



PERIOD 15 MONITORING REPORT

Kenny A. v Perdue

January 1 to June 30, 2013

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 fifteenth report prepared by the Accountability Agents for the *Kenny A. v Perdue* Consent Decree. This report reviews the State Defendants' progress from January 1 through June 30, 2013 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 Karen Baynes-Dunning as independent Accountability Agents with responsibility to produce public reports every six months. 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 15 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 January 1 and June 30, 2013; and the State's data base of record known as SHINES. Appendix B has a full description of the methodology for Period 15. 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 15 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 15. 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 15 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 15 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 15 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 15 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 January 1 and June 30, 2012 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, 2013.

Appendix D is a Supplemental Period 14 Report with more detailed information about the Period 14 case work practice in the first 60 to 90 days a child is in foster care.

Part II CONCLUSIONS AND RECOMMENDATIONS

During the January 1 to June 30, 2013 period covered by this report, the State's performance on a number of issues related to the safety of children in the State's care showed some improvement. Importantly, there were no cases identified in Period 15 that represented the types of systemic failings identified in Period 14.¹ In most other areas State performance continued at nearly the same level it has since June 2011. Significant accomplishments included the achievement of the State's best-ever performance in providing stable living arrangements for children in care and in convening timely Family Team Meetings with the families of children entering care. 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 15 performance, the Accountability Agents encourage DHS to address several issues:

- Ensuring that "screen out" decisions involving alleged maltreatment in care are made and documented correctly and timely approved by supervisors;
- Ensuring the complete CPS history of families is reviewed during investigations;
- Improving the timeliness of Relative Care Assessments;
- Improving caseworker continuity; and,
- Reducing caseloads, especially those of CPS investigators.

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 15, 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 14 performance.

¹ See Dimas, J.T. and Baynes-Dunning, K. *Period 14 Monitoring Report, Kenny A. v. Perdue*, August 2013, pp.13-19.

A. Major Accomplishments

1. *The State Met the Consent Decree Requirement for the Proportion of Children Experiencing Stable Living Arrangements (Outcome 17).*

In the sample of 175 foster care cases reviewed, **95 percent** of the children experienced two or fewer placement moves in the 12 months prior to June 30, 2013 or their last date in custody. This is first time since Period 2 that the state has met 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 15 marks the seventh consecutive period, that 90 percent or more of the children in care experienced two or fewer placement moves within 12 months.

2. *Substantial Improvement in Timely Investigation Completion (Outcome 2)*

Although the state failed to meet the Outcome 2 standard of 95 percent, maltreatment-in-care investigations completed within 30 days improved 12 percentage points to 85 percent – the highest rate observed since Period 7. This reversed the steady downward trend of the previous four reporting periods. The tools and techniques used to produce this improvement merit consideration for use to address other areas of chronic underperformance.

3. *Timely Family Team Meetings for Children Entering Care*

Family Team Meetings (FTMs) were held in all cases in which children entered care during Period 15. Nearly all those FTMs (97%) were held within the first nine days after a child entered care. During Period 14, although 99 percent of the cases had FTMs, twenty percent of the FTMs were held after the nine day required time period.

B. Program and Performance Trends

Safety Trends

Improvement in Some Child Safety Indicators (Outcomes 1, 2, 3 and 5).

The State's Period 15 maltreatment-in-care rate (Outcome 5) was **0.68 percent** falling short of the Consent Decree's preeminent child safety standard (set at 0.57%) for the fourth consecutive period. However, it represented a slight improvement over the Period 14 rate of 0.74 percent. As noted above, the State's Outcome 2 performance showed substantial improvement to 85 percent while still falling well short of the Consent Decree standard of 95 percent. The State also failed to meet the Consent Decree's other child safety standards related to the timely initiation of investigations (Outcome 1) and timely interviewing all alleged victims (Outcome 3). Outcome 1 performance was **90 percent** (the standard is 95%) and Outcome 3 performance was **88 percent** (the standard is 99%). These measures remain mired near the Period 11 level.

Several unrelated factors worked together to depress the State's Period 15 performance on Outcomes 1, 2, and 3. These included:

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- Delayed supervisory reversal of the decision to “screen-out” CPS referrals involving children in care;
 - Placement case managers failing timely to report maltreatment concerns to CPS intake;
 - Unexplained delays/problems in the intake process; and,
 - “On-call” investigators failing to interview all alleged victims.

While each of these individual factors undermined performance in only two or three cases, together they accounted for over half (6 of 11) of the cases that failed to meet the Outcome 1 standard; nearly one-third (5 of 16) of the Outcome 2 “misses;” and 60 percent (9 of 15) of the Outcome 3 “misses.”

- *Screen-out Decisions Have Improved but are Not Always Documented.*

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. The problem of inappropriate screen-outs raised in Periods 11 and 12 appears largely to have been ameliorated. However, in Period 15 two examples (both from DeKalb County) were identified of attempted referrals that were not properly documented in SHINES and received neither a formal screen-out nor an investigation.

- *Incomplete CPS History Checks Remain a Concern.*

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 investigative requirement remained poor in Period 15 at 77 percent, after having been 91 percent as recently as Period 13. Period 14 performance on this requirement also was poor (76%), but the characteristics of the incomplete CPS histories for that period were quite different from those in Period 15. In Period 14, 18 of 20 incomplete CPS histories (90%) were missing either screened-out referrals or investigations archived in IDS (DFCS’ legacy mainframe system) and only two (10%) were missing investigations documented in SHINES. In Period 15 screened-out referrals and investigations archived in IDS accounted for only six (38%) of the 16 incomplete CPS histories identified while investigations documented in SHINES accounted for nine (56%). These results suggest that the problem in Period 14 may predominately have been a lack of clarity about which information sources to consult and which types of referrals to include when producing a CPS history. The fact that most of the omissions in Period 15 involved investigations documented in SHINES suggests that the problem in this Period more likely involved utilization of the types of narrow search methods previously documented by the Accountability Agents.²

² 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

While the characteristics of the incomplete CPS histories were substantially different in Periods 14 and 15, the entities responsible for the incomplete CPS histories in both Periods remained fairly constant – with one exception. All 18 of the investigations conducted by SSIU in Period 15 included a complete CPS history which was an improvement from Period 14 when SSIU was responsible for three incomplete CPS histories.

The Consent Decree also requires every foster home serving class member children to have in their record a complete history of any CPS referrals for the previous five years. 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 suggested that the situation was improving but problems were still evident which included CPS history checks that omitted one or more CPS referrals. In Period 15 the proportion of sampled foster homes that had complete CPS history checks in their records actually declined to 94 percent from the Period 14 level of 97 percent. However, unlike Period 14 none of the deficient CPS history checks was missing any CPS referrals; the problem with each of the nine deficient CPS histories identified in the sample related to household composition (i.e., one or more adult household members had not been included in the CPS screening). Reviewers conducted CPS history checks for each of the omitted individuals and found that none of them had any previous CPS referrals. In eight of the nine deficient CPS histories identified, the issue was adult children in the home who had not been included in the screening. These young adults usually had turned 18 during the year preceding the home’s most recent re-evaluation

- ***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 161 foster homes sampled, 161 (100%) did not have a confirmed instance of the use of corporal punishment in the previous 12 months. The standard for Outcome 6 requires that 98 percent of foster homes be without an incident of corporal punishment within the previous 12 months.

Permanency Trends

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

The number of children entering foster care in Period 15 was lower (about 15%) than that observed in Period 14. In Period 15, 499 children entered care compared to 588 in Period 14. The total number of children in care at any time during Period 15 (1607) decreased from the 1759 in care during Period 14.

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.

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- *Diligent Search Efforts Remain Strong, But More Fathers and Paternal Family Member Need to Be Identified and Engaged in the Process (Outcome 7)*

In Period 15 the state once again exceeded the performance standard for diligent search efforts. Efforts were documented in 121 (96%) out of the 126 cases in which children had been in care for more than 60 days. However, fathers and paternal family members still lag behind in the level of engagement by the State.

The efforts to identify and locate fathers and paternal resources throughout the span of the case are essential to establishing permanency for children. In 12 cases, the only documented efforts toward locating fathers involved interviewing the mother. Only 58 percent of the cases identified paternal relatives as potential resources, and only 64 percent of those identified were actually contacted. Moreover, only 21 percent of fathers participated in family team meetings.

- *Children Placed Near Home, But Separated from Siblings (Outcomes 16 and 19)*

While 95 percent of children were placed within the same county from which they were removed or within a 50 mile radius, only 77 percent of children who entered in a sibling group were placed with all of their siblings. Twenty fewer children (24) entered care during Period 15 in sibling groups of three or more compared to Period 14 (44). Yet, having an adequate number of resource homes for the placement of sibling groups continues to present a challenge.

- *Visitation With Parents and Separated Siblings Going Well, However Visitation with Children in New Placements Remains a Challenge for the State. (Outcomes, 21, 23).*

In Period 15, the state surpassed the threshold performance standard for visitation with parents (93%) and visitation with siblings (96%). Both of these outcome measures are essential for reunification efforts as well as maintaining connections for children who enter foster care. However, when children experience a new placement, due to entering care, planned moves, or disrupted placements, regular visitation is necessary to stabilize the placement and minimize trauma.

Under the Consent Decree, children in new placements are to have at least one in-placement visit in the first week and one in-placement visit between the third and eighth week with six additional visits at any time within the eight week period. In practice, this represents weekly visitation for eight weeks. In the targeted case review (Appendix B), although 95 percent of these children had at least one in-placement visit between the third and eighth week, only 37 percent received all eight visits.

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

Period 15 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 15, 13 percent of the children entering foster care in the last seven years remained in care on June 30, 2013. Half of the children remaining in care had been in custody 11 months or less.

Performance specifics include the following:

- **57 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.
 - **64 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.
 - **72 percent** of the children who entered custody between January 1 and June 30, 2011 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.)
 - **8percent** 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 15, 11 children remained in this cohort.)
 - **8 percent** of the children in custody for more than 24 months prior to the Consent Decree exited to permanency (Outcome 10). The standard is 35 percent. (At the end of Period 15, 9children remained in this cohort.)
- *For Children Whose Parental Rights Have Been Terminated or Released, Finalizing Adoptions or Legal Guardianships within Twelve Months Still a Challenge, However, No Adoption Disruptions within Twelve Months of Finalization (Outcomes 11 and 14)*

During Period 15, only 61 percent of children whose parental rights have been terminated or released during the reporting period had adoptions or legal guardianships finalized within 12 months of final termination or release of parental rights. The Consent Decree standard requires a minimum of 80 percent. However, once adoptions are finalized, no adoption disruptions occurred within 12 months.

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

For the tenth consecutive reporting period (since July 2008), the State met or surpassed the Outcome 15 threshold.³ Among the 646 children who, during Period 15, reached or had

³ 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.

surpassed their 15th month in custody out of the last 22 months and were not living with relatives, **98 percent** were either legally free to be adopted or the State had filed to terminate parental rights or documented compelling reasons why it had not taken such action. The standard stipulated for this outcome is 95 percent.

- *The Timeliness of Judicial and Citizen Panel Reviews Remained About the Same (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;⁴ 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.⁵ 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, 96 percent of the children in the foster care sample received a timely sixth-month case plan review or petition for one during Period 15. This is similar to the 95 percent of children in Period 14. This is the second reporting period in which the State has met the requirements for Outcome 27. In Period 15, the Outcome 28 performance was **92 percent** which was similar to the Period 14 performance (94%).

Well-Being Trends

- *Case Manager Continuity Improved (Outcome 18), However Case Manager Turn-Over Still a Problem.*

The case manager continuity experienced by children in care was higher (**92%**) in Period 15 than it was in Period 14 (87%). Ninety-two percent of the children in custody on June 30, 2013 had two or fewer case managers in the previous 12 months, once the allowable exceptions are taken into account. However, among the 86 children who had more than two case managers, 61 children (71%) experienced changes due to their case manager(s) leaving the agency. Among these 61 children, 35 (57%) had one change, 24 (39%) had two changes, and two children (3%) had four changes.

The turn-over of case managers results in cases having to be reassigned to existing workers. Often this leads to higher caseloads and the Department must then make additional changes in

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

⁵ See p. 9, paragraph 4B.10, and p.37, Outcome 28, of the Consent Decree.

case manager assignment to re-balance case loads. During Period 15, 27 (31%) of the 86 children had changes due to this re-balancing process.

Moreover, although case managers going out on medical leave is an allowable exception under the Consent Decree, during Period 15, 53 changes were due to the case manager being out on medical leave. Only eight changes occurred due to a case manager coming back from medical leave. Interviews with case managers and supervisors revealed that some medical leave is due to stress on the job. While the overall performance exceeded the Outcome 18 standard of 90 percent, efforts to minimize the number of children experiencing changes in case managers may be affecting the number of case managers with caseloads that exceed the allowable caps (*see Caseloads, p. 140*).

- *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 15, case managers made **98.3 percent** of the required twice monthly visits with children and over **99 percent** of the required monthly private visits with children. Furthermore, they made nearly **98 percent** of the required monthly visits to substitute caregivers. In all instances, this performance exceeded the revised Consent Decree standards for the fifth consecutive period.

- *The State Met the Consent Decree Requirement for the Proportion of Children Experiencing Stability in Their Living Arrangements (Outcome 17).*

In the sample of 175 foster care cases reviewed, **95 percent** of the children experienced two or fewer placement moves in the 12 months prior to June 30, 2013 or their last date in custody. This is first time since Period 2 that the state has met 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 15 marks the seventh consecutive period, that 90 percent or more of the children in care experienced two or fewer placement moves within 12 months.

- *Children Continue to Have Unmet Needs (Outcome 30)*

In Period 15, only 73 percent of children with identified health, dental, mental health, education, and developmental needs had all of their needs met. The State has yet to meet the 85 percent threshold required under the Consent Decree. The majority of unmet needs involve overdue medical and dental screenings as well as follow-up dental treatment.

Infrastructure Strengthening Trends

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

Outcome 25 requires at least 98 percent of all foster placements serving class member children to be in “full approval and/or licensure status.” The State met this standard for Period 15 with

98 percent of foster placements serving class member children in “full approval and/or licensure status.” Period 15 represents the ninth consecutive reporting period in which the Outcome 25 performance threshold of 98 percent was met or surpassed. However, the proportion of relative placements in full approval status dropped to 90 percent, its lowest level since Period 12. Most of the relative placements that were not in full approval status had not had timely (within 30 days of the child’s placement) Relative Care Assessments. The State’s documented compliance rate exceeded 90 percent for 15 of 16 monitored foster home approval and licensing standards.

- ***Foster Home Re-approval***

In Period 15, adult children living in foster homes was an issue that undermined the State’s performance in ensuring foster home records contained evidence of compliance with four foster home approval standards: *appropriate health statements for other adults in the home; CPS history has been checked; Timely Criminal Record Checks for other adults in the home; and Sex Offender Registry checked for other adults in the home*). DFCS policy requires that when (non-foster) children residing in the home turn 18 years of age, or when adult children move back into the home, the required criminal records and medical checks for such individuals are to be performed within 30 days.⁶ Similarly, CPS and Sex Offender Registry checks are to be performed for new adult household members prior to the foster home’s next re-evaluation.⁷ As discussed under ***Safety Trends***, the absence of timely checks for young adults in the home who had turned 18 was the cause of most of the noncompliance found for these four approval standards in Period 15.

- ***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 15, only **2 percent** of all foster family home placements serving class member children exceeded these standards. Period 15 was the 14th consecutive reporting period in which the Outcome 31 threshold was met or exceeded.

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

For the twelfth 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 15, only one (**1 %**) of the children in the foster care sample appears to have had a lapse of legal custody within the prior 13 months. No lapses in legal custody

⁶ Social Services County Letter 2011-03, Georgia Department of Human Services, May 2011.

⁷ Social Service Manual Sections 1014 and 1015, Georgia Department of Human Services, March 2007; Social Services County Letter 2012-06, Georgia Department of Human Services, October 2012.

occurred during Period 14. Increased monitoring and supervision appear to continue to contribute to the improved performance on this outcome.

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

Outcome 26 relates to the proper legal documentation in a child's file to support a claim for Federal reimbursement under the Title IV-E program.⁸ For Outcome 26, **93 percent** of the children in the Period 15 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 15 performance is similar to the 93 percent performance observed in Period 14. 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 the outcome related to placement stability, the substantial improvement in timely investigation completion, and continued strong performance in a number of other areas evident in Period 15. However, five issues with direct bearing on child safety require the State's focused attention.

1. Ensure that "screen out" decisions involving alleged maltreatment in care are made and documented correctly and timely approved by supervisors.

In Period 15 the Accountability Agents found two examples of attempted referrals that were not properly documented in SHINES and received neither a formal screen-out nor an investigation. This undermines the State's ability to hold its workforce accountable for meeting the commitment that every CPS referral involving a child in care will be properly assessed, documented, and investigated unless the referral contains no allegation of maltreatment. State policy requires supervisory approval of every screen-out decision involving a child in care, but supervisors cannot approve screen-out decisions that are not documented. Additionally, analysis of the CPS investigations that failed to meet the requirements of Outcomes 1, 2, and 3 revealed that delays in the supervisory decision to overrule proposed screen-outs contributed to some of the "misses."

The State's implementation during Period 16 of a centralized intake function for all CPS referrals eventually may eliminate the problem of undocumented screen-outs and

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

delayed supervisory approval of the screen-out decision.⁹ However, it would be a mistake to simply assume that it will have these effects. Systemic changes of this scope invariably have unintended consequences. The State is strongly encouraged to remain vigilant for such unintended consequences, and to take immediate corrective actions if necessary to avoid new, unexpected setbacks. Until the centralized intake function has been rolled out Statewide and has an adequate track record, the State is encouraged to continue reinforcing with Centralized Intake staff and all counties the very limited circumstances in which maltreatment-in-care reports may appropriately be screened out, as defined in policy; that every attempted referral must be properly documented in SHINES; and that every screen-out decision involving a child in care must receive an expeditious supervisory review.

2. Improve the completeness of CPS history checks.

It is unacceptable that only 77 percent of the investigations reviewed in Period 15 contained evidence that a complete CPS history was reviewed by the investigator prior to reaching a case disposition decision. Current allegations must be considered in the context of a family's history of CPS referrals to reach a sound decision. It is worth noting that the State's similarly poor Period 14 performance prompted the State Special Investigations Unit (SSIU) to take a number of remedial actions, including:

- Utilizing a CPS history checklist to guides staff in completing in a thorough CPS history.
- Creating listings of any cases identified for families investigated and uploading them to the External Documents section of SHINES.
- Uploading any CPS histories identified for CPS foster homes to GA+ Score (the system that supports CPA foster home approval) as well.
- Conducting monthly supervisory reviews of a small percentage of the CPS histories completed by the unit.
- Tracking all CPS histories completed by the unit in both a computerized log and a manual log maintained by the project director.

It likely is no coincidence that 100 percent of the CPS histories conducted by SSIU in Period 15 were complete. The Department is encouraged to evaluate the remedial actions taken by SSIU and to consider adapting some or all of them for implementation at the county level to address the problem of incomplete CPS histories in county-conducted CPS investigations.

⁹ The Centralized Intake function, which will triage and assign all incoming CPS referrals, was rolled out in DeKalb and Fulton Counties on September 18, 2013.

The Period 15 foster home review also found nine foster homes (6% of the sample of 161) that had incomplete CPS histories in their records. As discussed previously, eight of these nine were the result of young adults in the home who turned 18 in the year preceding the home's most recent approval. DFCS is encouraged to assess the adequacy of existing "tickler" systems at the county and state levels intended to alert staff responsible for foster home re-evaluation of youth in the home that are approaching their 18th birthdays, and to strengthen those systems as needed.

3. Improving the timeliness of Relative Care Assessments.

The State met the Outcome 25 standard that requires 98 percent of placement capacity to be in full approval status, but relative placements fell from 100 percent in Period 14 to 90 percent in Period 15 due primarily to Relative Care Assessments (home studies) that were not completed within 30 days of a child's placement. Should this trend continue the State will quickly find itself out of compliance with Outcome 25.

A characteristic of all high performing organizations is their commitment to identifying problems before the problems undermine their success and taking assertive action to correct them. The State is encouraged to address the problem of tardy Relative Care Assessments before its traditional success in meeting Outcome 25 is undermined.

4. Develop strategies to stabilize the workforce.

Although the number of children experiencing two or fewer placement case managers improved, (from 87% in Period 14 to 92% in Period 15), the number of case managers leaving the agency was still problematic. Among the 86 children who had more than two case managers, 71 percent of their case managers left the agency. In addition, 53 case manager changes were due to case managers being out on medical leave. While, some medical leave among the workforce is inevitable in any organization, interviews with case managers and supervisors revealed a discussion trend regarding medical leave due to stress on the job.

High turn-over rates continue to undermine the Department's ability to achieve and maintain the Consent Decree's outcome measures by contributing to high caseloads, low morale, errors in practice, and delays in service delivery, court reporting and documentation. More importantly, it likely results in children in care not being as safe, well or reaching permanency as quickly as possible. This assessment is supported by the results of interviews conducted with case managers and supervisors.

In order to develop effective strategies, the Accountability Agents encourage the state to establish a more deliberate exit interview process. This should include participation at the county level as well as enabling the state to track trends across all counties. Understanding the actual factors that contribute to a case manager's decision to leave will greatly inform an effective retention strategy. In addition, there is research that can

provide proactive ideas for stabilizing the workforce.

In 2005, the Institute for Advancement of Social Work Research, in collaboration with the University of Maryland School of Social Work and the Center for Families & Institute for Human Services published a review of all research and outcome studies that relate to retention and recruitment of the child welfare workforce.¹⁰ After reviewing 25 articles, the authors concluded that there are both organizational and personal reasons that case managers decide to remain in the child welfare workforce or leave. Understanding these factors and developing strategies around them should be considered in developing the state's retention plan.

Personal factors identified by the study authors include:

- Professional commitment to children and families
- Previous work experience
- Education
- Job satisfaction
- Efficacy
- Personal characteristics (age, bilingual)
- Burnout, including emotional exhaustion
- Role overload/conflict/stress

Organizational factors identified by the study authors include:

- Supervisory support
- Reasonable workload
- Coworker support
- Opportunities for advancement
- Organizational commitment and valuing employees

The counties are currently exploring ways to address some of these factors, such as implementing a mentoring program for supervisors and case managers and providing regular, positive feedback and recognition for employees who are doing exemplary work. The State and Plaintiff's Counsel agreed to a Corrective Action Plan late in Period 15 intended to bring caseloads into compliance with the Consent Decree Standards. Plaintiff's Counsel expressed concern during the Corrective Action Plan negotiations that caseworker compensation also needed to be enhanced.

The Accountability Agents recommend that the state undertake a deliberate retention strategy development process and regularly evaluate and review the impact of those policies. Stabilizing the workforce is paramount to providing services to children and families as they work toward positive permanency outcomes.

¹⁰ Institute for the Advancement of Social Work Research, 2005. Factors Influencing Retention of Child Welfare Staff: A Systematic Review of Research. Washington, D.C.: IASWR.

4. **Reduce Caseloads and Implement Strategies to Closely Monitor to Prevent Caseloads from Exceeding the Designated Caps.**

High caseloads appear to be one factor fueling case manager turnover and the resultant lack of continuity among case managers during Period 15. On June 30, 2013, 16 percent of case managers had caseloads over the agreed upon maximum caps. This does not include the 69 cases temporarily assigned to supervisors pending assignment to case managers. This is a substantially larger number of unassigned cases than the 38 cases found in Period 14.

As a result of these on-going issues, on January 3, 2014, the State and Plaintiff's Counsel finalized a Corrective Action Plan (CAP) to address retention of case managers and management of caseloads. In this new CAP, the State has agreed to streamline the hiring process for new investigators as well as develop and implement an expedited training and certification process; implement a caseload reduction plan that will generate a daily report on the number of caseloads, case assignments, and case closures; and implement an agreed upon retention plan. Plaintiffs also have urged the State to continue advocating for pay increases in the hope of mitigating the case manager attrition rate. In the CAP, the State also agreed that "[b]y December 31, 2013, no more than 10% of case managers subject to Section 8.A.2.a of the Consent Decree will have a caseload violating the Decree. By February 28, 2014, no case managers subject to Section 8.A.2.a of the Consent Decree will have a caseload violating the Decree."

The Accountability Agents believe these steps, rigorously executed, should successfully reduce caseloads, although given the timing of the CAP, their full impact is unlikely to be seen until Period 17 (January-June, 2014). The Accountability Agents will receive monthly reports regarding progress under this new CAP and will assess progress in the Period 16 and 17 reports.

Table II-1
Kenny A. Outcomes: Progress as of June 30, 2013

Safety Outcomes Children in Foster Care are Safe From Maltreatment in Care	Period 15 Performance	Comparison to Period 14¹¹
Outcome 1: At least 95% of all investigations of reports of abuse or neglect of foster children shall be commenced, in accordance with Section 2106 of the Social Services Manual, within 24 hours of receipt of report.	90%	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.	85%	Improved
Outcome 3: At least 99% of all investigations of reported abuse or neglect of foster children during the reporting period shall include timely, face-to-face, private contact with the alleged victim, including face-to-face contact with a child who is non-verbal due to age or for any other reason.	88%	Similar
Outcome 5: No more than 0.57% of all children in foster care shall be the victim of substantiated maltreatment while in foster care.	0.68%	Improved
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.	96%	Similar to Period 12
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.	76%	Improved
Outcome 19: 90% of all children in care shall be placed in their own county (the county from which they were removed) or within a 50 mile radius of the home from which they were removed, subject to the exceptions in Paragraph 5.C.4.b (ii) and (iii).	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	93%	Similar

¹¹The characterization of differences between Period 15 and Period 14 is based on the following criteria for Outcomes measured using the entire population (numbered 1, 2, 3, 4, 5, 8a, 8b, 9,10,11,14,15,16,18, 20, 22, 23, 24, 25 and 31): similar = change up to +/- 2%; improved/declined = change +/- 3% or more; Outcomes measured using a sample each period (numbered 6,7,17,19,21,26,27,28,29, and 30) employed a statistical test that measured the differences between the results for the two periods, accounting for the margin of error of each sample. For these outcomes, similar = change up to +/- 2%; improved/declined = change greater than the margin of error; improved/declined within margin of error = change +/- 3% or more but still within the margin of error.

Table II-1, continued
Kenny A. Outcomes: Progress as of June 30, 1013

Permanency Outcomes Children in Placements Maintain Family Connections	Period 15 Performance	Comparison to Period 14
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. ¹²	96%	Similar
Permanency Outcomes Children Achieve Permanency		
Outcome 4: No more than 8.6% of all foster children entering custody shall have re-entered care within 12 months of the prior placement episode.	8.8 %	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.	57%	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.	64%	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.	8%	Declined

¹² As part of a Stipulated Modification to the Consent Decree, the standard for Outcome 23 was modified. See *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

Table II-1, continued
Kenny A. Outcomes: Progress as of June 30, 1013

Permanency Outcomes Children Achieve Permanency	Period 15 Performance	Comparison to Period 14
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.	8%	Declined
Outcome 11: For all children whose parental rights have been terminated or released during the reporting period, 80% will have adoptions or legal guardianships finalized within 12 months of final termination or release of parental rights	60%	Improved
Outcome 12: For children whose parental rights have been terminated or released and the child has an identified adoptive or legal guardian resource at the time of the entry of the Consent Decree, 90% shall have had their adoptions or legal guardianships finalized within six months after the entry of the Consent Decree.	94% One Time Measure Taken in Period I	N/A
Outcome 13: For all children for whom parental rights have been terminated or released at the time of entry of the Consent Decree, and the child does not have an identified adoptive resource, 95% shall have been registered on national, regional, and local adoption exchanges, and have an individualized adoption recruitment plan or plan for legal guardianship within 60 days of the Consent Decree.	30% One Time Measure Taken in Period I ¹³	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.	98%	Similar

¹³ The children to whom this outcome applied have recruitment plans. Those who have been discharged since Period I have been included in the Outcome 9 and 10 results.

Table II-1, continued
Kenny A. Outcomes: Progress as of June 30, 2013

Permanency Outcomes Children Achieve Permanency	Period 15 Performance	Comparison to Period 14
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.	96%	Similar
Outcome 28: At least 95% of foster children in custody for 12 or more months shall have either had a permanency hearing held by the Juvenile Court within 12 months of the time the child entered foster care or had his or her last permanency hearing, or DFCS shall have submitted the documents required by the Juvenile Court for and requested a permanency hearing within 45 days of the expiration of the 12-month period following the time the child entered foster care or had his or her last permanency hearing.	92%	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.	95%	Similar
Outcome 18: At least 90% of all children in care at a point in time during the reporting period shall have had 2 or fewer DFCS placement case managers during the prior 12 months in custody. This measure shall not apply to cases that are transferred to an adoption worker or Specialized Case Manager; case managers who have died, been terminated, or transferred to another county; or case managers who have covered a case during another case manager's sick or maternity leave.	92%	Improved
Outcome 20a: At least 96.25% of the total minimum number of twice monthly face-to-face visits between case managers and all class member children required by Section 5.D.1.b during the reporting period occur. ¹⁴	98.3%	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 ¹⁵	99.2 %	Similar

¹⁴As 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.

¹⁵ Ibid.

Table II-1, continued
Kenny A. Outcomes: Progress as of June 30, 2013

Well-Being Outcomes Children Experience Stable Placements and Worker Continuity	Period 15 Performance	Comparison to Period 14
Outcome 22: At least 95% of the total minimum required monthly visits by case managers to caregivers during the reporting period occur. ¹⁶	97.7%	Similar
Well-Being Outcomes Children and Youth Receive Services They Need		
Outcome 24: The percentage of youth discharged from foster care at age 18 or older with a high school diploma or GED will increase over baseline by 20 percentage points.	To be Reported in Period 16	
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.	73%	Similar
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. ¹⁷	98%	Similar
Outcome 26: At least 95% of foster children in custody at a point in time during the reporting period shall have all applicable language in court orders necessary to assess qualification for federal funding under Title IV-E of the Social Security Act.	91%	Similar
Outcome 29: No more than 5% of all children in custody of DHS/DFCS for 12 months or more shall have a lapse of legal custody within the prior 13 months.	1%	Similar
Outcome 31: No more than 10% of all foster family home placements serving class member children at any time during the reporting period shall exceed the capacity limits referenced in Section 5.C.4.e. of the Consent Decree, concerning the requirement that no child shall be placed in a foster home if that placement will result in more than three (3) foster children in that foster home, or a total of six (6) children in the home, including the foster family's biological and/or adopted children. ¹⁸	2%	Similar

¹⁶ 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.

¹⁷ 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.

¹⁸ 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.”¹⁹ 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 15 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 June 30, 2013

Consent Decree Outcome	Period 15 Performance
Outcome 5: No more than .57% of all children in foster care shall be the victim of substantiated maltreatment while in foster care.	0.68%
Outcome 1: At least 95% of all investigations of reports of abuse or neglect of foster children shall be commenced, in accordance with Section 2106 of the Social Services Manual, within 24 hours of receipt of report.	90%
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.	85%
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%

¹⁹ 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 15. 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."*²⁰ The data used to measure the outcome performance are derived from a review of all 107 investigations of alleged maltreatment concerning class member children in foster care completed during Period 15 (January-June, 2013).

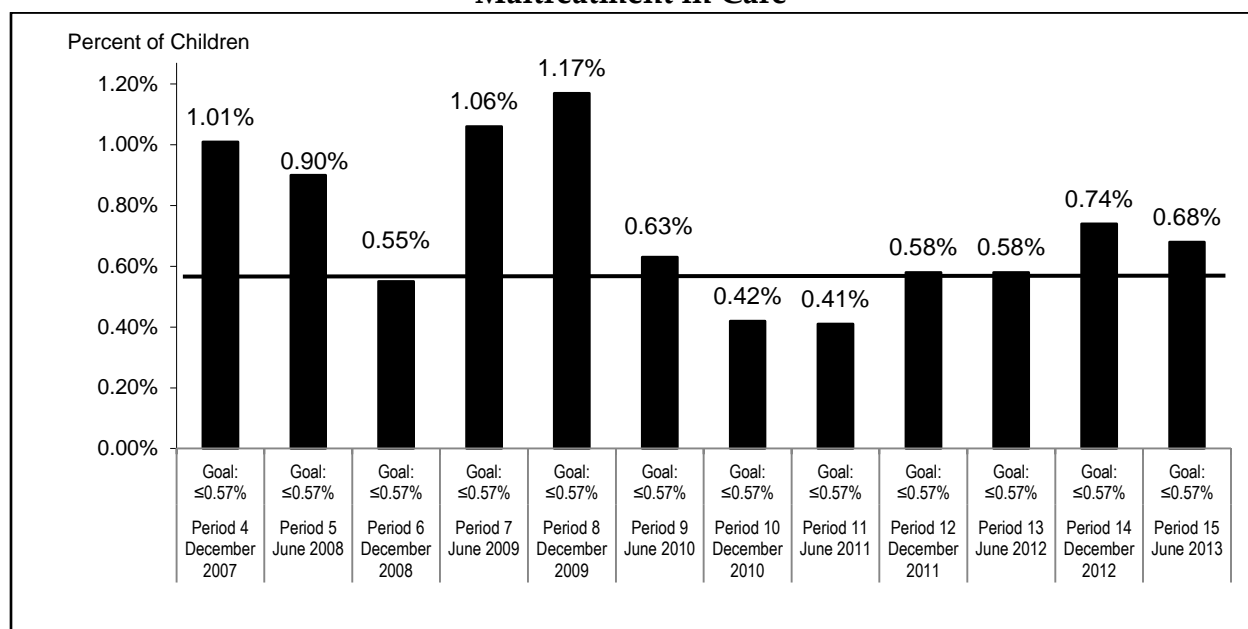
b. State Performance

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

The review of all maltreatment-in-care investigations completed between January 1 and June 30, 2013 found that **0.68 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 15 performance exceeded the Consent Decree standard but was a slight improvement from the Period 14 rate of 0.74 percent. The Outcome 5 standard was last attained in Period 11. Figure III-1 displays the State's performance over the last 12 reporting periods.

²⁰ 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
Fifteen Reporting Periods of State Performance on Outcome 5:
Maltreatment in Care



Source: File Review of All Completed Maltreatment-in-care Investigations, October 2005 – June 2013.

In Period 15, the review of all maltreatment-in-care investigations found 11 instances of substantiated maltreatment fitting the federal definition among the 1607 children in custody at any point during the reporting period. This represented a decrease of two substantiated victims of maltreatment in care (15%) compared to Period 14; the total number of children in care decreased by 145 (8%) from the 1752 in care during Period 14. The type of maltreatment substantiated for these 11 children consisted of: inadequate food/clothing/shelter (8 children), emotional abuse only (1 child), emotional abuse and inadequate supervision (1 child) and sexual abuse and inadequate supervision (1 child). During the reporting period, one other class-member child was the victim of substantiated maltreatment that did not fit the federal definition of maltreatment in care. This child was maltreated by school personnel.

The relative occurrence of maltreatment-in-care by placement type was different in Period 15 than in most previous periods. Family foster homes accounted for a disproportionate share of substantiated victims of maltreatment in care in Period 15 whereas congregate care facilities accounted for a disproportionate share of substantiated maltreatment-in-care victims in most previous periods. Family Foster homes (3 DFCS-supervised foster homes and 7 private-agency supervised foster homes) together accounted for 10 of 11 substantiated victims (91%); while only 64 percent of the children in care at the end of Period 15 were placed in family foster homes. In contrast, congregate care facilities (group homes and residential treatment facilities) accounted for only one (9%) of 11 substantiated victims while 22 percent of the children in care at the end of Period 15 were placed in such facilities. Whether this shift represents an anomaly or the start of a new trend is unknown but will bear careful monitoring.

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 107 maltreatment investigations completed during the reporting period that involved a child in the custody of DeKalb or Fulton County. This represented a 16 percent decrease compared to the 128 such investigations completed during Period 14. This decrease 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 (resulting in a greater number of investigations in that Period). 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.²¹ 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 15. 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 107 investigations of alleged maltreatment of class member children in foster care completed during Period 15 (January - June, 2013).

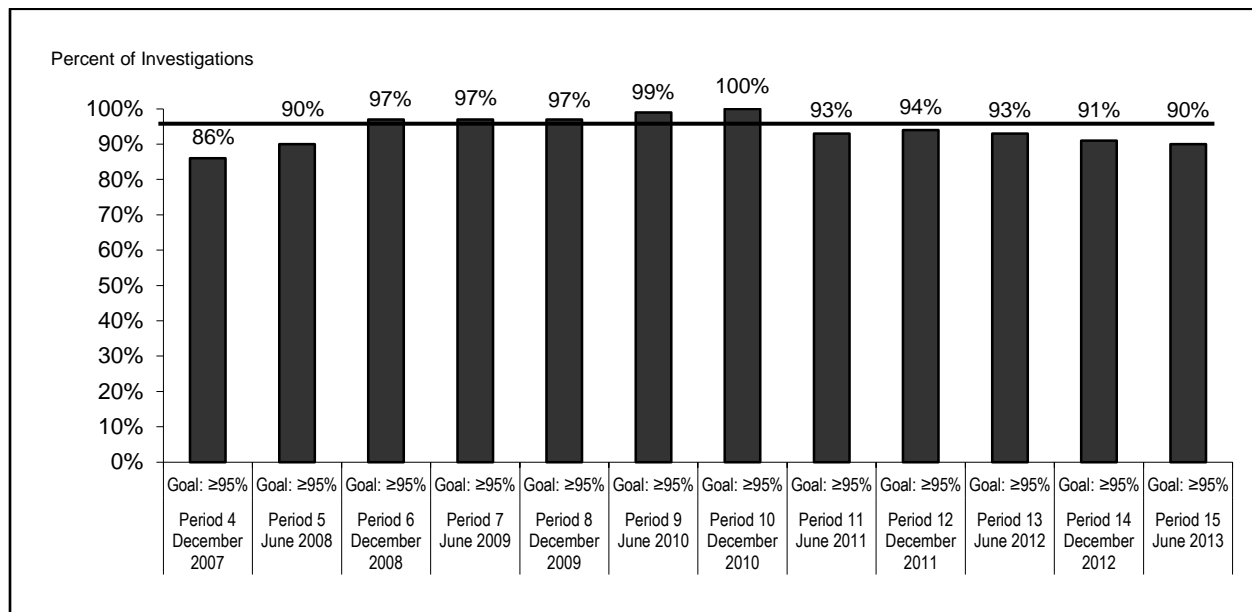
²¹ Effective December 1, 2010, allegations arising in congregate care facilities and in certain other circumstances may be investigated by the State Special Investigations Unit (SSIU), in lieu of, or in conjunction with, the local DFCS office.

b. State Performance

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

As noted in Table III-1 for Outcome 1, **90 percent** of maltreatment-in-care investigations were commenced within 24 hours according to file review data from the universe of investigations completed during Period 15. This is similar to the Period 14 performance of 91 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 the last 12 reporting periods.

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



Source: File Review of All Completed Maltreatment-in-care Investigations, October 2005 – June 2013.

As displayed in Table III-3, DeKalb and Fulton counties timely commenced 88 percent of the investigations they completed; similar to the 87 percent timely commencement rate in Period 14. The timely commencement rate for the perimeter counties and SSIU was 90 and 94 percent, respectively. For the perimeter counties this represented a decline from the Period 14 rate of 98 percent; for SSIU the rate was an improvement from the Period 14 rate of 88 percent. This measure counts only investigations in which an alleged victim is seen face-to-face by a trained CPS investigator or by police within 24 hours.

Table III-3
Outcome 1 – Commencement of Maltreatment-in-care Investigations
N=107

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	52	88%	7	12%	59	100%
Perimeter Counties	27	90%	3	10%	30	100%
State Special Investigations Unit ^a	17	94%	1	6%	18	100%
Total	96	90%	11	10%	107	100%

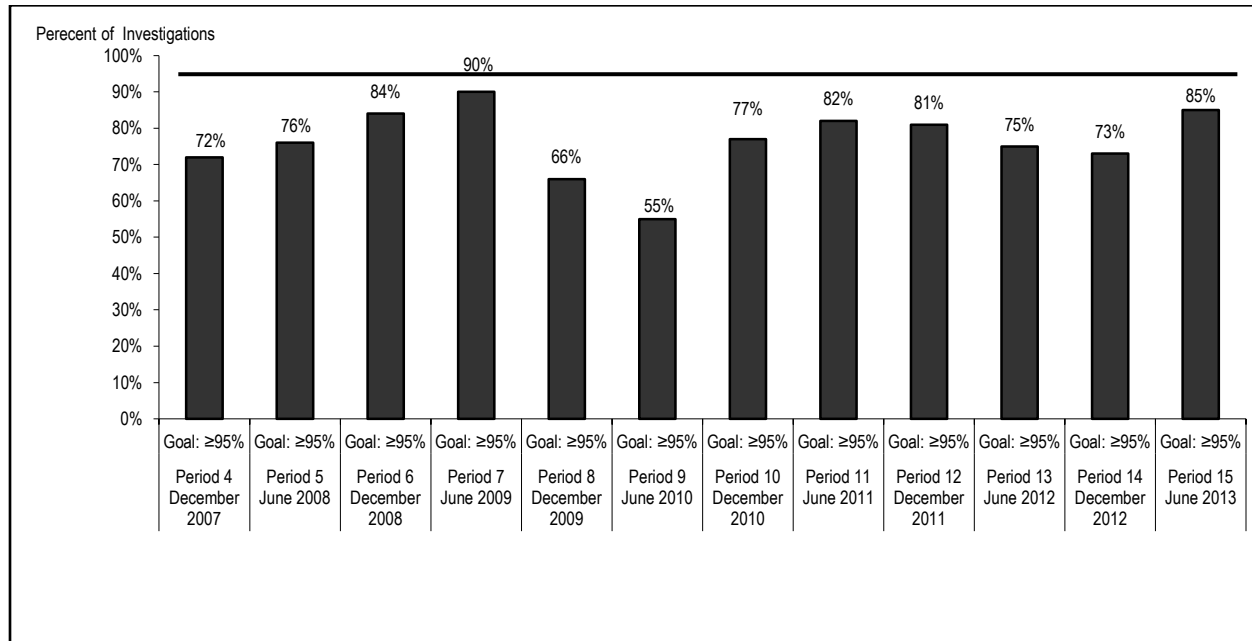
Source: File Review of All Completed Investigations, January-June, 2013.

^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, **85 percent** of maltreatment-in-care investigations (91 of 107) were completed within 30 days according to record review data from all investigations completed during the reporting period. This was a 12 percentage point improvement from the Period 14 rate of 73 percent, and though it remains below the Outcome 2 standard, represents the State's best performance since Period 7 (90%). Outcome 2 requires that 95 percent of maltreatment-in-care investigations be completed, in accordance with DFCS policy, within 30 days. In Period 15, 96 percent of investigations were completed within 45 days, an improvement from the Period 14 rate of 93 percent. The four remaining investigations were completed within 50 to 80 days. Figure III-3 displays the State's performance on Outcome 2 over 15 reporting periods.

Figure III-3
Fifteen 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 – June 2013.

Compared to Period 14, the Period 15 performance of DeKalb and Fulton counties, perimeter counties, and SSIU in timely investigation completion improved. For DeKalb and Fulton counties the improvement was substantial (from 76 to 90%) as was SSIU's improvement (from 78 to 89%). The perimeter counties' performance remained the poorest at 73 percent, but that was also an improvement from the Period 14 performance of 67 percent. The performance of DeKalb and Fulton counties in completing investigations within 45 days improved from 93 percent in Period 14 to 97 percent in Period 15 while SSIU improved to 100 percent from the Period 14 level of 95 percent. The Period 15 performance of the perimeter counties in completing investigations within 45 days was unchanged from the Period 14 level of 93 percent. The Period 15 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=107

Investigating County	Completed in ≤ 30 Days		Completed in ≤ 45 Days		Total	
	Number	% of Total	Number	% of Total	Number	% of Total
DeKalb/Fulton	53	90%	57	97%	59	100%
Perimeter Counties	22	73%	28	93%	30	100%
State Special Investigations Unit ^a	16	89%	18	100%	18	100%
Total	91	85%	103	96%	107	100%

Source: File Review of All Completed Maltreatment-in-care Investigations, January-June, 2013.

^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**

According to record review data from all investigations completed during Period 15, **88 percent** of the alleged victims of maltreatment in care (114 of 129) had face-to-face private contact with a CPS investigator within 24 hours. This rate was unchanged from Period 14, which represented the State's poorest performance since Period 5 (88%). The Outcome 3 performance standard is 99 percent. Figure III-4 illustrates the State's performance on Outcome 3 for the last 12 reporting periods.

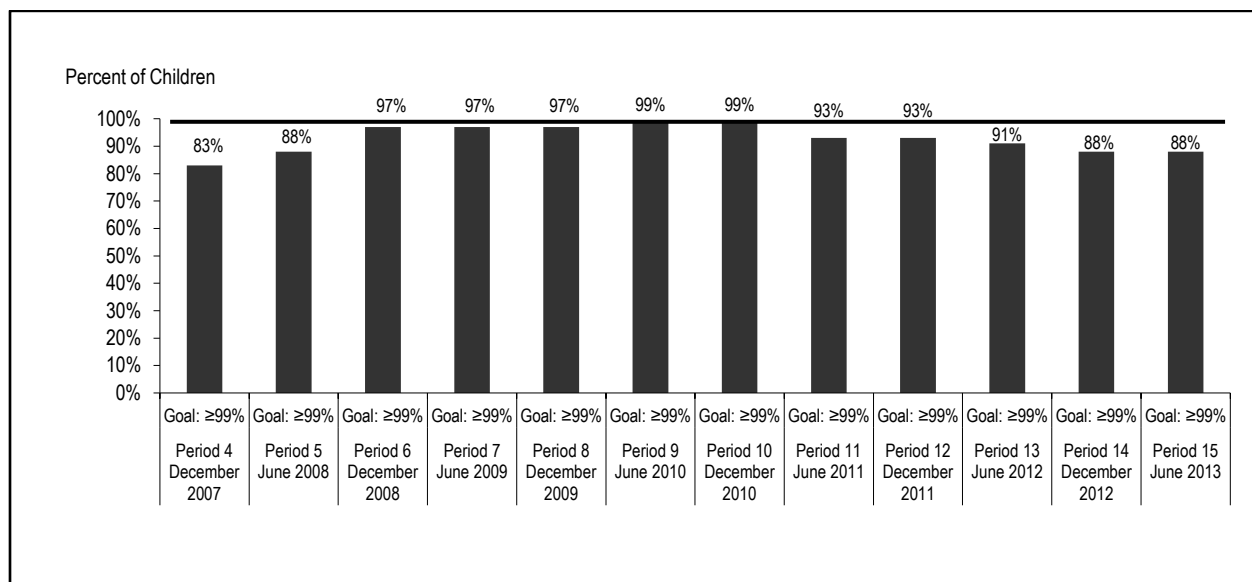
The 129 alleged victims of maltreatment in care represented a 17 percent decrease from the 156 alleged victims reported for Period 14. This decrease appears primarily to be the result of a policy change made during Period 14 that precluded the screening-out of any CPS referral involving children in the care of DeKalb or Fulton County. That policy change was rescinded early in Period 15.

In the cases they investigated, DeKalb and Fulton counties made face-to-face contact within 24 hours with 86 percent of the alleged victims, a decline from the Period 14 performance of 88 percent. The perimeter counties' Outcome 3 performance of 89 percent represented a substantial decrease from the Period 14 rate of 98 percent. SSIU's performance improved substantially from 79 percent in Period 14 to 95 percent in Period 15. Period 15 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 16 alleged victims who were not seen within this time frame.

Eleven of these alleged victims were in cases investigated by DeKalb and Fulton counties; 5 in cases investigated by perimeter counties or SSIU. Of the 16 alleged victims for whom response time was missed, three were removed from the placement setting in which the maltreatment was alleged to have occurred within 24 hours, but the children were not interviewed by a CPS investigator within that timeframe.

Figure III-4
Fifteen 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 – July 2013.

Table III-5

Outcome 3 – Face-to-Face Contact with Alleged Maltreatment Victims within 24 Hours
N=129

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	63	86%	2	3%	8	11%	73	100%
Perimeter Counties	32	89%	1	3%	3	8%	36	100%
State Special Investigations Unit ^a	19	95%	0	0%	1	5%	20	100%
Total	114	88%	3	2%	12	9%	129	100%

Source: File Review of All Completed Maltreatment-in-care Investigations, January-June, 2013.

^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

Although some improvement was evident compared to Period 14, Period 15 was the fourth consecutive period in which the State failed to attain the Consent Decree’s child safety measure related to maltreatment in care (Outcome 5). Compared to Period 14, the State’s performance in timely completing investigations (Outcome 2) showed marked improvement while performance on the child safety measures related to timely initiation of investigations (Outcomes 1 and 3) remained virtually unchanged.

Several unrelated factors worked together to depress the State’s Period 15 performance on Outcomes 1, 2, and 3. These included:

- Delayed supervisory reversal of the decision to “screen-out” CPS referrals involving children in care;²²
- Placement case managers failing timely to report maltreatment concerns to CPS intake;²³

²² Supervisory approval is required of all screen-out decisions concerning children in care. If the screen-out decision is overruled upon supervisory review and that decision is not made within hours of the referral, the response times for Outcomes 1 and 3 can be missed. If days elapse before the supervisory review takes place Outcome 2 may be affected as well.

²³ In two cases, days elapsed between the time placement case managers becoming aware of maltreatment

-
- Unexplained delays/problems in the intake process;²⁴ and,
 - “On-call” investigators failing to interview all alleged victims.²⁵

While each of these individual factors undermined performance in only two or three cases, together they accounted for over half (6 of 11) of the cases that failed to meet the Outcome 1 standard; nearly one-third (5 of 16) of the Outcome 2 misses; and 60 percent (9 of 15) of the Outcome 3 misses. Stated differently, had the State prevented these problems, the Outcome 1 standard could have been met with performance of 95 percent and the State could have been within striking distance of the Outcome 2 and 3 standards with performance, respectively, of 90 and 95 percent.

The observed improvement in the State’s Outcome 2 performance (its best since Period 7) likely is attributable to several interventions the State undertook toward the end of Period 13 and the first part of Period 14. 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.

As these interventions were not fully operational until February 2013, their full impact will not be seen until Period 16.

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.”²⁶ 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.

allegations and their subsequent referral of the matters to CPS intake. The “clock” on response time begins from the time DFCS first is made aware of an allegation of maltreatment.

²⁴ In one such case an intake call received on a Friday inexplicably was not assigned by the intake supervisor for investigation until the following Wednesday. In another, case notes indicate the placement case manager attempted to make a referral via the CPS hotline on a Monday but had to leave a voice message. According to her case documentation, no one from CPS ever followed up with her regarding the allegation so she contacted the hotline again on Thursday of that week and completed the referral.

²⁵ In order to meet mandated response times it has become common practice for an “on call” investigator to make the initial contact with an alleged victim and for the case to be assigned to a different investigator for completion. In two such cases, the on call investigator failed to interview **all** alleged victims when making the initial contact.

²⁶ See p. 2 of the Consent Decree.

Interpretation and Measurement

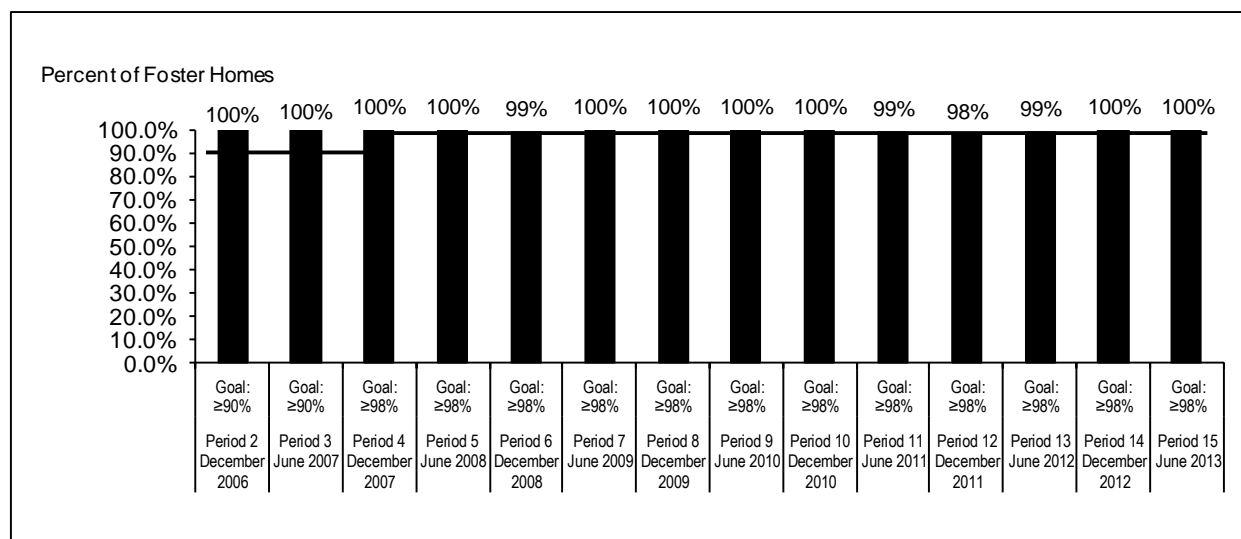
The Consent Decree's use of the phrase "...all foster homes...."²⁷ is operationalized as all foster homes with a class member in custody during the reporting period for measurement purposes. Appendix B provides a summary of previously resolved interpretation and measurement issues. The data used to measure Outcome 6 performance is based on a sample of 161 foster homes that had a class member in care at any point during the reporting period.

a. 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 161 (**100%**) had not had a confirmed incident of corporal punishment in the previous 12 months, surpassing the Consent Decree standard. This is unchanged from the Period 14 rate of 100 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 14 reporting periods to which the Consent Decree standards applied.

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



Source: Foster Home Record Reviews, July 2006 – July 2013.

²⁷ See p. 32 of the Consent Decree.

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

1. Maltreatment-in-care Referrals

Section 12 of the Consent Decree contains other requirements pertaining to the process of investigating and responding to reports of maltreatment in care.²⁸ The following discussion summarizes findings from the Period 15 review regarding the State's compliance with these requirements.

a. Assessment of Maltreatment-in-Care Referrals

Section 12.A. of the Consent Decree requires all referrals of suspected maltreatment of children in foster care to be investigated by Child Protective Services staff (rather than permanency staff) *"...in the manner and within the timeframe provided by law and DFCS policy."*²⁹ DFCS policy vests in "Social Services Case Managers" (i.e., CPS Investigators) and their supervisors responsibility for evaluating CPS referrals and deciding whether they meet the threshold requirements that mandate a full investigation, or fail to attain that threshold and may be "screened-out."³⁰ Interviews with Fulton and DeKalb County staff, with staff of the Office of Provider Management (OPM) and the Office of Residential Child Care (RCC), and the review of 175 randomly selected foster care records, 161 foster home records, and all 107 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 evaluated 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. When referrals receive full investigations those are conducted by certified CPS investigators.

However, the Period 15 placement, foster home, and maltreatment-in-care file reviews identified two instances (one from the maltreatment-in-care review and one from the placement sample) that did not appear to adhere to this policy and practice. In the case from the maltreatment-in-care review, an adoptions case manager completed a maltreatment-in-care investigation on behalf of a perimeter county. The involved county had no satisfactory explanation for why this occurred. This was the first time in 15 reporting periods that an investigation completed by someone other than a certified CPS investigator ever has been identified.

In the case from the placement review, the child's private agency case manager failed to notify the child's DFCS placement case manager or CPS intake of injuries to a child in her agency's care, thus precluding CPS intake from evaluating the situation. As documented in her case

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

²⁹ See p. 28 of the Consent Decree.

³⁰ Social Services Manual, Chapters 2.6 and 2.2, Georgia Dept. of Human Resources, June and Sept. 2009.

notes, she noticed during an unannounced visit to the child's day care center that he had a bruise and scrape near one eye. The child told the case manager that he hit his eye on a table during school as he was laying down for a nap. The day care center staff indicated the bruise was approximately one week old and that the incident was investigated by the day care center director who believed it to have happened at the school. The private agency indicated that the case manager was new at the time and did not report the incident to the placement case manager or CPS intake because the incident did not appear to involve the child's foster parent.

b. Evaluation of Maltreatment Referrals and Documentation of Screen-outs

A related operational issue impacting child safety is 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.³¹ Substantial progress on this issue has been noted since Period 12. In Periods 13 and 14, out of the 350 placement records and 320 foster home records sampled during the 12 months covered by those Periods, only one appeared to the Accountability Agents to contain evidence of an allegation of maltreatment-in-care that was inappropriately screened out rather than investigated.

In Period 15, the Accountability Agents again scrutinized the 175 placement records and 161 foster home records sampled to see whether allegations of maltreatment-in-care were inappropriately being screened out. A total of 13 screen-outs were identified among the CPS referrals associated with the child placement and foster home records sampled (three from the placement sample; 10 from the foster home sample). One of these screen-outs (discussed below) 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.

This limitation becomes even more acute if the screen-out decision is not properly documented in SHINES. In Period 15 the Accountability Agents found two examples (both from DeKalb County) of attempted referrals that were not properly documented in SHINES and received

³¹ 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.

neither a formal screen-out nor an investigation. The first case (from the placement review), involved a foster child who was alleged to have inappropriately touched one of her classmates at school. When questioned about the incident, she told her teacher that she had experienced inappropriate touching from her older sister with whom she shared a room. Case notes reflect that the placement case manager was instructed by her supervisor to make a referral; that she reported back to her supervisor that she had done so; and that her supervisor subsequently instructed her to follow up on the disposition of that referral; but SHINES contains no record that such a referral was ever made. It appears to the Accountability Agents that this allegation warranted a full investigation of the adequacy of the foster parent's supervision of the children in her care. However, it seems that DeKalb's CPS intake staff effectively screened out this referral while failing to record it as a screen out in SHINES or to obtain supervisory approval of that decision.

In the second case (from the foster home review), a child was observed by his placement case manager to have scratch marks on his arm. The child's placement case manager consulted the child's physician and day care personnel and felt the marks likely were due to the child's reported frequent scratching due to eczema. She reported no concerns about the child's safety. The placement case manager hand carried a CPS referral form over to DeKalb County's CPS Intake staff. After reviewing the referral's particulars with the placement case manager the CPS Intake staff declined to initiate an investigation but the attempted referral was never recorded in SHINES as a screen out. In the view of the Accountability Agents, the decision not to investigate this referral was justified given that no maltreatment had been alleged; however DFCS Policy requires such a decision to receive a supervisors concurrence and for the decision to be documented in SHINES as a screened-out referral.

The above incidents notwithstanding, the problem of inappropriate screen-outs raised in Periods 11 and 12 appears largely to have been ameliorated. Moreover, it is hoped that the State's implementation during Period 16 of a centralized intake function for all CPS referrals will eliminate the problem of undocumented screen-outs.³² Nevertheless, until the centralized intake function has been rolled out Statewide and has an adequate track record, the State is encouraged to continue reinforcing with Centralized Intake staff and all counties the very limited circumstances in which maltreatment-in-care reports may appropriately be screened out, as defined in policy; that every attempted referral must be properly documented in SHINES; and that every screen-out decision involving a child in care must receive an expeditious supervisory review.

Future file reviews will continue to scrutinize placement and foster home records for compliance with the requirements of Section 12.A. and 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.

³² The Centralized Intake function, which will triage and assign all incoming CPS referrals, was rolled out in DeKalb and Fulton Counties on September 18, 2013.

c. Investigations Conducted in Accordance with State Standards

DFCS policy on maltreatment-in-care investigations (which are considered “Special Investigations”) is contained in Section 2106 of the Social Services Manual.³³ 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.

To assess the State’s compliance with the Section 12.A. requirement that all reports of suspected maltreatment of children in foster care are to be investigated in the manner and within the time frames provided by law and DFCS policy, the file review of maltreatment-in-care investigations explored the extent to which the investigations completed during Period 15 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 14 for two requirements (*investigator saw/interviewed each of the other children (non-alleged victims) separately; and investigator reviewed the DFCS history of the foster parent/caregiver*); four requirements (*investigator saw/interviewed every alleged maltreated child separately; DFCS case managers required to visit in the foster care setting were contacted; case record contains physical evidence to support case documentation; and investigator reviewed previous CPS reports for foster parents/caregivers*) remained similar (\pm one percentage point); while compliance appears to have declined for five requirements (*continued safety of the children placed in the home was adequately evaluated and assessed; alleged maltreater was interviewed separately; all approved foster parents/caregivers interviewed separately; at least two relevant collateral sources contacted during the investigation; and, all other adults frequently in the home interviewed separately*). 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 (*all other adults frequently in the home interviewed separately; 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.

³³ Social Services Manual, Chapter 2100, Section VI, Georgia Dept. of Human Resources, July 2005.

Table III-6
Proportion of Investigations Meeting Policy Requirements
(N shown is for Period 15 cases and varies based on
placement setting and other case characteristics)

Investigation Policy Requirement	Percent of Applicable Files with Documentation of Compliance	
	Period 14	Period 15
Investigator saw/interviewed every alleged maltreated child separately (N=106)	98%	98%
Continued safety of the child(ren) placed in the home was adequately evaluated and assessed (N=64)	100%	97%
Alleged maltreater was interviewed separately (N=101)	98%	95%
DFCS case managers required to visit in this foster care setting were contacted (N=107)	93%	93%
Investigator saw/interviewed each of the other children (non-alleged victims) separately (N=70)	91%	93%
All approved foster parents/caregivers interviewed separately (N=107)	98%	93%
Investigator reviewed the DFCS history of the foster parent/caregiver (N=71)	90%	92%
At least two relevant collateral sources contacted during the investigation (N=96)	98%	90%
Case record contains physical evidence to support case documentation (N=69)	80%	81%
All other adults frequently in the home interviewed separately (N=18)	85%	78%
Investigator reviewed previous CPS reports for foster parents/caregivers (N=71)	76%	77%

Source: Case file review of all maltreatment-in-care investigations completed January 1, 2013 – June 30, 2013.

DFCS Policy requires that the investigation of alleged maltreatment in foster homes include private interviews with any “other adults” in the home (i.e., adults other than the foster parent[s]).³⁴ While the compliance rate for this requirement was only 78 percent, in 17 of 18 investigations that included “other adults” in the home (94%), all such adults were interviewed. However, in three cases (17%) the investigator failed to indicate whether the interviews were conducted privately.

³⁴ The DFCS Policy Manual specifies a slightly different standard with respect to “other adults in the home” for DFCS-supervised foster homes and for provider-supervised foster homes. In DFCS-supervised foster homes the standard is “other adults frequently in the home;” in provider supervised foster homes the standard is simply “other adults in the home.” See Social Services Manual, Sections 2106.8 and 2106.17, Georgia Dept. of Human Resources, July 2005.

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."³⁵

DFCS policy specifies a bifurcation of responsibility for CPS history checks performed as part of the 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.³⁶ Policy further specifies that this information "...must be reviewed prior to a case determination...." by the CPS investigator assigned to the case.³⁷

Investigator compliance with this very important investigative requirement remained poor in Period 15 at 77 percent, after having been 91 percent as recently as Period 13. Among the 16 Period 15 investigations that had incomplete CPS histories:

- 7 had histories that were missing one or more investigations documented in SHINES;
- 3 were missing previous CPS investigations that are archived in IDS (the DFCS information system that preceded SHINES);
- 3 were missing screened-out referrals documented in SHINES;
- 2 were missing both screened-out referrals and investigations documented in SHINES; and,
- 1 was missing a "diversion" documented in SHINES.

The extent to which these incomplete CPS history checks can be attributed to 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 is unknown.

Period 14 performance on this requirement also was poor (76%), but the characteristics of the incomplete CPS histories for that period were quite different from those in Period 15. In Period 14, 18 of 20 incomplete CPS histories (90%) were missing either screened-out referrals or investigations archived in IDS and only two (10%) were missing investigations documented in SHINES. In Period 15 screened-out referrals and investigations archived in IDS accounted for only six (38%) of the 16 incomplete CPS histories identified while investigations documented in SHINES accounted for nine (56%). These results suggest that the problem in Period 14 may predominately have been a lack of clarity about which information sources to consult and

³⁵ Social Services Manual, Chapter 2100, Section III, Georgia Dept. of Human Resources, July 2008.

³⁶ Social Services Manual, Chapter 2100, Section III, op cit., July 2008.

³⁷ Ibid.

which types of referrals to include when producing a CPS history. The fact that most of the omissions in Period 15 involved investigations documented in SHINES suggests that the problem in that Period more likely involved utilization of the types of narrow search methods previously documented by the Accountability Agents.³⁸

While the characteristics of the incomplete CPS histories were substantially different in Periods 14 and 15, the entities responsible for the incomplete CPS histories in both Periods remained fairly constant – with one exception. The number of incomplete CPS histories DeKalb and the perimeter counties were responsible for remained unchanged in Periods 14 and 15 (3 and 8, respectively). Fulton County was responsible for one fewer incomplete CPS history in Period 15 (5) than in Period 14 (6). However all 18 of the investigations conducted by SSIU in Period 15 included a complete CPS history which was an improvement from Period 14 when SSIU was responsible for three incomplete CPS histories.

It is worth noting that the poor Period 14 performance prompted the SSIU to take a number of remedial actions, including:

- Utilizing a CPS history checklist that guides staff in completing in a thorough CPS history. This includes checking the IDS system, the SHINES system (including the Foster-to-Adopt, Adoptions, CPS, Resource Development and External Documents tabs), the Success system and the Accurint system.
- A listing of any cases associated with the family is created and uploaded to the External Documents section of SHINES.
- All CPS history is also documented and uploaded to GA+ Score.
- The project director conducts a monthly second level review of a small percentage of the CPS histories completed by the unit.
- All CPS histories completed by the unit are tracked on a computerized log and in a manual log maintained by the project director.

The Department is encouraged to evaluate the remedial actions taken by SSIU and to consider adapting some or all of them for implementation at the county level to address the problem of incomplete CPS histories in county-conducted CPS investigations.

³⁸ 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.

d. 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).³⁹ The purpose of the review specified in the Consent Decree is “...to determine whether a pattern of abuse or neglect exists within... [the provider agency].... that contributed to the abuse or neglect; whether the contract should be terminated; whether particular homes or facilities should be closed....”⁴⁰

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 to the Policy Unit, RCC and OPM of Maltreatment-in-care Investigations**

The completeness of maltreatment-in-care reporting to the DFCS Policy Unit in Period 15 was unchanged from the Period 14 level of 100 percent. The completeness of maltreatment-in-care reporting to RCC and to OPM remained about the same (94% and 99%, respectively, compared to 93% and 100% in Period 14). 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 15, data collected directly from the DFCS Policy Unit indicate that administrative packets were received for 107 (100%) of the 107 maltreatment-in-care investigations completed during Period 15. This was similar to Period 14 when the Policy Unit was notified of 128 of 128 investigations (100%). Forty-five (42%) of the 107 reports the Policy Unit received for Period 15 were received within the 10-day window specified by DFCS policy.⁴¹ While this rate remains low, it represents a 26 percentage point increase from the 16 percent of maltreatment-in-care

³⁹ 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.

⁴⁰ See Section 12 B, p. 28 of the Consent Decree.

⁴¹ Social Services Manual, Section 2106.11, Georgia Dept. of Human Resources, July 2005.

reports received within the 10 day window in Period 14.⁴² Table III-7 displays data on reporting of maltreatment-in-care investigations to the DFCS Policy Unit.

Table III-7
Policy Unit Notification of Period 15 Maltreatment-in-care Investigations
N=107

Investigating County	Total Investigations	Notified		Not Notified	
	Number	Number	% of Total	Number	% of Total
DeKalb	31	31	100%		
Fulton	28	28	100%		
Barrow	1	1	100%		
Bibb	1	1	100%		
Clayton	3	3	100%		
Cobb	1	1	100%		
Forsyth	1	1	100%		
Gwinnett	4	4	100%		
Henry	5	5	100%		
Jackson	0	0	100%		
Lowndes	1	1	100%		
Madison	1	1	100%		
Newton	3	3	100%		
Richmond	2	2	100%		
Rockdale	4	4	100%		
Taylor	3	3	100%		
State SIU	18	18	100%		
Total	107	107	100%		

Source: Survey of Notification of CPS Investigations in Foster Care Settings, July 1 – June 30, 2013.

The Period 15 file review of maltreatment-in-care investigations included 70 investigations of maltreatment that occurred in provider-supervised settings and therefore should have been reported to both RCC and OPM.⁴³ Data collected directly from RCC and OPM indicate that RCC was notified of 66 (94%) of these 70 investigations; the second time since Period 11 that the

⁴² 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.

⁴³ There were a total of 76 investigations that involved children placed in provider-supervised settings, but 6 of these fell outside the jurisdiction of RCC and thus were excluded from the RCC tabulations presented in Table III-8. In two 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 four cases (three cases in provider-supervised foster homes and one in a residential care facility), the maltreatment occurred outside the placement setting and as such, the investigations were not required to be reported to RCC (two of these occurred during supervised visits with the biological parent; one occurred at school; and one at a daycare center). This total includes 6 cases of which RCC was notified even though such notification was not required since the alleged maltreatment occurred in a PRTF or outside the placement setting.

RCC notification rate was not 100 percent. Table III-8 displays data on county reporting of maltreatment-in-care investigations to RCC.

Fulton County completed the largest number of maltreatment-in-care investigations in provider-supervised settings at 16, with 16 (100%) being reported to RCC. The State Special Investigations Unit (SSIU) completed 15 investigations in such settings and DeKalb County thirteen, all (100%) of which were reported to RCC. Fourteen perimeter counties accounted for the remaining 26 such investigations, with Bibb, Clayton, Lowndes, and Taylor Counties collectively having failed to notify RCC of four investigations.

Table III-8
Residential Child Care Notification of
Period 15 Maltreatment-in-care Investigations
N=70

Investigating County	Total Investigations	Notified		Not Notified	
	Number	Number	% of Total	Number	% of Total
Fulton	16	16	100%		
DeKalb	13	13	100%		
Barrow	1	1	100%		
Bibb	1	0	0%	1	100%
Clayton	3	2	67%	1	33%
Cobb	1	1	100%		
Forsyth	1	1	100%		
Gwinnett	4	4	100%		
Henry	4	4	100%		
Jackson	0	0	100%		
Lowndes	1	0	0%	1	100%
Madison	0	0	100%		
Newton	3	3	100%		
Richmond	2	2	100%		
Rockdale	2	2	100%		
Taylor	3	2	67%	1	33%
State SIU	15	15	100%		
Total	70	66	94%	4	6%

Source: Survey of Notification of CPS Investigations in Foster Care Settings, July 1 – June 30, 2013.

The Period 15 notification data illustrate that county incident reporting enables prudent, collaborative action by RCC and DFCS. Among the 66 maltreatment-in-care investigations of which RCC was informed, RCC elected to conduct a joint investigation with DFCS for 52 (79%) 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 15 Maltreatment-in-care Investigations
N=70

Investigating County	Total Investigations	Notified		Not Notified	
	Number	Number	% of Total	Number	% of Total
Fulton	15	14	93%	1	7%
DeKalb	14	14	100%		
Barrow	1	1	100%		
Bibb	1	1	100%		
Clayton	3	3	100%		
Cobb	1	1	100%		
Forsyth	1	1	100%		
Gwinnett	3	3	100%		
Henry	4	4	100%		
Jackson	0	0	100%		
Lowndes	1	1	100%		
Madison	0	0	100%		
Newton	3	3	100%		
Richmond	2	2	100%		
Rockdale	3	3	100%		
Taylor	3	3	100%		
State SIU	15	15	100%		
Total	70	69	99%	1	1%

Source: Survey of Notification of CPS Investigations in Foster Care Settings, January 1 – June 30, 2013.

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 15, OPM appears to have been notified of 69 (99%) of the 70 investigations of alleged maltreatment that occurred in provider-supervised settings.⁴⁴ This is similar to the

⁴⁴ There were a total of 76 investigations that involved children placed in provider-supervised settings, but 6 of these fell outside the jurisdiction of OPM and thus were excluded from the OPM tabulations presented in Table III-9. In two 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 four cases in provider-supervised foster homes, the maltreatment occurred outside the placement setting and as such, the investigations were not required to be reported to OPM (two of these occurred during supervised visits with the biological parent; one occurred at school; and one at a DJJ foster home that had not yet completed the DFCS foster home approval process). This total includes 6 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.

Period 14 rate of 100 percent. Table III-9 displays data on county reporting of maltreatment-in-care investigations to OPM.

For the fifth consecutive reporting period, DeKalb 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. Fulton County's OPM notification rate dropped to 99 percent resulting in the first rate drop below 100% since Period 9.

- **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 15 included:

- A medium-sized provider agency showed a pattern of foster parents not being appropriately matched or informed of the special care and services required of the child being placed; one Adverse Action (AA) was issued during Period 15 and a second AA was issued during Period 16 with an additional action pending. An office conference is being scheduled with the provider and OPM during Period 16.
- A medium-sized provider displayed a pattern of inappropriate behavior management and inadequate supervision, which resulted in two AAs during this review period. This Agency has since licensed each of its satellite offices in order to better target the offices that are having difficulty with compliance and to focus training for each office based on their individual areas of need.
- A fairly large provider received two AAs early in Period 15. An Office Conference was held to discuss the concerns regarding inadequate supervision based on residents' needs, provision of timely medical care, and appropriate behavior management in accordance with residents' service plans.
- A fairly large provider had several serious incidents and numerous Emergency Safety Interventions (ESIs) resulting in two AA's during this review period related to failure to follow policies and procedures on supervision, safety plans, reporting, and behavior management. An office conference is scheduled in Period 16.
- A small provider displayed a pattern of repeat non-compliance with completing assessments timely and developing complete service plans which resulted in a Period 15 AA. 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. A subsequent AA was imposed near the close of this Period and the facility has since closed.
- A medium-sized provider seemed to be having an excessive number of incidents for a newly licensed facility. Concerns shared by both OPM and RCC centered on the mixing of residents and staff of the PRTF and the CCI Youth. There were also concerns noted regarding the management of medications and injuries resulting from ESI's. An office conference was held between OPM, RCC, and the provider to discuss the first quarter of operation and to provide technical assistance.

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 15 include:

- Concerns with the quality of supervision;
- Providers failing to secure attentive and timely medical attention;
- 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.⁴⁵ The following discussion summarizes the requirements and how DFCS is meeting them.

a. Awareness of Corporal Punishment Prohibition

All placement settings are to prohibit the use of corporal punishment. In 161 of 161 foster home records sampled (100%), there was a signed written statement or other evidence that foster parents understood and agreed to comply with DFCS' prohibition on the use of corporal punishment. This is unchanged from the Period 14 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.

⁴⁵ See pp 29-30, paragraph 12.C of the Consent Decree.

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

c. Compliance with Corporal Punishment Prohibition

Actual compliance with the corporal punishment prohibition appears to be excellent. The review of child records of 175 randomly selected children in foster care during Period 15 identified one confirmed instance of corporal punishment (0.6%). This is similar to Period 14, during which there was no confirmed instance of corporal punishment among the children included in the placement sample.

The foster home record review of 161 randomly selected foster homes looked for evidence in the foster home record that foster parents or other placement resources used corporal punishment or permitted it to be used on any foster child, whether or not a subsequent investigation or assessment confirmed the allegation. Such evidence was found in one of the 161 foster home records reviewed (0.6%).⁴⁶ This was similar to Period 14, during which such evidence was found in the records of none of the sampled foster homes (0%).

The review of all 107 maltreatment-in-care reports investigated during the reporting period identified 11 reports (10%) that began as an allegation of corporal punishment. In Period 14, 14 of the 128 maltreatment-in-care reports (11%) began as corporal punishment allegations. None of the 11 investigations completed during Period 15 that began with an allegation of corporal punishment found maltreatment to be substantiated. However, in three cases Corrective Action Plans were put in place; in two cases the children were removed from the placement; and in two 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 four 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

⁴⁶ In this case, the allegation was screened out by CPS staff and so this allegation is not counted toward the Outcome 6 measure. It should be noted, however, that the allegation appears to have been screened out without a formal “assessment,” as required by DFCS Policy and 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 are to 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 reviews 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, one of the 161 homes in the Period 15 sample had an allegation in the previous 12 months that corporal punishment was used. However, this allegation appears to have been screened out by CPS staff with no formal assessment. Therefore, the Accountability Agents were unable to evaluate the extent of compliance in Period 15 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 11 CPS investigations prompted by an allegation of corporal punishment; six involving children placed in provider-supervised foster homes and five involving children placed with relatives/fictive kin. Of these 11 investigations:

- 11 (100%) showed that all alleged victims were interviewed separately within 24 hours;
- 11 (100%) showed that the continued safety of any children remaining in the home was adequately evaluated;
- 11 (100%) of the investigative conclusions were, in the reviewer's opinion, consistent with the investigative documentation; and,
- 10 (91%) of the investigations were completed within 30 days as required by DFCS policy; the remaining investigation was completed in 50 days.

Of the six investigations involving children in provider-supervised placements, OPM was notified of six reports (100%) and of the investigative conclusion in four cases (67%). RCC was notified of six (100%) of the reports and of the investigative conclusion in six cases (100%).

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

⁴⁷ 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 15 Performance
Outcome 7: At least 95% of all foster children entering care shall have had a diligent search for parents and relatives undertaken and documented within 60 days of entering foster care.	96%
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.	76%
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.	93%
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. ⁴⁸	96%
Children Achieve Permanency	Period 15 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.	8.8%
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.	57%
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.	64%
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.	8%

⁴⁸ 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.	8%
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.	60%
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.	98%
Outcome 27: At least 95% of foster children in custody for six months or more shall have either had their six-month case plan review completed by the Juvenile Court within six months of their prior case plan review, or DFCS shall have submitted the child’s six-month case plan to the Juvenile Court and filed a motion requesting a six-month case plan review within 45 days of the expiration of the six-month period following the last review.	96%
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.	92%

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

One of the Consent Decree principles is “*all non-destructive family ties should be maintained and nurtured.*”⁴⁹ 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 7 – Diligent Search

A “reasonably diligent search is required by law (O.C.G.A. Section 15-11-55) to identify those individuals who may be considered a resource for placement or custody of the child.”⁵⁰ The Consent Decree, in Outcome 7, requires the diligent search for parents and relatives be undertaken and documented within 60 days of entry for at least 95 percent of all foster children entering care. In practice, a search should be initiated as soon as the child enters custody or even before entry as information is gathered in the investigation or assessment stage. Immediate efforts can serve to hasten permanency for a child and to minimize the trauma of removal if the child can be placed with someone known to him or her.

Furthermore, the search for relatives and other individuals who have “demonstrated an ongoing commitment to the child”⁵¹ should be ongoing until the child has achieved permanency. The diligent search process can be effective in identifying individuals who are or can be part of a supportive team for the child and family. For example, these individuals may be called on to help supervise a safety plan for a child who is returned home or provide housing and transportation for parents or facilitate regular visits among separated siblings.

a. Interpretation and Measurement Issues

The performance of Outcome 7 was measured based on a case record review of 124 children randomly selected from those entering custody between July-December 2012 and remaining at least 60 days. The targeted review of these cases was conducted in May and June 2013. The outcome requirement for undertaking a diligent search within 60 days was deemed to have been met if one of the following conditions was met:⁵²

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

⁴⁹ See p. 4, principle 2 in the Consent Decree.

⁵⁰ Social Services Manual, Chapter 1000, Section 1002.3.1, Georgia Department of Social Services

⁵¹ Social Services Manual, Chapter 1000, Section 1002.31 Georgia Department of Social Services

⁵² See Dimas, J. T and Morrison, S. A. Period VIII Monitoring Report, *Kenny A. v. Perdue*, July 2010 Appendix B for a fuller description of the interpretation and measurement issues associated with Outcome 7.

- There were documented search efforts that included: interviewing children⁵³ about adults in their lives or someone with whom they would want to live **and** interviewing one or more family members or family friends within 60 days **and**, when resources were identified, contacting or attempting to contact them.

b. State Performance

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

The file documentation indicated that a diligent search was undertaken and documented for 119 (96%) of the 124 children in the sample. The Consent Decree requires at least 95 percent of children entering care in the reporting period to have a diligent search undertaken and documented within 60 days. This performance is similar to the Period 12 performance of 96 percent. Table IV-2 provides the number and frequency of different types of diligent search actions undertaken on behalf of the 126 sampled children. The State's performance over the seven reporting periods for which the outcome has been measured is displayed in Figure IV-1.

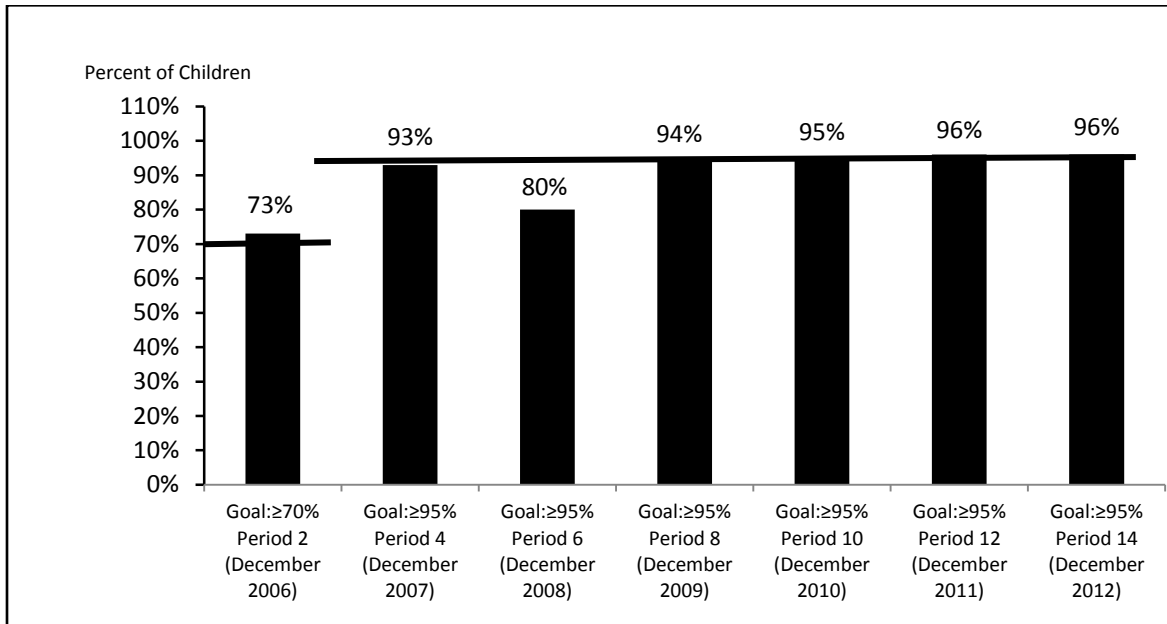
Table IV-2
Diligent Search Actions Undertaken
n=126

Actions	Number	Percent
Children placed with a family resource within 60 days of entering custody	14	11%
Court order documented that the diligent search was "properly and timely" submitted	65	51%
Evidence of interviews with child and child's family and others within first 60 days and contact made with one or more possible resource, as applicable	43	34%
Subtotal for Outcome Measurement	121	96%
Insufficient search activities in first 60 days: no documented interviews of children to gather information about relatives and significant others (children ranged in age from 5 to 17)	4	3%
No documented search activities	1	1%
Total	126	100%

Source: Case Record Review, May-June 2013.

⁵³ If the child was aged 3 or younger, the record review did not seek to determine if the child was interviewed.

Figure IV-1
Six Reporting Periods of State Performance on Outcome 7:
Diligent Searches Undertaken Within 60 Days



Source: Case Record Reviews

For more information on Diligent Search, see Appendix D.

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.⁵⁴

a. Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in Period 15. Appendix B provides a summary of previously resolved interpretation and measurement issues. The measurement of Outcome 19 performance is based on the sample of 175 children in foster care at any time between January 1 and June 30, 2013.

b. State Performance

⁵⁴ See p. 35, Outcome 19, of the Consent Decree.

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

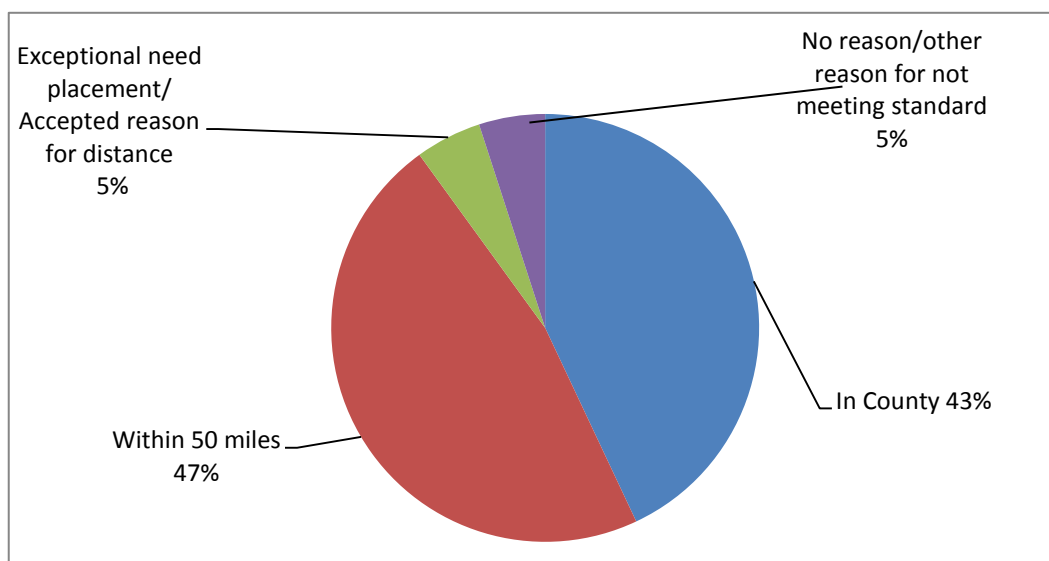
In the sample of 175 children in foster care during Period 15, the State placed 166 children (95%) within the designated proximity to the homes from which they were removed or according to the accepted reason for a more distant placement. The outcome performance threshold is 90 percent.

Among the 175 children in the sample, 154 children (88%) were placed within the same county or within a 50 mile radius from the home from which they were removed. Placement of five children was included because of their placement with relatives. Seven additional children are included in the analysis because they met the Consent Decree standard for exceptional needs.

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. Four additional children were placed in psychiatric residential treatment facilities.

The distribution of all children in the sample among placement locations is displayed in Figure IV-2. The State's performance over the reporting periods to which the Consent Decree standards applied is displayed in Figure IV-3 and reflects the State's consistent achievement of this outcome.

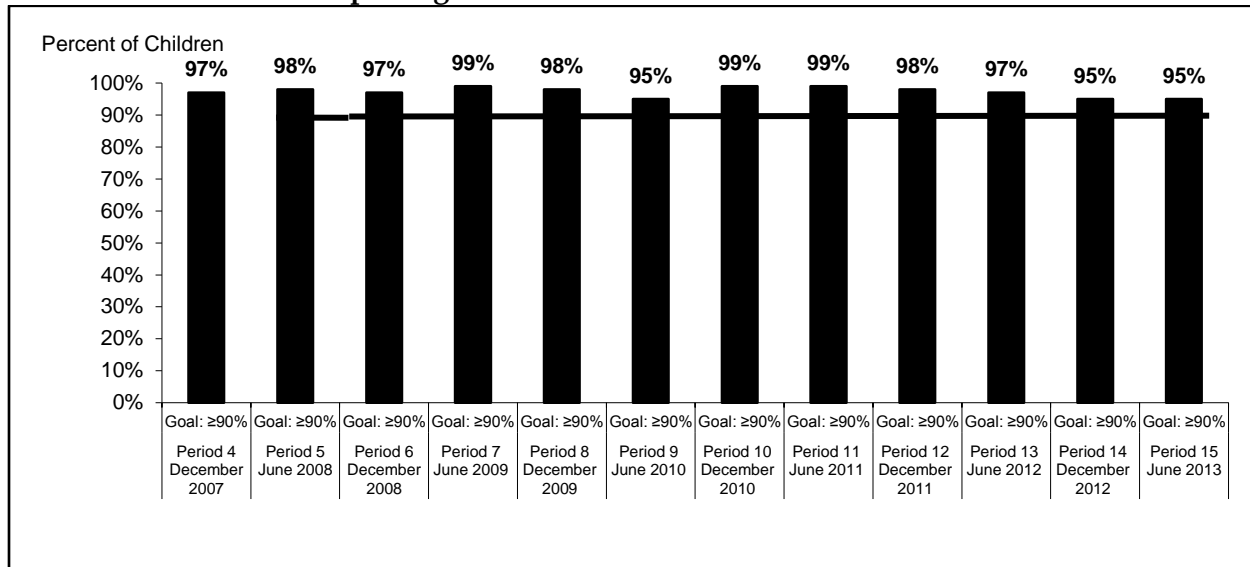
Figure IV-2
Child Placement Proximity to Home of Removal
n=175



Source: Case Record Review January – June 2013.

Figure IV-3

Twelve Reporting Periods of State Performance on Outcome 19:



Source: Review Period Foster Care Case Record Reviews of a sample of 175-180 children, July 2007 – June 2013

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 15. 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 June 30, 2013. Within the sample of 175 children in foster care, 125 were considered to have the permanency goal of reunification for at least some portion of the period for purposes of measuring parental visitation. However, 17 children were excluded from the analysis for the following reasons:

- One child was placed the entire period with the family member with whom they were to be reunified.
- Sixteen children had the following special circumstances:
 - Parents of five children were under court order not to have contact with the children during the period;
 - Two children's parents' rights were terminated during the review period and one non-reunification was granted;

- One child turned 18 at the beginning of the period;
- One child was placed with a grandmother in California through ICPC;
- Two children’s reunification resources were incarcerated in facilities more than 50 miles from the child’s placement;
- Four children were to be reunified with parents/guardians who had moved out of state before the start of the period.

Therefore, 108 children were included in the parent-child visitation analysis. Conclusions drawn from the subsample of 108 children used in this analysis are subject to a margin of error of ± 10 percent.

b. State Performance

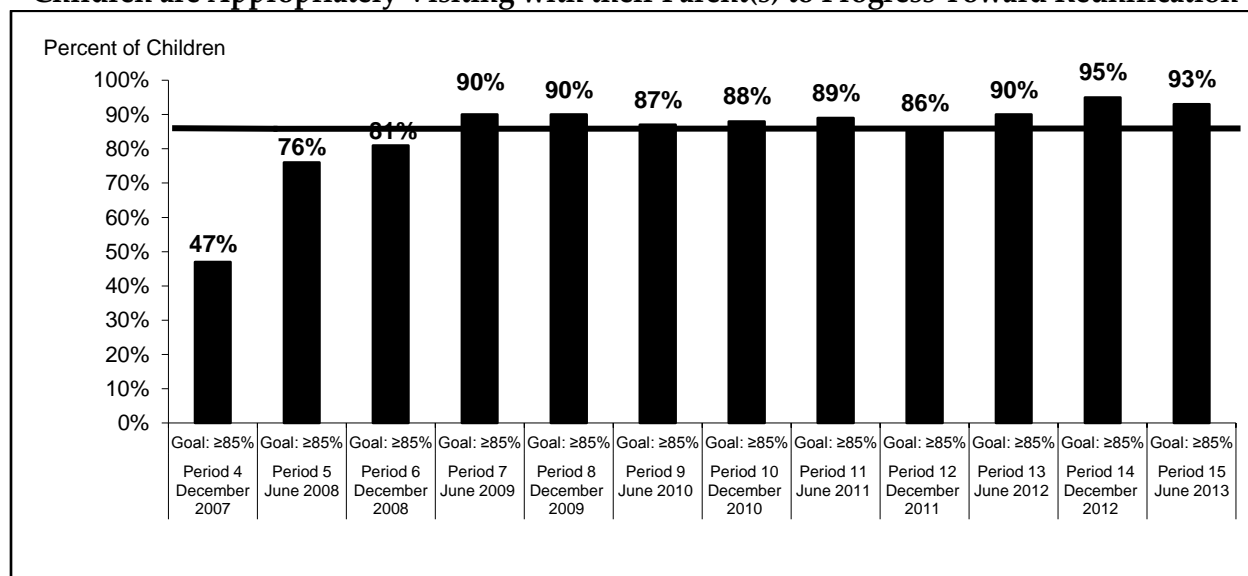
• The State Surpassed the Outcome 21 Threshold

Among the 108 children included in this analysis, 100 children (**93%**) 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.⁵⁵ The performance threshold for this outcome is 85 percent. This performance is similar to the Period 14 performance of 95 percent.

Figure IV-4 displays the State’s performance over the past twelve reporting periods.

Figure IV-4

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, January 2008– June 2013.

⁵⁵ See Appendix B for a discussion of how “appropriate visitation” was determined.

Outcome 16 – Sibling Placement and Outcome 23 - Sibling Visitation

The Consent Decree stipulates a sibling placement standard⁵⁶ 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.⁵⁷ Because Outcomes 16 and 23 both focus on sibling connections, they are reported on together.

a. Outcome 16: Interpretation and Measurement Issues

There were no new interpretation or measurement issues encountered in Period 15. Appendix B provides a summary of previously resolved interpretation and measurement issues. The analysis relied on SHINES data. A total of 208 children entered custody in a sibling group of two or more during Period 15. Not all 208 children could be placed with their entire sibling group because one or more of the siblings in a group had special medical, developmental or behavioral needs that required separate placements. Among the 208 children, 10 children were separated from other siblings due to their own special needs or the special needs of their sibling. Removing these 10 children from the analysis conforms to the standard for exceptions established in previous reporting periods.

Four additional children were not placed with all of their siblings; however, they were placed with relatives. The Accountability Agents made the determination during Period 14 that 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."⁵⁸ In addition, the complex nature of families results in children with different paternal parentage. Thus, beginning in Period 14 and for all future review periods, such placements shall be excluded from the analysis. Among the four children placed with relatives, one child was already living with his father and was never moved. His brother, who has a different father, was placed in a private provider supervised foster home. Two children who entered care as a sibling group of three went to live with a paternal uncle. Their sister, who has a different father, was placed in a foster home. Finally, after being placed with her three siblings in foster care, another child was moved to live with her paternal grandmother.

⁵⁶ See p. 16, paragraph 5C.4.d of the Consent Decree.

⁵⁷ See *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

⁵⁸ See p. 4, paragraph 2 of the Consent Decree.

Therefore, a total of 14 children were removed from the analysis, (10 for the special needs exception and four for paternal relative placements), leaving 194 children with which to measure Outcome 16 performance. This number compares to the 225 children in applicable sibling groups in Period 14.

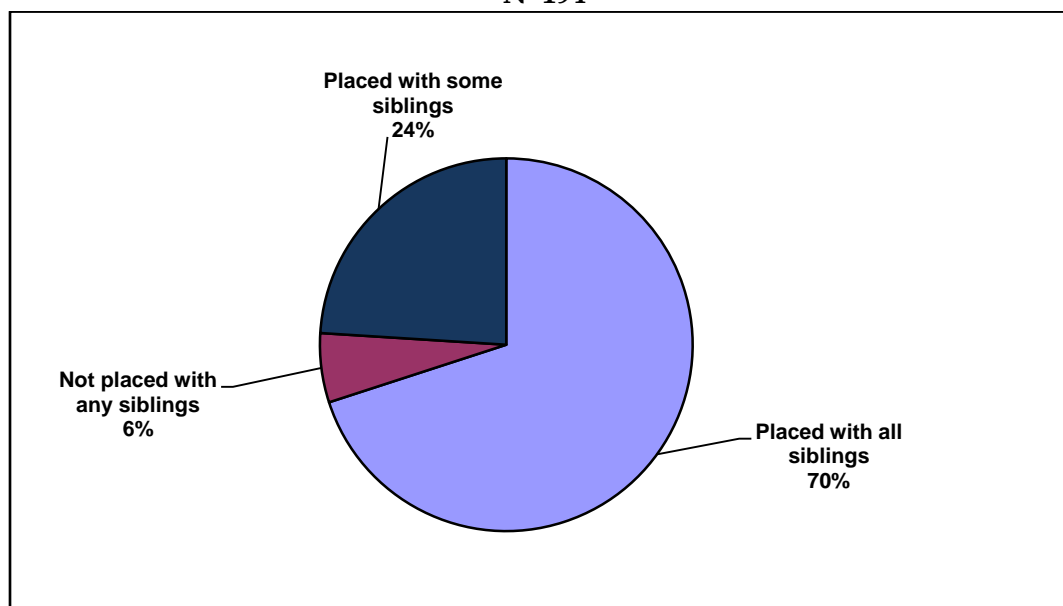
b. Outcome 16: State Performance

• The State Did Not Meet the Outcome 16 Threshold

Of the 194 children who entered custody with one or more siblings in Period 15 and did not have a special placement need or an exception as discussed above, 148 children (76%) were placed with all of their siblings.⁵⁹ Outcome 16 requires at least 80 percent of children entering care with siblings to be placed with all their siblings. This performance is an improvement from Period 14, when 66 percent of the children were placed with all of their siblings. Figure IV-5 illustrates the sibling placement pattern in Period 15 and Figure IV-6 displays the State's performance over the applicable reporting periods to which the Consent Decree standard applied.

According to the counties, 47 children from the group of 194 that were not placed with all siblings were separated because they were in large sibling groups of 4, 5, and 6. The remaining 13 children were not in large sibling groups, but were still not placed with all of their siblings upon entering care.

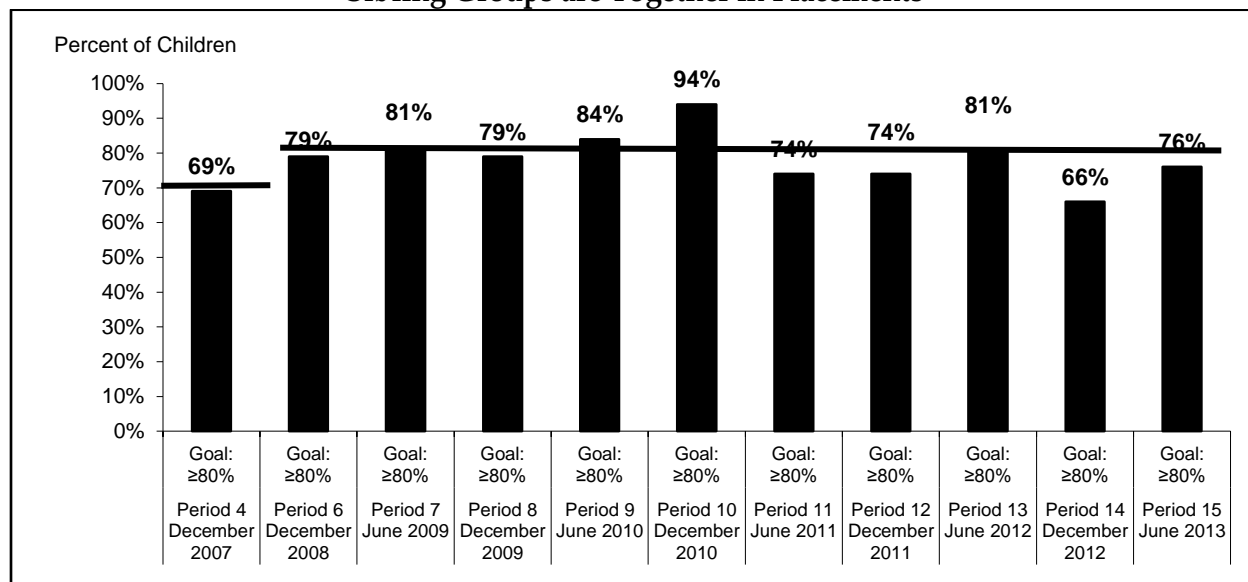
Figure IV-5
Sibling Group Placement for Period 15 Foster Care Entries
N=194



Source: SHINES report, verified.

⁵⁹ All of their siblings that did not themselves require a separate setting because of special needs.

Figure IV-6
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, July 2008 to June 2013.

As indicated in Table IV-3, the State's performance on Outcome 16 over the last several periods appears to be influenced somewhat 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 previous periods in which 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. In previous reports, the Accountability Agents surmised that the results highlight 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, especially large sibling groups. However, during Period 15, the overwhelming majority of sibling groups included two children and only 24 sibling groups included three or more children. Based on this finding the State might have been expected to meet Outcome 16. While there remains a need to develop more foster homes that can accommodate large sibling groups, the Period 15 performance indicates that the counties also need to examine their current practices and policies regarding placement of siblings. Table IV-3 displays sibling group sizes and Outcome 16 performance for each of the last five reporting periods.

Table IV-3
Sibling Group Sizes in Periods 10, 11, 12, 13 and 14
(July 2010- June 2013)

Sibling Group Size	Number of Sibling Groups by Size of Group					Period 15
	Period 10	Period 11	Period 12	Period 13	Period 14	
2 children	42	56	47	61	39	51
3 children	13	26	27	25	29	8
4 children	3	12	11	5	8	11
5 children	4	4	4	5	6	2
6 children		2	2	2		3
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	24
Outcome Performance	94%	74%	74%	81%	66%	76%

Source: SHINES reports for designated reporting periods.

c. Outcome 23: Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in Period 15. 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.⁶⁰ At a minimum, siblings are to have monthly visits unless the visit is harmful to one or more of the siblings, the sibling is placed out of state in compliance with ICPC, or the distance between the children's placement is more than 50 miles and the child is placed with a relative.⁶¹ The measurement of Outcome 23 is based on all sibling groups in foster care at any time between January 1 and June 30, 2013 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 15 and collecting information from the on-

⁶⁰ See *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010

⁶¹ See page 36, Outcome 23, in the Consent Decree.

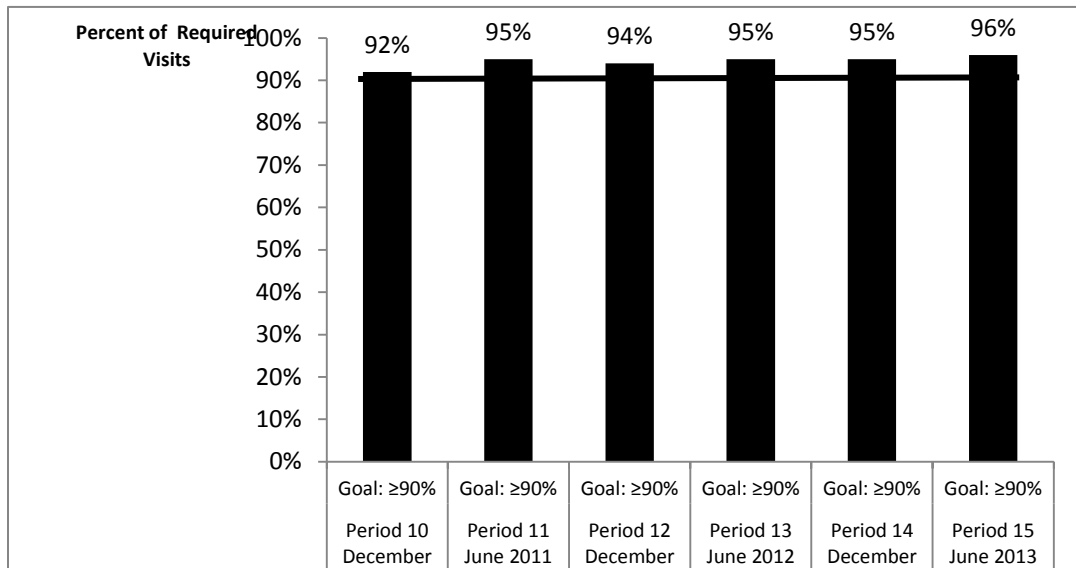
line case files in SHINES about all applicable visits (sibling, parental, and case manager.) Information for each of the children sampled was compared with the information in the county system and discussed with the county representatives. The Accountability Agents are satisfied that the State report on sibling visits is accurate.

d. **Outcome 23: State Performance**

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

For Outcome 23, **96 percent** of the required monthly visits among siblings in custody but in separate placements occurred, surpassing the Consent Decree’s sibling visitation requirement. The outcome performance threshold is 90 percent.⁶² Figure IV-7 displays the State’s performance over the five reporting periods to which the revised Consent Decree measurement and standard applied.

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



Source: County databases

⁶² 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-4, provides the distribution of permanency goals across the sample of 175 children.

Table IV-4
Permanency Goals of Children
n=175

Permanency Goal	Number	Percent
Judicially Determined/Presumed Reunification*	33	19%
Concurrent Goal (Reunification and another goal; or, in some cases, Adoption and another goal)	92	52%
Adoption	28	16%
Guardianship	3	2%
Custody to a Fit and Willing Relative	10	6%
Long Term Foster Care	1	1%
Emancipation	8	5%
No permanency goal established	0	0%
Total	175	101%

Source: Case Record Review, January-February 2013. *Presumed re-unification goal for children in care for less than 12 months. Total is more than 100 percent due to rounding calculations.

In the case record review of a sample of 175 children in foster care, 129 (74%) did not have any documented barriers to permanency. Among the 129 without documented barriers, 49 children (38% of 129) were actually discharged during the period. In the remaining 26 percent of the files, the documented barriers included the following (there may be more than one barrier for a child):

- Parent behavior/circumstances (43), including:
 - 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 (9), including:
 - Child wishes to remain in care;
 - Child is on frequent runaway;
 - Child has behavioral or medical issues;
- Adoption finalization roadblocks (12), 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;
 - Waiting for the Special Assistant Attorney General (the attorney representing the Department of Family and Children Services) to file the TPR;
 - Placement resource needs to complete Impact training; and
 - Placement resources are located out of state and are pending ICPC approval;

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

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

**Table IV-5
Requirements for Outcome 8(a) and (8b)**

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

To meet the requirements of 8(a), the indicated permanency outcomes must be achieved within 12 months of a child's entering State custody; to meet the requirements of 8(b), the indicated

permanency outcomes must be achieved within 24 months of entry. With respect to two other permanency outcomes – reunification and permanent placement with relatives (i.e. living with relatives but remaining in the State’s legal custody)⁶³ – 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 15. Appendix B provides a summary of previously resolved interpretation and measurement issues. The measurement of Outcome 8a and 8b is based on the entire population of children who have entered DFCS custody since October 27, 2005. The data for this outcome was reported by the State from the SHINES system and the Accountability Agents worked with the State to reconcile and validate the data.

b. State Performance

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

Through June 2013, 9329 children had entered DFCS custody since October 27, 2005. From this cohort of children, 5272 children (57%) exited by June 30, 2013 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 15 is similar to the performance in the two previous periods. The State has surpassed the Outcome 8a standard in every reporting period to which it applied.

Another 690 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 5962 or **64 percent** of the total cohort. This performance in Period 15 is similar to the performance in the two 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-6 provides the distribution of all the children in the Outcome 8 cohort who exited custody by the end of June 2013. An additional 1335 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

⁶³ 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*”.

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 13 percent at the end Period 14 to 12 percent. At the end of Period 15, the median length of stay for children remaining in the cohort was 15 months which was higher than those remaining in custody at the end of Period 14 (11months).

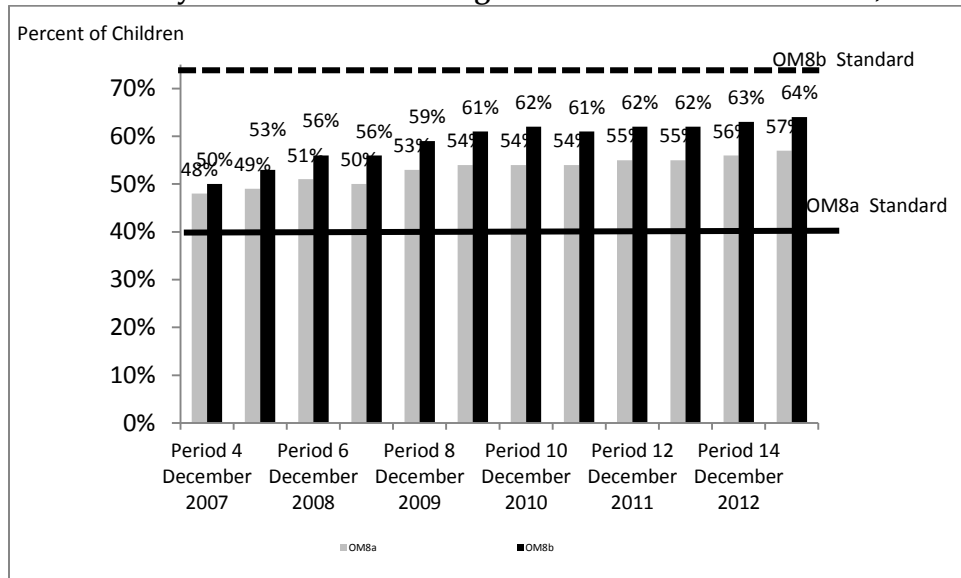
Figure IV-8 displays the State's performance over the reporting periods to which the Consent Decree standards applied. Figure IV-9 illustrates the exit outcomes for all children who have entered State custody since the start of the Consent Decree.

Table IV-6
Outcome 8
Children Entering DFCS Custody on or after October 27, 2005
Who Exited to Permanency by June 30, 2013

	Children who entered custody on or since October 27, 2005	
Number of children in cohort	9329	
Exits as of June 30, 2013	8(a)	8(b)
Reunification within 12 months	4121	4121
Permanent Placement with Relatives within 12 months (still in state custody)	0	0
Permanent Legal Custody within 12 months (custody transferred from DFCS)	762	762
Permanent Legal Custody between 12 and 24 months (custody transferred from DFCS)		338
Adoption within 12 months	24	24
Adoptions between 12 and 24 months		168
Guardianship within 12 months	365	365
Guardianships between 12 and 24 months		184
Total Exits for Outcome Measurement	5272	5962
Percentage Exiting for Outcome Measurement	57%	64%
Number Exited to Permanency but not in required time frame	1335 (14%)	
Other exits (transfer to other counties, emancipation, etc.)	930 (11 %)	
Total number exiting	8227 (93%)	
Remaining number in cohort on June 30, 2013	1102 (12 %)	
Demographics of those still in DFCS custody at June 30, 2013	Average length of stay: 20 months	
	Median length of stay: 15 months	
	Average Age: 8 years	
	45% female, 55% male	

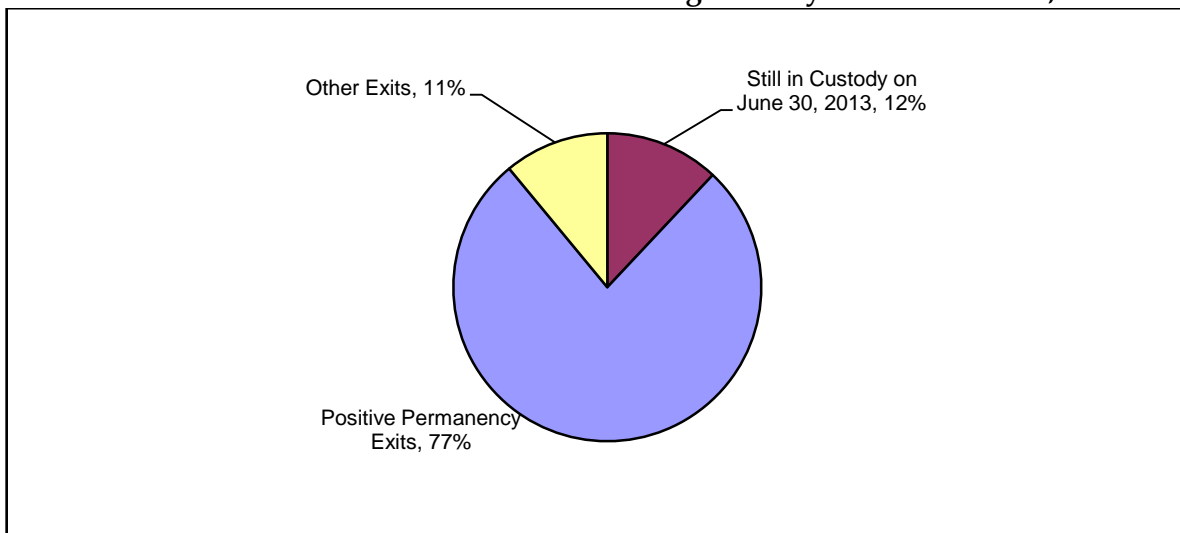
Source: SHINES, and county tracking systems.

Figure IV-8
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-9
Foster Care Outcomes of 9329 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 2012⁶⁴, 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 six 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.
- Cohort 6: All children who entered care in Period 11 – January 1 through June 30, 2011.

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-7. Analyses of the cohort of children that entered care during Period 10 revealed that 73 percent achieved the stipulated forms of permanency within 24 months. Cohort 6 (those who entered care in Period 11) has now had a full 24 months in which to achieve the stipulated forms of permanency. 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-7
Children Achieving Timely Permanency Within 24 Months of Entering Foster Care:
Results for Cohorts of Children Entering Periods 6-11

Cohort 1	Cohort 2	Cohort 3	Cohort 4	Cohort 5	Cohort 6
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)	Period 11 (January to June 2011)
66%	70%	75%	73%	73%	72%

⁶⁴ 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 2005.⁶⁵ 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.⁶⁶

a. Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in Period 15. 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 11 children remaining in custody on June 30, 2013 who were in the cohort of children that had been in State custody up to 24 months as of October 27, 2005, one child (8%) had a positive permanency exit during the period January 1 and June 30, 2013.⁶⁷ This is lower than the State's Period 14 performance of 32 percent. The performance threshold for this outcome is 40 percent. One other child exited during the review period through emancipation at age 18.

As noted in Table IV-8, the average age of the 11 children who remained in care was 14 years, the average length of stay was 8.4 years, and 63 percent of the children were female. In addition, 3 of the remaining children are in a sibling group.

⁶⁵ See p. 33, Outcome 9, of the Consent Decree.

⁶⁶ See pp 33 and 34, Outcome 10, of the Consent Decree.

⁶⁷ "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 13 children remaining in custody on June 30, 2012 who were in the cohort of children that had been in State custody for over 24 months as of October 27, 2005, one child (8%) exited to positive permanency during the period January 1 through June 30, 2013. The performance threshold for this outcome is 35 percent. Another three children exited DeKalb and Fulton custody for reasons other than positive permanency during Period 15, leaving nine children from the Outcome 10 cohort still in custody on June 30, 2013.

Table IV-8
Outcomes 9 and 10
Remaining Children Who Entered DFCS Custody before October 27 2005 and Who Exited to
Permanency January 1 and June 30, 2013

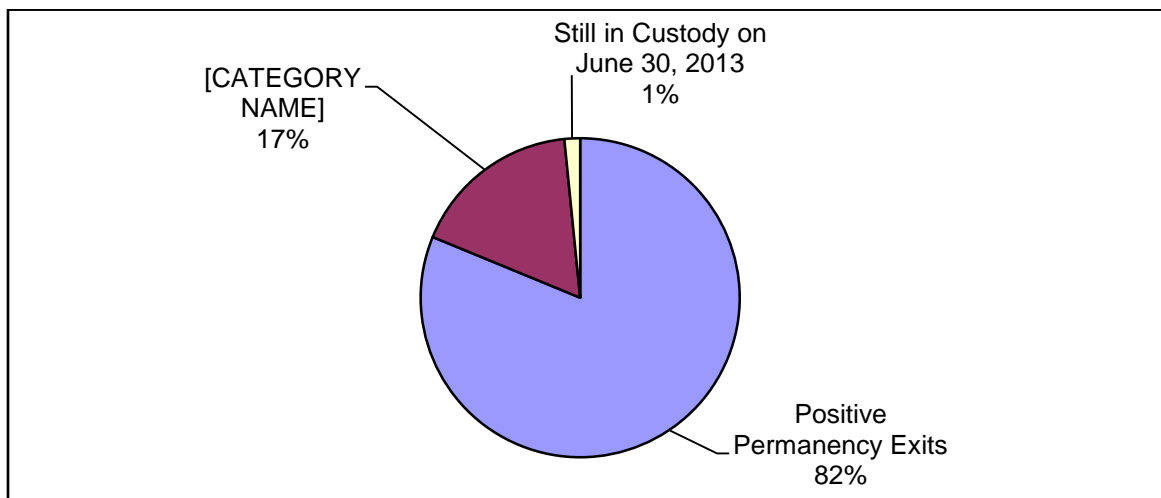
	Cohorts of Children		
	Children in custody for <u>up to 24 months</u> and still in custody on October 27, 2005 (Outcome 9)	Children in custody for <u>more than 24 months</u> and still in custody on October 27, 2005 (Outcome 10)	Total
Number of children in cohort	13	13	26
Permanency Exits			
Reunification	1	0	1
Adoption	0	1	1
Guardianship	0	0	0
Live with other relative	0	0	0
Permanent Placement with relatives	0	0	
Total for Outcome Measurement	1	1	2
Percentage exiting for Outcome Measurement	8%	8%	
Other exits (transfer to other counties, emancipation, etc)	1	3	4
Total number exits	2	4	6
Number remaining in cohort June 30, 2012	11	9	20
Characteristics of children remaining in custody on June 30, 2013			
Proportion under the age of 12	0%	0%	
Average length of stay	101 months (8.4 years)	142 months (11.8 years)	
Median length of stay	101 months (8.4 years)	139 months (11.6 years)	
Average age	14	16	
Percent female	64%	33%	
Percent male	36%	67%	

Source: SHINES, and county tracking systems.

As noted in Table IV-8, the average age of all children in the cohort was 16 years and the average length of stay was 11.8 years. None of the children (0%) remaining in custody were under age 12. There was one sibling group among the nine children remaining in this cohort, accounting for 11% of the remaining children. Sixty-seven percent of the children remaining in the Outcome 10 cohort were male and 33% were female.

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

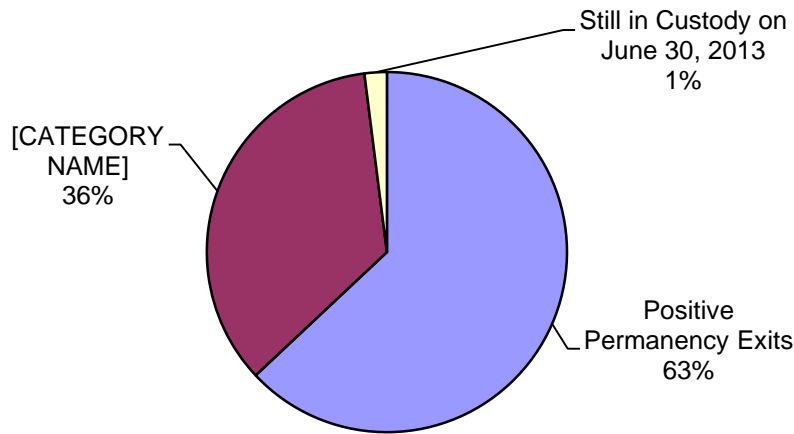
Figure IV-10
Outcome 9
Foster Care Outcomes of 1448 Children in Custody Up To 24 Months Before
October 27, 2005*



Source: SHINES, IDS

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

Figure IV-11
Outcome 10
Foster Care Outcomes of 825 Children Entering Custody More than 24 Months Before
October 27, 2005*



Source: SHINES, IDS

*Positive Permanency exits include reunification, adoption, guardianship, permanent legal custody, and permanency placement with relatives. Other exits include emancipation and transfer to other counties or states. Original cohort number of 828 was reduced to account for children 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 January 1 and June 30, 2012. 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.⁶⁸ 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.⁶⁹

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 January 1 and June 30, 2012. The measurement uses a report from SHINES supplied by the State and verified by the Accountability Agents. In the 12 months leading up to June 30, 2013, the parents of three children 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

⁶⁸ See p. 34. Outcome 11 of the Consent Decree.

⁶⁹ 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>.

Agents determined that these children should be excluded from the analysis of Outcome 11 in Period 15 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 January 1 and June 30, 2012, the parental rights of the parents of 70 children were terminated or relinquished. Of these 70 children, 42 children (60%) were adopted/had their legal guardianships finalized within 12 months. This is significantly less than the performance in Periods 12 (84%) and 13 (84%), but an improvement from Period 14 (55%). The counties attributed the 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. The recent improvement may be the result of new processes the counties have put in place in order to ensure that children whose parents' rights are terminated achieve permanency as quickly as possible. During Period 14, one case was being appealed and was not included in that evaluation. Since then, the appeal was granted and the child was returned to the care of the Department. County officials have informed the Accountability Agents that they are in the process of filing a new petition for termination of parental rights. The child remains in the same adoptive resource home.

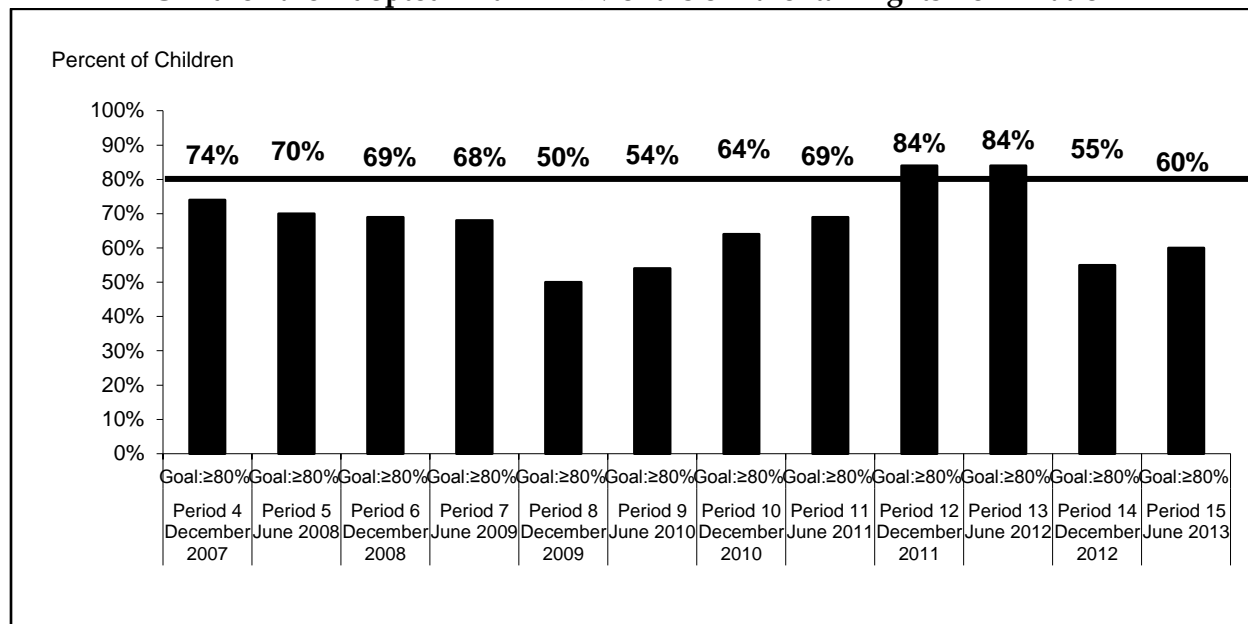
As reflected in Table IV-9, another four children (6%) achieved permanency through adoption or guardianship but not within the stipulated 12-month time frame. Figure IV-12 displays the State's Outcome 11 performance for the reporting periods to which the Consent Decree standard applied.

Table IV-9
Status as of June 30, 2013 of Children with Parental Rights Terminated between
January 1 and June 30, 2013
N=70

	Number	Percent	Cumulative Percent
Adoption finalized within 12 months	41	59%	59%
Guardianship	1	1%	60%
Adoption or Guardianship finalized within 13 months	1	1%	61%
Adoption or Guardianship finalized within 14 - 17 months	1	1%	62%
Custody to relatives/other for purposes of adoption (granted within 12 months of TPR)	1	1%	63%
Custody to relatives within 12 months of TPR	0	0%	63%
Awaiting adoption as of June 2013	25	37%	100%
Total	70	100%	

Source: State reporting from SHINES.

Figure IV-12
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, January 2008 – June 2013.

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?"*⁷⁰ 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.⁷¹ However, the federal standard has generally applied to children who returned to custody after being reunified and the Consent Decree standard applies to all

⁷⁰ See p 32, Outcome 4, of the Consent Decree.

⁷¹ See the Information Memorandum at http://www.acf.hhs.gov/programs/cb/laws_policies/policy/im/2001/im0107.htm.

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 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.⁷² 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 15. 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 488 children who entered foster care through adjudication at any time between January 1 and June 30, 2013. The State used SHINES to produce a report of the children experiencing a re-entry into foster care in Period 15. This list was verified by the Accountability Agents.

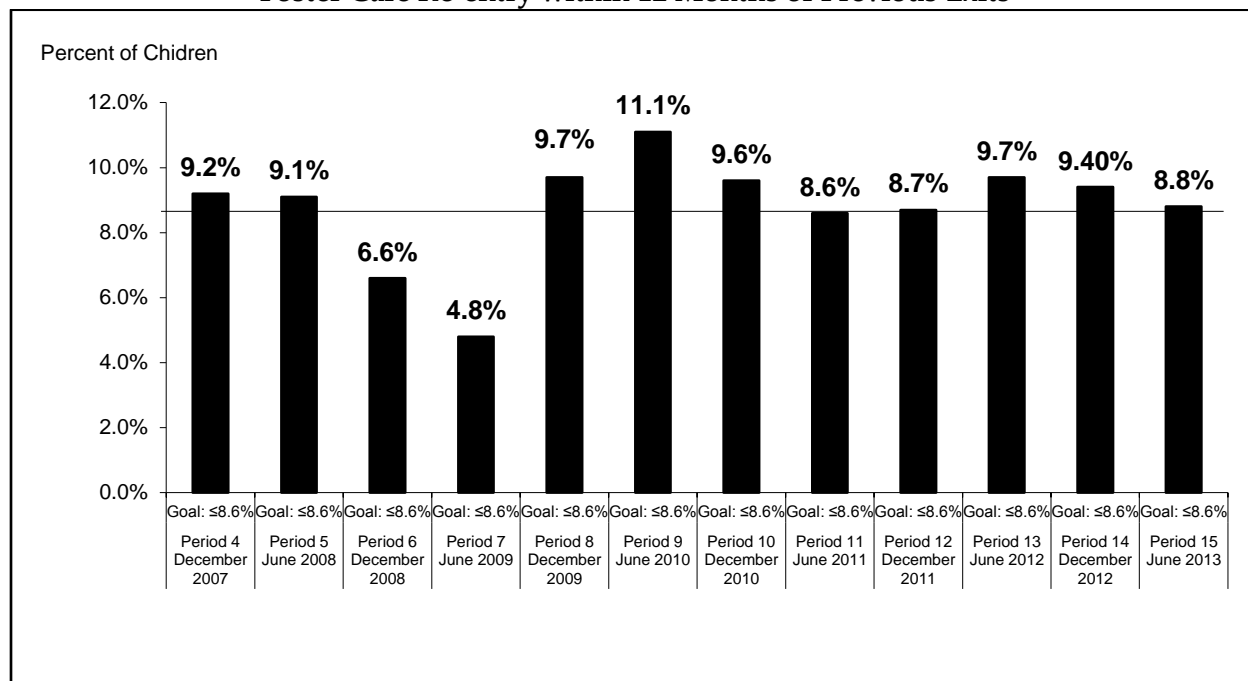
b. State Performance

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

Of the 488 children who entered foster care between January 1 and June 30, 2013, 43 children (8.8%) 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 15 performance is an improvement from the Period 14 performance of 9.4 percent and nearly meets the standard set forth in the Consent Decree. Figure IV-13 displays the State's Outcome 4 performance over reporting periods to which the Consent Decree standard applied.

⁷²See the Child Welfare Outcomes 2004-2007: Report to Congress at <http://www.acf.hhs.gov/programs/cb/pubs/cwo04-07/index.htm>.

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



Source: IDS and SHINES reports, January 2008 – June 2013

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).⁷³ 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.⁷⁴ This is illustrated in Table IV-10. 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. In Period 15, nearly 22 percent fewer children (43) re-entered care than during Period 14 (55). However, because 17 percent fewer children entered care in Period 15 than in Period 14 (488 vs. 588) the substantial decline in the number of reentries had only modest impact on the Outcome 4 measure.

Table IV-10

⁷³ See Dimas, J.T. and Morrison, S. A. *Period 11 Monitoring Report*, Kenny A. V Perdue, December 2011.

⁷⁴ 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.

**Number of Children Re-entering Foster Care and
Total Number of Children Entering Foster Care, Periods 2-15**

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%
Period 15: January 1 – June 30 2013	43	488	8.8%

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.⁷⁵

a. Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in Period 15. Appendix B provides a summary of previously resolved interpretation and measurement issues. The measurement of Outcome 14 is based on the entire population of 30 children who were adopted between January 1 and June 30, 2012 (Period 13) to allow for the 12 month follow-up period.

b. State Performance

⁷⁵ See p. 34, Outcome 14, of the Consent Decree.

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

Within the group of 30 children adopted between January 1 and June 30, 2012, none are known to have re-entered the State's custody by June 30, 2013. 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.⁷⁶

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.⁷⁷

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.⁷⁸

a. Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in Period 15. 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 15, 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 15 review of 175 randomly-selected foster care case records.

During Period 15, there were 646 children who had reached or surpassed their 15 month in

⁷⁶Adoption and Safe Families Act, see also Social Services Manual Chapter 1000, Section 1002.7, Georgia Department of Human Services.

⁷⁷ See Social Services Manual, Section 1002.12.3, 1002.17, and 1013.11, Georgia Department of Human Services.

⁷⁸ See p. 34, Outcome 15, of the Consent Decree.

custody out of the previous 22 months. A group of 70 children (11% of 646), was excluded from the Outcome 15 performance measurement based on the placement of these children with relatives, as allowed under Federal law.

b. State Performance

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

By June 30, 2013, **98 percent** of the children in care 15 of the previous 22 months were legally free to be adopted or the State had filed petitions to terminate parental rights or documented compelling reasons why it had not taken such action. This is about the same as the Period 14 performance of 96 percent. Table IV-11 summarizes the different components of the counties' Period 15 performance, drawn from the data in their tracking systems. Figure IV-14 displays the State's performance on Outcome 15 for the reporting periods to which the Consent Decree standards applied.

The 111 children discharged by the end of the reporting period were distributed across every category displayed in Table IV-11. 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 15 the total number of children in custody who had reached the 15 of 22 months benchmark decreased (to 646). In Period 13 it was 603 and it increased in Period 14 to 684. While Period 15 indicates improvement, this should be closely monitored to ensure that children are not lingering in foster care longer than necessary.

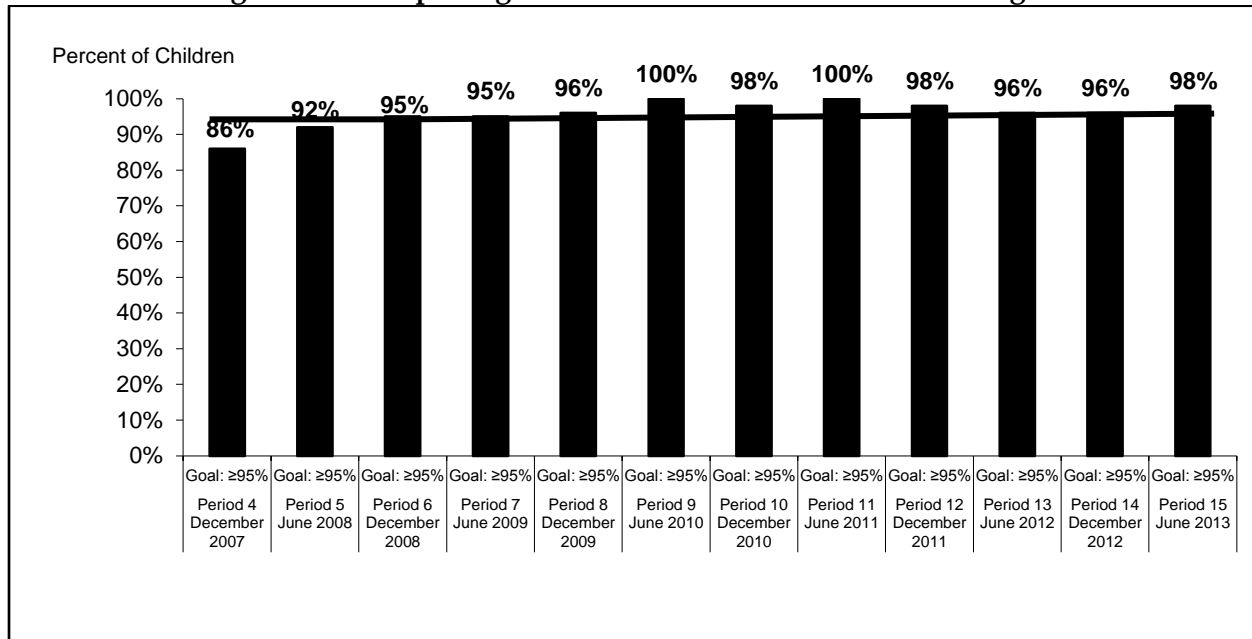
Table IV-11
Status of Children Who Had Been in DFCS Custody 15 of the previous 22 months
As of June 30, 2013

Category		Total		
		Number	Percent	Cumulative
Children who reached or surpassed their 15 th month in custody of the last 22 months between January 1 and June 30, 2013.*		646		
Excepted subpopulation (s):				
<i>Children placed with relatives</i>		70		
<i>The State has not made reasonable efforts to reunify the family</i>		0		
Number of Children for Outcome 15 Measurement		576		
Parental Rights of Both Parents have been terminated or relinquished.		181	31%	
DFCS has filed a petition to complete the termination of the parental rights of both parents where applicable.		50	9%	40%
There is a documented compelling reason for not terminating parental rights.		335	58%	98%
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.	94			
The child is a specified age (14) or older and objects to being adopted.	107			
The child has severe emotional or behavioral problems or a serious medical condition and reunification remains an appropriate goal.	11			
The child has a permanency goal other than adoption and is expected to achieve that goal within 12 months of establishing the goal.	110			
Parents are deceased, or have voluntarily relinquished rights.	4			
The child is an unaccompanied refugee minor as defined in 45 Code of Federal Regulations 400.11.	0			
The child is a child of a teen mother who is also in the State's custody.	0			
Other circumstances.	9			
There is no documented Compelling Reason not to file a petition to terminate parental rights.		0	0%	98%
There are plans to terminate parental rights, but a petition had not yet been filed as of June 30, 2013 or date of discharge.		10	2%	100%

Source: SHINES and County tracking systems.

Figure IV-14

**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 July 2007 – June 2013

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.⁷⁹ Outcome 27 stipulates that at least 95 percent of the children are to have timely semi-annual reviews of their case plans.

- **Interpretation and Measurement Issues**

There were no new interpretation or measurement issues in Period 15. The measurement of Outcome 27 is based on the sample of 175 children in foster care at any time between January 1 and June 30, 2013. The Outcome 27 analysis was applicable to 129 children who had been in custody six months or more. This represents 74 percent of the sample of 175 children in foster care. Conclusions drawn from the subsample of 129 are subject to a margin of error of ± 9 percent.

b. State Performance

⁷⁹ See p. 7, paragraphs 4A.4 and pp. 7-8, paragraphs 4B.1-6, and p. 37, Outcome 27, of the Consent Decree.

- **The State Surpassed the Outcome 27 Threshold**

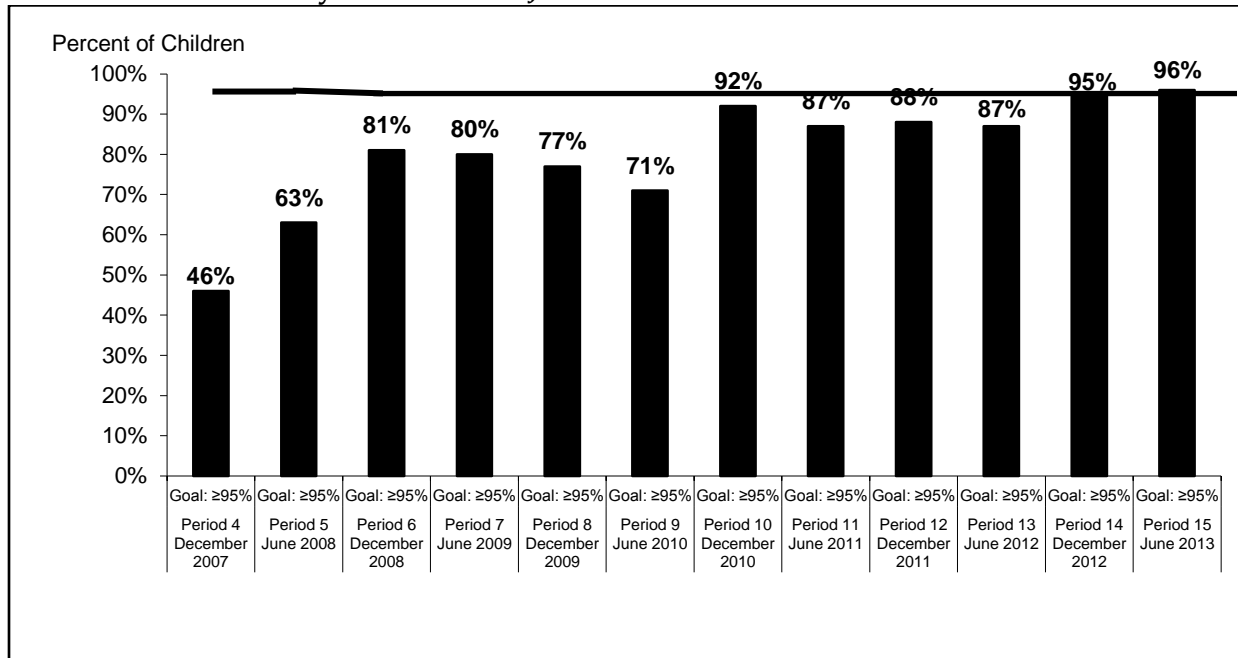
Of the 106 children in the foster care sample that were in custody for six months or more by the end of the reporting period, case file documentation indicates that 102 (96%) had documented timely plan reviews completed by the Juvenile Court or Judicial Citizen Review Panel (JCRP), or a timely request for such a review. The Outcome 27 performance threshold is 95 percent. This is the second reporting period in which the State has met the requirements under the Consent Decree. The Period 15 performance is an improvement from Period 13 performance of 87 percent and similar to the performance in Period 14 (95%). 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.⁸⁰

Among the four children requiring reviews who did not receive a timely review or a timely request for review, two children (1% of 106) had a plan reviewed but not within six months of entry or the previous case plan review. Both of these reviews occurred one month late (in the 7th month). The remaining two cases did not have documentation of hearings in the file, although it was clear from the record that Motions to Extend Hearings took place. Figure IV-15 displays the State's performance for the reporting periods to which the Consent Decree standards applied.

⁸⁰According to the State Permanency Review Team, 91 percent of the 286 children who reached their 13th month in custody during Period 15 had a timely case plan review, however, only 74 percent of the 84 children who reached their 25th month in custody.

Figure IV-15

**Twelve Reporting Periods State Performance on Outcome 27:
Timely Semi-Annual Judicial/Citizen Panel Case Reviews**



Source: Review Period Foster Care Case Record Reviews, January 2008 – June 2013

c. Operational Context

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

All but two of the 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 116 reviews, DFCS sought plan changes for 13 children (11%). There were court orders documenting court approval for 65 (56%) of the 116 plans reviewed. The case files of the remaining 51 children (44%) did not contain court orders specifically indicating approval or rejection of the plans by the court. Table IV-12 provides additional information documented in the case files for these 116 case plan reviews.

Table IV-12

Characteristics of Six-month Case Reviews
n= 116
(Most recent plans reviewed between January 1 and June 30, 2013)

Characteristic				Number	Percent	
Participants						
	Birth Mother			42	36%	
	Birth Father			15	13%	
	Child			27	23%	
	Relative caregivers/ Extended Family Members/ Informal Supports			38	33%	
	Foster parents/placement providers			23	20%	
	DFCS case manager			97	84%	
	DFCS supervisor			19	16%	
	Other DFCS representative			8	7%	
	CCFA provider			0	0%	
	Private agency social worker			18	16%	
	Medical and mental health professionals			9	8%	
	Parents’ attorney(s)			31	28%	
	SAAG (Special Assistant Attorney General)			40	34%	
	Child’s advocates (attorney, Guardian Ad Litem, CASA volunteer, Child Advocate) – at least one per child			89	77%	
Elements Evaluated/Considered						
	Necessity and appropriateness of child’s placement			74	72%	
	Reasonable efforts made to obtain permanency			91	81%	
	Degree of compliance with specific goals and action steps			83	68%	
	Progress made in improving conditions that caused removal			54	50%	
	Changes that need to be made to plan			13	26%	
	County recommendations			6	20%	
	Parent recommendations			0	2%	
JCRP conducted review (percentage based on n=116)				63	54%	
	Total JCRP reports submitted (percentage based on n=63)		53	86%		
		Number of reports with Panel findings (percentage based on n=53)	51	96%		
		Number of reports with Panel recommendations (percentage based on n=53)	50	94%		
		Number of reports with County findings (percentage based on n=633)	31	58%		
		Number of reports with County recommendations (percentage based on n=53)	31	58%		
Court conducted review (percentage based on n=116)				52	45%	
Plan adopted by Juvenile Court (percentage based on n=116)				65	56%	

Source: Case Record Review, May - June 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.⁸¹ 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 15. The measurement of Outcome 28 performance is drawn from the sample of 175 children in foster care at any time between January 1 and June 30, 2013. The outcome 28 analysis was applicable to 85 children (49%) in the sample of 175 who had been in custody 12 months or more. Conclusions drawn from the subsample of 85 children are subject to a margin of error of ± 11 percent.

b. State Performance

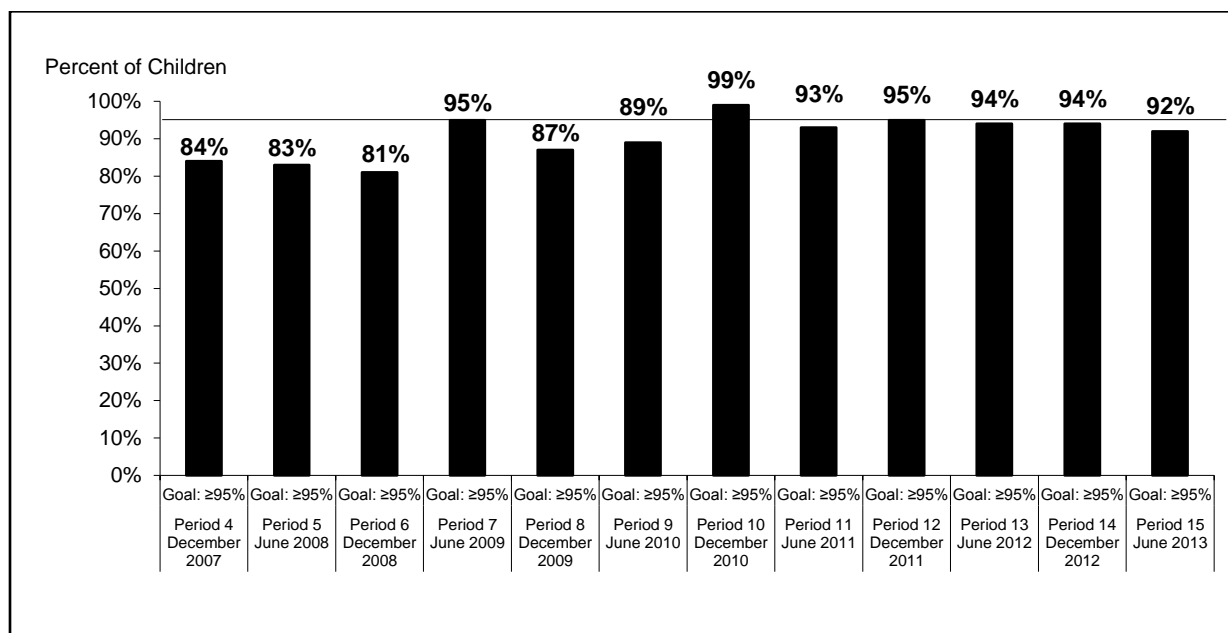
- **The State Fell Short of the Outcome 28 Threshold**

Among the 85 children in the foster care sample who had been in custody for 12 months or more, 78 (92%) 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 15 performance is similar to the Period 14 level of 94 percent and the observed change is within the subsample's margin of statistical error.

During Period 15, 73 children had at least one permanency hearing within 12 months of entry or the previous twelve-month permanency hearing. Five other children had a timely petition for a permanency hearing but continuances delayed the hearing. Figure IV-16 illustrates the State's performance for this Outcome over the reporting periods to which the Consent Decree standard applied.

⁸¹ See p. 9, paragraph 4B.10, and p.37, Outcome 28, of the Consent Decree.

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



Source: Review Period Foster Care Case Record Reviews, January 2008 – June 2013.

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

Placement with relatives has been demonstrated to help children have placement stability⁸² 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;⁸³ 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.⁸⁴

1. Placement with Relatives

⁸²Zinn, Andrew, DeCoursey, Jan, Goerge, Robert M., Courtney, Mark E. *A Study of Placement Stability in Illinois*, Chapin Hall Center for Children, 2006.

⁸³ 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.

⁸⁴ See p. 9-10, paragraphs 4C.1-5, of the Consent Decree.

Within the sample of 175 children in foster care in Period 15, 34 children (19%) were placed with relatives on June 30, 2013 or the last date the children were in custody. Unlike previous periods in which children placed with family were in a combination of relative homes, relative homes licensed and reimbursed for foster care, and parental homes, during Period 15 none of the children in the sample were placed in relative homes licensed and reimbursed for foster care.

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

1. 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, 197 children reached their 13th month in care in Period 15. Of these 197 children, 186 had their cases reviewed by the State permanency review team. Tables IV-13 and IV-14 summarize some of the characteristics of the 13th month permanency review practice as reported by the State for Period 15.⁸⁵ Highlights from the tables include the following:

- A total of 186 cases were reviewed in Period 15. The permanency review team concurred with 104 (56%) of the 186 plans. A total of 99 (52% of 186) staffings were convened with the Counties. These staffings do not necessarily produce a revised permanency goal, but the State reports they do produce action plans for appropriate case work.
- 143 case plans (77%) 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 59 percent of the 186 cases. This was a substantial decrease from the 75 percent reported for Period 14.

⁸⁵ The information was not independently verified by the Accountability Agents in Period 15. Period 8 reported information was verified as described in Dimas, J. T. and Morrison, S. A., *Period VIII Monitoring Report, Kenny A. v Perdue*, July 2010. The Accountability Agents will continue to periodically verify 13th and 25th Month Permanency Review Activity.

Table IV-13
13th Month Permanency Review Implementation
January 1 through June, 2013
N=197

	Number	Percent
Total Cases Reviewed by State Permanency Reviewers	186	94%
Reviewer Concurrence with goal and plan	104	56%
Permanency Goal		
Reunification	117	63%
Permanent placement with relative	24	13%
Adoption	32	17%
Guardianship	4	2%
Another planned permanent living arrangement	9	5%
Totals	186	100%
Cases with current case plans (court sanctioned/approved)	143	77%

Source: Division of Family and Children's Services, State Permanency Review Project Director, 2013 First and Second Quarterly Reports on 13th month Permanency Reviews.

Table IV-14
Family Team Meetings Convened for 13th Month Permanency Reviews
January 1 through June 30, 2013
N= varies

	Number	Percent
Cases with "Family Team Meetings" (FTM) within the last 90 days (percentages based on the number of applicable cases =186)	59	32%
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=42)	34	81%
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	36%
FTMs with relatives involved (percentages based on the number of FTMs held and potential relatives to invite — N=26)	15	58%
FTMs with foster parents involved (percentages based on the number of FTMs held and number of children with foster parents — N= 46)	28	61%
FTMs had recommendations specific to Child/Family needs (percentages based on N=67)	55	82%

Source: Division of Family and Children's Services, State Permanency Review Project Director, 2013 First and Second Quarterly Reports on 13th month Permanency Reviews.

Table IV-15 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 186 cases were reviewed during Period 15, the applicable number of cases varies for each category based on several factors. Excluded are cases 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:

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

Table IV-15
13th Month Permanency Review: Engagement in Case Planning
January 1 through June 30, 2013
N=varies

	Number	Percent
Active involvement in the case planning process		
Child (n=110)	110	100%
Mother (n=129)	126	98%
Father (n=81)	61	75%
Caretaker (n=185)	184	99%

Source: Division of Family and Children's Services, State Permanency Review Project Director, 2013 First and Second Quarterly Reports on 13th month Permanency Reviews.

2. 25th Month County-State Staffings

In addition to the 13th month permanency reviews, the State reported 84 children reached their 25th month in care in Period 15. Staffings were convened with the Counties for 84 children (100%). Table IV-16 provides a summary of the data related to these staffings. Reported findings include:

- In Period 15, 46 percent of plans had a goal of reunification.
- In Period 15, 28 percent of plans had a goal of adoption.
- The proportion of children with current case plans was 80 percent (67 children).
- The permanency review team concurred with the County's permanency plan in 64 percent of the cases (54 children).

Table IV-16
25th Month Permanency Review Implementation
January 1 through June 30, 2013
N=84

	Number	Percent
Total Cases Staffed	84	
Reviewer Concurrence with County Plan	54	64%
Permanency Goal		
Reunification	17	46%
Permanent Placement with Relative	14	17%
Adoption	7	28%
Guardianship	4	0%
Another Planned Permanent Living Arrangement	6	10%
Totals	84	100%
Cases with current case plans (Court sanctioned/approved)	67	80%

Source: Division of Family and Children's Services, State Permanency Review Project Director, 2013 First and Second Quarterly Reports on 25th month Permanency Reviews.

Table IV-17 summarizes family and caretaker involvement in case planning at the 25th month permanency review, as reported by the State. Although a total of 84 cases were reviewed during Period 15, 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 83) in case planning.
- DFCS actively involved all children (100% of 56) old enough to participate in case planning.
- DFCS actively involved 85 percent of 27 mothers in case planning.
- DFCS actively involved 90 percent of 21 fathers in case planning.

Table IV-17
25th Month Permanency Review: Engagement in Case Planning
January 1 through June 30, 2013
N=varies

	Number	Percent
Active involvement in the case planning process		
Child (n=56)	56	100%
Mother (n=27)	23	85%
Father (n=21)	19	90%
Caretaker (n=83)	83	100%

Source: Division of Family and Children's Services, State Permanency Review Project Director, 2013 First and Second Quarterly Reports on 25th month Permanency Reviews.

C. Post Adoption Assistance

The State reported that 37 children were adopted between January 1 and June 30, 2013. According to data obtained from the state Office of Adoptions, 32 (86%) of those children were receiving or were scheduled to receive monthly Adoption Assistance benefits and Medicaid. This proportion is similar to the proportion in Period 14. 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 37 families eligible for non-recurring adoption assistance, 86 percent had received these benefits by June 30, 2013. This is similar to the proportion of families receiving reimbursement by the end of the previous 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 15. 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 15 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.	95%
Outcome 18: At least 90% of all children in care at a point in time during the reporting period shall have had 2 or fewer DFCS placement case managers during the prior 12 months in custody. This measure shall not apply to cases that are transferred to an adoption worker or Specialized Case Manager; case managers who have died, been terminated, or transferred to another county; or case managers who have covered a case during another case manager's sick or maternity leave.	92%
Outcome 20a: At least 96.25% of the total minimum number of twice monthly face-to-face visits between case managers and all class member children required by Section 5.D.1.b during the reporting period occur. ⁸⁶	98.3%
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. ⁸⁷	99.2%
Outcome 22: At least 95% of the total minimum number of monthly case manager-caregiver visits required during the reporting period occurs. ⁸⁸	97.7%
Outcome 24: The percentage of youth discharged from foster care at age 18 or older with a high school diploma or GED will increase over baseline by 20 percentage points.	To Be Reported in Period 16
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.	73%

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.

⁸⁶See *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

⁸⁷ Ibid.

⁸⁸ Ibid.

Outcome 17 – Placement Stability

Once placed in an appropriate setting, a casework goal is to maintain the stability of the placement and avoid the trauma of disruption and placement into another setting. With Outcome 17, the Consent Decree establishes a threshold for placement stability by requiring that at least 95 percent of children in custody have two or fewer placement moves during the most recent 12 months in custody.⁸⁹

a. Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in Period 15. 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 January 1 and June 30, 2013.

b. State Performance

- **The State met the Outcome 17 Threshold**

For Outcome 17, 166 children (95%) 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 15 performance is an improvement from the measured performance in Periods 13 and 14. 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 last 12 reporting periods.

Among the nine children in the sample who had three or more placement moves, 89 percent were aged 13 or older and the median age was 13. 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 (11 children);
- Placement with siblings and/or relatives (2 children);
- Frequent episodes of running away from one or more placements (3 children);
- Placed with sibling (1 child); and
- Behavioral improvements allowed for a “step down” placement (2 children).

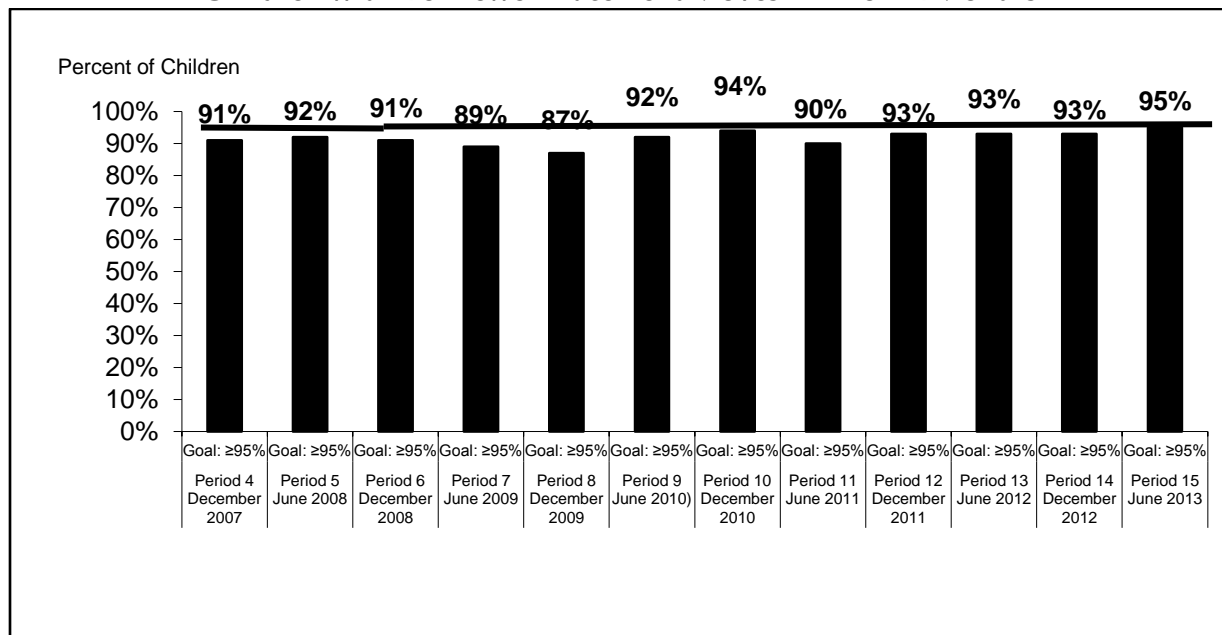
⁸⁹ See p. 35, Outcome 17 of the Consent Decree.

Table V-2
Number of Placement Moves Experienced by Children in the 12 months prior to
June 30, 2013 or the Last Date of Custody

Number of Moves	Number	Percent	Cumulative Percent
No Moves	110	63%	
One Move	38	22%	85%
Two Moves	18	10%	95%
Subtotal	166		
Three Moves	6	3%	98%
Four Moves	2	1%	99%
Five Moves	0	0%	99%
Six Moves or more	1	1%	100%
	175		

Source: Case Record Review, –August – October 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, August – October 2013.

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.⁹⁰

a. Interpretation and Measurement Issues

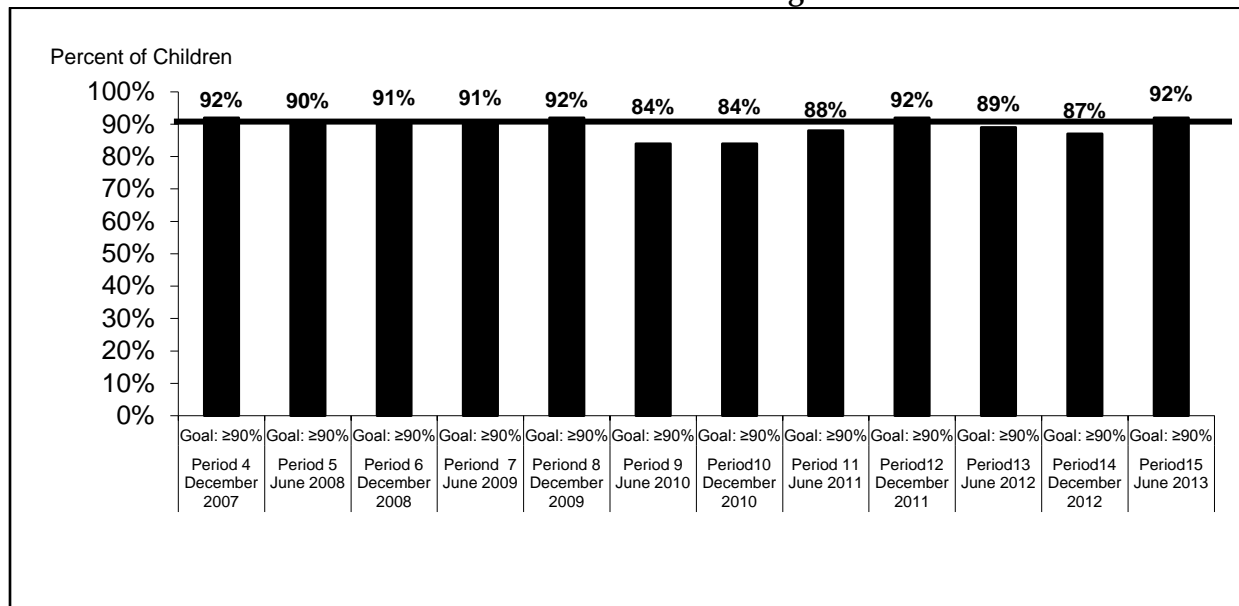
No new interpretation or measurement issues were encountered in Period 15. Measurement in Period 15 used SHINES as the primary source of data. Appendix B provides a summary of previously resolved interpretation and measurement issues. The measurement of Outcome 18 performance is based on the entire population of children in DeKalb and Fulton county custody on June 30, 2013, which was 1121. 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.

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

For Outcome 18, 1035 (**92%**) of the 1121 children in custody on June 30, 2013 had two or fewer placement case managers since July 1, 2012, once the allowable exceptions were taken into account. The performance threshold for this outcome is 90 percent. The Period 15 performance is higher than the Period 14 performance of 87 percent and the Period 13 performance of 89 percent. Figure V-2 illustrates the State's performance on this outcome over the last 12 reporting periods.

⁹⁰ 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 2008 – June 2013.

Seventy-one percent (61 out of 86) of the children who had more than two case managers experienced these changes because their case manager(s) left the agency. In some instances, these children experienced multiple changes in case managers. Twenty-four children (39%) had two changes, and two children (3%) had four changes due to their case manager(s) leaving. Once a case manager leaves, their cases must be reassigned to existing workers and often results in caseloads that exceed the allowable caps. In order to re-balance caseloads, these cases can then be reassigned to yet other case managers. During Period 15, 27 (31%) of the 86 children had changes due to this re-balancing process.

During interviews with case managers and supervisors, in addition to high caseloads, the Accountability Agents discovered a discussion trend regarding case managers leaving the agency or taking medical leave due to stress on the job. While medical leave among the workforce occurs in every organization, and is an allowable exception under the Consent Decree, it still results in children experiencing changes in their assigned case managers. During Period 15, 53 changes were due to the case manager being out on medical leave. Only eight changes occurred due to a case manager coming back from medical 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. During interviews, 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."*⁹¹

a. Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in Period 15. 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.⁹²

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 15 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 **98.3** percent of the required twice monthly visits (Outcome 20a) and **99.2** percent of the required private monthly visits (Outcome 20b) in Period 15. The threshold for each outcome is 96.25 percent. The Period 15 performance is similar to that of Period 14. Figures V-3 and V-4 illustrate the State's performance over the past four reporting periods.

⁹¹See p. 19, Section 5D of the Consent Decree.

⁹²See *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

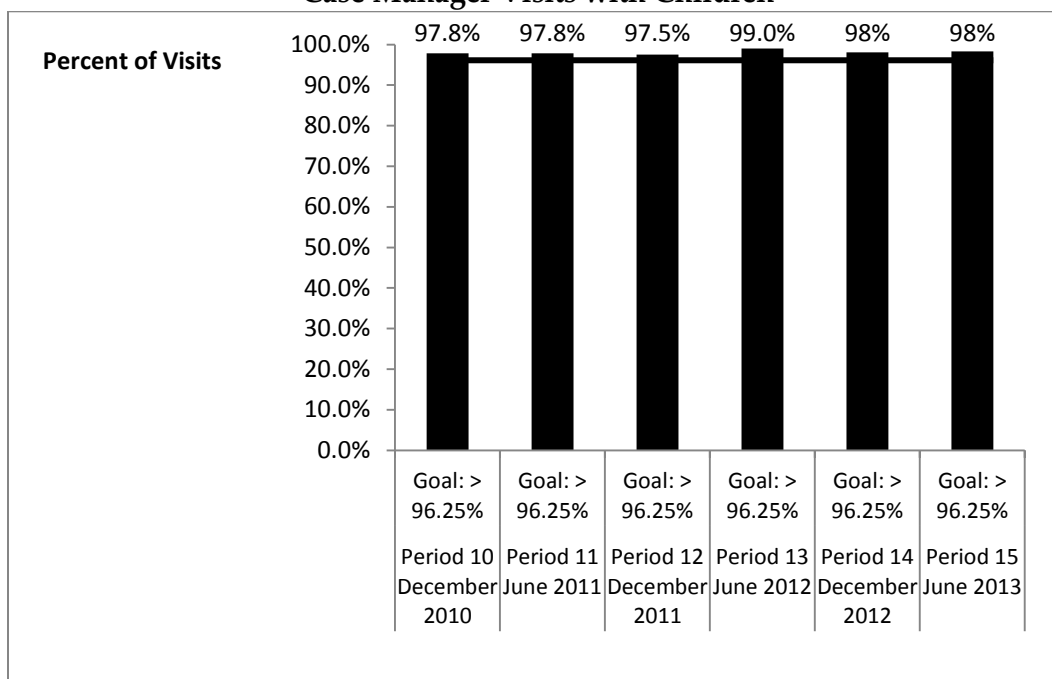
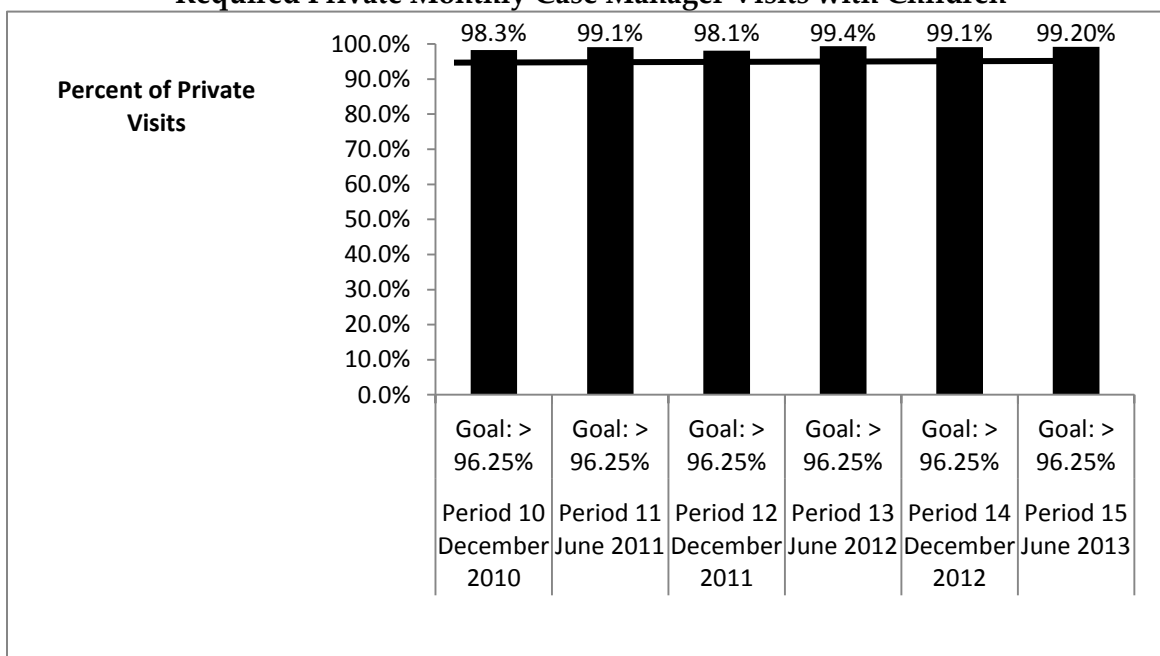


Figure V-4
Four Reporting Periods of State Performance on Outcome 20b:
Required Private Monthly Case Manager Visits with Children



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.⁹³ 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 15. Measurement in Period 15 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.⁹⁴

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

b. State Performance

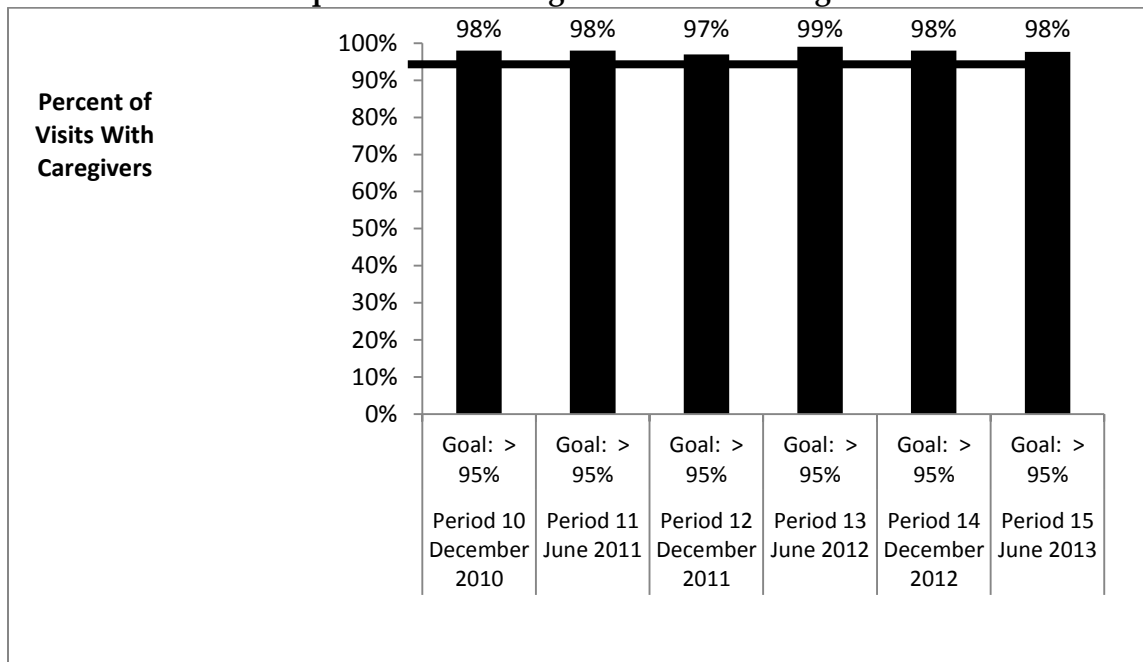
• The State Surpassed the Outcome 22 Threshold

For Outcome 22, 97.7 percent of the required monthly case manager visits to substitute caregivers in Period 15 occurred. The performance threshold for this outcome is 95 percent. The Period 15 performance is similar to the Period 14 performance of 98 percent. Figure V-5 illustrates the State’s performance over the four reporting periods to which the revised Consent Decree standards applied.

⁹³ See p. 36, Outcome 22 of the Consent Decree.

⁹⁴ 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: Outcome 30

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.⁹⁵ 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.

⁹⁵ See p 38, Outcome 30 of the Consent Decree.

a. Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in Period 15. Appendix B provides a summary of previously resolved interpretation and measurement issues. The measurement of Outcome 30 performance is based on the sample of 175 children in foster care at any time between January 1 and June 30, 2013.

Among the 175 children in the sample, 155 children had one or more case plans in their records. Twelve of the 20 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 163 children who should have had case plans, 149 (91% of 163) were current – they had been developed within seven months of June 30, 2013 or the child’s discharge date. Another 5 (3% of 163) were seven to 12 months old. The outcome performance is based on 155 children who had complete plans, even if they were not up-to-date. The margin of statistical error for a subsample of 155 children is ± 7 percent.

b. State Performance

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

Based on case file documentation and reviewer judgment, **113 children (73 %)** of 155 children with needs identified in their case plans had all the plan-identified needs met. The performance threshold for this outcome is 85 percent, and requires that all needs identified are met. Thus, if one need was not met for a particular child, none of the other met needs for that child count toward meeting the threshold standard. The Period 15 performance is similar to the performance in Period 14. Figure V-7 displays the State’s performance over the last 12 reporting periods.

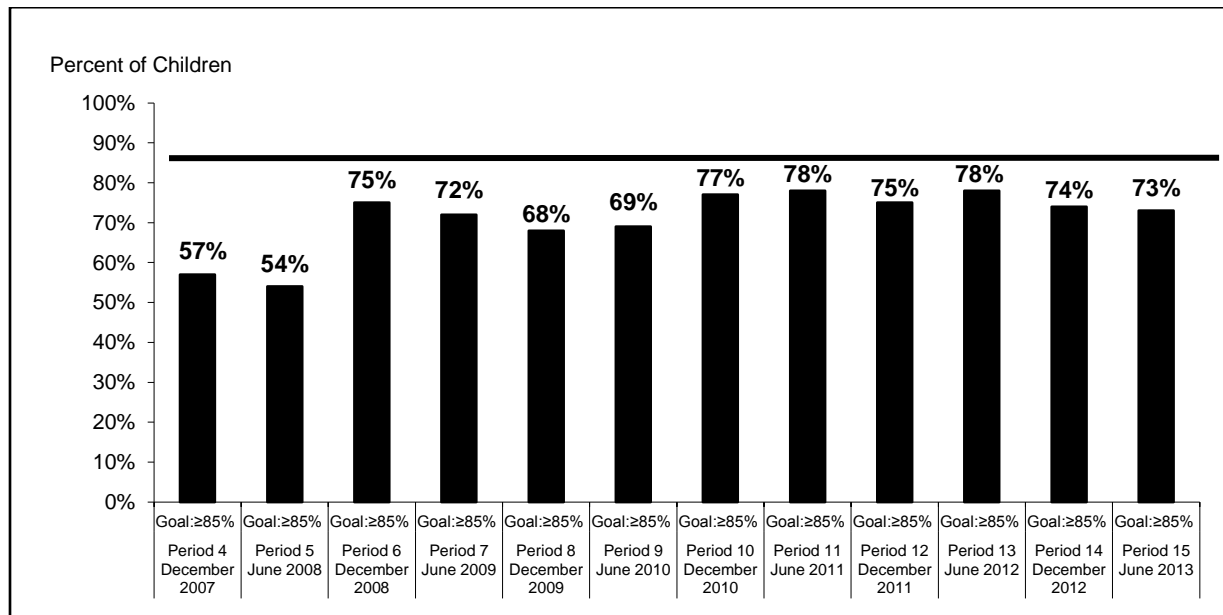
Table V-3 provides a breakdown of the needs identified and the percentage of needs met in each category. As in Period 14, all or nearly all children had routine medical, dental, and educational/developmental needs cited in their plans. The proportion of children who appear to have mental health needs documented (65 %) is slightly less than the proportion with such needs identified in Period 14.

Table V-3
Proportion of Children with Needs Identified in Most Recent Case Plans
and the Proportion with Needs Met, as of
June 30, 2013 or last Date of Custody

Children with Case Plans n=155			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)	155	100%	All Identified Needs Met (n=155)	113	73%
Frequency of different identified needs			Frequency of different needs being met		
Medical	150	96%		132	88%
Dental	150	96%		135	87%
Mental Health	101	65%		93	92%
Educational/ Developmental	150	96%		142	95%

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 2008 – June 2013.

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 Program⁹⁶ (IEP), it should be current. The schedule for health and dental exams is indicated in Section 6 of the Consent Decree⁹⁷ and DFCS policy⁹⁸. 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, (16 not completed by end of period);
 - Dental treatment follow-up (9);
 - Consultation/treatment as recommended (7);
 - Vision screening/treatment (2); and,
 - Hearing screening/treatment (1).
2. Unmet educational/developmental needs:
 - Out of date Individualized Education Program (3);
 - Follow-up evaluations (2); and
 - Tutoring needed (2)
3. Unmet mental health needs:
 - Therapy (2);
 - Assessment (2).

In Period 14, SHINES’ capacity to record health assessment outcomes and actions taken on identified needs was enhanced. This new capacity was in place early enough to influence Period 15 results. However, actual utilization of the enhancement by case managers needs to

⁹⁶ 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.

⁹⁷ 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.

⁹⁸ DFCS policy regarding meeting the service needs of children is in Section 1011, Chapter 1000 of the Social Services Manual.

increase. The Accountability Agents recommend that the counties conduct further training on how to use the health logs in SHINES. In addition, the counties are identifying lead and lag indicators and developing tracking mechanisms for each unit. These are discussed during the monthly G2 meetings in an effort to focus on the practices that will enable them to improve overall performance. While it is too soon to validate whether these practices are impacting outcomes, preliminary data shared during the G2 meetings indicate some level of success. The Accountability Agents will continue monitoring this process and evaluating the data for Outcome 30 in future review periods.

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 January 1 to June 30, 2013. 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.⁹⁹ 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 indicated 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, 136 children (78%) in the sample were in family settings on June 30, 2013 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-eight children (21%) were in congregate care settings including residential treatment facilities, group homes, skilled nursing facilities and special psychiatric hospitals. One youth was in a juvenile detention facility. The distribution of children between family settings and congregate settings is similar to that observed in the sample in Period 14. In Period 14, 80 percent of the

⁹⁹ See Dimas, J.T. and Morrison, S. A. *Period 12 Monitoring Report*, Kenny A. V Perdue, June 2012; pp. 110-111.

children in the sample were in family settings and 18 percent were in congregate care. The observed differences are within the sample's margin of statistical error.

Table V-4
Placement Settings of Children in DFCS Custody
On June 30, 2013 or the Last Day of Custody (or before running away)
n=175

Placement Type	Frequency	Percent	Category Percent
Family Settings			77%
Foster Home (DFCS or Private Agency Supervised)	102	58%	
Relative Home (Non Foster Home including Fictive Kin)	28	16%	
Parents/Guardian	6	3%	
Congregate Care Settings			21%
Emergency Shelter/Assessment Center	0	0	
Group Home	27	15%	
Residential Treatment Facility/ Child Caring Institution/ Specialty Hospital	11	6%	
Other			1%
Detention facility	1	1%	
Total	175	99%*	99%

Source: Case Record Review, January – February 2013. * Total is less than 100% due to rounding calculations.

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.¹⁰⁰

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.^{101,102} In Period 15, 31

¹⁰⁰ See p. 16, paragraph 5C4.c of the Consent Decree.

¹⁰¹ See DFCS Foster Care Manual, Section 1016.

¹⁰² 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

children in the sample of 175 experienced at least one placement in a temporary or respite foster home. Among the 31 children, 30 experienced fewer than 30 days in a temporary foster home during the six-month period.

c. Young Children in Congregate Care

The Consent Decree has several restrictions related to the use of group care.¹⁰³ Between January and June, 2013, 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, one child under the age of 6 was placed with his mother in a group care setting designed for teen mothers. On June 30, 2013, that same child was the only child under the age of six who remained in a congregate care setting, placed with his mother.

On June 30, 2013, nine children aged 7 to 11 were in group care facilities with more than 12 beds. Five of these children were in psychiatric residential treatment facilities (PRTFs) and four children were in other group care settings with licensed capacities of 50. 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 June 30, 2013. They ranged from 8 to 11 years of age. Although DFCS does not consider psychiatric hospitals to be “placement settings,”¹⁰⁴ DFCS supplied documentation to the Accountability Agents that these placements and the progress the children were making in the settings¹⁰⁵ have been reviewed and reauthorized every 30 days. Table V-5 summarizes the State’s actions with regard to the Consent Decree stipulations.

requested respite.

¹⁰³ See p. 16-17, paragraph 5C.5f of the Consent Decree.

¹⁰⁴ 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.

¹⁰⁵ 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
January 1 through June 30, 2013

Children under the age of 6						
Reason for placement	Number placed as of December 31, 2012		Number newly placed between January 1 and June 30, 2013		Number still placed as of June 30, 2013	
	Bed Capacity		Bed Capacity		Bed Capacity	
	≤12	>12	≤12	>12	≤12	>12
With mother	2	4	1	0	1	0
Service Need						
Total	6		1		1	
Children aged 6 to 12						
	Number placed as of December 31, 2012		Number newly placed between January 1 and June 30, 2013		Number still placed as of June 30, 2013	
	Bed Capacity		Bed Capacity		Bed Capacity	
	≤12	>12	≤12	>12	≤12	>12
PRTF		7		5		5
Group Care		3		4		4
Total	10		9		9	

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

3. Placement Moves During the Period

Seventy-eight children (45 %) in the sample of 175 children in foster care experienced one or more new placement settings during Period 15. The proportion of children in the sample experiencing a new placement¹⁰⁶ in a six-month period is similar to the performance of 43 percent in Period 14. Further analysis indicates that 20 (26%) of the 78 children actually had both an initial placement and at least one other placement during the period. Among the 20 children, 14 were initially placed in receiving homes for two to 11 days and subsequently moved to other placement settings.

¹⁰⁶ 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.¹⁰⁷ 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 15 performance for these so-called “8 in 8” visits is based on this larger monthly sample. Thus, the visitation requirement was applicable to (204) children who entered and/or changed placements during the reporting period.

As shown in Table V-6, the counties report that 188 (92%) of the children had a visit in the first week of placement. For 173 of these children (85%), the visit occurred in their placement settings. A total of 58 children (28%) received the required number of visits. However, seven of these 58 children were not seen in the placement setting in the first week of placement. This is similar to the performance in Period 14 when 26 percent of children received the required number of visits. Overall, 85 percent of children received their first week in placement visit, which is vital for stabilizing the placement and minimizing trauma associated with the move.

Among the 204 children who experienced new placements, 92 experienced an initial placement; 61 experienced a planned change in placement; and 42 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, 26 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, 38 percent received all required visits; and among those who experienced a disruption in placement 38 percent received all required visits. One of the on-going issues facing the counties is the number of disrupted placements. During the monthly G2 meetings the counties are discussing strategies for better placement matching and stabilizing initial placements as a means to mitigate the number of disruptions for children in care.

¹⁰⁷ 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=204

Degree of Required Visits	Number of Children	Percent
At least one visit in the first week of placement	188	92%
At least one in-placement visit in the first week of placement	173	85%
All requirements met for period of time child in placement	58	28%
Total initial placements	92	
All requirements met for initial placements	24	26%
Total planned placement moves	61	
All requirements met for planned placement moves	23	38%
Total disrupted placements	42	
All requirements met for disrupted placements	16	38%

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

In addition to the above captured information, in 85 percent of the cases, at least one in placement visit was made during the first week, and in 92 percent of the cases one visit was made in any place during the first week of a new placement. The Counties continue to provide monthly reports on the so-called “8 in 8” visits during G2 meetings. Moreover, the corrective action plan established in August 2012 is still operational.

Although the increase in measured performance is small, the strategies employed by the counties seem to be positively affecting their performance.

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

For 78 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 58 children (74%).¹⁰⁸ This finding compares to 45 of 76 children (59%) in Period 14. Forty¹⁰⁹ of the 78 children experienced more than one move in Period 15 and the record review collected information about trauma-minimizing efforts related to the prior placement move in addition to the most recent. Among these 40 children, it appeared that case managers attempted to reduce the trauma of the previous move for 19 children (48% of 40). The proportion of Period 14 cases with documented trauma reducing efforts related to a previous move was 14 of 35 (40%). While the Period 15 performance remains low, it marks an improvement from Period 14 which may be attributable to concerted efforts by the counties to better document the ways in which they attempt to minimize trauma.

¹⁰⁸ The margin of statistical error for a subsample of 89 is +/- 10 percent.

¹⁰⁹ 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.

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 again 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 continue to express 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. There are several free training opportunities being offered through the Georgia Trauma Summits from January to October 2014, in locations throughout the state of Georgia.

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.¹¹⁰ 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;

¹¹⁰ See p. 19, paragraph 5C.6d of the Consent Decree.

-
- 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, bedtime 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 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 78 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 38 children (49% of 76) and education/developmental and mental health information to 18 (23%) and 18 (23%) 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.¹¹¹ 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

¹¹¹ See Social Services Manual Chapter 1000, Sections 1016.13 and 1016.14.

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 56 children experiencing new placements during the period (72% of 78). This is a substantial improvement from the performance of 54 percent in Period 14 and likely reflects the Counties recent emphasis on improving documentation.

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.¹¹² As a means of “*strengthening and rebuilding families to bring about the child’s early return*”¹¹³ 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 15.

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.¹¹⁴ Other initial activities include health and dental screening and mental health or developmental assessments.¹¹⁵ 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 15, the State used SHINES data to report 507 entries into care during Period 15, but not all of the children who entered remained in care beyond a few days. Among the 421 children who were in custody nine days or more, the county tracking systems indicated that 411 children (97%) received timely Family Team Meetings (FTM). Another 10 children (3%) had FTMs but they were not convened within the first nine days. The late FTMs were held 10-40 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

¹¹² 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.

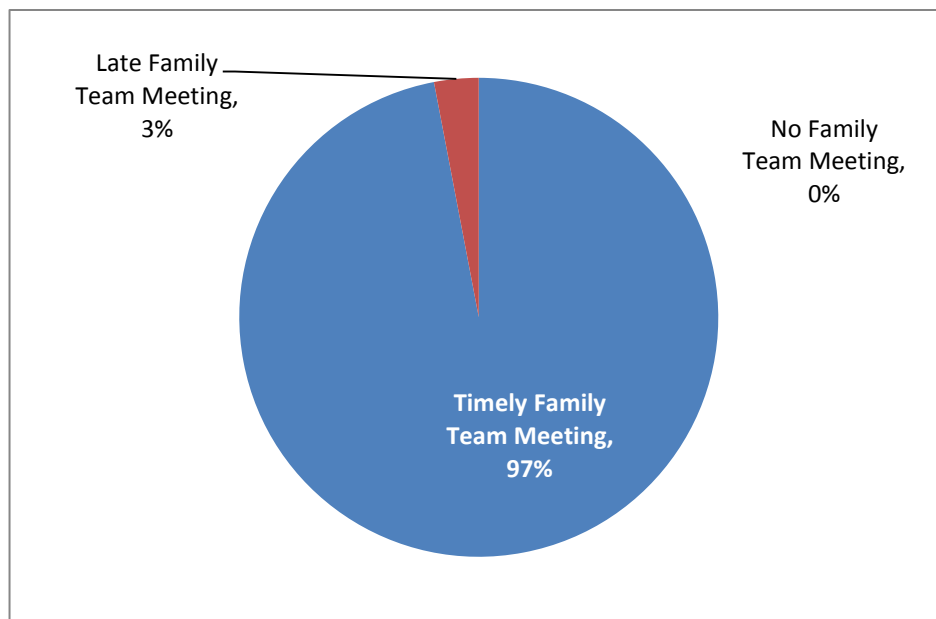
¹¹³ See Social Service Manual 3060, Georgia Department of Human Services.

¹¹⁴ See pp 5-7, section 4A of the Consent Decree.

¹¹⁵ See p. 20, Section 6.A. of the Consent Decree.

proportion of timely FTMs increased from the Period 14 level of 79 percent. Figure V-7 illustrates the Period 15 findings.

Figure V-8
Initial Family Team Meetings at Foster Care Entry
January 1 – June 30, 2013
N=421 (all children remaining in custody 9 days or more)



Source: County Data

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 15 sample of 175 children, there was a subsample of 47 children who entered care during the period and remained at least 10 days.¹¹⁶ 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.¹¹⁷

As shown in Table V-7, of the children in this subsample of 47, 41 (87%) had documented health screens within 10 days of entering care. This is about the same as the 85 percent observed in

¹¹⁶The margin of statistical error for a subsample of 53 children is approximately ± 13 percent

¹¹⁷ 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.

Period 14. When the ten-day time frame is relaxed, 44 of the 47 children (94%) received an initial health screen, again, about the same as the proportion found in Period 14 (96%). For those children whose health screens fell outside the 10-day window, the elapsed time ranged from 12-31 days. Three children did not receive initial health screens.

Twenty-one children (45% of 47) had a documented dental screen within 10 days. This compares to 58 percent in Period 14. The total proportion receiving an entry dental screening was 85 percent, a decrease from the proportion observed in Period 14 (96%). The 19 children who received their initial dental screens late received them 11 to 58 days after entering care. Seven children have no documented dental screens in their files.

Table V-7
Initial Health and Dental Exams at Foster Care Entry:
January 1 – June 30, 2013
n=47

<i>Screen</i>	Number	Percent	Cumulative Percent
<i>Initial Health Screen At Foster Care Entry</i>			
Received within 10 days	41	87%	
Received, but not within 10 days (12 to 31 days)	3	6%	94%
No initial health screen received by June 30, 2013	3	6%	100%
Total	47	100%	
<i>Initial Dental Screen At Foster Care Entry</i> (includes infants for a “gum check”)			
Received within 10 days	21	45%	
Received, but not within 10 days (11-69 days)	19	40%	85%
No initial dental screen received by June 30, 2013	7	15%	100%
Total	47	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.¹¹⁸ 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.¹¹⁹ Within the sample of 175 children in foster care in Period 15, there were 21 children who were younger than age four, were in custody at least 30 days, and entered care on or after December 1, 2012.¹²⁰ There were

¹¹⁸ See p. 20, paragraph 6A.3 of the Consent Decree.

¹¹⁹ See p. 20, paragraph 6A.3 of the Consent Decree.

¹²⁰ 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 15.

25 children in the foster care sample who were age four or older, remained in care 30 days or more, and entered DFCS custody on or after December 1, 2012.

All 21 children under the age of four had completed developmental assessments; 19 were completed within 30 days. The two children who did not receive developmental assessment within 30 days had them completed between 40 and 65 days after entering custody. All 25 children over the age of four and in custody 30 days or more had mental health assessments; 20 were completed within 30 days. Five children had the assessment completed between 33 and 59 days after entering care. Table V-8 summarizes this information.

Table V-8
Initial Developmental and Mental Health Assessments at Foster Care Entry:
December 1, 2012 – May 31, 2013
n=varies depending on the assessment

<i>Assessment</i>	Number	Percent	Cumulative Percent
<i>Initial Developmental Assessment</i> (children younger than age 4) (n=21)			
Received within 30 days	19	90%	
Received, but not within 30 days (35-92 days)	2	10%	100%
No initial Developmental Assessment received	0	0%	100%
Total*	21	100%	100%

Source: Case record review, August - October 2013. **Table V-8, continued**

Initial Developmental and Mental Health Assessments at Foster Care Entry:
December 1, 2012 – May 31, 2013
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=25)			
Received within 30 days (includes pre-assessments)	20	80%	
Received, but not within 30 days (33-59 days)	5	20%	100%
No Initial Mental Health Assessment	0	0%	100%
Total	25	100%	

Source: Case record review, August - October 2013.

d. Initial Case Plans

Thirty-nine children (78%) of the 46 children entering custody during the reporting period and remaining more than 30 days had an initial case plan developed by June 30, 2013 or their last date in custody. Thirty of the 39 were completed within 30 days of entering care and 9 were completed between 60 and 175 days. Among the seven children without plans at the end of the review period, two children were discharged after 43 days in care, and three additional children were discharged after 2 – 2.5 months in care. The remaining two children had been in custody without a case plan 51 to 152 days as of June 30, 2013.

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 screenings¹²¹ in accordance with the Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT)/Georgia Health Check Program standards.¹²² 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 June 30, 2013 as a result of receiving a required health screen prior to or during reporting Period 14; or receiving a health screen during Period 15 that brought them up-to-date. This is the same proportion found in Period 14. This information is summarized in Table V-9.

Of the 175 children in the review sample, 42 children did not require a health screen during Period 15 because they were already current with their health check-ups. Among the 133 children who should have received at least one routine health exam in Period 15, 128 children (73% of 175) received them, however, 6 of these children received them late. Five children (3%) did not receive their required health screens during Period 15.

¹²¹ See p. 30, paragraph 13A in the Consent Decree.

¹²² See p. 20, paragraphs 6A 1 and 2, and p.21, 6B, paragraphs 1-8 of the Consent Decree.

Table V-9
Status of Health Screening for Children*
January - May, 2013
n=175

Component and Action	Number	Percent	Cumulative Percent
No health screen required during period, children current with health check-ups during entire period	42	24%	
Children receiving timely health screens (according to EPSDT schedule) between January 1 and June 30, 2013	122	70%	94%
Children receiving a health screen between January 1 and June 30, 2013 but later than recommended schedule	6	3%	97%
Required well child health screen(s) not received between January 1 and June 30, 2013.	5	3%	100%
TOTAL	175	100%	

Source: Case record review, August - October 2013. *Includes initial health screens completed for children entering foster care in Period 14. EPSDT components are not always documented, see narrative.

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 35 children (20%) because the source of information about the exams was insufficiently detailed. Among the most recent exams of the remaining 140 children, the most frequently included components were physical measurements (height, weight and body mass index) and a physical examination. Ninety-three 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 73 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 14 exams but a follow-up reading was documented for only five children.

As reflected in Table V-10, routine dental screening was assessed for 175 children, with separate analysis for children over and under the age of 3 as of June 30, 2013.¹²³ Overall, 118 of the 125

¹²³ 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

children (94%) who required a dental screen were either current or received their dental screens during Period 15. However 20 of these exams were not done timely. For children under the age of 3, 49 out of 50 (98%) were either current or received their oral health screen during Period 15. Five of these children received late initial oral health screens.

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 167 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 29 children (17%) because the source of information about the exam was insufficiently detailed. Among the most recent exams of the remaining 138 children, the most frequently included component was teeth cleaning;

Table V-10
Status of Dental Screening*
January - May 2013
n=175

Component and Action Children aged 3 and older n=125	Number	Percent	Cumulative Percent
No annual dental exam required during period, children current with annual requirement during entire period	56	45%	
Children receiving a timely annual dental exam during period	42	34%	79%
Received more than 12 months since previous exam	5	4%	83%
Initial received more than 10 days after entering foster care	15	12%	94%
Required annual (or initial) dental exam not received as of June 30, 2013	7	6%	100%
TOTAL	125	100%	
Component and Action Children under the age of 3 N=50	Number	Percent	Cumulative Percent
No annual oral health screen due during entire period	9	18%	
Received a timely initial or annual oral health screen	36	72%	90%
Received a late initial oral health screen	4	8%	98%
No annual oral health screen	1	2%	100%
TOTAL	50	100%	

Source: Case record review, January – February 2013.

*Includes initial dentals for children entering foster care in Period 15. EPSDT components are not always documented, see narrative.

oral exams as part of their regular well-child visits and documentation of this component has improved sufficiently to provide the separate analysis.

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 15, twenty-two children had documented developmental or educational assessments in addition to the 21 children who received an initial assessment. Another 18 children had documented mental health assessments in addition to the 33 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 15¹²⁴:

- 48 children who received regular (initial or periodic) health screening during Period 15 had health needs identified. Among these 48 children, the documentation in their files indicated that 34 (71%) had received appropriate treatment or treatment was scheduled for all the needs identified during Period 15. Two children (4%) appeared to have had some, but not all needs met. Another 12 children (25%) did not have follow-up treatment documented in the case record for any need identified during the reporting period.
- 35 children who had a dental/oral health screening during Period 15 had dental needs identified. Twenty-two children (63% of 35) had all their needs met according to documentation found in the records. Four children had some of their needs met. Among the nine 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.
- 26 children who had developmental or educational assessments in Period 15 had identified needs. Twenty-one (81%) of the 26 children had their developmental or educational needs met.
- 25 children who had mental health assessments in Period 15 had identified needs. All needs of 19 of the 25 children (76%) were being addressed. Four children (16%) had some of their needs met. Two children had not yet started recommended trauma therapy and counseling.

¹²⁴ 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.

- 51 children (29%) in the sample of 175 experienced emerging physical health needs during the reporting period. All but one child appeared to have had these needs met. In the case of the one child, after experiencing severe headaches and being examined by a neurologist, it was recommended that the child participate in a sleep study and 48 hour sleep monitoring. There is no evidence in the record that the recommendations were followed.
- One (<1 %) of the 175 sampled children experienced acute dental needs during the reporting period. That child's needs were met.
- 28 (16%) of the 175 sampled children experienced acute or emerging mental health needs during the reporting period. All but one child had those needs met. The one child who did not have all his acute or emerging mental health needs met during the period was 17 years of age and released from a youth detention center in January 2013. According to his case record, upon release, he refused to return to his placement, and left the state to return to the care of his mother.

6. On-going Attention to Development and Education

Fifty-nine children in the sample had one or more developmental and/or educational needs identified between January 1 and June 30, 2013 either through an initial assessment or some other process. Among the needs identified twelve children were in need of tutoring services. Three children were assessed with learning disabilities; one child was determined to be in need of English as a second language services; five children were diagnosed with developmental delays; evaluations were recommended for two children due to behavior concerns; and eight children were in need of speech therapy. Only seven children had all of their developmental and/or educational needs met during Period 15. The remaining 52 children had some of their needs met.

Other indicators of developmental or educational needs are Supplemental Security Income (SSI) benefits and Individualized Education Programs (IEPs). Seven children in the sample appear to be receiving SSI benefits. 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 with Cerebral Palsy; another child with Spastic Cerebral Palsy, blindness in one eye, severe developmental delays, and feeding problems; and one child with autism. Twenty-two

children had IEPs. The case records of 12 (55% of 22) of these children had documentation of 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, 88 children (50% of 175) were aged six or older and were in DFCS custody sometime during a portion of the school year. Among the 88 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-three of the remaining 85 (95%) were enrolled in school or a GED program in the first half of 2013. Two of those youth experienced gaps in enrollment due to runaway episodes. The two remaining youth were not enrolled in school because one turned 18 at the beginning of the review period and the other child was discharged at the beginning of the review period after being in custody for 48 days.

Within the foster care sample of 175, 87 children (50%) were younger than age seven. Sixty-six of these 87 children (76%) were enrolled in a kindergarten, pre-school, another developmental program, or day care.¹²⁵

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.”¹²⁶

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 15. Within the sample of 175 children, 51 (29%) had been in custody 18 months or more.¹²⁷ Among the 51 children, 27 (53%) were aged 14 or older and eligible for Independent Living Program (ILP) services. Twenty of the 27 children (74%) had documentation in their case records that indicated they were receiving such services (including Life Skills Training and Employment Services). Only eighteen youth had Written Transitional Living Plans (WTLP).

¹²⁵ 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>

¹²⁶ See pp 11 and 12, Section 4.F paragraph 3, of the Consent Decree.

¹²⁷ Conclusions drawn from a subsample of 69 are subject to a statistical margin of error of +/-12%.

All 51 children (100%) had meetings between January and June 2013 to review the appropriateness of their permanency goal and effectiveness of services they are receiving. A majority of youth (49) 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 3 children had permanency goals revised; 7 had services revised; and 3 had revised placements. Sixteen of the 51 children (31%) were discharged by June 30, 2013. All sixteen of the discharges were expected by DFCS and they all had some form of discharge planning. This is an improvement from Period 14 in which 92% of the discharges were expected by DFCS; and only 83% of the expected discharges had some form of discharge planning.

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”¹²⁸ and that all children receive a health screen within 10 days of discharge.¹²⁹ 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.¹³⁰

Within the sample of 175 in children foster care, 52 children (30%) had been discharged by June 30, 2013. The discharges of eleven children (21% of the 52 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.

1. Discharge Planning

Among the files of the remaining 40 children, there was documentation of some form of discharge planning for 29 children (73%). 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. This information is displayed in Table V-11. While the analysis is based on a very small sample, it does suggest that discharge planning is being documented in 82 percent or more of the cases.

¹²⁸ See p.10, Section 4.C.6 in the Consent Decree.

¹²⁹ See p. 21, Section 6.B.6 in the Consent Decree.

¹³⁰ Correspondence from Brenda King Woodard, Georgia Department of Human Services, to Ira P. Lustbader, Children’s Rights, February 15, 2010 and September 22, 2010.

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.

Table V-11
Discharge Planning in Period 15

Discharge Planning	Discharges in the case record review sample n=40*	
	Number	Percent
Discharge planning through one-on-one meeting with case manager	14	35%
Discharge planning in a Family Team Meeting/Facilitated Meeting	20	50%
Discharge planning over a series of visits with children and family	11	28%
Other type of meeting (internal staffing, discharge staffing)	11	28%
No documented discharge planning	11	28%

Source: Case Record Review August - October 2013.

*Children may have more than one type of discharge planning.

Discharge planning during Period 15 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.

2. Discharge Medicals

In the case record review sample of 40 children expected to be discharged, 28 (70%) had a documented medical exam any time from 10 days before discharge to 10 days after discharge. Overall, case documentation for 28 children (95%) indicated that the discharge medical was actually completed. There was no documentation of scheduled or received discharge medicals for twelve children. Information about discharge medicals is summarized in Table V-12.

Table V-12
Discharge Medicals in Period 15

Discharge Medicals	Discharges in the case record review sample n=40	
	Number	Percent
Discharge medicals scheduled during discharge planning	28	70%
Evidence of medicals received within 10 days of discharge	28	70%
Evidence of medicals received within 11 -32 days of discharge	0	0%
No evidence of discharge medicals scheduled or received	12	30%

Source: *Case Record Review, August - October 2013;

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, 2012.¹³¹ 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 provides Plaintiff's Counsel and the Accountability Agents with quarterly reports regarding the status of discharge medicals.

¹³¹ Electronic correspondence from Laurence Borten, Children's Rights, to Mark Cohen, Special Counsel to the Georgia Department of Human Services, August 6, 2012.

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 15. 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 15 Performance
Outcome 25: At least 98% of all foster placements serving class member children shall be in full approval and/or licensure status.	98%
Outcome 31: No more than 10% of all foster family home placements serving class member children at any time during the reporting period shall exceed the capacity limits referenced in Section 5.C.4.e. of the Consent Decree, concerning the requirement that no child shall be placed in a foster home if that placement will result in more than three(3) foster children in that foster home, or a total of six (6) children in the home, including the foster family's biological and/or adopted children.	2%
Timely and Complete Court Orders for Placement Authorization	
Outcome 26: At least 95% of foster children in custody at a point in time during the reporting period shall have all applicable language in court orders necessary to assess qualification for federal funding under Title IV-E of the Social Security Act. This outcome shall be measured for court orders entered after the entry of the Consent Decree.	91%
Outcome 29: No more than 5% of all children in custody of DHS/DFCS for 12 months or more shall have lapse of legal custody within the prior 13 months.	1%

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.¹³² 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.”¹³³

a. Interpretation and Measurement Issues

There were no new interpretation or measurement issues encountered during Period 15. 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 15, 558 of the 578 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 2894 children, while the approved or licensed capacity of all placements with a child in care on June 30, 2013 was 2944 children; yielding an Outcome 25 measurement of **98 percent**. Although the Outcome 25 measurement methodology changed as described above, Period 15 represents the ninth consecutive reporting period in which the Outcome 25 performance threshold of 98 percent was met or surpassed. The State's Period 14 performance on Outcome 25 was 99 percent. Additional detail on this measurement appears in Table VI-2.

¹³² 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.

¹³³ See p. 4, *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

Ninety percent of the placement capacity 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 a substantial decline from the Period 14 rate of 100 percent due mainly to an increase in the number of relative care assessments not completed within 30 days, as required by DFCS policy.¹³⁴ When this Outcome was first measured (Period 2) the full-approval rate for non-foster relative placements was 56 percent. The full-approval rate of DFCS-supervised foster homes was unchanged from the from the Period 14 rate of 97 percent, while that of provider-supervised foster homes remained about the same (97% compared to the Period 14 rate of 98%). The entire placement capacity (100%) of child-caring institutions, including group homes, also was found to be in full approval status. This was similar to the Period 14 rate for CCIs of 99.5 percent. Figure VI-1 displays the State’s performance on this outcome over the last 12 reporting periods.

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

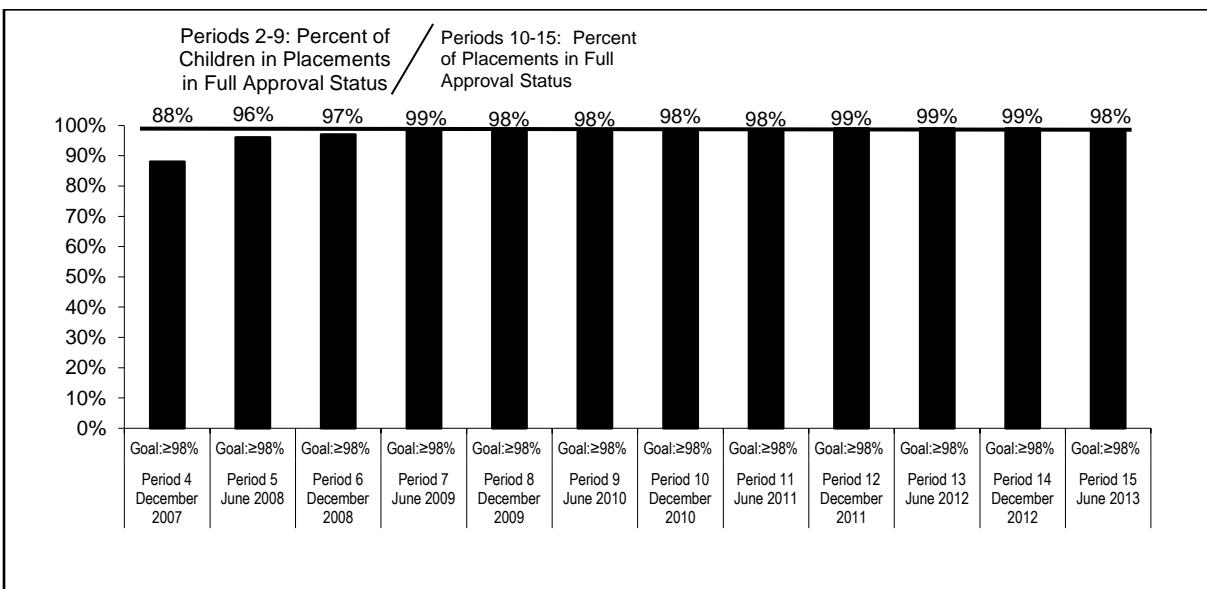
Placement Type	Number of Placements with a Class Member in Care on 6/30/13	Number of Placements with a Class Member in Care on 6/30/13 in Full Approval Status	Overall Capacity of Placement Settings with a Class Member in Care on 6/30/13	Capacity of Placements with a Class Member in Care on 6/30/13 in Full Approval Status	Percentage of Overall Placement Capacity in Full Approval Status on 6/30/13
Relative Placement	89	80	152	137	90.1%
DFCS - supervised Foster Home	99	97	227	221	97.4%
Provider - supervised Foster Home	317	308	979	950	97.0%
Child Caring Institution	73	73	1586	1586	100.0%
Total	578	558	2944	2894	98.3%

^a Excludes 43 children in state custody on 6/30/2013 that were in settings with no relevant approval process (12 children were placed with a birth parent/guardian, 9 were on runaway, 9 were hospitalized, 7 were in Psychological Residential Treatment Facilities, and 6 were in Metro RYDC.

Data source: Georgia SHINES.

¹³⁴ Social Services Manual, Section 1004.1, Georgia Department of Human Services, May 2005.

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 10-15: 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.¹³⁵ 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...”^{136,137}

¹³⁵ 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.

¹³⁶ See p. 4, *Kenny A. v. Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

¹³⁷ 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 15. Appendix B provides a summary of previously resolved interpretation and measurement issues. The point-in-time used for measurement of Outcome 31 in Period 15 was June 30, 2013. 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 673 family foster homes that had a child in care at any point during the period January 1 to June 30, 2013, 416 (62%) continued to have one or more children placed in them on June 30, 2013. Ten of these 416 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 15 was the 15th consecutive reporting period in which the Outcome 31 threshold was met or exceeded.

In Period 15, there were 12 family foster homes (1 DFCS-supervised; 11 provider-supervised) that exceeded the three-foster-child capacity limit (one of these homes also exceeded the six or more total children capacity limit). However, nine of these homes (all provider-supervised) qualified for the sibling group exception enumerated in Section 5.c.4.e. since no children other than the sibling groups resided in those homes. Eight family foster homes in Period 15 exceeded the six or more total children capacity limit specified in Section 5.c.4.e. This number was unchanged from Periods 13 and 14, but represented a substantial increase from previous reporting periods.¹³⁸ One of these eight homes (the home that also exceeded the three-foster-child capacity limit) 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 last 12 reporting periods.

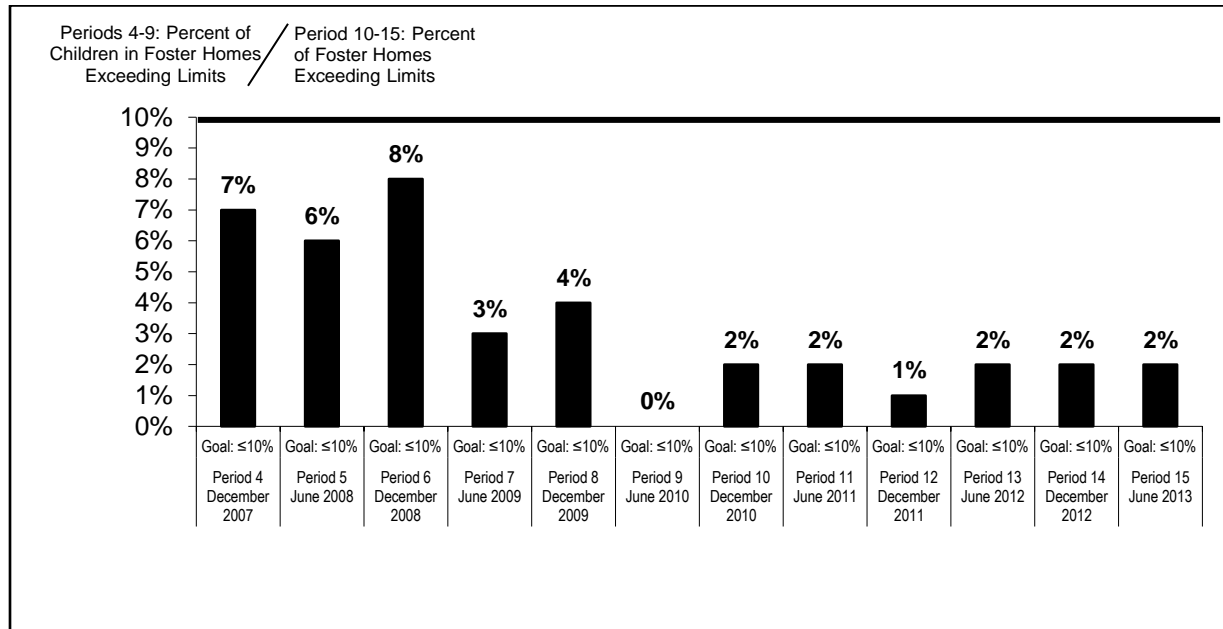
¹³⁸ No family foster home with six or more total children had been identified since Period 7. In Periods 10-12 the number of such homes identified was zero. In Periods 2-9 calculation of the Outcome 31 measure was based on the subsample of children in care who remained in care on the last day of the 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 = 416

Placement Type	Foster Homes with 1 or More Children in Care at Any Time During Period 15	Foster Homes with 1 or More Children in Care on 6/30/13	Foster Homes with > 3 Foster Children on 6/30/13	Foster Homes with ≥ 6 Children in Total on 6/30/13	Foster Homes with > 3 Foster Children and/or ≥ 6 Children Total on 6/30/13	% of Foster Homes with > 3 Foster Children and/or ≥ 6 Children Total on 6/30/13
DFCS - Supervised Foster Homes	147	99	1	0	1	1.0%
Provider Supervised Foster Homes	526	317	2	7	9	2.8%
Total	673	416	3	7	10	2.4%

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 4-9: Period Case Record Reviews July 2006-June 2010; Periods 10-15: 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.¹³⁹ 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.¹⁴⁰ 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 15. 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.

¹³⁹ See pp 36-37, Outcome 26 of the Consent Decree.

¹⁴⁰ Ibid.

b. State Performance

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

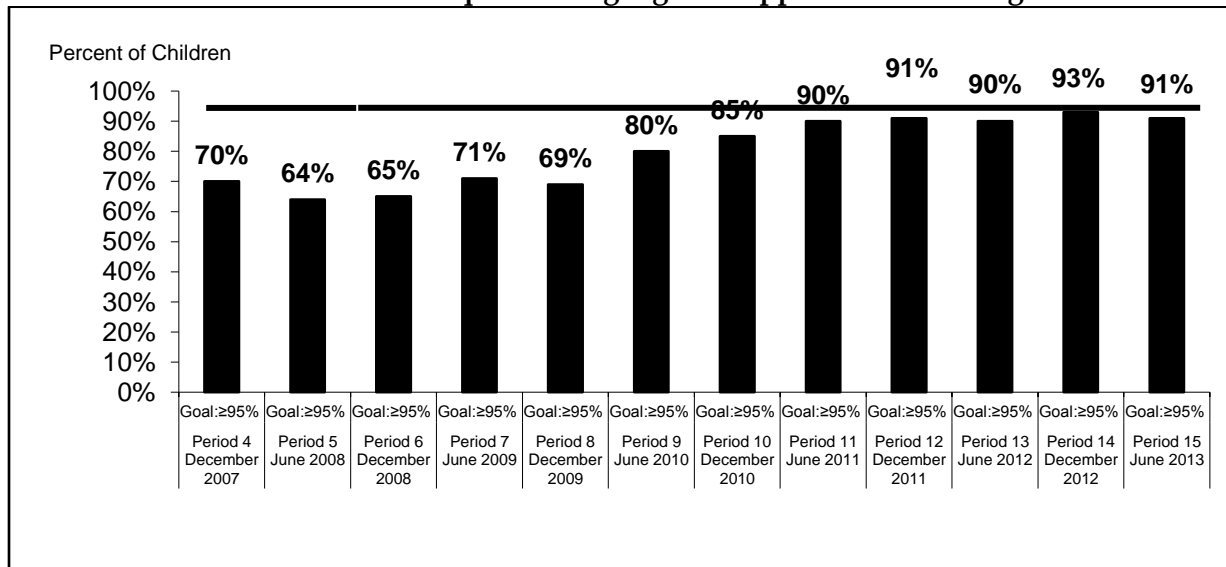
For Outcome 26, 159 children (91%) of the 175 children in the Period 15 placement sample had court orders with all the required language necessary to assess current eligibility for federal funding under Title IV-E. The performance standard for this outcome is 95 percent. The Period 15 performance is similar to the Period 14 performance. Figure VI-3 displays the State's performance on Outcome 26 over the reporting periods to which the Consent Decree standards applied.

Among the 16 records that did not meet Outcome 26 standards, the following pattern emerged:

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

The ability to determine IV-E funding eligibility for the 13 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, August – October 2013.

Outcome 29 – Lapses in Legal Custodial Authority

The Consent Decree strives to limit the proportion of children for whom DHS/DFCS custodial authority lapses.¹⁴¹ 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**

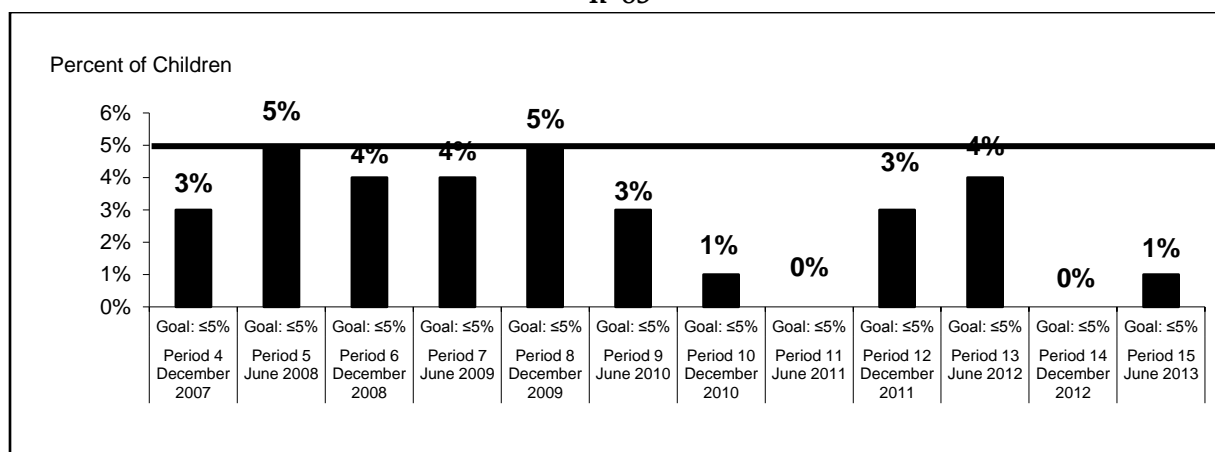
No new interpretation issues were encountered in Period 15. Appendix B provides a summary of previously resolved interpretation and measurement issues. Measurement of Outcome 29 performance is based on 83 children in the sample of 175 children in foster care. These 83 children had been in custody 12 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 15, DFCS had one lapse in custody in the subsample of 83 (1%). The outcome threshold is no more than 5 percent. This is similar to the Period 14 performance of 0%. 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=83



Source: Review Period Foster Care Case Record Reviews, January 2008 – June 2013.

¹⁴¹ 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 ¹⁴²	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 initiate the investigation to ensure a timely response. Family Support cases and case managers are not covered by the terms of the Consent

¹⁴² 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.

Decree. Family Support case managers are only included in the caseload analysis when they have responsibility for investigations or family preservation cases. When they are included, all of their cases are counted in measuring compliance with the caseload caps -- family support cases along with investigations and/or family preservation cases.

a. State Performance as of June 30, 2013

In June 2013, 84 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. Twenty-six case managers (primarily investigators and permanency case managers) exceeded the caps set by the Consent Decree. Sixty-nine cases were temporarily assigned to supervisors pending assignment to case managers. This is a significantly larger number of unassigned cases than the 38 cases found in Period 14. 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. During the interviews case managers and supervisors cited lack of communication, frequent changes in leadership, unclear processes and procedures, and the 8 visits in 8 weeks of a new placement requirement as the most prevalent reasons that their co-workers left the agency or transferred to other counties.

While the Consent Decree caps vary by case types (see Table VI-4 above), the majority of case managers (70%), had 12 or fewer cases assigned in June 2013 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. The Counties continue recruiting and replacing staff but the training process may be as long as six months before a case manager can assume a full caseload. Efforts to retain case managers and supervisors need to be enhanced in order to increase the number of case managers and supervisors who remain with the agency. Currently, Unit Supervisors and Administrators are employing competition strategies in an effort to build team cohesion and work toward improving outcomes. The Accountability Agents also encourage the counties to recognize case managers who are doing good work and improve the levels of communication and support so that new case managers and supervisors have the information necessary to do carry out their responsibilities and veteran case managers and supervisors feel supported. It is hoped that these efforts and other strategies developed by the counties will assist in stabilizing the workforce.

The Accountability Agents interviewed 32 case managers and supervisors in November and December 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, 2013. 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 remained high at that time and turnover resulted in frequent case reassignment, as documented in Outcome Measure 18.

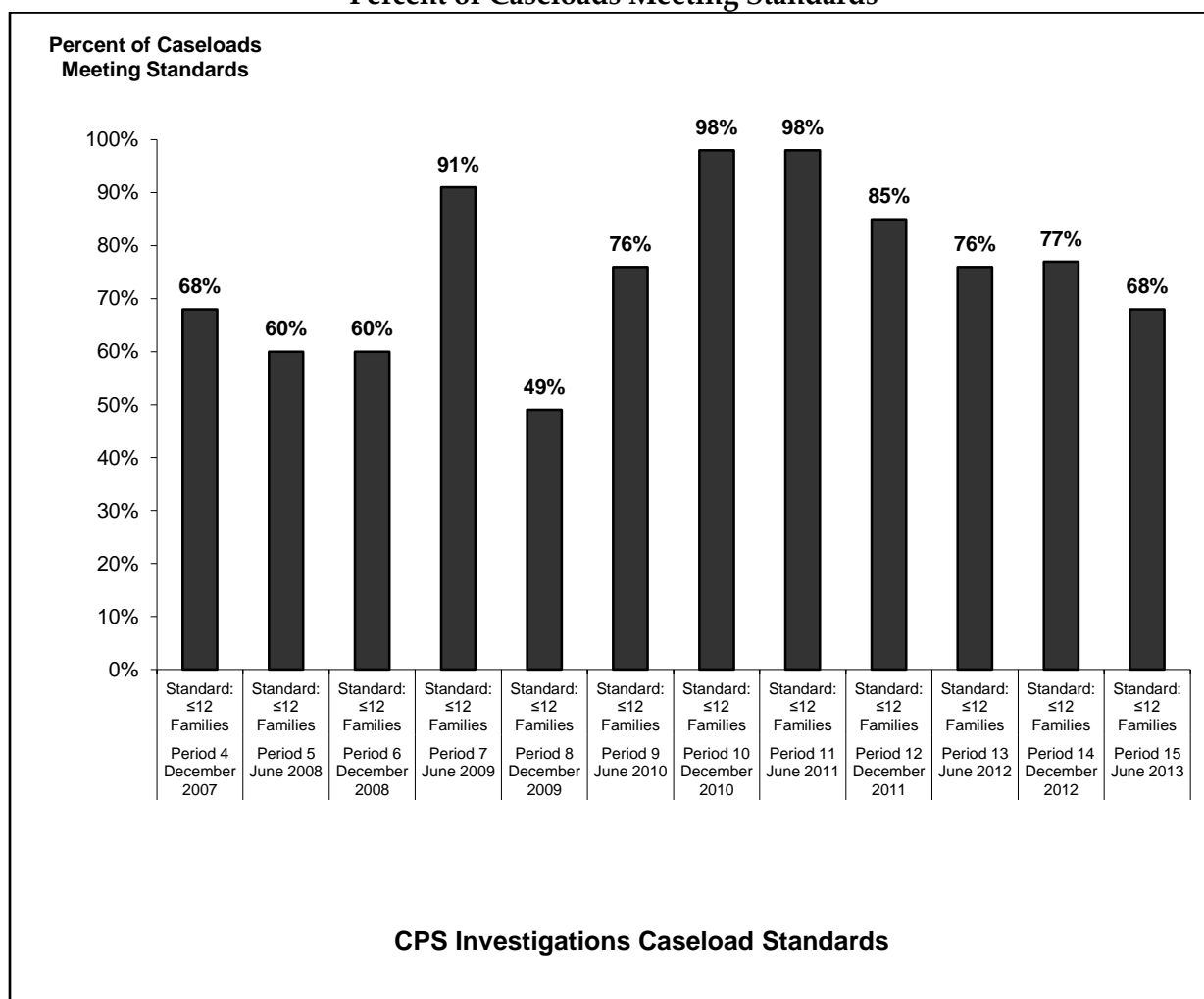
Table VI-5
DeKalb and Fulton County Caseload Status June 2013

Case Manager Function	Caseload Cap: Number of cases (families and children)	Number of Active Staff on 06/30/13	Number of Active, On-leave Staff on 06/30/13	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	44	0	30	68%	14	32%	35
Family Preservation	17 families	24	0	24	100%	0		4
Permanency Case Manager	15 children	67	1	61	91%	6	9%	12
Specialized Case Manager	12 children	31	1	25	81%	6	19%	18
Adoption Case Manager*	16 children	1	0	1	100%	0		0
Total		167	1	141	84%	26	16%	69
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 June 30, 2013 that was expected to be more than 30 days. Includes workers with mixed caseloads of CPS investigations and diversions. Excludes workers who had diversion cases only. Excludes case managers who have caseloads exclusively of children placed in Georgia through ICPC and not in DFCS custody. ² Active staff on leave at June 30, 2013 but leave anticipated to be more than 30 days. *Although there are several adoption units, when the caseloads were pulled for Period 15, the case managers in that unit had caseloads that reflected other types of cases. Many of the cases were considered "specialized" cases and are reflected in that category. Interviews with several adoption unit case managers also revealed that some placement / permanency functions were being shifted to the adoption units due to shortages in other areas.								

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

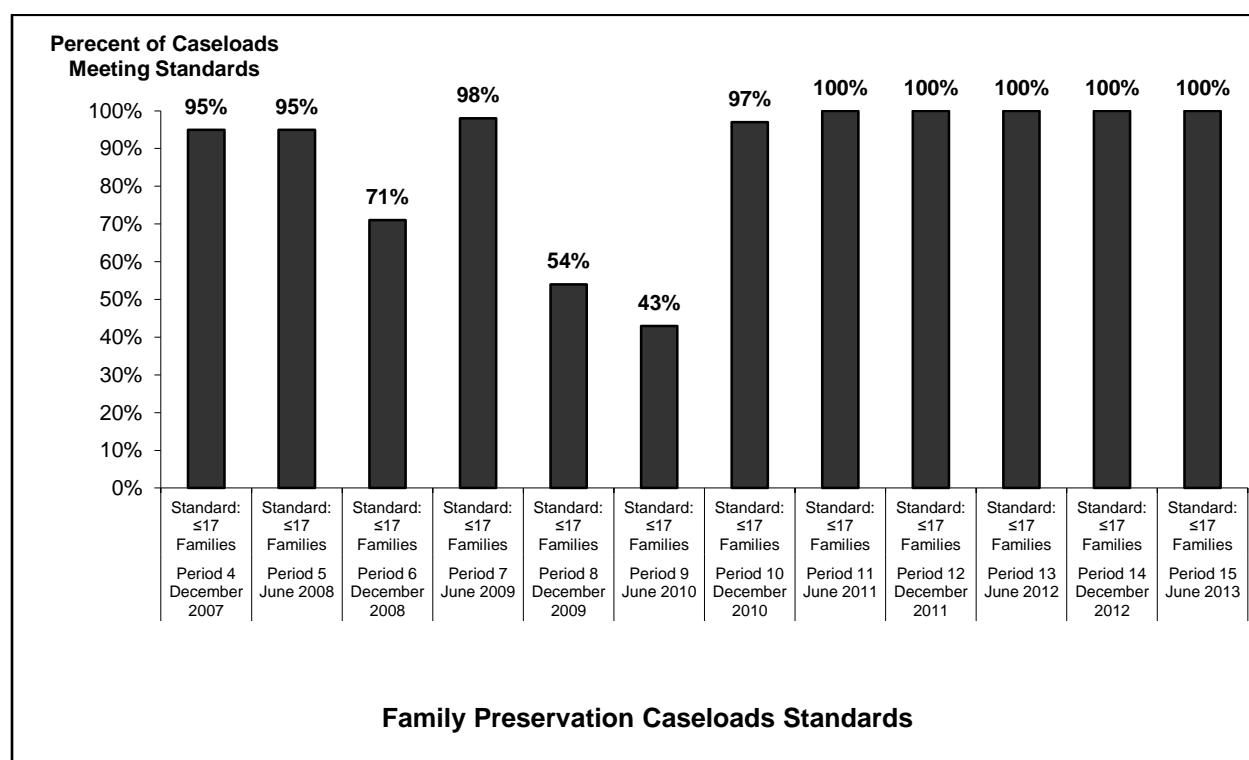


Source: State data bases: IDS and SHINES; county personnel systems for leave and separation information, July 2007-June 2013.

As shown above in Figure VI-5, in June 2013, 68 percent of the *CPS investigation* caseloads were at or under the caseload cap of 12 families. This performance is lower than the Period 14 performance of 77 percent and the lowest performance since Period 9. The caseloads of the fourteen case managers who exceeded the cap (out of 44 total) ranged from 14 to 50 cases. Thirty-Five cases were assigned to supervisors pending assignment to a case manager or because the supervisor was completing the investigation. This is an increase from the 24 cases assigned to supervisors during Period 14.

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 Preservation¹⁴³ Caseloads
Percent of Caseloads Meeting Standards



Source: State data bases: SHINES; county personnel systems for leave and separation information, July 2007-June 2013.

As displayed above in Figure VI-6, all 21 *family preservation* case managers had caseloads of 17 or fewer families. Performance on this measure has remained at 100 percent since Period 11.

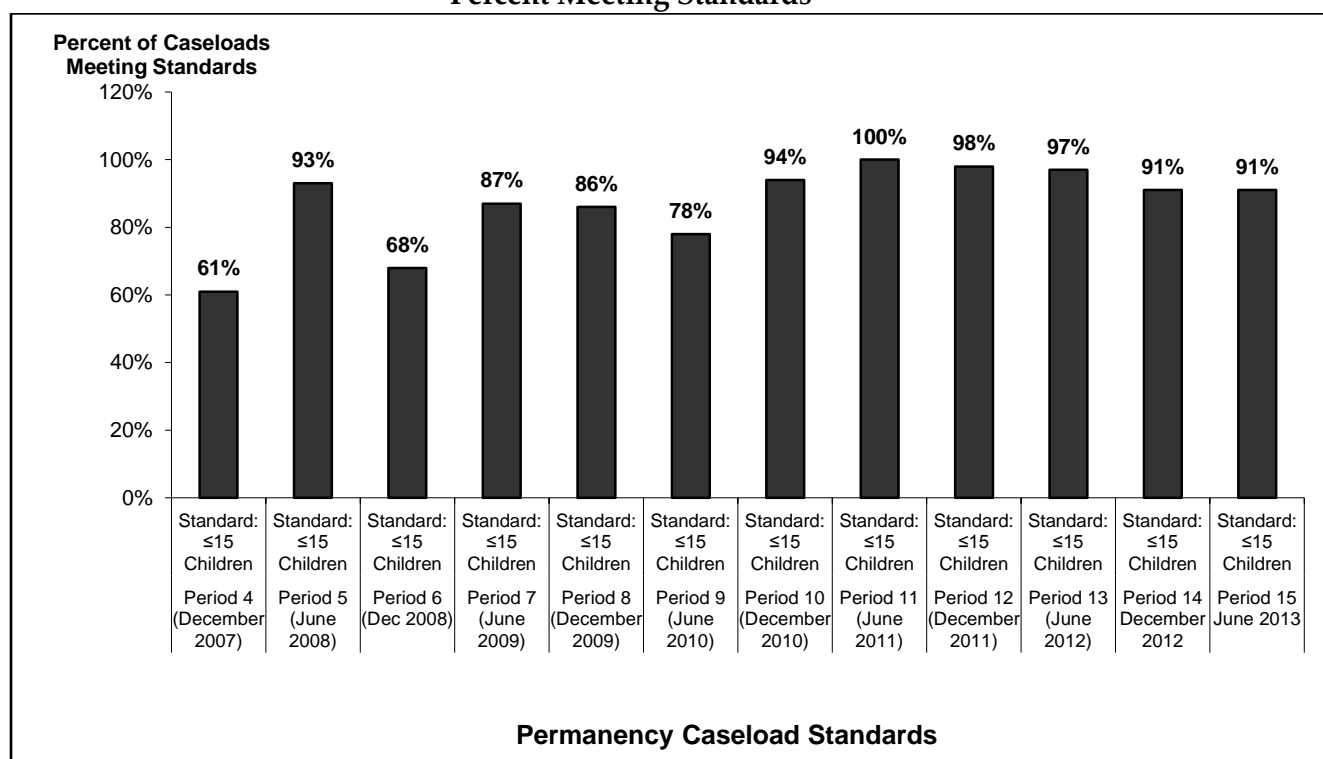
¹⁴³These cases were formerly referred to as “on-going CPS”.

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

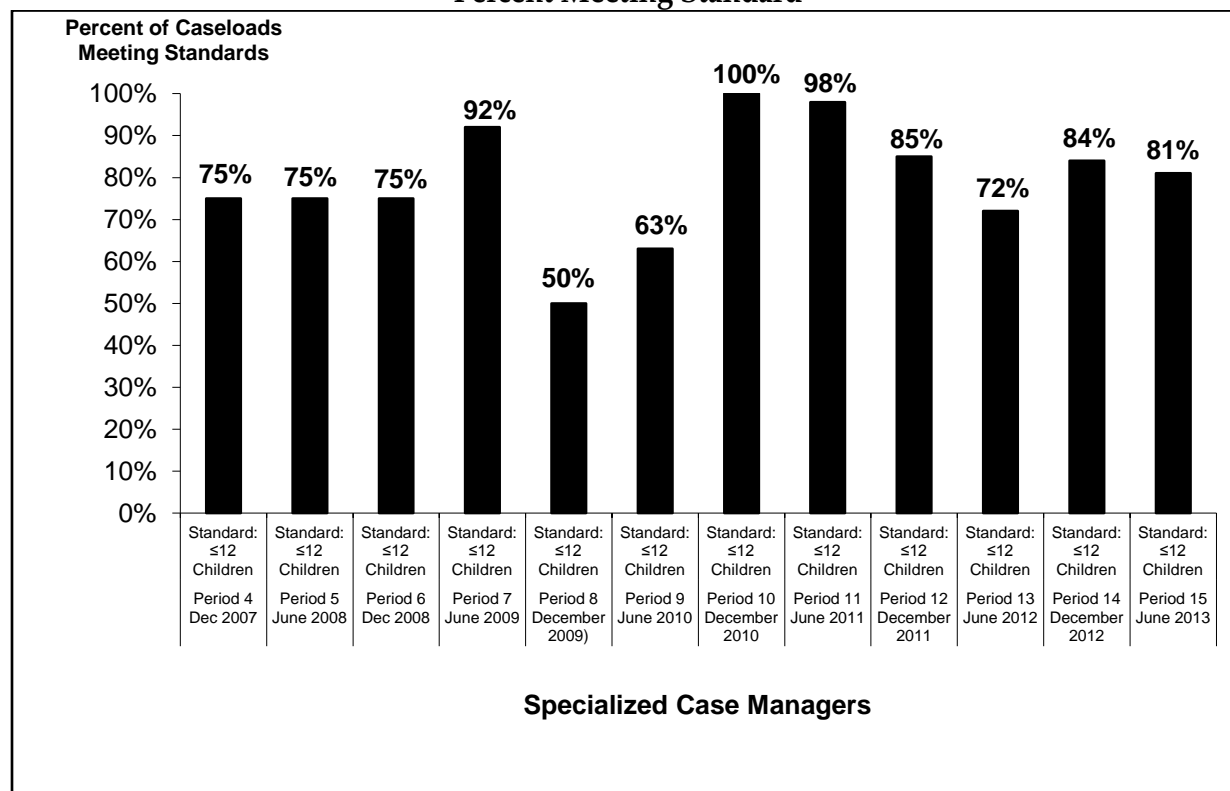


Source: State data bases: IDS and SHINES; county personnel systems for leave and separation information, July 2007-June 2013.

As shown above in Figure VI-7, in Period 15, 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 similar to the Period 14 performance of 91 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 15. 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 2007-June 2013.

As displayed above in Figure VI-8, in Period 15, 81 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 31 case managers were considered “specialized” permanency case managers based on the type of cases they were assigned. Six case managers who exceeded the cap each had 13 to 15 children assigned to them. A portion of the case managers have a combination of children who have been in custody fewer than 18 months as well as those who have been in custody 18 months and more. Eighteen cases were assigned to a supervisor. This is a substantial increase from Period 14 in which no cases were assigned to a supervisor. This again reflects the need to focus on recruiting and retaining a strong workforce.

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.¹⁴⁴ As shown in Table VI-6, in June 2013, **98 percent** of the supervisory units had a ratio of five workers or fewer to one supervisor. This performance is an improvement from the Period 14 performance of 87%.

Table VI-6
DeKalb and Fulton County Supervisory Ratios at June 30, 2013

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	21	100%		
Permanency Case Managers* (Regular and Specialized caseloads)	19	18	95%	1	5%
Adoption	6	6	100%		
Total	46	45	98%	1	2%

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

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

¹⁴⁴ See p. 23, Section 8.B.2 in the Consent Decree.

C. Building Workforce Skills

The Consent Decree has several training requirements.¹⁴⁵ In this report section, the Accountability Agents describe State efforts to improve its practice curricula, the qualifications of new supervisors and the State's compliance with pre-service and in-service training requirements.

1. Education and Training Services Section¹⁴⁶

The leadership of the Education and Training Services (ETS) section changed during Period 15. Ms. Julie York became the Section Director for Education and Training Services. Ms. York earned a Master's in Social Work from the University of Georgia and has over 15 year of Human Service Delivery and Administration experience. This includes vast experience in developing and delivering education and training curricula, as well as providing leadership within various organizations.

2. Staff Preparation and Professional Development

The State reported that the ETS engaged in several activities in Period 15. Table VI-7 provides a summary of some of the new curricula and projects during the period.

Specific professional development activities in DeKalb and Fulton Counties during Period 15 include the following courses and assistance:

- Solution-focused interviewing;
- Partnering with immigrant families;
- FTM facilitation training;
- FTM and case planning training;
- CQI facilitator training;
- Navigating the legal system; and,
- Mock court.

¹⁴⁵ See pages 25 and 26 of the Consent Decree for the complete description of the requirements.

¹⁴⁶ 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.

Table VI-7
Newly Developed Curricula for DFCS Professional Development and Education and Training Projects During Period 15

Target Audience	Curriculum/Activity
Case Managers	<p><i>Resource Development for New Case Managers</i> This course is being developed as the track portion for certification of a Resource Development Case Manager. This curriculum is in the beginning development stage.</p>
	<p><i>Field Practice Guide</i> The Field Practice Guide (FPG) is being streamlined and connected to the work case managers will be expected to provide in the field. Specific Transfer of Learning (TOL) activities are being developed for each of the following required certification sequences: Keys, CPS, Foster Care and Adoption. The FPG will also include the use of Electronic Discussion Boards (DB). Trainees will complete specific information around their TOL activities and post comments to other classmates concerning their experiences. The FPG will be monitored by Supervisors, Field Practice Coaches and Classroom Trainers. Three pilots were completed January and February 2013. Statewide release is slated for March 2013.</p>
Field Practice Supervisors	<p><i>The Field Practice Coach Program</i> The Field Practice Coach Program was initiated to support and expedite the training process for new case managers as they progress through Georgia's Child Welfare System.</p> <p>The Field Practice Coach program allows new case managers the opportunity to observe other experienced case managers first-hand and to begin practicing Georgia's Child Welfare work with the assurance of a supportive training partner (coach) as their skill level and confidence increases.</p> <p>The FPC program was released statewide June 2013. Requirements to be a field practice coach were revised and a requirement to attend the newly revised field practice coach training is being required.</p>
	<p><i>Coaching Training</i> Coaching training was brought in initially to support implementation of the Safety Response System in two pilot SRS counties. Competency development through training and coaching is one of several keys to successful implementation of practice change. Most skills needed by practitioners can be introduced in training but are actually learned and reinforced on the job with help from coaches. Specially trained coaches were</p>

Target Audience	Curriculum/Activity
	<p>selected to help frontline supervisors implement the SRS and support their case workers around SRS practice.</p> <p>The new 1/2 day Field Practice Coach training with 1 1/2 days of coaching skills training was offered January 16-17, 2013, February 21-22, 2013, February 28-March 1, 2013, and April 8 - 9, 2013.</p> <p>The curriculum was revised to condense the entire training to one day and now incorporates the developmental coaching approach and skill practice throughout the curriculum. The revised training OCP 402C - Field Practice Coach was offered April 16, 2013, June 3, 2013, June 18, 2013, and June 25, 2013.</p> <p>Half-day developmental coaching skills workshops were requested and offered for veteran supervisors on June 3, June 11, and June 25, and July 25, 2013. A developmental coaching skills workshop will be presented during the new supervisor training August 2013, and will be added to the curriculum for new supervisors.</p>
All Staff	<p><i>SRS Training</i> Education and Training continues to develop the Safety Response System in concert with ACCWIC. Phase One of this project includes: Intake, Family Support and Investigation. Phase Two of the pilot will begin October 2013 and will cover Family Preservation and Permanency Programs. This project is being piloted in two counties: Richmond and Sumter. This includes: Overview of the SRS, Implementation Training, Pilot Practice Training, Coaching and additional training as needed. Sumter and Richmond are becoming skilled in the new approach to child safety. They are working through the Intake, Investigation and Family Support portions. It is anticipated that by piloting this with two counties, the program will be correct when it is released for statewide use. The first phase of the SRS model, Intake, will begin to rollout statewide in September of 2013, with the entire State being on board by January 2014.</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. Participants will evaluate their own ability to conduct child welfare interviews and identify areas where improvement/s training/coaching is needed. This curriculum pilot date was moved to July 2013.</p>

Target Audience	Curriculum/Activity
Foster Parents and Foster Parent Trainers	<p><i>Ongoing Training for Foster Parents</i> A series of short training modules have been developed for County Resource Development Units to use for in-service training with foster parents who are required to complete yearly training hours. All of these curricula have a trainer's guide, participant guide, and PowerPoint slides. The training modules include the following:</p> <p><u>Substance Abuse 101</u> (an abbreviated version of the substance abuse training for DFCS staff. It's less involved and technical)</p> <p><u>Fostering LGBT Youth</u> (general education around LGBT issues, as well as a discussion of common myths and misunderstanding)</p> <p><u>Sexual Abuse 101</u> (general education around the dynamics of sexual abuse, definition of terms, and some discussion about the DFCS process of addressing sexual abuse cases.)</p> <p>Future course development includes a course titled <u>How Did I Get Here</u>, which is a discussion of the custody process, court procedures, law enforcement involvement and DFCS requirements.</p>

As reported in the Period 14 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 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. Meetings have continued with the Region IV Children's Bureau, GSU, internal DFCS accounting specialists and a IV-E program consultant to identify startup costs and a plan for funding the contract proposal. The target date for reinstating the IV-E Program is fall 2014.

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.¹⁴⁷ Accordingly, all supervisors in Period 15 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, 77 percent of the case managers and 84 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 14 rates of 79 percent and 85 percent, respectively and it is the fourth period that compliance with the training hours has declined. All newly certified case managers and supervisors had the required pre-service training. In the interviews with 32 case managers and supervisors in November and December 2013, 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 June 2013 for social service case managers and supervisors in Fulton and DeKalb counties. As shown, 143 case managers (93%) and 32 supervisors (84%) had achieved full certification as of June 30, 2013. This compares to 96 percent of the case managers and 92 percent of the supervisors in Period 14. The Accountability Agents used the previously described case manager and supervisory interviews to obtain information to verify the reported certification status.

¹⁴⁷ See p. 26 of the Consent Decree.

Table VI-8
Certification Status of Case Managers and Supervisors in
DeKalb and Fulton County DFCS as of June 30, 2013

Position Title	Fully Certified	Results Pending	Provisional	Not Certified	Total*
Case Managers					
CPS Investigators	31		9		40
CPS On-Going Case Managers	20		0		20
Permanency Case Managers (Regular and Specialized Caseloads)	67		0		67
Adoption Case Managers	25		1		26
TOTAL	143		10		153
Supervisors					
CPS (Investigations and On-Going)	10			5	15
Permanency (Regular and Specialized Caseloads)	16			1	17
Adoption	6			0	6
TOTAL	32			6	38

Source: Compiled from data supplied by county training coordinators.

D. Assuring Needed Placement Resources Are Available

During Period 15, the counties regionalized their resource development functions, restructured county staff and case assignments, and a regional manager and new resource development administrators were appointed in each county for the purposes of:

- Streamlining the foster home screening and approval processes;
- Streamlining case maintenance and decision-making;
- Sharing financial, personnel, and community resources for events, recruitment, and foster parent training; and,
- Increasing staff collaboration to improve placement matching and stability.

The State expects these changes to positively impact foster home recruitment and retention in future reporting periods.

Table VI-9 summarizes county progress by June 30, 2013 compared to the March 31, 2008 baseline. The counties continued 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 22 private agency foster homes compared to Period 14 was reported, however. The foster care population is 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 15 percent of the children in care¹⁴⁸ 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 15, Fulton County reported opening 11 homes but also closing 23 homes. Among the 23 closures, 11 (48%) were the result of a voluntary decision by foster parents and eight homes (35%) closed as the result of adoptions – foster parents desiring to close their homes after adopting children in their care. Three homes were closed for administrative reasons and one due to the foster parents moving.

DeKalb County reported opening 12 homes but also closing 21 homes. Ten of the 21 closures were the result of a voluntary decision by foster parents. Another five homes closed as a result of finalized adoptions. These two reasons account for 71 percent of the home closures. One homes closed as the result of the family moving out of County. Five 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.

¹⁴⁸ 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 June 30, 2013		Progress: Net Gain or (Loss)		Goals * (total capacity)	
	Beds	Homes	Beds	Homes	Beds	Homes	Beds	Homes
DeKalb								
<i>County Supervised Homes</i>	418	209	212	107	-206	-102		
<i>CPA Supervised Homes*</i>			549	220				
Total			761	327			798	308 to 339
Fulton								
<i>County Supervised Homes</i>	504	238	222	114	-282	-124		
<i>CPA Supervised Homes*</i>			420	150				
Total			642	264			594	328
Two-County Total			1403	591				

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 [now known as the Foster Care Services Section (FCSS)], was completed in January 2013.

Among the needs assessment's findings were the following:

- The proportion of prospective foster families that actually complete the training and approval processes needs to be increased, especially in DeKalb County;
- The number of foster homes in the zip codes from which large numbers of children enter care needs to be increased, especially in Fulton County;
- Both counties need to improve collaboration across organizational units;
- Both counties need to improve the quality of placement matches; and

-
- The “receiving homes” utilized by both Counties seem to be working well and the supports extended to these caregivers should be extended on some level to regular foster homes.¹⁴⁹

The assessment concluded with five recommendations from the FCSS:

- 1) FCSS 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.

Progress:

- *A meeting was held in September 2013 with all Region 14 (DeKalb and Fulton counties) resource development and placement resource unit supervisory staff to discuss their support needs and how FCSS could support their efforts. FCSS is scheduled to begin doing on-site “shadowing” with the Placement Resource (PRO) team in January 2014 to develop a better understanding of Region 14’s placement matching processes.*
 - *It was determined that other regions are heavily utilizing Region 14 bed spaces so the FCSS plans to update the RBWO Provider Needs Assessment to ensure that RBWO providers understand where increased placement resources are needed. The goal is to reduce the number of out of county placements into Region 14 which, in effect, will increase the available pool of placement resources for Region 14.*
 - *DFCS has also instituted a series of Joint Planning Committees that partner state office leadership with regional leadership to address programmatic issues. FCSS is co-leading the Joint Planning Committee on Resource Development. The Committee’s primary focus is on increasing bed space for “hard to place youth.”*
 - *Three meetings were held with RBWO providers to discuss partnering with DFCS to increase foster home and CCI bed spaces. Providers were asked to submit proposals for working together with DFCS on recruitment, training and support of caregivers. In response, the Foster Family Treatment Association (FFTA) is developing a proposal to increase the number of relative care givers and support them.*
- 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.

¹⁴⁹ “Resource Development Assessment of Region 14,” Georgia Dept. of Human Services, January 2013, p.6.

Progress:

- *The Joint Planning Committee on Resource Development is considering the feasibility of implementing the Region 14 Receiving Home Model statewide which could reduce the number of out of county placements into Region 14.*

- 3) DeKalb and Fulton Counties should continue working to regionalize their resource development functions and teams.

Progress:

- *FCSS held two meetings with Region 14 leadership to assist with development of their regional resource development teams. Regionalization of the county resource development functions was completed during Period 15.*
- *Region 14's annual recruitment and retention goals are to retain at least 85% of their current care givers and approve 49 additional homes by December 31, 2014.*

- 4) The State Office Permanency Section will mentor the supervisors in Region 14 responsible for recruitment, retention, training, support, and placement to provide them with training, support, and a quality assurance mechanism.

Progress:

- *FCSS is currently providing practice support and technical assistance to Region 14 on an as needed basis. Once the recruitment and retention specialist is hired meetings with Region 14 will occur on a more regular basis.*

- 5) The State Office Permanency Unit will continue developing plans for a state-level resource development unit.

Progress:

- *FCSS received approval to hire one dedicated staff person to focus on care giver recruitment and retention for the state. It is expected that the new hire will start by March 1, 2014, report to the FCSS Director, and be responsible for supporting the state's overall effort to increase and maintain foster care givers including relative care givers.*

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.6¹⁵⁰ and Section 11.¹⁵¹ The State performed well in many areas in Period 15 and maintained many of the significant improvements documented in Periods 5-12 compared to earlier reporting periods. In addition, the State made progress in remediating issues raised in the Period 15 report regarding the completeness of CPS history checks in foster home records and systemic issues that compromised 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 161 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 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

¹⁵⁰ Ibid, pp. 16-19.

¹⁵¹ Ibid, pp. 26-28.

promulgated licensing rules that apply to the Child Placing Agencies (CPAs) that supervise private foster homes.

However, the existence of uniform standards by itself cannot ensure children in care are safe and well. Therefore, the review of foster home records specifically sought evidence that the foster homes reviewed were in compliance with the DFCS approval standards. Overall, compliance was found to be very good and to be similar to that of Period 14.

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 14 and 15.

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

Foster Care Screening, Licensing, Training, and Investigative Requirements	Percent of Sample with Documented Compliance	
	Period 14	Period 15
Sex Offender Registry checked for foster parents	100%	100%
Family assessment completed	99%	100%
Pre-service foster parent training requirements met	99%	100%
Gender of children in home never varied from that approved	99%	100%
Timely annual re-evaluation (no lapses)	100%	99%
Timely Criminal Record Checks for foster parents	99%	99%
Comprehensive Drug Screen for Foster Parents	100%	98%
Number of children in home never exceeded approved capacity	99%	98%
No violations of agency discipline or other foster care policies	99%	98%
Age of children in home never varied from that approved	99%	97%
Comprehensive medical report for each foster parent	97%	96%
CPS history has been checked	97%	94%
Timely Criminal Record Checks for other adults in the home	91%	91% ^a
Sex Offender Registry checked for other adults in the home	89%	91% ^a
Ongoing foster parent training requirements met	94%	87%
Appropriate health statements for other adults in the home	89%	78% ^a

Source: Foster Home Record Reviews for Periods 14 and 15.

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

The foster home record review found completed initial/re-evaluation reports in 161 of 161 records (100%) in which they should have appeared, unchanged from the 100 percent found in Period 14. The file review found evidence that for most approval standards, 97 percent or more

of the homes reviewed were in compliance. This is unchanged from Period 14, in which most of the approval standards also were met by 97 percent or more of the homes reviewed. Compliance appears to have remained about the same (± 2 percentage points) for 13 of the 16 requirements and to have declined for three requirements (*CPS history has been checked*, *ongoing foster parent training requirements met*, and *appropriate health statements for other adults in the home* – by 3, 7, and 11 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 15 record review demonstrates that the improvements documented in Periods 5–12 largely have been maintained. In Period 15, one approval and licensing standard (*appropriate health statements for other adults in the home*) had a compliance rate below 80 percent (78 percent) and another (*ongoing foster parent training requirements met*) showed an 11 percentage point decrease compared to the previous period. The State's performance on these requirements merits further discussion.

Adult children in the home was a common thread connecting the State's poor performance in ensuring foster home records contained *appropriate health statements for other adults in the home* to three other approval and licensing standards (*CPS history has been checked*, *Timely Criminal Record Checks for other adults in the home*, and *Sex Offender Registry checked for other adults in the home*) that were among the five with the lowest performance in Period 15. DFCS policy requires that when (non-foster) children residing in the home turn 18 years of age, or when adult children move back into the home, the required criminal records and medical checks for such individuals are to be performed within 30 days.¹⁵² Similarly, CPS and Sex Offender Registry checks are to be performed for new adult household members prior to the foster home's next re-evaluation.¹⁵³

Young adults in the home were the cause of most of the noncompliance found for these four approval and licensing standards in Period 15. For *Appropriate health statements for other adults in the home*, adult children in the home were found to be the cause of 80 percent (8 of 10) homes found not to be in compliance. For *CPS history has been checked*, the deficiency in eight of nine "misses" (89%) was related to adult children in the home. Similarly, for *Timely Criminal Record Checks for other adults in the home* and *Sex Offender Registry checked for other adults in the home*, adult children were the cause of three of four "misses" and four of four "misses," respectively. This pattern, which also was present in Period 14, seems to be relatively new. It may be a reflection of the national trend of more young adults remaining in their parents' homes or

¹⁵² Social Services County Letter 2011-03, Georgia Department of Human Services, May 2011.

¹⁵³ Social Service Manual Sections 1014 and 1015, Georgia Department of Human Services, March 2007; Social Services County Letter 2012-06, Georgia Department of Human Services, October 2012.

moving back in with their parents. The State is urged to reemphasize with foster parents and staff alike the importance of reporting the presence of new adults in foster homes and of ensuring they receive the mandated safety checks within the required timeframes, and to examine the adequacy of existing “tickler” systems that should alert those responsible for the annual re-evaluation of foster homes of impending 18th birthdays among household members.

Another item meriting the State’s attention is the substantial decline observed between Periods 14 and 15 (seven percentage points) in compliance with the requirement *Ongoing foster parent training requirements met*. Of the 16 foster homes records found not to be in compliance with this requirement 12 (75%) belonged to provider-supervised foster homes and four (25%) belonged to DFCS-supervised foster homes (CPA foster homes comprised 62% of the sample and DFCS-supervised foster homes 38%).

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. 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) returned to being very good after having shown a marked decline in Period 14.

a. Corporal Punishment and Maltreatment in Foster Homes

Of the 161 foster home files reviewed for Period 15, none (0%) had confirmed incidents of corporal punishment during the 12 months ending June 30, 2013. In Period 14, no 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 25 foster homes in the sample of 161 (16%) were the subject of 26 maltreatment referrals during Period 15 (one home had two referrals). Nine of these referrals were screened out; 17 were investigated and unsubstantiated. No homes had maltreatment investigations that produced substantiated findings in Period 15.

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...”¹⁵⁴ DFCS Policy requires CPS history checks to be run for prospective foster parents prior to their initial approval;¹⁵⁵ any CPS reports occurring after a foster home’s initial approval to be documented in the foster home’s record;¹⁵⁶ and CPS reports in DFCS or provider-supervised foster homes to be opened in the name of the approved caregiver.¹⁵⁷

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 15 and, for every foster home in the sample of 161, performed a “look-up” in SHINES and the IDS Master Index to determine if the home had any history of substantiated maltreatment. Among the 69 maltreatment-in-care reports that were associated with foster homes and the 161 foster home records sampled for Period 15, one foster home was found to have a prior substantiation of maltreatment and to be open during the period. In Period 14, three such homes were identified. The three Period 14 cases were enabled by a combination of worrisome factors including: faulty CPS history checks, the issuance to foster parents of duplicate person and provider identification numbers, and the undetected movement of foster parents from one supervising agency to another. The one foster home with a substantiated CPS history identified in Period 15 presented none of these enabling factors. The circumstances that lead to its being open despite a substantiated maltreatment history are discussed below.

The home in question is a therapeutic, provider-supervised foster home that was reviewed as part of the Period 15 Foster Home sample. The home was approved to provide “eyes-on” supervision of a child with a history of sexual abuse and sexual acting out. In September 2012 the foster parent took the child for a visit to the home of another foster parent (supervised by the same provider agency) who had in her care another child with a very similar history who also required “eyes-on” supervision. The children were allowed to play upstairs unsupervised while the foster parents visited downstairs and subsequently, the children were found by another household member to be sexually acting out together. A CPS investigation of the incident produced a substantiated finding of inadequate supervision and the provider agency closed both foster homes.

¹⁵⁴ See p. 28 of the Consent Decree.

¹⁵⁵ Social Services Manual, Section 2103.18, Georgia Department of Human Services, February 2008.

¹⁵⁶ Social Services Manual, Section 1015.39, Georgia Department of Human Services, April 2007.

¹⁵⁷ Social Services Manual, Sections 2106.9 and 2106.18, Georgia Department of Human Services, March 2006.

The foster parent of the home reviewed in Period 15 requested an Administrative Case Review of the substantiated finding. The case was assigned to a first level reviewer who, in January 2013 issued a finding upholding the substantiation on the basis that the foster parent was fully aware of the child's history and had agreed upon accepting the placement to provide "eyes-on" supervision of the child. It appears that the foster parent did not request a second level review of the substantiated finding. In June 2013 the provider agency conducted a re-evaluation of the closed foster home for the purpose of reopening it, which included a request to DFCS for a CPS screening. The screening turned back the substantiated case described above as well as an unsubstantiated allegation of inadequate supervision from August 2012. The DFCS director at the time approved a waiver memorandum allowing the home's use "...as a placement resource option for DFCS children."¹⁵⁸ The memorandum contained no further explanation of the decision. The home was reopened and SHINES shows its approval to be retroactive to April 1, 2013.

In response to the Accountability Agents' concern about this unrestricted waiver, DFCS reviewed the situation and issued a revised waiver. The revised waiver closes the home to any additional placements or to use as a respite home but allows the two youth currently placed there, who appear to be safe, stable and doing well, to remain until they exit care. At that time, unless the foster parent successfully challenges the substantiated finding by pursuing the Administrative Case Review process to its conclusion, the foster home will be closed.

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.

- **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 on June 30, 2012. Re-Screenings of the remainder of all CPA and DFCS foster homes in the State was completed by December 31, 2012. To prevent the placement of children in DFCS custody, any resource home in which an adult household member had a substantiated finding was closed in SHINES (unless a waiver was approved to allow for adoption or other permanency to be achieved, after which it would be closed).

¹⁵⁸ Memorandum from Dianne Yearby, Acting Permanency Section Director, June 13, 2013.

Validation: The Period 15 foster home record review sought evidence in the 161 foster home records sampled that a CPS rescreening had been completed. Each of the 161 sampled records (100%) contained rescreening documentation; for 159 of these homes (99%), the rescreening documentation was complete. Of the two homes with incomplete rescreening documentation, one was missing a CPS referral from March 2012, (which was after the commencement of the rescreening process) and the other was missing a 2007 referral recorded in IDS (DFCS' legacy information system).

- **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 of Safety 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. DFCS had planned also to have the CPSST complete a rescreening of every CPA foster home at five year intervals going forward. However, DFCS decided effective January 2014 to conduct the rescreening

every year as part of each CPA foster home's re-approval. (DFCS previously indicated that the CPSST eventually would also perform CPS screening for DFCS foster homes, but as noted below, decided in Period 16 to have DFCS local offices continue to conduct CPS screening for homes they supervise.)

- 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, DFCS will recommend that the home be allowed 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 that DFCS recommends that the family not be allowed to proceed.
- DFCS' planning around implementing initial approval screenings for DFCS foster homes included a pilot re-screening of about 400 DFCS-supervised foster homes in DeKalb, Fulton, and the perimeter counties. The purpose of the pilot was to evaluate the quality of CPS screenings being conducted by DFCS local offices so the value of moving this function to the Central office could properly be assessed. The team conducting the pilot identified some issues with the local office screenings, but concluded that these could be satisfactorily addressed through training and support from the CPSST. DFCS no longer intends to centralize the CPS screening or re-screening of DFCS-supervised foster homes.

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 Residential Child Care (RCC) unit.¹⁵⁹ This section describes the Accountability Agents' understanding of how DFCS and RCC 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.

RCC licenses Child Placing Agencies (CPAs) and other institutional providers. A CPA must be licensed by RCC before DFCS will execute a contract with them to provide foster care. In these private provider arrangements, the CPA conducts the approval process for the foster homes it supervises. For DFCS-supervised foster homes, the approval process is conducted by DFCS.

Section 5.C.4.i of the Consent Decree stipulates that DFCS will contract only with licensed placement contractors. To assess compliance with this requirement, data from the foster home file review were compared against the CPA licensing information available in SHINES. Of the 100 provider-supervised foster homes sampled that had a class member in care at any point during the reporting period, 100 (100%) were overseen by CPAs that had a valid license on June 30, 2013.

RCC licenses the CPAs themselves, not the foster homes supervised by the CPAs. RCC 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 RCC to review their policies and procedures for compliance with the RCC rules regarding such things as home studies and visitation. In deciding whether to grant, deny, or continue a CPA's license, RCC 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 RCC, be approved by the DFCS Office of Provider Management (OPM). The DFCS policy manual specifies a set of uniform standards that foster care settings must meet to be approved by DFCS – in the case of DFCS supervised homes – or by CPAs – in the case of provider supervised homes. These uniform standards became fully operational on July 1, 2007 with the implementation of amended provider contract language.

Before arriving at an initial approval decision, OPM conducts a detailed desk review of the prospective provider's enrollment application. The provider is required to submit a copy of

¹⁵⁹ 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).

their current RCC license along with the completed enrollment application to show that the agency is in good standing with RCC. During the site visit conducted by OPM staff, the provider is asked questions about their latest RCC visit(s) and if RCC has issued any citations to the provider. In addition, OPM either accesses the RCC website to gather information about recent RCC citations against the provider and/or contacts the RCC 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 15, a total of 64 CPAs (supervising approximately 1950 foster homes) and 164 CCIs were approved by OPM for the placement of children in DFCS custody. These CPAs and CCIs varied in size:

- 15 CPAs and 96 CCIs were “Small Agencies” (≤ 6 CPA foster homes or CCI beds);
- 12 CPAs and 58 CCIs were “Medium Agencies” (7-20 CPA foster homes or CCI beds);
- 17 CPAs and 4 CCIs were “Large Agencies” (21-30 CPA foster homes or CCI beds); and,
- 20 CPAs and 6 CCIs were “Extra Large Agencies” (≥ 31 CPA foster homes or CCI beds).

During Period 15 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 5 (8%) of the 64 contracted CPAs, and 14 (9%) of the 164 contracted CCIs during Period 15.

During Period 15, OPM also conducted 212 “Safety Reviews” of CPA foster homes and 264 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 113 foster homes sampled that had a child in care on June 30, 2013, 112 (99%) were within the Consent Decree's capacity limits at that point in time. Of these 113 foster homes, 109 (96%) had three or fewer foster children in them on June 30, 2013. Four homes (4%) had more than three foster children but three of these 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, 113 of the 113 foster homes that had a child in care on June 30, 2013 (100%) were within that limit. Finally, all of the foster homes (100%) with a child in care on June 30, 2013 had three or fewer children under the age of three in them. All these capacity compliance rates are similar to the Period 14 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 remained in effect through FY2013.

3. **Foster Parent Training and Support**

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

The foster home case record review found evidence in the files of 100 percent of the foster homes reviewed that the pre-service training requirements had been met. This is similar to the rate of 99 percent found in Period 14.

With respect to ongoing annual training, documentation supporting that the requirements had been met was found in 88 percent of the files of the 124 foster homes sampled to which the requirement applied. This was somewhat less than the Period 14 rate of 94 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.¹⁶⁰ The Final Report of this Task Force was delivered in January 2010.¹⁶¹

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

¹⁶⁰ See pp. 14-15, paragraphs 2-7 of the Consent Decree.

¹⁶¹ See Georgia Department of Human Services, Division of Family and Children Services, *Rate Reimbursement Task Force Final Report*, January 2010.

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.

The State issued its first RBWO (Room, Board, and Watchful Oversight) Performance Based Placement Grades (covering the 1st Quarter of SFY 2013) in December 2012. Providers received scorecards that assessed their performance in all areas and assigned them an overall numerical score with a corresponding letter grade from A-F. The minimum satisfactory overall performance grade is 70/C. Provider performance during Period 15 was reflected in the 3rd and 4th Quarter RBWO Performance Based Placement Grades. For the 4th Quarter of SFY 2013, approximately 98 percent of the CCI sites and 97 percent of the CPAs under contract earned a grade of A-C. This was an improvement from the 81 percent of such providers that earned a grade of A-C for the 1st Quarter. However, only 43 percent of the 21 contracted ILP (Independent Living Program) providers earned a grade of A-C. Although this rate remains low, it was a substantial improvement over the 27 percent of such providers who earned a grade of A-C for the 1st Quarter of FY 2013. Problems with permanency achievement, providing academic supports, and helping youth in care find employment continued to depress ILP provider scores. 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 July–September 2013, 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,

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. 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.

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"¹⁶² 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

¹⁶² See Section 10.B. 4.a.-d. in the Consent Decree, pp 25 and 26.

child welfare practices, policies and processes in Georgia called *RBWO Foundations*.¹⁶³ 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 80 percent in order to earn credit for the classroom component.

During Period 15 the OPM training unit completed four RBWO Foundations E-Learning cohorts and enrolled 111 participants (59 successfully completed). The training unit also conducted 10 classroom trainings in the Georgia communities of Atlanta, Dalton, Macon, Columbus, Savannah and Kennesaw with a total of 111 participants (103 of whom successfully passed the knowledge-based competency test).

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 RCC will make at least one unannounced inspection per year of all licensed Child Placing Agencies (CPAs) and Child Caring Institutions (CCIs) to review all relevant aspects of their operations, and will also make annual unannounced inspections of five percent of each licensed CPA's family foster homes or a total of 10 homes (whichever is greater, or to all the foster homes supervised by CPAs with fewer than 10 total foster homes) to review all relevant aspects of their operations.¹⁶⁴ The State reports that there were 183 licensed CCIs and 89 licensed CPAs in Georgia at the end of June 2013. This is the same number of licensed CCIs and three fewer licensed CPAs as reported for Period 14.

During the period January 1 through June 30, 2013, RCC reports that 79 of the 183 CCIs (43%) and 41 of the 89 CPAs (46%) were due for re-licensure. Seventy-seven of the 79 CCIs (97%) and 39 of the 41 CPAs (95%) due for re-licensure received at least one unannounced inspection from RCC during that period. Two CCIs and two CPAs did not receive their annual unannounced inspections until Period 16. In addition, RCC made a total of 390 unannounced visits (132 of which were unsuccessful) to conduct 258 unannounced inspections of the family foster homes operated by 29 of the 41 CPAs due for re-licensure (plus 10 CPAs with homes due inspections from Period 14). The remaining 12 CPAs due for re-licensure had either no foster homes or no children in care during Period 15. Detail on these unannounced family foster home inspections appears in Table VI-10.

¹⁶³ "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/RBWOFFoundations_October2012.pdf

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

According to RCC, the inspections conducted during Period 15, as 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. RCC 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.

Table VI-10
RCC Unannounced Annual CPA Family Foster Home Inspections
n = 89 CPAs

89 CPAs	Licensed in Georgia as of 6/30/2013
41 CPAs	Due Re-licensure in Period 15
10 CPAs	Adoption or Home Study Only (no family foster homes ; no inspection required)
2 CPAs	No Placements During Period 15 (no inspection required)
0 CPAs	Either closed during monitoring period or on inactive status
29 CPAs	Requiring Annual Unannounced Family Foster Home Inspections
0 CPAs	Subject to 5% of Foster Homes Annual Unannounced Inspection Requirement
21 CPAs	Subject to 10 Foster Home Annual Unannounced Inspections Requirement
16 CPAs (76%)	Received Required Foster Home Inspections During Period 15
5 CPAs (24%)	to Have Required Foster Home Inspections Completed During Period 16
8 CPAs	With <10 Foster Homes (Subject to 100% Annual Unannounced Inspection Requirement)
6 CPAs (75%)	Received Required Foster Home Inspections During Period 15
2 CPAs (25%)	to Have Required Foster Home Inspections Completed During Period 16
10 CPAs	Re-licensed in Period 14 were to Have Required Annual Unannounced Family Foster Home Inspections Completed in Period 15
9 CPAs	Subject to 10 Foster Home Annual Unannounced Inspections Requirement
8 CPA (89%)	Received Required Foster Home Inspections During Period 15*
1 CPA	With <10 Foster Homes (Subject to 100% Annual Unannounced Inspection Requirement)
1 CPA (100%)	Received Required Foster Home Inspections During Period 15

* The one CPA that did not complete the foster home visits carried over from Period 14 completed 9 of 10 required visits during Period 15 and the 10th visit was completed by 9/24/13, which was within one year of the annual license date of October 2012.

G. Improving Automated Support: SACWIS Implementation

The federally supported Statewide Automated Child Welfare Information System (SACWIS) is known as SHINES in Georgia. SHINES is now the database of record for Georgia child welfare. Data integrity problems appear to be diminishing and work continues to bring the system into full compliance with federal standards. SHINES is one of 36 SACWIS systems the federal government considers to be operational and it is one of nine states in which the U.S. Department of Human Services has initiated a compliance assessment.¹⁶⁵

During Period 15, programming enhancements continued to refine SHINES. According to the State, some key activities completed during the period included:

- Foster Home Approval Notices.
 - Will automatically generate foster home approval/disapproval/warning/closure letters based on the status of the home.
 - Provides a new third level tab through which copies of all approval/disapproval/warning/closure letters can be viewed and printed.
 - Also provides pertinent information about each letter generated (e.g., case ID; date entered and by whom).
- Minimum Standards and Sleeping Arrangements Enhancement.
 - Automates the application of the Minimum Standards Requirements for sleeping arrangements to the foster home approval process.
 - Collects and displays pertinent data on the sleeping arrangements of foster home household members.
 - Prevents any foster home failing to meet the Minimum Standards Requirements for sleeping arrangements from being submitted for full approval.
- SHINES connection to the Georgia Department of Education's Statewide Longitudinal Data System (SLDS); provides:
 - Access to historical education information
 - An indicator for SWD (student with disability)
 - Student-specific academic performance trends
 - Historical attendance data
 - Access to standardized test scores
 - Access to the unofficial transcript
- Addition to the Placement Information page of a MAAC (Multi-Agency Alliance for Children, Inc.) funding indicator for children placed with either a Child Placing Agency (CPA) or Child Caring Institution (CCI).

¹⁶⁵ 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. To increase awareness among case managers and supervisors of such enhancements the SHINES Team is producing brief, eye-catching newsletters. In addition, a “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.

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.”*¹⁶⁶

I. *Maximizing Federal Funding*¹⁶⁷

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.¹⁶⁸ 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.

¹⁶⁶ Education and Training Section 14th Period Report, July 1, 2012-December 31, 2012 provided to the Accountability Agents in February 2013.

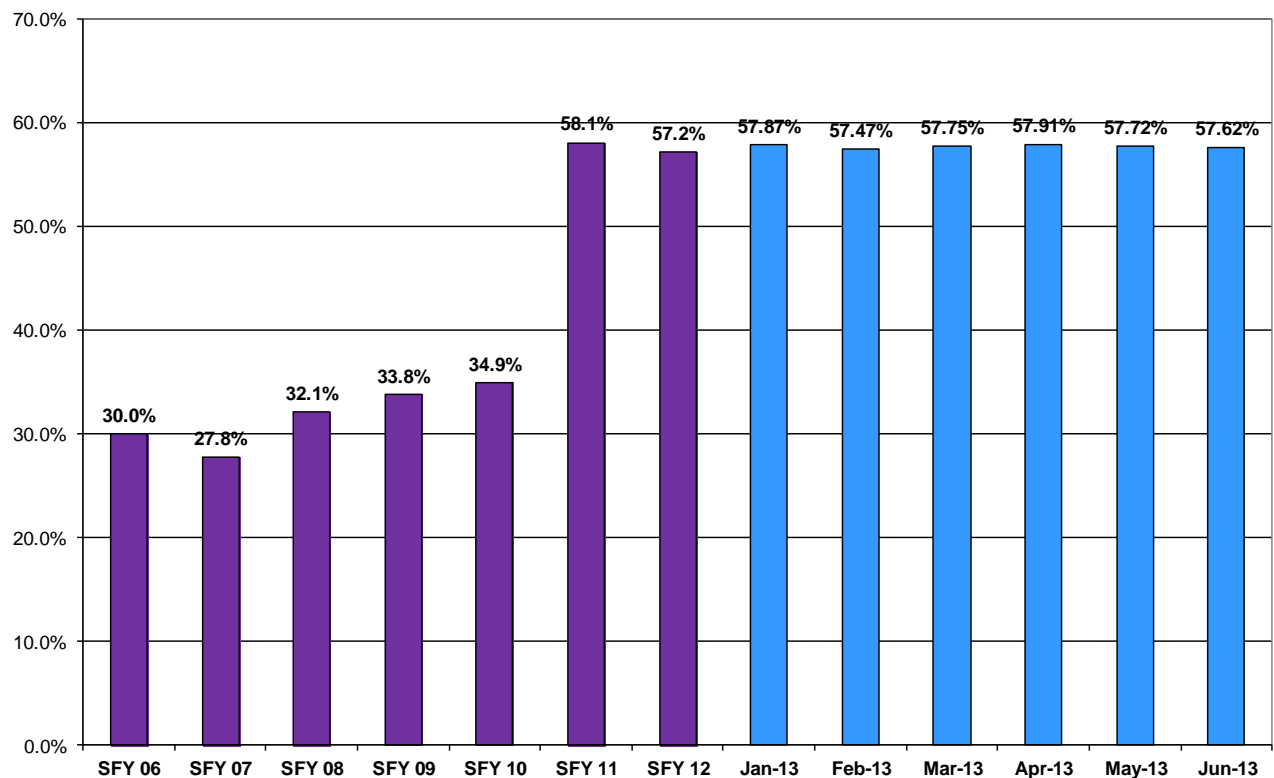
¹⁶⁷ See Dimas, J.T. and Morrison, S. A. *Period I Monitoring Report, Kenny A. v. Perdue*, November 2006 for background on Title IV-E.

¹⁶⁸ 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)."*¹⁶⁹ 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 15, as shown in Figure VI-6.

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



Source: COSTAR through SFY 2010; SHINES SFY 2011 on (beginning Jan 2011); as of 8-14-2013.
Note: SSI Eligible Children included in IV-E rate per Federal Policy.

¹⁶⁹ Definition retrieved from: <http://www.childwelfarepolicy.org/resources?id=0006>

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.¹⁷⁰ 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 15: January 1, 2013 – June 30, 2013</i>			
		DEKALB	FULTON
a) Number of children during the reporting period experiencing substantiated maltreatment		451	544
b) Number of children in a) of this item who also experienced maltreatment during the preceding 12 month period		28	22
Percentage of children who had substantiated maltreatment during the preceding 12 months		6.2%	4.0%

¹⁷⁰ See pp. 45-46 of the Consent Decree.

B. Diversion Data

Section 20.G.2 of the Consent Decree requires DHS to provide the Accountability Agents data and information sufficient to enable them to verify data reported by the State on the number of children in DeKalb and Fulton counties during the reporting period (other than those in foster care) that experienced substantiated maltreatment within 11-365 days after being referred to DHS's diversion program. These data, as reported by the State for the period January 1, 2012 – June 30, 2012 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 13.) The Accountability Agents' verification approach is discussed in Appendix B.

<i>Table VII-2 Diversions with Subsequent Substantiated Maltreatment</i>			
<i>Reporting Period 13: January 1, 2012- June 30, 2012*</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		368	856
b) Number of cases in a) in which there was substantiated maltreatment within 11-365 days after referral to DHS's diversion program		25	47
Percentage of cases in which there was substantiated maltreatment within 11-365 days of referral into DHS's diversion program		6.8%	5.5%

* Due to the 11-365 day follow up period for the diversion statistics, the diversion data reported here is for Period 13.

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.¹⁷¹ 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.

¹⁷¹ 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...”¹⁷² as all foster homes with a class member in custody during the reporting period for measurement purposes.

¹⁷² 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.”¹⁷³ 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.”¹⁷⁴ 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.”¹⁷⁵ 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.

¹⁷³Social Services Manual, Chapter 1000, Section 1002.3.1 Georgia Department of Human Services.

¹⁷⁴Social Services Manual, Chapter 1000, Section 1002.3.2, Georgia Department of Human Services.

¹⁷⁵ See p. 3, Definition T, of the Consent Decree.

Outcome 11 is similar to the Federal measure¹⁷⁶ 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.

¹⁷⁶See the following Federal internet site:

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

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- 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.¹⁷⁷ 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.

¹⁷⁷ 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*”¹⁷⁸ between children and parents “*to progress toward reunification*”¹⁷⁹ 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.

¹⁷⁸ See p. 36, Outcome 21, of the Consent Decree.

¹⁷⁹ 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.¹⁸⁰ Second, a plan for parental visitation should be a part of every Case Plan.¹⁸¹ Third, “when agency resources allow, visitation shall be scheduled at two-week intervals unless the court has specified another visitation arrangement.”¹⁸² 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.¹⁸³ Again, however, the dates and frequency may not always be reported to the case manager and, therefore, documented. These children

¹⁸⁰Social Services Manual, Section 1009.3 Georgia Department of Human Services.

¹⁸¹Social Services Manual, Section 1009.4 Georgia Department of Human Services.

¹⁸²Social Services Manual Section 1009.5, Georgia Department of Human Services.

¹⁸³ 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., pre-placement visits with a subsequent foster care provider or pre-adoptive 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.”¹⁸⁴

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.¹⁸⁵

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.¹⁸⁶ Resignations and promotions were not exempted because they were not specifically identified

¹⁸⁴ Adoption and Foster Care Reporting System Element #24, November 2010.

¹⁸⁵ Retrieve from http://www.acf.hhs.gov/cwpm/programs/cb/laws_policies/laws/cwpm/questDetail.jsp?QAId=526

¹⁸⁶ 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.¹⁸⁷

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

¹⁸⁷See *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.¹⁸⁸

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,

¹⁸⁸ 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.¹⁸⁹ 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.”¹⁹⁰

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

¹⁸⁹ 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.

¹⁹⁰ 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.¹⁹¹ 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...”^{192,193}

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.

¹⁹¹ 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.

¹⁹² See p. 4, *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

¹⁹³ 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.¹⁹⁴

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,

¹⁹⁴ 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

Appendix C
Selected Characteristics of the Children in the Custody
of DeKalb and Fulton Counties

This appendix provides some additional information about the 1121 children in the custody of DeKalb and Fulton counties on June 30, 2013. The information is reported by the State and has not been independently verified by the Accountability Agents.

Table C-1
Gender of Children Remaining in Custody on June 30, 2013

N=1121

Gender	Percent of Children
Male	55%
Female	45%
Total	100%

Source: Georgia SHINES

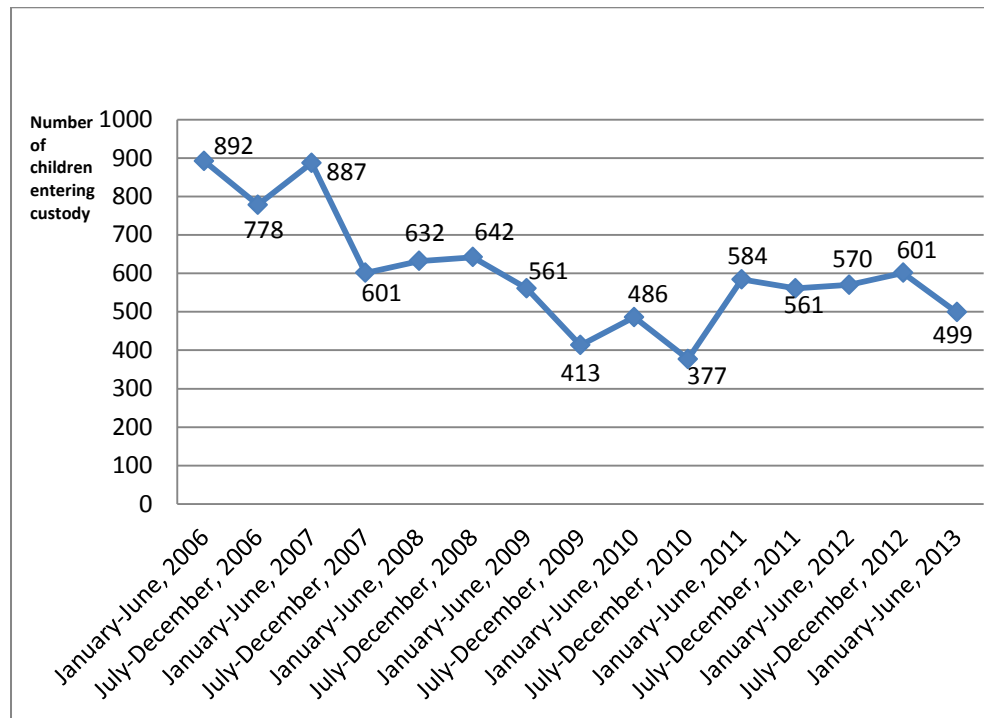
Table C-2
Age of Children Remaining in Custody on June 30, 2013

N=1121

Age Group	Percent of Children
Ages 0 to age 3 years	24%
Ages 3 to 6 years	14%
Ages 6 to 10 years	15%
Ages 10 to 13 years	12%
Ages 13 to 16 years	18%
Ages 16 to 17 years	17%
Total	100%

Source: Georgia SHINES; User Defined Report.

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



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

*Periods prior to Period 11 (January –June 2011) include youth under the age of 18 placed voluntarily in DFCS as well as those adjudicated into custody.

APPENDIX D

Outcome 7 – Diligent Search

A “reasonably diligent search is required by law (O.C.G.A. Section 15-11-55) to identify those individuals who may be considered a resource for placement or custody of the child.”¹⁹⁵ The Consent Decree, in Outcome 7, requires the diligent search for parents and relatives be undertaken and documented within 60 days of entry for at least 95 percent of all foster children entering care. In practice, a search should be initiated as soon as the child enters custody or even before entry as information is gathered in the investigation or assessment stage. Immediate efforts can serve to hasten permanency for a child and to minimize the trauma of removal if the child can be placed with someone known to him or her.

Furthermore, the search for relatives and other individuals who have “demonstrated an ongoing commitment to the child”¹⁹⁶ should be ongoing until the child has achieved permanency. The diligent search process can be effective in identifying individuals who are or can be part of a supportive team for the child and family. For example, these individuals may be called on to help supervise a safety plan for a child who is returned home or provide housing and transportation for parents or facilitate regular visits among separated siblings.

a. Interpretation and Measurement Issues

The performance of Outcome 7 was measured based on a case record review of 124 children randomly selected from those entering custody between July-December 2012 and remaining at least 60 days. The targeted review of these cases was conducted in May and June 2012. The outcome requirement for undertaking a diligent search within 60 days was deemed to have been met if one of the following conditions was met:¹⁹⁷

- The child was placed with a family resource within 60 days after entering custody; **or**,
- A court order stated that the diligent search had been properly and timely submitted to the court; **or**,
- There were documented search efforts that included: interviewing children¹⁹⁸ about adults in their lives or someone with whom they would want to live **and** interviewing one or more family members or family friends within 60 days **and**, when resources were identified, contacting or attempting to contact them.

¹⁹⁵ Social Services Manual, Chapter 1000, Section 1002.3.1, Georgia Department of Social Services

¹⁹⁶ Social Services Manual, Chapter 1000, Section 1002.31 Georgia Department of Social Services

¹⁹⁷ See Dimas, J. T and Morrison, S. A. Period VIII Monitoring Report, *Kenny A. v. Perdue*, July 2010 Appendix B for a fuller description of the interpretation and measurement issues associated with Outcome 7.

¹⁹⁸ If the child was aged 3 or younger, the record review did not seek to determine if the child was interviewed.

b. State Performance

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

The file documentation indicated that a diligent search was undertaken and documented for 119 (96%) of the 124 children in the sample. The Consent Decree requires at least 95 percent of children entering care in the reporting period to have a diligent search undertaken and documented within 60 days. This performance is similar to the Period 12 performance of 96 percent. Table 1 provides the number and frequency of different types of diligent search actions undertaken on behalf of the 126 sampled children. The State's performance over the seven reporting periods for which the outcome has been measured is displayed in Figure 1.

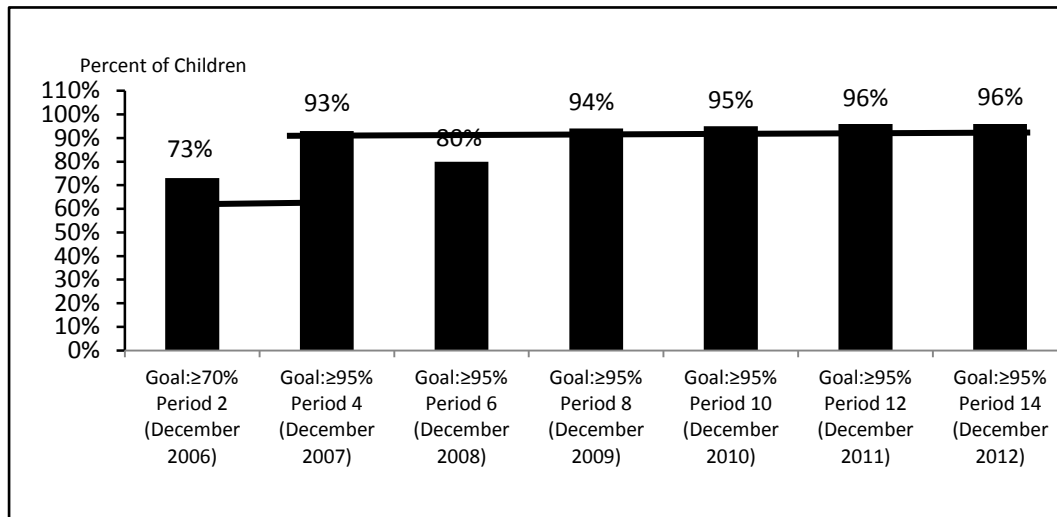
Table 1
Diligent Search Actions Undertaken
n=126

Actions	Number	Percent
Children placed with a family resource within 60 days of entering custody	14	
Court order documented that the diligent search was "properly and timely" submitted	65	
Evidence of interviews with child and child's family and others within first 60 days and contact made with one or more possible resource, as applicable	43	
Subtotal for Outcome Measurement	121	96%
Insufficient search activities in first 60 days: no documented interviews of children to gather information about relatives and significant others (children ranged in age from 5 to 17)	4	3%
No documented search activities	1	1%
Total	126	100%

Source: Case Record Review, May-June 2013.

Figure 1

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



Source: Case Record Reviews

c. Diligent Search Results

Locating parents

Mothers (birth or adoptive) were known for 125 out of the 126 children. The whereabouts of fifteen mothers were unknown at the time children entered care. Various search activities were conducted to locate all fifteen mothers. The searches ranged in intensity from simply interviewing the child to using up to eight different sources or methods to find the mother. However, in three cases, the search efforts did not go beyond interviews with other family members of the birth mother. With so many search resources available, diligent searches should be more expansive.

The identity of 16 fathers (putative or legal or adoptive) were unknown. Among the 110 identified fathers, seven were deceased and the whereabouts of 61 of the remaining 103 living fathers were known when the children entered DFCS custody. Therefore, efforts were needed to locate 42 identified fathers and sixteen fathers needed to be identified first and then located. Identification and/or search activities appear to have been undertaken for 56 of the 58 fathers. However, for twelve cases, the search activities only involved interviewing the child's birth mother.

Identifying other resources

The diligent search activities identified possible resources for 121 of the 126 children in the sample (96%). The identified resources included grandparents, siblings, other relatives and “fictive kin” (individuals with whom the child has a relationship and emotional bond but who are not blood relatives). Table 2 displays the proportion of children for whom resources were identified and the relationship of the resources to the children.

Table 2
Proportion of Children for Whom Resources were Identified in Diligent Search Efforts, by Relationship to Child
n=126

	Number of children for whom resources identified	Percent of children
Children with at least one identified resource	121	96%
Relationship of Identified Resources		
Maternal relatives excluding mother	109	90%
Paternal relatives excluding father	70	58%
Adult siblings	23	19%
Fictive kin	49	40%
Other familial or legal relationships	15	12%

Source: Case Record Review, May-June 2013.

Resources contacted

DFCS diligent search activities included contacting at least one identified resource for 118 of the 121 children with resources identified (96%). Table 3 displays the pattern of contacted resources compared to those identified.

Table 3
Proportion of Children for Whom Identified Resources were Contacted in Diligent Search Efforts, by Relationship to Child
n=121

	Number of Children with Resource Identified	Number of Children with Resource Contacted	Percent of children with identified resource contacted
Children with at least one identified resource	121	118	96%
Relationship of Resources			
Maternal Relatives, excluding mother	109	97	89%
Paternal relatives, excluding father	70	45	64%
Adult Siblings	23	11	48%
Fictive Kin	49	36	73%
Other familial or legal relationships	15	13	87%

Source: Case Record Review, May-June 2012

Placement or visiting resources obtained

Within 60 days of entering foster care, 23 of the 121 children for whom the search included contacting individuals (19%) had a possible relative placement resource. Of the 23, 13 children were placed with their resources within approximately 90 days of entry. Another 41 children (34%) had at least one resource interested in visiting with them.

I. The First 30 Days in Custody: Initial Teaming, Needs Assessment and Planning¹⁹⁹

The first 30 to 60 days a child is in custody is a critical time. The degree of family engagement during this time and the assessment made about strengths and needs can have a substantial effect on the direction the case will take and the timeliness of a child's safe return home or to other custodial arrangements.²⁰⁰ DFCS policy and the Consent Decree stipulate standards for

¹⁹⁹ All comparisons between Period 10 and Period 12 findings employed a statistical test that measured differences between the results of the two periods that accounted for the margin of error of each sample or subsample. The test is described in *A Compass for Understanding and Using American Community Survey Data*, US Census Bureau, Washington, D.C., May 2009. See Appendix 4.

²⁰⁰ Pecora, P. J., Whittaker, J.K., Maluccio, A.N., & R.P. Barth. (2000). *The Child Welfare Challenge: Policy, Practice, and Research*. New York: Aldine de Gruyter, p. 164 and Maluccio, A.N. (2000). What works in Family Reunification. In Kluger, M.P., Alexander, G., & Curtis, P.A. *What Works in Child Welfare*. Washington, D.C.: CWLA Press, as identified in Results Oriented Management in Child Welfare, University of Kansas, 2002-2003 retrieved from <https://rom.socwel.ku.edu/ROMTraining>

several casework practices intended to ensure effective assessment of and planning for children when they first enter care.²⁰¹

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

- A Family Team Meeting (FTM) within three to nine days of the child's entry into care;²⁰²
- Health and dental screening within ten days of the child's entry into care;²⁰³
- Weekly visits with children;
- Parent and sibling visits;²⁰⁴
- A Multi-Disciplinary Team (MDT) Meeting within 25 days of the child's entry into care;
- A mental health or developmental assessment within 30 days of the child's entry into care;
- Diligent search for relatives and others significant to the child;
- A Comprehensive Child and Family Assessment (CCFA) within 30 days of the child's entry into care; and
- An initial service plan to guide the first six-months of service activities and timely permanency.

a. **Initial Family Engagement, Assessment and Planning**

Table 4 displays information on the timeliness of initial engagement, assessment and planning efforts for the sample of 126 children entering custody between July-December 2012 and remaining in care for at least 60 days. Following the table is a discussion of the steps involved in assessment and service planning and response to identified needs.

²⁰¹ See pp 5-7, section 4A in the Consent Decree.

²⁰² See pp 5-7, section 4A of the Consent Decree.

²⁰³ See p 20, section 6A of the Consent Decree

²⁰⁴ Parent and sibling visits are not addressed in this supplemental report.

Table 4
Timeliness of Initial Family Engagement, Assessment and Planning Activities in the First 30 Days of
DFCS Custody
July 1 – December 31, 2012
n=126

Activities	Number	Percent
<i>Family Team Meeting</i>		
Held within 3-9 days of entry	110	87%
Held, within 10 to 30 days of entry	14	11%
Held, more than 30 days after entry(31-107 days)	0	0%
Total Initial Family Team Meetings Convened	124	98%*
<i>Multi-Disciplinary Team Meeting</i>		
Held within 25 days of entry	62	49%
Held, within 26-45 days of entry	27	21%
Held, more than 45 days after entry (48-85 days)	7	6%
Unable to determine timing (documentation not dated)	0	0%
Total Multi-Disciplinary Team Meetings Convened	96	76%
<i>Comprehensive Child and Family Assessments</i>		
Completed, within 30 days of entry	58	46%
Completed, within 31-45 days of entry	14	11%
Completed, more than 45 days after entry (46-52 days)	3	2%
Completed, but unable to determine time frame (documentation not dated)	15	12%
Total Comprehensive Child and Family Assessments Completed	90	71%
<i>Initial Case Plan</i>		
Completed, within 30 days of entry	56	44%
Completed within, 31-45 days of entry	37	29%
Completed, more than 45 days after entry	19	15%
Total Case Plans Completed	112	88%

Source: Case Record Review, May-June 2013.

Family Team Meetings

Timely Family Team Meetings (within 3 to 9 days) were convened for 110 of the 126 children (87%) in the sample. Another 14 children (11%) had Family Team Meetings (FTMs) convened within ten to 56 days after entry and 2 children (2%) did not have documented FTMs.

Among the 124 FTMs that were convened:

- 106 meetings (84%) were attended by the birth mother, birth father, or relative caregivers from whom the children had been removed (including legal guardians). Another relative or informal support attended 61 meetings (48%). Children were included in 41 meetings (33%). DFCS case managers attended 118 meetings (94%). DFCS Supervisors attended 85 meetings (67%). Comprehensive Child and Family

Assessment (CCFA) providers had representatives at 103 meetings (82%). More children, DFCS Supervisors and CCFA providers attended FTM's than during the review in Period 10. For 25 percent (5 of 20) FTM's that did not have birth parents or relative caregivers, there was no documentation that efforts were made to ensure their attendance. Only 21 percent of fathers attended the FTM's. More efforts should be employed to engage fathers in the process and the FTM has been a missed opportunity.

- 120 of 124 meetings (98%) discussed family and child needs. Family and child strengths and goals were discussed in 107 of 124 meetings (86%). Placement arrangements were discussed in 92 meetings (74%). There was insufficient documentation of three FTM's to determine the topics that were discussed.
- 115 of 124 meetings (93%) determined that further evaluations of children and or caregivers were needed; 113 meetings (91%) made determinations about service needs. None of the meetings determined that the child could be safely returned home at the time of the meeting. However, 84 meetings (68%) identified an appropriate relative with whom the child could be placed. Family visitation was determined in 81 meetings (65%). Forty-seven meetings had documentation about what was needed to ensure the children aged 5 or older remains in the school he or she had been attending or enrolling the child in a school near the foster placement.

Multi-Disciplinary Team Meetings

The case record review found documentation that a Multi-Disciplinary Team Meeting (MDT) was convened for 96 children (76%) of the 126 in the sample. In the previous review, the Accountability Agents followed-up with the counties after the conclusion of the case record review to better understand the reasons for this low proportion. In response, the counties were able to produce the documentation for 27 additional MDTs that were held. The documentation had not been referenced or scanned into SHINES. Although the percentage of MDT's is higher this review period, lack of documentation may still be a problem. As shown in Table 4, 62 children (49%) had MDTs convened within 25 days; another 27 children (21%) had them convened in 25-45 days while 7 MDTs were convened after 45 days or the reviewers could not determine the date the MDT was held. The overall performance as reflected in Table 4 is a marked decrease from what was measured in Period 12 when 94 percent of the children had MDTs convened. This substantial decrease may be due to the fact that the Accountability Agents did not ask for additional documentation outside of SHINES. A great deal of emphasis has been placed on the importance of entering data in SHINES. Thus, the counties should pay closer attention to this data point for future reviews. Incomplete or untimely documentation of MDTs (or CCFAs, see below) in SHINES, the data base of record, is problematic not only for the efficiency of a case record review, but more importantly, for the completeness and accuracy of a child's record. It calls into question whether the State and the children are deriving the full benefit of these activities and the expenditure of resources to complete them if they are not

going to be included in records and be available for use by subsequent case managers and supervisors.

Comprehensive Child and Family Assessments

According to the case record review, 90 children (71%) of the 126 in the sample had a documented Comprehensive Child and Family Assessment (CCFA). During past reviews, the Accountability Agents followed-up with the counties after the conclusion of the case record review to explore low proportions. The counties were able to produce the documentation for additional completed CCFAs. Although the percentage of CCFA's documented in SHINES increased from 65% during Period 12 to 71% during Period 14, the counties still need to focus on documenting in SHINES. As shown in Table 4, 58 children (46%) had CCFAs completed within 30 days; another 17 children (14%) had them completed 25-45 days while nine CCFAs were completed after 45 days. The reviewers could not determine the date the CCFA was completed for 15 children (12%).

The untimely MDT and CCFA documentation found in this review underscores what the Accountability Agents have raised (for several reporting periods): the need for more intentional reflective practice and more effective electronic records management. It is critically important for the counties to support case managers and supervisors to have the time and skills to reflect on and use the information provided from and about families and youth in MDTs and CCFAs to craft tailored interventions. Furthermore, counties should scan and upload documents into the electronic files in a timely manner to ensure records have the most complete information possible for permanency and service planning. The State and counties are urged to review the circumstances that lead to so many MDTs and CCFAs not being referenced in case notes and/or included in records and to take appropriate steps to ensure case managers are using the information and SHINES includes the documentation. In spite of prior recommendations to closely monitor the documentation process, the counties are still not documenting all of their efforts in SHINES.

Initial Case Plans

Among the sample of 126 children, 56 children (44%) had an initial case plan developed within 30 days. This compares to 53 percent of the children in the Period 12 sample with initial case plans developed within 30 days. This decline in performance is greater than the margin of statistical error and marks the second review period in which the performance has declined. Another 37 children (29%) had case plans developed between 31 and 45 days. Nineteen children (15%) had case plans developed after 45 days and 14 children (12%) did not have a case plan developed according to the documentation in SHINES. In all, 86 percent of the children in the sample had completed case plans within 60 days of entering DFCS custody.

b. Initial Child Well-Being Assessment Activities

Table 5 displays information on the timeliness of initial child well-being assessments for the sample of 126 children entering custody between July-December 2012 and remaining in care for at least 60 days. Following the table is a discussion of the assessment activities, needs identified and response to identified needs.

Table 5
Timeliness of Initial Child Well-Being Assessment Activities
in the First 30 Days of DFCS Custody
July 1 – December 31, 2012
n=126 (unless otherwise noted)

<i>Initial Health Screen At Foster Care Entry</i>		
Completed within 10 days	109	87%
Completed, 11-20 days	9	7%
Completed, after 20 days (21-36 days for 7 children, one child 60 days)	8	6%
Total Initial Health Screens Completed	126	100%*
<i>Initial Dental Screen At Foster Care Entry</i>		
Completed within 10 days	73	58%
Completed, 11 – 20 days	8	6%
Completed, after 20 days (for 21-36 days for nineteen children, 38-117 days for sixteen children)	35	28%
Total Initial Dental Screens Completed	116	92%
<i>Initial Mental Health Assessment</i> at Foster Care Entry (children aged 4 and older) (n=86)		
Completed within 30 days	55	64%
Completed, 30-45 days	18	21%
Completed, after 45 days (56- 72 days)	6	7%
Completed before entry or children were under psychiatric care at entry, assessment completed 1 day to 12 months prior to current foster care episode)	5	6%
Total Initial Mental Health Assessments Completed	84	98%
<i>Initial Developmental Assessment</i> at Foster Care Entry (children younger than age 4) (n=40)		
Completed within 30 days	29	73%
Completed, 30-45 days	9	23%
Completed, after 45 days (67-105 days)	2	5%
Total Initial Developmental Assessment	40	100%

Source: Case Record Review, May-June 2013.

Initial Health Screenings

In the sample of 126 children, 109 children (87%) had documented health screens within 10 days of entering care. In total, when the ten-day time frame is relaxed, 126 children (100%) received an initial health screen. This is similar to the overall health screen performance in Period 12. For those not meeting the ten-day time frame, the elapsed time ranged from 11 to 60 days. Among the 17 children who did not have a health exam within 10 days, 16 had an exam within 36 days.

The health screen documentation consisted of either a medical report from a health care provider, reference in a CCFA, case manager notes, an entry in the SHINES health log or a combination of these forms. Among the 126 children who had a health screen documented in one of these ways, 110 children (87%) had a medical report from a health care provider. Nearly all (109) of the 110 reports indicated that one or more of several EPSDT exam components were covered in the health screen. The most frequently included components were physical measurements (height, weight and body mass index) and a physical examination. Ninety 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). Eighty to ninety 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.

Among the 126 children who received initial health screens, 60 children (48%) had identified health needs. The records of 31 of the 60 children (52%) had documentation that all their needs were met or treatment was scheduled during the first 90 days. This is a lower proportion than the 75 percent found in Period 10 and the 61% found in Period 12. Documentation indicated that 9 children were having some of their needs met and twenty children did not appear to be having any of their identified needs met or a treatment response scheduled. The unmet needs for the 29 children were primarily follow-up appointments for:

- Additional vision screening with an optometrist/ophthalmologist (5 children); or
- Tuberculosis test readings (6 children);
- Consultations with urologists, gynecologists, cardiologists, and/or Ear, Nose, and Throat specialists (8 children); and/or
- Other tests or follow-up needs (1 child).

The counties are implementing stronger monitoring processes in place to ensure that health needs are met for all children. Hopefully, these efforts will result in fewer children with unmet needs in future review periods.

Initial Dental Screenings

In the sample of 126 children, 73 children (58%) had a documented dental screen within 10 days of entering foster care. The total proportion receiving an entry dental screening within any timeframe was 92 percent. Five children were particularly late in receiving an initial dental exam. They received dental screens from 61 – 117 days after entering care. In several of these cases, children were in need of tooth extractions and fillings.

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 116 children who had a dental screen documented in one of these ways, 54 children (47%) had a dental report from a dental care provider. Fifty-two of these 54 children (96%) had documentation of a screen that included a cleaning and/or x-rays. Reviewers were unable to determine from the documentation available for twenty-three children (20%) of the 116 which components were covered.

Among the 116 children with some documentation of an initial dental screen, 42 (36%) had dental health needs identified. Among the 42 children, 20 (48%) had all their needs met or treatment was scheduled during the first 90 days. In addition, there was insufficient documentation to determine if 26 children of the 116 had any needs, and if they did, whether they were met. The unmet needs included:

- Fillings or teeth restoration/ extractions;
- Sealants ; and/or
- Various dental treatments.

Initial Mental Health/Developmental Assessment

The Consent Decree requires that all children under the age of four years receive a developmental assessment within 30 days of entering foster care in compliance with EPSDT standards.²⁰⁵ All children four years of age or older are to receive a mental health screening within 30 days of placement in compliance with EPSDT standards.²⁰⁶

Forty children in the foster care sample of 126 children were younger than age four. As indicated in Table 5, 40 (100%) had developmental assessments; 29 assessments (73%) were completed within 30 days and 9 assessments (23%) were completed between 31 and 45 days. Another two assessments were completed between 67 and 105 days after the child entered custody. Twenty-eight of the 39 assessments (72%) appeared to comply with EPSDT standards. Documentation was insufficient in 11 cases to determine if the assessments were missing an EPSDT requirement.

Among the 39 children with documented developmental assessments, 11 children (28%) had developmental needs identified. Six of the 11 children (55%) had all their needs met within the first 90 days or were scheduled to receive services or treatment. One child had some unaddressed needs in the first 90 days. The developmental evaluation indicated the child's adaptive skills fall in the mildly delayed range and she could benefit from a speech and language evaluation with a Bilingual speech therapist to determine if the problem exists.

²⁰⁵ See p. 20, paragraph 6A.3 of the Consent Decree.

²⁰⁶ See p. 20, paragraph 6A.3 of the Consent Decree.

As shown in Table 5, 86 children in the foster care sample of 126 children were age 4 or older. Among these 86 children, 84 (98%) had completed mental health assessments or were under psychiatric care when they entered, 55 (64%) were completed within 30 days and 24 (18%) were completed in 31 to 72 days. Five of the 86 children had mental health assessments completed during a previous foster care episode, with the elapsed time between their previous assessment and their re-entry ranging from one to 12 months; or were under psychiatric care at entry.

Among the 86 children with documented mental health assessments, 71 (85%) had mental health needs identified. Forty-eight of the 71 children (68%) had all their needs met or were scheduled to receive services or treatment. The remaining 23 children required one or more services. The unmet needs of the children in the Period 14 sample included the following (some children had more than one unmet need):

- Individual therapy ;
- Further Psychiatric evaluation for treatment and medication management ; and/or
- Other services such as anger management, educational assistance, etc.

c. **Ensuring Initial Placement Adjustment and Safety: Case Manager Visitation with Children in the First Eight Weeks of Placement**

The Consent Decree stipulates a frequent case manager visitation schedule for the first eight weeks of every new placement a child experiences.²⁰⁷ Children are to have at least one in-placement visit in the first week and one in-placement visit between the third and eighth week with six additional visits at any time within the eight week period. In practice, this represents weekly visitation for eight weeks.

Among the 126 children in the sample, 87 children (71%) received at least one in-placement visit in their first week of placement. This is similar to the performance in Period 12. Another 24 children (19%) had at least one visit in their first week of placement but it did not occur where they were placed; it occurred in school, day care or a court setting. Overall, therefore, 111 children (88%) were visited by their case managers in the first week of placement. Case managers were able to have private conversations or observations (if child was an infant) with 102 of the 111 children who received a first week visit (Table 6 summarizes the visit pattern observed among children in the sample in the first week in custody).

²⁰⁷ See p. 19, paragraph 5D.1 of the Consent Decree

Table 6
Pattern of Case Manager Visits with Children
in the First Week of Foster Care Placement
n=126

	Number of Children	Percent
At least one visit in the placement setting in week one	87	70%
At least one visit in a non-placement setting in week one	24	18%
Total number of children with at least one visit in week one	111	88%
At least one visit with a private conversation/observation in week one	102	81%

Source: Case Record Review, May-June 2013

After the first week, 67 children (54%) remained in the same placement their entire first eight weeks in custody and 58 children (46%) experienced more than one placement in their first eight weeks of custody. All of these children should have had eight visits in the first eight weeks.²⁰⁸ Seven children (6%) were on runaway status briefly during their first eight weeks in custody; however these children should have received weekly visits each week they were in a placement. Table 7 provides detail of the visit frequency children in the sample experienced in the first eight weeks in custody.

As shown in Table 7, among the 126 children in the sample, most children (95%) had at least one in-placement visit between the third and eighth week and for 94% the visit involved a private conversation or observation. Forty-six children (37%) had eight or more visits with their case managers in the first eight weeks in foster care.

²⁰⁸ Those children experiencing multiple placements should have continued to receive frequent visits until they had been in the same placement setting for eight weeks. The record review, however, only captured what they experienced in the first 8 weeks of custody.

Table 7
Pattern of Case Manager Visits with Children
in the First Eight Weeks of Foster Care Placement
n=126

	Number of children	Percent	Cumulative Percent
At least one in-placement visit between the third and eighth week	120	95%	
At least one visit between the third and eighth week that had a private conversation/observation between case manager and child	118	94%	
Visit frequency over the eight weeks			
8 visits or more in first 8 weeks	46	37%	
7 visits in 8 weeks	18	14%	51%
6 visits in 8 weeks	21	17%	68%
5 visits in 8 weeks	26	21%	89%
Fewer than 5 visits in 8 weeks	14	11%	100%

Source: Case Record Review, May-June 2013