Reviews, July 2006-December 2011

c. Operational Context

Complete DFCS case plans 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 is known to have an Individualized Education Program⁸⁶ (IEP), it should be current. The schedule for health and dental exams is indicated in Section 6 of the Consent Decree⁸⁷ and DFCS policy⁸⁸. Another part of achieving this goal requires the needs identified in the examinations and IEPs to be addressed. 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, it is the State’s responsibility to see that the child receives the appropriate follow-up dental care.

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; the number of children with the indicated unmet need is given in parenthesis. Some children had multiple unmet needs:

1. Unmet Health/Dental needs:
 - Overdue screenings, medical or dental (7) (not completed by end of period);
 - Dental treatment follow-up (14);
 - Consultation/ treatment as recommended (6);
 - Vision screening/treatment (9);
 - Hearing screening/treatment (1);
 - Flu shot (1); and,
 - Consistent follow-up for required medical observation/treatment (1).
2. Unmet educational/developmental needs:
 - Out of date Individualized Education Programs (1);
 - Consistent follow-up with required therapies (1);
 - Follow-up evaluations (2); and,
 - School enrollment (due to runaway status) (2).
3. Unmet mental health needs:
 - Follow-up to get recommended psychological evaluation (1); and,
 - Assessment (3).

⁸⁶ 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.

⁸⁷ 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.

⁸⁸ DFCS policy regarding meeting the service needs of children is in Section 1011, Chapter 1000 of the Social Services Manual.

This is clearly an area where the Counties continue to struggle with both obtaining timely follow-up to identified needs and documenting delivered service. As part of the case record review, the Accountability Agents provided the Counties with the identifying information of a portion of the children in the sample of 175 who appeared to have unmet needs and asked for available documentation that was not in the records at the time of the review. The Counties were able to supply some additional information and documentation and, thus, the measured performance for OM 30 improved slightly. However, the Accountability Agent's assessment of the barriers to substantially better performance on this outcome remains unchanged from the conclusions drawn in Period 11. As reported in Period 11, these barriers appear to be:

- Insufficient use of existing practices and strategies (such as supervisory reviews, twice-monthly visits with children, monthly visits with caregivers, and case plan reviews every six months) to ensure plan-identified needs are met.
- Case managers and supervisors inconsistently reviewing and acting upon the information they receive from completed assessments, conversations with providers and with substitute caregivers.
- 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, a completed health action may be listed on the health log in a child's case record, but the supporting documentation may not be uploaded to SHINES for several months.

In addition to these barriers, "ownership" of the responsibility for following up to ensure that identified needs are met and that the case record reflects this may be ill-defined. Case managers, providers and caregivers may expect or assume that others are taking the initiative to make follow-up appointments. Expectations may not be clearly established or enforced as to who is to receive information from follow-up appointments and when and how information on the results of such appointments is to make its way back into the case record.

B. Placement Experience

This section describes the placement process used by the counties and the characteristics and placement practices identified in the case record review of 175 children in foster care during the period July 1 to December 31, 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 Process

The processes used by both counties to find children appropriate placement settings changed very little in Period 12 but the changes that did occur have made the separate processes more similar. The most significant change was in Fulton County. The Fulton County Family Resource Center (FRC) was closed effective June 30, 2011. FRC had served as a temporary placement setting and an assessment program for children entering foster care and/or children whose placements disrupted. Starting in Period 12, Fulton County designated eight of its existing foster family homes as “receiving homes” and contracted with five agencies⁸⁹ to provide temporary placements for purposes of assessing the child’s needs for therapeutic and/or placement settings more restrictive than family foster homes. DeKalb County has been employing the receiving home model for several years and had six such homes by the end of Period 12. Receiving homes are homes with seasoned foster parents with one “stay at home parent” who is available at all times to “receive” a child in need of placement. The placement “finding” unit that was housed at the FRC is now housed in a Fulton County DFCS office.

When a child is first removed from his/her home and is in need of a substitute placement setting, both counties report following the same steps:

1. A phone call is made to alert the placement unit that there is a child who is in imminent need of substitute care.
2. Basic information about the child is provided to the placement unit from the case manager (often the investigator) who has removed the child or the staff member who acts as the court liaison. The information is provided through a phone call or by email or both. The basic information includes name, date of birth, school, and other important contacts that are known such as medical home, mental health counselor, or probation contact.
3. A placement unit supervisor reviews the information and may follow-up with the case manager or other individuals identified to get more information about the child.
4. The placement unit supervisor assigns the child to a placement unit case manager who then begins to find an appropriately matched resource for the child’s known needs.

⁸⁹Fulton County reports using Devereux, Laurel Heights, and Youth Villages to provide very short term (up to 14 days) Crisis Residential beds and uses the Georgia Parent Support Network and Creative Community Services to provide crisis foster homes for stays up to 30 days.

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5. Placement unit case managers first review the potential placement setting matches available among the DFCS supervised foster homes within the geographic proximity of the home from which the child was removed. If there are no suitable matches among the DFCS supervised foster homes, the case manager will explore what is available in the options provided by private agencies. The case manager tries to identify more than one option for the child's case manager to consider and choose among, but this is not always possible. Suitability includes ensuring that the placement setting serves the gender and age of the child in need and that it is an approved resource that is not already at capacity.
 6. When a potential option is identified, the placement unit case manager calls the resource (DFCS supervised and private agency alike) and gathers more information to further assess suitability. This additional information includes the following:
 - Household members, including foster children, and ages and sex of members ;
 - Existence of a family pet;
 - Sleeping arrangements for the new foster child, including room sharing;
 - If the child is an infant, how prepared is the foster parent (crib, car seat, money for formula until they can be reimbursed);
 - Hours foster parents work and how children are supervised;
 - School child will attend.
 - Whether day care or after school program will be used and who the provider is; and,
 - The foster parents self-assessed strengths and support system.
 7. While placement is being identified and arranged, the child may be waiting in school, court, a DFCS office, a medical office (receiving his/her initial health screen) a receiving home, or in one or more of these settings depending on the time of day the child is removed and how quickly a placement can be identified and arranged.
 8. The child's case manager or the investigative case manager takes the child to the placement setting. The foster parents or other substitute caregivers are to receive a packet of information when a child is placed. (See later discussion about information provided to caregivers.)

When a child's placement setting is disrupted and a child must be moved, a similar placement finding process is used. Both counties, however, have a process in place to prevent disruptions, or at least make the child's removal orderly and not a crisis event. Each county asks that caregivers and/or private providers give 10 to 14 day notice when they wish a child removed. Within that time period, the counties convene meetings with the caregivers in an attempt to prevent the child's removal from their placement setting. They also start the search process for another placement setting in the event they are not able to preserve the placement.

2. Placement Setting

a. Distribution of Children Among Placement Settings

Most of the children in the sample of 175 were placed in family settings. Table V-4 provides the distribution of children among placement settings found in the case record review. When the different family settings are combined, 139 children (79%) in the sample were in family settings on December 31, 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. Thirty-five children (20%) were in congregate care settings including residential treatment facilities, group homes, skilled nursing facilities and special psychiatric hospitals. One youth was in a juvenile detention facility. The distribution between family settings and congregate settings is slightly different than observed in the sample in Period 11. In Period 11, 83 percent of the children in the sample were in family settings and 15 percent were in congregate care. The observed differences, however, are within the margin of statistical error.

Table V-4
Placement Settings of Children in DFCS Custody
on December 31, 2011 or the last day of custody (or before running away)
n=175

Placement Type	Frequency	Percent	Category Percent
Family Settings			79%
Foster Home (DFCS or Private Agency Supervised)	97	55%	
Relative Home (Foster and non Foster Home)	34	19%	
Parents/Guardian/Fictive Kin	8	5%	
Congregate Care Settings			20%
Emergency Shelter/Assessment Center	0	0	
Group Home	26	15%	
Residential Treatment Facility/ Child Caring Institution/ Specialty Hospital	9	5%	
Other			1%
Detention facility	1	1%	
Total	175	100%	100%

Source: Case Record Review, February –March 2012.

b. 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 or any other foster home or group facility beds used on a temporary basis 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.⁹⁰

Neither county has an emergency or temporary facility providing intake functions. As previously noted, they both use “receiving homes” as temporary placement settings for children entering care and, in some instances, when a placement disrupts. Temporary placement settings also include foster homes used as “respite homes” when foster parents need to have time off from caring for children. According to DFCS fiscal policy, respite is generally up to five days.^{91,92} In Period 12, 10 children in the sample of 175 experienced at least one placement in a temporary or respite foster home. None of these children experienced stays longer than 30 days in these temporary homes. One of the 10 children experienced more than one stay in a respite foster home as he was placed in respite on weekends, each time returning to the original foster home.

c. Young Children in Congregate Care

The Consent Decree has several restrictions related to the use of group care.⁹³ Between July 1 and December 31, 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. According to State reports, 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. The capacity of these settings was 6 and 12, respectively. On December 31, 2011, seven children under the age of six remained in congregate care settings, all placed with their mothers.

On December 31, 2011, 12 children aged 7 to 11 were in group care facilities with more than 12 beds. Ten of these children were in psychiatric residential treatment facilities (PRTFs) and two were in other group care settings. The State provided documentation of the waivers supporting the need for those two children to be placed in those particular congregate care settings. These settings have licensed capacity of 57 and 16, respectively, and the two children placed in them were both 11 years of age.

According to the State, the continued need for in-patient treatment in a PRTF is reviewed every 30 days and reauthorized as necessary. All 10 children in PRTFs had been in these treatment

⁹⁰ See p. 16, paragraph 5C4.c of the Consent Decree.

⁹¹ See DFCS Foster Care Manual, Section 1016.

⁹² Note, for purposes of measuring the number of placements and placement moves a child experiences, Federal definitions do not consider stays in respite homes placements when the child returns to the foster home that had requested respite.

⁹³ See p. 16-17, paragraph 5C.5f of the Consent Decree.

settings for more than 30 days as of December 31, 2011. They ranged from 7 to 11 years of age. Although DFCS does not consider psychiatric hospitals to be “placement settings,”⁹⁴ DFCS supplied documentation to the Accountability Agents that these placements and the progress the children were making in the settings⁹⁵ have been reviewed and reauthorized every 30 days. 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
July 1 through December 31, 2011

Children under the age of 6						
Reason for placement	Number placed as of June 30, 2011		Number newly placed between July 1 and December 31, 2011		Number still placed as of December 31, 2011	
	Bed Capacity		Bed Capacity		Bed Capacity	
	≤12	>12	≤12	>12	≤12	>12
With mother	4	3	2		5	2
Service Need						
Total	7*		2		7	
Children aged 6 to 12						
	Number placed as of June 30, 2011		Number newly placed between July 1 through December 31, 2011		Number still placed as of December 31, 2011	
	Bed Capacity		Bed Capacity		Bed Capacity	
	≤12	>12	≤12	>12	≤12	>12
PRTF		6		8		10
Group Care		1				2
Total	7**		8		12	

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

*In Period 12, two additional children were identified who had been placed with their mothers in Period 11; **In Period 12, one additional child was identified that was placed in a PRTF during Period 11.

3. Placement Moves During the Period

Eighty-seven (50%) in the sample of 175 children in foster care experienced one or more new placement settings during Period 12. The proportion of children in the sample experiencing a

⁹⁴ This assessment appears to be supported by the Federal Child Welfare Policy Manual which considers psychiatric facilities “outside the scope of foster care” for purposes of Title IV-E. See references from the manual at http://www.ach.hhs.gov/cwpm/programs/cb/laws_policies///aws/cwpm.

⁹⁵ The Accountability Agents did not verify the appropriateness of these arrangements or the certification of need.

new placement or placement change in a six-month period has continued to grow since Period 9 when it was 33 percent. In Periods 10 and 11 it was 35 percent and 43 percent, respectively. Further analysis indicates that 17 percent of the 87 children actually had both an initial placement and at least one other placement during the period.

While not statistically representative, the growing proportion of children with placement moves during the reporting period may point to system dynamics the State should seek to understand because multiple moves can further traumatize children and increases case manager workload. These dynamics may include the following:

- Children entering custody today may have more complex needs compared to children who entered in the past and the State's systems of care may be operating "behind the curve" in this respect;
- The current placement setting stock is not adequately equipped to meet the needs of the children currently in care;
- The State's ability to match children entering care with the most appropriate placement setting needs to be strengthened; and
- The use of receiving homes may have reduced the perceived need to find the most appropriate placement for children quickly.

a. 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.⁹⁶ 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, they are to have weekly visits. This visitation requirement was applicable to 81 of the 87 children in the sample who entered and/or changed placements during the reporting period. The circumstances of six children precluded analyzing the required visits during the review period.⁹⁷

As shown in Table V-5, the file documentation indicated that 59 of the remaining 81 children⁹⁸ (73%) had a visit in the first week of placement. For 53 of these children, the visit occurred in their placement settings. A total of 21 children (26%) received the required number of visits. However, four of these 21 children were not seen in the placement setting in the first week of placement. Another 19 children (23% of 82) missed one of the required additional visits. The majority of the remaining children (31 of 42) had at least half of the required visits. Eleven children had fewer than half of the required visits.

⁹⁶ See p. 19, paragraph 5D.1 of the Consent Decree.

⁹⁷ One child was on runaway status or in detention most of the period; five children were moved out of state to live with relatives.

⁹⁸ Conclusions drawn from a subsample of 81 children has a margin of error of +/-11%.

The proportion of children with case manager visits in any setting the first week of a new placement appears to have declined from the 78 percent observed in Period 11, but the observed difference is within the margin of statistical error. The proportion with in-placement visits in the first week appears to have increased from 57 percent in Period 11 to 65 percent in Period 12. Again, however, the observed difference is within the margin of statistical error for the two samples.

Among the 81 children who experienced new placements, 34 experienced an initial placement; 35 experienced a change in placement; and 12 experienced both an initial placement and at least one change in placement during the period. Further analysis indicates that visitation performance varied among these groups. Among those children who experienced an initial placement, 29 percent received all the required visits; among those who changed placements during the period, 26 percent received all required visits; but, among the 12 children who experienced both an initial and at least one other placement during the period, 17 percent received all required visits. This pattern suggests that case managers have greater difficulty keeping up with the visit requirements when children experience multiple moves. Some other possible explanations for the State and Counties to explore include the following:

- Delayed case manager assignment when a child first enters custody;
- Child remains with a relative or safety resource when first entering custody which may cause confusion about whether this is considered a “new” placement;
- Documentation issues – not all visits are entered or degree of discussion with children recorded; and,
- Child is placed with a parent and, again, there may be confusion as to this being considered a “new” placement.

Table V-5
Pattern of Case Manager Visits with Children in the First 8 Weeks
of a New Foster Care Placement
n=81

Degree of Required Visits	Number of Children	Percent
At least one visit in the first week of placement	59	73%
At least one in-placement visit in the first week of placement	53	65%
All requirements met for period of time child in placement	17	21%
The number of required visits was made, but there was no in-placement visit in the first week.	4	5%
Missed one week of required visits (equivalent of 5 visits in addition to the two required in-placement visits over the 8 week period)	16	20%
Missed two weeks of required visits (equivalent of 4 visits in addition to the two required in-placement visits over the 8 week period)	5	6%
Half of the required visits made (equivalent to 4 visits in 8 weeks)	28	35%
Less than half of the required visits ⁹⁹	11	14%
Total	81	101%

Source: Case Record Review, February-March 2012. Total greater than 100% due to rounding.

To address chronic underperformance on this requirement, the Parties agreed to a set of corrective actions to be undertaken by the State.¹⁰⁰ These corrective actions focus on more intensive supervision. Both counties have 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.

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

For 87 children experiencing a placement move, there was evidence in the case record that case managers attempted to minimize the emotional trauma of the most recent move for 59 children (68%)¹⁰¹. This finding compares to 40 of 75 children (53%) in Period 11.

Thirty-two of the 87 children experienced more than one move in Period 12 and the record review collected information about trauma-minimizing efforts related to the prior placement

⁹⁹ Children in the sample could receive less than half of the required new placement visits but still be visited twice a month by their case managers depending on the timing of the placement move. The first visit in the month may occur before the new placement and the second visit of the month may occur after the placement move. Likewise, a case manager may visit in the 8th week of placement and again in the 10th week and the twice a month requirement is met when these occur in the same month.

¹⁰⁰ Correspondence from Brenda King Woodard, Georgia Department of Human Services, to Ira P. Lustbader, Children's Rights, December 17, 2010..

¹⁰¹ The margin of statistical error for a subsample of 87 is +/- 10 percent.

move in addition to the most recent. Among these 32 children, it appeared that case managers attempted to reduce the trauma of the previous move for 13 children (41% of 32). The proportion of Period 11 cases with documented trauma reducing efforts related to a previous move was 18 of 36 (50%).

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. Case managers also accompanied children to out-of state placements.

3. 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.¹⁰² According to the practice procedures in both counties, during the discussion of a potential placement's suitability for a child, the placement unit case manager is to provide the prospective substitute caregiver with basic information about that child.. This basic information consists of name, date of birth, and any immediate information known that was used to match the child to the caregiver. The child's case manager or the staff that transports the child to the placement setting is to give the foster parents/ substitute caregivers a packet of information at the time the child is placed. This packet is referred to as a "passport." Each county has a slightly different format for this packet and content requirements. Examples of the types of information that is to be in the packet includes:

- Contact information for the child's case manager and his/her supervisor;
- Medical and dental screening required;
- Upcoming hearings;
- Initial Family Team Meeting Scheduling;
- Known medical history, conditions, medical home and medications if necessary;
- Known allergies;
- Religious preferences;
- School or daycare program the child has been attending;
- School enrollment form;
- Reason child is in foster care;
- Child's family members;
- Child's routine: foods, bed time, bed time rituals;
- Medical consent;
- Log for recording medical and dental appointments;
- Names and contact information of people important to the child;
- Child's personal property; and

¹⁰² See p. 19, paragraph 5C.6d of the Consent Decree.

-
- Authorization to receive support from the Women, Infants, and Children (WIC) program.

The case manager is to review with the foster parent/substitute caregiver what is in the passport and how they are to maintain the information in it. The packet is to travel with the child throughout his/her foster care spell. The Fulton County process requires the substitute caregiver to sign a signature page to affirm that they received the packet. Copies of this page are kept by the child's case manager and/or the placement unit. However, this signature page is not consistently uploaded into SHINES. In Period 12, DeKalb did not have a similar requirement for a signature page.

Various pieces of information pertaining to the placement and what is shared with the substitute caregiver can be recorded in SHINES, but there are few mandated fields. Responsibility for entering the information is split between the placement unit and the child's case manager with the mandatory fields being completed by the placement unit. These fields are the date and time placement began and the placement type, who contacted the placement setting and how the contact was made. The child's case manager may record in the record narrative what information was provided to the substitute caregivers, but the practice of doing so is inconsistent. The Counties, therefore, could explore how they might be able to use the available SHINES features to more effectively record and track what information is provided to substitute caregivers.

Among the 81 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), there was evidence in the case file that case managers provided medical information to the substitute caregivers of 33 children (41% of 81) and education and mental health information to 24 (30%) and 17 (21%) of caregivers, respectively.

DFCS policy allows for all children to have an "initial clothing allowance" during the first six months following their placement in foster care. The allowance ranges from \$200 to \$300, depending on the age of the child. Subsequent to the initial allowance, there is an annual clothing allowance. Foster parents and providers are informed of this allowance and are asked to submit receipts for the clothing purchased.¹⁰³ In Fulton County, the child's "passport" contains a Clothing Allowance Form and DeKalb County has been sending letters regarding the clothing allowance policy to DFCS supervised homes annually. In addition, the DFCS personnel who monitor and support DFCS supervised homes may also discuss the children's needs during visits. Therefore, the degree to which the case records have evidence that the case managers reviewed the clothing needs and took the necessary steps to ensure children had appropriate clothing in their new placements is expected to be limited. However, evidence that case managers took such actions was found in the records of 38 children experiencing new placements during the period (47% of 81).

¹⁰³ See Social Services Manual Chapter 1000, Sections 1016.13 and 1016.14.

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.¹⁰⁴ As a means of “*strengthening and rebuilding families to bring about the child’s early return*”¹⁰⁵ 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 12.

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.¹⁰⁶ Other initial activities include health and dental screening and mental health or developmental assessments.¹⁰⁷ 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 12, the State used SHINES data to report 561 entries into care during Period 12, but not all of the children who entered remained in care beyond a few days. Among the 457 children who were in custody nine days or more, the county tracking systems indicated that 384 children (84%) received timely Family Team Meetings (FTM). Another 59 children (13%) had FTMs but they were not convened within the first nine days. The late FTMs were held 10-96 days after the child’s entry into county custody. An additional 14 children (3%) did not appear to have had an FTM for the current foster care episode. The proportion of timely FTMs was slightly smaller than the Period 11 level of 89 percent but the proportion of children that had a Family Team Meeting convened at all remained about the same (98% in Period 11 and 97% in Period 12). Figure V-7 illustrates the Period 12 findings.

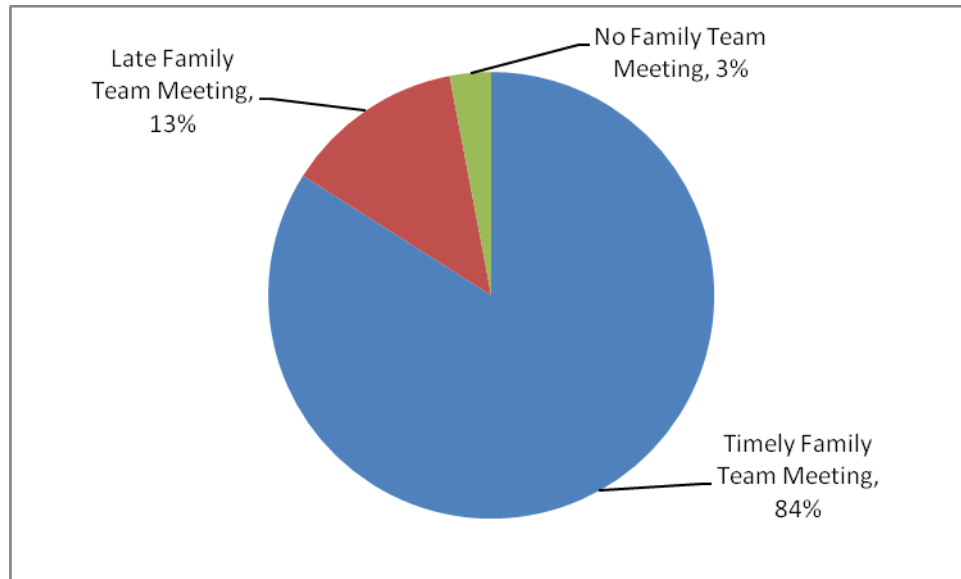
¹⁰⁴ See p. 4, principle 7; pp. 20-21, section 6; p.38, Outcome 30 of the Consent Decree; See also Social Services Manual Section 3060, Georgia Department of Human Services.

¹⁰⁵ See Social Service Manual 3060, Georgia Department of Human Services.

¹⁰⁶ See pp 5-7, section 4A of the Consent Decree.

¹⁰⁷ See p. 20, Section 6.A. of the Consent Decree.

Figure V-7
Initial Family Team Meetings at Foster Care Entry
July 1- December 31, 2011
N=457 (all children remaining in custody 9 days or more)



Source: County records.

b. Initial Health and Dental Screenings

The State's overall performance around initial health and dental screening is measured by the subsample of children who entered care and had been in custody at least 10 days. In the Period 12 sample of 175 children, there was a subsample of 48 children who entered care during the period and remained at least 10 days. The margin of statistical error for a subsample of 48 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.¹⁰⁸

Of the children in this subsample of 48, 36 (75%) had documented health screens within 10 days of entering care. When the ten-day time frame is relaxed, 47 of the 48 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 33 days. This performance is similar to that found in Period 11. The one child who did not receive a health screen was in custody 14 days.

¹⁰⁸ 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 Appendix D of the Period 12 monitoring report.

Thirty-one children (65% of 48) had a documented dental screen within 10 days. The total proportion receiving an entry dental screening was 88 percent. The 11 children who received their initial dental screens late received them 14 to 52 days after entering care. The timeliness of the dental screens is similar to Period 11 (60%) and a similar proportion did not have any initial dental screen in Period 11 (13%). Three of the six children who did not receive an initial exam were in custody 15 or fewer days.

Table V-7
Initial Health and Dental Exams at Foster Care Entry:
July 1-December 31, 2011
n=48

<i>Screen</i>	Number	Percent	Cumulative Percent
<i>Initial Health Screen At Foster Care Entry</i> (n=48 from sample)			
Received within 10 days	36	75%	
Received, but not within 10 days (11 to 33 days)	11	23%	98%
No initial health screen received by December 31, 2011	1	2%	100%
Total	48	100%	
<i>Initial Dental Screen At Foster Care Entry</i> (n=48) (includes infants for a "gum check")			
Received within 10 days	31	65%	
Received, but not within 10 days (14-52 days)	11	23%	88%
No initial dental screen received by December 31, 2011	6	13%	101%
Total	48	101%	

Source: Case record review, February-March 2012. Total greater than 100% due to rounding.

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.¹⁰⁹ 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.¹¹⁰ Within the sample of 175 children in foster care in Period 12, there were 25 children who were younger than age four, were in custody at least 30 days, and entered care on or after June 1, 2011.¹¹¹ One additional child under age 4 was in custody less than 30 days, but did receive a developmental assessment. There were 26 children in the foster care sample who were age four or older, remained in care

¹⁰⁹ See p. 20, paragraph 6A.3 of the Consent Decree.

¹¹⁰ See p. 20, paragraph 6A.3 of the Consent Decree.

¹¹¹ 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 June 2011 and, therefore, had sufficient time for identified needs to be addressed in Period 12.

30 days or more, and entered DFCS custody on or after June 1, 2011. One additional child over age 4 was in custody less than 30 days, but did receive a mental health assessment.

Twenty-two of the 25 children under the age of four had completed developmental assessments; 17 were completed within 30 days. The five children who did not receive developmental assessments within 30 days had them completed between 34 to 129 days. Twenty-five of the 26 children that were over the age of four and had been in custody 30 days or more had mental health assessments, 17 within 30 days. Three children had the assessment completed 32, 34 and 63 days after entering care, respectively. One child who entered care in June did not have a documented assessment by the end of December. This information is included in Table V-8.

Table V-8
Initial Developmental or Mental Health Assessments at Foster Care Entry:
June 1, 2011- December 31, 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=25)			
Received within 30 days	17	68%	
Received, but not within 30 days (34-129 days)	5	20%	88%
No initial Developmental Assessment received	3	12%	100%
Total	25	100%	
<i>Initial Mental Health Assessment</i> (children aged 4 and older) (n=26)			
Received within 30 days (includes pre-assessments)	22	85%	
Received, but not within 30 days (32-63days)	3	12%	96%
No Initial Mental Health Assessment	1	4%	100%
Total	26	100%	

Source: Case record review, February-March 2012

d. Initial Case Plans

Thirty-three (92%) of the 36 children entering custody during the reporting period and remaining more than 30 days had an initial case plan developed by December 31, 2011 or their last date in custody. In addition, case plans were developed for two children who were in custody less than 30 days. Twenty-three of the 33 were completed within 30 days of entering care and ten were completed within 33 and 124 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 screenings¹¹² in accordance with the Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT)/Georgia Health Check Program standards.¹¹³ 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 the sample of 175 children. Overall, 168 of the 175 children (96%) appeared to be current with their "well child" visits as of December 31 2011 as a result of receiving a required health screen prior to or during reporting Period 12; or receiving a health screen during Period 12 that brought them up-to-date. This is similar to the proportion found in Period 11 when 97 percent of the sample was current with their health screens by the end of the period. This information is summarized in Table V-9.

Among the 126 children who should have received at least one routine health exam in Period 12, 121 children (96% of 121) received them. However, 13 children (10% of 126) received their routine health exams late and two children (2% of 126) appeared to be overdue for an exam, even if after receiving one or more in Period 12. For example, a young child may have received a 15-month well child exam at the beginning of the period, but there was no documentation that the child had an 18-month well child visit later in the period. Five children (4% of 126) did not receive a required initial or periodic health screen. Among the five children, two children were in custody fewer than 15 days but should have had an initial exam; two children were infants who had not received all the necessary exams for children under the age of 24 months, and one two-year old did not receive the required semi-annual health screen before exiting care.

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 172 children¹¹⁴ in the sample who had at least one documented health screen, 65 (38%) of the most recent health screens may have been missing one or more required EPSDT components. These 65 exams were most often missing documentation of a nutritional assessment (41); followed by missing health education (40); other frequently missing components included required height, weight, blood pressure measurement, required laboratory work or vision and hearing testing. In another 56 (33%) of the 172 cases, reviewers could not determine from the documentation whether the exams were compliant with EPSDT requirements.

¹¹² See p. 30, paragraph 13A in the Consent Decree.

¹¹³ See p. 20, paragraphs 6A 1 and 2, and p.21, 6B, paragraphs 1-8 of the Consent Decree.

¹¹⁴ One additional child entered care directly from the hospital, this was considered as meeting the initial health exam requirement, but could not be evaluated for EPSDT components.

During Period 12, the Accountability Agents consulted with representatives of the Department of Community Health (DCH) to determine if there is a more effective way to assess EPSDT compliance and learned that there is not. What is available for consideration are the results of ongoing provider audits conducted by DCH to assess the accuracy of provider submitted information. According to an evaluation completed for the period July 2009 to June 2010, 10.6 percent of the “EPSDT visits evaluated had all the required components documented in the members’ medical records.”¹¹⁵ Completion rates were lowest for Body Mass Index (BMI), height, weight and head circumference measurement. The evaluators suggested that the lower completion rates on height and weight measurement may have been because these measurements were not plotted on growth charts as required for documentation.¹¹⁶

Table V-9
Status of Periodic Health Screening for Children*
July-December, 2011
n=175

Component and Action	Number	Percent	Cumulative Percent
No health screen required during period, children current with health check-ups during entire period	49	28%	
Children receiving timely health screens (according to EPSDT schedule) between July 1 and December 31, 2011	106	61%	89%
Children receiving a health screen between July 1 and December 31, 2011 but later than recommended schedule	13	7%	96%
Children receiving one or more of the required health screens between July and December 2011, but still missing one or more screens as of December 31, 2011	2	1%	97%
Required well child health screen(s) not received between July 1 and December 31, 2011	5	3%	100%
TOTAL	175	100%	

Source: Case record review, February-March 2012. *

Sixty-five of the 175 most recent exams received appeared to be missing some EPSDT components.

As reflected in Table V-10, routine dental screening was assessed for 146 children because 29 children were under the age of three as of December 31, 2011.¹¹⁷ For the 146 children,¹¹⁸ dental screens appeared to be current for 133 children (91%) by December 31, 2011. This is a slight

¹¹⁵State of Georgia, Department of Community Health FY2010 Encounter Data Validation Study Final Report for Georgia Families Care Management Organizations. Health Advisory Services Group. Phoenix, Arizona, December 2010.

¹¹⁶ Ibid

¹¹⁷ 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.

¹¹⁸ Conclusions drawn from subsample of 146 have a margin of error of +/-8%.

decline from the 95 percent found in Period 11. Forty (27%) of the 146 dental exams received did not have documentation of fluoride treatments, x-rays, teeth cleaning, or a combination of these three components. In another 53 (36%) of the 146 cases, reviewers could not determine from the documentation whether the exams were compliant with EPSDT requirements.

Among the 97 children that should have received an annual dental exam during Period 12, 84 children (87% of 97) received them. However, 13 of the 84 children (15% of 84) received a dental exam more than 12 months since the previous exam. Thirteen children (14% of 97) still required an annual dental exam at the reporting period's end. Among these 13 children, five were in care less than 30 days during the period; two children should have received annual dental exams the months they were discharged; one youth was frequently on runaway status; and the records of the remaining six children did not indicate the barriers to timely dental exams.

Table V-10
Children Aged 3 and Over Receiving Periodic Dental Screening*
July-December 2011
n=146

Component and Action	Number	Percent	Cumulative Percent
No annual EPSDT dental exam required during period, children current with annual requirement during entire period	49	34%	
Children receiving a timely annual EPSDT dental exam during period (includes initial exams of children under age 3)	71	49%	83%
Received more than 12 months since previous exam	13	9%	91%
Required annual dental exam not received as of December 31, 2011	13	9%	100%
TOTAL	146	101%	

Source: Case record review, February-March 2012. Total greater than 100% due to rounding

*Forty of the 146 exams received did not have documented x-rays or cleaning or both.

3. Periodic Developmental and Mental Health Assessments

The Consent Decree does not have a requirement that specifically speaks to the frequency of developmental and mental health assessments. The required EPSDT health screenings, by definition, should include some limited assessment of the child's developmental progress and mental health. In addition, the court may request specific evaluations. During Period 12, 17 children had documented developmental or educational assessments in addition to the 22 children who received one or more initial assessments. Another 14 children had documented mental health assessments in addition to the 25 children who received an initial assessment.

4. Response to Assessment/Screening Identified Needs

Responsiveness to health needs remains an area for continued State focus. Evidence from the case record review provides the following specific findings for Period 12¹¹⁹:

- 35 (29%) of the 121 children who received regular (initial or periodic) health screening during Period 12 had health needs identified. Among these 35 children, the documentation in their files indicated that 24 (69%) had received appropriate treatment or treatment was scheduled for all the needs identified during Period 12. Three children (9%) appeared to have had some, but not all needs met. Eight of the 35 children (23%) did not have follow-up treatment during the reporting period documented in the case record. The needs that appeared to be unmet included eye exam/glasses; other diagnostic tests or referrals, flu shot and immunizations. One of the 11 children with unmet needs received the necessary treatment after the end of the period. In addition, one youth had needs identified on the discharge medical which was shared with the parent.
- 24 (28%) of the 84 children who had a dental health screening during Period 12 had dental needs identified. Eleven children (46% of 24) had all their needs met according to documentation found in the records. Among the 13 children with unmet needs, untreated tooth decay was the primary issue. In some instances recommended treatment was tooth restoration and in others it was tooth extraction. Other children required other dental treatments or assessment.
- 19 (49%) of the 39 children who had developmental or educational assessments in Period 12 had identified needs. Eighteen (95%) of the 19 children had their developmental or educational needs met. At the end of the period, one child who had entered care in 2011 still needed an occupational therapy assessment to determine the appropriateness of early intervention services.
- 27 (69%) of the 39 children who had mental health assessments in Period 12 had identified needs. All of the needs of 24 of the 27 children (89%) were being addressed. Two children had some needs addressed or services scheduled by December 31, 2011. One child who entered in December 2011 had not yet started recommended therapy and one child that was discharged after 60 days did not appear to have had a recommended psychiatric evaluation completed before discharge. Finally, one youth whose assessment was completed December 29, 2011 had not been in custody long enough for recommended therapy to have been initiated during Period 12.

¹¹⁹ Conclusions drawn from subsamples of 35 or smaller have margins of error of $\pm 16\%$.

5. **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.

- 39 children (23%) in the sample of 175 experienced emerging physical health needs during the reporting period. All but five children appear to have had these needs met. Four children had optic or vision-related conditions. One child needed eye surgery and the State was in the process of obtaining a second opinion; one child had a swollen eye and the recommendation was for him/her to see an optometrist; and a third child needed classes. None of these conditions had been fully addressed by December 31, 2011. A fifth youth was on runaway or in a locked detention facility most of the period. This youth was pregnant and did deliver her baby in a hospital, but the runaway behavior prevented DCFS from assuring the youth received the appropriate pre- and post- natal care.
- Four (2%) of the 175 sampled children experienced acute dental needs during the reporting period. Two children had their needs met and two did not. One child needed to see an orthodontist at the recommendation of an oral surgeon and one child had untreated gum disease.
- 24 (14%) of the 175 sampled children experienced acute or emerging mental health needs during the reporting period. All 24 children had those needs met.

6. **On-going Attention to Development and Education**

Nineteen children in the sample had one or more developmental and/or educational need identified between July 1-December 31, 2011 either through an initial assessment or some other process. Six children needed speech therapy and six needed academic assistance. Another eight children had developmental delays or learning differences. Three children had behavioral concerns, and two children needed to be further evaluated.

Other indicators of developmental or educational needs are Supplemental Security Income (SSI) benefits and Individualized Education Programs (IEPs). Seven children in the sample appear to be receiving SSI benefits but the qualifying conditions for benefits are not always documented in the file. Thus, a useful piece of information about the child may not be available to case managers for service planning purposes. Furthermore, the absence of this information may result in unnecessary State expenditure for an assessment that is duplicative of what has already been done and it puts the child through an unnecessary procedure. Twenty-six children had IEPs. The case records of 18 (69% of 26) of these children had current IEPs (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, 97 children (55% of 175) were aged 7 or older and were in DFCS custody sometime during a portion of the school year. Among the 97 children, 92 (95%) were enrolled in school or a GED program in the second half of 2011. One youth was in DFCS custody during the summer months and was not enrolled at the time. Four youth were on runaway status during the period. Among the 92 children enrolled, three (3%) experienced gaps in school enrollment as a result of runaway behavior, detention and switching schools. One youth was in transition and awaiting enrollment in a community college.

Within the foster care sample of 175, 78 children (45%) were younger than age 7. Sixty-four of these 78 children (82%) were enrolled in a kindergarten, pre-school another developmental program, or day care.¹²⁰

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.”¹²¹

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 12. Within the sample of 175 children, 65 (37%) had been in custody 18 months or more.¹²² Among the 65 children, 31 (48%) were aged 14 or older and eligible for Independent Living Program (ILP) services. Twenty-five of the 31 (80%) children had documentation in their case records that indicated they were receiving such services (including Life Skills Training and Employment Services). All 31 youth had Written Transitional Living Plans (WTLP).

Sixty-four of the 65 children (98%) had meetings between July and December 2011 to review the appropriateness of their permanency goal and effectiveness of services they are receiving. Most youth (33) had a case plan review convened by the Judicial Citizen Review Panel (JCRP) and at least one other meeting for the purpose of reviewing permanency goals and services. Twenty-nine had JCRP reviews only. There were multiple staffings convened for two youth. The

¹²⁰ 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>

¹²¹ See pp 11 and 12, Section 4.F paragraph 3, of the Consent Decree.

¹²² Conclusions drawn from a subsample of 69 are subject to a statistical margin of error of +/-12%.

meetings had a range of results. Most meetings did not change the case plans or services, but 10 children had new placements; eight children had services revised; and five children had revised permanency goals. For some children the meetings also included changes to schooling, medication modifications, decisions to remain in foster care beyond the age of 18 and identification of barriers to permanency.

Sixteen of the 65 children (25%) were discharged by December 31, 2011. Fifteen of the 16 discharges were expected by DFCS. All 15 expected discharges had discharge planning. For eight children, the discharge planning occurred through an identified discharge meeting. Two children had discharge planning occur over a series of visits between the case manager and child (there was no single event identified). Three youth met with their case managers to plan for discharge. There was an adoption staffing for one child and agency staffing for another child.

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”¹²³ and that all children receive a health screen within 10 days of discharge.¹²⁴ Discharge planning and discharge medicals continue to be areas needing improvement. Under a curative action plan agreed to by the Parties, the Counties are attempting to improve performance by reinforcing practice steps, more supervisory oversight, and better tracking of previously established activities such as discharge family team meetings.¹²⁵

Analysis of the curative action performance in Period 12 is based on information from two sources. First, within the sample of 175 in children foster care, 44 children (25%) had been discharged by December 31, 2011.¹²⁶ The discharges of 7 children (16% of the 44 discharged) however, were excluded from the analysis because the presiding judge discharged the children without prior notice to DFCS or the child’s discharge was the result of being on extended runaway status. The 37 remaining discharges from the foster care sample were analyzed. The discharge analysis was augmented with information from a separate, on-line case record review of 39 children who were discharged between July-December 2011.¹²⁷

¹²³ See p.10, Section 4.C.6 in the Consent Decree.

¹²⁴ See p. 21, Section 6.B.6 in the Consent Decree.

¹²⁵ Correspondence from Brenda King Woodard, Georgia Department of Human Services, to Ira P. Lustbader, Children’s Rights, February 15, 2010 and September 22, 2010.

¹²⁶ The total of 37 children includes the children who had been in custody 18 months or more and reported on separately in the previous section.

¹²⁷ The Accountability Agents initially drew a random sample of 54 children (10 percent of approximately 500 discharges in Period 12). However, 15 children (28% of 54) were excluded from the analysis because 13 were discharged against the recommendation of DFCS and two children were also in the sample of 175 children.

a. Discharge Planning

In the sample of 37 children, there was documentation of some form of discharge planning for 34 children (92%). In some cases discharge planning occurred through a combination of activities such as some form of meeting (one-on-one meetings between case managers and children, family team meetings or multi-disciplinary team meetings) or multiple conversations with the case manager over a series of visits. The additional on-line case review of 39 discharged children, identified 25 (64%) who had some form of discharge planning. Again, discharge planning occurred through a combination of activities in a number of cases. This information is also included in Table V-11.

Table V-11
Discharge Planning in Period 12

Discharge Planning	Discharges in the case record review sample n=37*		Sample of Monthly Discharges n=39**	
	Number	Percent	Number	Percent
Discharge planning through one-on-meeting with case manager	9	24%	1	3%
Discharge planning in a Family Team Meeting	11	30%	8	21%
Discharge planning over a series of visits with children and family	8	22%	8	21%
Other type of meeting (internal staffing, discharge staffing)	15	41%	10	26%
No documented discharge planning	3	8%	14	36%

Source: *Case Record Review, February-March 2012; **SHINES, 10 percent of monthly discharges in Period 12
Multiple discharge planning methods were used in some cases.

The striking differences in results found in the two samples make it difficult to draw conclusions about Period 12 discharge planning. The differences were unexpected since, in previous periods, there had been greater congruity between the findings from the two different samples. It appears that the disparate result evident in the two Period 12 samples was largely a product of differences between the two samples in the relative proportion of children represented from each of the two counties. In the sample of 37 children from the record review, the distribution of children from each county was about equal – 46 percent were in DeKalb County custody and 54 percent were in Fulton County custody. The on-line sample initially had a similar distribution; however the bulk of the unanticipated discharges excluded from the analysis were discharges from DeKalb County. As a consequence, children discharged from Fulton County custody comprised two-thirds of the on-line sample of 39 children and one third were children discharged from DeKalb County custody.

The Accountability Agents observed some circumstances in the record that may have contributed to a lack of discharge planning (or documentation of it) and the Counties are urged to consider these observations as a means of identifying strategies to improve performance. The observed circumstances include children being adopted, children placed with relatives in other states, children transitioned home over a period of months, and families continuing to receive aftercare services or being under a protective services court order after children exit foster care. All of these circumstances may cloud the timing and content of discharge planning for case managers. .

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.

- **Discharge Medicals**

In the case record review sample of 37 children expected to be discharged, all were candidates for health screens. Documentation indicated discharge planning with 17 families discussed scheduling medical exams. There was evidence in 11 of the 17 case records that the exams were completed. In addition, four youth had documented discharge medicals although there was no documentation of discharge planning in their records. However, there was no documentation of planning for or receipt of medicals for 16 of the 37 children. Information about discharge medicals is summarized in Table V-12. The cases reviewed also revealed the following:

- 12 of the 15 discharge medicals were completed within 10 days of the discharge date (one of these health screens also served as an initial health screens due to the child's short stays). The other three discharge medicals were completed between 10 and 23 days after the discharge date.
- The last health screen received by any of the 16 children who did not have a discharge medical discussed or received was as recent as 57 days before discharge and as distant as 337 days prior to discharge.

In the on-line record review, discharge medical scheduling was discussed during discharge planning with 18 families (46% of 39). The case records for 10 of the 18 children had documentation of completed discharge medicals. The case record of an additional child had evidence of a completed discharge medical although there was no reference to scheduling in discharge planning. Thus, a total of 11 children (28% of 39) had discharge medicals. No reference to discharge medicals (planning for or receipt of) was found in 20 records (51% of 39). This information is summarized in Table V-12.

Table V-12
Discharge Medicals in Period 12

Discharge Medicals	Discharges in the case record review sample n=37*		Sample of Monthly Discharges n=39**	
	Number	Percent	Number	Percent
Discharge medicals scheduled during discharge planning	17	46%	18***	46%
Evidence of discharge medicals received	15	41%	11	28%
No evidence of discharge medicals scheduled or received	16	43%	20	51%

Source: *Case Record Review, February-March 2012; **SHINES, 10% of monthly discharges in Period 12.

***In two instances, a discharge medical was the only discharge component mentioned in the case record, no other discharge planning was covered.

Although the information from each data source is less comparable than in previous periods due to the sample variation previously described, the results do indicate that discharge medicals are not being discussed and/or not occurring for possibly half the children for whom discharge is anticipated. This is much larger proportion than the 25 percent to 39 percent found in Period 11.

The disparate findings from the two samples, considered in the context of the disproportionate representation of children from each County in the online sample, suggest three things. First, there appears to be less discharge planning (or documentation of discharge planning) occurring in Fulton County than in DeKalb County. Second, it appears that children discharged from Fulton County are less likely to receive discharge medicals (or to have them documented in the record) than children discharged from DeKalb County. Finally, a higher proportion of DeKalb County discharges appear to be unanticipated than is the case in Fulton County. It is not clear to what extent this is the product of the DeKalb County courts acting contrary to DFCS' plans and recommendations, the failure of the County to adequately anticipate likely discharges, or a combination of these factors.

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 12. 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 12 Performance
Outcome 25: At least 98% of all foster placements serving class member children shall be in full approval and/or licensure status.	99%
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.	1%
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.	91%
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.	3%

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.¹²⁸ 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.”¹²⁹

a. Interpretation and Measurement Issues

There were no new interpretation or measurement issues encountered during Period 12. 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 12, 594 of the 613 placements subject to a DHS approval or licensure process (97%) were in full approval and/or licensure status. These placements had an approved or licensed capacity of 2838 children, while the approved or licensed capacity of all placements with a child in care on December 31, 2011 was 2878 children; yielding an Outcome 25 measurement of **99 percent**. Although the Outcome 25 measurement methodology changed as described above, Period 12 represents the sixth consecutive reporting period in which the Outcome 25 performance threshold of 98 percent was met or surpassed. The State's Period 11 performance on Outcome 25 was 98 percent. Additional detail on this measurement appears in Table VI-2.

¹²⁸ 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.

¹²⁹ See p. 4, *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

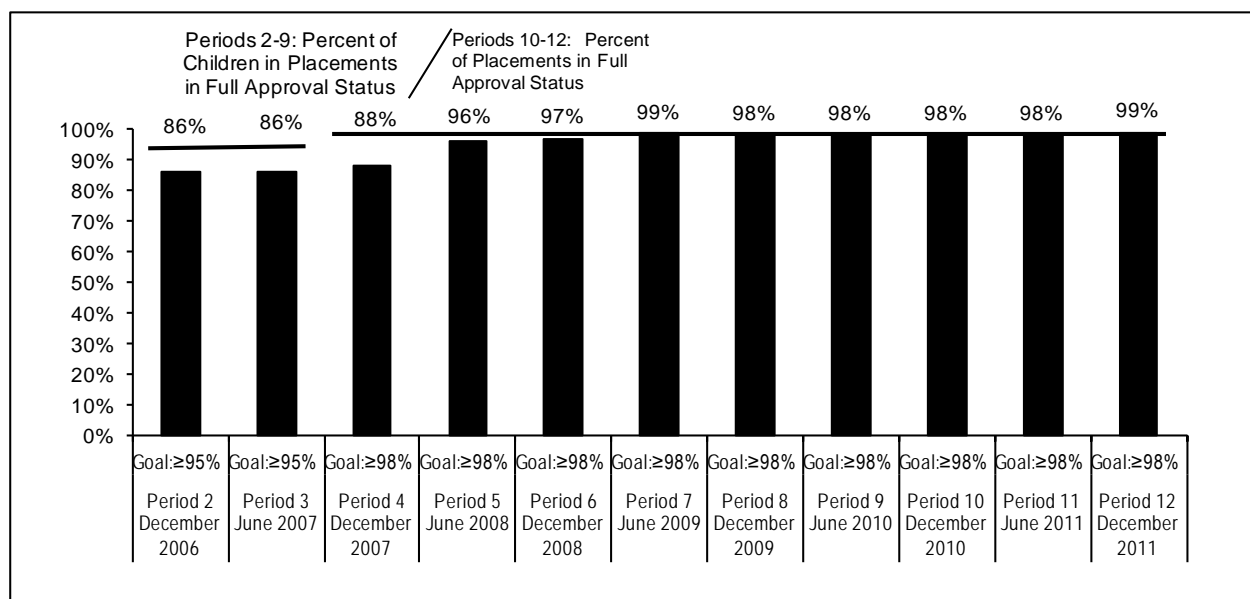
One hundred percent of the placement capacity of child-caring institutions (including group homes) was found to be in “full approval status,” that is, to have been fully approved by the relevant licensing and approval processes. This rate was unchanged from the Period 11 rate of 100 percent. The full-approval rate of provider-supervised foster homes was 99 percent, a slight improvement from the Period 11 rate of 97 percent. The full approval rate for DFCS-supervised foster home capacity was 98 percent, similar to the Period 11 rate of 97 percent. However, the full approval rate for non-foster relative placement capacity was 90 percent, a substantial improvement from the Period 11 rate of 81 percent. Figure VI-1 displays the State’s performance on this outcome over the 11 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 12/31/11	Number of Placements with a Class Member in Care on 12/31/11 that were in Full Approval Status	Overall Capacity of Placement Settings with a Class Member in Care on 12/31/11	Capacity of Placements with a Class Member in Care on 12/31/11 that were in Full Approval Status	Capacity of Placements in Full Approval Status as a Percentage of Overall Placement Capacity
Relative Placement	130	116	214	192	90%
DFCS - supervised Foster Home	121	120	278	273	98%
Provider - supervised Foster Home	300	296	932	919	99%
Child Caring Institution	62	62	1454	1454	100.0%
Total	613	594	2878	2838	99%
^a Excludes 68 children in state custody on 12/31/2011 that were in settings with no relevant approval process (21 children were placed with a birth parent/guardian, 20 were on runaway, 19 in Psychological Residential Treatment Facilities, six were in Metro YDC, one in County Jail, and one in a hospital).					

Data source: Georgia SHINES.

Figure VI-1
Eleven 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 10-12: 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.¹³⁰ 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...”^{131,132}

¹³⁰ 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.

¹³¹ See p. 4, *Kenny A. v. Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

¹³² 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 12. Appendix B provides a summary of previously resolved interpretation and measurement issues. The point-in-time used for measurement of Outcome 31 in Period 12 was December 31, 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 719 family foster homes that had a child in care at any point during the period July 1 to December 31, 2011, 421 (59%) continued to have one or more children placed in them on December 31, 2011. Only four of these 421 foster homes (**1%**) 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 12 was the 11th consecutive reporting period in which the Outcome 31 threshold was met or exceeded.

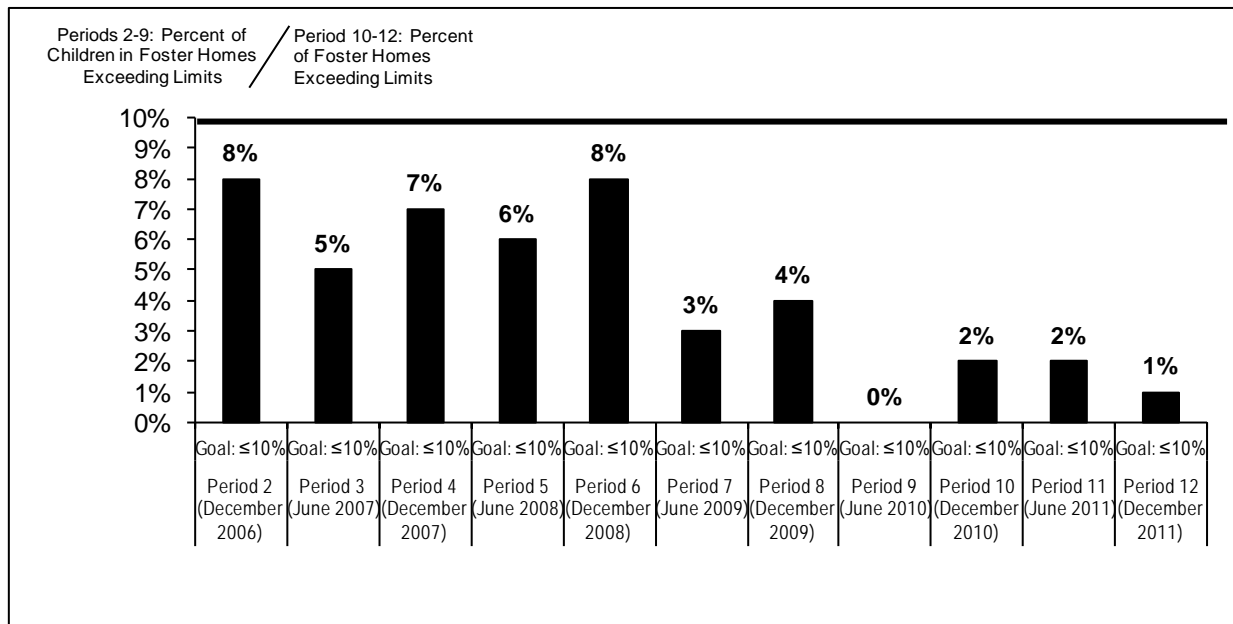
In Period 12, there were 17 family foster homes (2 DFCS-supervised; 15 provider-supervised) that exceeded the three-foster-child capacity limit. However, 13 of these homes (1 DFCS; 12 provider-supervised) qualified for the sibling group exception enumerated in Section 5.c.4.e. because no child other than the sibling groups resided in those homes. No family foster home in Period 12 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 11 reporting periods to which the standards applied.

Table VI-3
Outcome 31 – Foster Homes Exceeding Capacity Limits
n = 421

Placement Type	Foster Homes with One or More Children in Care at Any Time During Period 12	Foster Homes with One or More Children in Care on 12/31/11	Foster Homes with > 3 Foster Children on 12/31/11	Foster Homes with > 6 Children in Total on 12/31/11	Foster Homes with > 3 Foster Children and/or > 6 Children in Total on 12/31/11
DFCS - Supervised Foster Homes	199	121	1	0	0.8%
Provider Supervised Foster Homes	520	300	3	0	1.0%
Total	719	421	4	0	1.0%

Data Source: SHINES

Figure VI-2
Eleven 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 10-12: 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.¹³³ For children who entered care on or after October 27, 2005, judicial determinations that 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.¹³⁴ 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 12. 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.

¹³³ See pp 36-37, Outcome 26 of the Consent Decree.

¹³⁴ Ibid.

b. State Performance

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

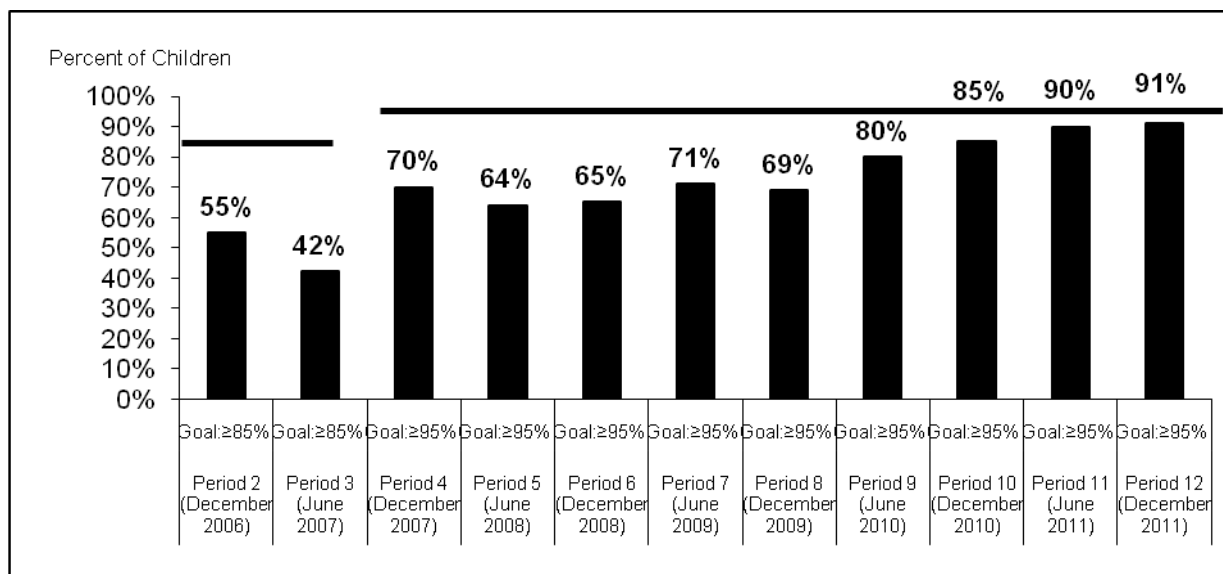
For Outcome 26, 160 children (91%) of the 175 children in the Period 12 placement sample had court orders with all the required language necessary to assess current eligibility for federal funding under Title IV-E. This was the State's best performance to date, but remained short of the 95 percent threshold for this outcome. The Period 12 performance is similar to the Period 11 performance of 90 percent, but the observed difference is within the margin of statistical error for the sample. Figure VI-3 displays the State's performance on Outcome 26 over the reporting periods to which the Consent Decree standards applied.

The majority of gaps (73%) in court orders appear to be from actions in or prior to 2010. Among the 15 records that did not meet Outcome 26 standards, the following pattern emerged:

- 6 initial removal orders did not have child-specific language; four (67%) of the six were foster care entries before 2010.
- 2 60-day determinations were either missing child-specific language or did not occur within 60 days; both were from foster care entries in 2011.
- 9 permanency hearings were either not held, there was no court order in the file, or the orders were missing appropriate child-specific language; seven (78%) of the nine were from permanency hearings held in or before 2010. In all nine cases, the most recent permanency review hearings did contain the appropriate language.

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
Eleven Reporting Periods of State Performance on Outcome 26:
Court Orders Contain Required Language to Support IV-E Funding Claims



Source: Review Period Foster Care Case Record Reviews, January 2007-December 2011

Outcome 29 – Lapses in Legal Custodial Authority

The Consent Decree strives to limit the proportion of children for whom DHS/DFCS custodial authority lapses.¹³⁵ 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 12. Appendix B provides a summary of previously resolved interpretation and measurement issues. Measurement of Outcome 29 performance is based on 74 children in the sample of 175 children in foster care. These 74 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.

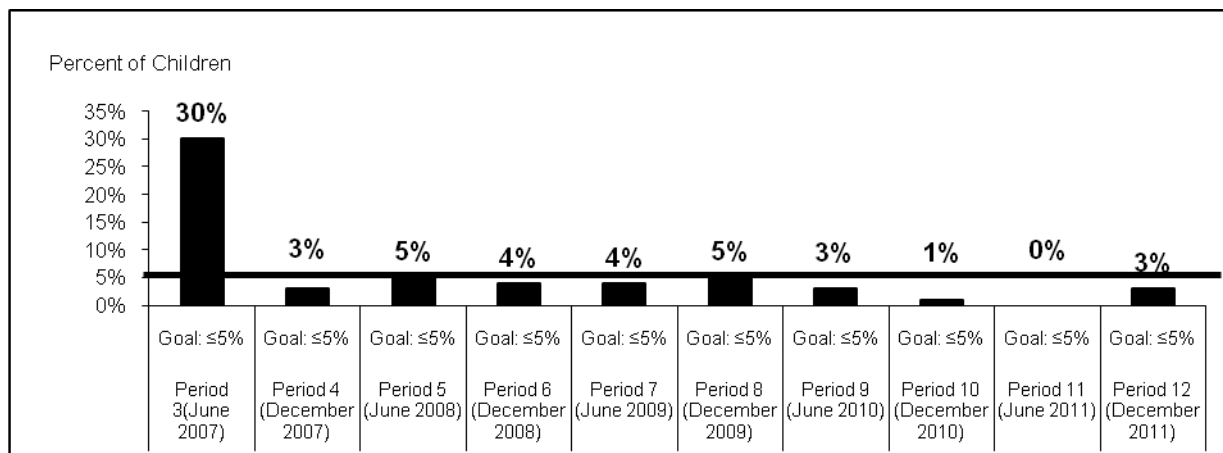
¹³⁵ See p 37, Outcome 29 of the Consent Decree.

b. State Performance

1. The State Surpassed the Outcome 29 Threshold

In Period 12, DFCS had a lapse in custody for two children in the subsample of 74 (3%). The outcome threshold is no more than 5 percent. This was a decline compared to the Period 11 performance of 0 percent, but 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
Ten Reporting Periods of State Performance on Outcome 29:
Children in Care With Legal Custody Lapses
n=74



Source: Review Period Foster Care Case Record Reviews, January 2007-December 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 ¹³⁶	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. Under two circumstances Family Support case managers may also handle child protective services investigations: 1) 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;” and, 2) when all other investigative staff are busy Family Support case managers may be called on to conduct the investigation to ensure a timely response. Family Support cases and case managers are not

¹³⁶ 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.

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 December 31, 2011

In December 2011, **91** 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. Two case managers were over the caseload cap that applies to case managers that have not yet been certified and 16 case managers exceeded the caps set by the Consent Decree. This was a decline from the Period 11 and 10 performances of 99 and 98 percent, respectively. The decline appears to be mostly attributable to increased caseloads among the CPS case managers (investigators). Fifty-five cases were temporarily assigned to supervisors pending assignment to case managers. This is a larger number of unassigned cases than found in the previous two periods (12 in Period 11 and four in Period 10) .

The Accountability Agents interviewed 43 case managers and 15 supervisors in January and February 2012 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 July 1 and December 31, 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 early winter of 2012 (Period 13). The Accountability Agents also conducted a cursory review of the May 5, 2012 caseload reports available in SHINES and the caseloads appeared to be continuing the same pattern as in Period 12: most caseloads other than CPS were remaining at or under the caps.

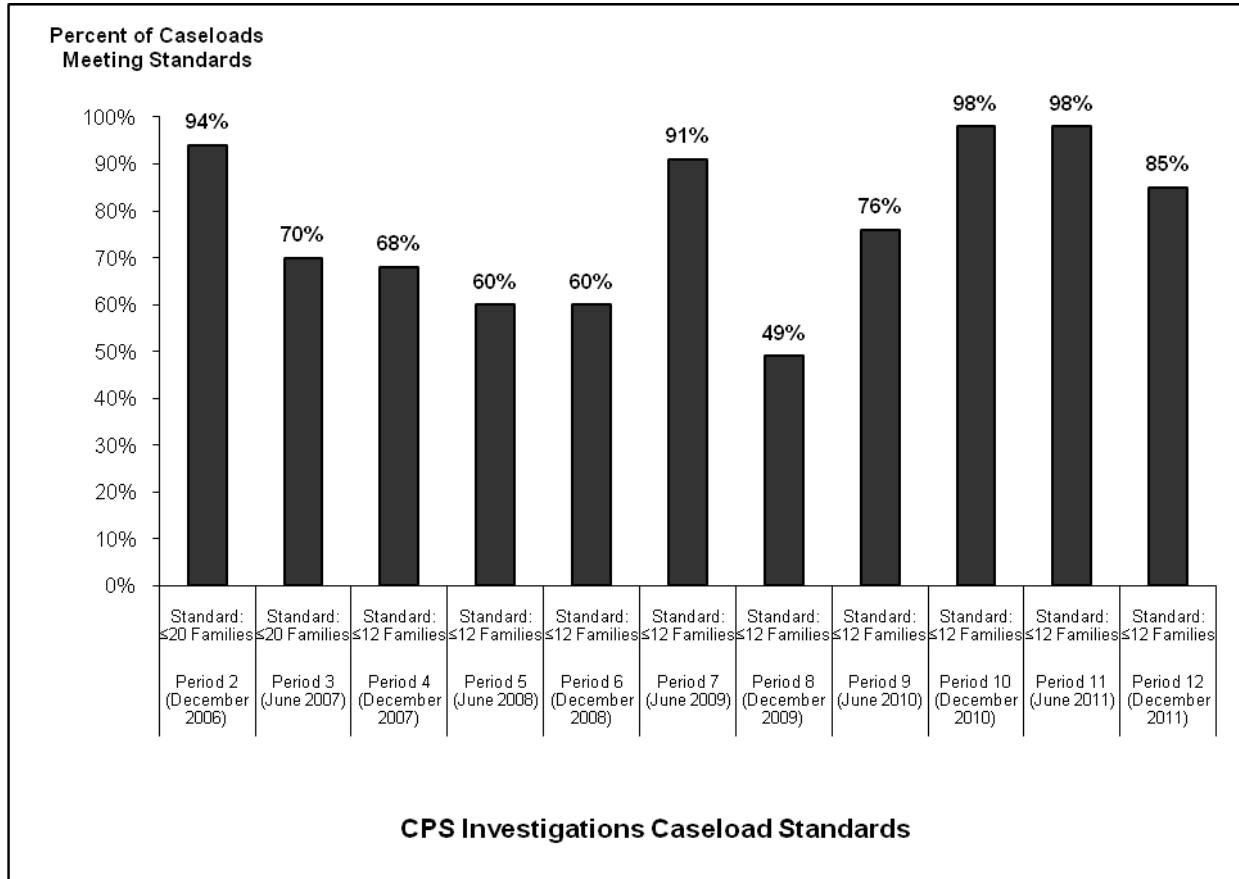
Table VI-5
DeKalb and Fulton County Caseload Status December 2011

Case Manager Function	Target Caseload Cap: Number of cases	Number of Active Staff on 12/31/11 ¹	Number of Active, On-leave Staff on 12/31/11 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	59	0	50	85%	9	15%	12
Family Preservation	17 families	24	0	24	100%	0		4
Permanency Case Manager	15 children	42	0	41	98%	1	2%	10
Specialized Case Manager	12 children	48	1	41	85%	8	15%	18
Adoption Case Manager	16 children	22	1	22	100%	0		11
Total		195	2	178	91%	18	9%	55
Sources: SHINES; county personnel systems for leave and separation information								
Notes:								
¹ Active staff are those staff that were not on a leave of absence on December 31, 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 December 31, 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; also includes certified staff borrowed from other functions to handle additional caseloads: one Quality Assurance staff member and one court liaison staff member.								

Child Protective Services Caseloads

In December 2011, 85 percent of the *CPS investigation* caseloads were at or under the caseload cap of 12 families. This performance is a decline from the Period 10 and Period 11 high of 98 percent. The caseloads of the nine case managers ranged from 14 to 23, with three of the nine having caseloads of 21 or more. Four cases were assigned to supervisors pending assignment to a case manager or because the supervisor was completing the investigation. Figure VI-5 illustrates the proportion of CPS investigation caseloads meeting the Consent Decree standards over the reporting periods to which the standards applied.

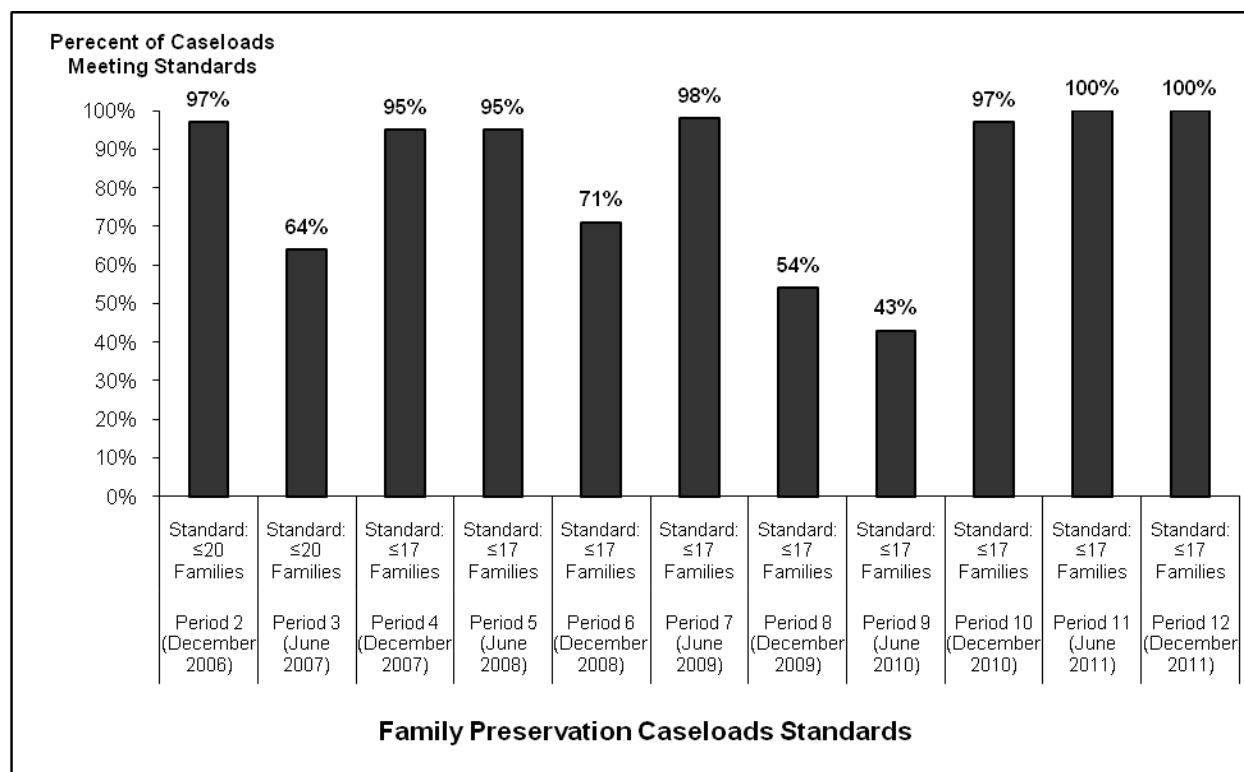
Figure VI-5
Eleven Reporting Periods of CPS Investigation Caseloads
Percent of Caseloads Meeting Standards



Source: State data bases: IDS and SHINES; county personnel systems for leave and separation information. July 2006-December 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 the same as measured in Period 11 and represents the second period in which such a high level of performance has been sustained. For 18 months, over 95 percent of the family preservation caseloads have consistently complied with the Consent Decree standards. 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
Eleven Reporting Periods of Family Preservation¹³⁷ Caseloads
Percent of Caseloads Meeting Standards



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

Permanency Caseloads

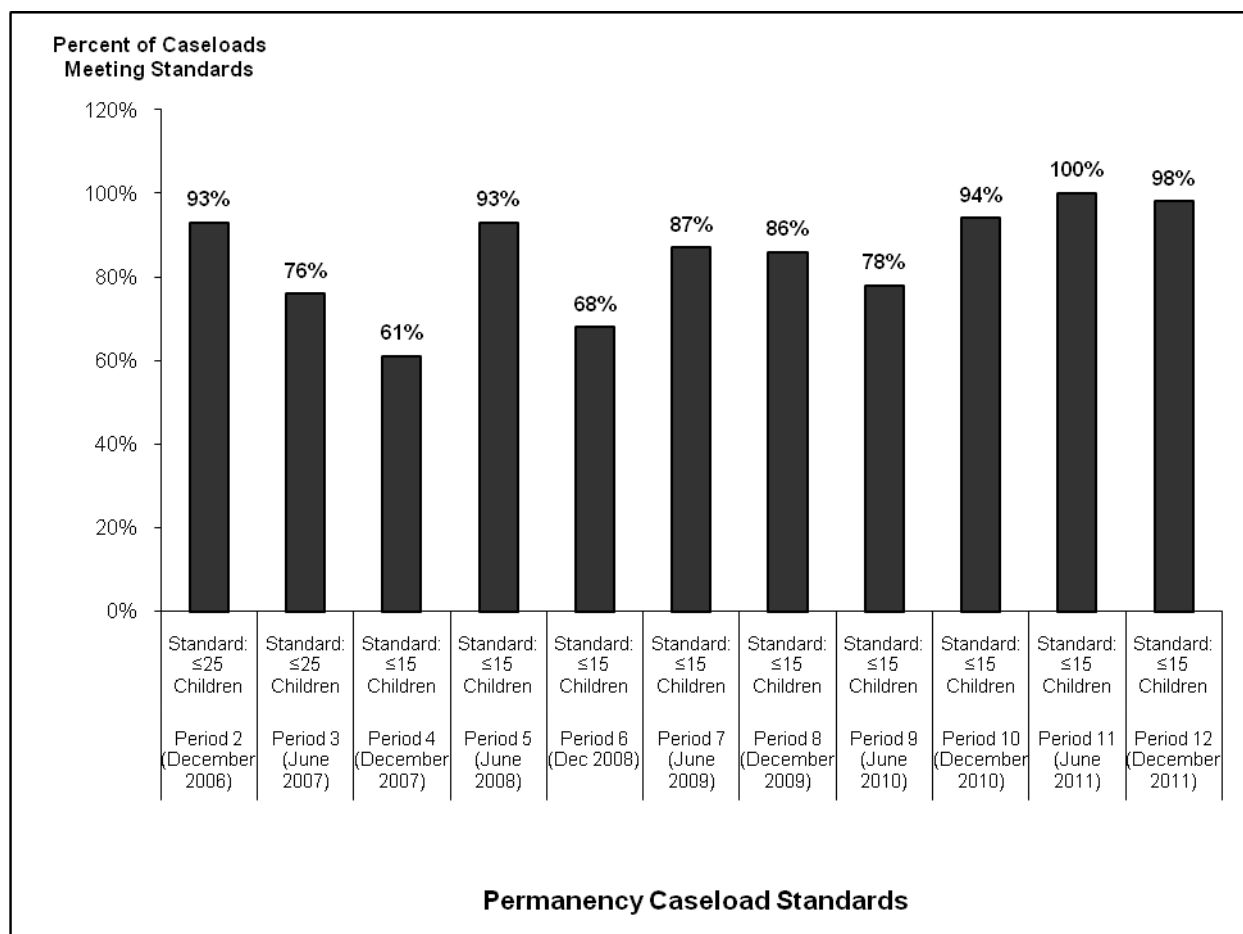
In Period 12, all of the “regular” *permanency caseloads* were at or under the caseload cap of 15 children. However, one uncertified case manager had nine cases.¹³⁸ As a result, 98 percent of the permanency caseloads were in compliance with the Consent Decree and/or DFCS policy. This performance is a slight decline compared to the Period 11 performance of 100 percent, but a compliance of 94 percent or more has now been maintained for 18 months. It should also be noted, that both DeKalb and Fulton counties are working to keep all permanency case manager caseloads to 12 cases or fewer to allow children who remain in custody 18 months greater opportunity for case manager continuity. Of the 38 fully certified permanency case managers, 26 (68 percent) each had 12 or fewer assigned cases. None of the children on these caseloads had exceeded 18 months in care. However, 10 cases were assigned to supervisors pending assignment to new case managers as new cases or needing re-assignment as the result of staff

¹³⁷These cases were formerly referred to as “on-going CPS”.

¹³⁸ The State reports that this case manager transferred from another county and was provisionally certified in February 2012, fully certified in April 2012.

departures. Figure VI-7 illustrates the proportion of regular permanency caseloads meeting the Consent Decree standards over the reporting periods to which the standards applied.

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



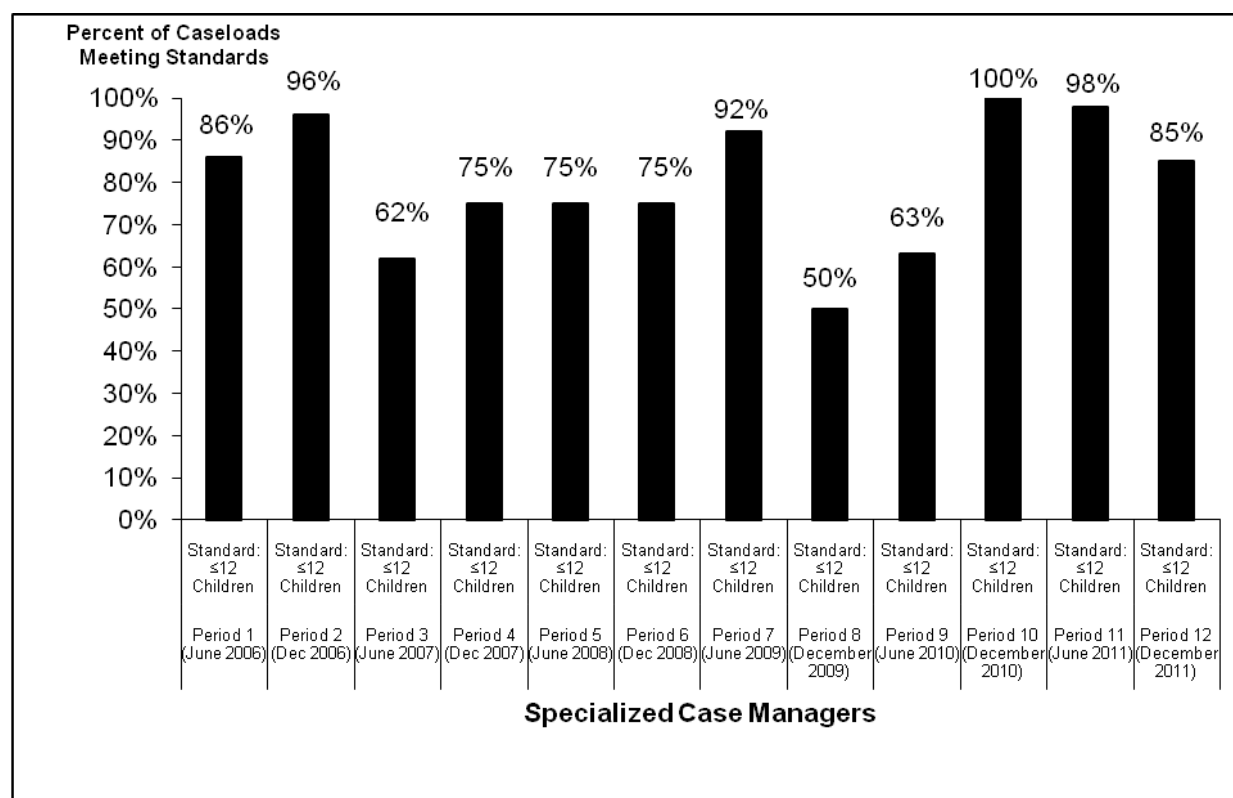
Source: State data bases: IDS and SHINES; county personnel systems for leave and separation information, July 2006-December 2011.

In Period 12, 85 percent of the *specialized caseloads* were at or under the caseload cap of 12 children as stipulated in the Consent Decree or as allowed by DFCS policy according to case manager certification standards. One uncertified case manager¹³⁹ had seven assigned cases and seven fully certified case managers each had 13 to 14 children assigned to them. This performance is a decline from Period 11 and Period 10 levels of 98 and 100 percent, respectively. A portion of the case managers have a combination of children who have been in custody fewer than 18 months as well as those who have been in custody 18 months and more. Eighteen cases

¹³⁹ The State reports this individual transferred from another county and was provisionally certified in February 2012.

were assigned to a supervisor pending assignment as new cases or 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.

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

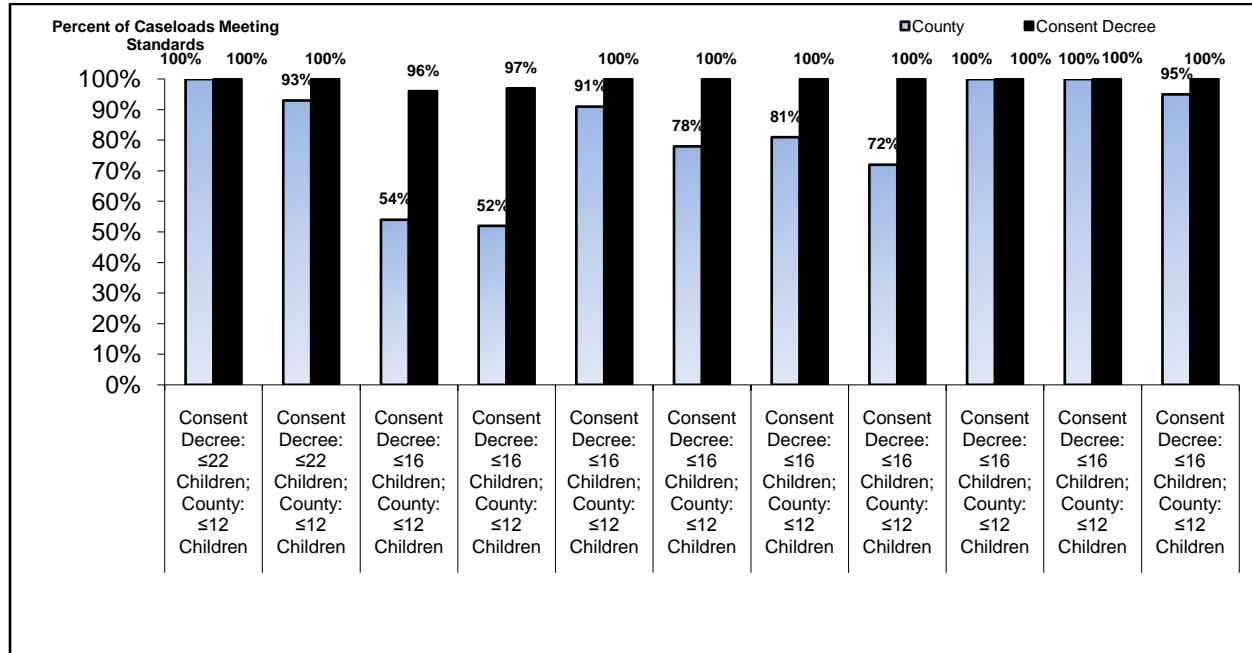


Source: State data bases: IDS and SHINES; county personnel systems for leave and separation information. January 2006-December 2011.

County performance on the *adoption caseloads*, as measured by the counties' self-imposed limits,¹⁴⁰ reveals that 95 percent of the adoption caseloads have 12 or fewer children. All adoption case managers have fewer than 16 assigned children each. This performance is decline from Period 11 when all caseloads had 12 or fewer children. The State has been able to keep the adoption caseloads at 16 or fewer children for three and half years. However, 11 cases were assigned to supervisors or waiting reassignment to a new case manager. Figure VI-9 illustrates the proportion of adoptions caseloads meeting the Consent Decree standards over the reporting periods to which the standards applied.

¹⁴⁰ 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
Eleven Reporting Periods of Adoption Caseloads
Percent Meeting Standards



Source: State data bases: IDS and SHINES; county personnel systems for leave and separation information. July 2006-December 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.¹⁴¹ As shown in Table VI-6, in December 2011, **100 percent** of the supervisory units had a ratio of five workers or fewer to one supervisor. This performance is the same as measured in the previous two periods. It should be noted, however, that administrators continue to cover supervisory vacancies rather than increase the supervisory ratio.

¹⁴¹ See p. 23, Section 8.B.2 in the Consent Decree.

Table VI-6
DeKalb and Fulton County Supervisory Ratios at December 31, 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)*	24	24	100%		
Permanency Case Managers**(Regular and Specialized caseloads)	23	23	100%		
Adoption	7	7	100%		
Total	54	542	100%		

*Includes the supervisory unit for special investigations housed in central office. Includes a unit supervised by an administrator due to supervisory vacancy.

** A number of the units now have a mix of workers who have specialized caseloads and those who have caseloads of more recent entries.

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

C. Building Workforce Skills

The Consent Decree has several training requirements.¹⁴² 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 ¹⁴³

In Period 12 the leadership of the Education and Training Services (ETS) changed. The Director is now an individual with 20 years of experience ranging from frontline case manager in New Hampshire to a Regional Director of DFCS. He has also been a consultant reviewer in the Federal Child and Family Services Reviews. He holds a Master's Degree in Counseling.

¹⁴² See pages 25 and 26 of the Consent Decree for the complete description of the requirements.

¹⁴³ 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.

2. Staff Preparation and Professional Development

The State reported that the Education and Training Services Section (ETS) engaged in several activities in Period 12. Table VI-7 provides a summary of some of the new curricula and projects during the period.

Table VI-7
Newly Developed Curricula for DFCS Professional Development and Education and Training Projects During Period 12

Target Audience	Curriculum/Activity
Case Managers	<i>Core Adoptions curriculum.</i> This foundational course for certification as an Adoption case manager has been revised to incorporate SHINES
	<i>Core Foster Care curriculum.</i> This foundational course for certification as a Foster Care case manager is under revision with piloting anticipated in April 2012. The revision incorporates SHINES and the SHINES system and is taught in a Learning environment. The classroom portion of the course is taught over a 3 week period.
	Performance Improvement and Working with Fathers. This effort in Training Region III is designed to help improve staff's ability to effectively engage fathers.
Supervisors	On-going <i>Supervisor Learning Circles</i> (part of supervisor capacity development). Starting in July, these circles have been meeting monthly. Of the original six circles, ETS reports three continued to be active including one that includes supervisors from DeKalb and Fulton Counties. Material to support the circles was developed and a supportive website was launched for training new circle facilitators. An evaluation of the project was designed.
	<i>Beyond Transfer of Learning Training.</i> This is an online course designed to help leaders understand the performance management process and the organizational system in order to effectively help staff meet performance goals. The transfer of learning component helps leadership to understand their role in supporting staff before, during and after training to maximize the information learned in training and the application of the information to the work with families.
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. Meetings were convened in August and November.
Foster Parents and Foster Parent Trainers	<i>IMPACT/Partnership Parenting.</i> The mandated training for foster parents is being changed, and the new curriculum will be released to selected counties in April 2012. The changes include inclusion of Family Centered Practice, Partnership Parenting, and Concurrent Planning. The new curriculum was piloted during Period 12.

Specific professional development activities in DeKalb and Fulton Counties during Period 12 include the following courses and assistance:

- Legal Issues Court Training
- Legal Issues Mock Trial
- FTM Facilitation

ETS reported that the planned assessment of the DFCS training system to be conducted by Care Solutions, Inc. did not get underway in Period 12 as originally scheduled. It was subsequently initiated in April 2012. The assessment is based on the training guidelines from the National Child Welfare Resource Center for Organization Improvement. 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."*¹⁴⁴ In addition, the assessment will seek to identify ways to maximize the training budget including taking advantage of available funding sources, such as Title IV-E of the Social Security Act. (see Section I later in this part for more information about Title IV-E)

For a number of years, Georgia, like many other states, has supported students seeking to obtain undergraduate or graduate degrees in Social Work through the Title IV-E¹⁴⁵ Child Welfare Education Program. This program has been a significant recruitment and retention asset to developing and maintaining a skilled workforce for public child welfare agencies around the country.¹⁴⁶ When states partner with state supported colleges and institutions, the institutions may provide the state match for federal reimbursement through "in-kind expenditures on faculty, overhead, and curriculum development."¹⁴⁷

In Georgia, this program is described as "an educational program that pays for tuition, fees, books and mileage for persons interested in a career in public child welfare in Georgia or for current Georgia Division of Family and Children Services (DFCS) staff who wish to upgrade their professional skills and training....The student repays the Program funds by working for Georgia DFCS in a social services position for a specified period (one calendar year [12 months] of employment for every academic year [usually 9 months] IV-E funding was received)."¹⁴⁸ Eligible degree programs have been offered by 10 Georgia-based institutions of higher education, both public and private. In the summer of 2011, the Georgia program was suspended due to a policy clarification from the regional office of the US Department of Health and Human Services (HHS), Administration for Children and Families. The policy clarification required Georgia to restructure the arrangements it has with the participating universities. With the help of Casey Family Programs, DFCS reports that it has engaged a consultant to

¹⁴⁴ Education and Training Section 12th Period Report, July 1, 2011-December 31, 2011 provided to the Accountability Agents in February 2012.

¹⁴⁵ Title IV-E of the Social Security Act authorizes federal funding to support State foster care programs.

¹⁴⁶ See <http://www.socialworkers.org/advocacy/updates/2003/081204a.asp>

¹⁴⁷ Ibid.

¹⁴⁸ See <https://www.gadfcs.org/grant/cwg/factsheet.jsp>

evaluate the curriculums and costs of the participating institutions to identify the costs that are eligible for reimbursement, a methodology for cost allocation, and the rate at which they are reimbursable to help support a proposal that will be acceptable to HHS. Completion of this work is anticipated by July 2012.

As a result of the program's suspension, no new students were authorized to begin the program in academic year 2011-2012 and those existing students who had been participating could not receive the financial support they had received in previous academic years. The university partners are not currently recruiting for this program and the State hopes to re-start the program in the Fall of 2013. The suspension of the program and any delay in its reinstatement is concerning for several reasons. First, it limits opportunities for Georgia residents to become qualified applicants for DFCS positions. Second, it removes one of the few worker retention incentives available to DFCS – an incentive available through child welfare agencies in virtually every other state. Finally, it inhibits Georgia's ability to maximize federal funding support.

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.¹⁴⁹ Accordingly, all supervisors in Period 12 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 and newly appointed supervisors are receiving the required number of hours of pre-service training. Overall, 83 percent of the case managers and 91 percent of the supervisors received the required pre-service training or 20 hours of annual professional development. This is a slight decline from the Period 11 rates of 89 percent and 94 percent, respectively. One of the two uncertified case managers in Period 12 did not have the documented required pre-service training hours (the other uncertified worker did have the training hours but not completed the required field observations); all other fully certified case managers did. All supervisors had the required pre-service supervisory training. In the interviews with 43 case managers and 15 supervisors in January and February 2012, 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.

¹⁴⁹ See p. 26 of the Consent Decree.

5. Case Manager and Supervisor Certification

Table VI-8 summarizes the certification status available from the State at the end of December 2011 for social service case managers and supervisors in Fulton and DeKalb counties. As shown, 182 case managers (92%) and 48 supervisors (89%) had achieved full certification as of December 31, 2011. This compares to 92 percent of the case managers and 80 percent of the supervisors in Period 11. The Accountability Agents used the previously described case manager and supervisory interviews to obtain information to verify the reported certification status.

Table VI-8
Certification Status of Case Managers and Supervisors in
DeKalb and Fulton County DFCS as of December 31, 2011

Position Title	Fully Certified	Results Pending	Provisional	Not Certified	Total*
Case Managers*					
CPS Investigators	55		4		59
CPS On-Going Case Managers	22		2		24
Permanency Case Managers (Regular and Specialized Caseloads)	84		5	2	91
Adoption Case Managers	21		2		23
TOTAL	182		13	2	197
Supervisors					
CPS (Investigations and On-Going)**	22	1			23
Permanency (Regular and Specialized Caseloads)	18			5	23
Adoption	7				7
TOTAL	48	1		5	54

Source: Compiled from data supplied by county training coordinators. *Includes workers who were on extended leave on December 31, 2011.

** Excludes one administrator supervising a unit because of a supervisor vacancy.

D. Assuring Needed Services Are Available

During Period 12, the counties continued their foster home retention and recruitment efforts. Table VI-9 summarizes county progress by December 31, 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 homes. At the same time, the foster care population, although beginning to increase is still lower than it was at the advent of the Consent Decree, reducing the anticipated demand for foster homes. However, the difficulty of placing sibling groups and the frequent placement moves (2 or more) of 18 percent of the children in care indicates a need for specific types of foster homes to better meet the needs of the children who are entering custody.

During Period 12, Fulton County reported opening 5 new homes while closing 36. Eighteen homes closed for foster parent personal reasons and 14 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 89 percent of the closed homes. One home closed due to administrative reasons (this includes such things as non-compliance with agency policy, no transportation) and three homes that had been approved per ICPC for out-of-state children closed because no children were placed in the homes. At the end of Period 12, Fulton had 23 home studies in progress (but this number includes homes that are seeking approval for adoption or ICPC placement exclusively.) The county has identified a number of foster home retention issues to address. These issues include timely reimbursement, changes related to on-going training credits, agency turn-over, lack of funding, increased responsibilities placed on foster parents as a result of initiating a “Partnership Parenting” model, and stress.

DeKalb County reported opening 11 homes but also closing 41 homes. Fifteen of the 41 closures were the result of a voluntary decision by foster parents. The reasons given ranged from unforeseen medical problems to financial difficulties to issues within their families. Another 17 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 78 percent of the home closures. Another two homes closed because the foster parents moved out of the county and three homes were closed as the result of a substantiated report of maltreatment. Four homes were closed for administrative reasons.

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 December 31, 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	275	133	-143	-76	798	308 to 339
<i>CPA Supervised Homes*</i>			561	206				
Total			836	339				
Fulton								
<i>County Supervised Homes</i>	504	238	220	114	-284	-124	594	328
<i>CPA Supervised Homes*</i>			346	118				
Total			566	232				
Two-County Total			1402	571				

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.6¹⁵⁰ and Section 11.¹⁵¹ Overall, the State performed well in Period 12 and maintained (+/- one percent) many of the significant improvements documented in Periods 5-11 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

¹⁵⁰ Ibid, pp. 16-19.

¹⁵¹ Ibid, pp. 26-28.

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 re-evaluation of care settings. In addition, foster caregivers need to be supported and well-trained to effectively care for and, when necessary, appropriately discipline the children in their care.

To ensure that foster homes are equipped to provide safe and appropriate care, DFCS has promulgated a uniform set of approval standards that are intended to apply to DFCS-supervised and provider-supervised foster homes alike. In addition, the Office of Residential Child Care (ORCC) has promulgated licensing rules that apply to the Child Placing Agencies that supervise private foster homes.

However, the existence of uniform standards by itself cannot ensure children in care are safe and well. Therefore, the review of foster home 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 and to be similar to that of Period 11.

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 11 and 12.

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

Foster Care Screening, Licensing, Training, and Investigative Requirements	Percent of Sample with Documented Compliance	
	Period 11	Period 12
Sex Offender Registry checked for foster parents	100%	100%
Timely annual re-evaluation (no lapses)	99%	100%
Timely Criminal Record Checks for other adults in the home	88%	100% ^a
Timely Criminal Record Checks for foster parents	100%	99%
Pre-service foster parent training requirements met	99%	99%
Family assessment completed	99%	99%
Gender of children in home never varied from that approved	99%	99%
CPS history has been checked	96%	98%
Age of children in home never varied from that approved	96%	98%
Comprehensive Drug Screen for Foster Parents	97%	97%
Number of children in home never exceeded approved capacity	96%	96%
No violations of agency discipline or other foster care policies	98%	94%
Sex Offender Registry checked for other adults in the home	95%	91% ^a
Ongoing foster parent training requirements met	92%	91%
Appropriate health statements for other adults in the home	98%	84% ^a
Comprehensive medical report for each foster parent	91%	83%

Source: Foster Home Record Reviews for Periods 11 and 12.

^a As these measures are based on a sub-sample of 46 foster homes, they have a margin of statistical error of $\pm 14\%$.

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 11. The file review found evidence that for most approval standards, 98 percent or more of the homes reviewed were in compliance. This is similar to Period 11, for which most of the approval standards were met by 97 percent or more of the homes reviewed. Compliance appears to have remained about the same (± 2 percentage points) for 11 of the 16 requirements and to have declined for four requirements (*no violations of agency discipline or other foster care policies*, *sex offender registry has been checked for other adults in the home*, *appropriate health statements for other adults in the home*, and *comprehensive medical report for each foster parent* – by 4, 4, 14, and 9 percentage points, respectively). Compliance improved for one requirement (*timely criminal record checks for other adults in the home* – by 12 percentage points). However, the only changes that were not within the margin of statistical error for the foster home sample or its subsample of homes with “other adults” living in them were the fourteen and nine percentage point declines, respectively, for *appropriate health statements for other adults in the home* and *comprehensive medical report for each foster parent*. These two items are discussed in greater detail below.

The main causes of noncompliance for the requirement, *appropriate health statements for other adults in the home*, were outdated medicals that had been completed when the young adults in the home were under the age of 16 but were not updated after they turned 18, or health statements that contained no evidence that tuberculosis testing had been completed. The most common cause of noncompliance with the requirement of a “*comprehensive medical report for each foster parent*” was the failure of foster parents with significant diagnosed health conditions to receive annual comprehensive medical exams.¹⁵²

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 12 record review demonstrates that the improvements documented in Periods 5–11 largely have been maintained.

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 declined somewhat, State performance in not allowing perpetrators of substantiated maltreatment to remain foster parents showed improvement compared to Period 11.

a. Corporal Punishment and Maltreatment in Foster Homes

Of the 160 foster home files reviewed for Period 12, four (3%) had a confirmed incident of corporal punishment during the 12 months ending December 31, 2011. In Period 11, only one confirmed incident of corporal punishment was identified in the 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.

Four foster homes in the placement sample of 160 had substantiated allegations of maltreatment investigated during the current reporting period; all four of these homes were closed at the conclusion of the investigation. An additional 17 foster homes in the sample of 160 had

¹⁵² In May 2011, DFCS amended Sec. 1015.37.3 of the Policy Manual to eliminate the previous requirement that foster parents obtain comprehensive health exams every five years (or annually if they have health problems or are aged 65 or older). The Accountability Agents raised this change as a safety concern with the State and Plaintiff’s Counsel and in January 2012 the State agreed to rescind the policy change. That rescission was effective March 15, 2012. The Accountability Agents’ monitoring methodology remained unchanged throughout these policy changes, which explains the reduced level of apparent compliance observed in Period 12.

between them a total of 11 screened-out reports of maltreatment in care and nine reports that were investigated and unsubstantiated. Three of these 17 foster homes had two reports each; 14 homes had one report each.

b. Preventing Substantiated Maltreators from Becoming 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. Section 11 G. 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...”¹⁵³ DFCS Policy requires CPS history checks to be run for prospective foster parents prior to their initial approval;¹⁵⁴ any CPS reports occurring after a foster home’s initial approval to be documented in the foster home’s record;¹⁵⁵ and CPS reports in DFCS or provider-supervised foster homes to be opened in the name of the approved caregiver.¹⁵⁶

To prevent individuals with substantiated CPS histories from becoming approved foster parents, the Office of Provider Management (OPM) previously required all CPAs to request a “CPS clearance” on all prospective foster parents through the DFCS Social Services ICPC Unit. However, that process proved not to be completely reliable, as illustrated by the following example identified in the Period 12 CPS case review. A foster parent who was the subject of an August 2011 maltreatment-in-care investigation received her initial approval from a CPA in August 2010, despite having a CPS history that included a 2006 substantiated allegation of maltreatment involving her birth-daughter. The CPA approved this individual to foster because the CPS clearance performed by the ICPC unit erroneously produced a “clean” result when the screener entered as a search parameter the individual’s Social Security Number, which had been mistyped by the requesting CPA.¹⁵⁷

To assess the State’s performance in not allowing perpetrators of substantiated maltreatment to become or to remain foster parents, file reviewers performed a “look-up” in SHINES and the IDS Master Index for every foster home in the sample to determine if the home had any history of substantiated maltreatment. One home in the sample of 160 (1%) was found to have a prior substantiation of maltreatment and to be open during the reporting period. In Period 11, four

¹⁵³ See p. 28 of the Consent Decree.

¹⁵⁴ Social Services Manual, Section 2103.18, February 2008.

¹⁵⁵ Social Services Manual, Section 1015.39, April 2007.

¹⁵⁶ Social Services Manual, Sections 2106.9 and 2106.18, March 2006.

¹⁵⁷ The most commonly identified problem with CPS history checks involves the entering of **too** much information by the person performing the check (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.

such homes were identified (3% of the sample). The nature of this previous substantiated report and the reason the home was allowed to remain open is detailed below.

- The home in question was a provider-supervised foster home located in Clayton County. The home was first approved to foster in 2004. The foster mother had legal custody of her 10 year-old paternal grandson and was seeking guardianship of his seven year-old brother. In May 2009 a CPS report was made alleging physical abuse (bruises, welt, and abrasions) of the seven year-old by the grandmother and the children's biological father. The report was opened in the grandmother's name. The CPS investigation produced a substantiated finding against the birth father for whipping the child with a belt but did not treat the grandmother as an alleged maltreater. The grandmother denied using corporal punishment herself and agreed to prevent its use in her home by anyone else. This foster home was involuntarily closed in January 2012 as a result of the substantiated CPS history in the home.

It is not entirely clear why the home described above remained open through Period 12. The substantiated CPS report occurred after the home's initial approval but it was included in the CPS history in the foster home's record (and thus was not "missed" when the most recent CPS history was run); and the home had two re-evaluations after the time of the substantiated report and the CPS history should have been addressed in those re-evaluations. It is possible the supervising CPA may have deemed the situation did not violate the requirements of the Consent Decree since the substantiated report did not involve a foster child and the alleged maltreater was identified as the child's birth father. One thing that is clear is the reason the home was finally closed.

In Period 11 a number of foster homes in the sample of 160 were found to have incomplete CPS history checks in their records.¹⁵⁸ These CPS histories were incomplete because they failed to include one or more unsubstantiated reports of maltreatment.¹⁵⁹ The Accountability Agents brought this finding to the attention of the State and of Plaintiff's Counsel and in response, the State agreed to take a number of remedial actions including the complete rescreening all 1847 CPA and 2069 DFCS approved foster homes. The home described above was ultimately closed because its substantiated CPS history was detected during this re-screening effort. The status of the remedial actions and policy changes the State agreed to take is summarized below.

¹⁵⁸ 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.

¹⁵⁹ 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.

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- **Action:** 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.
Status: Rescreening of the 381 CPA homes with a class member child in placement was completed in March 2012. Re-Screening of all 702 foster homes in Fulton and DeKalb Counties (DFCS and CPA-supervised homes) will be completed by June 30, 2012. Re-Screenings of the remainder of all CPA and DFCS foster homes in the State will be completed by December 31, 2012. 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. As of April 2011, the re-screening process had resulted in the closure of 15 foster homes, 9 with unsatisfactory histories of unsubstantiated reports and screen-outs; 6 with substantiated CPS histories.
 - **Action:** 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.
Status: The new policy is being developed. Statewide release will occur before the end of September 2012.
 - **Action:** 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.
Status: The new CPS Screening Team (CPSST) was established and fully staffed as of March 16, 2012. The CPSST is responsible for all initial CPS history checks for all prospective CPA and DFCS foster parents. The CPSST is also completing all CPS history re-screenings for all CPA and DFCS foster homes. The CPSST is a part of the Special Investigations Unit, which was moved to become an organizational component of the Office Provider Management.
 - **Action:** 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.**Status:**
 - The CPSST is responsible for screening and assessment of both prospective caregiver applicants and re-screening of existing caregivers at 5 year intervals.
 - At the completion of the initial approval screenings, CPA's are provided with a letter indicating whether or not that family is approved to proceed in the process.

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- If a home has no previous involvement with the agency, that home will be given the approval to proceed.
 - If a family has had previous involvement but the involvement was not such that it would warrant an outright denial to proceed, a summary of case findings (including detailed information on past diversions, unsubstantiated findings, multiple screen-outs, and previous history as a foster parent) will be sent to the CPA to support sound decision-making regarding the approval of the home.
 - If a family has any substantiated history no case summary will be included but the summary finding will indicate the family is not approved to proceed.
 - Initial approval screenings for DFCS foster parents has not yet begun. These will be phased in by region beginning with Fulton and DeKalb counties. The process will be the same for DFCS and CPA-supervised foster homes.

Future reports will continue to examine foster homes that have allegations of maltreatment made against them, and the State's progress in preventing perpetrators of substantiated maltreatment from becoming or remaining foster parents.

c. Operational Context

Section 11.C. of the Consent Decree requires the process of licensing and approving foster homes to be carried out jointly by DFCS and the Office of 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 100 provider-supervised foster homes sampled that had a class member in care at any point during the reporting period, 100 (100%) were overseen by CPAs that had a valid license on December 31, 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 12, a total of 64 CPAs (supervising approximately 1710 foster homes) and 166 CCIs were approved by OPM for the placement of children in DFCS custody. These CPAs and CCIs varied in size:

- 10 CPAs and 109 CCIs were "Small Agencies" (≤ 6 CPA foster homes or CCI beds);
- 27 CPAs and 46 CCIs were "Medium Agencies" (7-20 CPA foster homes or CCI beds);
- 9 CPAs and 6 CCIs were "Large Agencies" (21-30 CPA foster homes or CCI beds); and,
- 18 CPAs and 5 CCIs were "Extra Large Agencies" (≥ 31 CPA foster homes or CCI beds).

During Period 12 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 28 (44%) of the 64 contracted CPAs, and 74 (45%) of the 166 contracted CCIs during Period 12.

During Period 12, OPM also conducted 110 “Safety Reviews” of CPA foster homes and 173 Safety Reviews of CCIs, in addition to the Comprehensive Reviews discussed above.¹⁶⁰ 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 96 foster homes sampled that had a child in care on December 31, 2011, 95 (99%) were within the Consent Decree’s capacity limits at that point in time. Of these 96 foster homes, 91 (95%) had three or fewer foster children in them on December 31, 2011 and four homes (4%) had more than three foster children but met the Consent Decree’s sibling exception (they had sibling groups of more than three in placement and no other children in the home). With respect to the

¹⁶⁰ This represented decreases of 57 and 16 percent, respectively, from the 255 CPA Safety Reviews and 205 CCI Safety Reviews conducted in Period 11. OPM indicated the decrease was a product of testing and refining the Safety Review process to identify the “right” number of visits to support the performance metrics associated with the Performance-Based Contracts that are expected to go “live” in SFY 2013.

limit of six total children, 95 of the 96 foster homes that had a child in care on December 31, 2011 (99%) were within that limit. Finally, all of the foster homes (100%) with a child in care on December 31, 2011 had three or fewer children under the age of three in them. All these capacity compliance rates are similar to the Period 11 rates of 100 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.

• **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 the same rate found in Period 11.

With respect to ongoing annual training, documentation supporting that the requirements had been met was found in 91 percent of the files of the 129 foster homes sampled to which the requirement applied. This was similar to the Period 11 rate of 92 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.¹⁶¹ The Final Report of this Task Force was delivered in January 2010.¹⁶²

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 is treating as another “hold harmless” year. The lessons learned from the 2011 and 2012 cycles resulted in the establishment of measures for independent and transitional living programs; better alignment of measures with the desired child welfare outcomes of safety, permanency, and well-being; and in the development and testing of “bonus measures” (measures designed to encourage performance above the minimum level of expectation). FY 2013 will be the first performance-based contracting cycle in which provider performance, as assessed by the measures, will affect the reimbursement they receive.

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

¹⁶¹ See pp. 14-15, paragraphs 2-7 of the Consent Decree.

¹⁶² See Georgia Department of Human Services, Division of Family and Children Services, *Rate Reimbursement Task Force Final Report*, January, 2010.

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 put on hold during Period 12 due to delays in getting the vendor's contract executed. They are now expected to go "live" by July 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"¹⁶³ 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.

¹⁶³ See Section 10.B. 4.a.-d. in the Consent Decree, pp 25 and 26.

The Parties continue to negotiate 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.¹⁶⁴ The State reports that there were 196 licensed CCIs and 93 licensed CPAs in Georgia at the end of December 2011. This represents a five percent decrease in the number of licensed CCIs and a one percent decrease in the number of licensed CPAs compared to Period 11.

During the period July through December 31, 2011, ORCC reports that 102 of the 196 CCIs (52%) and 46 of the 93 CPAs (49%) were due for re-licensure. Each of these 102 CCIs and each of the 46 CPAs received at least one unannounced inspection from ORCC during that period. In addition, ORCC made a total of 365 unannounced visits (174 of which were unsuccessful) to conduct 191 unannounced inspections of the family foster homes operated by 24 of the 46 CPAs due for re-licensure (the remaining 22 CPAs due for re-licensure had either no foster homes, or no children in care during Period 12.) Detail on these unannounced family foster home inspections appears in Table VI-10.

According to ORCC, the inspections conducted during Period 12 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;
- Improved foster parent education about, and compliance with, appropriate disciplinary techniques (e.g., not using exercise as a disciplinary sanction); and,
- Improved documentation of home study content.

¹⁶⁴ See Section 9.D. of the Consent Decree, p. 24.

Table VI-10
ORCC Unannounced Annual CPA Family Foster Home Inspections
n = 93 CPAs

93 CPAs	Licensed in Georgia as of 12/31/2011
46 CPAs	Due Re-licensure in Period 12
9 CPAs	Adoption or Home Study Only (no family foster homes; no inspection required)
9 CPAs	No Placements During Period 12 (no inspection required)
4 CPAs	Either closed during monitoring period or on inactive status
24 CPAs	Requiring Annual Unannounced Family Foster Home Inspections
0 CPAs	Subject to 5% of Foster Homes Annual Unannounced Inspection Requirement
17 CPAs	Subject to 10 Foster Home Annual Unannounced Inspections Requirement
	12 CPAs (71%) Received Required Foster Home Inspections During Period 12
	5 CPAs (29%) to Have Required Foster Home Inspections Completed During Period 13
7 CPAs	With <10 Foster Homes (Subject to 100% Annual Unannounced Inspection Requirement)
	7 CPAs (100%) Received Required Foster Home Inspections During Period 12
	0 CPAs (0%) to Have Required Foster Home Inspections Completed During Period 13
5 CPAs	Re-licensed in Period 11 were to Have Required Annual Unannounced Family Foster Home Inspections Completed in Period 12
3 CPAs	Subject to 10 Foster Home Annual Unannounced Inspections Requirement
	2 CPAs (67%) Received Required Foster Home Inspections During Period 12*
2 CPAs	With <10 Foster Homes (Subject to 100% Annual Unannounced Inspection Requirement)**
	1 CPA (50%) Received Required Foster Home Inspections During Period 12

* The remaining CPA due unannounced visits to 10 foster homes in Period 12 had two homes visited by 6/30/2011 after 8 unsuccessful attempts and an additional 3 homes visited by 12/31/2011 after 20 unsuccessful attempts. The remaining 5 required visits were completed by 2/2/2012 (Period 13).

** One CPA had a total of one foster home that needed a visit during period 12, however that agency no longer had any active foster homes during Period 12 and therefore no visits were made.

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. SHINES is one of 36 SACWIS systems the federal government considers to be operational and it is one of nine states in which the U.S. Department of Human Services has initiated a compliance assessment.¹⁶⁵

¹⁶⁵ Retrieved from http://www.acf.hhs.gov/programs/cb/systems/sacwis/statestatus_states.htm

During Period 12, programming enhancements continued to refine SHINES. According to the State, some key areas that received attention included:

- The adoption function is now supported by greater capability to track recruitment activities and enter more information about prospective adoptive families; improved adoption assistance documentation capabilities; and document non recurring adoption assistance.
- Maltreatment-in-care reporting and investigative actions are now supported with greater documentation capabilities to ensure more consistent policy application and automated county linkage to the central office Special Investigations Units to ensure timely notification of reports for SIU response.
- The relative care assessment process is now supported with more automatic edit checks to alert case managers and supervisors when an assessment has not been completed and help stream line the process when a relative has already been assessed and approved as a Safety Resource. SHINES now carries forward into the Relative Assessment all information acquired during the Safety Resource approval process, thus minimizing the need for case managers to re-enter previously documented actions.
- The placement function is now supported with greater capabilities for better matching children to available foster home placements. The placement log for foster homes now includes a new section that is designed to list characteristics of children already placed in the foster home. New edit checks require the placement specialists and/or case managers to look at the current placement log of a foster home to review what children are already placed in the home and to assess the match quality for a child to be placed there.
- The roundtable process is now supported with automated forms used to document Safety and Permanency Roundtables. Case managers no longer need to scan paper forms and upload them into SHINES.

All of these efforts further the functionality and effectiveness of SHINES. However, the Accountability Agents have found that case managers and supervisors are not always aware of the available functions in SHINES nor know how to use SHINES effectively. In addition, as the Accountability Agents noted in the Period 11 report, there is still a need for better structure and guidance for electronic records management.

H. Quality Assurance

There is no change to the Quality Assurance activity to report for Period 12. 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 Funding*¹⁶⁶

The Consent Decree contains requirements for DHS/DFCS to 1) maximize available federal funding through Titles IV-B and IV-E of the Social Security Act, and 2) not supplant state dollars for foster care services with any federal increase that results from the maximization efforts.¹⁶⁷ In terms of revenue maximization, the State reports a significantly increased ability to claim federal reimbursement for a larger proportion of its foster care population over the last few years, helped in part by the American Recovery and Reinvestment Act (ARRA) of 2009. (See Figure IV-6). In addition, to date the Accountability Agents have not found any evidence that the State is supplanting state dollars with increased federal reimbursement.

1. Federal Reimbursement Trends

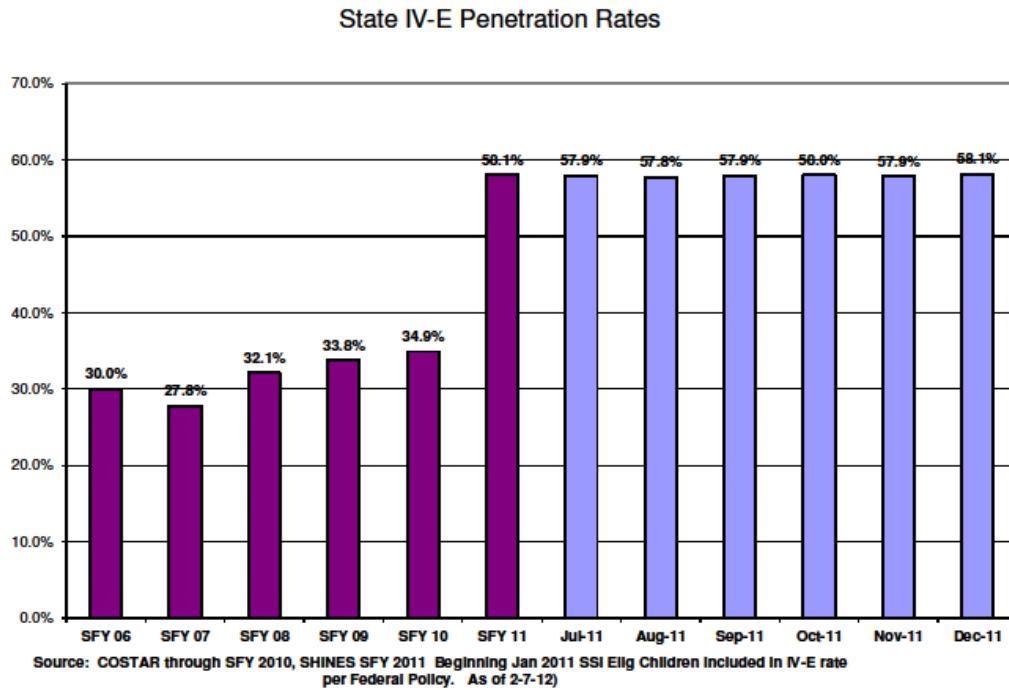
A measure of a State's ability to claim federal reimbursement of foster care expenditures is known as the "IV-E penetration rate." According to a definition from Casey Family Programs, *"The Title IV-E Foster Care Penetration Rate represents the percentage of children in out-of-home placements for which a state received Title IV-E reimbursement from the federal government for foster care maintenance payments. (E.g., a state with a foster care penetration rate of 52% in SFY 2006 received federal reimbursement for the foster care maintenance payments of 52% of the children in out-of-home care that year)."*¹⁶⁸ Thus, 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 57 percent or better in Period 12, as shown in Figure VI-6.

¹⁶⁶ See Dimas, J.T. and Morrison, S. A. *Period I Monitoring Report, Kenny A. v. Perdue*, November 2006 for background on Title IV-E.

¹⁶⁷ See p. 31, Section 14 of the Consent Decree.

¹⁶⁸ Definition retrieved from: <http://www.childwelfarepolicy.org/resources?id=0006>

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



2. Detailed Comparison of State and Federal Funding since 2005

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

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

Table VI-10 provides a comparison of the baseline and most recent year of federal and state IV-B expenditures based on the annual cost reports. The comparison reveals a one percent increase in both State and Federal IV-B expenditures between October 2010 and September 2011.

Table VI-10
Title IV-B Funding
Federal Fiscal Year 2006, 2007, 2008, 2009, 2010 and 2011 Financial Reports
(October 1, 2005 – September 30, 2011)

	State	Federal	Total
Federal Fiscal Year 2006	\$ 3,123,871	\$ 9,371,613	\$ 12,495,484
Federal Fiscal Year 2007	\$ 3,162,131	\$ 9,486,392	12,648,523
<i>Percent change</i>	+1%	+1%	+1%
Federal Fiscal Year 2008	\$ 3,222,070	\$ 9,666,210	\$12,888,280
<i>Percent change over 2007</i>	+2%	+2%	+2%
Federal Fiscal Year 2009	\$3,265,672	\$9,797,015	\$13,062,687
<i>Percent change over 2008</i>	+1%	+1%	+1%
Federal Fiscal Year 2010	\$3,259,017	\$9,777,051	\$13,036,068
<i>Percent change over 2009</i>	0%	0%	0%
Federal Fiscal Year 2011	\$3,292,171	\$9,876,514	\$13,168,685
<i>Percent change over 2010</i>	+1%	+1%	+1%
<i>Percent change over 2006</i>	+5%	+5%	+5%

Source: Georgia IV-B Financial Status Reports, submitted December 11, 2006, November 6, 2007, November 4, 2008, December 29, 2009, November 8, 2010, December 29, 2011 to the U.S Department of Health and Human Services.

- **Comparison of Title IV-E Federal and State Funding Distribution**

Table VI-11(a, b, and c) summarize the most recent years of federal and state IV-E expenditures and the changes between State Fiscal Year 2010 (July 2010-June 2011) to the baseline year of July 1, 2005 through June 30, 2006 based on the quarterly expenditure reports submitted to the federal government for each State fiscal year. The comparison of IV-E expenditures reveals overall increases in expenditures of both state and federal funds since the baseline year. State expenditures increased by 12 percent and federal expenditures increased by 32 percent between state fiscal years 2006 and 2011.

In previous years, the IV-E eligible expenditures for operating the State Automated Child Welfare Information System (SACWIS) had been reported as part of total foster care administration costs. Starting with the reporting for the quarter ending December 31, 2010, the SACWIS operational costs are reported separately from the total administrative costs. In State Fiscal Year 2006, the State was just beginning to develop its SACWIS (now called "SHINES"). The majority of development continued through State Fiscal Year 2008 and began to taper off in subsequent years as less programming was required for the basic system and only enhancements remained to be completed.

State and Federal foster care maintenance payments increased since the baseline year. The increase in Federal reimbursement, despite the declining foster care population, reflects a combination of factors. One factor is the state's improved ability to claim more federal

reimbursement from the IV-E program due to policy clarifications in June 2009¹⁶⁹ and 2010¹⁷⁰. A second factor is the State's improved ability to accurately determine and record IV-E eligibility of all children.¹⁷¹ A third factor is the increased federal funding for foster care and adoption assistance through the ARRA and the Fostering Connections to Success and Increasing Adoptions Act of 2008 ("Fostering Connections"). The ARRA legislation increased the federal reimbursement for a time-limited period and Fostering Connections lifted some previous IV-E eligibility restrictions for certain populations.

The decreased State and Federal expenditures on training represent the most significant decreases since the baseline year. According to the State, the training expenditures claimed for IV-E reimbursement at a federal matching rate of 50 percent primarily supported qualified individuals seeking undergraduate or graduate degrees in Social Work from a consortium of Georgia colleges and universities. (See previous discussion earlier in this part, Section C, about the IV-E Child Welfare Training Program.) The individuals received financial support for their education in exchange for a commitment to work for DFCS a specified period of time. In 2011, DFCS learned that the financial arrangements with the participating universities and colleges needed revision as a result of a policy clarification from the regional office of the U.S. Department of Health and Human Services (HHS). While DFCS has been working to restructure the program, no new financial commitments were made to students in the 2011-2012 academic year and commitments to continuing students were suspended. DFCS, with the help of Casey Family Programs, is currently conducting an analysis of the curriculum and financial arrangements and developing a proposal to HHS to effectively use available IV-E funding to support the professional development of its workforce. At the time of the Period 12 report, it was uncertain whether the State would seek the higher federal reimbursement rate of 75 percent if the proposed restructuring is accepted by HHS.

Funding available through the ARRA legislation has provided additional financial resources for adoption assistance payments, appropriately replacing state dollars with federal dollars. In addition, the declining number of children in foster care in the last few years has reduced the pool of children available for adoption and families needing adoption assistance. Therefore, the State expenditures for Adoption Assistance decreased while Federal expenditures increased. The ARRA provisions expired June 2011.

¹⁶⁹ See Dimas, J.T. and Morrison, S. A. Period VII Monitoring Report, Kenny A. v. Perdue, January 2009 for a description of the policy issue related to the removal of a child from a relative.

¹⁷⁰ See Dimas, J.T. and Morrison, S. A. Period 11 Monitoring Report, Kenny A. v. Perdue, December 2010 for a description of the policy issue related to the IV-E eligibility of children receiving or deemed eligible for Supplemental Security Insurance (SSI).

¹⁷¹ See Dimas, J.T. and Morrison, S. A. Period 11 Monitoring Report, Kenny A. v. Perdue, December 2010 for a description of the impact of SHINES.

Table VI-11a
Title IV-E Funding:
State Expenditures

for State Fiscal Years 2006, 2007, 2008, 2009, 2010 and 2011

Title IV-E Funding Category	SFY 2006 (July 2005- June 2006) Baseline Year	SFY 2007 (July 2006- June 2007) Year 1	SFY 2008 (July 2007- June 2008) Year 2	SFY 2009 (July 2008- June 2009) Year 3	SFY 2010 (July 2009- June 2010) Year 4	SFY 2011 (July 2010- June 2011) Year 5	Year 5 over Baseline Year Change
Adoption Assistance Payments	18,796,102	19,073,837	18,561,904	16,685,892	14,673,275	15,422,648	-18%
Adoption Administration	6,522,392	7,886,253	6,753,761	4,852,461	6,270,452	4,954,060	-24%
Adoption Training	175,215	237,802	139,894	51,342	42,259	3,588	-98%
Adoption subtotal	\$25,493,709	\$27,197,892	\$25,455,559	\$21,589,695	\$20,985,986	20,380,296	-20%
Foster Care Maintenance Payments	12,830,120	10,804,756	20,536,434	22,479,552	15,693,136	13,865,590	8%
Foster Care Administration*	32,892,589	27,845,512	38,827,744	39,607,332	40,418,471	43,602,277	33%
Foster Care Training	97,199	104,675	399,841	639,250	224,245	0	-100%
SACWIS development	2,006,645	5,221,541	8,166,422	735,155	1,259	0	-100%
SACWIS operations						4,442,632	
Foster Care subtotal	\$47,826,553	\$43,976,484	\$67,930,441	\$63,461,289	\$56,337,111	\$61,910,499	29%
Title IV-E State Expenditure Total	\$ 73,320,262	\$71,174,376	\$93,386,000	\$85,050,984	\$77,323,097	\$82,290,795	12%

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

*After September 30, 2010, federal reporting changed and "administration" costs did not include SACWIS operational costs.

Table VI-11b
Title IV-E Funding:
Federal Expenditures*
for State Fiscal Years 2006, 2007, 2008, 2009, 2010 and 2011

Title IV-E Funding Category	SFY 2006 (July 2005- June 2006) <i>Baseline Year</i>	SFY 2007 (July 2006- June 2007) <i>Year 1</i>	SFY 2008 (July 2007- June 2008) <i>Year 2</i>	SFY 2009 (July 2008- June 2009) <i>Year 3</i>	SFY 2009 (July 2009- June 2010) <i>Year 4</i>	SFY 2011 (July 2010- June 2011) <i>Year 5</i>	<i>Year 5 over Baseline Year Change</i>
Adoption Assistance Payments	28,864,149	30,490,022	31,424,146	34,196,743	36,182,653	35,100,060	22%
Adoption Administration	6,522,392	7,886,254	6,753,762	4,852,462	6,270,453	4,954,060	-24%
Adoption Training	525,646	713,409	419,687	154,028	126,776	10,763	-98%
Adoption subtotal	\$35,912,187	\$39,089,685	\$38,597,595	\$39,203,233	\$42,579,882	40,065,706	12%
Foster Care Maintenance Payments	19,706,811	17,284,001	34,840,478	45,947,054	38,703,783	31,403,837	59%
Foster Care Administration**	32,892,586	27,845,515	38,827,749	39,607,338	40,418,475	43,602,279	33%
Foster Care Training	291,600	314,029	1,199,526	1,917,753	672,732	0	-100%
SACWIS development	2,006,646	5,221,541	8,166,422	735,155	1,260	0	-100%
SACWIS operations						4,442,632	
Foster Care subtotal	\$54,897,643	\$50,665,086	\$83,034,175	\$88,207,300	\$79,796,250	\$79,448,748	45%
Title IV-E Federal Expenditure Total	\$90,809,830	\$89,754,771	\$121,631,770	\$127,410,533	\$122,376,132	\$119,514,544	32%

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

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

**After September 30, 2010, federal reporting changed and "administration" costs did not include SACWIS operational costs.

Table VI-11c
Title IV-E Funding:
Total Expenditures
for State Fiscal Years 2006, 2007, 2008, 2009, 2010 and 2011

Title IV-E Funding Category	SFY 2006 (July 2005- June 2006) Baseline Year	SFY 2007 (July 2006- June 2007) Year 1	SFY 2008 (July 2007- June 2008) Year 2	SFY 2009 (July 2008- June 2009) Year 3	SFY 2010 (July 2008- June 2009) Year 4	SFY 2011 (July 2010- June 2011) Year 5	Year 5 over Baseline Year Change
Adoption Assistance Payments	47,660,251	49,563,859	49,986,050	50,882,635	50,855,928	50,523,531	6%
Adoption Administration	13,044,784	15,772,507	13,507,523	9,704,923	12,540,905	9,908,120	-24%
Adoption Training	700,861	951,211	559,581	205,370	169,035	14,351	-98%
Adoption subtotal	\$61,405,896	\$66,287,577	\$64,053,154	\$60,792,928	\$63,565,868	\$60,431,651	-2%
Foster Care Maintenance Payments	32,536,931	28,088,757	55,376,912	68,426,606	54,396,919	45,269,427	39%
Foster Care Administration*	65,785,175	55,691,027	77,655,493	79,214,670	80,836,946	87,204,556	33%
Foster Care Training	388,799	418,704	1,599,367	2,557,003	896,877	0	-100%
SACWIS development	4,013,291	10,443,082	16,332,884	1,470,310	2,519	0	-100%
SACWIS operations						8,885,264	
Foster Care subtotal	\$102,724,196	\$94,641,570	\$150,964,616	\$151,668,589	\$136,133,361	\$141,359,247	38%
Title IV-E Total	\$164,130,092	\$160,929,147	\$215,017,770	\$212,461,517	\$199,699,229	\$201,790,898	23%

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

*After September 30, 2010, federal reporting changed and "administration" costs did not include SACWIS operational costs.

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.¹⁷² These are covered in this part of the report.

A. Repeat Maltreatment Data

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

- The number of children in each county who, during the reporting period, experienced substantiated maltreatment;
- The number and percentage of children in the first item who also experienced maltreatment during the preceding 12 month period. These data, as reported by the State, are reproduced in Table VII-1, below. The Accountability Agents' verification approach is discussed in Appendix B.

<i>Table VII-1 Repeat Maltreatment</i>			
<i>Reporting Period: July 1, 2011 – December 1, 2011</i>			
		DEKALB	FULTON
a) Number of children during the reporting period experiencing substantiated maltreatment		542	632
b) Number of children in a) of this item who also experienced maltreatment during the preceding 12 month period		34	27
Percentage of children who had substantiated maltreatment during the preceding 12 months		6.3%	4.3%

¹⁷² See pp. 45-46 of the Consent Decree,

B. Diversion Data

Section 20.G.2 of the Consent Decree requires DHS to provide the Accountability Agents data and information sufficient to enable them to verify data reported by the State on the number of children in DeKalb and Fulton counties during the reporting period (other than those in foster care) that experienced substantiated maltreatment within 11-365 days after being referred to DHS's diversion program. These data, as reported by the State for the period July 1, 2010 – December 31, 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 10.) The Accountability Agents' verification approach is discussed in Appendix B.

<i>Table VII-2 Diversions with Subsequent Substantiated Maltreatment</i>			
<i>Reporting Period: July 1, 2010-December 31, 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		452	411
b) Number of cases in a) in which there was substantiated maltreatment within 11-365 days after referral to DHS's diversion program		41	23
Percentage of cases in which there was substantiated maltreatment within 11-365 days of referral into DHS's diversion program		9.1%	5.6%

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 12

Four primary sources of information were used to assess the State of Georgia’s progress during Period 12, July-December 31, 2011. The challenge for data collection and analyses in Period 12 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 but are working on a plan with the State to incrementally expand the number of provisions measured using SHINES data.

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 December 31, 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 July 1 and December 31, 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 July 1 and December 31, 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 July 1 and December 31, 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 or in a footnote. 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	84	84	84	Not applicable
Foster Homes	657	160	160	+/- 7 percent
Children in Foster Care	1709	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 January 2012 and the foster home file review in February 2012. 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: 32 percent of Maltreatment-in-care Investigations cases; 34 percent of Placement cases; and 33 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	.996
Foster Homes	.985
Foster Care	1.00

A final check on quality came during the analysis. When the analysis identified a discrepancy that could not be explained by the reviewer comments, the Accountability Agents requested a reviewer to go back to the file in question and collect more specific information on which to make a judgment or the Accountability Agents looked directly into the SHINES record.

f. Data Analysis

Microsoft Excel was used for analyzing the collected data and calculating inter-rater reliability. GSU staff assisted in creating descriptive statistics for the Accountability Agents.

g. Records in Sample that Were not Read

Not all records included in the original samples were reviewed. Before the reviews began, we a set of reasons for why a case record may not be read was established. Table B-3 provides a

summary distribution of the cases that were not read with the reasons for not reading them. Files that could not be located for the review were reported to county leadership.

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

Target of Review	Number of cases sampled but not read as part of the review and reason why they were not read	
Maltreatment-in-care Investigations	Investigation not completed between July 1 and December 31, 2011	0
	Coding error, this is not a maltreatment-in-care referral/report	6
	Case was "opened on report" (no maltreatment was alleged)	0
	Case record cannot be located	0
	No child in the legal custody of Fulton and Dekalb Counties was involved in this report	2
	Other	4
	Total	12
Foster Homes	Coding error in SHINES, this home was not open between July 1 and December 31, 2011	1
	No children were placed in this home between July 1 and December 31, 2011	0
	No children in the legal custody of Dekalb or Fulton County DFCS were placed in this home between July 1 and December 31, 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	0
	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 July 1 and December 31, 2011	0
	Child not in the adjudicated legal custody of Fulton or Dekalb counties July 1 and December 31, 2011	2
	Child's file has been sealed as result of finalized adoption	3
	Child living in another state, file has insufficient information to review adequately.	0
	Child age 18 before July 1, 2011.	0
	Case timeframe too short (child in care 8 days or less)	9
	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.	4
	This is a duplicate of child in sample.	0
	Other	1
	Total	19

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 12.

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.¹⁷³ 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

¹⁷³ 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 December 31/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..."¹⁷⁴ 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 July 1 and December 31, 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

¹⁷⁴ 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 12 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."¹⁷⁵ 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;

¹⁷⁵ 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.”¹⁷⁶ 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.”¹⁷⁷ 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 measure¹⁷⁸ 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

¹⁷⁶ Social Services Manual, Chapter 1000, Section 1002.3.2, Georgia Department of Human Services.

¹⁷⁷ See p. 3, Definition T, of the Consent Decree.

¹⁷⁸ 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.¹⁷⁹ 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 12. 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.

¹⁷⁹ 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*”¹⁸⁰ between children and parents “*to progress toward reunification*”¹⁸¹ 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.¹⁸² Second, a plan for parental visitation should be a part of every Case Plan.¹⁸³ Third, “when agency resources allow,

¹⁸⁰ See p. 36, Outcome 21, of the Consent Decree.

¹⁸¹ Ibid.

¹⁸² Social Services Manual, Section 1009.3 Georgia Department of Human Services.

¹⁸³ 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.”¹⁸⁴ 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.¹⁸⁵ 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.

¹⁸⁴ Social Services Manual Section 1009.5, Georgia Department of Human Services.

¹⁸⁵ 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.¹⁸⁶ 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. The definition of a "placement" is one that meets the following federal criteria:

"lasts more than 24 hours while the child is in foster care under the placement,...This includes moves that may be made on an emergency or unplanned basis, such as shelter care placements, treatment facility placements, and certain placements for juvenile justice purposes. .. However, there are certain

temporary living conditions that are not placements, but rather represent a temporary absence from the child's ongoing foster care placement. As such, the State must exclude the following temporary absences from the calculation of the number of previous placement settings for foster care element 24.

- Visitation with a sibling, relative, or other caretaker (i.e., preplacement visits with a subsequent foster care provider or preadoptive parents)
- Hospitalization for medical treatment, acute psychiatric episodes or diagnosis
- Respite care
- Day or summer camps
- Trial home visits
- Runaway episodes (CWPM)

Must not include return from trial home visit into same placement setting (CWPM). Must not include return from runaway status and entry to same placement setting (CWPM).

In regard to institutions with several cottages on their campus, the State is not to count a move from one cottage to another. Only count if the site is at a different address.”¹⁸⁷

In addition for purposes of IV-E Reimbursement, locked-detention facilities and psychiatric hospitals are considered “out of the scope” of foster care and are not placement settings eligible for IV-E reimbursement.¹⁸⁸

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.¹⁸⁹ 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.

¹⁸⁷ Adoption and Foster Care Reporting System Element #24, November 2010.

¹⁸⁸ Retrieve from http://www.acf.hhs.gov/cwpm/programs/cb/laws_policies/laws/cwpm/questDetail.jsp?QAId=526

¹⁸⁹ See p. 35, paragraph 18, of the Consent Decree.

State performance on this outcome does not reflect staff turnover rates. Children may still experience more than two case managers in a 12-month period if they are 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.¹⁹⁰

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 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.

¹⁹⁰See *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

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 caregivers required during the period occur.¹⁹¹

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 caregivers 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 (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 July 1 to December 31, 2007. The third measurement year was July 1 to December 31, 2008. The fourth measurement year was July 1 to December 31, 2009. The fifth measurement year was July 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.) Complete DFCS case plans 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."* 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.

¹⁹¹ See *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

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.¹⁹² 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.”¹⁹³

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

¹⁹² 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.

¹⁹³ See p. 4, *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

appropriate language are counted toward meeting the outcome even if the Permanency Hearings were not timely. 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.

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.¹⁹⁴ 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...”^{195, 196}

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 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.

¹⁹⁴ 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.

¹⁹⁵ See p. 4, *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

¹⁹⁶ 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.

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.¹⁹⁷

With respect to diversion cases, the Accountability Agents are satisfied that the "stages" construct in SHINES effectively precludes diversion cases from being miscoded as CPS investigations or screen-outs, and vice versa. Moreover, each county maintains an intake log that captures pertinent information about each report received, and its disposition as: accepted for CPS investigation, diverted, or screened-out. The Kenny A. file review staff begins each maltreatment in foster care file review by reviewing the county's intake log against the data contained in SHINES to ensure that all CPS investigations and diversions are accurately reflected in SHINES. Any inconsistencies between SHINES and the county intake log are identified, brought to the attention of county management staff, and rectified.

2. File Matching Algorithms

To produce the data on repeat maltreatment required by the Consent Decree, the DFCS Data Analysis and Reporting Unit used the following algorithm:

- Data for DeKalb and Fulton counties were extracted from SHINES and from the state Protective Services Data System (PSDS), a component of IDS, depending on the date the report was logged (reports logged on or after May 28, 2008 were extracted from SHINES; reports prior to May 28, 2008 were extracted from PSDS);

¹⁹⁷ 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.

-
- 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 1148 children in the custody of DeKalb and Fulton counties on December 31, 2011. The information is reported by the State and has not been independently verified by the Accountability Agents.

Table C-1
Gender of Children Remaining in Custody on December 31, 2011
N=1148

Gender	Percent of Children
Male	53%
Female	47%
Total	100%

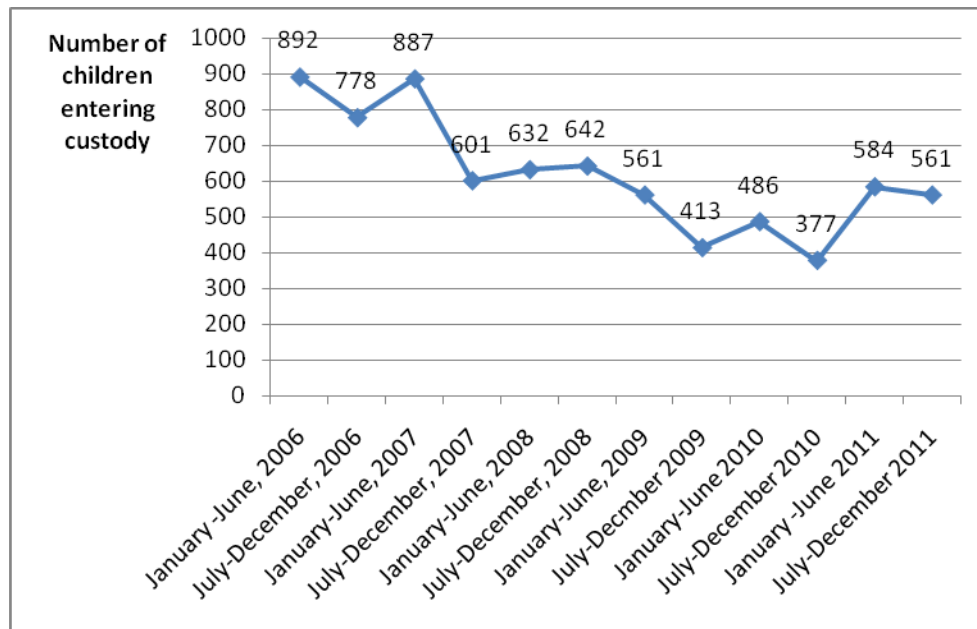
Source: Georgia SHINES

Table C-2
Age of Children Remaining in Custody on December 31, 2011
N=1148

Age Group	Percent of Children
Ages 0 to age 3 years	22%
Ages 3 to 6 years	17%
Ages 6 to 10 years	15%
Ages 10 to 13 years	12%
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.