



PERIOD 14 MONITORING REPORT

Kenny A. v Perdue

July 1 to December 31, 2012

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
RCC	Office of the Inspector General Residential Child Care unit
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 fourteenth 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, 2012 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. Ms. Morrison was succeeded in this role by Karen Baynes-Dunning. Mr. Dimas and Ms. Dunning wish to thank Ms. Morrison for her leadership and tireless contributions to the establishment of the *Kenny A.* monitoring framework, and her ongoing assistance in making the Accountability Agent transition as smooth as possible.

This introduction provides 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. 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 31 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 14 are similar to those employed in previous reporting periods. Several sources of information and data collection methods have been used to produce the analyses presented in this report, including record reviews based on randomly drawn samples of case files and licensed foster home records; all maltreatment in care investigations completed between July 1 and December 31, 2012; and the State's data base of record known as SHINES. Appendix B has a full description of the methodology for Period 14. The Accountability Agents verified State and County reported data except where otherwise noted in the report. In all data collection efforts the State and the Counties have been very cooperative.

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.

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 14 and progress implementing required policies, practices, and infrastructure. Where the information is illuminating, comparisons are made to previous reporting periods. 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 14. It offers recommendations believed important to the State and Counties' continued progress.

Part III, Safety of Children in Care is the assessment of the State's Period 14 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 is the assessment of the State's Period 14 performance related to Outcomes 4, 7, 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 is the assessment of the State's Period 14 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 is the assessment of the State's Period 14 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 during the reporting period and the number and percentage of "diversion" cases in those counties between July 1 and December 31, 2011 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 December 31, 2012.

Appendix D is a special report prepared by the State *Kenny A.* staff that describes problems identified in the original baseline calculation for Outcome 24 and provides new baseline calculations that have been presented to the Accountability Agents and Plaintiff's Counsel.

Part II CONCLUSIONS AND RECOMMENDATIONS

During the July 1 to December 31, 2012 period covered by this report, the State's performance declined on a number of issues related to the safety of children in the State's care. In most other areas State performance continued at nearly the same level it has since June 2011. Significant accomplishments include the achievement of the State's best-ever performance on three outcome measures related to judicial proceedings and the legal process. Overall the State met 14 of the 30 outcomes measured this period; 13 of the 14 have consistently been achieved for at least five 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 eight of the 30 outcomes measured while performance on another eight outcomes continued to fluctuate, meeting or exceeding the Consent Decree standards in one or two periods and missing the mark in others. 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 14 performance, the Accountability Agents commend to the State's attention, six safety-related issues and two issues of organizational culture:

Child Safety

- Preventing duplicate Resource and Person Identification Numbers and incomplete CPS histories for prospective foster parents;
- Requiring proof of previous residency from prospective foster parents;
- Strengthening the State's system for preventing those with a substantiated history of maltreatment from becoming foster parents;
- Ensuring that "screen out" decisions involving alleged maltreatment in care are made and documented correctly;
- Ensuring the complete CPS history of families is reviewed during investigations; and,
- Improving the automated process for notifying the DFCS Policy Office of maltreatment-in-care investigations and their findings.

Organizational Culture

- Real time monitoring and assessment of the impact policy and operational changes have on practice and outcomes, and
- Delivering quality "quality assurance."

These are discussed in greater detail under *Recommended Priorities for State Attention*. The remainder of this chapter highlights the State's major accomplishments in Period 14, 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 13 performance.

A. Major Accomplishments

A. *Timely case plan reviews completed by the Juvenile Court or Juvenile Court Review Panel (Outcome 27)*

Of the 118 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 112 (95%) had documented timely 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. This is the first reporting period in which the State has met this Consent Decree requirement.

All but one of the 118 children in the subsample of foster care children who had been in custody at least six months had their case plans reviewed by either the Juvenile Court or the JCRP in the 12-month period ending December 31, 2012 (this includes the reviews considered timely for Outcome 27 as well as those that were not timely). These six month reviews are a vital check point toward achieving permanency. The County's additional monitoring and supervision efforts have resulted in them moving from 33 percent timely reviews in Period 3 to 95 percent timely reviews in Period 14.

B. *No lapses in legal custodial authority (Outcome 29)*

Measurement of Outcome 29 performance is based on 75 children in the sample of 175 children in foster care. These 75 children had been in custody 12 months or more and were still in the temporary custody of the State.

In Period 14, DFCS had no lapses in custody in the subsample of 75 (0%). The outcome threshold is no more than five percent. This represents an improvement from the Period 13 performance of four percent. As with Outcome 27, the state has put in place stronger monitoring and alerts in SHINES.

C. *Required IV-E language in court orders (Outcome 26)*

For Outcome 26, 162 children (93%) of the 175 children in the Period 14 placement sample had court orders with all the required language necessary to assess current eligibility for federal funding under Title IV-E. Although the performance standard is 95%, this is the state's best performance to date. Among the 13 records that did not contain the required language and findings in the court orders, only seven records indicated a problem with the initial order or the 60 day determination. For these seven children IV-E funding eligibility has been lost for the entire length of their current foster care episodes.

B. Program and Performance Trends

Safety Trends

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

The State's Period 14 maltreatment-in-care rate (Outcome 5) was **0.74 percent** falling short of the Consent Decree's preeminent child safety standard (set at 0.57%) for the third consecutive period. 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 **91 percent** (the standard is 95%); Outcome 2 performance was **73 percent** (the standard is 95%); and Outcome 3 performance was **88 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.

The decline in Period 14 performance on Outcomes 1, 2, and 3 is directly attributable to a short-lived policy change implemented early in Period 14 and rescinded early in Period 15. This policy change was precipitated by a directive from the former DFCS Regional Director for DeKalb and Fulton Counties that maltreatment referrals involving children in the custody of those two counties no longer would be screened out even if the referral contained no allegation of maltreatment. Case documentation reveals that it often was the case that referrals involving class members initially were screened out despite this directive. Some of these screen-outs were detected upon supervisory review of the screen-out decision, resulting in a full investigation belatedly being ordered. For a number of referrals, a period of weeks elapsed between the screen-out decision, its reversal, and the subsequent initiation of an investigation. These investigations always commenced with the response times for Outcomes 1 and 3 already having been missed, and frequently were completed from one to several weeks after the 30 day time limit specified in Outcome 2. To be clear, these were referrals that if received today, or prior to Period 13, would not have been investigated (because they contained no allegation of maltreatment).

- *Open foster homes with a previous history of substantiated maltreatment.*

Section 11.F. of the Consent Decree stipulates 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. It further stipulates that DFCS will 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 from a different CPA.

Among the 78 maltreatment-in-care reports that were associated with a foster home and the 159 foster home records sampled for Period 14, three foster homes were found to be open and caring for a total of seven children in DFCS custody at different times during the period, despite

having substantiated maltreatment histories. In Period 13, no such homes were identified. These foster homes had three things in common in addition to their substantiated CPS histories: they each had duplicate Resource Identification Numbers in SHINES, the foster parents each had duplicate “unique” Person Identification Numbers in SHINES, and each was supervised by a private provider agency (two of these homes had been rejected as DFCS foster parents as a result of their substantiated CPS histories prior to being approved by private providers; the third had been closed by one private provider due to their substantiated CPS history but was subsequently approved by a different private provider).

The circumstances that allowed these three homes to be approved despite their CPS histories are described in detail in Part 6 of this report. The fact of their approval reveals some systemic weaknesses in the State’s systems that are supposed to prevent such a possibility. The Accountability Agent’s recommendations for addressing those systemic weaknesses are discussed later in this section.

- ***Incomplete CPS History Checks Continue to be a Concern.***

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 of all 1847 CPA and 2069 DFCS approved foster homes. Period 14 data suggest the result was something less than a complete rescreening. Among the 159 foster home records sampled, 37 (23%) did not contain rescreening documentation. OPM was able to provide documentation indicating that for 20 (54%) of the homes lacking evidence in the record, the rescreening had successfully been completed but the results had not been uploaded to SHINES. Eight of the 37 homes missing rescreening results were opened after February 24, 2012 – the date the roster of open foster homes requiring rescreening was generated. Of the remaining nine homes (6% of the sample) five open homes failed to appear on the roster of open homes that required rescreening and four homes that did appear on the roster were not rescreened as a result of human error.

DFCS policy specifies that CPS investigations are to include a complete CPS history (including CPS investigations, diversions, and screen outs) and that the investigator must review that history prior to determining the disposition of a case. Investigator compliance with this very important requirement dropped substantially in Period 14 – to 76 percent from the Period 13 level of 91 percent. Among 82 Period 14 investigations involving family foster homes, 20 had incomplete CPS history reviews according to case documentation: 12 of these were missing one or more screened-out referrals, five were missing previous CPS investigations that are archived in IDS (the DFCS information system that preceded SHINES), and one was missing both screen-outs and an investigation archived in IDS. The remaining two investigations with incomplete CPS histories were missing investigations that are documented in SHINES.

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

For the 13th consecutive reporting period, the State met the Consent Decree standard related to the use of corporal punishment in foster homes (Outcome 6). Of the 159 foster homes sampled, 159 (100%) did not have a confirmed instance of the use of corporal punishment in the previous 12 months. The standard for Outcome 6 requires that 98 percent of foster homes be without an incident of corporal punishment within the previous 12 months.

Permanency Trends

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

The number of children entering foster care in Period 14 was slightly higher (about 3%) than that observed in Period 13. In Period 14, 588 children entered care compared to 570 in Period 13. The total number of children in care at any time during Period 14 (1759) increased from the 1710 in care during Period 13.

- *Fewer Siblings Were Placed Together, But Visits Among Separated Siblings Increased (Outcomes 16 and 23).*

In Period 14 the state did not meet the performance standard for placing siblings together, but surpassed the performance standard for frequent visiting among separated siblings. In Period 14, 225 children entered foster care with one or more siblings who did not need special separate placements. The State placed together 148 of the 225 children (66%), failing to meet the Outcome 16 threshold of 80 percent. In Period 13, the measured proportion was 81 percent. The State appears to struggle to meet the Consent Decree standard in periods during which greater numbers of larger sibling groups (3 or more) enter care. Resource development for sibling groups of 3 or more needs to be a focus for the State moving forward.

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. In Period 14, 95 percent of the required monthly visits among separated siblings occurred. This is the same proportion as in Period 13. The state continued to exceed the requirement under this standard, despite the increased number of separated siblings. However, if the State had greater success developing placement resources that can accommodate larger sibling groups, less time would need to be spent on sibling visitation. More importantly, placing siblings together reduces the system-induced trauma they experience.

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

Period 14 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 14, 13 percent of the children entering foster care in the last seven years remained in care on December 31, 2012. Half of the children remaining in care had been in custody 11 months or less.

Performance specifics include the following:

- **56 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.
 - **63 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.
 - **73 percent** of the children who entered custody between July 1 and December 31, 2010 exited custody to permanent families within the Consent Decree's designated 12 month or 24 month time frames. (This is derived from a special study supplementing the Outcome 8b analysis.)
 - **17 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 13, 13 children remained in this cohort.)
 - **17 percent** of the children in custody for more than 24 months prior to the Consent Decree exited to permanency (Outcome 10). This is an improvement from the Period 13 performance of 11 percent; however, the standard is 35 percent. (At the end of Period 14, 13 children remained in this cohort.)
- ***The Proportion of Children Entering Foster Care Who Had a Recent Previous Foster Care Episode Improved Somewhat (Outcome 4).***

The State fell short of the Consent Decree's standard for the rate of re-entry to care (Outcome 4). In Period 14, **9.4 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. 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. Changes in the number of children entering care can inflate or deflate the re-entry rate without any significant change in the number of children who actually re-entered care. For example, the 55 children who re-entered care in Period 14 was the same as the number who re-entered care during Period 13, and very similar to the 53 children who re-entered in Period 9 or the 54 who re-entered in Period 4. Yet the re-entry rates for the four periods vary: 9.4 and 9.7 percent in Periods 14 and 13, 11.1 percent in Period 9, and 9.2 percent in Period 4. The observed variance is primarily the result of the differing numbers of children entering care in those periods.

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

For the 13th 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 14, the State placed 95 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 eighth consecutive period (since December 2008), the State surpassed the Outcome 21 threshold. **Ninety-four percent** of the children in the sample with the goal of reunification had visited appropriately with their parents.

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

For the ninth consecutive reporting period (since July 2008), the State met or surpassed the Outcome 15 threshold.¹ Among the 684 children who, during Period 14, reached or had surpassed their 15th month in custody out of the last 22 months and were not living with relatives, **96 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 (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;² 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.³ 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.

For Outcome 27, 95 percent of the children in the foster care sample received a timely sixth-month case plan review or petition for one during Period 14. This is a significant increase from the 87 percent in Period 13. This is the first reporting period in which the State has met the requirements for Outcome 27. In Period 14, the Outcome 28 performance was **94 percent** which was unchanged from the Period 13 performance.

¹ Outcome 15 achievement requires at least 95% of all children in care who have been in state custody for 15 of the prior 22 months to have had either: (1) a petition for the termination of parental rights filed as to both parents or legal caregivers as applicable OR (2) documented compelling reasons in the child's case record why termination of parental rights should not be filed.

² See p. 7, paragraphs 4A.4 and pp. 7-8, paragraphs 4B.1-6, and p. 37, Outcome 27, of the Consent Decree.

³ See p. 9, paragraph 4B.10, and p.37, Outcome 28, of the Consent Decree.

Well-Being Trends

- *Case Manager Continuity Remained About the Same (Outcome 18).*

The case manager continuity experienced by children in care remained about the same (87%) in Period 14 as it was in Period 13 (89%). Eighty-seven percent of the children in custody on December 31, 2012 had two or fewer case managers in the previous 12 months. This performance falls short of the Outcome 18 standard of 90 percent.

- *Case Managers Continued Frequently Visiting 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 14, case managers made **98.1 percent** of the required twice monthly visits with children and over **99 percent** of the required monthly private visits with children. Furthermore, they made **98 percent** of the required monthly visits to substitute caregivers. In all instances, this performance exceeded the revised Consent Decree standards for the fourth consecutive period.

- *The Proportion of Children Experiencing Stability in Their Living Arrangements Remained About the Same (Outcome 17).*

In the sample of 175 foster care cases reviewed, **93 percent** of the children experienced two or fewer placement moves in the 12 months prior to December 31, 2012 or their last date in custody. This is unchanged from the Period 13 performance and remains short of the Outcome 17 standard, which requires that 95 percent of the children in foster care experience no more than two moves among placements in 12 months. Period 14 marked the sixth consecutive period, however, that 90 percent or more of the children in care experienced two or fewer placement moves within 12 months.

- *Educational Achievement of Youth Leaving Foster Care at age 18 or Older Remains Too Low (Outcome 24).*

Outcome 24 set increasing targets over a baseline year for the percentage of youth who are discharged from foster care at age 18 or older and have attained a high school diploma or G.E.D. Suspensions persisted about the accuracy of the original baseline (66%) because measured performance since it was calculated had never again approached that level, ranging from 25 percent in Period 4 to 58 percent in Period 10. After retracing its analytical steps, in Period 13 the State finally uncovered the errors in its original calculation and presented evidence of the errors and a revised baseline to Plaintiff's Counsel and the Accountability Agents. The Accountability Agents are satisfied that the revised baseline of 36 percent was accurately calculated and is far more representative of the State's level of performance at the baseline date (2006). The threshold requirement calls for State performance to improve by 20 percentage points over the baseline, yielding a revised threshold of 56 percent. The State's measured

performance for Period 14 was 40 percent, indicating a continued loss of ground since the last previous measurements of 49 percent in Period 12 and 58 percent in Period 10.

The State is encouraged to renew some of the collaborative efforts that abetted its higher performance in Period 10, such as partnering with local school systems, and exploring new partnerships as well – such as with child attorney offices. It is also hoped that new tools, such as a new educational portal in SHINES that now gives case managers and supervisors direct access to the educational records of children in care, will help drive higher performance. Future G2 meetings will be dedicated to improving educational outcomes.

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 14 with **99 percent** of foster placements serving class member children in “full approval and/or licensure status.” Period 14 represents the eighth 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 14, only **2 percent** of all foster family home placements serving class member children exceeded these standards. Period 14 was the 13th 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 eleventh 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 14, none (**0%**) of the children in the foster care sample appear to have had a lapse of legal custody within the prior 13 months. This is the State’s best performance on this Outcome since Period 11. Increased monitoring and supervision appear to have contributed to the improved performance on this outcome and should continue.

- ***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.⁴ For Outcome 26, **93 percent** of the children in the Period 14 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 14 performance is an improvement from the 90 percent performance observed in Period 13 but the difference is within the sample's margin of statistical error.

Increased monitoring efforts have assisted the State in improving its performance on this outcome measure. It is recommended that those efforts continue.

C. Recommended Priorities for State Attention

The Accountability Agents wish to recognize the State's accomplishments, especially its best-ever performance on outcomes related to judicial proceedings and the legal process and continued strong performance in a number of other areas evident in Period 14. However, six issues with direct bearing on child safety require the State's urgent attention. Two other issues bearing on organizational culture are commended to the State's attention, though due to their nature they likely must be addressed over a longer time horizon.

Child Safety Issues

1. Preventing duplicate Resource and Person Identification Numbers and incomplete CPS histories for prospective foster parents. The three foster homes open and caring for children in DFCS custody in Period 14 despite substantiated CPS histories all had duplicate Resource Identification Numbers and duplicate "unique" person identifiers in SHINES. As described in Part 6 of this report, this is most likely to occur if a faulty SHINES "person search" is conducted as part of the process of establishing a new foster home record. The particulars of these three cases suggest that Office of Provider Management (OPM) staff may be entering too much information when performing such searches (e.g. name and birth date rather than just first initial and last name) which results in fewer potential matches being returned by the system leading to the erroneous conclusion that there are no previous records for an individual. OPM is encouraged to carefully identify all causes of these faulty person searches and, if necessary, to retrain staff in the proper search methods.

Similarly, the CPS histories documented in SHINES or the IDS legacy system of all three homes went undetected apparently due to a narrow search, rather than a broad search for CPS history being conducted. Rather than starting with a broad-based inquiry into

⁴ See pp 36-37, Outcome 26 of the Consent Decree.

“What is already known about this family?”; the current practice of the State Special Investigation Unit’s CPS screening team (and of the ICPC Unit that conducted such screenings before them) appears to consist of looking rather narrowly at the CPS history field that SHINES associates with a particular Resource Identification Number, and at any CPS cases that IDS associates with a particular name search. As a result, CPS histories documented in other parts of SHINES (such as in contact narratives and external documents) or those associated with duplicate resource or person identification numbers may be missed. Likewise, such histories documented in IDS may be missed if the person search associated with the query contains too much information and therefore turns back fewer potential matches to review.

The Accountability Agents believe a broad, open-ended inquiry should be done before any Person Identification Number or Resource Identification Number is issued and before a CPS history check is performed to ensure that all records associated with an individual are identified. DFCS is strongly encouraged to consider addressing these problems with an emphasis on forward-looking corrective strategies (i.e., ensuring it is done correctly going forward) rather than over-investing time and resources in retrospective remedial responses (i.e., correcting errors that have already been made). Previous retrospective responses (such as the CPS rescreening of the entire foster home stock) have failed to ensure that the errors that caused the problem are not repeated in the future.

2. Requiring proof of previous residency from prospective foster parents. For one of the homes that was open in Period 14 despite a substantiated CPS history that history was acquired in a near-by State. At present, Georgia requires prospective foster parents to disclose any previous residences in the last five years but does not require them to furnish any documentation to validate claims or denials of such previous residency. Moreover, if prospective provider-supervised foster parents disclose previous out-of-state residency, responsibility for performing CPS history checks is divided between the DFCS Central Office (which checks for any Georgia CPS history) and the private provider (which is required to check with other states identified by the prospective foster parent as previous residences in the last five years). However, OPM appears to lack an effective means of knowing whether private providers have performed the checks for which they are responsible.

The Accountability Agents believe DFCS should require prospective foster parents to furnish proof of residency for at least the five preceding years (such as state tax returns) before performing a CPS history check or assigning Person Identification Numbers or a Resource Identification Number for the household. This would greatly reduce the chance that prospective foster parents with substantiated CPS histories could avoid detection by misrepresenting their previous residences and may also prevent the creation of some duplicate Person and Resource Identification Numbers. It is further recommended that the State consider consolidating the presently bifurcated CPS history

check process for provider-supervised foster parents. Since prospective foster parents are required to disclose residency for the previous five years on the CPS history consent form that triggers the in-state CPS history check conducted by the Central Office CPS Screening Team, that team already receives the information they would need to conduct any necessary out-of-state checks. If the bifurcated CPS history check process is not consolidated, it is recommended that the State establish a policy that it will not complete the Georgia CPS history check or assign a Resource Identification Number for a prospective provider-supervised foster parent until proof of previous residency and a satisfactory out-of-state CPS history check has been provided by the supervising CPA.

3. Strengthen the State's system for preventing and detecting those with substantiated CPS histories from becoming foster parents or changing supervision environments. At present, the State's ability to detect and prevent individuals with disqualifying histories from being reapproved by switching supervision environments appears to depend on the flawless execution of two underlying processes: the CPS history check and the SHINES person search. Yet, the three homes with substantiated CPS histories open in Period 14 and the Accountability Agent's findings since Period 11 suggest that the routine execution of these processes is something less than flawless. This highlights a weakness of the system presently in place. OPM is encouraged to develop and add to the current system a failsafe component capable of preventing the approval of any foster home until the CPS history check and person search preceding the assignment of Resource and Person Identification Numbers are properly performed. This might be accomplished through a mandatory second party review of the search results. OPM is also encouraged to develop a means of knowing whether private providers have performed any out-of-state CPS history checks for which they are responsible, and for preventing the approval of any foster home until such checks are properly performed.
4. Ensuring that "screen out" decisions involving alleged maltreatment in care are made and documented correctly. In Period 14, the Accountability Agents again scrutinized the 175 placement records and 159 foster home records sampled to see whether allegations of maltreatment-in-care were inappropriately being screened out. Only two screen-outs were identified among the CPS referrals associated with the child placement and foster home records sampled. One of these screen-outs (50%) appeared to the Accountability Agents to contain an allegation of maltreatment that should have been investigated rather than screened-out.

In addition, the Accountability Agents have heard anecdotal reports of attempted telephone referrals to Fulton County Intake that, in violation of State policy, resulted in neither an investigation nor a screen-out decision being documented in SHINES. In such circumstances there typically is no documentation that a referral was even attempted because no SHINES intake record is created. Although this makes documenting the phenomenon difficult, one example of an attempted referral to Fulton County Intake being neither investigated nor screened out is documented in Part 6 of

this report. This safety issue was raised with the State and Plaintiff's Counsel and corrective action steps were under discussion as this report went to press. 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 that every attempted referral must be properly documented in SHINES.

5. Ensuring the complete CPS history of families is reviewed during investigations. In addition to the problems addressed above with CPS history checks conducted as part of the foster home approval process, a similar problem was found with incomplete CPS history checks conducted as part of the CPS investigative process. As noted earlier, investigator compliance with this very important investigative requirement dropped to 76 percent in Period 14 from the Period 13 level of 91 percent. DFCS policy specifies a shared responsibility for CPS history checks performed as part of the investigative process between the individual performing intake (who is supposed to perform a CPS history check and document it in the intake record) and the investigator (who is to review the family's complete CPS history prior to determining case disposition). It is unknown to what extent responsibility for the incomplete CPS history checks identified in Period 14 may lie with intake workers who performed the checks incorrectly, investigators who failed to perform due diligence on the CPS history prepared by the intake workers, or investigators who may have incorrectly performed their own CPS history checks.

However, that at least part of the responsibility lies with intake workers is suggested by a case, documented in Part 6 of this report, of a foster home with a substantiated CPS history that was open during Period 14 and caring for children in DFCS custody. This state of affairs was enabled by a faulty CPS history check conducted by a Fulton County intake worker. This raises a significant safety concern because if CPS intake fails accurately to perform CPS histories and investigators accept the prepared histories at face value, they may be starting with inaccurate conceptions of families, which may compromise the quality of the ensuing investigations and the soundness of their conclusions. DFCS is encouraged to determine the extent to which intake workers and investigators each contributed to the problem of incomplete CPS histories and to take appropriate remedial, supervisory, and retraining interventions to correct the problem.

6. Improve the automated process for notifying the DFCS Policy Office of maltreatment-in-care investigations and their findings. As documented in Part 3 of this report, the SHINES Special Investigations Tab was not completed for 66 of 128 (52%) of the investigations reviewed for period 14. Completion of this tab triggers an automatic notification to the Policy Office that a maltreatment-in-care report has been investigated, which in turn triggers the Policy Office's concurrence review of the investigation and its conclusions. The widespread failure of investigators to complete this portion of the investigative record limits the Central Office's timely oversight of maltreatment-in-care investigation quality and its prompt response to emerging trends of concern. For

example, the SHINES Special Investigations Tab was not completed for any of the three investigations involving the foster homes that were open in Period 14 despite having substantiated CPS histories. This delayed recognition of the trend (and delayed the notification of DHS leadership and of Plaintiff's Counsel that a problem existed) until it was identified by the *Kenny A.* record review team.

The *Kenny A.* record review process is designed to be a retrospective means of assessing compliance with the terms of the Consent Decree; as such, it is an inadequate substitute for the real time intelligence about agency operations the Department needs to guide day-to-day management and decision-making. The State could attempt to correct the problem of delayed feedback as a consequence of the Special Investigations Tab not being completed in a compliance mode – that is, by doing some additional training and closely supervising for a period of time the documentation of special investigations; but the Consent Decree's history has shown that reforms undertaken on that basis may last only as long as the additional oversight is vigorously provided. The State is strongly encouraged to examine the programming logic that drives the automated notice functionality in SHINES, and to consider changing it. It appears that the original design emphasizes the prevention of "false positives" (i.e., the reporting to Central Office of investigations that do not actually represent maltreatment in care), rather than emphasizing the prevention of "false negatives" (the failure to report to Central Office an actual case of maltreatment in care). The State has been receptive to the Accountability Agents' concerns about this issue and is developing and evaluating potential solutions.

Organizational Culture Issues

7. Real time monitoring and assessment of the impact policy and operational changes have on practice. Most highly effective organizations develop the "habit" of mining their data for insights into what needs to change in order for them to improve; of implementing a change or changes with the intention of improving; and of closely monitoring their data to ascertain if the implemented change(s) produced the desired improvement and to identify any unintended consequences of the change as a prelude to making further changes if needed. Then this recursive process begins anew.

DFCS over the years has made some progress in implementing this three-step process, but recently has been struggling with its execution of the all-important third step – closely monitoring the effects of change. For example, the Period 14 review highlighted several examples of changes that were implemented without careful monitoring of the results and unintended consequences. These included the short-lived "no-screen-outs" policy regarding maltreatment-in-care referrals in DeKalb and Fulton County described earlier in this section and in greater detail in Part 3 of this report. The delay in initiating investigations that resulted from the poor execution of this policy completely offset the modest progress on Outcomes 1, 2, and 3 that would otherwise have been evident and

this fact was unknown to DFCS until brought to light by the Accountability Agents.

Another example of change being implemented without close monitoring of the consequences documented in Part 3 of this report is the “hand-off” issue between the counties and State Special Investigations Unit (SSIU) that attended changes in the way SSIU investigators were deployed. In Period 13, SSIU was asked to pick up many of DeKalb County’s maltreatment-in-care investigations until DeKalb could train and deploy additional investigators.⁵ SSIU’s intake protocol specifies that new referrals are to be made by telephoning the Unit’s director, but some DeKalb County supervisors were unfamiliar with this protocol and made new referrals by e-mail or by placing the new referral on SSIU’s caseload in SHINES along with a follow-up e-mail. This resulted in the delayed initiation of many of these investigations, which depressed period 13 performance on Outcomes 1 and 3. In Period 14 SSIU was asked to take on Fulton County’s maltreatment-in-care investigations as a consequence of investigative staff shortages in that County. The very same hand-off problem that occurred in Period 13 in DeKalb County repeated itself in Period 14 in Fulton County, further depressing Period 14 performance on Outcomes 1 and 3. Once again it fell to the Accountability Agents to identify the impact this operational change had on the State’s performance on Outcomes 1, 2, and 3.

These two examples raise the concern that the changes in DFCS organizational culture that had led to consistently improving performance through Period 10 – including the organizational habit of carefully monitoring the impact of policy and operational changes – may be unraveling. Restoring these good organizational “habits” need not be a lengthy process, but it most certainly is one that requires strong leadership.

8. Strengthening quality assurance processes. A second issue of organizational culture that requires attention is the need for the DFCS Central Office to “walk its talk.” For example, Central Office quality assurance activities risk undermining the faith of field staff and other stakeholders if they themselves fail to meet a reasonable standard of quality. As noted earlier, as a result of concerns dating back to Period 11 about the completeness and accuracy of CPS history checks conducted as part of the foster home approval process, OPM undertook an effort in Periods 12 and 13 to rescreen the State’s entire foster home stock.⁶ The Period 14 foster home review found that 37 of the 159 sampled records (23%) did not contain rescreening documentation. For 24 of these (15%) the absence of rescreening results in SHINES was due to human error (in 20 cases the re-screening had been correctly performed but not upload into SHINES; in four cases no rescreening had been performed).

⁵ See Dimas, J.T. and Morrison, S.A. *Period 13 Monitoring Report, Kenny A. v. Perdue*, December 2012, pp.29-30.

⁶ This happens also to be another example of failure to closely monitor the results and unintended consequences of policy and operational changes.

Given the tremendous importance to child safety of accurate CPS history checks and the State's historical and ongoing challenges in getting CPS history checks (whether conducted as part of the foster home approval process or the CPS investigative process) properly executed, it is critically important that the quality assurance processes designed to ensure they are properly performed and documented are executed with the highest degree of rigor. The field and stakeholders receive a decidedly mixed message when one of those quality assurance processes is executed with only 85 percent accuracy. Central Office should seize opportunities such as the foster home re-screening effort to demonstrate to the field that it is possible to properly perform and document this type of quality check in SHINES at levels that approach perfection.

Table II-1
Kenny A. Outcomes: Progress as of December 31, 2012

Safety Outcomes	Period 14	Comparison to
Children in Foster Care are Safe From Maltreatment in Care	Performance	Period 13⁷
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.	91%	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.	73%	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.	88%	Declined
Outcome 5: No more than 0.57% of all children in foster care shall be the victim of substantiated maltreatment while in foster care.	0.74%	Declined
Outcome 6: 98% of all foster homes will not have an incident of corporal punishment within the previous 12 months.	100%	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.	Not Reported This Period	
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.	66%	Declined
Outcome 19: 90% of all children in care shall be placed in their own county (the county from which they were removed) or within a 50 mile radius of the home from which they were removed, subject to the exceptions in Paragraph 5.C.4.b (ii) and (iii).	95%	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	94%	Improved within margin of error

⁷The characterization of differences between Period 14 and Period 13 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, 1012

Permanency Outcomes Children in Placements Maintain Family Connections	Period 14 Performance	Comparison to Period 13
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. ⁸	95%	Similar
Permanency Outcomes Children Achieve Permanency		
Outcome 4: No more than 8.6% of all foster children entering custody shall have re-entered care within 12 months of the prior placement episode.	9.4 %	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.	56%	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.	63%	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.	32%	Improved

⁸ 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, 1012

Permanency Outcomes Children Achieve Permanency	Period 14 Performance	Comparison to Period 13
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.	17%	Improved
Outcome 11: For all children whose parental rights have been terminated or released during the reporting period, 80% will have adoptions or legal guardianships finalized within 12 months of final termination or release of parental rights	55%	Declined
Outcome 12: For children whose parental rights have been terminated or released and the child has an identified adoptive or legal guardian resource at the time of the entry of the Consent Decree, 90% shall have had their adoptions or legal guardianships finalized within six months after the entry of the Consent Decree.	94% One Time Measure Taken in Period I	N/A
Outcome 13: For all children for whom parental rights have been terminated or released at the time of entry of the Consent Decree, and the child does not have an identified adoptive resource, 95% shall have been registered on national, regional, and local adoption exchanges, and have an individualized adoption recruitment plan or plan for legal guardianship within 60 days of the Consent Decree.	30% One Time Measure Taken in Period I ⁹	N/A
Outcome 14: No more than 5% of adoptions finalized during the reporting period shall disrupt within the 12 months subsequent to the reporting period.	0%	Similar
Outcome 15: Permanency efforts (15/22): At least 95% of all foster children who reached the point of being in state custody for 15 of the prior 22 months, shall have had either (1) a petition for the termination of parental rights filed as to both parents or legal caregivers as applicable OR (2) documented compelling reasons in the child's case record why termination of parental rights should not be filed.	96%	Similar

⁹ 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, 2012

Permanency Outcomes Children Achieve Permanency	Period 14 Performance	Comparison to Period 13
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.	95%	Improved
Outcome 28: At least 95% of foster children in custody for 12 or more months shall have either had a permanency hearing held by the Juvenile Court within 12 months of the time the child entered foster care or had his or her last permanency hearing, or DFCS shall have submitted the documents required by the Juvenile Court for and requested a permanency hearing within 45 days of the expiration of the 12-month period following the time the child entered foster care or had his or her last permanency hearing.	94%	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%	Similar
Outcome 18: At least 90% of all children in care at a point in time during the reporting period shall have had 2 or fewer DFCS placement case managers during the prior 12 months in custody. This measure shall not apply to cases that are transferred to an adoption worker or Specialized Case Manager; case managers who have died, been terminated, or transferred to another county; or case managers who have covered a case during another case manager's sick or maternity leave.	87%	Similar
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. ¹⁰	98.1%	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 ¹¹	99.1 %	Similar

Table II-1, continued

¹⁰ As part of a Stipulated Modification to the Consent Decree, the standard for Outcome 20 was modified. See *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

¹¹ Ibid.

Kenny A. Outcomes: Progress as of December 31, 2012

Well-Being Outcomes Children Experience Stable Placements and Worker Continuity	Period 14 Performance	Comparison to Period 13
Outcome 22: At least 95% of the total minimum required monthly visits by case managers to caregivers during the reporting period occur. ¹²	98%	Similar
Well-Being Outcomes Children and Youth Receive Services They Need		
Outcome 24: The percentage of youth discharged from foster care at age 18 or older with a high school diploma or GED will increase over baseline by 20 percentage points.	40%	Declined
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.	74%	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. ¹³	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.	93%	Improved within margin of error
Outcome 29: No more than 5% of all children in custody of DHS/DFCS for 12 months or more shall have a lapse of legal custody within the prior 13 months.	0%	Improved
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. ¹⁴	2%	Similar

¹² 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.

¹³ 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.

¹⁴ 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.”¹⁵ 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 Period 14 measured performance summary for each outcome. The discussion following the table provides a more detailed description of State performance as well as the interpretation and measurement issues associated with the outcomes, charts that display the State’s performance trends over applicable reporting periods, and information about issues surrounding the work that provide a context for understanding the State’s performance.

Table III-1

Children in Foster Care are Safe from Maltreatment: Progress as of December 31, 2012

Consent Decree Outcome	Period 14 Performance
Outcome 5: No more than .57% of all children in foster care shall be the victim of substantiated maltreatment while in foster care.	0.74%
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.	91%
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.	73%
Outcome 3: At least 99% of all investigations of reported abuse or neglect of foster children during the reporting period shall include timely, face-to-face, private contact with the alleged victim, including face-to-face contact with a child who is non-verbal due to age or for any other reason.	88%
Outcome 6: At least 98% of all foster homes will not have an incident of corporal punishment within the previous 12 months.	100%

¹⁵ See p. 4, Principle 4, of the Consent Decree.

1. Maltreatment in Care: Occurrence and Investigation of Reports

Outcome 5 – Maltreatment in Foster Care

Outcome 5 lies at the very heart of the Consent Decree. It is about keeping children in foster care safe from maltreatment. Child welfare systems have no higher obligation. It is unacceptable that any child in the State's protective custody should experience maltreatment in their out-of-home placement.

a. Interpretation and Measurement Issues

There were no new interpretation or measurement issues encountered during Period 14. 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 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."*¹⁶ The data used to measure the outcome performance are derived from a review of all 128 investigations of alleged maltreatment concerning class member children in foster care completed during Period 14 (July-December, 2012).

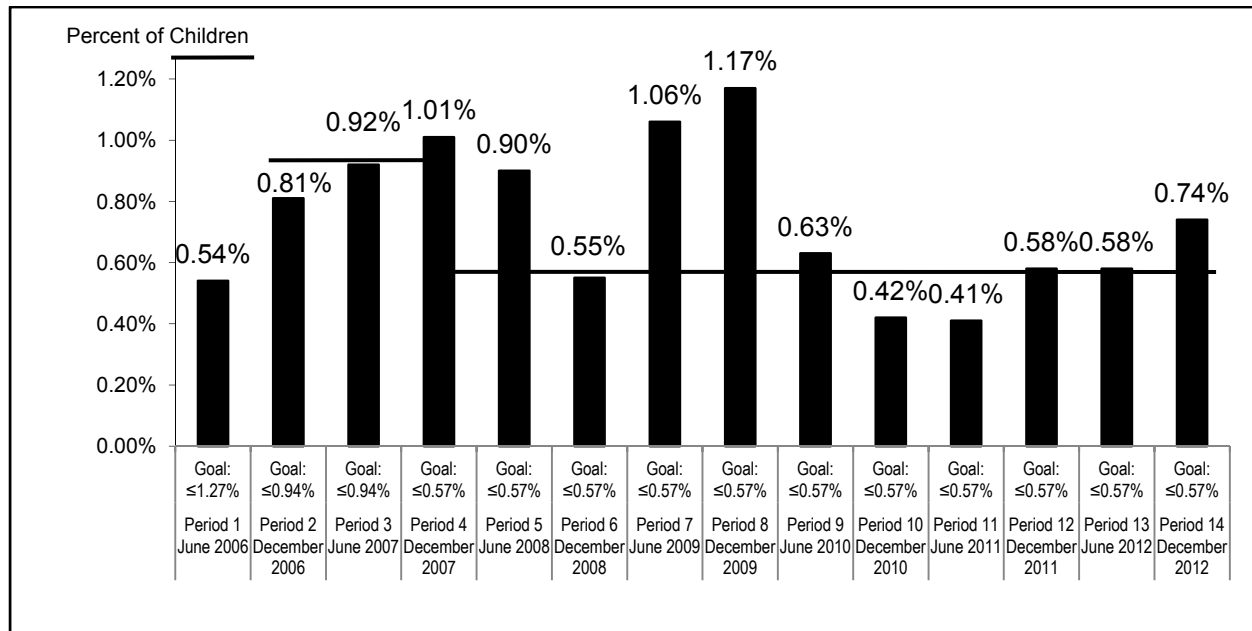
b. State Performance

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

The review of all maltreatment-in-care investigations completed between July 1 and December 31, 2012 found that **0.74 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. The Period 14 performance exceeded the Consent Decree standard and was 0.16 percentage points above to the Period 13 rate of 0.58 percent. The Outcome 5 standard was last attained in Period 11; the Period 14 rate was the highest measured since Period 8. Figure III-1 displays the State's performance over 14 reporting periods.

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

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



Source: File Review of All Completed Maltreatment-in-care Investigations, October 2005 – December 2012.

In Period 14, the case record review found 13 instances of substantiated maltreatment fitting the federal definition among the 1752 children in custody at any point during the reporting period. This represented an increase of three substantiated victims of maltreatment in care compared to Period 13; the total number of children in care increased by 42 (2.5%) from the 1710 in care during Period 13. The type of maltreatment substantiated for these 13 children consisted of: inadequate supervision (8 children), emotional abuse (3 children), inadequate supervision and inadequate health/medical care (1 child) and emotional abuse and abandonment/rejection (1 child). During the reporting period, five other class-member children were the victims of substantiated maltreatment that did not fit the federal definition of maltreatment in care. Three children were maltreated by a relative and the maltreater of two children was unknown.

The relative occurrence of maltreatment-in-care by placement type was similar in Period 14 to that of Period 13. Congregate care facilities (group homes and residential treatment facilities) continued to account for a disproportionate share of substantiated victims of maltreatment in care. At the end of Period 14, 19 percent of the children in care were placed in group homes and residential treatment facilities, but such facilities accounted for five (38%) of 13 substantiated victims of maltreatment in care; 62 percent of the children in care were in family foster homes and family foster homes accounted for eight (62%) of the substantiated victims in Period 14 (all eight were in DFCS-supervised foster homes).

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 128 maltreatment investigations completed during the reporting period that involved a child in the custody of DeKalb or Fulton County. This represented a 51 percent increase over the 85 such investigations completed during Period 13. As discussed in greater detail in the *Operational Context* section, below, this increase appears primarily to be the result of a change in policy implemented during Period 14 that precluded the screening-out of any CPS referral involving children in the care of DeKalb or Fulton County. That policy change was rescinded early in Period 15.

The Consent Decree covers maltreatment-in-care investigations that involve any child in the adjudicated custody of DeKalb or Fulton counties, regardless of where in the State of Georgia the child’s foster care placement is located. DFCS policy stipulates that allegations of maltreatment are to be investigated by the DFCS local office in the child’s county of residence.¹⁷ 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 14. 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 128 investigations of alleged maltreatment of class member children in foster care completed during Period 14 (July - December, 2012).

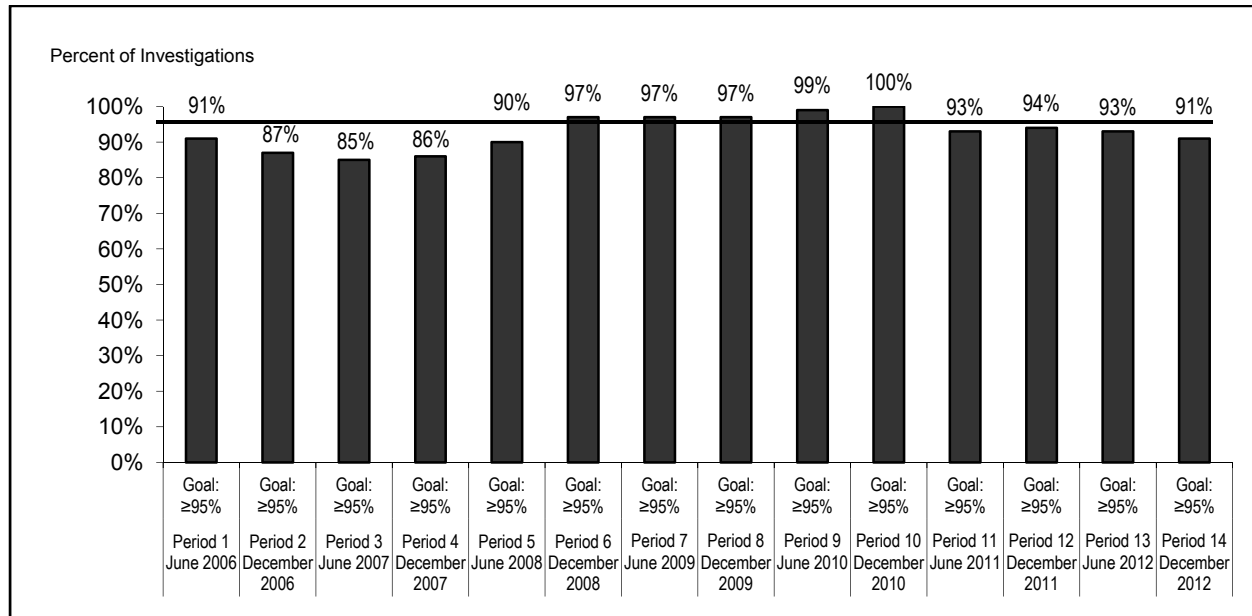
¹⁷ Effective December 1, 2010, allegations arising in congregate care facilities and in certain other circumstances may be investigated by the State Special Investigations Unit (SSIU), in lieu of, or in conjunction with, the local DFCS office.

b. State Performance

• The State Fell Short of the Outcome 1 Threshold

As noted in Table III-1 for Outcome 1, **91 percent** of maltreatment-in-care investigations were commenced within 24 hours according to file review data from the universe of investigations completed during Period 14. This was a slight decrease compared to the Period 13 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 14 reporting periods.

Figure III-2
Fourteen 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 2012.

As displayed in Table III-3, DeKalb and Fulton counties timely commenced 87 percent of the investigations they completed; a 10 percentage point decrease from their timely commencement rate in Period 13. The timely commencement rate for the perimeter counties and the SSIU was 98 and 88 percent, respectively. For the perimeter counties this represented an improvement from their Period 13 rate of 93 percent; the SSIU rate was unchanged from that of Period 13. 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=128

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	39	87%	6	13%	45	100%
Perimeter Counties	41	98%	1	2%	42	100%
State Special Investigations Unit ^a	36	88%	5	12%	41	100%
Total	116	91%	12	9%	128	100%

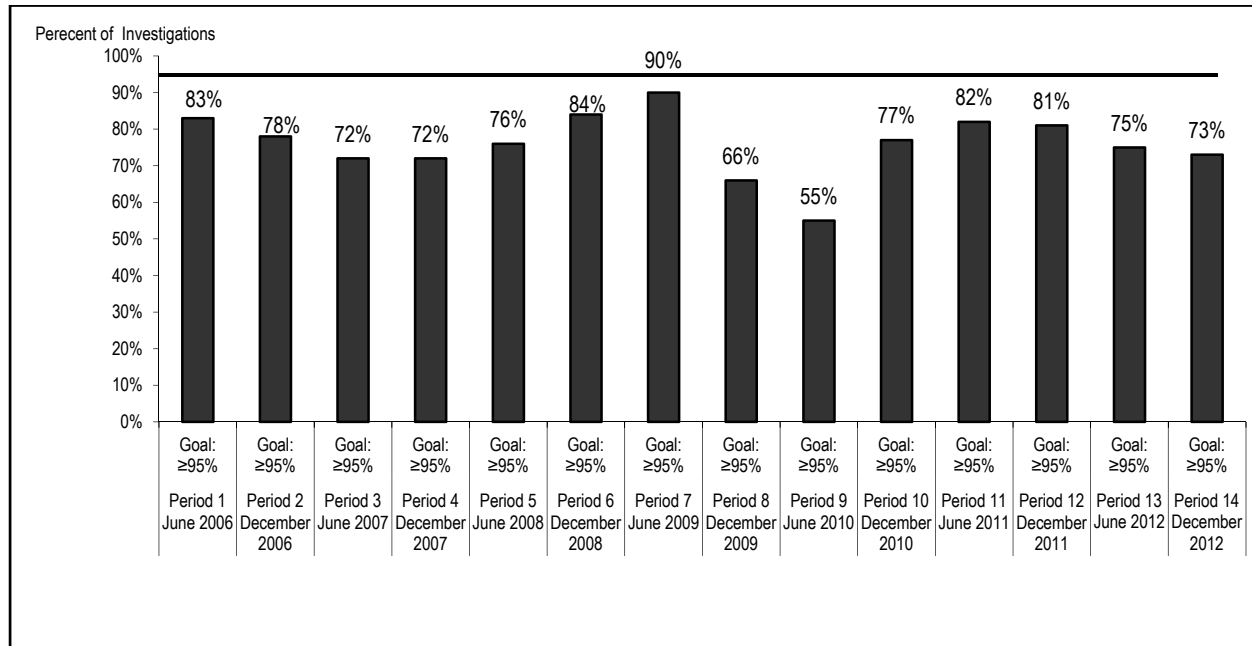
Source: File Review of All Completed Investigations, July-December, 2012.

^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, **73 percent** of maltreatment-in-care investigations (94 of 128) were completed within 30 days according to record review data from all investigations completed during the reporting period. This was a two percentage point decline from the Period 13 rate of 75 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. In Period 14, it took 49 days for 95 percent of such investigations to be completed (compared to 48 days in Period 13). In Period 14, 93 percent of investigations were completed within 45 days (this rate was unchanged from that of Period 13). Figure III-3 displays the State's performance on Outcome 2 over 14 reporting periods.

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



Source: File Review of All Completed Maltreatment-in-care Investigations, October 2005 – December 2012.

The Period 14 performance of DeKalb and Fulton counties and SSIU in completing investigations within 30 days declined compared to Period 13. The performance of DeKalb and Fulton counties declined substantially, from 88 to 76 percent while the performance of SSIU declined slightly, from 79 to 78 percent. The perimeter counties' performance remained the poorest at 67 percent, but that represented a substantial improvement compared to their Period 13 performance of 56 percent. The performance of DeKalb and Fulton counties in completing investigations within 45 days dropped from 100 percent in Period 13 to 93 percent in Period 14. The Period 14 performance of the perimeter counties in completing investigations within 45 days improved to 93 percent from the Period 13 level of 89 percent; while SSIU improved to 95 percent from the Period 13 level of 88 percent. The Period 14 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=128

Investigating County	Completed in ≤ 30 Days		Completed in ≤ 45 Days		Total	
	Number	% of Total	Number	% of Total	Number	% of Total
DeKalb/Fulton	34	76%	42	93%	45	100%
Perimeter Counties	28	67%	39	93%	42	100%
State Special Investigations Unit ^a	32	78%	39	95%	41	100%
Total	94	73%	120	94%	128	100%

Source: File Review of All Completed Maltreatment-in-care Investigations, July-December, 2012.

^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**

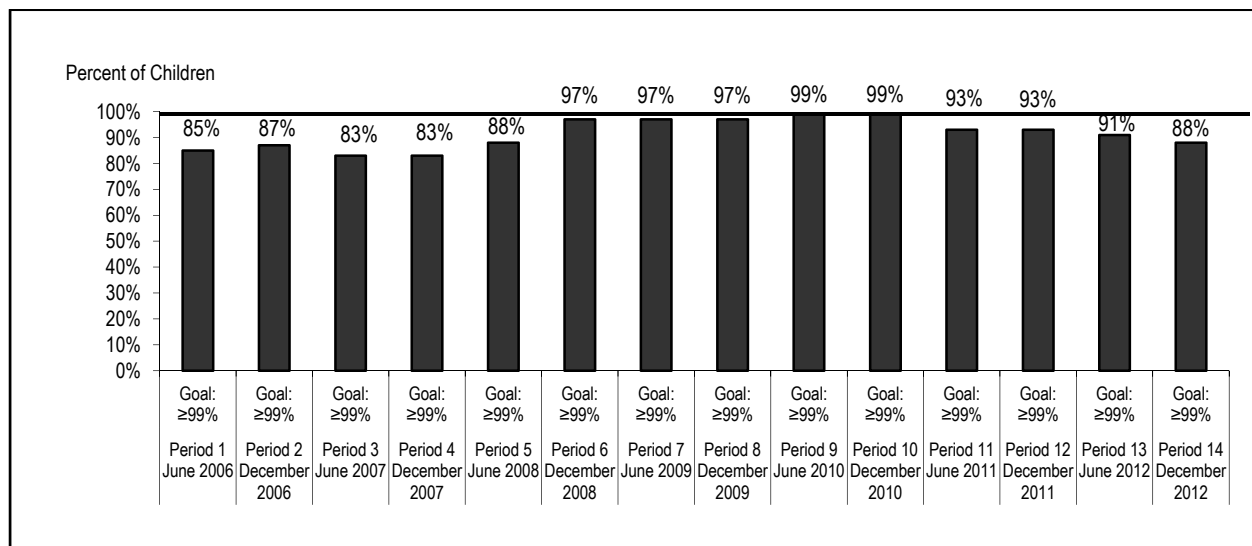
For Outcome 3, **88 percent of the** alleged victims of maltreatment in care during Period 14 (138 of 156) had face-to-face private contact with a CPS investigator within 24 hours, according to record review data from all investigations completed during the reporting period. This was a decline from the Period 13 performance of 91 percent and represents the State's poorest performance since Period 5 (88%). Figure III-4 illustrates the State's performance on Outcome 3 for 14 reporting periods.

The 156 alleged victims of maltreatment in care represented a 32 percent increase from the 118 alleged victims reported for Period 13. As discussed in greater detail in the *Operational Context* section, below, this increase appears primarily to be the result of a change in policy during Period 13 that precluded the screening-out of any CPS referral involving children in the care of DeKalb or Fulton County. That policy change was rescinded early in Period 15.

In the cases they investigated, DeKalb and Fulton counties made face-to-face contact within 24 hours with 88 percent of the alleged victims, a substantial decrease from their Period 13 performance of 96 percent. The perimeter counties' Outcome 3 performance of 98 percent represented a substantial improvement over their Period 13 rate of 91 percent. SSIU's performance dropped slightly from 81 percent in Period 13 to 79 percent in Period 14. Period 14 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 18 alleged victims who were not seen within this time frame. Six of these alleged victims were in cases investigated by DeKalb and Fulton counties; 12 in cases investigated by perimeter counties or SSIU. Of the 18 alleged victims for whom response time was missed, five 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
Fourteen 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 2012.

Table III-5

Outcome 3 – Face-to-Face Contact with Alleged Maltreatment Victims within 24 Hours
N=156

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	45	88%	2	4%	4	8%	51	100%
Perimeter Counties	52	98%	1	2%	0	0%	53	100%
State Special Investigations Unit ^a	41	79%	2	4%	9	17%	52	100%
Total	138	88%	5	3%	13	8%	156	100%

Source: File Review of All Completed Maltreatment-in-care Investigations, July-December, 2012.

^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.

c. Operational Context

Period 14 was the third consecutive period in which the State failed to attain the Consent Decree's child safety measure related to maltreatment in care (Outcome 5). The State's performance on the Consent Decree's other child safety measures (Outcomes 1, 2, and 3) also declined compared to Period 13. However, the decline in performance related to Outcomes 1, 2, and 3 is attributable to a short-lived policy change implemented early in Period 14 and rescinded early in Period 15.¹⁸

This policy change was precipitated by a directive from the former DFCS Regional Director for DeKalb and Fulton Counties that maltreatment referrals involving children in the custody of those two counties no longer would be screened out even if the referral contained no allegation of maltreatment.¹⁹ Problems with the implementation of this directive in the field had a

¹⁸ See *Social Services County Letter No. 2012-04* dated August 24, 2012 and *DFCS Policy Memorandum* dated February 13, 2013 from DFCS Deputy Director Kathy Herren.

¹⁹ Prior to this change, the DFCS Policy Manual expressly permitted CPS referrals involving children in the State's custody to be screened out if they contained no allegation of maltreatment. Examples of referrals permitted to be screened out include: 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. Social Services

substantial effect on the handling of Period 14 CPS referrals and negatively impacted the measured performance of Outcomes 1, 2, and 3, as shown in Table III-6 and III-7.

While the directive was in force the number of CPS referrals that were screened out rather than investigated dropped to 22 (it had been 54 to 72 in the preceding four periods), and the proportion of all referrals represented by screen-outs dropped to 15 percent (in the previous four periods it had been 40% to 55%). Conversely, the number and proportion of referrals investigated increased compared to the previous four periods.

Table III-6
Number of CPS Referrals, Screen-outs, and Investigations Among Children
in the Custody of DeKalb and Fulton Counties, Periods 10-14

Disposition of Referrals	Period 10	% of Referrals	Period 11	% of Referrals	Period 12	% of Referrals	Period 13	% of Referrals	Period 14	% of Referrals
Referrals	131	100%	132	100%	139	100%	152	100%	150	100%
Screen-outs	54	41%	72	55%	55	40%	67	44%	22	15%
Investigations	77	59%	60	45%	84	60%	85	56%	128	85%

Case documentation reveals that it often was the case that referrals involving class members initially were screened out despite this directive. Some of these screen-outs were detected upon supervisory review of the screen-out decision, resulting in a full investigation belatedly being ordered (however, as shown in Table III-6, 22 screen-outs appear not to have been detected). For a number of referrals, a period of weeks elapsed between the screen-out decision, its reversal, and the subsequent initiation of an investigation. These investigations always commenced with the response times for Outcomes 1 and 3 already having been missed, and frequently were completed from one to several weeks after the 30 day time limit specified in Outcome 2. To be clear, these were referrals that if received today, or prior to Period 13, would not have been investigated (because they contained no allegation of maltreatment).

As a result of these implementation issues, a number of the referrals that were investigated only as a result of the “No Screen-outs” directive failed to meet the Outcome 1, 2, or 3 standards. Excluding these cases from the Outcome 1, 2, and 3 calculations changes somewhat the Period 14 performance picture, as shown in Table III-7, below. Even when the “misses” attributable to the “No Screen-out” directive are excluded, the State’s Period 14 performance failed to meet the Consent Decree’s standards – narrowly in the case of Outcome 1 – by wide and fairly wide margins in the case of Outcomes 2 and 3. But compared to Period 13, the State’s Period 14 performance, net of “misses” attributable to the “No Screen-out” directive, showed a modest degree of improvement.

Table III-7
Period 14 Safety Performance (Gross),
and Net of “Misses” Attributable to “No Screen-out” Directive

Measure	Period 13 Performance	Period 14 Performance	“Misses” Attributable to “No Screen-out” Directive	Period 14 Performance net of “Misses” Attributable to “No Screen-out” Directive
Outcome 1 (Timely initiation of investigations)	93% (79/85)	91% (116/128)	5	94% (116/123)
Outcome 2 (Timely completion of investigations)	75% (64/85)	73% (93/128)	5	76% (93/123)
Outcome 3 (Timely face-to-face contact with each alleged victim)	91% (107/118)	88% (138/156)	6	92% (138/150)

Another operational influence that depressed Outcome 1 and 3 performance in Period 14 was a “hand-off” issue between the counties and SSIU that attended changes in the way SSIU investigators were deployed. SSIU was asked in August 2012 to take on Fulton County’s maltreatment-in-care investigations as a consequence of investigative staff shortages in that County. SSIU’s intake protocol specifies that new referrals are to be made by telephoning the Unit’s director, but some Fulton County supervisors were unfamiliar with this protocol and made new referrals by e-mail or by placing the new referral on SSIU’s caseload in SHINES along with a follow-up e-mail. (A similar problem depressed Period 13 performance on Outcomes 1 and 3 when SSIU was asked to pick up many of DeKalb County’s maltreatment-in-care investigations until DeKalb could train and deploy additional investigators.²⁰) Response time (as measured by Outcome 1) was missed for at least three cases as a result of SSIU not realizing in sufficient time that a new case had been referred for investigation, and at least five alleged victims were not seen face-to-face by a CPS investigator within 24 hours (Outcome 3) as a result of this hand-off problem. This operational issue also impacted Outcome 2 to a lesser extent. SSIU discussed the problem with Fulton County leadership and conducted training in the proper referral procedures for new Fulton County supervisors. By the end of Period 14 DeKalb and Fulton Counties had hired and trained sufficient CPS investigative staff that SSIU was no longer handling routine investigations of alleged maltreatment in care for either County.

With respect to the State’s Outcome 2 performance, meeting the standard of completing 95 percent of maltreatment-in-care investigations within 30 days has always been problematic; the closest the State has come was 90 percent in Period 7. DeKalb and Fulton Counties and SSIU

²⁰ See Dimas, J.T. and Morrison, S.A. *Period 13 Monitoring Report, Kenny A. v. Perdue*, December 2012, pp.29-30.

lost ground on Outcome 2 compared to their Period 13 performance; the perimeter Counties improved but only to 67 percent. Toward the end of Period 13 and the first part of Period 14, the State undertook several interventions intended to impact Outcome 2 performance. These included:

- Announcing mandatory training for all perimeter counties on the *Kenny A.* safety requirements;
- Conducting the mandated training in each of the perimeter counties; and
- Developing a weekly management report of all open investigations, and a manual “tickler system” that reminds counties of the number of days that remain for completing maltreatment-in-care investigations within the 30 day standard.

State *Kenny A.* staff are hopeful these interventions will improve Outcome 2 performance. However, as the interventions were not fully operational until February 2013, their full impact will not be seen until Period 16.

Another operational issue impacting child safety relates to the quality and documentation of the decision to “screen out” CPS referrals involving children in care when that disposition is selected by CPS intake staff. In Periods 11 and 12 the Accountability Agents found that DFCS policy standards addressing the “screening-out” of CPS referrals involving children in care were too frequently being improperly applied, resulting in referrals that appeared to contain allegations of maltreatment being screened out.²¹ Substantial progress on this issue was evident in Period 13, when none (0%) of the 175 placement records and 161 foster home records sampled contained evidence of an allegation of maltreatment-in-care that was inappropriately screened out rather than investigated.

In Period 14, the Accountability Agents again scrutinized the 175 placement records and 159 foster home records sampled to see whether allegations of maltreatment-in-care were inappropriately being screened out. Only two screen-outs were identified among the CPS referrals associated with the child placement and foster home records sampled.²² One of these screen-outs appeared to the Accountability Agents to contain an allegation of maltreatment that should have been investigated rather than screened-out.

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 concerns alleged. 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 quantity of information on previous CPS referrals subsequently available to investigators and staff responsible for foster home approval.

²¹ See Dimas, J.T. and Morrison, S.A. *Period 11 Monitoring Report, Kenny A. v. Perdue*, December 2011, pp.155-156 and Dimas, J.T. and Morrison, S.A. *Period 12 Monitoring Report, Kenny A. v. Perdue*, June 2012, pp.36-37 for a discussion of this issue.

²² The low number of screen-outs this Period likely was due to the “no screen-outs” policy described earlier.

This limitation becomes even more acute if the screen-out decision is not properly documented in SHINES. The Accountability Agents have heard anecdotal reports of attempted telephone referrals to Fulton County Intake that, in violation of State policy, resulted in neither an investigation nor a screen-out decision being documented in SHINES. In such circumstances there typically is no documentation that a referral was even attempted because no SHINES intake record is created. Obviously this makes documenting the phenomenon difficult. However, one example of an attempted referral to Fulton County Intake being neither investigated nor screened out is documented in Part 6 of this report under the discussion of foster homes with previous substantiated CPS history that were open during Period 14. This safety issue was raised with the State and Plaintiff's Counsel and corrective action steps were under discussion as this report went to press.

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 that every attempted referral must be properly documented in SHINES. The Accountability Agents will continue closely monitoring this issue to ensure that maltreatment-in-care reports are screened-out only as permitted by DFCS policy and that every attempted referral is properly documented in SHINES.

Outcome 6 – Corporal Punishment

Outcome 6 seeks to protect children in foster care from experiencing corporal punishment, which the Consent Decree defines as "...any physical punishment of a child that inflicts pain."²³ Outcome 6 stipulates that by the end of Period 4, 98 percent of all foster homes will not have an incident of corporal punishment within the previous 12 months.

a. Interpretation and Measurement

The Consent Decree's use of the phrase "...all foster homes...."²⁴ is operationalized as all foster homes with a class member in custody during the reporting period for measurement purposes. Appendix B provides a summary of previously resolved interpretation and measurement issues. The data used to measure Outcome 6 performance is based on a sample of 159 foster homes that had a class member in care at any point during the reporting period.

²³ See p. 2 of the Consent Decree.

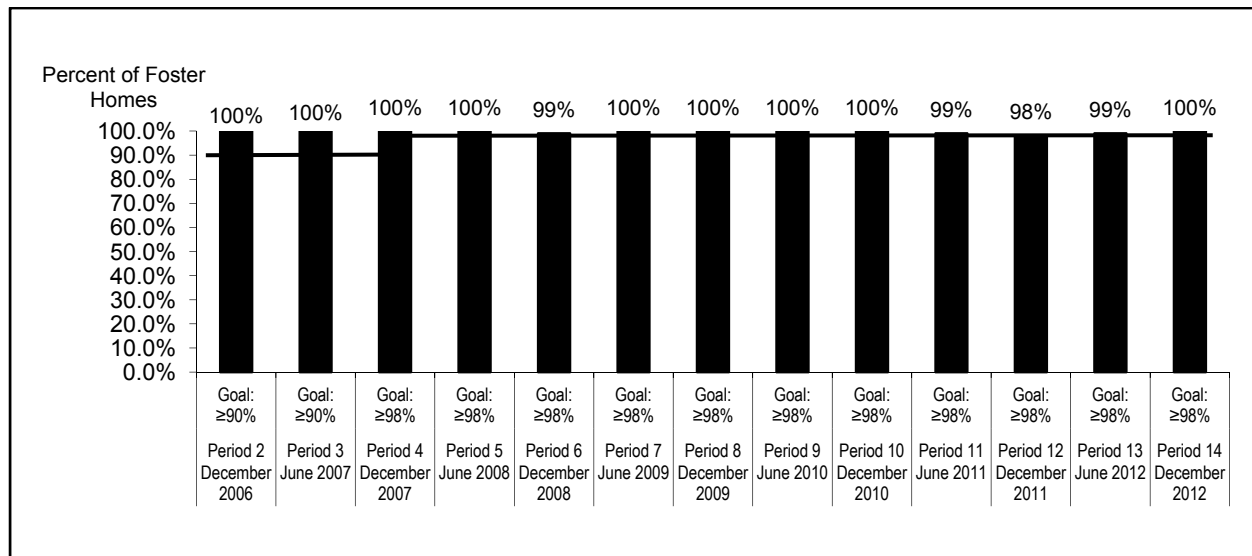
²⁴ See p. 32 of the Consent Decree.

b. State Performance

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

The standard for Outcome 6 requires that 98 percent of foster homes be without an incident of corporal punishment in the previous 12 months. As noted in Table III-1, every foster home in the sample of 159 (**100%**) had not had a confirmed incident of corporal punishment in the previous 12 months, surpassing the Consent Decree standard. This is similar to the Period 13 rate of 99 percent and indicates that DFCS continues to do very well at protecting children placed in foster homes from corporal punishment. Figure III-5 illustrates the State's performance on Outcome 6 over the 13 reporting periods to which the Consent Decree standards applied.

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



Source: Foster Home Record Reviews, July 2006 – December 2012.

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

1. Maltreatment-in-care Investigations

Section 12 of the Consent Decree contains other requirements pertaining to the process of investigating and responding to reports of maltreatment in care.²⁵ The following discussion summarizes the State's implementation of these requirements.

a. Investigations of Reports of Maltreatment in Care

Section 12.A. of the Consent Decree requires all reports of suspected maltreatment of children in foster care to be investigated by Child Protective Services staff (rather than permanency staff).²⁶ Interviews with Fulton and DeKalb County staff, with staff of the Office of Provider Management (OPM) and the Office of Residential Child Care (RCC),²⁷ and the review of 175 randomly selected foster care records, 159 foster home records, and all 128 reports of maltreatment in care completed during the reporting period indicate that it is DFCS' policy and 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 159 foster home records identified one instance that did not appear to adhere to this policy and practice. In this case (from Fulton County) permanency staff failed to refer an incident of sexual acting out between two young siblings to CPS staff for screen-out or investigation, as appropriate. This incident did not appear to involve any allegation of maltreatment on the part of the foster parent and likely would have been screened out by CPS intake had a referral been made. However, the Consent Decree requires that such a determination be made by qualified CPS staff, not permanency staff. The *Kenny A.* file review team brought this issue to the attention of Fulton County officials who indicated they would again meet with supervisory staff to emphasize the importance of reporting all potential instances of maltreatment to CPS Intake and allowing CPS Intake to decide how to proceed.

The Period 14 review also identified one instance in which a report of maltreatment was screened-out by Newton County CPS staff despite appearing to the Accountability Agents to have met the standard that **should** have triggered a full investigation. No such instances were identified in Period 13. This incident involved the fondling of a sleeping 11 year old child who was not in care by a 17 year old youth who was in the care of a provider-supervised foster home. Although DFCS policy defines "sexual abuse" to exclude consensual sex between

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

²⁶ See p. 28 of the Consent Decree.

²⁷ Effective September 1, 2012, supervision of the Office of Residential Child Care (ORCC) was transferred to the Office of the Inspector General and renamed the Residential Child Care unit (RCC).

minors, it specifically provides that “Sexual abuse may be committed by a child (a person under the age of eighteen) when... [t]he child perpetrator is significantly older than the victim child... or [t]he child perpetrator is in a position of power or control over the victim child.”²⁸ Although the incident was not investigated by Newton County DFCS, the CPA responsible for supervising this foster home conducted its own investigation and closed the home due to a finding of inadequate supervision.

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 further requires all reports of suspected maltreatment of children in foster care to be investigated in the manner and within the time frames provided by law and DFCS policy.²⁹ DFCS policy on maltreatment-in-care investigations (which are considered “Special Investigations”) is contained in Section 2106 of the Social Services Manual.³⁰ Section 2106 contains guidance on the many aspects of properly conducting Special Investigations, such as separately interviewing the parties involved, contacting DFCS case managers required to visit the placement setting, evaluating the continued safety of any children remaining in the home, 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 14 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 13 for four requirements (*continued safety of the children placed in the home was adequately evaluated and assessed; alleged maltreater was interviewed separately; at least two relevant collateral sources contacted during the investigation; and all other adults frequently in the home interviewed separately*); five requirements (*investigator saw/interviewed every alleged maltreated child separately; all approved foster parents/caregivers interviewed separately; DFCS case managers required to visit in*

²⁸ Social Services Manual, Chapter 2.2, Georgia Dept. of Human Resources, September 2009.

²⁹ See p. 28 of the Consent Decree.

³⁰ Social Services Manual, Chapter 2100, Section VI, Georgia Dept. of Human Resources, July 2005.

the foster care setting were contacted; investigator saw/interviewed each of the other children (non-alleged victims separately; and investigator reviewed the DFCS history of the foster parent/caregiver) remained similar (\pm one percentage point); while compliance appears to have declined for two requirements (case record contains physical evidence to support case documentation; and investigator reviewed previous CPS reports for foster parents/caregivers). Documented compliance was found to be 90 percent or greater for eight of the 11 investigative policy requirements evaluated. State performance on the two requirements (case record contains physical evidence to support case documentation; and investigator reviewed previous CPS reports for foster parents/caregivers) for which compliance was found to be 80 percent or lower is considered in greater detail below.

Table III-6
Proportion of Investigations Meeting Policy Requirements
(N shown is for Period 14 cases and varies based on
placement setting and other case characteristics)

Investigation Policy Requirement	Percent of Applicable Files with Documentation of Compliance	
	Period 13	Period 14
Continued safety of the child(ren) placed in the home was adequately evaluated and assessed (N=82)	96%	100%
Investigator saw/interviewed every alleged maltreated child separately (N=128)	98%	98%
Alleged maltreater was interviewed separately (N=123)	95%	98%
All approved foster parents/caregivers interviewed separately (N=128)	98%	98%
At least two relevant collateral sources contacted during the investigation (N=115)	86%	98%
DFCS case managers required to visit in this foster care setting were contacted (N=128)	92%	93%
Investigator saw/interviewed each of the other children (non-alleged victims) separately (N=85)	90%	91%
Investigator reviewed the DFCS history of the foster parent/caregiver (N=82)	91%	90%
All other adults frequently in the home interviewed separately (N=27)	80%	85%
Case record contains physical evidence to support case documentation (N=76)	85%	80%
Investigator reviewed previous CPS reports for foster parents/caregivers (N=82)	91%	76%

Source: Case file review of all maltreatment-in-care investigations completed July 1, 2012 – December 31, 2012.

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 61 of the 76 cases in which the record reviewer concluded that the nature of the allegations warranted the collection of physical evidence. The Period 14 compliance rate represented a decrease from the Period 13 rate of 85 percent. In twelve of the fifteen cases (80%) in which it appeared physical evidence should have been collected but no such evidence was found in SHINES, there was no clear indication in the case record that such evidence ever was collected or requested. This was an increase compared to Period 13 in which five of the seven cases (71%) missing physical evidence that should have been collected had no indication in the case record that such evidence ever was collected or requested. There was one Period 14 case (compared to no such cases in Period 13) in which the evidence was uploaded to SHINES but the associated document could not be opened by the reviewer.

The requirement that CPS investigators review all previous CPS reports for foster parents/caregivers derives from the DFCS Social Services Manual's dictum that "...a new report must *always* be reviewed with regard to a family's CPS history. This includes completing a diligent search for and a careful review of *all* history....All historical information must be carefully considered, because the past has great influence on how to assign and respond to a new report. A report...will often take on a new severity when history is reviewed."³¹

Investigator compliance with this very important investigative requirement dropped substantially in Period 14, to 76 percent from the Period 13 level of 91 percent. The Period 10 compliance rate for this requirement was also 76 percent; in every other reporting period since the advent of the Consent Decree compliance with this requirement has ranged from 84 to 96 percent. Among the 20 Period 14 investigations that had incomplete CPS histories: 12 had histories that were missing one or more screened-out referrals, five were missing previous CPS investigations that are archived in IDS (the DFCS information system that preceded SHINES), and one was missing both screen-outs and an investigation archived in IDS. The remaining two investigations with incomplete CPS histories were missing investigations that are documented in SHINES.

As in Period 10, the reasons for this decline in performance are not entirely clear.³² DFCS policy specifies a bifurcation of responsibility for CPS history checks performed as part of the

³¹ Social Services Manual, Chapter 2100, Section III, Georgia Dept. of Human Resources, July 2008.

³² The Accountability Agents explored the hypothesis that the relative inexperience of newly-hired investigative staff in DeKalb and Fulton Counties, discussed above under *Operational Context*, contributed to the problem. However, of the nine investigations conducted by DeKalb or Fulton Counties that had incomplete CPS histories (three from DeKalb County, six from Fulton County) only one DeKalb County case was investigated by a worker with less than one year's experience. The remaining eight investigations were conducted by workers with two to five year's experience. Similarly, of the 11 investigations conducted by Perimeter counties or SSIU that had incomplete CPS histories (eight from perimeter counties, three from SSIU) two Clayton County cases were investigated by a worker with less than six month's experience. The remaining nine investigations were conducted by workers with four to eight year's experience.

investigative process. Specifically, the individual performing referral intake is to “Check **all available resources** [emphasis in the original] for determining whether there is any known CPS, diversion or screen out history on.... parents, children, secondary caretakers and providers” and to document those histories in SHINES.³³ Policy further specifies that this information “...must be reviewed prior to a case determination....” by the CPS investigator assigned to the case.³⁴ It is unknown to what extent responsibility for the incomplete CPS history checks identified in Period 14 may lie with intake workers who performed the checks incorrectly, investigators who failed to perform due diligence on the CPS history prepared by the intake workers, or investigators who may have incorrectly performed their own CPS history checks. However, that at least part of the responsibility lies with intake workers is suggested by a case documented in Part 6 of this report of a foster home with a substantiated CPS history that was open during Period 14 and caring for children in DFCS custody. This state of affairs was enabled by a faulty CPS history check conducted by a Fulton County intake worker. This raises a significant safety concern because if CPS intake fails to perform an accurate CPS history and investigators accept the prepared history at face value they may be starting with an inaccurate conception of the family, which may compromise the quality of the ensuing investigation and the soundness of its conclusions.

The Accountability Agents will work with the State *Kenny A.* staff to identify and convene the CPS investigators that failed to collect and archive required physical evidence, or to perform complete CPS history checks in Period 14 to better understand what caused these problems and to identify and implement strategies and interventions to prevent their recurrence in the future.

c. Referrals of Reports of Maltreatment in Care to the DFCS Policy Unit, Residential Child Care (RCC), 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 RCC 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 Residential Child Care (RCC) and the Office of Provider Management (OPM).³⁵ 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]....

³³ Social Services Manual, Chapter 2100, Section III, op cit., July 2008.

³⁴ Ibid.

³⁵ RCC 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 RCC.

that contributed to the abuse or neglect; whether the contract should be terminated; whether particular homes or facilities should be closed....”³⁶

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

The completeness of maltreatment-in-care reporting to the DFCS Policy Unit and OPM in Period 14 was unchanged from the Period 13 level of 100 percent. However, the completeness of maltreatment-in-care reporting to RCC declined (from 100% to 93%). 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 14, data collected directly from the DFCS Policy Unit indicate that administrative packets were received for 128 (100%) of the 128 maltreatment-in-care investigations completed during Period 14. This was similar to Period 13 when the Policy Unit was notified of 85 of 85 investigations (100%). Twenty-one (16%) of the 128 reports the Policy Unit received for Period 14 were received within the 10-day window specified by DFCS policy.³⁷ While this rate remains extremely low, it represents a 4 percentage point increase from the 12 percent of maltreatment-in-care reports received within the 10 day window in Period 13.³⁸ Table III-7 displays data on reporting of maltreatment-in-care investigations to the DFCS Policy Unit.

³⁶ See Section 12 B, p. 28 of the Consent Decree.

³⁷ Social Services Manual, Section 2106.11, Georgia Dept. of Human Resources, July 2005.

³⁸ The 10-day Policy Office notification requirement eventually may be rendered obsolete by the release during Period 13 of a SHINES enhancement intended to automate reporting of maltreatment in care investigations to the DFCS Policy Office (see Social Services County Letter No. 2012-02 issued March 15, 2012). However, a lack of completeness in end-user data entry into the fields that support this new functionality severely limited its utility in Periods 13 and 14.

Table III-7
Policy Unit Notification of Period 14 Maltreatment-in-care Investigations
N=128

Investigating County	Total Investigations	Notified		Not Notified	
	Number	Number	% of Total	Number	% of Total
Fulton	25	25	100%		
DeKalb	20	20	100%		
Bartow	1	1	100%		
Cherokee	1	1	100%		
Clayton	7	7	100%		
Cobb	2	2	100%		
Columbia	1	1	100%		
Douglas	2	2	100%		
Fayette	3	3	100%		
Floyd	1	1	100%		
Gwinnett	5	5	100%		
Haralson	1	1	100%		
Henry	3	3	100%		
Newton	2	2	100%		
Paulding	1	1	100%		
Richmond	3	3	100%		
Rockdale	5	5	100%		
Taylor	2	2	100%		
Treutlen	1	1	100%		
White	1	1	100%		
State SIU	41	41	100%		
Total	128	128	100%		

Source: Survey of Notification of CPS Investigations in Foster Care Settings, July 1 – December 31, 2012.

The Period 14 file review of maltreatment-in-care investigations included 82 investigations of maltreatment that occurred in provider-supervised settings and therefore should have been reported to both RCC and OPM.³⁹ Data collected directly from RCC and OPM indicate that RCC was notified of 76 (93%) of these 82 investigations; the first time since Period 11 that the RCC notification rate was not 100 percent. Table III-8 displays data on county reporting of maltreatment-in-care investigations to RCC.

³⁹ There were a total of 92 investigations that involved children placed in provider-supervised settings, but ten of these fell outside the jurisdiction of RCC and OPM. In five 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 five cases (four cases in provider-supervised foster homes and one in a group home), the maltreatment occurred outside the placement setting and as such, the investigations were not required to be reported to RCC or OPM (two of these occurred during supervised visits with the biological parent; the three remaining cases occurred during a school football game, at school, and at a daycare center). These ten cases were excluded from the RCC tabulations presented in Table III-8 but were included in the OPM tabulations presented in Table III-9 because OPM was notified even though OPM was not required to be notified.

The State Special Investigations Unit (SSIU) completed the largest number of maltreatment-in-care investigations in provider-supervised settings at 28, with 26 (93%) being reported to RCC. Fulton County completed 13 investigations in such settings and DeKalb County seven, all (100%) of which were reported to RCC. Sixteen perimeter counties accounted for the remaining 34 such investigations, with Cherokee, Clayton, and Gwinnett Counties collectively having failed to notify RCC of four investigations.

Table III-8
Residential Child Care Notification of
Period 14 Maltreatment-in-care Investigations
N=82

Investigating County	Total Investigations	Notified		Not Notified	
	Number	Number	% of Total	Number	% of Total
Fulton	13	13	100%		
DeKalb	7	7	100%		
Bartow	1	1	100%		
Cherokee	1	0	0%	1	100%
Clayton	5	3	60%	2	40%
Cobb	2	2	100%		
Columbia	1	1	100%		
Douglas	1	1	100%		
Fayette	3	3	100%		
Floyd	1	1	100%		
Gwinnett	5	4	80%	1	20%
Haralson	1	1	100%		
Henry	3	3	100%		
Newton	2	2	100%		
Paulding	1	1	100%		
Richmond	1	1	100%		
Rockdale	4	4	100%		
Taylor	2	2	100%		
State SIU	28	26	93%	2	7%
Total	82	76	93%	6	7%

Source: Survey of Notification of CPS Investigations in Foster Care Settings, July 1 – December 31, 2012.

The Period 14 notification data illustrate that county incident reporting enables prudent, collaborative action by RCC and DFCS. Among the 76 maltreatment-in-care investigations of which RCC was informed, RCC elected to conduct a joint investigation with DFCS for 59 (78%) of them. Notifying RCC of maltreatment reports in the care settings they license is essential to the ability of RCC to effectively use that licensing authority to help prevent maltreatment in care.

Table III-9
Office of Provider Management
Notification of Period 14 Maltreatment-in-care Investigations
N=92

Investigating County	Total Investigations	Notified		Not Notified	
	Number	Number	% of Total	Number	% of Total
Fulton	15	15	100%		
DeKalb	9	9	100%		
Bartow	1	1	100%		
Cherokee	1	1	100%		
Clayton	5	5	100%		
Cobb	2	2	100%		
Columbia	1	1	100%		
Douglas	1	1	100%		
Fayette	3	3	100%		
Floyd	1	1	100%		
Gwinnett	5	5	100%		
Haralson	1	1	100%		
Henry	3	3	100%		
Newton	2	2	100%		
Paulding	1	1	100%		
Richmond	3	3	100%		
Rockdale	4	4	100%		
Taylor	2	2	100%		
State SIU	32	32	100%		
Total	92	92	100%		

Source: Survey of Notification of CPS Investigations in Foster Care Settings, July 1 – December 31, 2012.

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 14, OPM appears to have been notified of 92 (100%) of the 92 investigations of alleged maltreatment that occurred in provider-supervised settings.⁴⁰ This is unchanged from the Period 13 rate of 100 percent. Table III-9 displays data on county reporting of maltreatment-in-care investigations to OPM.

⁴⁰ This total includes 10 cases of which OPM was notified even though such notification was not required since the alleged maltreatment occurred in a PRTF or outside the placement setting.

For the fifth 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 fourth consecutive period.

- **Review by RCC and OPM of Maltreatment-in-care Reports in Provider-supervised Settings**

Interviews with RCC 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 RCC survey staff are assigned for investigation if appropriate and shared with members of the RCC leadership team and with OPM and other DFCS staff. The OPM Contracts and Risk Manager leads the review process for OPM. RCC 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, RCC 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 RCC in Period 14 included:

- A medium sized provider agency displayed a pattern of foster parents not being appropriately matched or informed of the special care and services required of the child being placed; physical plant concerns at the agency's foster homes; service plans that did not address the special care and services required by the child; and hospital discharge

information not being shared with all persons involved in the day to day care of the child (foster parents, case managers and agency personnel.) An Office Conference was held with the provider to discuss RCC's concerns and changes proposed by the Agency. The concern regarding the proper transfer of medical information was also shared with other providers, OPM and DHS leadership.

- A medium sized provider agency displayed a pattern of failing to prepare foster families for placement by anticipating problems that may arise and adjustments that may be needed during placement; failing to address the special care and service needs of children in their placements and service plans; and failing to make appropriate matches based on children's needs and family strengths and training. Two Adverse Actions were issued and an office conference was held to discuss RCC's concerns and the provider's need to submit an acceptable plan of correction.
- A fairly large provider received multiple adverse actions from RCC during the last two reporting periods due to a pattern of inappropriate behavior management and inappropriate use of Emergency Safety Interventions (ESIs). An office conference, in which OPM also participated, was held to discuss two recent Adverse Actions and possibility of increased action from RCC.
- A fairly large provider received two Adverse Actions due to a pattern of inadequate supervision based on residents' needs and inappropriate behavior management in accordance with residents' service plans. An office Conference was scheduled for next reporting period to discuss the concerns and explain the requirements needed for an acceptable Plan of Correction. RCC's concerns were shared with OPM as well.
- A small provider showed a continued pattern of repeat non-compliance with completing assessments timely and developing complete service plans which resulted in an Adverse Action. An office conference was held to discuss the required components and time frame requirements for assessments and service plans and an acceptable Plan of Correction was required.

OPM's efforts to identify maltreatment-in-care patterns have dovetailed with their ongoing development of a robust risk management approach to monitoring the contracts and performance of CPAs and CCIs. OPM meets about twice a month with the Department of Juvenile Justice (DJJ), the Department of Behavioral Health and Developmental Disabilities (DBHDD), DFCS Systems of Care (SOC), RCC and SSIU to review providers and compare notes of concern. This collaboration has provided an opportunity for the participants to keep each other informed and, when necessary, to coordinate their efforts on trends of concern. It has also provided a forum to share strategies and observations with respect to significant events that require a more in depth review, corrective action or investigation.

General trends identified by OPM during Period 14 include:

- Concerns with the quality of supervision;
- Providers failing to secure attentive and timely medical attention;
- Financial difficulty manifesting as inadequate food, clothing and shelter;
- Alleged gang &/or bullying activity occurring in facilities;
- Poor staff hiring decisions;
- Inadequate staffing ratios; and,
- Poor physical plant.

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.⁴¹ The following discussion summarizes the requirements and how DFCS is meeting them.

a. Awareness of Corporal Punishment Prohibition

All placement settings are to prohibit the use of corporal punishment. In 159 of 159 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 13 performance of 100 percent.

b. Enforcement of Corporal Punishment Prohibition

Enforcement of the corporal punishment prohibition in DFCS-supervised foster homes is carried out by the County DFCS offices. Enforcement in private provider placements is carried out by child placing agencies (CPAs), Residential Child Care (RCC), and the Office of Provider Management (OPM). RCC requires CPAs, Child Caring Institutions, and Outdoor Child Caring Programs to have written policies prohibiting corporal punishment as a condition of licensure. RCC monitors compliance with this requirement by means of a pre-licensure review of all provider policies. When RCC receives a confirmed or substantiated report of corporal punishment in a provider supervised foster home RCC reviews the file to determine if the foster parent 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.

⁴¹ See pp 29-30, paragraph 12.C of the Consent Decree.

c. Compliance with Corporal Punishment Prohibition

Actual compliance with the corporal punishment prohibition appears to be excellent. The review of child records of 175 randomly selected children in foster care during Period 14 identified no confirmed instances of corporal punishment (0%). This is similar to Period 13, during which there was one confirmed instance of corporal punishment among the children included in the placement sample.

The foster home record review of 159 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 none of the 159 foster home records reviewed (0%). This was an improvement from the five such homes (3%) identified in Period 13.

The review of all 128 maltreatment-in-care reports investigated during the reporting period identified 14 reports (11%) that began as an allegation of corporal punishment. In Period 13, three of the 85 maltreatment-in-care reports (4%) began as corporal punishment allegations. None of the 14 investigations completed during Period 14 that began with an allegation of corporal punishment found maltreatment to be substantiated. However, in one case, the children were removed from the placement and the home was closed; in another case, the alleged maltreated child was removed from the placement; and in four cases, the foster parent(s)/caregiver(s) were counseled or received additional training on the DFCS discipline policy and on appropriate forms of discipline. The eight remaining cases were 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 (RCC). 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 available to RCC in the SHINES system; if RCC is formally notified of the incident RCC staff review the assessment.

The Consent Decree contains certain mandatory safeguards and requirements applicable to all foster homes while screened-out reports of corporal punishment are being assessed. As noted above, none of the 159 homes in the Period 14 sample had allegations in the previous 12 months that corporal punishment was used. Therefore, the Accountability Agents were unable to assess the extent of compliance in Period 14 with the mandatory safeguards and requirements that pertain to foster homes while screened-out reports of corporal punishment are being assessed.

The review of all maltreatment-in-care investigations found 14 CPS investigations prompted by an allegation of corporal punishment; nine involving children placed in provider-supervised foster homes; three involving children placed with relatives/fictive kin; and one each involving children placed in a DFCS supervised foster home and a child caring institution. Of these 14 investigations:

- 14 (100%) showed that all alleged victims were interviewed separately within 24 hours;
- 14 (100%) showed that the continued safety of any children remaining in the home was adequately evaluated;

- 14 (100%) of the investigative conclusions were, in the reviewer's opinion, consistent with the investigative documentation; and,
- 10 (71%) of the investigations were completed within 30 days as required by DFCS policy; the remaining four investigations were completed within 39 days.

Of the 10 investigations involving children in provider-supervised placements, OPM was notified of 10 reports (100%) and of the investigative conclusion in all 10 cases (100%). RCC was notified of eight (80%) of the reports and of the investigative conclusion in seven cases (70%).

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

⁴² 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 14 Performance
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.	66%
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).	95%
Outcome 21: At least 85% of all children with the goal of reunification shall have appropriate visitation with their parents to progress toward reunification.	95%
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. ⁴³	95%
Children Achieve Permanency	Period 14 Performance
Outcome 4: No more than 8.6% of all foster children entering custody shall have re-entered care within 12 months of the prior placement episode.	9.4%
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.	56%
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.	63%
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.	32%

⁴³ 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	
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.	17%
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.	55%
Outcome 12: For children whose parental rights have been terminated or released and the child has an identified adoptive or legal guardian resource at the time of the entry of the Consent Decree, 90% shall have had their adoptions or legal guardianships finalized within six months after the entry of the Consent Decree.	First Period 94% One Time Measure
Outcome 13: For all children for whom parental rights have been terminated or released at the time of entry of the Consent Decree, and the child does not have an identified adoptive resource, 95% shall have been registered on national, regional, and local adoption exchanges, and have an individualized adoption recruitment plan or plan for legal guardianship within 60 days of the Consent Decree.	First period 30% One time measure
Outcome 14: No more than 5% of adoptions finalized during the reporting period shall disrupt within the 12 months subsequent to the reporting period.	0%
Outcome 15: At least 95% of all foster children who reached the point of being in state custody for 15 of the prior 22 months, shall have had either (1) a petition for the termination of parental rights filed as to both parents or legal caregivers as applicable OR (2) documented compelling reasons in the child’s case record why termination of parental rights should not be filed.	96%
Outcome 27: At least 95% of foster children in custody for six months or more shall have either had their six-month case plan review completed by the Juvenile Court within six months of their prior case plan review, or DFCS shall have submitted the child’s six-month case plan to the Juvenile Court and filed a motion requesting a six-month case plan review within 45 days of the expiration of the six-month period following the last review.	95%
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.	94%

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.*”⁴⁴ 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.⁴⁵

- **Interpretation and Measurement Issues**

No new interpretation or measurement issues were encountered in Period 14. 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, 2012.

- b. State Performance**

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

In the sample of 175 children in foster care during Period 14, the State placed 166 children (95%) within the designated proximity to the homes 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, 161 children (95%) were placed within the same county or within a 50 mile radius from the home from which they were removed. Placement of two other children is included in the outcome achievement because the children met the Consent Decree standard for placement with relatives. Three of the children included in the analysis met the Consent Decree standard for exceptional needs.

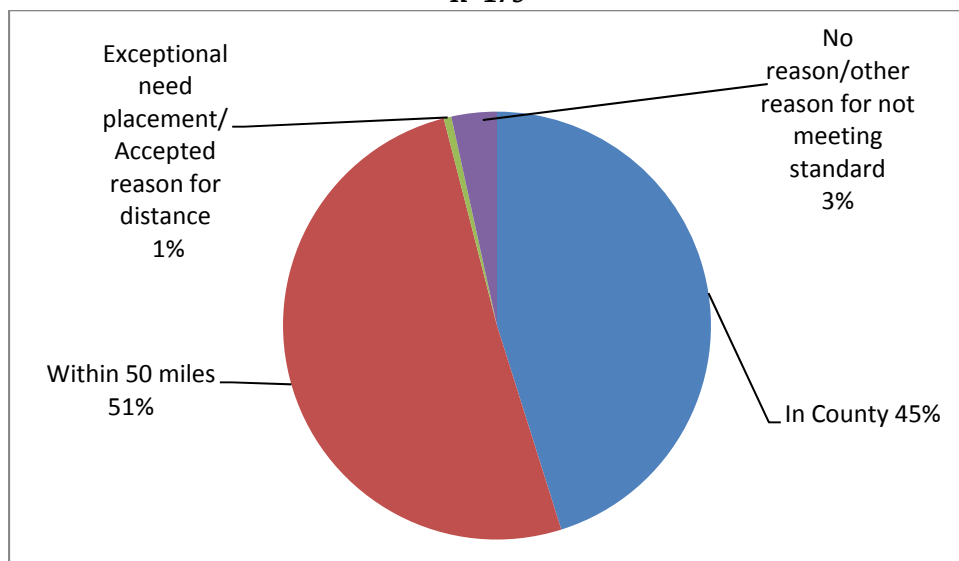
⁴⁴ See p. 4, principle 2 in the Consent Decree.

⁴⁵ See p. 35, Outcome 19, of the Consent Decree.

Among the remaining nine children who did not meet the Consent Decree requirement or its exceptions, one was placed in a Regional Youth Detention Center for sexual assault. One other child was placed in a specialized treatment program for sexual offenders. Although the performance threshold was surpassed, this makes the fourth straight period in which the State's performance has declined. This should be monitored closely to avoid further decline in performance.

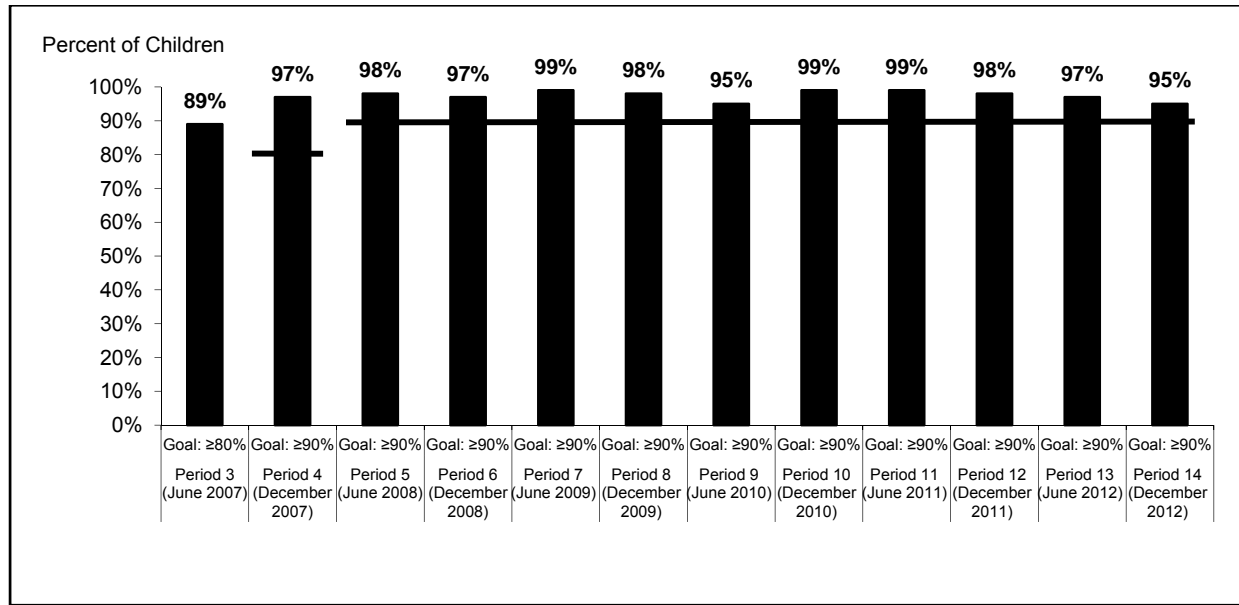
The distribution of all children in the sample among placement locations is displayed in Figure IV-1. The State's performance over the reporting periods to which the Consent Decree standards applied is displayed in Figure IV-2 and reflects the State's consistent achievement of this outcome.

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



Source: Case Record Review January – February 2013.

Figure IV-2
Twelve 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, June 2007 – 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)/guardian(s) by setting a target for the proportion of children who visit with their parents/guardian(s), but there are no stipulations as to timing or visit content.

a. Interpretation and Measurement Issues

No new interpretation issues were encountered in Period 14. 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 in foster care at any time between July 1 and December 31, 2012. Within the sample of 175 children in foster care, 127 were considered to have the permanency goal of reunification for at least some portion of the period for purposes of measuring parental visitation. However, 12 children were excluded from the analysis for the following reasons:

- Three children were placed the entire period with the family member with whom they were to be reunified.
- Nine children had the following special circumstances:
 - Parents of two children were under court order not to have contact with the children during the period;
 - One child's reunification resource was incarcerated in a facility more than 50 miles from the child's placement;;
 - One child's visits with the parent were suspended for the majority of the reporting period upon the recommendation of the child's therapist, but were reinstated in December 2012;
 - One child's visits were suspended due to the birth parent's contagious health status and were documented to resume once doing so was medically safe for the child; and,
 - Four children were to be reunified with parents/guardians who had moved out of state before the start of the period.

Therefore, 115 children were included in the parent-child visitation analysis. Conclusions drawn from the subsample of 115 children used in this analysis are subject to a margin of error of ± 9 percent.

b. State Performance

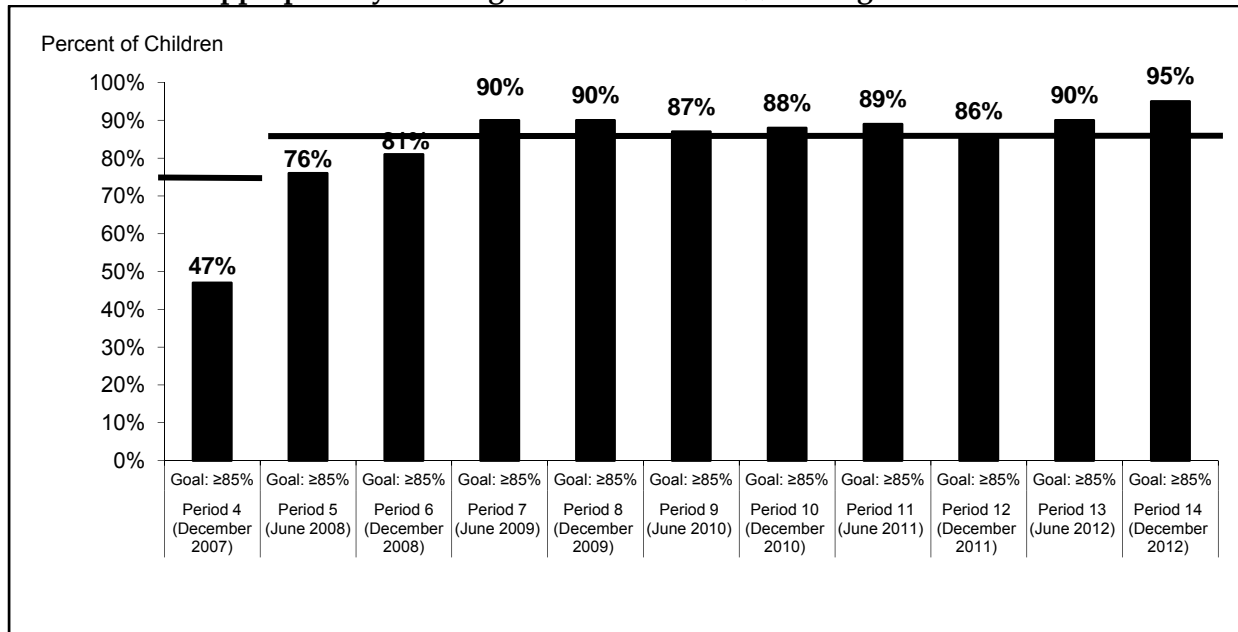
- **The State Surpassed the Outcome 21 Threshold**

Among the 115 children included in this analysis, 109 children (**95%**) 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.⁴⁶ The performance threshold for this outcome is 85 percent. This performance is an improvement from the Period 13 performance of 90 percent, but the observed difference is within the margin of statistical error.

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

⁴⁶ See Appendix B for a discussion of how "appropriate visitation" was determined.

Figure IV-3
Eleven 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, July 2007 – December 2012

Outcome 16 – Sibling Placement and Outcome 23 - Sibling Visitation

The Consent Decree stipulates a sibling placement standard⁴⁷ that intends to keep siblings connected and establishes two performance outcomes related to maintaining sibling bonds. Outcome 16 requires at least 80 percent of all foster children entering care with one or more siblings to be placed with their siblings. Outcome 23 requires at least monthly visits between siblings in care that are not placed together, unless specific circumstances preclude such visits. At least 90 percent of the total required monthly sibling-group visits are to take place.⁴⁸ Because Outcomes 16 and 23 both focus on sibling connections, they are reported on together.

a. Outcome 16: Interpretation and Measurement Issues

There were two new interpretation or measurement issues encountered in Period 14. Appendix B provides a summary of previously resolved interpretation and measurement issues. The analysis relied on SHINES data. A total of 248 children entered custody in a sibling group of two or more during Period 14. Not all 248 children could be placed with their entire sibling

⁴⁷ See p. 16, paragraph 5C.4.d of the Consent Decree.

⁴⁸ See *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

group because one or more of the siblings in a group had special medical, developmental or behavioral needs that required separate placements. Among the 248 children, seven children were separated from other siblings due to their special needs. Another child was placed separately because they had one or more siblings who had special needs. One child was not placed into care on the same day as the siblings. Removing these 9 children from the analysis conforms to the standard for exceptions established in previous reporting periods.

Eight additional children were not placed with all of their siblings; however, they were placed with relatives. This includes a sibling group of 2 with different fathers, one of whom was placed with the father while the other sibling was placed with his paternal relatives. Although relative placements have not been deemed an exception in previous reporting periods, placement with relatives is good practice that minimizes trauma to children and is sanctioned as a priority in the Consent Decree's 2nd Principle, which states in part "If appropriate, children should be placed with relatives who are able to provide a safe, nurturing home for them."⁴⁹ Therefore, the Accountability Agents believe such placements should be excluded from the analysis.

Finally, another sibling group of 6 also stayed in care less than one day. Due to the extraordinary size of this sibling group, and their short length of stay, (less than 72 hours), these children were also excluded from the analysis. Therefore, the sibling placement requirement was not applicable for a total of 23 children. These children were removed from the analysis, leaving 225 children with which to measure Outcome 16 performance. This number compares to the 218 children in applicable sibling groups in Period 13.

b. Outcome 16: State Performance

• The State Did Not Meet the Outcome 16 Threshold

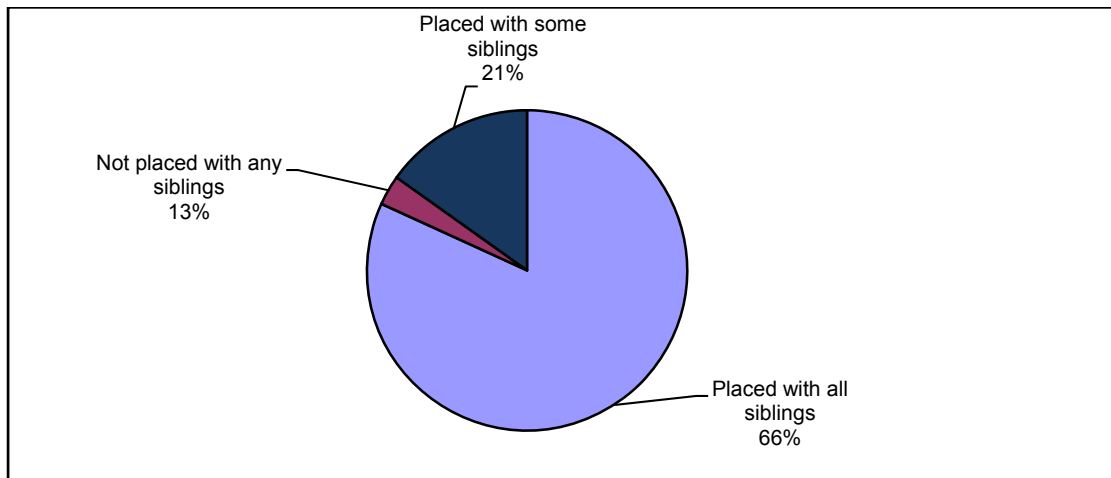
Of the 225 children who entered custody with one or more siblings in Period 14 and did not have a special placement need or an exception as discussed above, 149 children (66%) were placed with all of their siblings.⁵⁰ Outcome 16 requires at least 80 percent of children entering care with siblings to be placed with all their siblings. This performance is a substantial decline from Period 13, when 81 percent of the children were placed with all of their siblings and is the poorest performance since entry of the Consent Decree. Figure IV-4 illustrates the sibling placement pattern in Period 14 and Figure IV-5 displays the State's performance over the applicable reporting periods to which the Consent Decree standard applied.

According to the counties, 61 children from the group of 225 that were not placed with all siblings were separated because of the size of the sibling groups. The remaining 15 children were not in large sibling groups, but were still not placed with all of their siblings upon entering care.

⁴⁹ See p. 4, paragraph 2 of the Consent Decree.

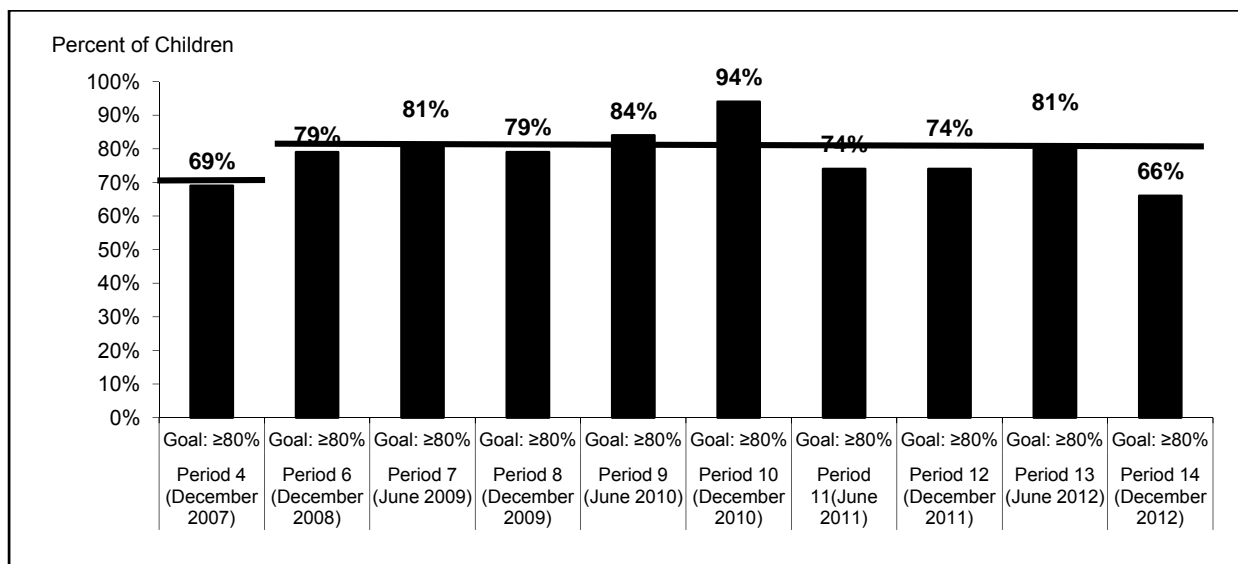
⁵⁰ All of their siblings that did not themselves require a separate setting because of special needs.

Figure IV-4
Sibling Group Placement for Period 14 Foster Care Entries
N=225



Source: SHINES report, verified.

Figure IV-5
Ten 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, December 2007 to December 2012.

As indicated in Table IV-2, the State's performance on Outcome 16 over the last several periods appears to be influenced by the number of larger sibling groups entering care. In the periods in which the State achieved Outcome 16 (Periods 10 and 13) fewer than 40 sibling groups of three or more entered care. In the periods the State failed to achieve the standard (Periods 11, 12, and

14) the number of sibling groups of three or more entering care exceeded 40. This highlights the need for more resource development to recruit and retain family foster homes within the two counties that are able to accommodate the placement of siblings. Table IV-2 displays sibling group sizes and Outcome 16 performance for each of the last five reporting periods.

Table IV-2
Sibling Group Sizes in Periods 10, 11, 12, 13 and 14
(July 2010- December 2012)

Sibling Group Size	Number of Sibling Groups by Size of Group				
	Period 10	Period 11	Period 12	Period 13	Period 14
2 children	42	56	47	61	39
3 children	13	26	27	25	29
4 children	3	12	11	5	8
5 children	4	4	4	5	6
6 children		2	2	2	0
7 children			2		
8 children			1		
9 children		2			1
10 children					
11 children					
Total Number of Sibling Groups with 3 or more children	20	46	47	37	44
Outcome Performance	94%	74%	74%	81%	66%

Source: SHINES reports for designated reporting periods.

c. Outcome 23: Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in Period 14. 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.⁵¹ 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

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

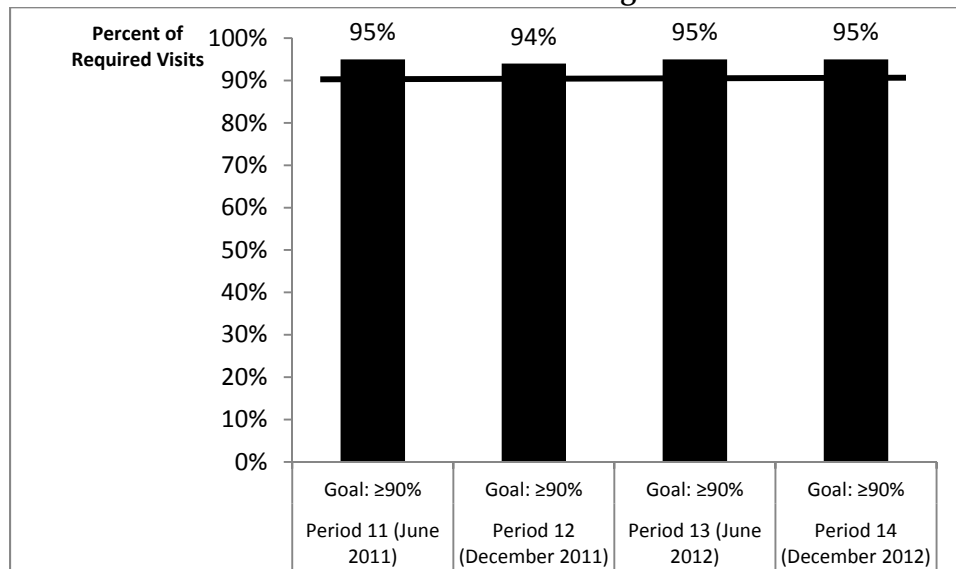
miles and the child is placed with a relative.⁵² The measurement of Outcome 23 is based on all sibling groups in foster care at any time between July 1 and December 31, 2012 as reported by the State. The Accountability Agents verified the State report by randomly sampling 10 percent of the children in custody each month during Period 14 and collecting information from the on-line case files in SHINES about all applicable visits (sibling, parental, and case manager.) Information for each of the children sampled was compared with the information in the county system and discussed with the county representatives. The Accountability Agents are satisfied that the State report on sibling visits is accurate.

d. Outcome 23: State Performance

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

For Outcome 23, **95 percent** of the required monthly visits among siblings in custody but in separate placements occurred, meeting the Consent Decree's sibling visitation requirement. The outcome performance threshold is 90 percent.⁵³ The Period 14 performance was unchanged from the 95 percent in Period 13. Figure IV-6 displays the State's performance over the five reporting periods to which the revised Consent Decree measurement and standard applied.

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



Source: County databases

⁵² See page 36, Outcome 23, in the Consent Decree.

⁵³ 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)	87	50%
Adoption	24	14%
Guardianship	4	2%
Custody to a Fit and Willing Relative	17	10%
Long Term Foster Care	2	1%
Emancipation	9	5%
No permanency goal established (youth has an open case in another state and returned to that state)	0	0%
Total	175	100%

Source: Case Record Review, January -February 2013. *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 the same proportion found in the Period 13 sample. Among the 137 without documented barriers, 52 children (38% of 137) were actually discharged during the period. In the remaining 22 percent of the files, the documented barriers included the following (there may be more than one barrier for a child):

- Parent behavior/circumstances (28), including:
 - Paternity not yet established;
 - Parents not participating in services; not visiting with child;
 - Parents whereabouts unknown;

- Substance abuse/mental health issues impeded resource's 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
 - Criminal allegations still pending or no contact bonds in place in Superior Court.
- Child behavior/ circumstances (6), including:
 - Child wishes to remain in care;
 - A teen mother and her child are seeking a new placement;
 - Child is on frequent runaway; and
 - Child has behavioral or medical issues.
- Adoption finalization roadblocks (13), including:
 - DFCS unable to identify an adoptive resource;
 - TPR not granted, as court is allowing birth mother to continue working toward reunification;
 - Termination of parental rights (TPR) is pending but not complete;
 - The packet for termination of parental rights had not yet been submitted to the Special Assistant Attorney General (the attorney representing the Department of Family and Children Services);
 - Placement resource needs to complete Impact training;
 - Placement resources are located out of state and are pending ICPC approval; and
 - TPR under appeal.
- Acquiring financial support (guardianship subsidy, Supplemental Security Income)

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)) relates 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)⁵⁴ – 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 14. 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 2012, 8830 children had entered DFCS custody since October 27, 2005. From this cohort of children, 4954 children (**56%**) exited by December 31, 2012 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 14 is slightly higher than the performance in the

⁵⁴ 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*”.

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

Another 648 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 5602 or **63 percent** of the total cohort. This performance in Period 14 is slightly higher than the performance in the four previous periods, and is the State's best Outcome 8b performance to date but it 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 2012. An additional 1249 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 advent of the Consent Decree and are still in care decreased from 14 percent at the end of the previous two periods to 13 percent. At the end of Period 14, the median length of stay for children remaining in the cohort was 11 months which was the same for those remaining in custody at the end of Period 13.

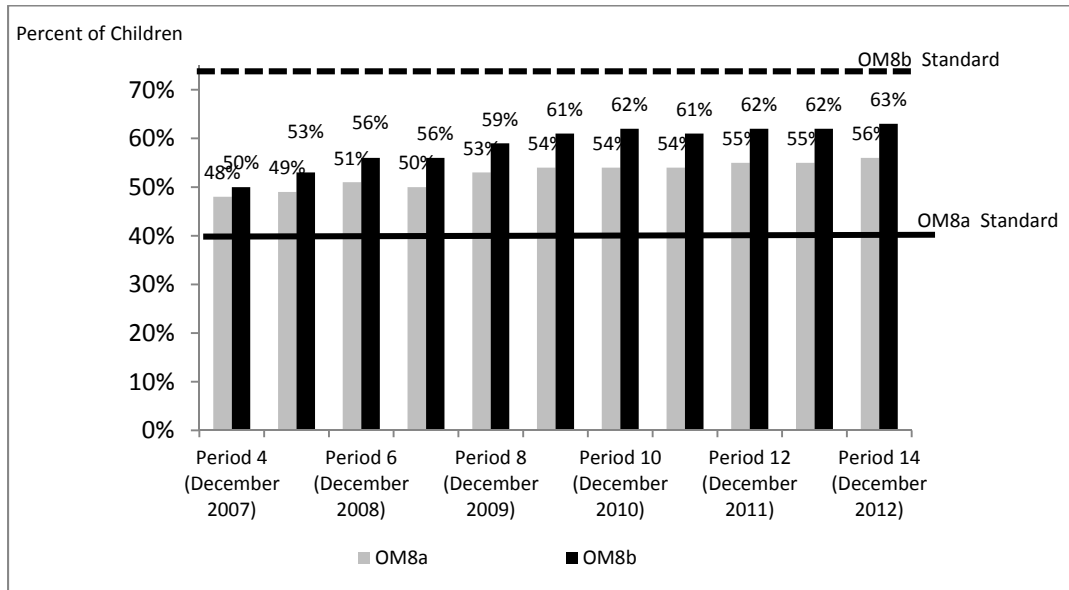
Figure IV-7 displays the State's performance over the reporting periods to which the Consent Decree standards applied. Figure IV-8 illustrates the exit outcomes for all children who have entered State custody since the start of the Consent Decree.

Table IV-5
Outcome 8
Children Entering DFCS Custody on or after October 27, 2005
Who Exited to Permanency by December 31, 2012

	Children who entered custody on or since October 27, 2005	
Number of children in cohort	8830	
Exits as of December 31, 2012	8(a)	8(b)
Reunification within 12 months	3876	3876
Permanent Placement with Relatives within 12 months (still in state custody)	0	0
Permanent Legal Custody within 12 months (custody transferred from DFCS)	705	705
Permanent Legal Custody between 12 and 24 months (custody transferred from DFCS)		320
Adoption within 12 months	21	21
Adoptions between 12 and 24 months		161
Guardianship within 12 months	352	352
Guardianships between 12 and 24 months		167
Total Exits for Outcome Measurement	4954	5602
Percentage Exiting for Outcome Measurement	56%	63%
Number Exited to Permanency but not in required time frame	1249 (14%)	
Other exits (transfer to other counties, emancipation, etc.)	874 (10%)	
Total number exiting	7725 (87%)	
Remaining number in cohort on December 31, 2012	1105 (13%)	
Demographics of those still in DFCS custody at December 31, 2012	Average length of stay: 17 months	
	Median length of stay: 11 months	
	Average Age: 8 years	
	47% female, 53% male	

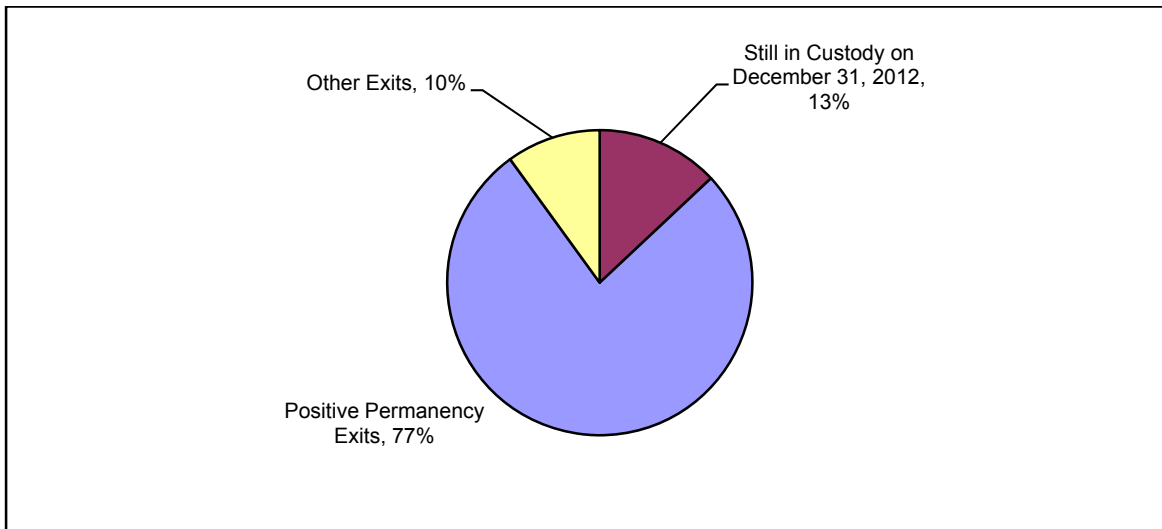
Source: SHINES, and county tracking systems.

Figure IV-7
Twelve 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 8830 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 2012⁵⁵, the State began providing a special "entry cohort" analysis of the State's 8b performance to shed more light on the state's progress. To date, this analysis has considered the permanency results over 24 months for five separate cohorts of children. The cohorts were as follows:

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

Specifically, this entry cohort analysis measures the proportion of children entering care in each of the designated reporting periods that achieved one of the stipulated permanency outcomes within 12 or 24 months of entry, as applicable. The result is displayed in Table IV-6. The analysis reveals that the State's performance on Outcome 8b improved over time and the performance has consistently exceeded the cumulative measurement each period. Analyses of the cohort of children that entered care during Period 9 revealed that 73 percent achieved the stipulated forms of permanency within 24 months. Cohort 5 (those who entered care in Period 10) has now had a full 24 months in which to achieve the stipulated forms of permanency and as with Cohort 4, 73 percent had done so. The Counties have continued to make this analysis of performance a focus of G2 meetings and the Accountability Agents will continue to provide the results in future monitoring report.

Table IV-6
Children Achieving Timely Permanency Within 24 Months of Entering Foster Care:
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%	73%	73%

⁵⁵ Email correspondence from Laurence D. Borten, Children's Rights to Mark Cohen, Special Counsel to The Department of Human Services, February 17, 2012.

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 2005.⁵⁶ Similarly, Outcome 10 has permanency expectations for the children who had been in state custody 24 months or more when the Consent Decree became effective.⁵⁷

a. Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in Period 14. 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 19 children remaining in custody on June 30, 2012 who were in the cohort of children that had been in State custody up to 24 months as of October 27, 2005, six children (32%) had positive permanency exits during the period July 1 through December 31, 2012.⁵⁸ This is an improvement from the State's Period 13 performance of 17 percent. The six children who achieved permanency exited through reunification and adoption. While this marks significant improvement, the performance threshold for this outcome is 40 percent. Thirteen children from the Outcome 9 cohort remained in custody on December 31, 2012.

As noted in Table IV-7, the average age of the 13 children who remained in care was about 14 years (3 were under the age of 12), the average length of stay was 7.8 years, and 62 percent of the children were female. In addition, 8 of the remaining children were in three sibling groups. Two of the three sibling groups include one or more children aged 12 or under.

⁵⁶ See p. 33, Outcome 9, of the Consent Decree.

⁵⁷ See pp 33 and 34, Outcome 10, of the Consent Decree.

⁵⁸ "Positive permanency exits" refers to reunification, permanent placement with relatives, permanent legal custody, adoption or guardianship.

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

Of the 18 children remaining in custody on June 31, 2012 who were in the cohort of children that had been in State custody for over 24 months as of October 27, 2005, three children (17%) exited to positive permanency during the period July 1 through December 31, 2012. Although this is an improvement from the period 13, the performance threshold for this outcome is 35 percent. Again, much of the apparent improvement was due to the declining number of children in this cohort resulting in a smaller denominator for the calculation. Another two children exited DeKalb and Fulton custody for reasons other than positive permanency during Period 14, leaving 13 children from the Outcome 10 cohort still in custody on December 31, 2012.

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, 2012

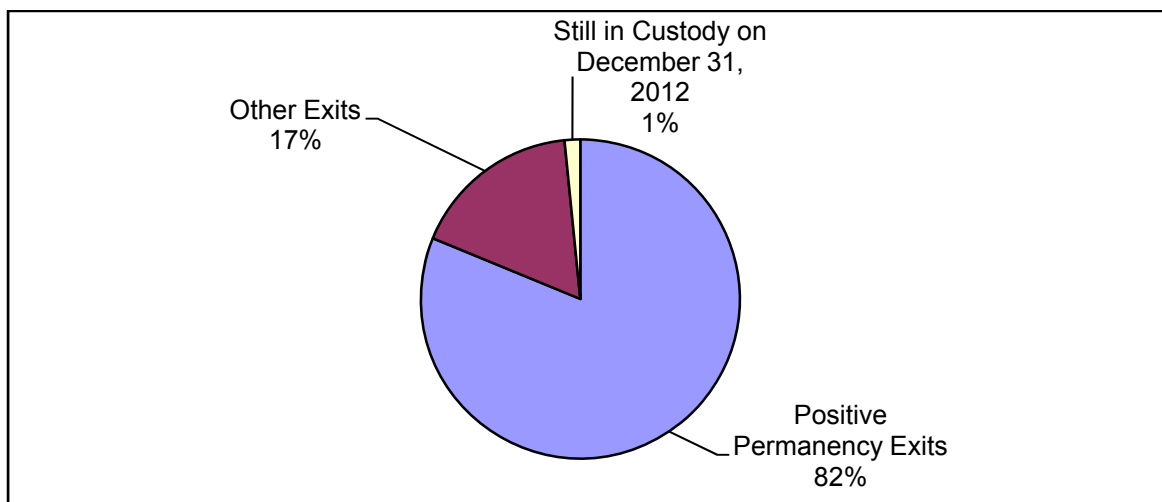
	Cohorts of Children		Total
	Children in custody for up to 24 months and still in custody on October 27, 2005 (Outcome 9)	Children in custody for more than 24 months and still in custody on October 27, 2005 (Outcome 10)	
Number of children in cohort	19	18	37
Permanency Exits			
Reunification	3	0	3
Adoption	3	3	6
Guardianship	0	0	0
Live with other relative	0	0	0
Permanent Placement with relatives	0	0	
Total for Outcome Measurement	6	3	9
Percentage exiting for Outcome Measurement	32%	17%	%
Other exits (transfer to other counties, emancipation, etc)	0	2	2
Total number exits	6	5	11
Number remaining in cohort December 30, 2012	13	13	26
Characteristics of children remaining in custody on December 31, 2012			
Proportion under the age of 12	23%	0%	
Average length of stay	94 months (7.8 years)	136 months (11.3 years)	
Median length of stay	92 months (7 years)	138 months (11.5 years)	
Average age	14	16	
Percent female	62%	38%	
Percent male	38%	62%	

Source: SHINES, and county tracking systems.

As noted in Table IV-7, the average age of all children in the cohort was 16 years and the average length of stay was 11.3 years. None of the children (0%) of the 13 remaining in custody were under age 12. There were two sibling groups among the 13 children remaining in this cohort, accounting for one third (32%) of the remaining children. Sixty-two percent of the children remaining in the Outcome 10 cohort were male and 38% were female.

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

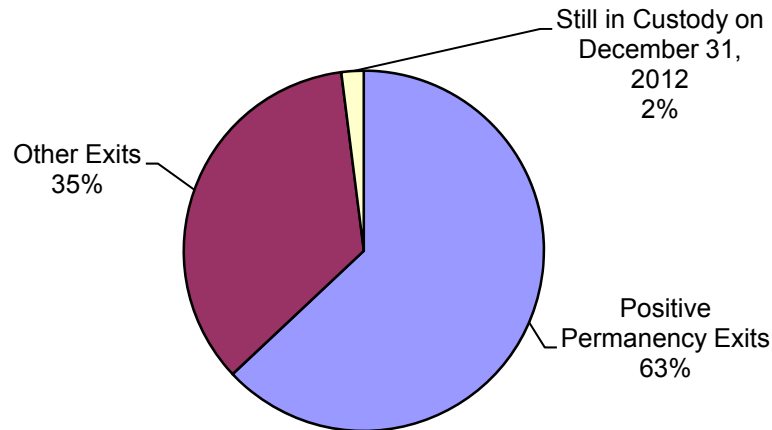
Figure IV-9
Outcome 9
Foster Care Outcomes of 1448 Children in Custody Up To 24 Months Before
October 27, 2005*



Source: SHINES, IDS

*Positive Permanency exits include reunification, adoption, guardianship, permanent legal custody, and permanency placement with relatives. Other exits include emancipation and transfer to other counties or states. Original cohort number of 1453 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 for whom termination of parental rights was final between July 1 and December 31, 2011. 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.⁵⁹ 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.⁶⁰

a. Interpretation and Measurement Issues

The measurement of Outcome 11 is based on the entire population of children for whom termination of parental rights was final any time between July 1 and December 31, 2011. The measurement uses a report from SHINES supplied by the State and verified by the

⁵⁹ See p. 34. Outcome 11 of the Consent Decree.

⁶⁰ 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>.

Accountability Agents. In the 12 months leading up to December 31, 2012, the parents of one child appealed the judicial decision to terminate their parental rights. While the termination is under appeal, the termination of parental rights is not final. Therefore, the Accountability Agents determined that this child should be excluded from the analysis of Outcome 11 in Period 14 but included as appropriate in future reporting periods based on the timing of the appeal's conclusion. Appendix B provides a summary of previously resolved interpretation and measurement issues.

b. State Performance

• **The State Did Not Meet the Outcome 11 Threshold**

Between July 1 and December 31, 2011, the parental rights of the parents of 71 children were terminated or relinquished. Of these 71 children, 39 children (55%) were adopted/had their legal guardianships finalized within 12 months. This is significantly less than the performance in Periods 12 (84%) and 13 (84%). In fact, the state's performance has not been this low since Periods 8 and 9. The counties attribute this decline in performance to high workforce turnover, administrative changes within the adoption unit, placement disruptions, and delays in ICPC approvals for out of state placements. In spite of all of these stated obstacles, the State should closely monitor this decline in performance and develop strategies to ensure that children whose parents' rights are terminated achieve permanency as quickly as possible, but certainly within the twelve month threshold established by the Consent Decree.

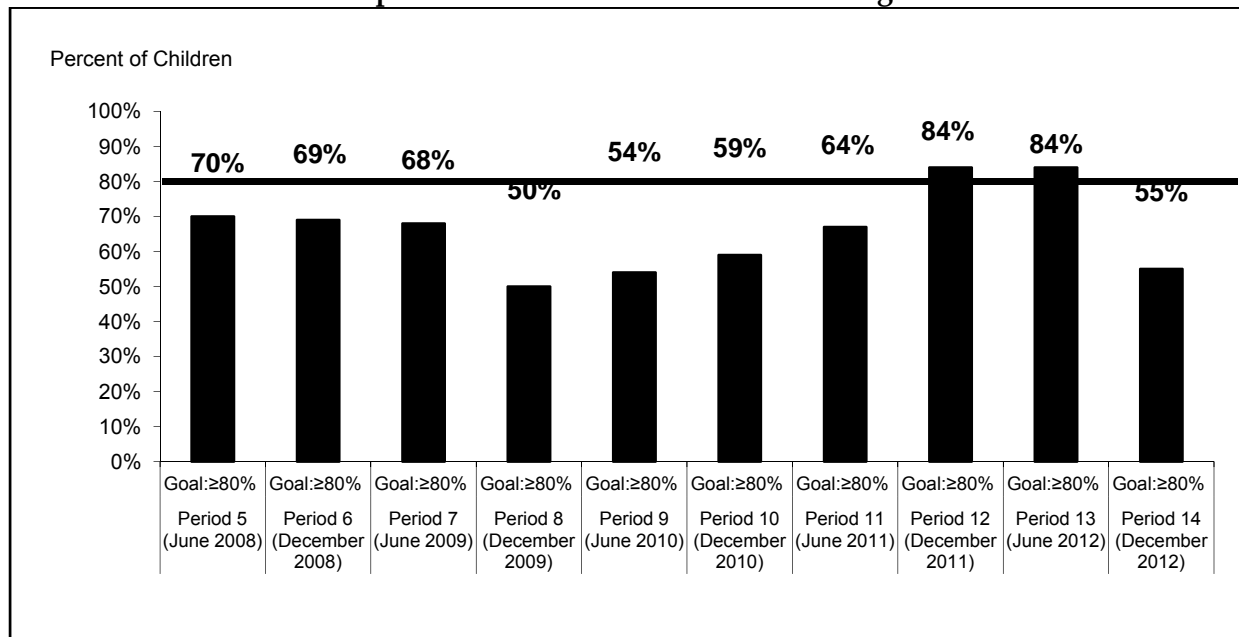
As reflected in Table IV-8, another five children (7%) achieved permanency through adoption or guardianship but not within the stipulated 12-month time frame. Figure IV-11 displays the State's Outcome 11 performance for the reporting periods to which the Consent Decree standard applied.

Table IV-8
Status as of December 31, 2012 of Children with Parental Rights Terminated between
July 1 and December 31, 2012
N=71

	Number	Percent	Cumulative Percent
Adoption finalized within 12 months	29	41%	41%
Guardianship	10	14%	55%
Adoption or Guardianship finalized within 13 months	2	3%	58%
Adoption or Guardianship finalized within 14 - 17 months	3	4%	62%
Custody to relatives/other for purposes of adoption (granted within 12 months of TPR)	0		62%
Custody to relatives within 12 months of TPR	8	11%	73%
Awaiting adoption as of December 2012	19	27%	100%
Total	71	100%	

Source: State reporting from SHINES.

Figure IV-11
Ten 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 2008-December 2012.

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

Outcome 4 seeks to answer the question, "Of the children entering foster care during the reporting period, what proportion had previously left custody within the 12 months prior to their entry in the reporting period?"⁶¹ That is, it is trying to identify the children who have quick successions of foster care episodes. 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.⁶² 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

⁶¹ See p 32, Outcome 4, of the Consent Decree.

⁶² See the Information Memorandum at http://www.acf.hhs.gov/programs/cb/laws_policies/policy/im/2001/im0107.htm.

permanency stability 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 re-entry into foster is a more direct measure of how permanent an exit is than the original re-entry measure.⁶³ 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 14. 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 588 children who entered foster care through adjudication at any time between July 1 and December 31, 2012. The State used SHINES to produce a report of the children experiencing a re-entry into foster care in Period 14. This list was verified by the Accountability Agents.

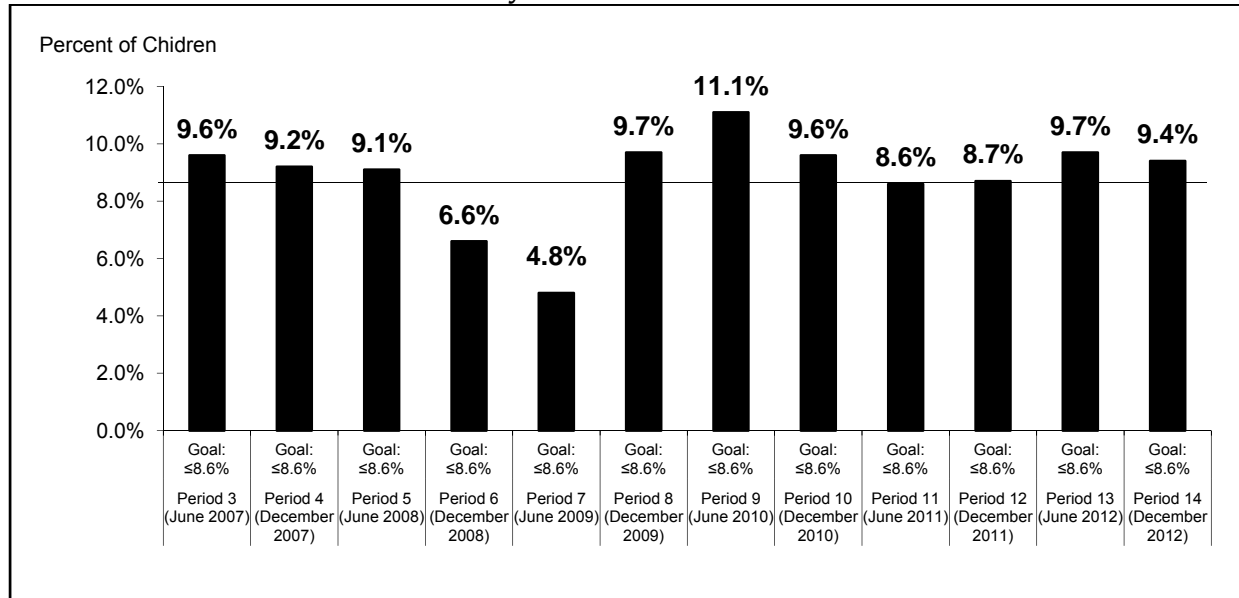
b. State Performance

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

Of the 588 children who entered foster care between July 1 and December 31, 2012, 55 children (9.4%) 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 14 performance is a slight improvement from the Period 13 performance of 9.7 percent. Figure IV-12 displays the State's Outcome 4 performance over reporting periods to which the Consent Decree standard applied.

⁶³See the Child Welfare Outcomes 2004-2007: Report to Congress at <http://www.acf.hhs.gov/programs/cb/pubs/cwo04-07/index.htm>.

Figure IV-12
Twelve 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 2012

c. Operational Context

As discussed in previous monitoring reports, the Outcome 4 results are affected by the number of children who enter care during the period (the denominator for the measure) as well as by the number of children who return to care (the numerator).⁶⁴ Changes in the number of children entering care can inflate or deflate the re-entry rate without any significant change in the number of children who actually re-entered care.⁶⁵ This is illustrated in Table IV-9. This table displays the number of children who had multiple entries, the total number of children who entered care, and the proportion of all entries represented by those re-entering each period. The 55 children who re-entered care in Period 14 was the same as Period 13 and similar to the 53 children who re-entered in Period 9 or the 54 who re-entered in Period 4. Yet the re-entry rates for the three periods vary substantially: 9.4 percent in Period 14, 9.7 percent in Period 13, 11.1 percent in Period 9, and 9.2 percent in Period 4. The observed variance is primarily the result of the differing numbers of children entering care in those periods.

⁶⁴ See Dimas, J.T. and Morrison, S. A. *Period 11 Monitoring Report*, Kenny A. V Perdue, December 2011.

⁶⁵ 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.

Table IV-9
Number of Children Re-entering Foster Care and
Total Number of Children Entering Foster Care, Periods 2-14

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%
Period 13: January-June 2012	55	570	9.7%
Period 14: July-December 2012	55	588	9.4%

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.⁶⁶

a. Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in Period 14. Appendix B provides a summary of previously resolved interpretation and measurement issues. The measurement of Outcome 14 is based on the entire population of 66 children who were adopted between July 1 and December 31, 2011 (Period 12) to allow for the 12 month follow-up period.

⁶⁶ See p. 34, Outcome 14, of the Consent Decree.

b. State Performance

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

Within the group of 66 children adopted between July 1 and December 31, 2011, none are known to have re-entered the State's custody by December 31, 2012. The outcome performance threshold is no more than 5 percent. The State has surpassed this outcome measure in every reporting period.

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

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

- The child is being cared for by a relative;
- The state has documented a “compelling reason” that filing a petition to terminate parental rights would not serve the child's best interests; or
- The state has not made “reasonable efforts” to reunify the family.⁶⁷

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.⁶⁸

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) a compelling reason documented in the case record as to why such action is not in the best interest of the child.⁶⁹

a. Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in Period 14. 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 14, reached or exceeded their 15th month in custody out of the previous 22 months. As in previous periods, the Accountability Agents reviewed the compelling reason provided for each child and compared it to past information. Information provided by the counties was also verified using data from the Period 14 review of 175 randomly-selected foster care case records.

⁶⁷Adoption and Safe Families Act, see also Social Services Manual Chapter 1000, Section 1002.7, Georgia Department of Human Services.

⁶⁸ See Social Services Manual, Section 1002.12.3, 1002.17, and 1013.11, Georgia Department of Human Services.

⁶⁹ See p. 34, Outcome 15, of the Consent Decree.

During Period 14, there were 684 children who had reached or surpassed their 15 month in custody out of the previous 22 months. Of these children, 146 (21%) were discharged by the end of the reporting period but were included in the analysis. A group of 111 children (16% of 684), 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, 2012, **96 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 unchanged from the Period 13 performance of 96 percent. Table IV-10 summarizes the different components of the counties' Period 14 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 111 children discharged by the end of the reporting period were distributed across every category displayed in Table IV-10. For example, among the 89 children who had a compelling reason of *expected reunification within six months*, 39 children (44%) actually were discharged to reunification during the period.

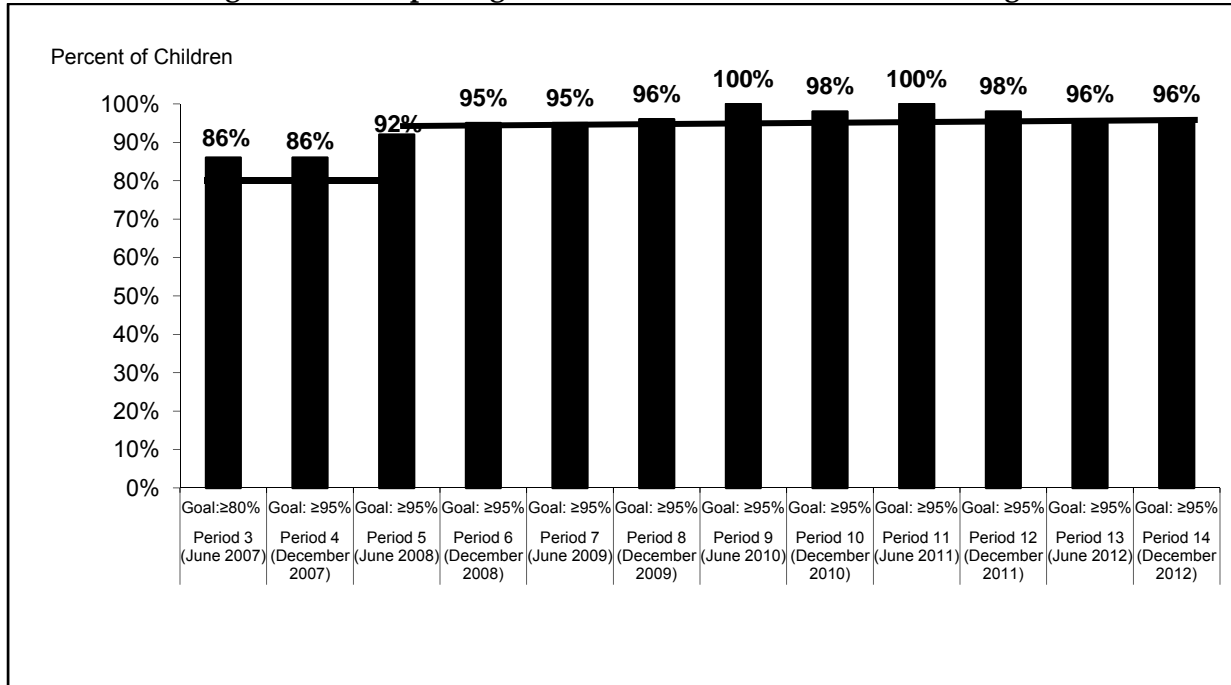
During period 14 the total number of children in custody who had reached the 15 of 22 months benchmark increased (to 684). In Period 8 (July-December 2008), there were 896 children to whom this outcome standard applied. In Period 9, it increased to 1005. But, in Periods 10, 11, 12, and 13 it declined, respectively, to 865, 731, 654, and 603. This should be closely monitored to ensure that children are not lingering in foster care longer than necessary.

Table IV-10
Status of Children Who Had Been in DFCS Custody 15 of the previous 22 months
As of December 31, 2012

Category		Total		
		Number	Percent	Cumulative
Children who reached or surpassed their 15 th month in custody of the last 22 months between July1 and December, 2012.*		684		
Excepted subpopulation (s):				
<i>Children placed with relatives</i>		59		
<i>The State has not made reasonable efforts to reunify the family</i>		0		
Number of Children for Outcome 15 Measurement		625		
Parental Rights of Both Parents have been terminated or relinquished.		227	36%	
DFCS has filed a petition to complete the termination of the parental rights of both parents where applicable.		49	8%	44%
There is a documented compelling reason for not terminating parental rights.		327	52%	96%
Reasons cited for not terminating parental rights	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.	89			
The child is a specified age (14) or older and objects to being adopted.	81			
The child has severe emotional or behavioral problems or a serious medical condition and reunification remains an appropriate goal.	8			
The child has a permanency goal other than adoption and is expected to achieve that goal within 12 months of establishing the goal.	132			
Parents are deceased, or have voluntarily relinquished rights.	5			
The child is an unaccompanied refugee minor as defined in 45 Code of Federal Regulations 400.11.	1			
The child is a child of a teen mother who is also in the State's custody.	2			
Other circumstances.	9			
There is no documented Compelling Reason not to file a petition to terminate parental rights.		0	0%	96%
There are plans to terminate parental rights, but a petition had not yet been filed as of June 30, 2012 or date of discharge.		22	4%	100%

Source: SHINES and County tracking systems; *111 children were discharged from this pool during Period 14; they are distributed across all categories.

Figure IV-13
Twelve 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, January 2007-December 2012

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 thereafter the child is in custody.⁷⁰ 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 14. 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, 2012. The Outcome 27 analysis was applicable to 118 children who had been in custody six months or more. This represents 67 percent of the sample of 175 children in foster care. Conclusions drawn from the subsample of 118 are subject to a margin of error of ± 9 percent.

⁷⁰ See p. 7, paragraphs 4A.4 and pp. 7-8, paragraphs 4B.1-6, and p. 37, Outcome 27, of the Consent Decree.

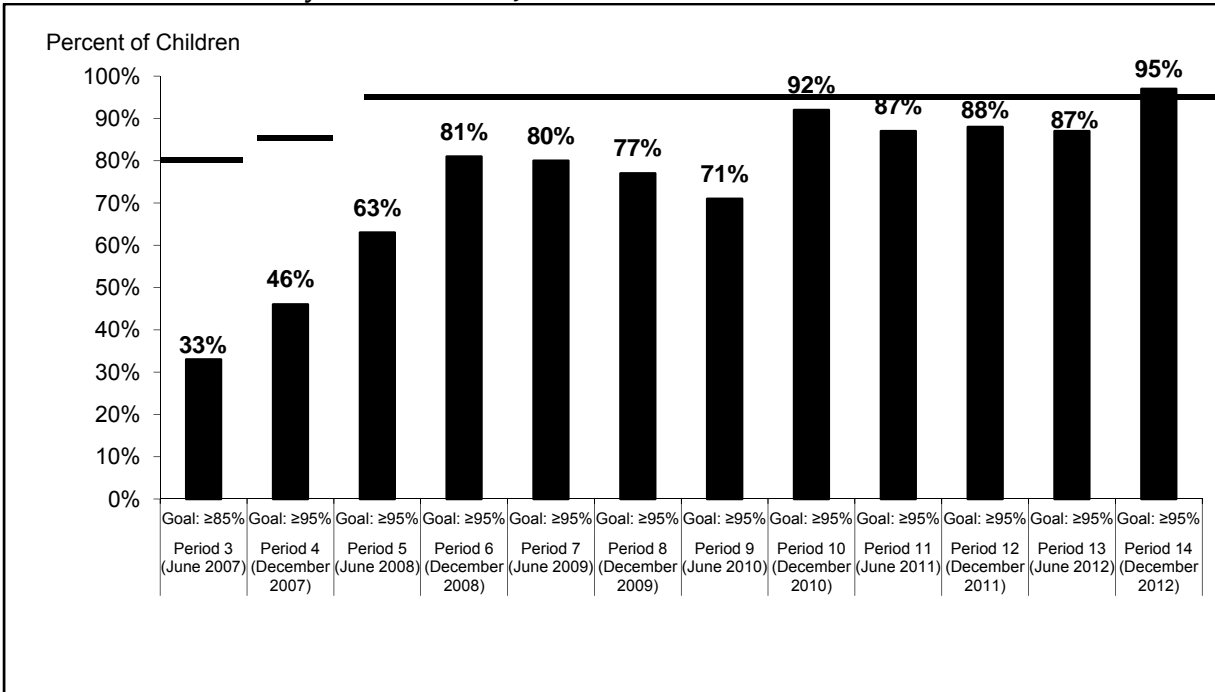
b. State Performance**• The State Met the Outcome 27 Threshold**

Of the 118 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 112 (95%) had documented timely 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. This is the first reporting period in which the State has met the requirements under the Consent Decree. The Period 14 performance is an improvement from Period 13 performance of 87 percent. The observed difference is within the margin of statistical error for the subsample. This performance is similar to that found by the State permanency review team who review County permanency plans for children who reach their 13th or 25th month in custody.⁷¹

Among the six children requiring reviews who did not receive a timely review or a timely request for review, three children (3% of 118) had a plan reviewed but not within six months of entry or the previous case plan review. Among the three, one of the reviews occurred one month late (in the 7th month); and the other two occurred three months late (in the 9th month); and one child whose last review was between January 1 and June 30, 2012 had not had a subsequent review as of December 31, 2012. Figure IV-14 displays the State's performance for the reporting periods to which the Consent Decree standards applied.

⁷¹According to the State Permanency Review Team, 95 percent of the 201 children who reached their 13th month in custody during Period 14 had a timely case plan review as did 91 percent of the 65 children who reached their 25th month in custody.

Figure IV-14
Twelve 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 2012

c. Operational Context

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

All but one of the 118 children in the subsample of foster care children who had been in custody at least six months had their case plans reviewed by either the Juvenile Court or the JCRP in the most recent 12-month period (sometime between January 1, 2012 and December 31, 2012). These included the reviews considered timely for Outcome 27 as well as those that were not timely.

Among the 117 reviews, DFCS sought plan changes for 30 children (26%). There were court orders documenting court approval for 81 (69%) of the 117 plans reviewed. The case files of the remaining 36 children (31%) 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 117 case plan reviews.

Table IV-11
Characteristics of Six-month Case Reviews
n= 117

(most recent plans reviewed between July 1 and December 31, 2012)

Characteristic				Number	Percent
Participants					
	Birth Mother			44	38%
	Birth Father			16	14%
	Child			33	28%
	Relative caregivers/ Extended Family Members/ Informal Supports			44	38%
	Foster parents/placement providers			36	31%
	DFCS case manager			96	82%
	DFCS supervisor			17	15%
	Other DFCS representative			6	5%
	CCFA provider			0	0%
	Private agency social worker			26	22%
	Medical and mental health professionals			8	7%
	Parents’ attorney(s)			34	29%
	SAAG (Special Assistant Attorney General)			42	36%
	Child’s advocates (attorney, Guardian Ad Litem, CASA volunteer, Child Advocate) – at least one per child			92	79%
Elements Evaluated/Considered					
	Necessity and appropriateness of child’s placement			84	72%
	Reasonable efforts made to obtain permanency			95	81%
	Degree of compliance with specific goals and action steps			79	68%
	Progress made in improving conditions that caused removal			59	50%
	Changes that need to be made to plan			30	26%
	County recommendations			23	20%
	Parent recommendations			2	2%
JCRP conducted review (percentage based on n=114)				73	64%
	Total JCRP reports submitted (percentage based on n=73)			54	74%
	Number of reports with Panel findings (percentage based on n=54)			53	98%
	Number of reports with Panel recommendations (percentage based on n=54)			52	96%
	Number of reports with County findings (percentage based on n=54)			44	81%
	Number of reports with County recommendations (percentage based on n=54)			43	80%
Court conducted review (percentage based on n=117)				41	36%
Plan adopted by Juvenile Court (percentage based on n=117)				81	69%

Source: Case Record Review, January-February 2013.

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.⁷² 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 14. 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, 2012. The outcome 28 analysis was applicable to 82 children (47%) in the sample of 175 who had been in custody 12 months or more. Conclusions drawn from the subsample of 82 children are subject to a margin of error of ± 11 percent.

b. State Performance

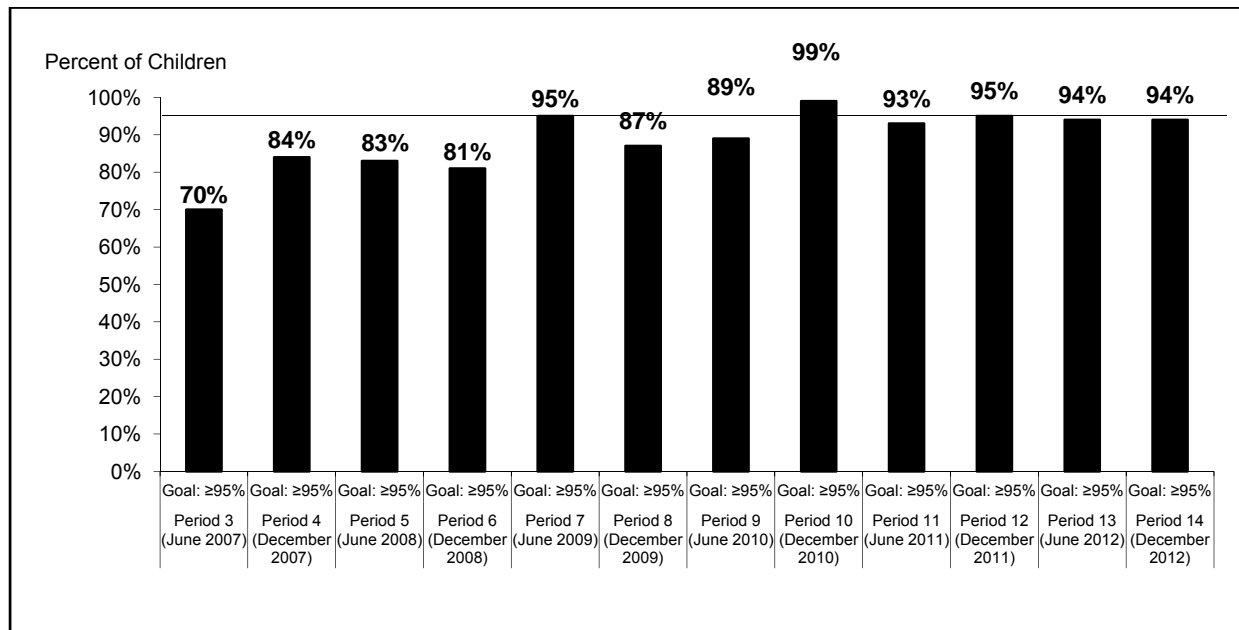
• The State Fell Short of the Outcome 28 Threshold

Among the 109 children in the foster care sample who had been in custody for 12 months or more, 103 (94%) 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 14 performance is similar to the Period 13 level of 94 percent and the observed change is within the subsample's margin of statistical error.

During Period 14, 74 children had at least one permanency hearing within 12 months of entry or the previous twelve-month permanency hearing. Eight 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 reporting periods to which the Consent Decree standard applied.

⁷² See p. 9, paragraph 4B.10, and p.37, Outcome 28, of the Consent Decree.

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



Source: Review Period Foster Care Case Record Reviews, January 2007-December 2012

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

Placement with relatives has been demonstrated to help children have placement stability⁷³ 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;⁷⁴ 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.⁷⁵

⁷³Zinn, Andrew, DeCoursey, Jan, Goerge, Robert M., Courtney, Mark E. *A Study of Placement Stability in Illinois*, Chapin Hall Center for Children, 2006.

⁷⁴ 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.

⁷⁵ See p. 9-10, paragraphs 4C.1-5, of the Consent Decree.

1. Placement with Relatives

Within the sample of 175 children in foster care in Period 14, 89 children (51%) were placed with relatives on December 31, 2012 or the last date the children were in custody. Children placed with family were in a combination of relative homes, relative homes licensed and reimbursed for foster care, and parental homes.

2. DFCS Permanency Reviews at the 13th or 25th Month in Custody.

a. 13th Month Permanency Reviews

The State reports that regularly scheduled reviews of progress toward permanency take place in each county for children who reach their 13th month in care. According to State reported data, 211 children reached their 13th month in care in Period 14. Of these 211 children, 211 had their cases reviewed by the State permanency review team. Tables IV-12 and IV-13 summarize some of the characteristics of the 13th month permanency review practice as reported by the State for Period 14.⁷⁶ Highlights from the tables include the following:

- A total of 211 cases were reviewed in Period 14. The permanency review team concurred with 127 (60%) of the 211 plans. A total of 122 (58% of 211) staffings were convened with the Counties. Staffings were convened for the 84 cases on which there was no concurrence and an additional 38 cases. These staffings do not necessarily produce a revised permanency goal, but the State reports they do produce action plans for appropriate case work.
- 155 case plans (73%) had the most recent court-ordered permanency plan identified as the case plan goal.
- Family Team Meetings were convened more than 90 days prior to the review in 75 percent of the 211 cases. This is a significant increase from the performance during Period 13.

⁷⁶ The information was not independently verified by the Accountability Agents in Period 14. 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-12
13th Month Permanency Review Implementation
July 1 through December 31, 2012
N=190

	Number	Percent
Total Cases Reviewed by State Permanency Reviewers	211	100%
Reviewer Concurrence with goal and plan	127	60%
Permanency Goal		
Reunification	133	63%
Permanent placement with relative	24	11%
Adoption	32	15%
Guardianship	5	5%
Another planned permanent living arrangement	17	8%
Totals	211	100%
Cases with current case plans (court sanctioned/approved)	155	73%

Source: Division of Family and Children's Services, State Permanency Review Project Director, 2012 Third and Fourth Quarterly Reports on 13th month Permanency Reviews.

Table IV-13
Family Team Meetings Convened for 13th Month Permanency Reviews
July 1 through December 31, 2012
N= varies

	Number	Percent
Cases with "Family Team Meetings" (FTM) within the last 90 days (percentages based on the number of applicable cases =211)	52	25%
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=48)	22	84%
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=17)	9	53%
FTMs with relatives involved (percentages based on the number of FTMs held and potential relatives to invite — N=7)	7	100%
FTMs with foster parents involved (percentages based on the number of FTMs held and number of children with foster parents — N= 13)	8	62%
FTMs had recommendations specific to Child/Family needs (percentages based on N=19)	15	79%

Source: Division of Family and Children's Services, State Permanency Review Project Director, 2012 First and Second 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 whether DFCS actively involved the child, family and caretaker over the period under review, 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 211 cases were reviewed during Period 14, 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:

- DCFS actively involved 100 percent of substitute caretakers in case planning.
- DCFS actively involved 99 percent of children old enough to participate in case planning.
- DCFS actively involved 94 percent of mothers in case planning.
- DCFS actively involved 84 percent of fathers in case planning.

Table IV-14
13th Month Permanency Review: Engagement in Case Planning
July 1 through December 31, 2012
N=varies

	Number	Percent
Active involvement in the case planning process		
Child (n=132)	131	99%
Mother (n=152)	143	94%
Father (n=91)	76	84%
Caretaker (n=184)	184	100%

Source: Division of Family and Children's Services, State Permanency Review Project Director, 2012 Third and Fourth Quarterly Reports on 13th month Permanency Reviews.

b. 25th Month County-State Staffings

In addition to the 13th month permanency reviews, the State reported 65 children reached their 25th month in care in Period 14. Staffings were convened with the Counties for 65 children (100%). Table IV-15 provides a summary of the data related to these staffings. Reported findings include:

- In Period 14, 31 percent of plans had a goal of reunification.
- In Period 14, 42 percent of plans had a goal of adoption.
- The proportion of children with current case plans was 89 percent (164 children).
- The permanency review team concurred with the County's permanency plan in 75 percent of the cases (49 children).

Table IV-15
25th Month Permanency Review Implementation
July 1 through December 31, 2012
N=72

	Number	Percent
Total Cases Staffed	65	
Reviewer Concurrence with County Plan	49	63%
Permanency Goal		
Reunification	33	46%
Permanent Placement with Relative	12	17%
Adoption	20	28%
Guardianship	0	0%
Another Planned Permanent Living Arrangement	7	10%
Totals	72	100%
Cases with current case plans (Court sanctioned/approved)	64	89%

Source: Division of Family and Children's Services, State Permanency Review Project Director, 2012 First and Second 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 72 cases were reviewed during Period 14, the number of cases assessed for family involvement varied by type of family member. 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:

- DFCS actively involved all applicable caretakers (100% of 71) in case planning.
- DFCS actively involved all children (100% of 49) old enough to participate in case planning.
- DFCS actively involved 98 percent of 41 mothers in case planning.
- DFCS actively involved 93 percent of 15 fathers in case planning.

Table IV-16
25th Month Permanency Review: Engagement in Case Planning
January 1 through December 31, 2012
N=varies

	Number	Percent
Active involvement in the case planning process		
Child (n=49)	49	100%
Mother (n=41)	40	98%
Father (n=15)	14	93%
Caretaker (n=71)	71	100%

Source: Division of Family and Children's Services, State Permanency Review Project Director, 2012 First and Second Quarterly Reports on 25th month Permanency Reviews.

C. Post Adoption Assistance

The State reported that 62 children were adopted between July 1 and December 31, 2012. According to data obtained from the state Office of Adoptions, 54 (87%) of those children were receiving or were scheduled to receive monthly Adoption Assistance benefits and Medicaid. This proportion is slightly less than 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, all the appropriate data must be entered into SHINES to move the case into a post-adoption category. Among the 54 families eligible for non-recurring adoption assistance, 85 percent had received these benefits by December 31, 2012. This is less than the proportion of families receiving reimbursement by the end of the previous period, but on par with periods 1-12. Although the State cited SHINES enhancements as the reason for its increased performance during Period 13, this did not appear to result in similar performance this 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 (which were 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 14. 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 14 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.	87%
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. ⁷⁷	98.1%
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. ⁷⁸	99.1%
Outcome 22: At least 95% of the total minimum number of monthly case manager-caregiver visits required during the reporting period occurs. ⁷⁹	98%
Outcome 24: The percentage of youth discharged from foster care at age 18 or older with a high school diploma or GED will increase over baseline by 20 percentage points.	40%
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.	74%

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

⁷⁷See *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

⁷⁸ Ibid.

⁷⁹ Ibid.

Outcome 17, the Consent Decree establishes a threshold for placement stability by requiring that at least 95 percent of children in custody have two or fewer placement moves during the most recent 12 months in custody.⁸⁰

a. Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in Period 14. 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, 2012.

b. State Performance

• The State Fell Short of the Outcome 17 Threshold

For Outcome 17, 162 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 14 performance is unchanged from that of Periods 12 and 13. However, more children experienced two moves (26 or 15%) this period than during Period 13 (17 or 10%). 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.

Among the 13 children in the sample who had three or more placement moves, 54percent were aged 13 or older and the median age was 11. In addition, 11 of the 13 children entered foster care in 2011or 2012 which suggests that recent entrants to care may be experiencing greater placement instability. 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 (9 children);
- Placement with siblings and/or relatives (3 children);
- Frequent episodes of running away from one or more placements (1 child);
- Placed with sibling (2 children);
- CPS allegation against placement (1 child);
- Behavioral improvements allowed for a “step down” placement (3 children); and
- Placement closed (3 children).

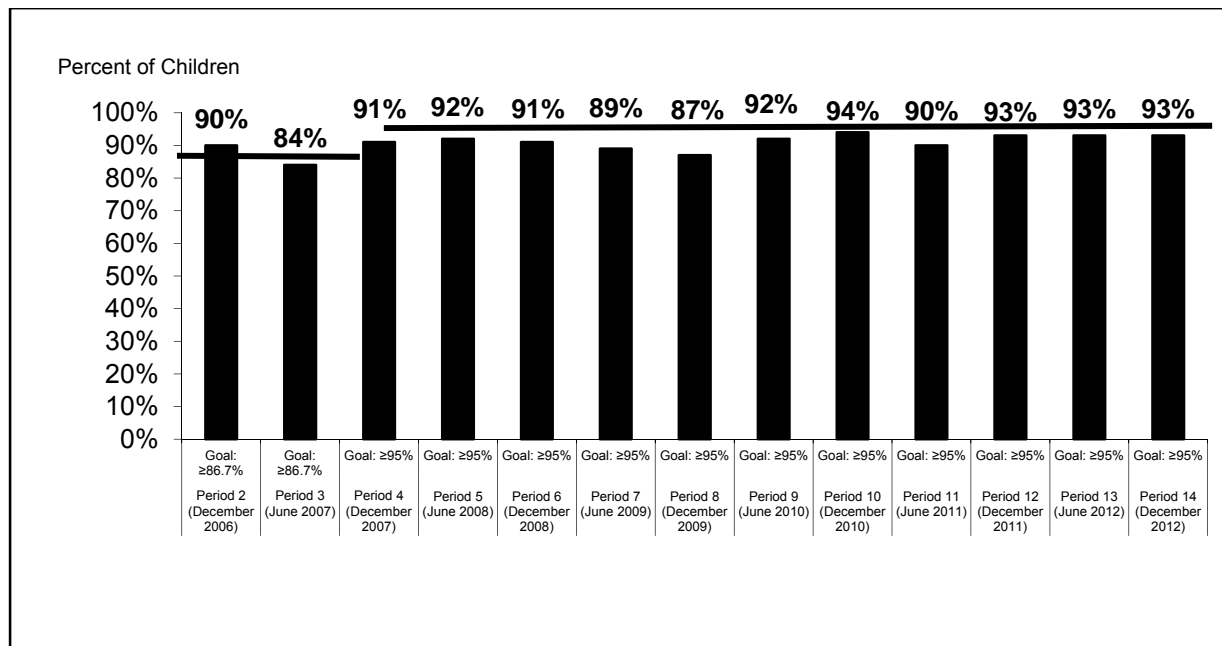
⁸⁰ See p. 35, Outcome 17 of the Consent Decree.

Table V-2
Number of Placement Moves Experienced by Children in the 12 months prior to
December 31, 2012 or the Last Date of Custody

Number of Moves	Number	Percent	Cumulative Percent
No Moves	88	50%	
One Move	48	27%	83%
Two Moves	26	15%	92%
Subtotal	162		
Three Moves	8	5%	97%
Four Moves	2	1%	98%
Five Moves	2	1%	98%
Six Moves or more	1	<1%	100%
	175		

Source: Case Record Review, January - February 2013

Figure V-1
Twelve 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, January 2007 - December 2012

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.⁸¹

a. Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in Period 14. Measurement in Period 13 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, 2012, which was 1133. From ongoing interviews with case managers and supervisors, the Accountability Agents have found SHINES to be very accurate in reporting caseloads and case assignments and, as a result, have a high degree of confidence in the State reported data for Outcome 18. Nevertheless, the Accountability Agents verified the State reported data by reviewing a randomly selected three percent of the records.

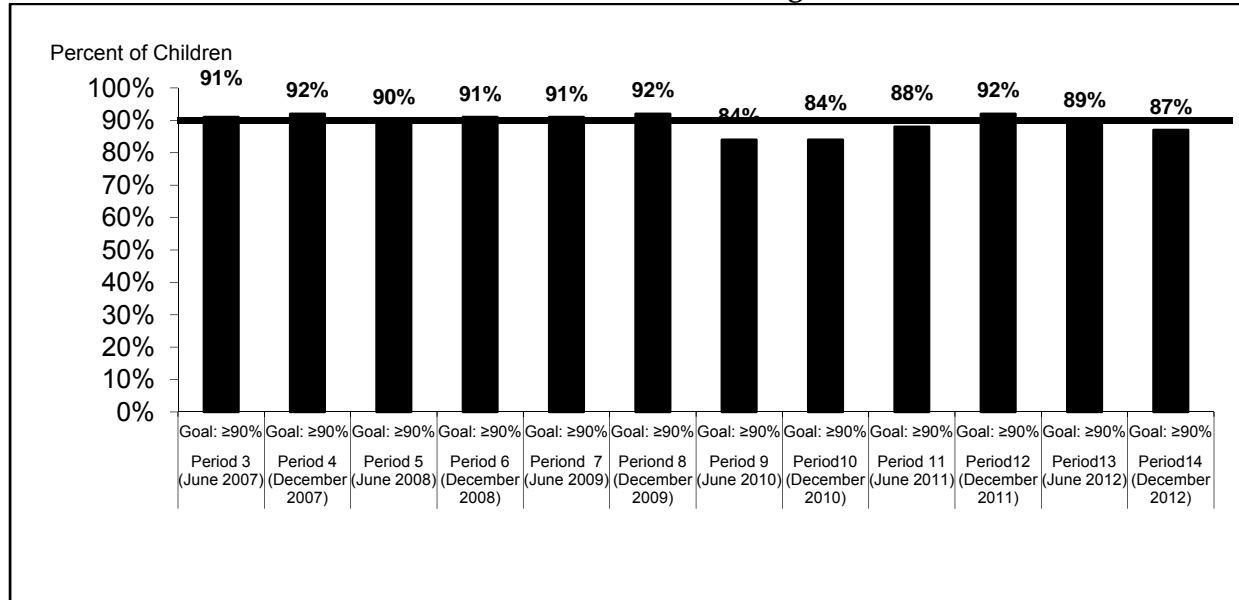
b. State Performance

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

For Outcome 18, 990 (87%) of the 1133 children in custody on December 31, 2012 had 2 or fewer placement case managers since January 1, 2012, once the allowable exceptions were taken into account. The performance threshold for this outcome is 90 percent. The Period 14 performance is slightly less than the Period 13 performance of 89 percent. Figure V-2 illustrates the State's performance on this outcome over the reporting periods to which the Consent Decree standard applied.

⁸¹ See p. 35, Outcome 18, of the Consent Decree.

Figure V-2
Twelve 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, January 2007 - December 2012

Among the children who experienced a change in case manager, 119 changes were due to the case manager leaving the agency. During case manager interviews, the Accountability Agents noted a discussion trend regarding stress on the job and reports of covering for case managers who are out on stress leave. It is recommended that the counties continue exploring ways to support case managers by providing them with proper tools to effectively work with families, and increasing morale through thoughtful management strategies. Case managers acknowledged an increase in morale following recognition of good case management at individual, unit, and county levels.

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.”*⁸²

⁸²See p. 19, Section 5D of the Consent Decree.

a. Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in Period 14. 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.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 14 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.

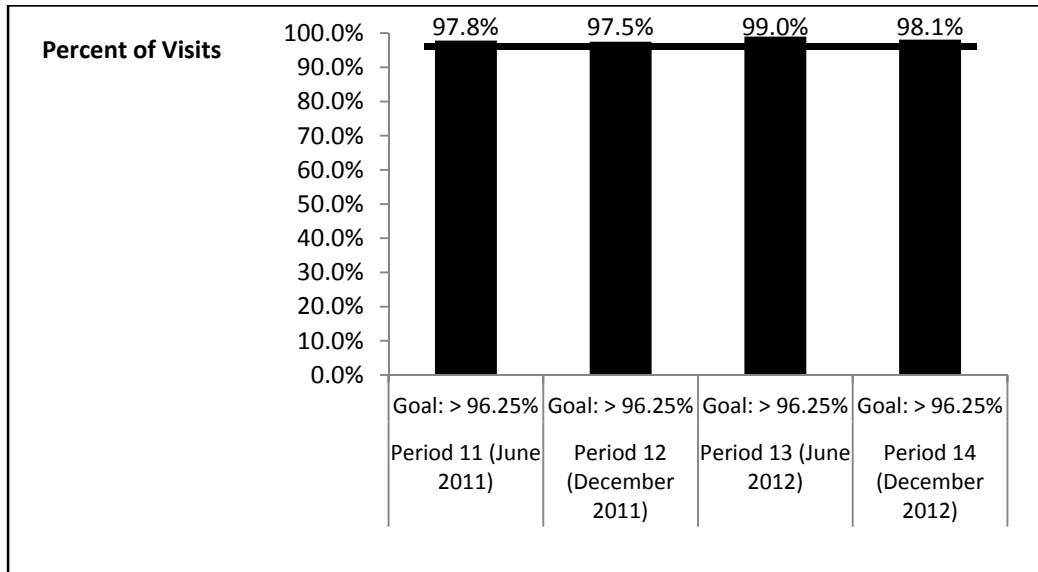
b. State Performance

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

Case managers completed **98.1** percent of the required twice monthly visits (Outcome 20a) and **99.1** percent of the required private monthly visits (Outcome 20b) in Period 14. The threshold for each outcome is 96.25 percent. The Period 14 performance is similar to that of Period 13. Figures V-3 and V-4 illustrate the State's performance over the past four reporting periods.

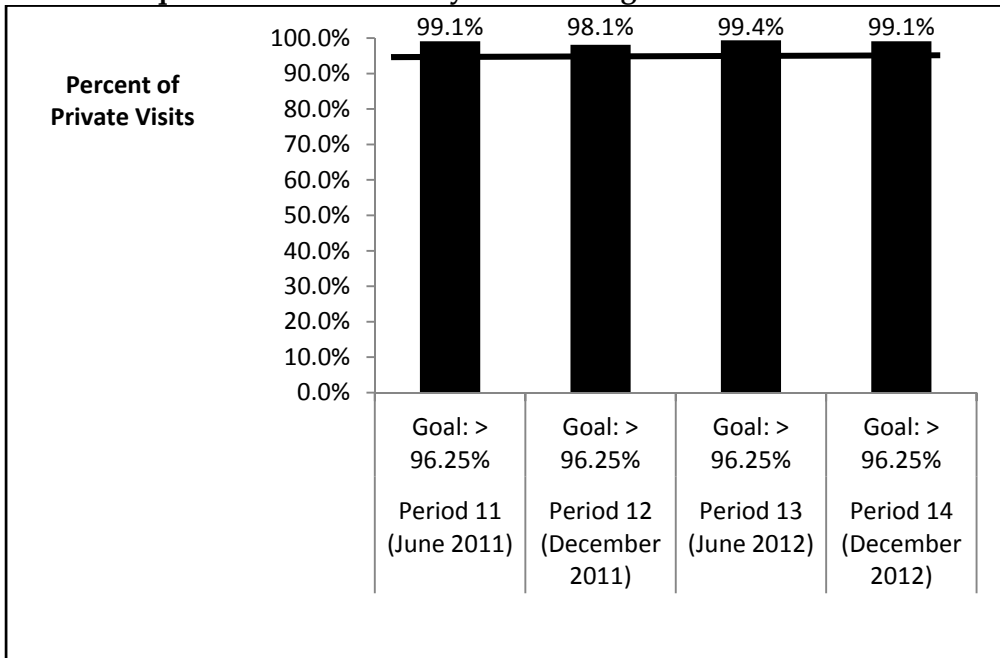
⁸³See *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

Figure V-3
Four 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
Four 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.⁸⁴ This includes foster parents, group home and institutional staff and others charged with the responsibility of caring for children in DFCS custody. In situations where the child has been returned home but remains in DFCS custody, “caregivers” refers to the birth parents or other reunification resources.

a. Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in Period 14. Measurement in Period 14 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.⁸⁵

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 14 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

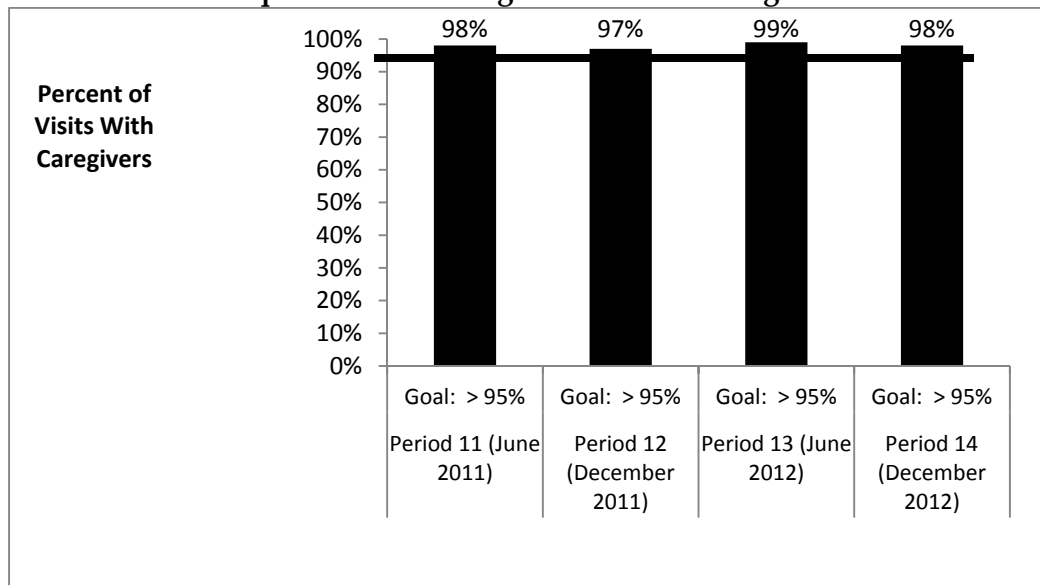
- **The State Surpassed the Outcome 22 Threshold**

For Outcome 22, 98 percent of the required monthly case manager visits to substitute caregivers in Period 13 occurred. The performance threshold for this outcome is 95 percent. The Period 14 performance is similar to the Period 13 performance of 99 percent. Figure V-5 illustrates the State’s performance over the four reporting periods to which revised the Consent Decree standards applied.

⁸⁴ See p. 36, Outcome 22 of the Consent Decree.

⁸⁵ See *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

Figure V-5
Four 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.”⁸⁶ 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 attain a high school diploma or a graduate equivalency diploma (GED) over a pre-Consent Decree baseline year.

Accurate measurement of this Outcome has been a concern to the Accountability Agents since the Consent Decree’s inception. The State originally compiled a preliminary baseline for the year, October 27, 2004 to October 26, 2005, from its own “case finding” (identifying youth who met the criteria for the outcome) and file documentation. Concerned about the accuracy of that approach, the State recompiled the baseline and the first performance measurement (for the year, October 27, 2005 to October 26, 2006) by reconciling DFCS records with those maintained by the State of Georgia, Departments of Education (DOE) and the Technical College System of Georgia (formerly the Department of Technical and Adult Education). These two sister agencies maintain records of all Georgia residents who earn a high school diploma from a public school or Graduate Equivalency Diploma (GED) in Georgia, respectively. These records were supplemented, where necessary, with actual copies of diplomas or GED certification. The Accountability Agents did not attempt a separate validation of these records.

⁸⁶ See p. 36, paragraph 24 of the Consent Decree.

The baseline created from this approach indicated that 65.7 percent of the youth aged 18 years or older who left DFCS care in the baseline year had earned a high school diploma or GED. This performance was substantially higher than both DFCS's own preliminary estimates and the graduation rate among Georgia's general population. The measured performance in the first year of the Consent Decree (October 2005-December 2006) was 34.4 percent. Subsequent performance measurements for this Outcome have yet to produce anything approaching the performance level indicated in the baseline measurement. In the Period 2 Monitoring Report, the Accountability Agents raised questions about the State's methodology and whether either the baseline or the subsequent year (October 2005-December 2006) was anomalous.⁸⁷ It seemed unlikely that practice or child characteristics would vary sufficiently from one year to the next to explain these disparate results. The Accountability Agents recommended then and have continued to recommend that the State conduct another review of the baseline and subsequent measurements to seek a better explanation of the highly disparate results.

During Period 13, the State did review the data files used to produce the baseline and identified an error in the baseline calculations. It appeared that the electronic files used to create the data base for measuring the baseline achievement may have been incorrectly sorted and tabulated. These errors may incorrectly have assigned diploma or GED achievement to some youth while removing it from others who had earned it. Given this discovery, the Accountability Agents recommended that the State recreate the baseline year analysis and all subsequent years before reporting on performance again in Period 14. The Accountability Agents worked with the State to produce a supplemental report that describes the issues uncovered and steps taken to ensure that any revised analysis is appropriately supported. That supplemental report is at Appendix D. The Accountability Agents are satisfied that the revised baseline of 36 percent was accurately calculated and is more representative of the State's level of performance at the baseline date (2006). The threshold requirement calls for State performance to improve by 20 percentage points over the baseline, yielding a revised threshold of 56 percent.

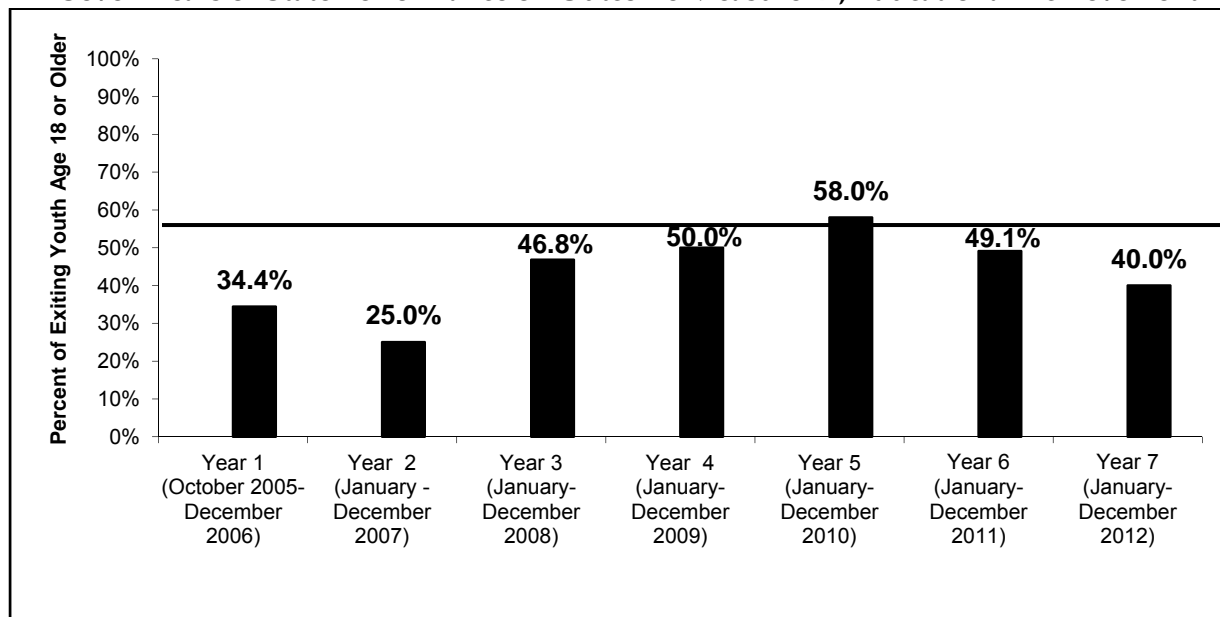
During Period 14, **40 percent** (47 out of 117) of the youth who were discharged from care at age 18 or older received a GED or High School Diploma, falling well short of the revised Outcome 24 threshold of 56 percent. The Period 14 performance indicates a continued loss of ground since the most recent previous measurements of 49 percent in Period 12 and 58 percent in Period 10.

The State is encouraged to renew some of the collaborative efforts that aided its higher performance in Period 10, such as partnering with local school systems; devoting G2 meetings to developing strategies; and providing tutoring and other educational services to youth in care. It is also recommended that the counties explore new partnerships, such as with their respective offices of child attorneys. These attorneys are charged with representing the children in foster care and often have educational advocates to assist in obtaining Individualized Educational Plans (IEP's) and other services according to the evaluated needs of each child.

⁸⁷ See Dimas, J.T. and Morison, S. A. Period II Monitoring Report, *Kenny A. v Perdue*, December 2006.

During Period 15, the state launched a new initiative with the Department of Education in which case managers can now access each child’s educational records through SHINES. This new portal provides a wealth of information that may assist the case managers in providing needed educational services. In addition, this portal may also lead to the identification of positive connections to adults within the educational setting who may provide support for children, beyond meeting their educational needs. The Accountability Agents hope that the accessibility of this information will support the identification and implementation of the kinds of collaborative strategies mentioned above, which ultimately may lead to better outcomes in future reporting periods.

Figure V-6
Seven Years of State Performance on Outcome Measure 24, Educational Achievement



Source: County Quality Assurance data bases.

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.⁸⁸ 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.

⁸⁸ See p 38, Outcome 30 of the Consent Decree.

a. Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in Period 14. 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, 2012.

Among the 175 children in the sample, 156 children had one or more case plans in their records. Six of the 19 children who did not have case plans in their records had been in custody fewer than 30 days during the review period and a completed plan was not yet required. Of the 169 children who should have had case plans, 148 (88% of 169) were current – they had been developed within seven months of December 31, 2012 or the child's discharge date. Another 12 (7% of 169) were seven to 12 months old. 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, **115 children (74%)** of 156 children with needs identified in their case plans had all the plan-identified needs met. The performance threshold for this outcome is 85 percent. The Period 14 performance represents a decline from the Period 13 performance of 78 percent, but the observed difference is within the subsample's margin of statistical error. Figure V-7 displays the State's performance over the reporting periods to which the Consent Decree standards applied.

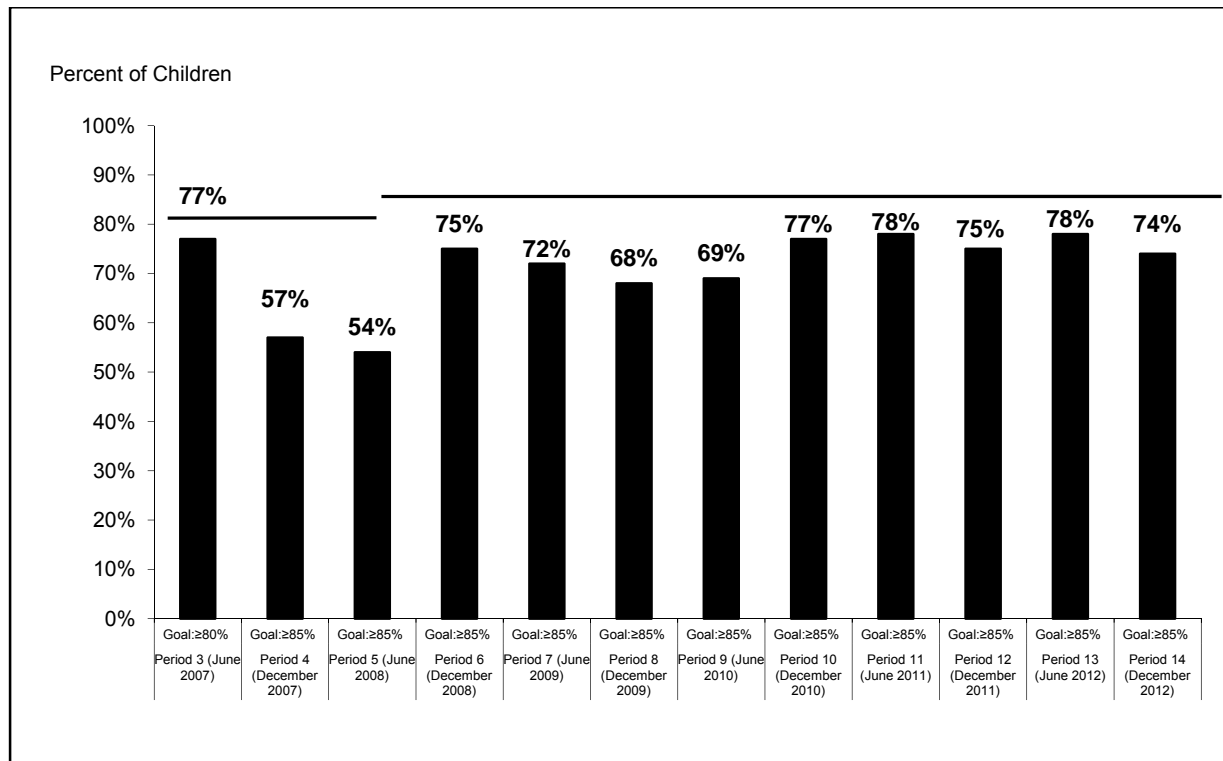
Table V-3 provides a breakdown of the needs identified and the percentage of needs met in each category. As in Period 13, all or nearly all children had routine medical, dental, and educational/developmental needs cited in their plans. The proportion of children who appear to have mental health needs documented (68%) is slightly less than the proportion with such needs identified in Period 13.

Table V-3
Proportion of Children with Needs Identified in Most Recent Case Plans
and the Proportion with Needs Met, as of
December 31, 2012 or last Date of Custody

Children with Case Plans n=160			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	100%	All Identified Needs Met (n=160)	115	74%
Frequency of different identified needs			Frequency of different needs being met		
Medical	148	87%		129	87%
Dental	148	87%		129	87%
Mental Health	106	68%		104	98%
Educational/ Developmental	148	97%		137	93%

Source: Case Record Review, January –February 2013

Figure V-7
Twelve Reporting Periods of State Performance on Outcome 30:
Children with All Plan Identified Needs Met



Source: Reporting Period Foster Care Case Record Reviews, January 2007 - December 2012

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 Program⁸⁹ (IEP), it should be current. The schedule for health and dental exams is indicated in Section 6 of the Consent Decree⁹⁰ and DFCS policy⁹¹. 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 medical or dental screenings, (9 not completed by end of period);
 - Dental treatment follow-up (8);
 - Consultation/treatment as recommended (6);
 - Vision screening/treatment (2); and,
 - Hearing screening/treatment (1).
2. Unmet educational/developmental needs:
 - Out of date Individualized Education Program (4);
 - Follow-up evaluations (1).
3. Unmet mental health needs:
 - Therapy (1);
 - Assessment (2).

In Period 14, SHINES’ capacity to record health assessment outcomes and actions taken on identified needs was enhanced. This new capacity was not in place early enough to influence Period 14 results, but it is anticipated it may help improve results in subsequent periods by significantly increasing the ability to track what is needed and what is delivered.

⁸⁹ 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.

⁹⁰ 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.

⁹¹ DFCS policy regarding meeting the service needs of children is in Section 1011, Chapter 1000 of the Social Services Manual.

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, 2012. 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 is as described in the Period 12 monitoring report.⁹² Both counties have designated a small number of foster family homes as “receiving homes” to be temporary placements for children entering foster care. In past reporting periods, it seemed as though children were in these homes less than 24 hours. However, Period 14 results indicate that children may be staying in receiving homes for longer periods of time.

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, 140 children (80%) in the sample were in family settings on December 31, 2012 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-two children (18%) were in congregate care settings including residential treatment facilities, group homes, skilled nursing facilities and special psychiatric hospitals. Three youth were in juvenile detention facilities. The distribution of children between family settings and congregate settings is about the same as that observed in the sample in Period 13. In Period 13, 82 percent of the children in the sample were in family settings and 17 percent were in congregate care. The observed differences are within the sample’s margin of statistical error.

⁹² See Dimas, J.T. and Morrison, S. A. *Period 12 Monitoring Report*, Kenny A. V Perdue, June 2012; pp. 110-111.

Table V-4
Placement Settings of Children in DFCS Custody
On December 31, 2012 or the Last Day of Custody (or before running away)
n=175

Placement Type	Frequency	Percent	Category Percent
Family Settings			80%
Foster Home (DFCS or Private Agency Supervised)	96	55%	
Relative Home (Non Foster Home including Fictive Kin)	39	22%	
Parents/Guardian	5	3%	
Congregate Care Settings			18%
Emergency Shelter/Assessment Center	0	0	
Group Home	23	13%	
Residential Treatment Facility/ Child Caring Institution/ Specialty Hospital	9	5%	
Other			2%
Detention facility	3	2%	
Total	175	100%	100%

Source: Case Record Review, January – February 2013.

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.⁹³

Neither county has an emergency or temporary facility providing intake functions. 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.^{94,95} In Period 14, 28 children in the sample of 175 experienced at least one placement in a temporary or respite foster home. Among the 28 children, 26 experienced fewer than 30 days in a temporary foster home during the six-month period.

⁹³ See p. 16, paragraph 5C4.c of the Consent Decree.

⁹⁴ See DFCS Foster Care Manual, Section 1016.

⁹⁵ 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.

c. Young Children in Congregate Care

The Consent Decree has several restrictions related to the use of group care.⁹⁶ Between July and December, 2012, 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 seven 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. Two children were placed with their mothers in settings with a capacity of more than 12 beds and five children were placed with their mothers in smaller settings – fewer than 12 beds. On December 31, 2012, six children under the age of six remained in congregate care settings, all placed with their mothers.

On December 31, 2012, ten children aged 7 to 11 were in group care facilities with more than 12 beds. Seven of these children were in psychiatric residential treatment facilities (PRTFs) and three children were in other group care setting with licensed capacities of 57-77. The State provided documentation of the appropriate waivers supporting the need for the children to be placed in congregate care settings.

According to the State, the continued need for in-patient treatment in a PRTF is reviewed every 30 days and reauthorized as necessary. All seven of the children in PRTFs had been in these treatment settings for more than 30 days as of December 31, 2012. They ranged from 9 to 11 years of age. Although DFCS does not consider psychiatric hospitals to be “placement settings,”⁹⁷ DFCS supplied documentation to the Accountability Agents that these placements and the progress the children were making in the settings⁹⁸ have been reviewed and reauthorized every 30 days. Table V-5 summarizes the State’s actions with regard to the Consent Decree stipulations.

⁹⁶ See p. 16-17, paragraph 5C.5f of the Consent Decree.

⁹⁷ 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.

⁹⁸ The Accountability Agents did not verify the appropriateness of these arrangements or the certification of need.

Table V-5
Children Younger Than Age 12 in Group Care Settings
July 1 through December 31, 2012

Children under the age of 6						
Reason for placement	Number placed as of June 30, 2012		Number newly placed between July 1 and December 31, 2012		Number still placed as of December 31, 2012	
	Bed Capacity		Bed Capacity		Bed Capacity	
	≤12	>12	≤12	>12	≤12	>12
With mother	1	2	2	5	2	4
Service Need						
Total	3		7		6	
Children aged 6 to 12						
	Number placed as of June 30, 2012		Number newly placed between July 1 and December, 2012		Number still placed as of December, 2012	
	Bed Capacity		Bed Capacity		Bed Capacity	
	≤12	>12	≤12	>12	≤12	>12
PRTF		12		4		7
Group Care		4		2		3
Total	16		6		10	

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

3. Placement Moves During the Period

Seventy-six children (43%) in the sample of 175 children in foster care experienced one or more new placement settings during Period 14. The proportion of children in the sample experiencing a new placement⁹⁹ in a six-month period improved from the Period 13 performance of 51 percent and is the smallest proportion since Period 11 when it also was 43 percent. This arrests the trend of increasing proportions since Period 8. Further analysis indicates that 28 (37%) of the 76 children actually had both an initial placement and at least one other placement during the period. Among the 28 children, 20 were initially placed in receiving homes for two to 11 days and subsequently moved to other placement settings.

⁹⁹ The new placement may have been caused by entering foster care during the period or experiencing a placement change during the reporting period (in some cases, both occurred).

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.¹⁰⁰ 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. During past reporting periods, outcomes were measured from the sample of children in care during each period. The counties have been working on improving performance in meeting the required number of visits as well as improving the quality of visitation. During each monthly G2 meeting, the Quality Assurance Unit (QA) conducts a retrospective review of a randomly selected sample of approximately 20 percent of the children who experience new placements in each month during the period. This is a larger sample than the overall record review sample of 15 percent. The analysis of Period 14 performance for these so-called “8 in 8” visits is based on this larger monthly sample. Thus, the visitation requirement was applicable to (247) children who entered and/or changed placements during the reporting period.

As shown in Table V-6, the counties report that 215 (87%) of the children had a visit in the first week of placement. This is a slight improvement over the proportion of children who had visits in their first week of placement during Period 13 (84%) and Period 12 (73%). For 201 of these children (81%), the visit occurred in their placement settings. A total of 64 children (26%) received the required number of visits. However, eleven of these 64 children were not seen in the placement setting in the first week of placement. This is a slight decrease in performance from Period 13 in which 31 percent of children received the required number of visits. Overall, 81 percent of children received their first week in placement visit, which is vital for stabilizing the placement and minimizing trauma associated with the move. This is an improvement from the Period 13 performance of 72 percent.

Among the 247 children who experienced new placements, 105 experienced an initial placement; 75 experienced a planned change in placement; and 67 experienced a change in placement due to a disruption. Further analysis indicates that visitation performance varied slightly among these groups. Among those children who experienced an initial placement, 30 percent received all the required visits when all locations for the visit are considered; among those who experienced a planned change in placement during the period, 21 percent received all required visits; and among those who experienced a disruption in placement 24 percent received all required visits. These proportions appear to be slight declines from the performance during Period 13.

¹⁰⁰ See p. 19, paragraph 5D.1 of the Consent Decree.

Table V-6
Pattern of Case Manager Visits with Children in the First 8 Weeks
of New Foster Care Placements

n=247

Degree of Required Visits	Number of Children	Percent
At least one visit in the first week of placement	215	87%
At least one in-placement visit in the first week of placement	201	81%
All requirements met for period of time child in placement	64	26%
Total initial placements	105	
All requirements met for initial placements	32	30%
Total planned placement moves	75	
All requirements met for planned placement moves	16	21%
Total disrupted placements	67	
All requirements met for disrupted placements	16	24%

Source: G2 County Reports, December 2012– May 2013.

The Counties continue to provide monthly reports on the so-called “8 in 8” visits during G2 meetings. In addition, the Parties agreed to a new corrective action plan in August 2012.¹⁰¹ The new corrective action plan stipulates the following:

- Both Fulton and DeKalb counties will transfer cases to the permanency units within 24 hours of children coming into foster care;
- A staffing will be held by the Child Protective Services Unit or Family Preservation Unit within five days of the child coming into foster care. As part of the staffing, case managers will be directed to make certain a visit occurs within 24 hours of the staffing;
- Case managers and supervisory units will report on their success in meeting the “8 in 8” visitation requirement in weekly phone calls. These calls are to monitor and encourage compliance with this requirement;
- Both Fulton and DeKalb counties will introduce a new monitoring tool which will require weekly supervisory verification of visits to children in new placements. The monitoring tool is in the format of a report or log through which case managers will record their visits to children in new placements on a weekly basis. This report/log must be prepared for each child who enters a new placement and includes both the date of placement and the date by which the eight visits must be completed. It also reminds the case manager that one visit must occur in the first week after placement. The case manager must enter the visits with the child on the report/log on a weekly basis and describe the items discussed with the foster parents. The supervisor must review and

¹⁰¹ Electronic correspondence from Laurence Borten, Children’s Rights to Mark H. Cohen, representing the Department of Human Services, August 6, 2012.

validate the visits in the report and then forward the form to the program director. The supervisors and program director will use the form to monitor visits each week in order to make certain that the visits occur as provided in the Consent Decree.

The new corrective action plan notwithstanding, meeting the required number of visits after a new or changed placement remains a challenge for the counties. They continue to seek successful strategies for improving the stability of new placements for children in care, which ultimately will reduce the number of “8 in 8” visits required.

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

For 76 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 45 children (59%).¹⁰² This finding compares to 48 of 89 children (54%) in Period 13. Thirty-five¹⁰³ of the 76 children experienced more than one move in Period 14 and the record review collected information about trauma-minimizing efforts related to the prior placement move in addition to the most recent. Among these 35 children, it appeared that case managers attempted to reduce the trauma of the previous move for 14 children (40% of 35). The proportion of Period 13 cases with documented trauma reducing efforts related to a previous move was 8 of 32 (25%). While the Period 14 performance remains low, it marks an improvement from Period 13 which may be attributable to concerted efforts by the counties to better document the ways in which they attempt to minimize trauma.

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. In some cases, therapists were also involved in assisting the children and the case managers with transitions. In other cases, the foster parents took the children home from hospitals and were able to receive the discharge information first-hand. Case managers also accompanied children to out-of state placements.

During case manager interviews, the Accountability Agents inquired about the extent of knowledge and training regarding trauma and trauma informed care. While the state has offered some training modules on trauma informed care and trauma has been discussed during G2 meetings, many case managers expressed a need for more information and training. With the turn-over rates among case managers and the number of case managers with very few years of experience, it is recommended that the state increase the opportunities for case managers to receive training and education regarding trauma, trauma-informed care, and ways to minimize trauma.

¹⁰² The margin of statistical error for a subsample of 89 is +/- 10 percent.

¹⁰³ Twenty-five children experienced both an initial placement and at least one other placement in the period and seven other children experienced two placement moves in the period.

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.¹⁰⁴ 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. The type of information that is to be in these packets 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
- 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.

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

¹⁰⁴ See p. 19, paragraph 5C.6d of the Consent Decree.

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 Accountability Agents have urged County staff to 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 76 children in the sample of 175 children in foster care who had an initial and/or a new placement during the period, there was evidence in the case file that case managers provided medical information to the substitute caregivers/reunified parents of 39 children (45% of 76) and education/developmental and mental health information to 34 (45%) and 23 (30%) 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.¹⁰⁵ 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 41 children experiencing new placements during the period (54% of 76).

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.¹⁰⁶ As a means of "*strengthening and rebuilding families to bring about the child's early return*"¹⁰⁷ 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 14.

¹⁰⁵ See Social Services Manual Chapter 1000, Sections 1016.13 and 1016.14.

¹⁰⁶ 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.

¹⁰⁷ See Social Service Manual 3060, Georgia Department of Human Services.

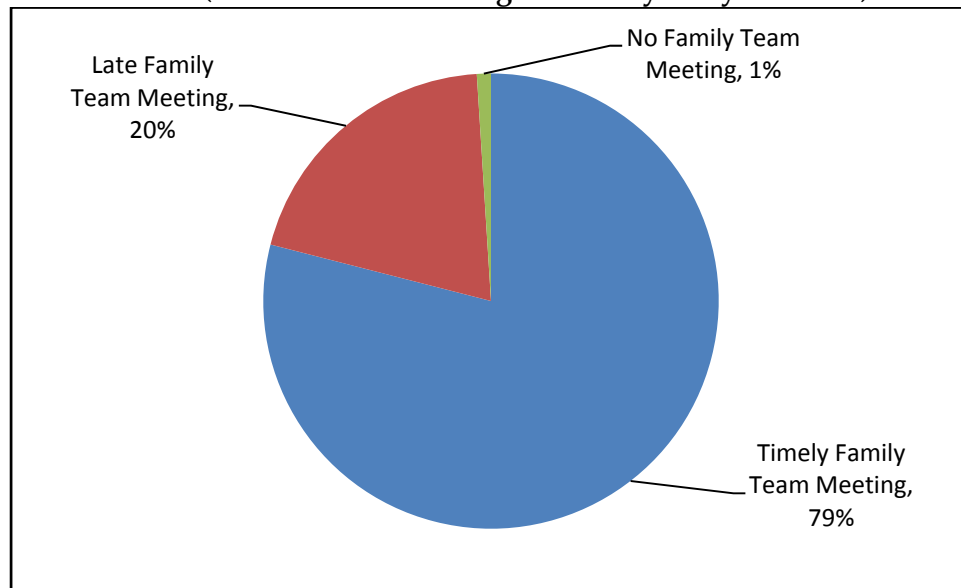
1. Assessment of Needs at Foster Care Entry

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.¹⁰⁸ Other initial activities include health and dental screening and mental health or developmental assessments.¹⁰⁹ 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 14, the State used SHINES data to report 603 entries into care during Period 14, but not all of the children who entered remained in care beyond a few days. Among the 464 children who were in custody nine days or more, the county tracking systems indicated that 367 children (79%) received timely Family Team Meetings (FTM). Another 97 children (20%) had FTMs but they were not convened within the first nine days. The late FTMs were held 10-85 days after the child's entry into county custody. While the proportion of children that had a Family Team Meeting convened at all remained about the same (99%) in Periods 13 and 14, the proportion of timely FTMs declined from the Period 13 level of 88 percent. Figure V-7 illustrates the Period 14 findings.

Figure V-8
Initial Family Team Meetings at Foster Care Entry
July 1 – December 31, 2012
N=464 (all children remaining in custody 9 days or more)



Source: County records.

¹⁰⁸ See pp 5-7, section 4A of the Consent Decree.

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

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 14 sample of 175 children, there was a subsample of 48 children who entered care during the period and remained at least 10 days.¹¹⁰ 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.¹¹¹

Of the children in this subsample of 48, 41 (85%) had documented health screens within 10 days of entering care. This is about the same as the 87 percent observed in Period 13. When the ten-day time frame is relaxed, 46 of the 48 children (96%) received an initial health screen, again, about the same as the proportion found in Period 13 (98%). For those children whose health screens fell outside the 10-day window, the elapsed time ranged from 11-22 days. Two children did not receive initial health screens.

Twenty-eight children (58% of 48) had a documented dental screen within 10 days. This compares to 60 percent in Period 13. The total proportion receiving an entry dental screening was 96 percent, unchanged from the proportion observed in Period 13. The 18 children who received their initial dental screens late received them 11 to 75 days after entering care. The two children who did not receive dental screens included one medically fragile child and one child who came into care from the hospital. (Although each of these children most likely had some type of oral care check while hospitalized, no documentation of such an exam was evident in the records).

¹¹⁰The margin of statistical error for a subsample of 53 children is approximately ± 13 percent

¹¹¹ 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 P12 are contained in Appendix D of this report.

Table V-7
Initial Health and Dental Exams at Foster Care Entry:
July 1 – December 31, 2012
n=48

<i>Screen</i>	Number	Percent	Cumulative Percent
<i>Initial Health Screen At Foster Care Entry</i>			
Received within 10 days	41	85%	
Received, but not within 10 days (11 to 22 days)	5	11%	96%
No initial health screen received by December 31, 2012	2	4%	100%
Total	48	100%	
<i>Initial Dental Screen At Foster Care Entry</i> (includes infants for a "gum check")			
Received within 10 days	28	58%	
Received, but not within 10 days (11-69 days)	18	38%	96%
No initial dental screen received by December 31, 2012	2	4%	100%
Total	48	100%	

Source: Case record review, January – February 2013.

c. Initial Developmental /Mental Health 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.¹¹² 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.¹¹³ Within the sample of 175 children in foster care in Period 14, there were 17 children who were younger than age four, were in custody at least 30 days, and entered care on or after June 1, 2012.¹¹⁴ There were 26 children in the foster care sample who were age four or older, remained in care 30 days or more, and entered DFCS custody on or after June 1, 2012.

Sixteen of the 17 children under the age of four had completed developmental assessments; 14 were completed within 30 days. The two children who did not receive developmental assessment within 30 days had them completed between 35 and 92 days after entering custody. Twenty-Six of the 31 children that were over the age of four and had been in custody 30 days or more had mental health assessments; 21 were completed within 30 days. Five children had the assessment completed between 33 and 62 days after entering care. Table V-8 summarizes this information.

¹¹² See p. 20, paragraph 6A.3 of the Consent Decree.

¹¹³ See p. 20, paragraph 6A.3 of the Consent Decree.

¹¹⁴ 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 2012 and, therefore, had sufficient time for identified needs to be addressed in Period 14.

Table V-8
Initial Developmental and Mental Health Assessments at Foster Care Entry:
June 1, 2012 – November 30, 2012
n=varies depending on the assessment

<i>Assessment</i>	Number	Percent	Cumulative Percent
<i>Initial Developmental Assessment</i> (children younger than age 4) (n=17)			
Received within 30 days	14	82%	
Received, but not within 30 days (35-92 days)	2	12%	94%
No initial Developmental Assessment received	1	6%	100%
Total*	17	100%	

Source: Case record review, January-February 2013.

Table V-8, continued
Initial Developmental and Mental Health Assessments at Foster Care Entry:
June 1, 2012 – November 30, 2012
n=varies depending on the assessment

<i>Assessment</i>	Number	Percent	Cumulative Percent
<i>Initial Mental Health Assessment</i> (children aged 4 and older) (n=26)			
Received within 30 days (includes pre-assessments)	21	68%	
Received, but not within 30 days (33-62days)	5	16%	84%%
No Initial Mental Health Assessment	5	16%	100%
Total	31	100%	

Source: Case record review, January – February 2012.

d. Initial Case Plans

Thirty-one children (82%) of the 38 children entering custody during the reporting period and remaining more than 30 days had an initial case plan developed by December 31, 2012 or their last date in custody. Fourteen of the 38 were completed within 30 days of entering care and 16 were completed between 32 and 142 days. One child had a plan with no date. Two of the children without plans had been in care 32 and 33 days. Three of the children without plans were discharged before December 31, 2012. The remaining two children had been in custody without a case plan 34 to 181 days as of December 31, 2012.

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 screenings¹¹⁵ in accordance with the Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT)/Georgia Health Check Program standards.¹¹⁶ 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, 164 of the 175 children (94%) appeared to be current with their "well child" visits as of December 31, 2012 as a result of receiving a required health screen prior to or during reporting Period 13; or receiving a health screen during Period 14 that brought them up-to-date. This is less than the proportion found in Period 13 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 131 children who should have received at least one routine health exam in Period 14, 120 children (92% of 131) received them. However, 5 children (4% of 131) received their routine health exams late.

Table V-9
Status of Health Screening for Children*
July - November 2012
n=175

Component and Action	Number	Percent	Cumulative Percent
No health screen required during period, children current with health check-ups during entire period	44	25%	
Children receiving timely health screens (according to EPSDT schedule) between July 1 and December 31, 2012	123	70%	95%
Children receiving a health screen between July 1 and December 31, 2012 but later than recommended schedule	5	3%	97%
Required well child health screen(s) not received between July 1 and December 31, 2012	3	3%	100%
TOTAL	175	100%	

Source: Case record review, January – February 2013. *Includes initial health screens completed for children entering foster care in Period 13. EPSDT components are not always documented, see narrative.

¹¹⁵ See p. 30, paragraph 13A in the Consent Decree.

¹¹⁶ See p. 20, paragraphs 6A 1 and 2, and p.21, 6B, paragraphs 1-8 of the Consent Decree.

Compliance with EPSDT requirements continues to be challenging for the Accountability Agents to assess because documentation of the exams is incomplete, the exams themselves lack certain components, or the medical professional completing the health screen determined that a component may not have been necessary at the time of the exam. For example, guidance for administering a particular test may depend on the level of risk discerned by the professional.

The health screen documentation consisted of either a medical report from a health care provider, reference in a Comprehensive Child and Family Assessment (CCFA), case manager notes, an entry in the SHINES health log or a combination of these forms. Among the 175 children who had at least one health screen documented in one of these ways, reviewers were unable to determine if any EPSDT component was included in the most recent exams of 50 children (29%) because the source of information about the exams was insufficiently detailed. Among the most recent exams of the remaining 125 children, the most frequently included components were physical measurements (height, weight and body mass index) and a physical examination. Eighty-eight percent or more of the medical reports included documentation of these components (or, in the case of body mass index, the information required to compute the index). At least 68 percent to 90 percent of the exams documented immunization status, dental inspection, hearing and vision inspection. The component most often not documented was the completion of the skin test for Tuberculosis. The test was documented in 26 exams but a follow-up reading was documented for twelve children.

As reflected in Table V-10, routine dental screening was assessed for 173 children, with separate analysis for children over and under the age of 3 as of December 31, 2012.¹¹⁷ Overall, 149 children received annual dental exams in the second half of 2012 or had timely dental exams or oral health checks in 2012 (86% of 173). Another 14 children (8% of 173) received dental exams in 2012, but they were late. Ten children (6% of 173) did not have documented dental health exams.

- Among the 122 children aged 3 or older, dental screens appeared to be current for 116 children (97%) by December 31, 2012. However 15 of these exams were not timely. They were either initial exams completed more than 10 days after entering foster care or more than 12 months had elapsed since the last documented dental exam.
- Among the 55 children under the age of 3, 52 (95%) had received an oral health exam in the 12 months prior to December 31, 2012; seven of the 52 oral exams were initial exams completed more than 10 days after entering foster care. Among the remaining three children, two children (16 and 22 months old) had their most recent oral exams in May and June 2011; and one 15 month old child had no documentation of an oral health exam since entering foster care in March 2011.

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 and documentation of this component has improved sufficiently to provide the separate analysis.

The dental screen documentation consisted of either a dental report from a dental care provider, case manager notes, reference in a CCFA, an entry in the SHINES health log or a combination of these forms.. Among the 168 children who had at least one dental screen documented in one of these ways reviewers were unable to determine if any EPSDT component was included in the most recent exams of 10 children (6%) because the source of information about the exam was insufficiently detailed. Among the most recent exams of the remaining 158 children, the most frequently included component was teeth cleaning; 89 percent of the children for whom teeth cleaning was applicable received it. Eighty-one percent of the children for whom x-rays were applicable received them and 70 percent of the children for whom fluoride treatment was applicable received the treatment.

Table V-10
Status of Dental Screening*
July - November 2012
n=173**

Component and Action Children aged 3 and older n=122	Number	Percent	Cumulative Percent
No annual dental exam required during period, children current with annual requirement during entire period	45	37%	
Children receiving a timely annual dental exam during period	57	47%	79%
Received more than 12 months since previous exam	2	2%	81%
Initial received more than 10 days after entering foster care	10	8%	89%
Required annual (or initial) dental exam not received as of December 31, 2012	8	7%	100%
TOTAL ***	122	101%	
Component and Action Children under the age of 3 N=51	Number	Percent	Cumulative Percent
No annual oral health screen due during entire period	9	18%	
Received a timely initial or annual oral health screen	38	75%	93%
Received a late initial oral health screen	2	4%	97%
No annual oral health screen	2	4%	101%
TOTAL	51	101%	

Source: Case record review, January – February 2013.

*Includes initial dentals for children entering foster care in Period 14. EPSDT components are not always documented, see narrative.

**One medically fragile child was excluded from analysis and one child under the age of 3 entered from the hospital.

*** Total greater than 100% due to rounding.

3. Periodic Developmental and Mental Health Assessments

The Consent Decree does not have a requirement that specifically speaks to the frequency of developmental and mental health assessments. The required EPSDT health screenings, by definition, should include some limited assessment of the child's developmental progress and mental health. In addition, the court may request specific evaluations. During Period 14, seven children had documented developmental or educational assessments in addition to the 16 children who received an initial assessment. Another 10 children had documented mental health assessments in addition to the 42 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 14¹¹⁸:

- 38 (32%) of the 120 children who received regular (initial or periodic) health screening during Period 14 had health needs identified. Among these 38 children, the documentation in their files indicated that 23 (61%) had received appropriate treatment or treatment was scheduled for all the needs identified during Period 14. Four children (11%) appeared to have had some, but not all needs met. Another 11 children (29%) did not have follow-up treatment documented in the case record for any need identified during the reporting period. The needs that appeared to be unmet included eye exam/glasses; hearing evaluation/treatment; asthma treatment; diet consultation; hernia treatment; other diagnostic tests; and immunizations.
- 23 (23%) of the 99 children who had a dental/oral health screening during Period 14 had dental needs identified. Ten children (43% of 23) 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. Another child needed follow up with an oral surgeon to have wisdom teeth extracted.
- 15 (14%) of the 107 children who had developmental or educational assessments in Period 14 had identified needs. Fourteen (93%) of the 15 children had their developmental or educational needs met.
- 25 (93%) of the 27 children who had mental health assessments in Period 14 had identified needs. All needs of 21 of the 25 children (84%) were being addressed. Three children had not yet started recommended trauma therapy and counseling.

¹¹⁸ Conclusions drawn from subsamples of 50 or smaller have margins of error of $\pm 15\%$ or more.

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.

- 30 children (17%) in the sample of 175 experienced emerging physical health needs during the reporting period. All 30 children appear to have had these needs met.
- None (0%) of the 175 sampled children experienced acute dental needs during the reporting period.
- 21 (12%) of the 175 sampled children experienced acute or emerging mental health needs during the reporting period. All 21 children had those needs met.

6. On-going Attention to Development and Education

Fourteen children in the sample had one or more developmental and/or educational needs identified between July 1 and December 31, 2012 either through an initial assessment or some other process. Two children were referred for special education and learning disability assessment; and two other children were referred for occupational therapy and physical therapy.

Other indicators of developmental or educational needs are Supplemental Security Income (SSI) benefits and Individualized Education Programs (IEPs). Sixteen children in the sample appear to be receiving SSI benefits. The counties still have not improved their documentation of the qualifying conditions for benefits. As indicated in Period 13, this is a useful piece of information about the child and might be helpful to case managers for service planning purposes. The underlying conditions for the few cases in which documentation was provided included one child who is legally blind; one child whose mother is disabled; another child received benefits for behavioral issues related to ADHD; and one child was diagnosed with Fragile x Syndrome, autism, and severe mental retardation. Twenty-six children had IEPs. The case records of 19 (73% of 26) of these children had current IEPs (less than 12 months since the previous IEP).

Children aged six to 16 are required to be enrolled in school in Georgia. Within the foster care sample, 94 children (54% of 175) were aged seven or older and were in DFCS custody sometime during a portion of the school year. Among the 94 children, 3 children were excluded from the analysis because they were only in care during the summer recess and were not required to attend summer school. Eighty-seven of the remaining 91 (95%) were enrolled in school or a GED program in the second half of 2012. Two youth were not enrolled because of frequent runaway behavior and the other two had been expelled due to behavior and were still not

enrolled in school or a GED program by the end of the Period. Among the 87 children enrolled, four (5%) experienced gaps in school enrollment as a result of runaway behavior, detention and switching schools.

Within the foster care sample of 175, 81 children (46%) were younger than age seven. Sixty of these 81 children (74%) were enrolled in a kindergarten, pre-school, another developmental program, or day care.¹¹⁹

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.”¹²⁰

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 14. Within the sample of 175 children, 62 (35%) had been in custody 18 months or more.¹²¹ Among the 62 children, 20 (32%) were aged 14 or older and eligible for Independent Living Program (ILP) services. Fourteen of the 20 children (70%) had documentation in their case records that indicated they were receiving such services (including Life Skills Training and Employment Services). All 20 youth had Written Transitional Living Plans (WTLP).

Fifty-two of the 62 children (84%) had meetings between July and December 2012 to review the appropriateness of their permanency goal and effectiveness of services they are receiving. A majority of youth (45) had a case plan review convened by the Judicial Citizen Review Panel (JCRP)/Court review. The meetings had a range of results. Most meetings did not change the case plans or services, but 21 children had permanency goals revised; 24 had services revised; and 13 had revised placements. Thirteen of the 62 children (21%) were discharged by December 31, 2012. Twelve of the thirteen discharges were expected by DFCS. Ten of the expected discharges had some form of discharge planning.

¹¹⁹ 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>

¹²⁰ See pp 11 and 12, Section 4.F paragraph 3, of the Consent Decree.

¹²¹ Conclusions drawn from a subsample of 69 are subject to a statistical margin of error of +/-12%.

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”¹²² and that all children receive a health screen within 10 days of discharge.¹²³ 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.¹²⁴

Analysis of the curative action performance in Period 14 is based on information from two sources. First, within the sample of 175 in children foster care, 58 children (33%) had been discharged by December 31, 2012.¹²⁵ The discharges of seven children (12% of the 58 discharged) were excluded from the analysis, however, because the presiding judge discharged the children without prior notice to DFCS. In addition, one youth was discharged because DFCS was relieved of the youth’s custody as he was on runaway status for more than 30 days. The 50 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 45 children who were discharged between July-December 2012.¹²⁶

a. Discharge Planning

In the sample of 50 children, there was documentation of some form of discharge planning for 44 children (88%). 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 45 discharged children identified 37 (82%) who had some form of discharge planning. Again, discharge planning occurred through a combination of activities in a number of cases. This information is displayed in Table V-11.

¹²² See p.10, Section 4.C.6 in the Consent Decree.

¹²³ See p. 21, Section 6.B.6 in the Consent Decree.

¹²⁴ Correspondence from Brenda King Woodard, Georgia Department of Human Services, to Ira P. Lustbader, Children’s Rights, February 15, 2010 and September 22, 2010.

¹²⁵ The total of 41 children includes the children who had been in custody 18 months or more and reported on separately in the previous section.

¹²⁶ The Accountability Agents initially drew a random sample of 61 children (10 percent of approximately 600 discharges in Period 14). However, 16 children (21% of 61) were excluded from the analysis because four were discharged against the recommendation of DFCS, one was discharged after the age of 18, three children were also in the sample of 175 children, five youth were in custody three days or less, one youth was discharged because he was on runaway status, one youth was in care because of a custody battle between parents and the records of one adopted child were sealed and not accessible for review.

Table V-11
Discharge Planning in Period 14

Discharge Planning	Discharges in the case record review sample n=50*		Sample of Monthly Discharges n=45**	
	Number	Percent	Number	Percent
Discharge planning through one-on-one meeting with case manager	7	14%	2	4%
Discharge planning in a Family Team Meeting/Facilitated Meeting	30	60%	29	64%
Discharge planning over a series of visits with children and family	17	34%	6	13%
Other type of meeting (internal staffing, discharge staffing)	5	10%	7	16%
No documented discharge planning	6	12%	8	18%

Source: *Case Record Review January–February 2013; **SHINES, random monthly discharges in Period 14
Multiple discharge planning methods were used in some cases.

While the information from each data source is not entirely comparable, it does suggest that discharge planning is being documented in 82 percent or more of the cases. Similar to Period 13, the differing results found in the two samples may be the result of differences in the relative proportion of children from each of the two counties represented in the two samples. The distribution between the two counties in the on-line sample was more equal – 49 percent were in DeKalb County custody and 51 percent were in Fulton County custody.

The Accountability Agents continue to observe some circumstances in the records 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 50 children expected to be discharged, 16 (32%) had a documented medical exam any time from 10 days before discharge to 10 days after discharge. Another four children (14%) had medical exams 11 to 16 days before or after discharge. In some instances, the child's stay in care was so brief (less than 25 days) the initial medical exam served as the discharge medical as well. Overall, case documentation for 26 children (52%) indicated that scheduling the discharge medical was discussed during discharge planning, actually completed, or both. There was no documentation of scheduling for three children. One youth, however, had received his scheduled periodic exam 15 days prior to discharge. Two children who had been in custody 55 and 59 days had initial medical exams within 10 days of entering care and they were conducted 45 to 53 days, respectively, prior to discharge. Information about discharge medicals is summarized in Table V-12.

In the on-line record review of 45 children expected to be discharged, 28 children (62%) had a documented medical exam any time from 10 days before discharge to 10 days after discharge. For two of the 28, the initial health exam served as the discharge medical as well because of their short foster care episodes. A total of 10 children (22%) had discharge medicals within 32 days of discharge. Nine of the 10 had exams 11 to 32 days after discharge and one child's initial medical was 26 days before discharge. Overall, case documentation for 42 children (93%) indicated that scheduling the discharge medical was discussed during discharge planning, actually completed, or both. There was no documentation of scheduling or receipt of a medical for three children (45%). Information about discharge medicals is summarized in Table V-12.

Table V-12
Discharge Medicals in Period 14

Discharge Medicals	Discharges in the case record review sample n=29*		Sample of Monthly Discharges n=45**	
	Number	Percent	Number	Percent
Discharge medicals scheduled during discharge planning	22	76%	28	62%
Evidence of medicals received within 10 days of discharge	16	55%	28 ^a	62%
Evidence of medicals received within 11 - 32 days of discharge	4	14%	10 ^b	22%
No evidence of discharge medicals scheduled or received	3	10%	3 ^c	7%

Source: *Case Record Review, February-March 2013;

**SHINES, 10% of monthly discharges in Period 14.

^aFor two youth, the initial medical was within 10 days of discharge.

^bOne youth had an initial medical exam 26 days prior to discharge.

^cFile of one youth references pre-natal care but nothing close to discharge, youth returned to care at age 18 but left after giving birth.

Continued concern about the State's performance in this area led the parties to agree on a revised corrective action plan to begin June 1, 2012.¹²⁷ The new plan applies to both Fulton and DeKalb Counties. The new plan calls for case managers to complete a "Family Discharge Reporting Form" for each child that is projected to be discharged within 45 days. This form is to be submitted to supervisors on the last day of each month and supervisors are to use this information to prepare a "Projected Discharge Report" for their units and submit to their administrators, discharge staff, and county "Kenny A." oversight staff. These reports will be used to timely schedule and track discharge staffings and medicals. As part of the tracking, the State will provide an "email alert" to case managers to prompt discharge medical scheduling and follow-up by a Discharge Coordinator. The State will provide Plaintiff's Counsel and the Accountability Agents with quarterly reports regarding the status of discharge medicals.

¹²⁷ Electronic correspondence from Laurence Borten, Children's Rights, to Mark Cohen, Special Counsel to the Georgia Department of Human Services, August 6, 2012.

Other information:

- One child had two medicals within 2 weeks of each other -- 10/19 and 11/2; 4 years old; only in custody from 10/11 to 11/2
- One child custody=16 days Initial medical 12/5/12; TB test read on 12/7/12; Discharge Medical:12/17/12; nothing had changed in 12 days (age 16)
- One child had had a well-child visit 7/23/12 and discharge medical 8/31/2012 (14 months at discharge)

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 14. 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 14 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.	2%
Timely and Complete Court Orders for Placement Authorization	
Outcome 26: At least 95% of foster children in custody at a point in time during the reporting period shall have all applicable language in court orders necessary to assess qualification for federal funding under Title IV-E of the Social Security Act. This outcome shall be measured for court orders entered after the entry of the Consent Decree.	90%
Outcome 29: No more than 5% of all children in custody of DHS/DFCS for 12 months or more shall have lapse of legal custody within the prior 13 months.	0%

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

Two Outcomes (numbers 25 and 31) relate to the supervision of placement settings. Data for these outcomes were gathered from SHINES.

Outcome 25 - Approved Placement Settings for Children

Outcome 25 seeks to reduce the risk that children may be placed in harmful living situations by requiring foster care placements to be evaluated and to be in full approval and/or licensure status. To facilitate more timely completion of the Accountability Agents' reports, the Parties agreed in October 2010 to replace the previous Outcome 25 measure with a revised measure that uses *the placement* as the unit of analysis and which can be extracted from a single, automated data source – SHINES.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 14. 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.

b. State Performance

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

At the end of Period 14, 569 of the 585 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 2808 children, while the approved or licensed capacity of all placements with a child in care on December 31, 2012 was 2839 children; yielding an Outcome 25 measurement of **99 percent**. Although the Outcome 25 measurement methodology changed as described above, Period 14 represents the eighth consecutive reporting period in which the Outcome 25 performance threshold of 98 percent was met or surpassed. The State's Period 13 performance on Outcome 25 was also 99 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.

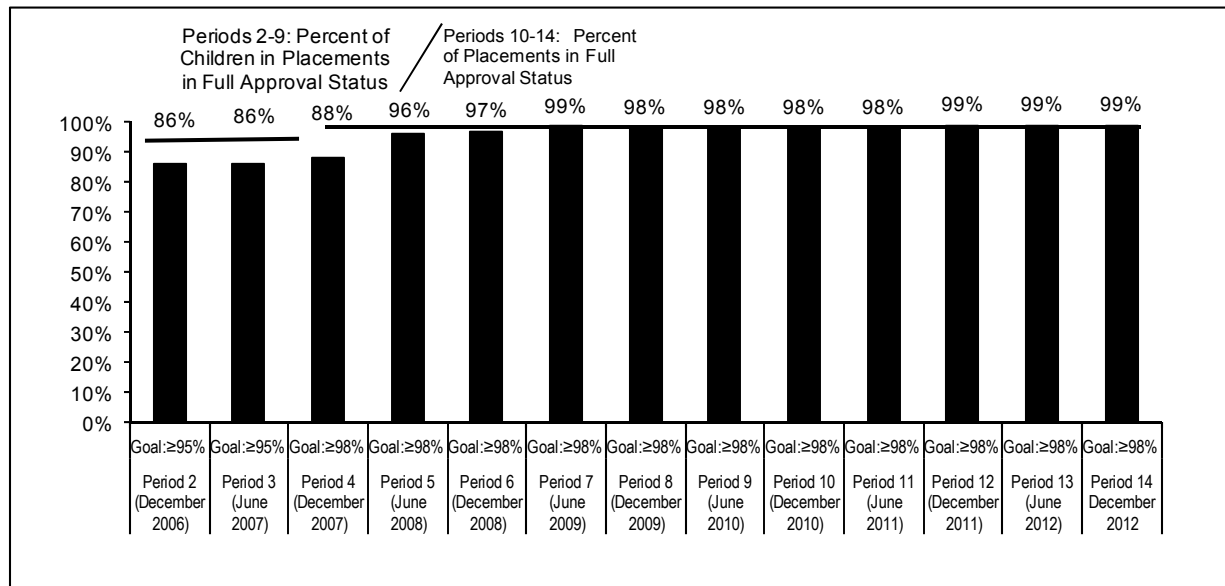
The entire placement capacity (100%) of non-foster relative placements was found to be in “full approval status,” that is, to have been fully approved by the relevant licensing and approval processes. This was an improvement over the previous “high water” mark of 97 percent established in Period 13. When this Outcome was first measured (Period 2) the full-approval rate for non-foster relative placements was 56 percent. Virtually the entire placement capacity (99.5%) of child-caring institutions, including group homes, also was found to be in full approval status. This was similar to the Period 13 rate for CCIs of 100 percent. The full-approval rate of DFCS-supervised foster homes declined to 97 percent from the Period 13 rate of 100 percent, while that of provider-supervised foster homes remained about the same (98% compared to the Period 13 rate of 97%). Figure VI-1 displays the State’s performance on this outcome over the 13 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 12/31/12	Number of Placements with a Class Member in Care on 12/31/12 in Full Approval Status	Overall Capacity of Placement Settings with a Class Member in Care on 12/31/12	Capacity of Placements with a Class Member in Care on 12/31/12 in Full Approval Status	Percentage of Overall Placement Capacity in Full Approval Status on 12/31/12
Relative Placement	100	100	184	184	100.0%
DFCS - supervised Foster Home	102	100	232	226	97.4%
Provider - supervised Foster Home	311	298	950	933	98.2%
Child Caring Institution	72	71	1473	1465	99.5%
Total	585	569	2839	2808	98.9%
^a Excludes 50 children in state custody on 12/31/2012 that were in settings with no relevant approval process (8 children were placed with a birth parent/guardian, 11 were on runaway, 10 were hospitalized, 9 were in Psychological Residential Treatment Facilities, 9 were in Metro YDC, and three in County Jail.					

Data source: Georgia SHINES.

Figure VI-1
Thirteen 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 10-14: 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 14. Appendix B provides a summary of previously resolved interpretation and measurement issues. The point-in-time used for measurement of Outcome 31 in Period 14 was December 31, 2012. 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.

b. State Performance

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

Of the 693 family foster homes that had a child in care at any point during the period July 1 to December 31, 2012, 413 (60%) continued to have one or more children placed in them on December 31, 2012. Nine of these 413 foster homes (2%) exceeded the Consent Decree's capacity limits. Outcome 31 permits up to 10 percent of such homes to exceed the capacity limits specified in Section 5.c.4.e. Although the Outcome 31 measurement methodology changed as described above, Period 14 was the 13th consecutive reporting period in which the Outcome 31 threshold was met or exceeded.

In Period 14, there were 19 family foster homes (1 DFCS-supervised; 18 provider-supervised) that exceeded the three-foster-child capacity limit. However, 10 of these homes (1 DFCS; 9 provider-supervised) qualified for the sibling group exception enumerated in Section 5.c.4.e. since no children other than the sibling groups resided in those homes. Eight family foster homes in Period 14 exceeded the six or more total children capacity limit specified in Section 5.c.4.e. This number was unchanged from Period 13, but represented a substantial increase from previous reporting periods.¹³³ One of these eight homes had a sibling group of six and no other children in the home, and so qualified for the sibling group exception. 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 13 reporting periods to which the standards applied.

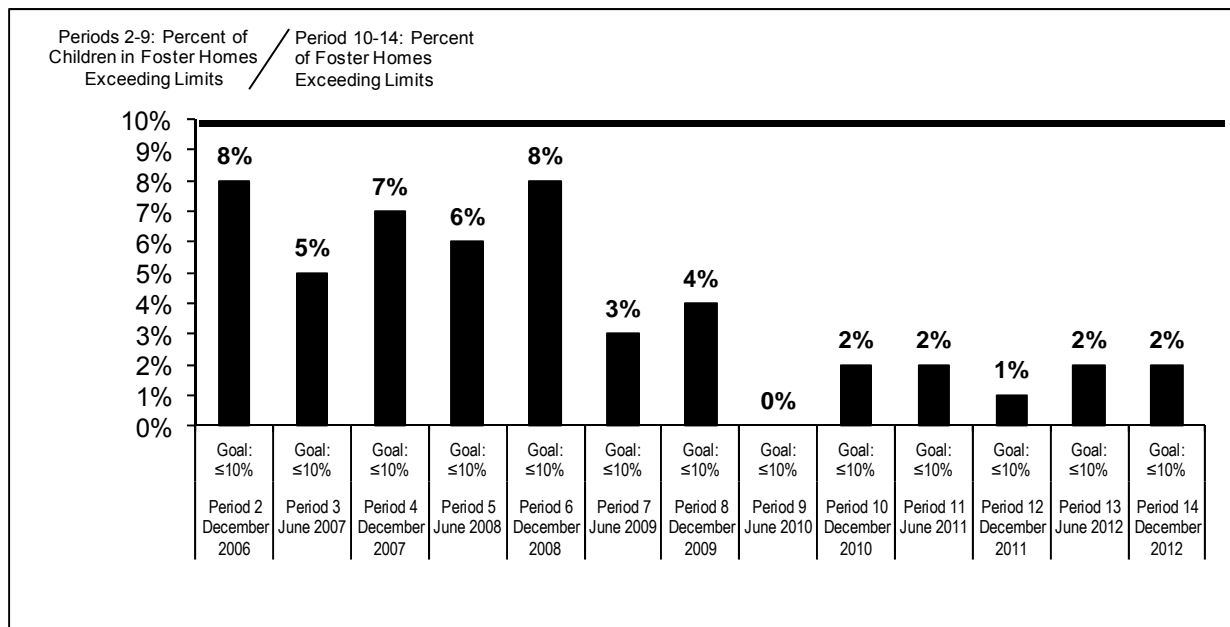
¹³³ No family foster home with six or more total children had been identified since Period 7. In Periods 10-12 the number of such homes identified was zero. In Periods 2-9 calculation of the Outcome 31 measure was based on the subsample of children in care who remained in care on the last day of the reporting period (usually about 80-90 children), so the actual number of foster homes that may have exceeded the six or more total children limit is unknown.

Table VI-3
Outcome 31 – Foster Homes Exceeding Capacity Limits
n = 413

Placement Type	Foster Homes with 1 or More Children in Care at Any Time During Period 14	Foster Homes with 1 or More Children in Care on 12/31/12	Foster Homes with > 3 Foster Children on 12/31/12	Foster Homes with ≥ 6 Children in Total on 12/31/12	Foster Homes with > 3 Foster Children and/or ≥ 6 Children Total on 12/31/2012	% of Foster Homes with > 3 Foster Children and/or ≥ 6 Children Total on 12/31/12
DFCS - Supervised Foster Homes	160	102	0	0	0	0.0%
Provider Supervised Foster Homes	533	311	2	7	9	2.9%
Total	693	413	2	7	9	2.2%

Data Source: SHINES

Figure VI-2
Thirteen 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 2010; Periods 10-14: 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.¹³⁴ 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.¹³⁵ 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 14. 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.

¹³⁴ See pp 36-37, Outcome 26 of the Consent Decree.

¹³⁵ Ibid.

b. State Performance

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

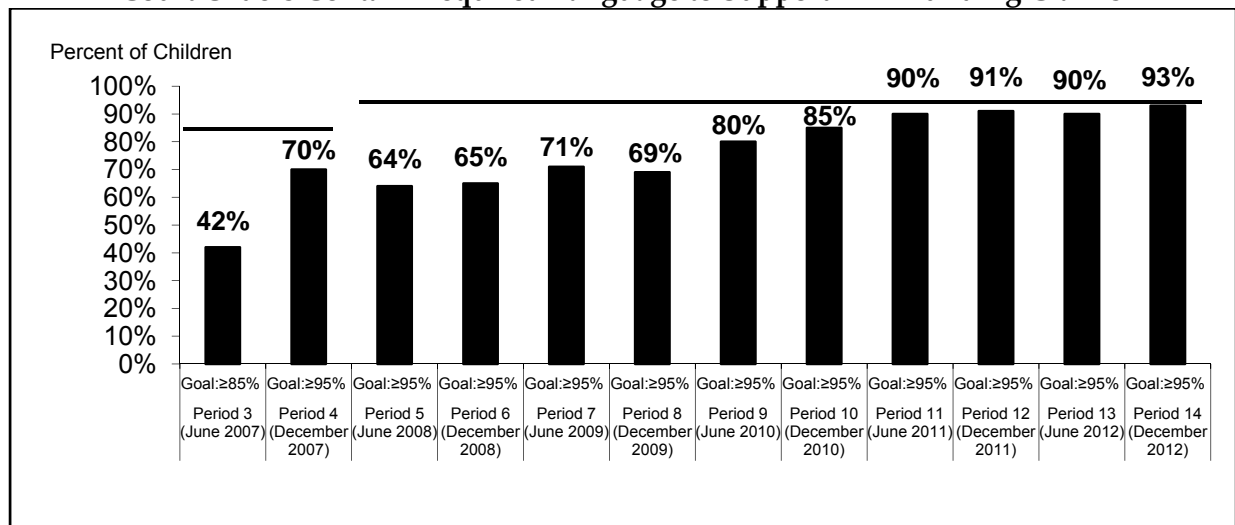
For Outcome 26, 162 children (93%) of the 175 children in the Period 14 placement sample had court orders with all the required language necessary to assess current eligibility for federal funding under Title IV-E. The performance standard for this outcome is 95 percent. The Period 14 performance is slightly better than the Period 13 performance of 90 percent and the observed difference is within the sample's margin of statistical error. Figure VI-3 displays the State's performance on Outcome 26 over the reporting periods to which the Consent Decree standards applied.

Among the 13 records that did not meet Outcome 26 standards, the following pattern emerged:

- One of the initial removal orders did not have child-specific language;
- Six 60-day determinations were either not documented or did not occur within 60 days;
- Three permanency hearings were either not held, there was no court order in the file, or the orders were missing appropriate child-specific language; and,
- Three voluntary placements did not meet the standard.

The ability to determine IV-E funding eligibility for the 7 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 three children for whom there was a problematic permanency review order.

Figure VI-3
Twelve 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, July 2007-December 2012

Outcome 29 – Lapses in Legal Custodial Authority

The Consent Decree strives to limit the proportion of children for whom DHS/DFCS custodial authority lapses.¹³⁶ 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.

- **Interpretation and Measurement Issues**

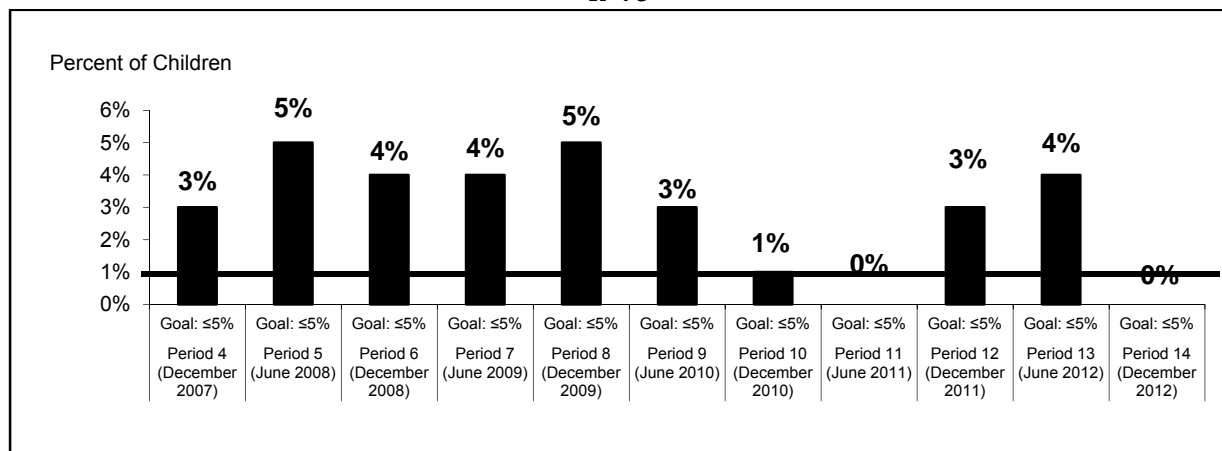
No new interpretation issues were encountered in Period 14. Appendix B provides a summary of previously resolved interpretation and measurement issues. Measurement of Outcome 29 performance is based on 75 children in the sample of 175 children in foster care. These 75 children had been in custody 12 months or more and were still in the temporary custody of the State. The margin of statistical error for this subsample is +/- 11 percent.

- **State Performance**

1. The State Surpassed the Outcome 29 Threshold

In Period 14, DFCS had no lapses in custody in the subsample of 75 (0%). The outcome threshold is no more than 5 percent. This is an improvement from the Period 13 performance of 4% and the Period 12 performance of 3 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
Eleven Reporting Periods of State Performance on Outcome 29:
Children in Care With Legal Custody Lapses
n=75



Source: Review Period Foster Care Case Record Reviews, July 2007-December 2012

¹³⁶ See p 37, Outcome 29 of the Consent Decree.

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 ¹³⁷	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 assessment and 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 a full-blown investigation or the “screening out” of a referral because the circumstances do not meet the criteria that would trigger an investigation. 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 “differential response” 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 covered by the terms of the Consent Decree. Family Support case managers are only included in the caseload analysis when they

¹³⁷ 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.

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, 2012

In December 2012, **82** 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. Thirty-three case managers, primarily investigators and permanency case managers exceeded the caps set by the Consent Decree. This marks a decline from the 85 percent compliance rate reported in Period 13 (in Period 12 the compliance rate was 91%). Thirty-eight cases were temporarily assigned to supervisors pending assignment to case managers. This is a larger number of unassigned cases than the 21 cases found in Period 13. This again may be due to the turnover rate and the number of case managers who go out on stress/sick leave due to the demands of the job and reported low morale in the work environment. Anecdotal evidence of this was confirmed during interviews with case managers and data regarding case manager continuity.

While the Consent Decree caps vary by case types (see Table VI-4 above), the majority of case managers (75%), had 12 or fewer cases assigned in December 2012 due to the counties' efforts to keep case assignments at the most stringent standard and the number of provisionally certified staff who, by DFCS policy, cannot be assigned more than six cases. County efforts to meet the caseload caps or keep caseloads lower have been hampered by a decline in the number of managers available for case assignment – from 202 in June 2011 to 167 in June 2012. By the end of Period 14 this number had rebounded to 183 case managers. Since early 2011, counties report losing staff through resignations, terminations and transfers with no authorization to hire replacement staff until the fall of 2011. Prior to 2011, in response to State budget constraints, the Department instituted a furlough policy that designated several unpaid leave days annually for staff. Starting in January 2011, the Department made eliminating the furlough days a priority and it was successful. To operate within the continuing budget constraints, however, the trade-off appears to have been cost savings through attrition and delayed hiring. The decision also appears to have contributed to the plateau in the performance of Outcomes 1, 3, and, to a lesser extent, of Outcome 2 as previously described in Part III, Safety. The Counties are now in the process of recruiting and replacing staff but the training process may be as long as six months before a case manager can assume a full caseload.

The Accountability Agents interviewed 53 case managers and 17 supervisors in April 2013 to obtain supportive information about caseload sizes. The case managers were asked about their caseload sizes on the day of the interview and the pattern they experienced in the six-month period between January 1 and June 30, 2012. These interviews confirmed the accuracy of the SHINES caseload report provided to the Accountability Agents. According to the case managers and supervisors interviewed, investigator caseloads remain high and the turnover rate results infrequent case reassignment, as documented in Outcome Measure18.

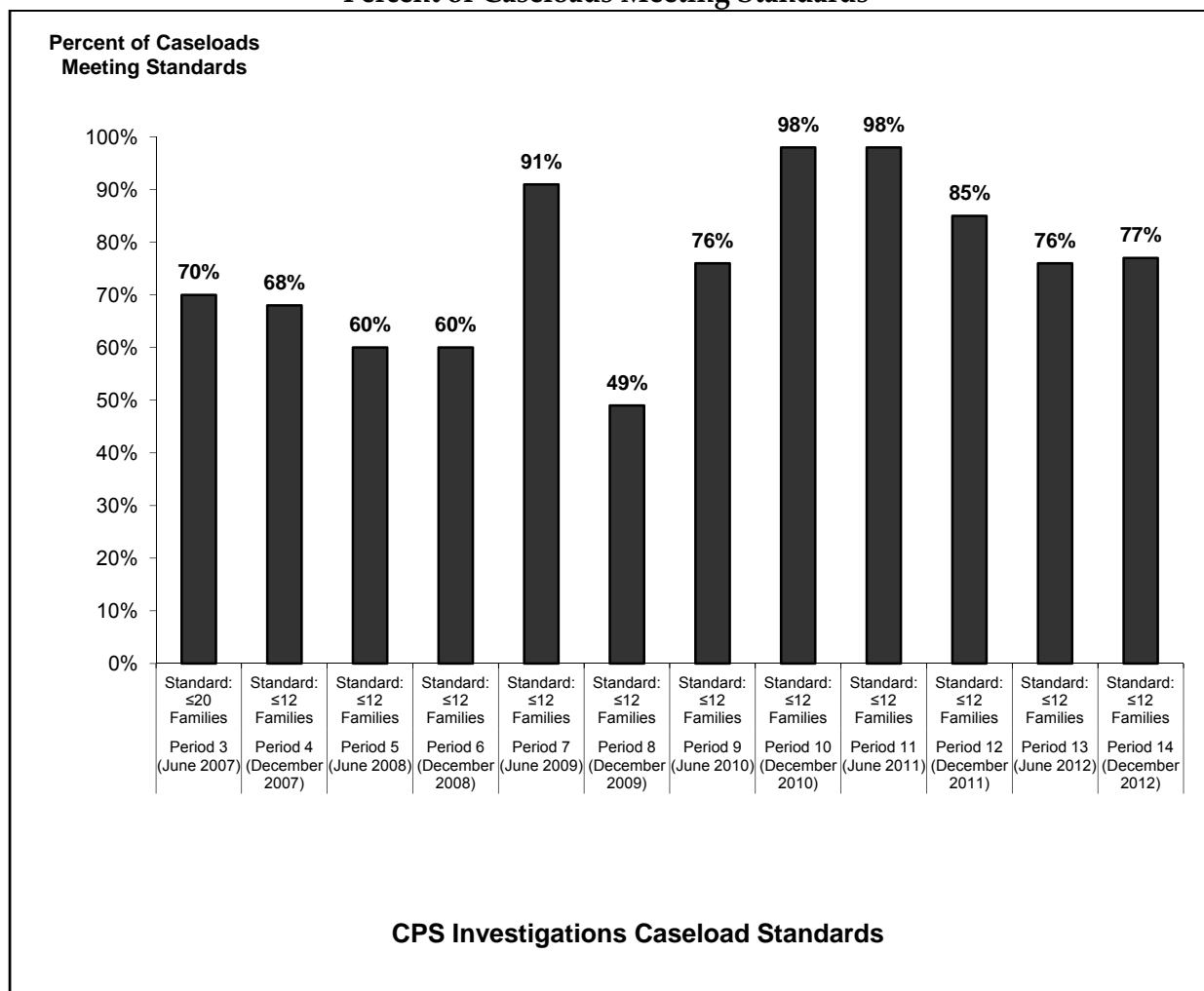
Table VI-5
DeKalb and Fulton County Caseload Status December 2012

Case Manager Function	Caseload Cap: Number of cases (families and children)	Number of Active Staff on 12/31/12	Number of Active, On-leave Staff on 12/31/12	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	43	1	33	76%	10	24%	24
Family Preservation	17 families	24	0	24	100%			6
Permanency Case Manager	15 children	67	1	61	91%	6	9%	1
Specialized Case Manager	12 children	25	0	21	84%	4	16%	1
Adoption Case Manager	16 children	27	0	27	100%	0		1
Total		186	0	153	82%	33	18%	33
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, 2012 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, 2012 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

As noted in Table VI-4, case managers traditionally designated as “Child Protective Services” case managers fall into two categories: investigators and family preservation. Figure VI-5 illustrates the proportion of CPS investigation caseloads meeting the Consent Decree standards over the reporting periods to which the standards applied. As of the end of Period 4 (December 2007), the standard has been 12 or fewer cases.

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



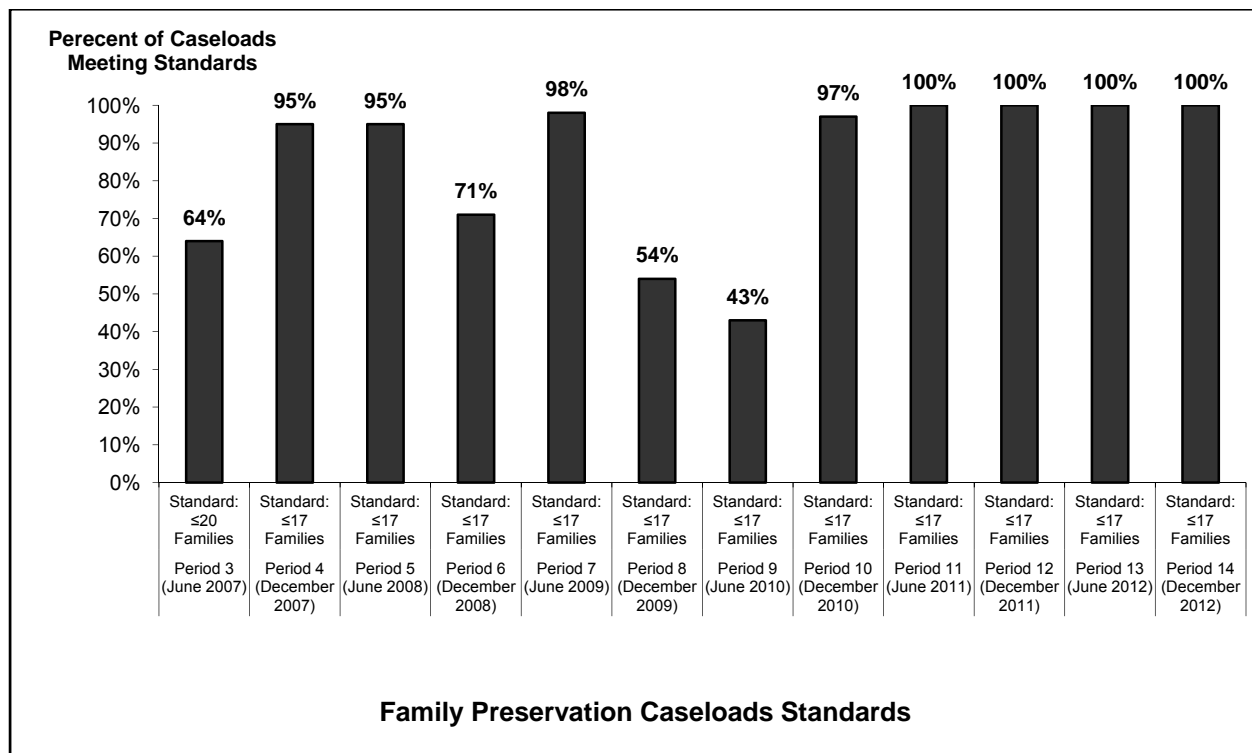
Source: State data bases: IDS and SHINES; county personnel systems for leave and separation information. January 2007-December 2012.

As shown above in Figure VI-5, in December 2012, 77 percent of the *CPS investigation* caseloads were at or under the caseload cap of 12 families. This performance is similar to the

Period 13 performance of 76 percent. The caseloads of the ten case managers who exceeded the cap (out of 43 total) ranged from 17 to 29 cases, with two of the ten having caseloads of 29. Twenty-four cases were assigned to supervisors pending assignment to a case manager or because the supervisor was completing the investigation. This is a substantial increase from the 6 cases assigned to supervisors during Period 12.

Figure VI-6 illustrates the proportion of case managers who provide *family preservation (on-going, in-home child protective services)*, meeting the Consent Decree standard over the reporting periods to which the standards applied. As of the end of Period 4 (December 2007), the standard has been 17 or fewer cases.

Figure VI-6
Twelve Reporting Periods of Family Preservation¹³⁸ Caseloads
Percent of Caseloads Meeting Standards



Source: State data bases: SHINES; county personnel systems for leave and separation information. July 2006-June 2012.

As displayed above in Figure VI-6, all 21 *family preservation* case managers had caseloads of 17 or fewer families. This performance is unchanged from the 100 percent in Periods 11, 12, and 13. For 30 months, over 95 percent of the family preservation caseloads have consistently complied with the Consent Decree standards.

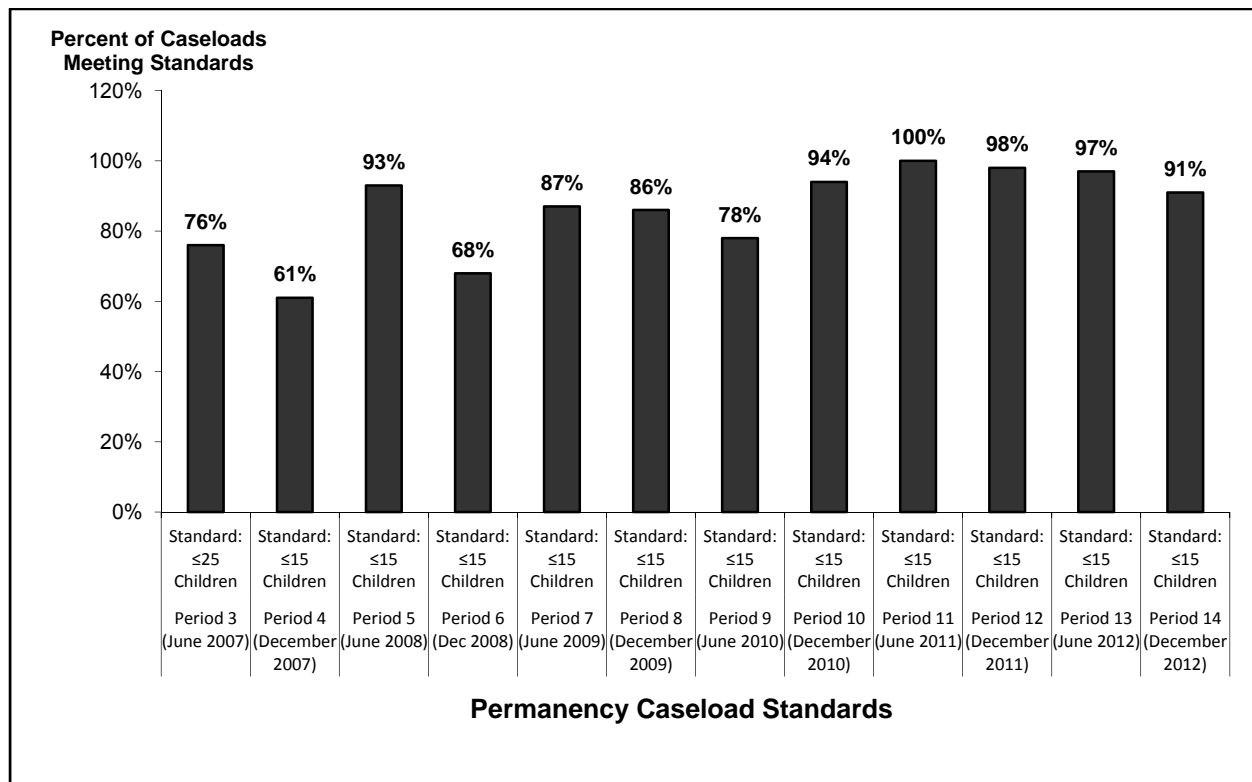
¹³⁸These cases were formerly referred to as “on-going CPS”.

Permanency Caseloads

As noted in Table VI-4, the children in County custody are divided among case managers depending on their permanency goals or length of stay in foster care. Traditionally, those children who have a permanency goal of adoption are served by an adoptions case manager as the adoption process requires legal knowledge and skills that exceed that needed for children for whom adoption is not the primary permanency goal. As required by the Consent Decree, children who are in custody 18 months or less and those in custody more than 18 months are assigned to different case managers. These two different caseloads are referred to as “regular” and “specialized.”

Figure VI-7 illustrates the proportion of “*regular*” *permanency caseloads* meeting the Consent Decree standards over the reporting periods to which the standards applied. As of the end of Period 4 (December 2007), the standard has been 15 or fewer cases.

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



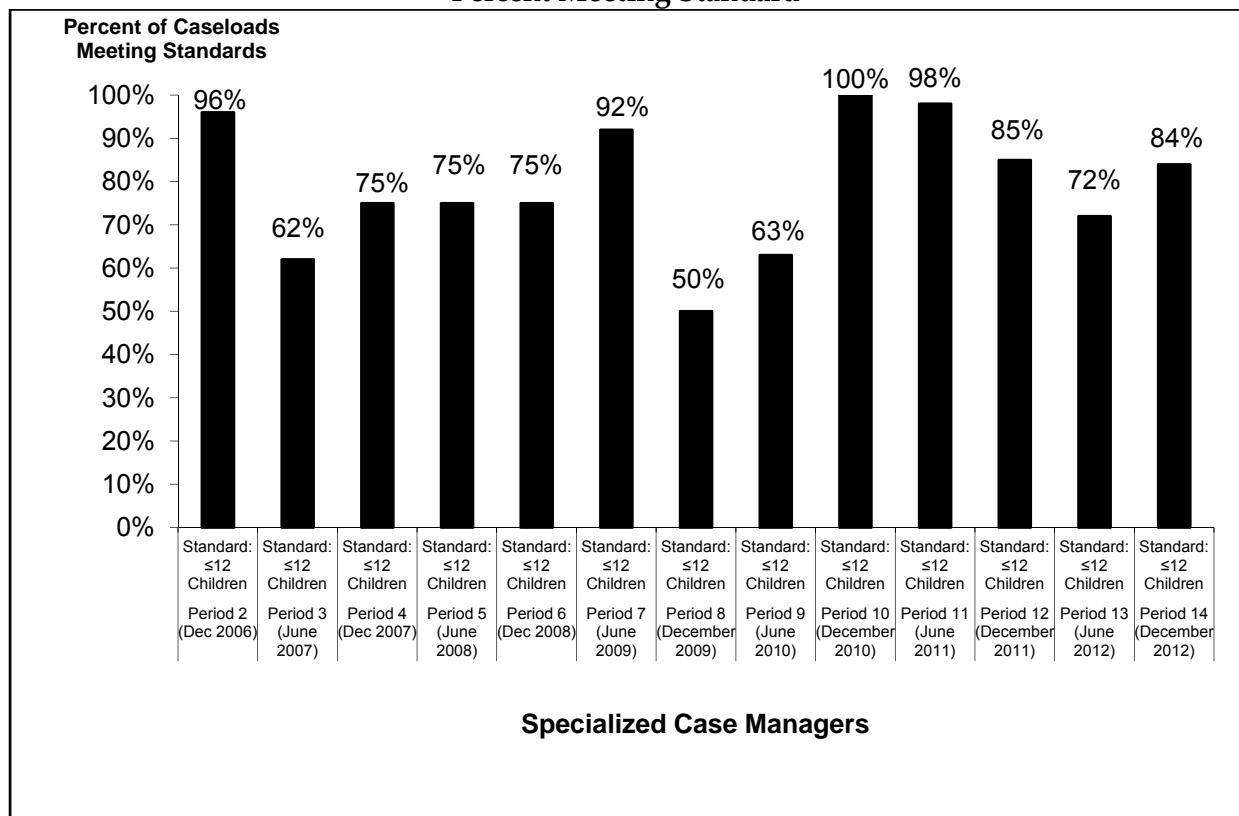
Source: State data bases: IDS and SHINES; county personnel systems for leave and separation information, January 2007-December 2012.

As shown above in Figure VI-7, in Period 13, 91 percent of the “*regular*” *permanency caseloads* were at or under the caseload cap of 15 children. A total of 67 case managers were designated “regular” permanency case managers based on the type of cases they were assigned. The six

case managers who exceeded the cap had caseloads of 17-19 children. This performance is a decline from the Period 13 performance of 97 percent. It is also noted that both DeKalb and Fulton counties had been working to keep all permanency case manager caseloads to 12 or fewer children to provide case manager continuity for children who remain in custody 18 months or more. As noted in the discussion of Outcome 18 in Part V of this report, case manager continuity declined during Period 14. In addition, interviews with case managers revealed a trend of fluctuating and increased caseloads due to turnover rates, and movement among units. While the attempt to keep all permanency case manager caseloads at 12 or fewer is admirable, the State is encouraged to focus first on meeting the Consent Decree requirement of 15 or fewer.

Figure VI-8 illustrates the proportion of *specialized caseloads* meeting the Consent Decree standard over the reporting periods to which the standard applied. The caseload cap for specialized case managers has been 12 since the first reporting period.

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



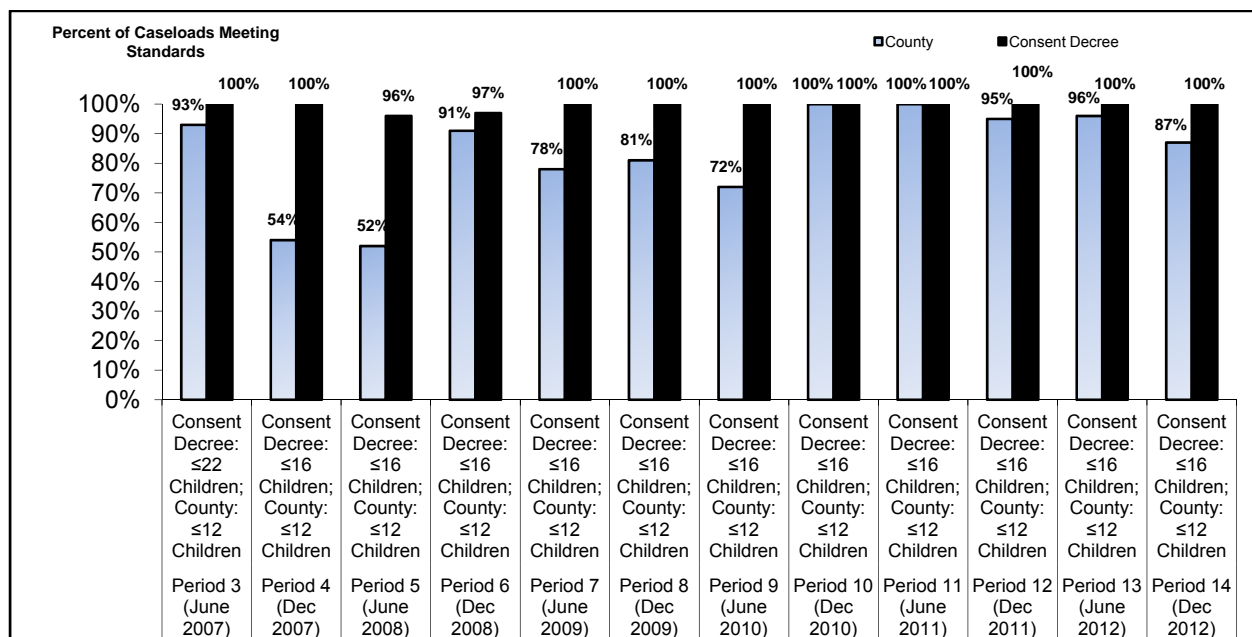
Source: State data bases: IDS and SHINES; county personnel systems for leave and separation information. July 2006-December 2012.

As displayed above in Figure VI-8, in Period 14, 84 percent of the *specialized caseloads* ---- *those caseloads with children who had reached or exceeded their 18th month in care* -- were at or

below the caseload cap of 12 children as stipulated in the Consent Decree or as allowed by DFCS case manager certification standards. A total of 25 case managers were considered “specialized” permanency case managers based on the type of cases they were assigned. Four case managers who exceeded the cap each had 13 to 15 children assigned to them. This performance is an improvement from the Period 13 level of 72 percent. 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. No cases were assigned to a supervisor.

Figure VI-9 illustrates the proportion of adoptions caseloads meeting the Consent Decree standards over the reporting periods to which the standards applied. As of the end of Period 4 (December 2007), the standard has been 16 or fewer cases.

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



Source: State data bases: IDS and SHINES; county personnel systems for leave and separation information.
June 2007 - December 2012.

As shown in Figure VI-9 above, 100 percent of the *adoption caseloads* (assigned to 23 case managers) were at or below the Consent Decree standard of 16 children. Furthermore, when measured by the counties’ self-imposed limit,¹³⁹ 87 percent of the adoption caseloads had 12 or fewer children. Two of the case managers who exceeded the counties’ self-imposed limit had

¹³⁹ 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.

caseloads of 13 children and one case manager had a caseload of 15 children. This performance is about the same as Period 13 when all but one case manager had caseloads of 12 or fewer children. The State has been able to keep the adoption caseloads at 16 or fewer children for five years.

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.¹⁴⁰ As shown in Table VI-6, in December 2012, **87 percent** of the supervisory units had a ratio of five workers or fewer to one supervisor. This performance is a decline from that measured in the previous four periods.

Table VI-6
DeKalb and Fulton County Supervisory Ratios at December 31, 2012

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)*	21	19	90%	2	10%
Permanency Case Managers** (Regular and Specialized caseloads)	19	15	79%	4	21%
Adoption***	6	6	100%		
Total	46	40	87%	6	13%

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

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

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

***Includes a unit supervised by an administrator due to supervisory vacancy.

C. *Building Workforce Skills*

The Consent Decree has several training requirements.¹⁴¹ 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.

¹⁴⁰ See p. 23, Section 8.B.2 in the Consent Decree.

¹⁴¹ See pages 25 and 26 of the Consent Decree for the complete description of the requirements.

1. Education and Training Services Section ¹⁴²

The leadership of the Education and Training Services (ETS) section remained the same in Period 14.

2. Staff Preparation and Professional Development

The State reported that the ETS engaged in several activities in Period 14. 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 14

Target Audience	Curriculum/Activity
Case Managers	The new Foster Care Curriculum " <i>Life as We Know It, In 3-D</i> " has been released for statewide training of new Case Managers. It is being trained at a minimum of one time per month. The curriculum has 3 modules: Module 1: <i>The Capacity to Protect and Parent</i> ; Module 2: <i>Maintaining/Creating Permanent Connections</i> ; Module 3: <i>Arrive and Thrive!</i> GA SHINES Foster Care elements are incorporated in the curriculum. This course is required for certification as a Foster Care Case Manager.
	<i>Field Practice Coach</i> (formerly <i>Field Practice Advisor Training</i>) The " <i>Field Practice Advisor</i> " program and training has been revised during this period. The Field Practice Coach Program is where experienced case managers provide coaching opportunities to new case managers. They are instrumental in assisting the new case manager's movement toward certification.
	The " <i>Present and Impending Danger</i> " module was added to the CPS Investigations training 11/8/12. This covers Present and Impending Danger. Two historical modules were removed from the CPS training, which were no longer deemed relevant, and other areas of the SS online training were updated to reflect the new Family Support track, including the FC online training which explains the SS continuum.
	<i>CAPTA/Babies Can't Wait/Guardian Ad Litem/Child Death Serious Injury</i> . This training is available to staff online and is addresses three areas of

¹⁴² 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.

Target Audience	Curriculum/Activity
	improvement needed for the CAPTA Program Improvement Plan. The three areas include child representation in court, community referrals for early intervention services and sharing information regarding child death, near fatality and serious injury.
Field Practice Supervisors	A 1 1/2 day coaching workshop has been incorporated into the new Field Practice Coach curriculum. (See <i>Field Practice Coach</i> section for additional information).
All Staff	<p><i>IMPACT Family Centered Practice</i></p> <p>The <i>IMPACT FCP Upgrade</i> curriculum underwent 2 pilots and is currently being trained throughout the state to both private providers and DFCS staff. The <i>IMPACT FCP Upgrade</i> class is currently provided to those participants (private provider and DFCS staff) that were certified in IMPACT.</p> <p>Statewide training to upgrade certification was completed in December 2012. To date 386 DFCS staff and 187 Private Providers have been trained and certified in the new Program.</p> <p><i>Let's Talk About It: Child Welfare Conversations (Interviews) Classroom Application Course.</i> This course is designed as part of an introductory/foundational sequence of courses for Case Managers and Supervisors assigned to work with families in all child welfare programs.</p>
Foster Parents and Foster Parent Trainers	A series of short training opportunities are being developed for use with Foster Parents to obtain required yearly training hours. These will be developed around such topics as: <i>Living with Teens, Substance Use by Children in Care, Fostering Lesbian, Gay, Bi-sexual and Transgendered Youth, Psychotropic Medications, Managing Anger, Lifebooks, Preventing Allegations, Understanding the IEP and Education Advocacy, How to Deal with Difficult Children, Stress in Parenting Foster Children, Sexually Acting Out Behaviors, Parenting Children in Trauma, Child Development, etc.</i>

Specific professional development activities in DeKalb and Fulton Counties during Period 14 include the following courses and assistance:

- Mandated Reporter Law Amendment and Other Legal Issues;
- Kinship Care;
- Domestic Violence;
- Children and Resiliency;
- Security Awareness;

- Parent Café Roundtables; and,
- Cultural Competency.

As reported in the Period 13 report, during the summer of 2011, the Georgia IV-E training and education 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 engaged a consultant to evaluate the curricula 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. The consultant's work was completed in June 2012 and DFCS met with the Region IV HHS representatives over the summer and fall of 2012.

The State has completed its curricula analysis and financial arrangements regarding the IV-E Social Work Program. The analysis and new funding structure was presented to HHS, ACF, and the Children's Bureau. The Children's Bureau approved of the new funding structure for the program. The State then met with the Georgia Board of Regents to determine which University would be best suited to be the primary contractor for the program, with all of the other schools of social work subcontracting with the primary program. Georgia State University was selected as the primary contractor for the IV-E Program. The State indicates that it hopes to grant a contract and begin the initial planning for the program by January 2014, but at the end of Period 14 all efforts to revive the program remained exploratory.

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.¹⁴³ Accordingly, all supervisors in Period 14 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 most new case managers and newly appointed supervisors are receiving the required number of hours of pre-service training. Overall, 79 percent of the case managers and 85 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 13 rates of 80 percent and 88 percent, respectively and it is the third period that compliance with the training hours has

¹⁴³ See p. 26 of the Consent Decree.

declined. All newly certified case managers and supervisors had the required pre-service training. In the interviews with 53 case managers and 17 supervisors in September and October 2012, the Accountability Agents collected information about training opportunities and actual training received, including the time spent in the courses. The interviewees' description of the training they had completed was consistent with the training data provided by the counties.

5. Case Manager and Supervisor Certification

Table VI-8 summarizes the certification status available from the State at the end of December 2012 for social service case managers and supervisors in Fulton and DeKalb counties. As shown, 149 case managers (96%) and 34 supervisors (92%) had achieved full certification as of December 31, 2012. This compares to 94 percent of the case managers and 85 percent of the supervisors in Period 13. 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, 2012

Position Title	Fully Certified	Results Pending	Provisional	Not Certified	Total*
Case Managers					
CPS Investigators	33		3		36
CPS On-Going Case Managers	22		1		23
Permanency Case Managers (Regular and Specialized Caseloads)	75		1		76
Adoption Case Managers	19		2		21
TOTAL	149		7		156
Supervisors					
CPS (Investigations and On-Going)	12			3	15
Permanency (Regular and Specialized Caseloads)	17				17
Adoption*	5				5
TOTAL	34			3	37

Source: Compiled from data supplied by county training coordinators. * Excludes one administrator supervising a unit because of a supervisor vacancy.

D. Assuring Needed Services Are Available

During Period 14, the counties continued their foster home retention and recruitment efforts. Table VI-9 summarizes county progress by December 31, 2012 compared to the March 31, 2008 baseline. The counties continue to fall short of the goals they set in 2008 for increasing the number of DFCS-supervised foster homes. Despite adding new homes each period, they continue to lose homes as well. A net gain of 32 private agency foster homes compared to Period 13 was reported, however. The foster care population, although beginning to increase, is still lower than it was at the advent of the Consent Decree reducing somewhat the demand for foster homes. Still, the difficulty of placing sibling groups together and the frequent placement moves (2 or more) of 22 percent of the children in care¹⁴⁴ suggests that meeting the needs of the children currently entering custody will continue to require the recruitment of specific types of foster homes.

During Period 14, Fulton County reported opening 22 homes but also closing 15 homes. Among the 15 closures, seven (47%) were the result of a voluntary decision by foster parents and seven homes (47%) closed as the result of adoptions – foster parents desiring to close their homes after adopting children in their care. One home was closed for administrative reasons. Barriers to retention and recruitment previously identified by the county reportedly continue. 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 19 homes but also closing 24 homes. Twelve of the 24 closures were the result of a voluntary decision by foster parents. Another six homes closed as a result of finalized adoptions. These two reasons account for 75 percent of the home closures. Two homes closed as the result of the family moving out of County or out of State. 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.

¹⁴⁴ See Table V-2 earlier in this report.

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

County	Baseline – As of March 31, 2008		Status on December 31, 2012		Progress: Net Gain or (Loss)		Goals * (total capacity)	
	Beds	Homes	Beds	Homes	Beds	Homes	Beds	Homes
DeKalb								
<i>County Supervised Homes</i>	418	209	235	116	-183	-93		
<i>CPA Supervised Homes*</i>			561	215				
Total			796	331			798	308 to 339
Fulton								
<i>County Supervised Homes</i>	504	238	245	126	-259	-112		
<i>CPA Supervised Homes*</i>			376	133				
Total			621	259			594	328
Two-County Total			1417	590				

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

*Goals set in 2008

In response to the continued concern regarding the status of the foster home resources for children in DeKalb and Fulton custody expressed by the Accountability Agents and Plaintiffs Counsel, the State agreed to conduct a needs assessment similar to the one completed in 2007 by Hornby Zeller Associates. The Accountability Agents urged the State to consider the characteristics, needs and communities from which children coming into DFCS custody are removed in determining the types, number, and location of foster homes needed. The follow-up assessment, conducted by the State Office Permanency Section, was completed in January 2013.

The State's findings included:

- Over a six-month period, 38 percent of the families inquiring about being foster parents in DeKalb or Fulton Counties attended an orientation session and 52 percent of those who attended orientation began IMPACT training. Although DeKalb County had 110 families begin IMPACT training in this six-month period compared to 42 families in Fulton County, only 54 of the DeKalb families completed IMPACT while all 42 Fulton families completed.

- For the 12 months ending January 2011, although a plurality of children entering care in Fulton County came from four zip codes, only one of those zip codes had a sufficient number of foster home beds to accommodate the number of children removed from that zip code. In contrast, a plurality of children entering care during the same period in DeKalb County came from three zip codes – all of which had more than enough foster home beds to accommodate the number of children removed in those zip codes.
- In both Counties the different organizational units were found to work in “silos,” limiting collaboration from other affected units.
- Although Fulton County has full-time recruitment staff while DeKalb does not, Fulton continues to lack resource homes in key geographic areas of need.
- Both Counties need to improve the quality of their placement matches, which appear to focus on meeting the immediate need for a bed “...rather than the foster parent’s caregiver capacity to meet the needs of the child.”¹⁴⁵
- The “receiving homes” utilized by both Counties seem to be working well. “The supports extended to these caregivers should be extended on some level to the ‘regular’ caregivers.”¹⁴⁶

The assessment concludes with five recommendations from the State Office Permanency Unit. These are summarized below:

- 1) The State Office Permanency Unit will initiate quarterly recruitment/retention meetings with DeKalb, Fulton, the perimeter counties, CPAs and CCIs to:
 - a. Plan, collaborate and trouble shoot on recruitment, retention and placement issues;
 - b. Review recruitment, retention and home utilization data;
 - c. Resolve specific home-finding challenges for children/youth; and
 - d. Create quarterly action plans regarding targeted recruitment, retention, and placement of children/youth.
- 2) A review of the receiving home program model should be conducted by Region 14 to determine if aspects of the model could be replicated with “regular” foster homes and to determine if additional receiving homes are needed.
- 3) DeKalb and Fulton Counties should continue working to regionalize their resource development functions and teams.

¹⁴⁵ “Resource Development Assessment of Region 14,” Georgia Dept. of Human Resources, January 2013, p.6.

¹⁴⁶ Ibid.

- 4) The State Office Permanency Section will begin mentoring the supervisors in Region 14 responsible for recruitment, retention, training, support, and placement matching in April 2013 to provide them with training, support, and a quality assurance mechanism.
- 5) The State Office Permanency Unit will continue developing plans for a state-level resource development unit.

The Accountability Agents will continue monitoring and reporting on any action steps taken pursuant to these recommendations and on the State's other efforts to develop and maintain enough high quality foster homes to meet the placement needs of the children in its care.

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.6¹⁴⁷ and Section 11.¹⁴⁸ The State performed well in many areas in Period 14 and maintained many of the significant improvements documented in Periods 5-12 compared to earlier reporting periods. However, the State continues to be challenged by the legacy of incomplete CPS history checks in foster home records and systemic issues that too often compromise the Department's ability to detect and prevent individuals with previous histories of child maltreatment from becoming or remaining foster parents.

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 159 foster home records sought evidence in each record that the home was in compliance with applicable standards at the end of the reporting period. Data from the foster home record review are presented below. These data can be said to fairly represent the status of the sampled foster homes at the end of the reporting period, but may not accurately reflect the quality of the regulatory approval process. The reasons for this include changes that may occur in family circumstances or characteristics between the approval date and date the home's record 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

¹⁴⁷ Ibid, pp. 16-19.

¹⁴⁸ Ibid, pp. 26-28.

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 record 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 apply to DFCS-supervised and provider-supervised foster homes alike. In addition, the Residential Child Care unit (RCC) has promulgated licensing rules that apply to the Child Placing Agencies (CPAs) that supervise private foster homes.¹⁴⁹

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 13.

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 13 and 14.

¹⁴⁹ Effective September 1, 2012, supervision of the Office of Residential Child Care (ORCC) was transferred to the Office of the Inspector General and renamed the Residential Child Care unit (RCC). As this transfer occurred after the close of Period 13 the unit is referred to in this report as ORCC.

Table VI-9
Foster Care Approval and Licensing Standards
n = 159

Foster Care Screening, Licensing, Training, and Investigative Requirements	Percent of Sample with Documented Compliance	
	Period 13	Period 14
Sex Offender Registry checked for foster parents	100%	100%
Timely annual re-evaluation (no lapses)	98%	100%
Comprehensive Drug Screen for Foster Parents	98%	100%
Family assessment completed	100%	99%
Pre-service foster parent training requirements met	100%	99%
Gender of children in home never varied from that approved	98%	99%
Timely Criminal Record Checks for foster parents	98%	99%
No violations of agency discipline or other foster care policies	97%	99%
Number of children in home never exceeded approved capacity	96%	99%
Age of children in home never varied from that approved	95%	99%
CPS history has been checked	96%	97%
Comprehensive medical report for each foster parent	93%	97%
Ongoing foster parent training requirements met	93%	94%
Timely Criminal Record Checks for other adults in the home	93% ^a	91% ^a
Sex Offender Registry checked for other adults in the home	93% ^a	89% ^a
Appropriate health statements for other adults in the home	76% ^a	89% ^a

Source: Foster Home Record Reviews for Periods 13 and 14.

^a As these measures are based on a sub-sample of 44 foster homes, they have a margin of statistical error of $\pm 14\%$.

The foster home record review found completed initial/re-evaluation reports in 159 of 159 records (100%) in which they should have appeared, similar to the 99 percent found in Period 13. The file review found evidence that for most approval standards, 97 percent or more of the homes reviewed were in compliance. This is similar to Period 13, for which most of the approval standards were met by 96 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 improved for four requirements (*number of children in home never exceeded approved capacity*, *age of children in home never varied from that approved*, *comprehensive medical report for each foster parent*, and *appropriate health statements for other adults in the home* – by 3, 4, 4, and 13 percentage points, respectively). Compliance declined for one requirement (*sexual offender registry has been checked for other adults* – by 4 percentage points).

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 14 record review demonstrates that the improvements documented in Periods 5–12 largely have been maintained. No approval and licensing standard had a compliance rate below 80 percent.

2. Prohibition of Perpetrators of Substantiated Maltreatment to be Foster Parents

Section 11.F. of the Consent Decree specifies that DFCS will not allow perpetrators of substantiated maltreatment, those with policy violations that threaten child safety, or those who repeatedly or unrepentantly use corporal punishment to become or to remain foster parents. State performance in preventing foster parents from using corporal punishment remained excellent. However State performance in preventing perpetrators of substantiated maltreatment from becoming or remaining foster parents and in detecting and preventing foster parents with problematic histories from switching supervision environments (e.g., moving from one provider agency to another) showed a marked decline compared to previous periods.

a. Corporal Punishment and Maltreatment in Foster Homes

Of the 159 foster home files reviewed for Period 14, none (0%) had confirmed incidents of corporal punishment during the 12 months ending December 31, 2012. In Period 13, two confirmed incidents of corporal punishment were 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.

A total of 16 foster homes in the placement sample of 159 (10%) were the subject of maltreatment referrals during Period 14. Three of these referrals were screened out; nine were investigated and unsubstantiated. Four homes had maltreatment investigation that produced substantiated findings; three of these homes were closed after the involved children were removed. The fourth home remained open at the end of the reporting period (the allegation in this case was abandonment/rejection after the foster parent, who had accepted guardianship of the youth, returned her to DFCS).

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..."¹⁵⁰ DFCS Policy requires CPS history checks to be run for prospective foster

¹⁵⁰ See p. 28 of the Consent Decree.

parents prior to their initial approval;¹⁵¹ any CPS reports occurring after a foster home's initial approval to be documented in the foster home's record;¹⁵² and CPS reports in DFCS or provider-supervised foster homes to be opened in the name of the approved caregiver.¹⁵³

To assess the State's performance in not allowing perpetrators of substantiated maltreatment to become or to remain foster parents, file reviewers examined the CPS history of every foster home that had a maltreatment-in-care investigation completed during Period 14 and, for every foster home in the sample of 159, performed a "look-up" in SHINES and the IDS Master Index to determine if the home had any history of substantiated maltreatment. Among the 78 maltreatment-in-care reports that were associated with a foster home and the 159 foster home records sampled for Period 14, three foster homes were found to have a prior substantiation of maltreatment and to be open during the period. In Period 13, no such homes were identified. These foster homes and the circumstances that lead to their being open during Period 14 despite their previous substantiated maltreatment histories are discussed in greater detail below.

Home 1 was a provider-supervised foster home that had a referral for verbal threats and abandonment/rejection reviewed as part of the Period 14 CPS review. This home was initially approved by a large CPA in 2005. In December 2008 the foster parent had a substantiated CPS report of inadequate supervision as a result of a foster youth in her care being physically assaulted by a man she met on the internet when she was supposed to be at school. The foster parent worked full time which left the youth, who had a history of suicidal ideations and running away, on her own to get on the school bus and with unsupervised access to the internet before and after school. The CPA placed the foster home on "hold" in January 2009; issued a notice of pending closure in April 2009; and closed the home and recommended that it not be re-opened in June 2009. In July 2009 this foster home was approved to care for children in DFCS custody by a different provider agency. This approval appears to have been enabled by two things: a faulty CPS history check run by the DFCS ICPC unit and the assignment to the foster parent of a second "unique" SHINES Resource Identification number by the Office of Provider Management.

In Period 11 this foster home, operating under the auspices of the second CPA, was selected as part of the foster home sample for that period. The *Kenny A.* file review team detected the foster mother's previous substantiated CPS history and notified the appropriate DFCS authorities and the CPA (which placed the home on hold).¹⁵⁴ The

¹⁵¹ Social Services Manual, Section 2103.18, February 2008.

¹⁵² Social Services Manual, Section 1015.39, April 2007.

¹⁵³ Social Services Manual, Sections 2106.9 and 2106.18, March 2006.

¹⁵⁴ This was one of six foster homes in the Period 11 sample with incomplete CPS histories, which 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. The uptick in foster homes with incomplete CPS histories was brought to the attention of the Parties after Period 11 and the State agreed to take a number of corrective action steps, including the creation of a new CPS Screening Team and the CPS re-screening of the State's entire foster home stock. See Dimas, J.T. and Morrison, S. A. *Period 11 Monitoring Report, Kenny A. v. Perdue*, December 2011, pp. 150-151 for

foster parent requested an Administrative Review of the substantiated finding in the 2008 case. In April, 2012 the second level reviewer found that given the youth's "...history of severe behavioral difficulties including suicidal threats and actions, fecal smearing, physical aggression, runaways, property destruction, sexual victimization, alleged drug use, abandonment by her birth family and her adoptive family, placement at only the AWO [Additional Watchful Oversight] level with a single parent who worked outside the home 8 hours a day was not an appropriate placement by [the CPA].¹⁵⁵ The Administrative Review Officer recommended that the previous substantiated finding be overturned and the DHS Commissioner concurred in June 2012. The CPA re-opened the home and when its CPS history was reviewed as part of the statewide re-screening effort the substantiated finding had already been overturned so the home was allowed to remain open. In November 2012 DFCS received the CPS referral reviewed for Period 14 that alleged verbal threats and abandonment/rejection of a child in DFCS custody. That investigation produced a substantiated finding and the home was closed again in January 2013.

Home 2 had an unsubstantiated report of inadequate supervision in September 2012 that was reviewed as part of the Period 14 review of all maltreatment-in-care investigations.¹⁵⁶ During that review the foster mother was found to have a previous CPS history that included an unsubstantiated report of inadequate supervision from 2004 and a substantiated report of physical abuse involving her adopted child from 2006. These reports appeared in DFCS' legacy data system IDS. Additional investigation by the *Kenny A.* review team identified another substantiated report in 2008 for inadequate supervision naming the foster mother as the maltreater and involving the same adopted child. This case was associated with a different SHINES Person Identification Number and a second SHINES Resource Identification Number than the unsubstantiated report reviewed for Period 14. Both sets of Person Identification Numbers and Resource Identification Numbers were in the foster mother's name and used the same address but had a different birth dates.

This foster mother had been a resource parent for a private provider agency from at least 1996 to at least 2001 when she adopted three of the children in her care, but OPM was unable to say exactly how long she was a provider-supervised foster parent. In October 2010 she applied to be a Fulton County-supervised foster parent but was rejected because the CPS history run by Fulton County Resource Development staff as part of the approval process revealed her substantiated history.¹⁵⁷ However, in July 2012 this

a more detailed discussion of this issue. The Period 14 status of these action steps is reported on below.

¹⁵⁵ From: Administrative Review Officer Recommendation pursuant to Policy Number 3.33, April 19, 2012.

¹⁵⁶ The referral that led to this investigation appears to have contained no allegation of maltreatment on the part of the foster parent. The youth in her care sustained a wrist injury during football practice at school. It appears that the referral, which meets the current policy criteria to be "screened-out," was investigated solely as a result of the "no screen-outs" directive in force in Fulton County at that time (see Part 3 of this report for additional information on the short-lived "no screen-outs" directive and its effects).

¹⁵⁷ The CPS history check performed by the Resource Development staff correctly identified both of the reports in

former foster parent was approved to care for children in DFCS custody by a different private provider agency. The CPA involved failed to follow the protocol established by OPM after Period 11 that requires CPAs to request CPS histories for prospective foster parents from the State Office CPS Screening Team. Instead, this CPA requested a CPS history screening from Fulton County CPS intake staff, which complied with the request but failed properly to conduct a complete CPS history check and erroneously reported that the foster parent had no CPS history. After the foster mother's history was brought to light by the *Kenny A.* file review team OPM closed the foster home in question and sent the supervising CPA a *Letter of Concern* for its failure to follow the established CPS history screening protocol.¹⁵⁸ OPM also identified four other foster homes supervised by this CPA for which the established CPA history screening protocol had not been followed and placed all of the CPA's homes on "hold" until proper CPS histories were completed. This home's CPS history was not detected as part of the statewide re-screening effort because the home was not approved by the second CPA until July 2012 and the list of active foster homes that were re-screened was generated in February 2012.

Home 3 was reviewed as part of the Period 14 sample of 159 foster home records. The *Kenny A.* record reviewer noted the foster mother had a previous substantiated history in the State of Mississippi documented in SHINES, both in the "Contact Narratives" section as well as in "External Documents." Further inquiry revealed that the foster mother had also fostered in Mississippi, where she actually had five CPS reports in the space of six years: an unsubstantiated report of physical abuse of her granddaughter in 2005; an unsubstantiated allegation of sexual abuse involving her 12 year-old adoptive son with a five-year-old neighbor in 2006; a 2008 unsubstantiated report of medical neglect involving the death of a special needs child in her care; a substantiated report of medical neglect involving her adoptive daughter in 2009; and a 2010 substantiated report of emotional abuse involving her adoptive daughter. As a result of the substantiated reports and confirmed policy violations, Mississippi closed her foster home in 2010. Mississippi child welfare officials indicated to the Georgia *Kenny A.* staff that in 2010 they also were considering removing the adoptive daughter who was the alleged victim of the two substantiated reports when they lost touch with the family, apparently because they moved to Georgia.

In the space of two weeks in August/September 2011, the foster mother applied to become a Cobb County foster parent and to become a foster parent through a private provider agency. Cobb County officials ascertained her previous residency in Mississippi and, per policy, contacted child welfare officials in that state to check her CPS history there. Upon learning that she had a substantiated referral in Mississippi that led to her foster home being closed in that State, they informed her in October 2011 that they would be unable to approve her to be a resource home in Georgia and

the IDS system as well as the 2008 report in SHINES.

¹⁵⁸ *Letters of Concern* may be used by OPM to document concerns with provider practices or performance.

documented this fact in both the “Contacts Narrative” section of SHINES as well as by uploading the documentation they received from Mississippi into SHINES external documents.

In the meantime, the provider agency requested a CPS History check from the ICPC Unit in October 2011 and in December 2011 was informed that the prospective foster parent did not have a CPS history with Georgia DFCS. It is the policy of OPM and a rule of RCC that prior to approving prospective resource parents to foster in the State of Georgia, private providers are responsible for checking out-of-state CPS records of any applicant who has lived in another state in the previous five years. The CPS History consent form signed by this foster parent disclosed her previous residences in Mississippi, but the private provider agency acknowledges that it failed to follow its own policy and to make the required check with Mississippi. In February 2012 this foster parent was approved to care for children in DFCS custody by the private provider agency. This home’s CPS history was not detected as part of the statewide re-screening effort because that effort accessed only the Georgia CPS history field in SHINES and her history in Mississippi, though documented in SHINES, was documented in fields that were not reviewed by the re-screeners.

In November 2012 a medically-fragile infant placed in this home was severely injured. The child had become unresponsive shortly after the foster mother left him in a substitute nurse’s care. Apparently, the child’s tracheotomy tube had become dislodged which led to cardiac arrest. The child’s Fulton County placement case manager attempted to make a report to Fulton County CPS intake on the day of the incident. The child’s placement record indicates that Fulton County CPS intake declined to take the report because it did not appear to involve maltreatment, but the attempted referral was never recorded in SHINES as a screen-out, which effectively it was. In December 2012 Cobb County opened an investigation of the incident after the child’s birth mother alleged inadequate supervision on the nurse’s part. The nurse, not the foster mother, was listed as the alleged maltreater in that investigation, which concluded with an unsubstantiated finding. The child died days after his first birthday in March 2013 after several months in a coma. Due to the fact that the Cobb County investigator failed to complete the SHINES “Special Investigations Tab” (which triggers an automatic notification to the State Policy Office of maltreatment in care investigations), Central Office did not learn of the investigation or its findings until the child’s death triggered a child fatality report in March 2013.

These three cases raise a host of concerns about the errors, practices, and policies that enabled the homes to be approved, to switch supervision environments undetected, and to remain open into Period 14 despite their substantiated CPS histories. The concerns raised by each of these cases are enumerated below.

Home 1:

- The initial problem in this case was a faulty CPS history check.¹⁵⁹ This problem is not a new one, having first been flagged by the Accountability Agents in Period 5 when performing these checks was done at the county level.¹⁶⁰ The current policy is for such checks to be conducted by the State Office CPS Screening Team. None of the faulty CPS checks associated with these three homes was conducted by that team.
- The second problem—and the one that appears to have allowed the home to be approved by a different CPA despite the recommendation of the first CPA that the home not be reopened—was the issuance to the foster mother of a second SHINES Resource Identification Number. For a foster parent to receive a second Resource Identification Number suggests a faulty SHINES “person search” for that individual was conducted by OPM during the creation of the new foster home record.¹⁶¹
- The third problem appears to have been a function of the first two. As noted earlier, Section 11F of the Consent Decree requires DFCS to be able to identify DFCS-supervised or provider-supervised foster parents that have perpetrated substantiated maltreatment or had their home closed and subsequently seek foster home approval from a CPA or a different CPA. The system used by OPM to meet this mandate appears to hinge on two things – a properly executed CPS history check and the assignment to every placement resource of a truly unique Resource Identification Number. The State’s ability to detect and prevent individuals with disqualifying histories from being reapproved by switching supervision environments appears to depend on the flawless execution of these two underlying processes. Neither of those components appears to have been properly executed in the case of Home 1, which points to a weakness of the system presently in place.

¹⁵⁹ 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.

¹⁶⁰ The inconsistent quality of CPS checks performed at the County level prompted the Accountability Agents to recommend that the function of performing these checks be centralized in the hope they would become consistently accurate. The State’s first attempt to accomplish this by centralizing the function within the ICPC Unit proved unsuccessful as errors continued to occur (the faulty CPS history checks run for Homes 1 and 3 were conducted by the ICPC Unit).

¹⁶¹ The process for creating a SHINES Resource Identification Number involves creating a new home record, then adding each individual member of the home after conducting a SHINES search to see if any records for that individual already exist. In the case of DFCS-supervised homes the process is conducted by county staff and is initiated when a prospective foster parent first inquires about foster parenting. In the case of CPA supervised homes, the process is conducted by OPM and is initiated when OPM is informed by the provider that it has recruited a new foster home that it is preparing to approve.

The Home 2 case raises several issues, some of which are similar to those raised in the Home 1 case and some additional ones as well. As with Home 1 this foster parent was issued a duplicate Resource Identification Number and duplicate “unique” person identifier (which suggest a faulty SHINES “person search” was conducted). Also like Home 1, this home’s attempt to become a DFCS-supervised foster parent was thwarted when a county searched for and found her CPS history, but ultimately she was approved to foster by a private provider when a second, faulty CPS history check was performed. Other issues raised by the Home 2 case include:

- The faulty CPS history check performed in this case was performed by Fulton County CPS intake. One of a CPS intake worker’s key functions is to perform a CPS history check for the investigator’s review so the decisions made in a fresh investigation are informed by what is already known about a family. As stated in DFCS policy “...a careful review of **all** history.... must be carefully considered, because the past has great influence on how to assign and respond to a new report.”¹⁶² If CPS intake fails to perform an accurate CPS history investigators may be starting with an inaccurate conception of the family, which may compromise the quality of the ensuing investigation and the soundness of its conclusions. The fact that Fulton County prevented this person from becoming a county-supervised foster parent due to her substantiated CPS history and 18 months later informed the requesting CPA that she had no substantiated history also points to the continued compartmentalization of information despite the widespread availability of SHINES.
- After being rejected by Fulton County, this foster home appears to have successfully switched supervision environments undetected because the supervising CPA requested a CPS History check from Fulton County Intake rather than from SSIU’s CPS Screening Team. While this provider failed to follow OPM’s established protocol, OPM failed to detect the problem until it was raised to their attention by the *Kenny A.* review team. Only at that point did OPM identify four other homes of this provider agency that were approved without following OPM’s established CPS history check protocol. It appears that OPM needs a more robust means of validating that prospective foster parents have passed a proper CPS history check and SHINES “person search” prior to assigning them a new Resource Identification Number.
- The Statewide rescreening effort failed to detect this home’s substantiated history because the home was approved after the list used to support the re-screening effort was generated. It appears the implicit assumption was made that every CPS history check conducted after that date would be accurate and therefore re-screening would be unnecessary.

¹⁶² Social Services Manual, Section 2103.13, February 2008.

Home 3 raises four additional issues:

- The foster mother's CPS history was documented in SHINES, but the current practice of SSIU's CPS screening team and the ICPC before it is to look narrowly at what SHINES reports under CPS history rather than to start with a broad-based inquiry into "What do we already know about this family?" As a result, the CPS history documented in SHINES for Home 3 was missed prior to the home's initial approval and again during the Statewide re-screening effort, as were the duplicate Person and Resource Identification Numbers assigned to Homes 1 and 2.
- Home 3 being approved as a Georgia foster home was enabled by the bifurcation of responsibility for CPS history checks between the State and private providers when a prospective resource parent has lived in another state. The State requires prospective foster parents to disclose any previous residences in the last five years but does not require them to furnish any documentation to validate claims or denials of such previous residency, nor does there appear to be an effective process or strategy for ensuring that private providers have performed the out-of-state checks for which they are responsible. It is recommended that the State consider consolidating the process given the fact that prospective foster parents are required to disclose residency for the previous five years on the CPS history consent form that triggers the in-state CPS history check by the CPS screening team.
- A serious concern is the failure by Fulton County CPS Intake to properly document the screening out of a maltreatment-in-care allegation in this case. The State and Plaintiff's Counsel are presently engaged in a dialogue and some problem-solving steps around this issue.
- Finally, the failure of Cobb County properly to document the investigation it conducted by completing the SHINES Special Investigations Tab hampered the State Central Office's timely execution of its review and concurrence and notification functions in this case. The widespread failure of investigators to complete this portion of the investigative record limits the Central Office's timely oversight of maltreatment-in-care investigation quality and its prompt response to emerging trends of concern.¹⁶³

As noted previously, after the Period 11 foster home review identified a number of foster homes in the sample that had incomplete CPS history checks in their records the State agreed to undertake a number of remedial actions including the complete rescreening all 1847 CPA and 2069 DFCS approved foster homes. The status of the remedial actions and policy changes the State agreed to take is summarized below.

¹⁶³ As documented in Part 3 of this report, the SHINES Special Investigations Tab was not completed for 66 of 128 (52%) of the investigations reviewed for period 14.

- **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 foster homes in Fulton and DeKalb Counties (DFCS and CPA-supervised homes) was completed prior to December 31, 2012. Re-Screenings of the remainder of all CPA and DFCS foster homes in the State was completed by March 31, 2013, rather than December 31, 2012, as originally planned. To prevent the placement of children in DFCS custody, any resource home in which an adult household member had a substantiated finding would be closed in SHINES (unless a waiver was approved to allow for adoption or other permanency to be achieved, after which it would be closed).

Validation: The Period 14 foster home record review sought evidence in the 159 foster home records sampled that a CPS rescreening had been completed. Thirty-seven of the 159 sampled records (23%) did not contain rescreening documentation. OPM was able to provide documentation indicating that for 20 (54%) of the homes lacking evidence in the record, the rescreening had successfully been completed but the results had not been uploaded to SHINES. Eight of the 37 homes missing rescreening results were opened after February 24, 2012 – the date the roster of open foster homes requiring rescreening was generated. Of the remaining nine homes (6% of the sample) five open homes failed to appear on the roster of open homes that required rescreening and four homes that did appear on the roster were not rescreened as a result of human error.

- **Action:** Develop policy that requires DFCS staff to verify CPS history of a foster parent prior to placement to ensure consideration of any unsubstantiated or diversion history prior to placement.

Status: The new policy was released State-wide in County Letter 2012-06, published on October 19, 2012. A memo clarifying the parties responsible for conducting the checks and the procedures to be followed was published on December 7, 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 completing the CPS history re-screenings for all CPA and DFCS foster homes. The CPSST is also responsible for conducting initial CPS history checks for all prospective CPA foster parents. After the rescreening effort is concluded, it is planned that the CPSST will assume responsibility for conducting initial CPS history checks for all prospective DFCS foster parents as well. The CPSST is a part of the Special

Investigations Unit, which is an organizational component of the Office Provider Management.

- **Action:** Implement a revised CPS history 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 CPAs and local DFCS offices 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:

- CPS screening at initial approval is conducted by the CPSST for all CPA foster homes. (As noted above, it has not yet begun to perform this function for prospective DFCS foster homes). DFCS had planned also to have the CPSST complete a rescreening of every foster home at five year intervals going forward. However, commencing in January 2014, DFCS has decided to conduct the rescreening every year as part of each foster home's re-approval.
- 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 with the application process.
 - 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.
- DFCS is preparing a plan for phasing in initial approval screenings for DFCS foster parents. Previously, the Department had indicated these would be phased in by region beginning with Fulton and DeKalb counties.

Future reports will continue to examine foster homes that have allegations of maltreatment made against them, and the State's performance 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)¹⁶⁴. 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 99 provider-supervised foster homes sampled that had a class member in care at any point during the reporting period, 99 (100%) were overseen by CPAs that had a valid license on December 31, 2012.

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.

¹⁶⁴ Effective September 1, 2012, supervision of the Office of Residential Child Care (ORCC) was transferred to the Office of the Inspector General and renamed the Residential Child Care unit (RCC). As this transfer occurred after the close of Period 13 the unit is referred to in this report as ORCC.

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 14, a total of 63 CPAs (supervising approximately 1792 foster homes) and 166 CCIs were approved by OPM for the placement of children in DFCS custody. These CPAs and CCIs varied in size:

- 14 CPAs and 105 CCIs were "Small Agencies" (≤ 6 CPA foster homes or CCI beds);
- 17 CPAs and 50 CCIs were "Medium Agencies" (7-20 CPA foster homes or CCI beds);
- 17 CPAs and 5 CCIs were "Large Agencies" (21-30 CPA foster homes or CCI beds); and,
- 15 CPAs and 6 CCIs were "Extra Large Agencies" (≥ 31 CPA foster homes or CCI beds).

During Period 14 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 53 (84%) of the 63 contracted CPAs, and 136 (82%) of the 166 contracted CCIs during Period 14.

During Period 14, OPM also conducted 75 "Safety Reviews" of CPA foster homes and 81 Safety Reviews of CCIs, in addition to the Comprehensive Reviews discussed above. A Safety Review (which takes about 90 minutes to complete) is a streamlined version of the Comprehensive Review (which typically takes about two days) that specifically focuses on child safety issues. During a typical Safety Review, one or more children are interviewed about how safe they feel in their placement environment; a caretaker is interviewed about how agency policies are implemented; the reviewer conducts a brief assessment of the facility's overall acuity mix; and a walk-through of the facility is conducted.

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

3. Other Practice/Process Requirements Regarding Placement Support

The Consent Decree contains a number of other requirements related to placement. These include restrictions on the capacity of foster and group homes; payment, training and support requirements pertaining to foster parents; and automating placement data.

a. Foster Home Capacity Restrictions

Section 5.C.4.e of the Consent Decree limits the capacity of foster homes to three foster children or a total of six children (including the family's biological or other children) absent the written approval of the Social Services Director unless these capacity limits are exceeded in order to accommodate the placement of a sibling group and there are no other children in the home. It also prohibits any placement that would result in more than three children under the age of three residing in a foster home, unless the children in question are a sibling group. Data from the foster home file review indicate that the state performed extremely well in meeting these requirements.

Of the 105 foster homes sampled that had a child in care on December 31, 2012, 105 (100%) were within the Consent Decree's capacity limits at that point in time. Of these 105 foster homes, 103 (98%) had three or fewer foster children in them on December 31, 2012 and two homes (2%) had more than three foster children but met the Consent Decree's sibling group exception (they had sibling groups of more than three in placement and no other children in the home). With respect to the limit of six total children, 105 of the 105 foster homes that had a child in care on December 31, 2012 (100%) were within that limit. Finally, all of the foster homes (100%) with a child in care on December 31, 2012 had three or fewer children under the age of three in them. All these capacity compliance rates are similar to the Period 13 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, 2012, and 2013 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 weak national economy. 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 FY2013.

- **Foster Parent Training and Support**

Sections 5.C.6. and 11.D. of the Consent Decree stipulate that foster and pre-adoptive parents will receive uniform pre-service training prior to being approved or having a child placed in their home; and that they will be required to complete ongoing, annual training as part of the annual re-approval process. Section 5.C.6 further stipulates that foster parents will be able to contact DFCS 24 hour per day, seven days per week with their questions or concerns. The Accountability Agents found DFCS performance on these requirements to be excellent.

The foster home case record review found evidence in the files of 99 percent of the foster homes reviewed that the pre-service training requirements had been met. This is similar to the rate of 100 percent found in Period 13.

With respect to ongoing annual training, documentation supporting that the requirements had been met was found in 93 percent of the files of the 128 foster homes sampled to which the requirement applied. This was the same as the Period 13 rate of 93 percent. With respect to the 24/7 phone support requirement, Resource Development staff in the counties report that they provide foster parents with the phone number of their assigned monitoring worker whom they can call during work hours, and the phone number of an on-call worker they can reach after hours.

F. Supervision of Contract Agencies

Sections 5.B.9, and 10.B. of the Consent Decree contain various provisions regarding provider reimbursement rates and contracts, specific language to be included therein, data submission, training, and the licensing and inspection of provider-supervised placement settings. The Office of Provider Management (OPM) has assumed an oversight role focusing on the quality of provider-delivered services and provider compliance with the terms of their contracts.

1. Reimbursement Rate Task Force

Section 5.B.2-7 of the Consent Decree stipulates that a Reimbursement Rate Task Force (RRTF) be established to recommend changes to the Level of Care system and to design a rate structure based on measurable outcomes for children.¹⁶⁵ The Final Report of this Task Force was delivered in January 2010.¹⁶⁶

¹⁶⁵ See pp. 14-15, paragraphs 2-7 of the Consent Decree.

¹⁶⁶ See Georgia Department of Human Services, Division of Family and Children Services, *Rate Reimbursement*

In acting on the RRTF recommendations, the State began testing a set of contract-related performance measures 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 the placements received by individual providers and, thereby, their reimbursement. Based on the FY 2011 experience with the initial set of contract-related performance 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 treated as a final “hold harmless” year.

In December, 2012 providers received their 1st Quarter RBWO (Room, Board, and Watchful Oversight) Performance Based Placement Grades. The scorecards they received contained breakdowns of their performance in all areas and an overall numerical score with a corresponding letter grade from A-F. The minimum satisfactory overall performance grade is 70/C. Approximately 81 percent of the CCI sites and CPAs under contract earned a grade of A-C. However, only 27 percent of the 22 contracted ILP (Independent Living Program) providers earned a grade of A-C. Problems with permanency achievement, providing academic supports, and helping youth in care find employment depressed ILP provider scores.

OPM reports that most of the provider feedback received during meetings and individual conversations indicated that the scores received were a true reflection of the work that is done at their agency. Providers who performed below the threshold of 70/C were required to complete Corrective Action Plans and OPM reports most were receptive to OPM technical assistance designed to help them improve their scores in the future.

Commencing in FY 2013, Performance Based Placement (PBP), as the initiative is now known, will encourage DFCS placement case managers to use provider performance scores to help them select the best placements for their children. A new child/placement matching functionality, known as MATCH! was added to the GA+SCORE system in December 2012 to encourage DFCS case managers to consider provider performance information prior to making a placement. The MATCH! tool provides case managers a list of potential placement matches, rank ordered by PBP score. OPM reports that from January-March 2013, 792 placement searches were conducted using the MATCH! tool.

For FY 2014, PBP will continue to utilize the existing measures for CCIs and CPAs. Some changes are planned for the FY 2014 ILP measures based on lessons learned in FY 2013.

2. Data Requested from Private Providers

Section 9.C. of the Consent Decree stipulates that DHS must ensure that all private agencies that provide placements or services to children in foster care report accurate data to DHS at least every six months. The Office of Provider Management (OPM) reports that Child Placing Agencies (CPAs) use the GA+SCORE system to update data on the family composition and approval documentation for each foster home they supervise. The data, updated as necessary on a weekly basis, includes the following information for each CPA approved foster home:

- Home-by-home family composition;
- Status of completing foster parent pre-service training curriculum;
- Date of initial approval;
- Date of re-evaluation and whether it was completed timely;
- Date(s) of satisfactory criminal records check for all adults and whether it was completed timely;
- Completion of a CPS History check(s);
- Completion of comprehensive drug screens; and
- Completion of comprehensive medical report(s) and whether it was completed timely.

OPM indicates that Child Caring Institutions (CCIs) also report updated rosters of the children in their care through the GA+SCORE system each week. OPM reports that this information is validated by OPM through unannounced Safety Reviews, Annual Comprehensive Reviews and Foster Home Evaluation and Re-Evaluation Reviews. During an unannounced Safety Review, family composition is assessed, one or more children are interviewed about how safe they feel in the 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. Annual Comprehensive Reviews (and the foster home visits associated with them) are announced; however the files to be reviewed during these reviews are unannounced. During an Annual Comprehensive Review staff and foster parent personnel and training files are reviewed as well as all records associated with the staff or foster home. Foster Home Evaluations and Re-Evaluations Reviews are desk reviews that are completed based on a random sample of foster homes that were approved or reapproved during the contract year. During the desk review the home studies as well as all safety verifications are reviewed to determine if applicable DFCS Policies were followed as a part of the approval process.

In previous reports the Accountability Agents described planned improvements to the GA+SCORE system intended to help maintain a high degree of compliance with State licensing and approval standards among CPA-supervised foster homes. The planned enhancements involved e-mail alerts to be sent directly to CPAs (with a copy to OPM staff) about pending lapses in individual foster home compliance with relevant approval standards. Development of these enhancements was put on hold during Periods 12 and 13 due to delays in getting the vendor's contract executed and competing priorities for the limited funding in the contract once

it was executed. OPM now indicates these changes are on hold indefinitely in favor of enhancing the system to allow providers to upload actual foster home studies, addendums, corrective action plans and policy violation information to GA SCORE. This information will then be transferred to GA SHINES so that case managers have available more complete information on CPA foster homes.

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”¹⁶⁷ 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.

During Periods 11 and 12, the Parties negotiated appropriate steps to be taken to remedy the situation. As a consequence, a training unit was established in OPM which consists of a manager and two trainers.

In Periods 12 and 13 the Unit developed and pilot tested a 160 hour training curriculum on child welfare practices, policies and processes in Georgia called *RBWO Foundations*.¹⁶⁸ The curriculum, which consists of three weeks of e-learning/field practice experience and one week of classroom instruction, is intended for new CCI and CPA staff in the roles of Case Support Supervisor, Case Support Worker and Human Services Professionals. The e-learning/field practice component includes DFCS policy, RBWO Minimum Standards, confidentiality, Performance Based Contract goals and other pertinent topics. Topics are presented as webinars, self-study and other assignments which are conducted at the RBWO agency or in the local community. The classroom component of Foundations culminates with a knowledge-based competency test on the materials covered during the five-day classroom experience. The test must be passed with a score of at least 80percent in order to earn credit for the classroom component.

During Period 14 the OPM training unit enrolled 54 participants in the e-learning component of *RBWO Foundations* and completed four classroom training classes with a total of 24 participants (23 of whom successfully passed the knowledge-based competency test) in the Georgia communities of Rome, Macon, Atlanta, and Adel. The first cohort is scheduled to complete the series early in Period 15. The Accountability Agents will continue to monitor this issue and report on its status in future reports.

¹⁶⁷ See Section 10.B. 4.a.-d. in the Consent Decree, pp 25 and 26.

¹⁶⁸ “RBWO” is a contract term referring to Room, Board, and Watchful Oversight. The RBWO Foundations Standards can be found at https://www.gascore.com/documents/RBWOFoundations_October2012.pdf

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.¹⁶⁹ The State reports that there were 183 licensed CCIs and 92 licensed CPAs in Georgia at the end of December 2012. This is the same number of licensed CCIs and the same number of licensed CPAs as reported for Period 13.

During the period July 1 through December 31, 2012, RCC reports that 85 of the 183 CCIs (46%) and 43 of the 92 CPAs (47%) were due for re-licensure. Each of these 85 CCIs and 43 CPAs received at least one unannounced inspection from RCC during that period. In addition, RCC made a total of 309 unannounced visits (144 of which were unsuccessful) to conduct 165 unannounced inspections of the family foster homes operated by 23 of the 43 CPAs due for re-licensure (plus three CPAs with homes due inspections from Period 13). The remaining 20 CPAs due for re-licensure had either no foster homes or no children in care during Period 14. Detail on these unannounced family foster home inspections appears in Table VI-10.

¹⁶⁹ See Section 9.D. of the Consent Decree, p. 24.

Table VI-10
ORCC Unannounced Annual CPA Family Foster Home Inspections
n = 92 CPAs

92 CPAs	Licensed in Georgia as of 12/31/2012
43 CPAs	Due Re-licensure in Period 14
16 CPAs	Adoption or Home Study Only (no family foster homes ; no inspection required)
4 CPAs	No Placements During Period 14 (no inspection required)
0 CPAs	Either closed during monitoring period or on inactive status
23 CPAs	Requiring Annual Unannounced Family Foster Home Inspections
0 CPAs	Subject to 5% of Foster Homes Annual Unannounced Inspection Requirement
18 CPAs	Subject to 10 Foster Home Annual Unannounced Inspections Requirement
	8 CPAs (44%) Received Required Foster Home Inspections During Period 14
	10 CPAs (56%) to Have Required Foster Home Inspections Completed During Period 15
5 CPAs	With < 10 Foster Homes (Subject to 100% Annual Unannounced Inspection Requirement)
	3 CPAs (60%) Received Required Foster Home Inspections During Period 14
	2 CPAs (40%) to Have Required Foster Home Inspections Completed During Period 15
3 CPAs	Re-licensed in Period 13 were to Have Required Annual Unannounced Family Foster Home Inspections Completed in Period 14
3 CPAs	Subject to 10 Foster Home Annual Unannounced Inspections Requirement
	1 CPA (33%) Received Required Foster Home Inspections During Period 14
0 CPA	With < 10 Foster Homes (Subject to 100% Annual Unannounced Inspection Requirement)
	0 CPA (0%) Received Required Foster Home Inspections During Period 14

According to ORCC, the inspections conducted during Period 14 suggested a need for:

- Foster parents and CPAs to provide greater supervision of placements in accordance with the child's needs and history;
- Training and supervision of staff and foster parents as it relates to the importance of accurate medication administration and monitoring;
- 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; and,
- 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.

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.¹⁷⁰

During Period 14, programming enhancements continued to refine SHINES. According to the State, some key activities completed during the period included:

- Present Danger Assessment Page and Present Danger Assessment Form. The Case manager can now document Present Danger Assessment outcomes in Georgia SHINES, as detailed in the Differential Response (DR) Protocol. The protocol is designed to ensure a standard of practice and clarity regarding the types of Intake referrals progressed to either the Investigation track or Family Support track.
- New Georgia SHINES CPRS Interfaces.
 - Court Order Report Interface - CPRS sends court orders via the interface to Georgia SHINES.
 - CPRS INV and ONG Stage Data Interface - Georgia SHINES sends demographic information on children involved in Investigation and Family Preservation cases to CPRS.
- AFCARS. System changes were designed to improve case documentation and AFCARS reporting, with significant changes to Person Characteristics and Health Detail.
 - Person Characteristics:
 - Categories changed to be more consistent throughout system
 - Users can select whether characteristics were Observed/Reported
 - Health Detail:
 - Captures visits by category
 - Captures Diagnoses for Medical and Mental Health conditions
 - Captures outcomes of medical visits
 - View and add Medication information from the Health Detail page.
- Interstate Compact for the Placement of Children (ICPC) Phase II. Case managers can now complete the ICPC page to process ICPC requests and no longer use hard copy 100A and 100B forms. This enhancement is specific to cases in which Georgia is the sending state.

¹⁷⁰ Retrieved from http://www.acf.hhs.gov/programs/cb/systems/sacwis/statestatus_states.htm

All of these efforts further the functionality and effectiveness of SHINES. However, the Accountability Agents have found that case managers and supervisors may be unaware of the available functions in SHINES or unfamiliar with their effective use. To address this issue, a new “SHINES and Policy Update” discussion, featuring presentations by state SHINES training staff and/or Policy Office staff has been made a standing agenda item for all G2 meetings.

As the Accountability Agents first noted in the Period 11 report, there remains a need for more structure and guidance regarding electronic records management.

H. Quality Assurance

There is no change to the previously described Quality Assurance activities conducted by the State Data Analysis, Accountability, Research and Evaluation (DAARE) Division’s Program Evaluation and Analysis Section (PEAS) and County quality assurance units. The State Unit continues to house a Metro Unit that is dedicated to supporting the Accountability Agents’ efforts to measure performance through record reviews and verifying visit, caseload, certification and training data through case manager interviews. The county quality assurance units continue to measure visit performance and assist the counties with reviewing records to better understand performance. The Education and Training Services Section reported on the development of a state-wide Continuous Quality Improvement (CQI) process led by regional teams. Regional CQI teams are “*expected to help develop practice-based behaviors, expectations, and processes (within their sphere of influence) that will help staff to provide quality services to children and families. The initial area of focus for the teams will be Well Being.*”¹⁷¹

I. Maximizing Federal Funding¹⁷²

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.¹⁷³ 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. In addition, to date the Accountability Agents have not found any evidence that the State is supplanting state dollars with increased federal reimbursement.

¹⁷¹ Education and Training Section 14th Period Report, July 1, 2012-December 31, 2012 provided to the Accountability Agents in February 2013.

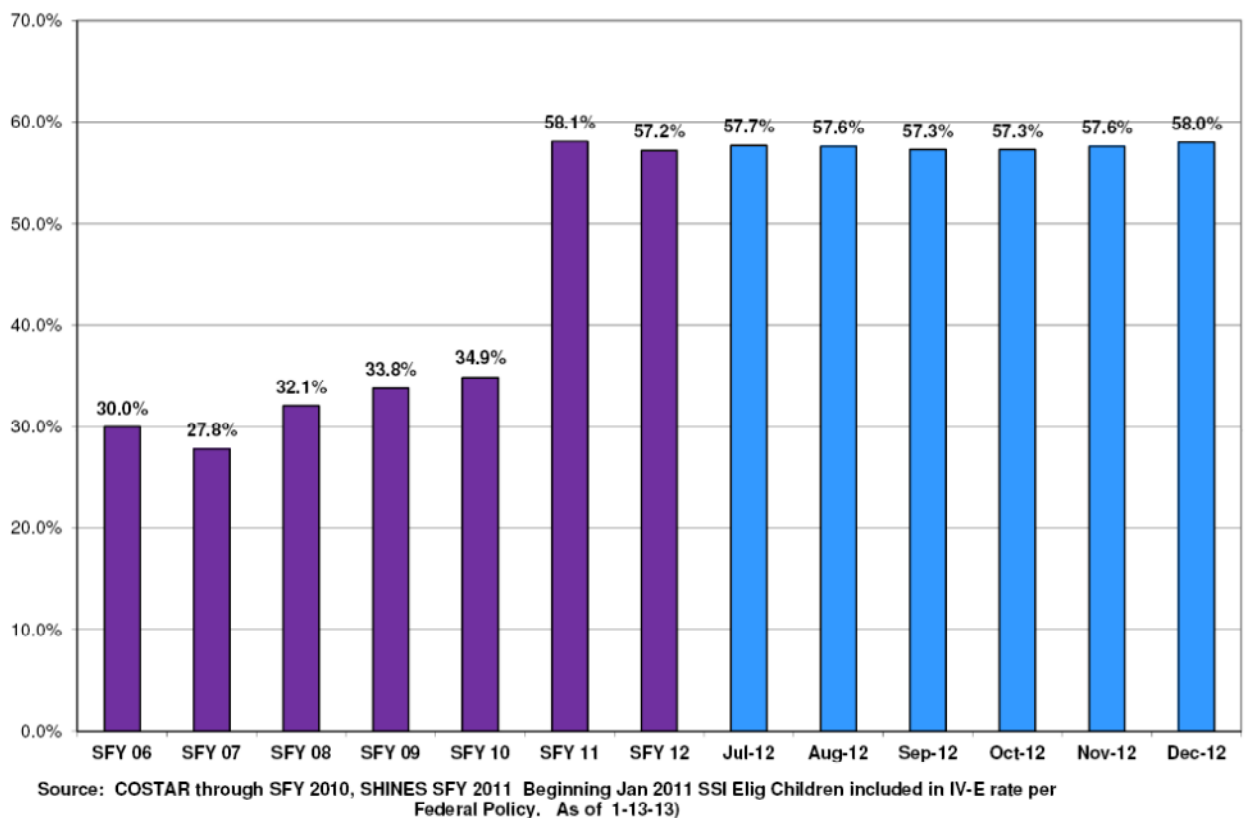
¹⁷² See Dimas, J.T. and Morrison, S. A. *Period I Monitoring Report, Kenny A. v. Perdue*, November 2006 for background on Title IV-E.

¹⁷³ See p. 31, Section 14 of the Consent Decree.

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)."¹⁷⁴ 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 above 57 percent in Period 14, as shown in Figure VI-6.

Figure VI-6
State IV-E Penetration Rates
SFY 2006 through December 2012



¹⁷⁴ Definition retrieved from: <http://www.childwelfarepolicy.org/resources?id=0006>

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 four percent increase in both State and Federal IV-B expenditures between October 2011 and September 2012.

Table VI-10
Title IV-B Funding
Federal Fiscal Year 2006, 2007, 2008, 2009, 2010, 2011, and 2012 Financial Reports
(October 1, 2005 – September 30, 2012)

	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%
Federal Fiscal Year 2012	\$3,426,834	\$10,280,502	\$13,707,336
<i>Percent change over 2011</i>	+4%	+4%	+4%
<i>Percent change over 2006</i>	+10%	+10%	+10%

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, and December 20, 2012 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 2012 (July 2011-June 2012) 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 nine percent and federal expenditures increased by 19 percent between state fiscal years 2006 and 2012.

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 2009¹⁷⁵ and 2010¹⁷⁶. A second factor is the State's improved ability to accurately determine and record IV-E eligibility of all children.¹⁷⁷ 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 continue 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 in previous years primarily supported qualified individuals seeking undergraduate or graduate degrees in Social Work from a consortium of Georgia colleges and universities. The individuals received financial support for their education in exchange for a commitment to work for DFCS a specified period of time. (See previous discussion earlier in this part, Section C, about the IV-E Child Welfare

¹⁷⁵ 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.

¹⁷⁶ 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).

¹⁷⁷ 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.

Training Program.) At the end of Period 14 all efforts to revive the program remained exploratory and training expenditures reimbursable by IV-E were still curtailed.

Funding available through the ARRA legislation previously 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. The reduction in Federal expenditures for adoption assistance reflects these trends as well as the expiration of the ARRA provisions in June 2011. State expenditures for Adoption Assistance have increased since State Fiscal Year 2010, however, offsetting some of the decrease in Federal expenditures during that period.

Table VI-11a
Title IV-E Funding:
State Expenditures
for State Fiscal Years 2006, 2007, 2008, 2009, 2010, 2011, and 2012

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 2010 (July 2009- June 2010) <i>Year 4</i>	SFY 2011 (July 2010- June 2011) <i>Year 5</i>	SFY 2012 (July 2011- June 2012) <i>Year 6</i>	<i>Year 6 over Baseline Year Change</i>
Adoption Assistance Payments	18,796,102	19,073,837	18,561,904	16,685,892	14,673,275	15,422,648	16,482,075	-12%
Adoption Administration	6,522,392	7,886,253	6,753,761	4,852,461	6,270,452	4,954,060	6,216,290	-5%
Adoption Training	175,215	237,802	139,894	51,342	42,259	3,588	0	-100%
Adoption subtotal	\$25,493,709	\$27,197,892	\$25,455,559	\$21,589,695	\$20,985,986	20,380,296	22,698,365	-11%
Foster Care Maintenance Payments	12,830,120	10,804,756	20,536,434	22,479,552	15,693,136	13,865,590	16,308,219	27%
Foster Care Administration*	32,892,589	27,845,512	38,827,744	39,607,332	40,418,471	43,602,277	35,420,838	8%
Foster Care Training	97,199	104,675	399,841	639,250	224,245	0	0	-100%
SACWIS development	2,006,645	5,221,541	8,166,422	735,155	1,259	0	0	-100%
SACWIS operations						4,442,632	5,211,555	
Foster Care subtotal	\$47,826,553	\$43,976,484	\$67,930,441	\$63,461,289	\$56,337,111	\$61,910,499	56,940,612	19%
Title IV-E State Expenditure Total	\$ 73,320,262	\$71,174,376	\$93,386,000	\$85,050,984	\$77,323,097	\$82,290,795	79,638,977	9%

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, 2011, and 2012

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

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 2010 (July 2009- June 2010) <i>Year 4</i>	SFY 2011 (July 2010- June 2011) <i>Year 5</i>	SFY 2012 (July 2011- June 2012) <i>Year 6</i>	<i>Year 6 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	29,954,176	4%
Adoption Administration	6,522,392	7,886,254	6,753,762	4,852,462	6,270,453	4,954,060	6,216,294	-5%
Adoption Training	525,646	713,409	419,687	154,028	126,776	10,763	0	-100%
Adoption subtotal	\$35,912,187	\$39,089,685	\$38,597,595	\$39,203,233	\$42,579,882	\$40,065,706	36,170,470	1%
Foster Care Maintenance Payments	19,706,811	17,284,001	34,840,478	45,947,054	38,703,783	31,403,837	31,201,706	58%
Foster Care Administration**	32,892,586	27,845,515	38,827,749	39,607,338	40,418,475	43,602,279	35,420,842	8%
Foster Care Training	291,600	314,029	1,199,526	1,917,753	672,732	0	0	-100%
SACWIS development	2,006,646	5,221,541	8,166,422	735,155	1,260	0	0	-100%
SACWIS operations						4,442,632	5,211,557	
Foster Care subtotal	\$54,897,643	\$50,665,086	\$83,034,175	\$88,207,300	\$79,796,250	\$79,448,748	\$71,834,105	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	\$108,004,575	19%

*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, 2011, and 2012

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 2010 (July 2008- June 2009) <i>Year 4</i>	SFY 2011 (July 2010- June 2011) <i>Year 5</i>	SFY 2012 (July 2011- June 2012) <i>Year 6</i>	<i>Year 6 over Baseline Year Change</i>
Adoption Assistance Payments	47,660,251	49,563,859	49,986,050	50,882,635	50,855,928	50,523,531	46,436,251	-3%
Adoption Administration	13,044,784	15,772,507	13,507,523	9,704,923	12,540,905	9,908,120	12,432,584	-5%
Adoption Training	700,861	951,211	559,581	205,370	169,035	14,351	0	-98%
Adoption subtotal	\$61,405,896	\$66,287,577	\$64,053,154	\$60,792,928	\$63,565,868	\$60,431,651	\$58,868,835	-4%
Foster Care Maintenance Payments	32,536,931	28,088,757	55,376,912	68,426,606	54,396,919	45,269,427	47,509,925	46%
Foster Care Administration*	65,785,175	55,691,027	77,655,493	79,214,670	80,836,946	87,204,556	70,841,680	8%
Foster Care Training	388,799	418,704	1,599,367	2,557,003	896,877	0	0	-100%
SACWIS development	4,013,291	10,443,082	16,332,884	1,470,310	2,519	0	0	-100%
SACWIS operations						8,885,264	10,423,112	
Foster Care subtotal	\$102,724,196	\$94,641,570	\$150,964,616	\$151,668,589	\$136,133,361	\$141,359,247	\$128,774,717	25%
Title IV-E Total	\$164,130,092	\$160,929,147	\$215,017,770	\$212,461,517	\$199,699,229	\$201,790,898	\$187,643,552	14%

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.¹⁷⁸ 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 14: July 1, 2012 – December 31, 2012</i>			
		DEKALB	FULTON
a) Number of children during the reporting period experiencing substantiated maltreatment		557	591
b) Number of children in a) of this item who also experienced maltreatment during the preceding 12 month period		25	35
Percentage of children who had substantiated maltreatment during the preceding 12 months		4.5%	5.9%

¹⁷⁸ 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, 2011 – December 31, 2011 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 12.) The Accountability Agents' verification approach is discussed in Appendix B.

<i>Table VII-2 Diversions with Subsequent Substantiated Maltreatment</i>			
<i>Reporting Period 12: July 1, 2011-December 31, 2011</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		302	843
b) Number of cases in a) in which there was substantiated maltreatment within 11-365 days after referral to DHS's diversion program		34	42
Percentage of cases in which there was substantiated maltreatment within 11-365 days of referral into DHS's diversion program		11.3%	5.0%

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 14, July-December 2012. The challenge for data collection and analyses in Period 14 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 is improving but record reviews still generally need both the paper documentation 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 any time up to December 31, 2012. 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, 2012 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, 2012. 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, 2012.

For each of these reviews, samples were drawn such that the findings would have no more than 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	128	Not applicable	128	Not applicable
Foster Homes	638	160	159	+/- 6 percent
Children in Foster Care	1759	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 April 2012 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 the guides were revised as necessary to accommodate unforeseen circumstances found in the records. In addition, the reviewers had the capability to make extensive comments to explain responses and provide more background on the case.

Data collection for the maltreatment-in-care investigations and foster care reviews began in July 2012 and the foster home file review in August 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: 33 percent of Maltreatment-in-care Investigations cases; 33 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	.997
Foster Homes	.993
Foster Care	.988

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	Coding error, this is not a maltreatment-in-care referral/report	2
	Case was “opened on report” (no maltreatment was alleged)	2
	No child in the legal custody of Fulton and DeKalb Counties was involved in this report	3
	Other	19
	Total	26
Foster Homes	Coding error in SHINES, this home was not open between January 1 and June 30, 2012	0
	No children in the legal custody of DeKalb or Fulton County DFCS were placed in this home between January 1 and June 30, 2012	0
	Other	5
	Total	5
Children in Foster Care	Child not in the adjudicated legal custody of Fulton or DeKalb counties January 1 and June 30, 2012	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 placed out of state through ICPC the entire review period	2
	Case timeframe too short (child in care 8 days or less)	11
	Other	2
	Total	20

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 13.

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.¹⁷⁹ 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.

¹⁷⁹ See p. 28 of the Consent Decree.

Outcome 3 was operationalized as the percentage of alleged victims that had face-to-face contact with a CPS investigator within 24 hours.

Outcome 5 was operationally defined as the percentage of children in care during the reporting period that experience maltreatment-in-care during the reporting period. Performance was measured by a cumulative look across the entire reporting period, not just at one point in time during the reporting period. The interpretation and measurement issues considered are described below.

- The interpretation issue centers on the meaning attributed to the words “...*shall be the victim of substantiated maltreatment while in foster care.*” This could be interpreted to mean that any child who had *ever* experienced maltreatment while in foster care (even if it was years ago) should be counted in this percentage. Although this is perhaps the most obvious and literal interpretation of these words, such an interpretation would be unhelpful to the cause of improving Georgia’s child welfare system.

A central precept of the Consent Decree is that it will bring about improvements in Georgia’s child welfare system. Interpreting this measure in a way that places it beyond the influence of the State’s *current and future* efforts to improve would be incongruous with this precept.

- The measurement issue inherent in Outcome 5 derives from the words “*By the end of the [number] reporting period...*” Taken literally, these words seem to suggest that this is a point-in-time measure to be taken on the last day of a reporting period. In other words, what percentage of the children in care on December 31/June 30 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....”¹⁸⁰ as all foster homes with a class member in custody during the reporting period for measurement purposes.

¹⁸⁰ Ibid, p. 32

2. Permanency Outcomes

Outcome 4 is measured using a calculation based on data from the State's information system 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 during the review period. This list included several data elements such as 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. Finally, the Accountability Agents compared county logs of entry Family Team Meetings in Period 13 to the list of re-entries and together with State staff researched discrepancies and adding to the re-entry list as necessary.

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 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.”¹⁸¹ 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;
- 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.”¹⁸² 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 SHINES (formerly IDS) data and documentation of relatives who have signed “an agreement for long-term care.”¹⁸³ The outcome data from SHINES 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.

¹⁸¹Social Services Manual, Chapter 1000, Section 1002.3.1 Georgia Department of Human Services.

¹⁸²Social Services Manual, Chapter 1000, Section 1002.3.2, Georgia Department of Human Services.

¹⁸³ See p. 3, Definition T, of the Consent Decree.

Outcome 11 is similar to the Federal measure¹⁸⁴ 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 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 Department while reunification is attempted and those children who return to the Department's permanent custody because the adoption has been dissolved.

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

Outcome 15 is measured using county tracking systems. Each county has a data base for tracking children who have reached or are approaching their 15th month in care within the most recent 22 months. The counties add to this data base by extracting information regarding length of stay, "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.

¹⁸⁴See the following Federal internet site:

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

- Second the Accountability Agents review 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.¹⁸⁵ 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.

¹⁸⁵ 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.

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 children with siblings 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.

Outcome 19 is measured 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*”¹⁸⁶ between children and parents “*to progress toward reunification*”¹⁸⁷ 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 and 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.

¹⁸⁶ See p. 36, Outcome 21, of the Consent Decree.

¹⁸⁷ Ibid.

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.¹⁸⁸ Second, a plan for parental visitation should be a part of every Case Plan.¹⁸⁹ Third, “when agency resources allow, visitation shall be scheduled at two-week intervals unless the court has specified another visitation arrangement.”¹⁹⁰ 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 children in the sample live with relatives. These circumstances may allow for frequent visitation between parents and children.¹⁹¹ Again, however, the dates and frequency may not always be reported to the case manager and, therefore, documented. These children

¹⁸⁸Social Services Manual, Section 1009.3 Georgia Department of Human Services.

¹⁸⁹Social Services Manual, Section 1009.4 Georgia Department of Human Services.

¹⁹⁰Social Services Manual Section 1009.5, Georgia Department of Human Services.

¹⁹¹ Annie E. Casey Foundation, Elders as Resources Fact Sheet, *Basic Data: Kinship Care*, 2005, found at <http://www.aecf.org/upload/PublicationFiles/FactSheet.pdf>.

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.

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. 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 the review period 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.”¹⁹²

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.¹⁹³

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.¹⁹⁴ Resignations and promotions were not exempted because they were not specifically identified

¹⁹² Adoption and Foster Care Reporting System Element #24, November 2010.

¹⁹³ Retrieve from http://www.acf.hhs.gov/cwpm/programs/cb/laws_policies/laws/cwpm/questDetail.jsp?QAId=526

¹⁹⁴ See p. 35, paragraph 18, of the Consent Decree.

as such in the Consent Decree. SHINES requires a child to be assigned to a case manager, supervisor, or administrator at all times. Therefore, when a new case is opened, it will initially be assigned to a supervisor or program administrator who is responsible for assigning the case to a case manager. This “pass through” process may only last a period of minutes or hours, but it might last a period of days. If a case is opened on a Friday, it may not be officially assigned to a case manager until Monday morning. The same process is in effect when a case manager leaves or goes on leave: cases are temporarily assigned to supervisors or program administrators. This is a dynamic process and a report generated at any point in time will reflect a different set of cases assigned to supervisors or administrators. To address this issue, a supervisor or program administrator was not counted as the primary individual responsible for the case if the case was associated with the supervisor or administrator for 5 business days or less. If the period was longer, the supervisor or administrator was counted as one of the case managers a child had in the 12- month period.

State performance on this outcome does not reflect staff turnover rates. Children may still experience more than two case managers in a 12-month period if they are assigned to a series of case managers who leave as a result of terminations or transfers. This Outcome does encourage the counties to minimize reassignment of children among case managers for other reasons. The county data was reviewed by the Accountability Agents for consistency with the appropriate reasons and compared to monthly caseload data to verify resignations, terminations, transfers, and promotions.

Outcome 20 was measured through 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.¹⁹⁵

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

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

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 several 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 the reporting period and collected information about all applicable visits (sibling, parental, and case manager.) This information was compared with the information in the county system and discussed with county representatives. The Accountability Agents are satisfied that the State report on case manager visits with children is accurate.

Outcome 22 was measured using a case record review of a sample of children in foster care during the period in Periods 2 through 9. In November 2010 the parties reached agreement on a revised standard for case manager visits with substitute caregivers. Starting with Period 11, Outcome 22 requires at least 95 percent of the total minimum number of monthly case manager visits to substitute caregivers required during the period occur.¹⁹⁶

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 the reporting period 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,

¹⁹⁶ See *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

2006 in order to place subsequent measurement on a calendar-year basis. The second measurement year was January 1 to December 31, 2007. The third measurement year was January 1 to December 31, 2008. The fourth measurement year was January 1 to December 31, 2009. The fifth measurement year was January 1 to December 31, 2010. The sixth measurement year was January 1 to December 31, 2011.

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.

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, for several periods 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.

Over time, the record review instrument was simplified to combine the “routine” and “child specific” into one category because 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 specific as well as routine care to be delivered.

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.¹⁹⁷ 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.”¹⁹⁸

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

Outcome 26 data was collected from the case records of the sample of children in foster care. The Outcome 26 analysis is applicable to those children who had entered DFCS custody after the Consent Decree was entered on October 27, 2005. Permanency Court Orders with the appropriate language are counted toward meeting the outcome even if the Permanency Hearings were not timely. 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

¹⁹⁷ 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.

¹⁹⁸ See p. 4, *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

from a single, automated data source – SHINES.¹⁹⁹ 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...”^{200,201}

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.

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.

¹⁹⁹ 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.

²⁰⁰ See p. 4, *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

²⁰¹ 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.

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. 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.²⁰²

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);
- 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,

²⁰² 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.

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 1131 children in the custody of DeKalb and Fulton counties on December 31, 2012. 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, 2012
N=1131

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

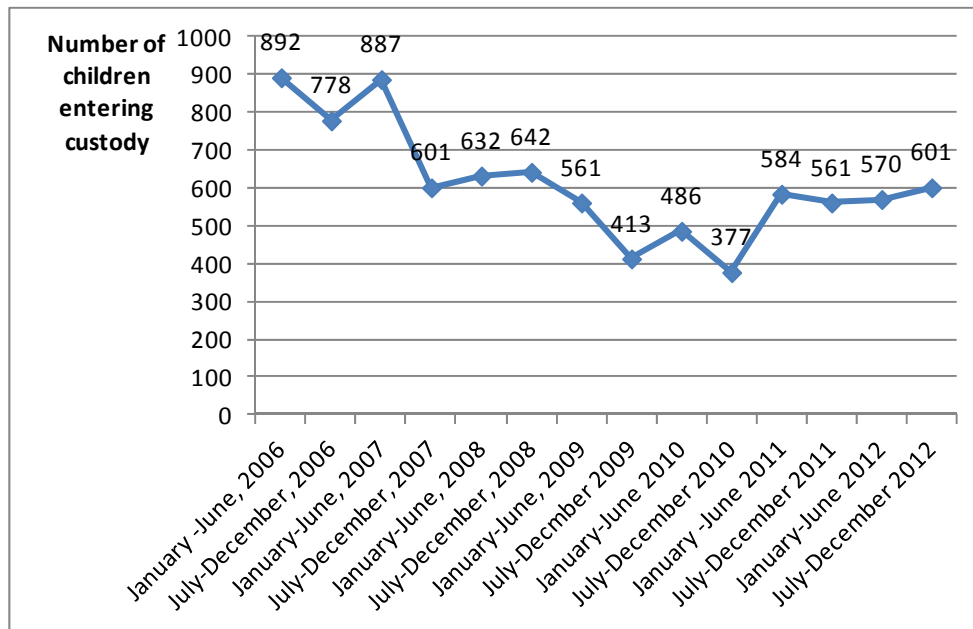
Source: Georgia SHINES

Table C-2
Age of Children Remaining in Custody on December 31, 2012
N=1131

Age Group	Percent of Children
Ages 0 to age 3 years	23%
Ages 3 to 6 years	16%
Ages 6 to 10 years	15%
Ages 10 to 13 years	11%
Ages 13 to 16 years	17%
Ages 16 to 17 years	18%
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 (January –June 2011) include youth under the age of 18 placed voluntarily in DFCS as well as those adjudicated into custody.

Appendix D

DHS Outcome 24 Analysis

1 Outcome 24 Educational Attainment

Achievement Measure on Discharge: A baseline measure shall be developed that shows the percentage of children discharged from foster care at age 18 or older during the 12 months prior to the entry of the Consent Decree that have graduated from high school or earned a GED. By the end of the second reporting period, that percentage shall increase by 10 percentage points. By the end of the fourth reporting period, that percentage shall increase by an additional 10 percentage points.

2 Background

To comply with this stipulation in the Consent Decree, State Defendants requested electronic file transmittals from the Georgia Department of Education (GDOE) to validate high school diploma attainment, and from the Technical College System of Georgia (TCSG; formerly the Department of Technical and Adult Education) to validate general education diplomas (GEDs). Using these files, the baseline was calculated at 65.67%. This meant Outcome 24 would eventually reach a performance standard of 85.67% as specified in the Consent Decree on page 36, which states ... “that percentage shall increase by 10 percentage points. By the end of the fourth reporting period, that percentage shall increase by an additional 10 percentage points.”

NOTE: State defendants were perplexed about this unusually high baseline and considered several hypotheses, none of which either adequately accounted for or explained this exorbitant percentage. Both State Defendants and the Accountability Agents believed the 65.87% baseline was an anomaly; nevertheless, State Defendants could not identify a problem in the baseline calculation.

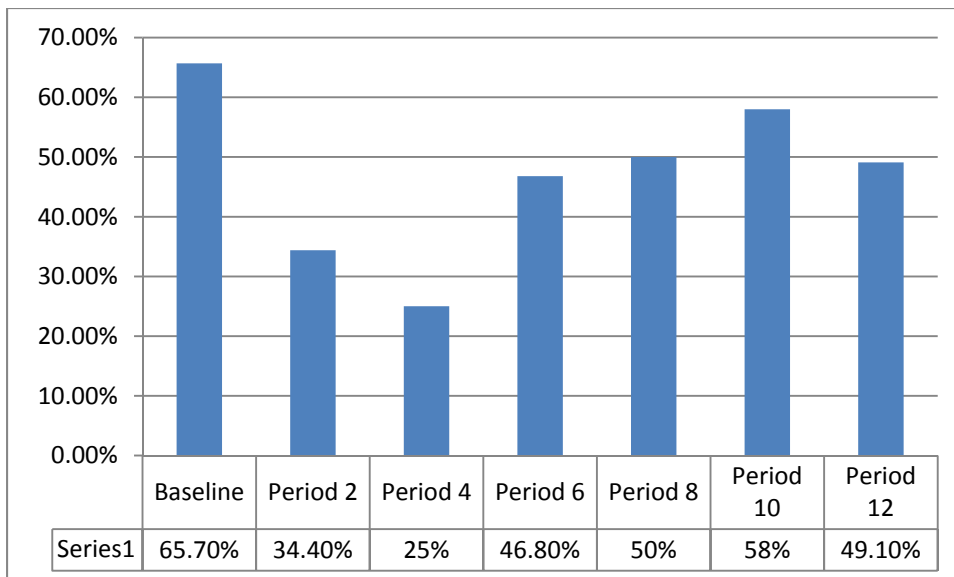
At the urging of the monitors, State Defendants ran pre- and post- baselines, both of which presented a closer resemblance to the class counties’ past education attainment rates. The results were: Pre 23.72% and Post 34.4. The pre-baseline covered educational achievements for the time period January through December 2005 and the post-baseline covered educational achievements for the time period January through December 2006. Both pre and post baseline measures were taken at the close of the 2005 and 2006 time periods respectively.

In the 2nd Period Kenny A. monitoring report, the accountability agents (AA’s) raised concerns regarding the validity of the state’s baseline data, specifically in relation to the drastic change in performance between the first and second measures of the outcome. In the report, the AA’s stated the following in reference to the decline of 31.3 percentage points from the baseline year:

“This result is surprisingly incongruous and raises questions about the methodology and whether one of these years is an anomaly. It seems unlikely that practice or child characteristics would vary enough from one year to the next to explain these disparate results. It is recommended that the State take another look at both years and gather data for

some additional historical years to provide other points of comparison for these results as well as examine how other variables such as practice patterns and school attendance may have differed for these two (and any comparison) cohorts. Given that it has taken three years for the State of Georgia’s high school graduation rate to move from 63.8 to 70.8 percent, approximately 7 percentage points, it may not be realistic to expect a 10 percentage point improvement in one year among the foster care population. The Accountability Agents will convene the parties for the purpose of evaluating the possible data anomalies associated with Outcome 24 and to discuss whether the existing escalation factor is realistic.”

As illustrated in the chart below, the State has not only failed to achieve the established measurement for Outcome 24, the State has also failed to achieve results equal to the baseline.



In an effort to understand the State’s performance as it relates to Outcome 24, the Accountability Agents again expressed concern regarding the validity of the established baseline data. The Period 13 monitoring report states *“Accurate measurement of this Outcome has been a concern to the Accountability Agents since the Consent Decree’s inception.”* It also stated *“The Accountability Agents recommended then and have continued to recommend the State conduct another review of the baseline and subsequent measurements to seek better explanation of the highly disparate results.”* As a result of the continued concern with the baseline data, the State revisited the information provided for the Outcome 24 baseline.

3 Documents Reviewed/Initial Findings

State defendants were able to locate all original files used in an effort to develop the baseline measurement established at the onset of the consent decree. Those files included:

- Original records provided to the State from the Georgia Department of Education
 - These records indicate whether or not a youth received a high school diploma and the date it was obtained
- Original records provided by the Georgia Department of Technical Adult Education
 - These records indicate whether or not a youth obtained a GED and the date the tests were passed
- Final spreadsheets provided to the accountability agents, which included all 202 baseline children used in the original measurement

A close review of the files used to create the baseline was conducted utilizing all available information for each child. Achievement results for each child was analyzed and compared to the results produced by the GDOE and GTAE records for those children. While analyzing the data, it was observed that there were two separate files present from the Georgia Department of Education. While both files included all children in the baseline and the date parameters covered the same time period, the achievement results were different for some children. Some children were counted as having achieved on one GDOE record and not the other. Even though some children were shown as having “not achieved” a high school diploma on one record and “achieved” on the other, it appears as though the achievement was counted without question. This was the first discrepancy noted during a review of the baseline data.

To better understand the discrepancy in outcomes on the two records, they were compared side-by-side. Please reference Table I on Page 4 of this report. A review of the files indicated the demographic and educational information was identical for each child, but the specific educational outcome for some children was different. It appears as though at some point during the reconciliation period, the columns were sorted and tabulated incorrectly causing the educational information for each child to be incorrect. It was also noticed that the files had the same name but were saved in two separate locations. As a result, during the original reconciliation of the baseline, it is highly probable that two separate files were utilized to reconcile the baseline without notice. Therefore, it appears as though the discrepancy between the two files was either never questioned or not noticed.

Please reference Table I on the following page for the side-by-side comparison referenced above.

Table I

Original Baseline Data Used For OM Measure						GDOE File #1	GDOE File #2
	County	GDOE Validation	DTAE Validation	GED/ Graduated	DFCS	Withdrawal Reason	Withdrawal Reason
1	Fulton	5/23/2003		1	1	G- South Atlanta H.S.	R- Crimm H.S.
2	Fulton	5/24/2002		1	1	G	T
3	Fulton	5/29/2001		1	1	G	R
4	Fulton	5/21/2004		1	1	G	T
5	Fulton	No Date		1	1	G- Forest Park H.S.	G- DeKalb/Rockdale Psycho Education Center
6	Fulton	5/23/2003		1	1	G	R
7	Fulton	5/28/2002		1	1	G- Osborne H.S.	G- Harper H.S.
8	Fulton	No Date		1	1	G	R
9	Fulton	5/21/2004	1/28/2005	1	1	G	U
10	Fulton	7/16/2004		1	1	G - Creekside H.S.	G- Chatahoochie H.S.

***This table is a screen shot of actual result discrepancies between the baseline data file and the two separate files reviewed from the GDOE.**

As indicated in the table above, the first four children all had varying results within the two separate files. Examples include the following: 1. One record from the GDOE indicates that Child #1 graduated from South Atlanta High School, while the other record indicates that the same child's last record was a withdrawal from Crimm High School. 2. Child #10 was reported as having graduated from Creekside High School, while the second record reports the youth graduated from Chattahoochee High School.

Due to the observed discrepancies between the two files from the GDOE, a valid baseline re-evaluation could not be conducted without first knowing which file was, in fact, correct. A new request for records from the GDOE would be needed in order to properly reconcile the Outcome 24 baseline.

In spite of the above noted discrepancies, State defendants did not find any discrepancies between the GED attainment data and outcome measurement for the baseline.

4 Validating the New Outcome 24 Baseline

At the end of Period 13, a new request for records was made to the Georgia Department of Education requesting the graduation outcomes for all children counted in the Outcome 24 baseline. In addition, a second file was also created internally for reconciliation with the original file. The requested records from Georgia Department of Education were received on August 27, 2012 and compared to the original Outcome 24 baseline file. As a result of this comparison, it was discovered these two files were identical. This appeared to further validate the “sorting/tabulation” error found with the second file, created by the department. With that, a new Outcome 24 baseline measure was then produced.

5 Results

Utilizing the revised count, the baseline data should have been calculated at 36%, which is much lower than the original 65% baseline calculation.

NOTE: The Outcome 24 definition clearly indicates that the intent is to identify children who achieved by the time of their discharge. Georgia Division of Family and Children Services’ policy excludes children over 21.6 years of age, who exited care, from receiving services. Consequently, this cohort must be excluded from the numerator and denominator in both the baseline and subsequent measurements.

Please reference Table II below for the re-calculated baselines.

Table II

Total Children	202
Less Children over age 21.6 at exit	(8)
Subtotal for Measurement (denominator)	194
Total Graduated	62
Total GED	21
Gross Achieved (subtotal)	83
Less Children who achieved after 10/26/05 or after exit	(9)
Less Children over 21.6 who achieved	(4)
Net Total children achieved (numerator)	70
Revised OM 24 Baseline	36%