



PERIOD 16 MONITORING REPORT

Kenny A. v Perdue

July 1 to December 31, 2013

Accountability Agents:

James T. Dimas and Karen Baynes-Dunning,

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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	Corrective 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
WTLP	Written Transitional Living Plans

Part I INTRODUCTION

Background, Purpose, Scope, and Organization of Report

This is the sixteenth report prepared by the Accountability Agents for the *Kenny A. v Perdue* Consent Decree. This report reviews the State Defendants' progress from July 1 through December 31, 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; regulation, supervision and training 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 16 are similar to those employed in previous reporting periods. Several sources of information and data collection methods have been used to produce the analyses presented in this report, including record reviews based on randomly drawn samples of case files and licensed foster home records; all maltreatment in care investigations completed between July 1 and December 31, 2013; and the State's data base of record known as SHINES. Appendix B has a full description of the methodology for Period 16. 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 16 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 16. 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 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 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 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 progress in achieving Outcomes 25, 26, 29, and 31 and implementing required infrastructure components related to providing services to families and children.

Part VII, Miscellaneous Provisions provides verified data regarding the re-maltreatment rate of children in DeKalb and Fulton counties during the reporting period and the number and percentage of "diversion" cases in those counties between July 1 and December 31, 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.

Part II CONCLUSIONS AND RECOMMENDATIONS

During the July 1 to December 31, 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. In most other areas State performance continued at nearly the same level it has since June 2011. Significant accomplishments included the re-attainment of the Consent Decree standards for maltreatment in care, the continuity of placement case managers, timely permanency hearings and the State's best-ever performance in timely completing investigations and in meeting all plan-identified needs of children in care. Overall the State met 17 of the 29 outcomes measured this period; 15 of the 17 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 or to fluctuate on the remaining 12 outcomes, 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 16 performance, the Accountability Agents encourage the Department of Family and Children Services (DFCS) to address several issues:

- DFCS should consider developing a Statewide process that engages staff at all levels of the enterprise in identifying the inevitable, unintended consequences of the major systems changes made during the last year, and a system for cataloging and responding to issues identified through such a process;
- Closely supervising compliance with the new requirements related to annual safety checks for foster homes;
- Improving the timeliness of Relative Care Assessments;
- Carefully monitoring the use of congregate care; and,
- Reducing caseloads (especially those of CPS investigators) and developing strategies to respond to spikes in maltreatment reporting.

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 16, 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 15 performance.

A. Major Accomplishments

Major Accomplishments:

1. The Maltreatment-in-care Performance Standard was Attained

The Period 16 maltreatment-in-care rate (Outcome 5) was **0.48 percent**. The Consent Decree performance threshold for Outcome 5 is not more than 0.57 percent. The Period 16 performance represented an improvement from the Period 15 rate of 0.68 percent and marks the first time since Period 11 the Outcome 5 standard has been attained.

2. Timely Investigation Completion Established a New “High Water Mark”

Although the State failed to attain the Outcome 2 standard of 95 percent, maltreatment-in-care investigations completed within 30 days improved eight percentage points to **93 percent** – the highest rate measured under the Consent Decree. This was on top of a 12 percentage point increase between Periods 14 and 15. Once again, the Accountability Agents recommend that the tools and techniques used to produce this improvement be evaluated for application to other areas of chronic underperformance.

3. Continuity of Placement Case Managers Continued to Improve and the State Again Exceeded the Consent Decree Threshold (Outcome 18).

Continuity of case managers helps to minimize trauma for children in care, while moving them toward permanency. This is the first time since Periods 7 and 8 that the state has exceeded the Consent Decree threshold for more than one review period. During Period 15, 92 percent of children had two or fewer placement case managers. During Period 16, the state continued improving its performance with **97 percent** of children in care having two or fewer placement case managers.

4. For the First Time Since Period 12, the State Exceeded the Consent Decree Requirement for Timely Permanency Hearings for Children in Care 12 Months or More (Outcome 28).

Among the sample of 175 foster care cases reviewed, 80 children had been in care for more than 12 months. Seventy-eight of these children (98%) had timely permanency hearings or requests for one. These hearings are essential to ensuring that children are still moving toward permanency and not languishing in foster care.

5. *Substantial Improvement in Meeting All Plan Identified Needs for Children in Care (Outcome 30).*

Although the state failed to meet the Outcome 30 standard of 85 percent, meeting all plan identified needs for children in care improved eight percentage points to **81 percent**, and marks the counties' best performance since the inception of the consent decree. Strategies to improve documentation through supervisory staffings, dedicated staff to assist with follow up with service providers, and G-2 discussions and presentations have seemingly positively impacted the counties' overall performance.

B. Program and Performance Trends

Safety Trends

- *Improvement or Sustained High Performance on Some Child Safety Indicators (Outcomes 2, 5, and 6).*

The State's Period 16 maltreatment-in-care rate (Outcome 5) was **0.48 percent** surpassing the Consent Decree's preeminent child safety standard (set at 0.57%) for the first time since Period 11. As noted above, the State's Outcome 2 performance showed substantial improvement for the second consecutive period, to **93 percent**, while falling just short of the Consent Decree standard of 95 percent. State Performance on Outcome 6, measuring the absence of corporal punishment in foster homes, continued to be excellent at **100 percent**, attaining or surpassing the Consent Decree standard of 98 percent for the 16th consecutive period.

- *Despite Decline in Timely Initiation of Investigations, Positive Signs in Second Half of Period 16 (Outcomes 1 and 3).*

The State failed to meet the Consent Decree's child safety standards related to the timely initiation of investigations (Outcome 1) and timely interviewing all alleged victims (Outcome 3). Outcome 1 performance fell to **84 percent** (the standard is 95%) and Outcome 3 performance dropped to **84 percent** (the standard is 99%). However, a turnaround in these measures in Period 17 was foreshadowed by improvements in the second half of Period 16.

During Period 16, a major safety systems change took place with the implementation of the CPS Intake Communications Center CICC), which was rolled out in DeKalb and Fulton counties on September 16, 2013. After that date, the CICC – rather than county intake staff – triaged and assigned all incoming CPS referrals. The roll-out of the CICC, occurred about the same time the Accountability Agents began publicizing the factors that contributed to delayed initial contact with alleged victims in Period 15 maltreatment-in-care investigations. Analysis of the Period 16 data shows that most of the Period 16 “misses” on Outcomes 1 and 3 (69% of the former; 75% of the latter) occurred in the first months of Period 16 – prior to the implementation of the CICC

and the initiation of corrective actions in response to the Accountability Agents' preliminary Period 15 findings. Among the 13 Outcome 1 "misses," nine were handled by County Intake; four by the CICC. Similarly, among the 16 Outcome 3 "misses," 12 were handled by County Intake; four by the CICC. This bodes well for Period 17 performance on these measures.

- ***Investigation CPS History Checks Remain a Concern, but Problem Scope has Narrowed.***

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 16 at **78 percent**, after having been 91 percent as recently as Period 13.

While the characteristics of the incomplete CPS histories were similar in Periods 15 and 16, the entities responsible for the incomplete CPS histories in both Periods changed substantially. As in Period 15, most of the incomplete CPS histories for Period 16 (91%) were missing either screened-out referrals documented in SHINES or old investigations archived in IDS. While these results suggest an ongoing lack of clarity about which information sources to consult and which types of referrals to include when producing a CPS history, the Period 16 data suggest this lack of clarity was not widespread. Four counties (Fulton, Gwinnett, Rockdale, and Walton) that together conducted 27 Period 16 investigations accounted for all 11 Period 16 investigations with incomplete CPS histories. On the other hand, SSIU together with DeKalb and 13 other perimeter counties conducted 54 Period 16 investigations all of which (100%) had complete CPS histories.

- ***CPS History Checks for Foster Homes Continued to be Problematic.***

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. These included the complete rescreening of all 1847 CPA and 2069 DFCS approved foster homes. With respect to the rescreening effort, the State plan indicated that "*All CPS history (information on substantiated and unsubstantiated reports, diversions and screen-outs) will be provided to the local DFCS Office or supervising CPA.*"

The Rescreening effort was completed in December 2012. However, through the Period 16 foster home review, the Accountability Agents learned that the rescreening results had not, in fact, been provided to local DFCS Offices or supervising CPAs but were only saved in the foster home record in SHINES. While DFCS local offices are able to access this information in SHINES, CPAs do not have access to it. This issue is addressed further in the section of this summary entitled *Recommended Priorities for State Attention*.

In light of the Consent Decree's requirement that the complete CPS history for the previous five years be considered prior to approving or reapproving foster homes, the Accountability Agents gave credit for complete CPS histories in Period 16 only if the approving authority had access to the information. Thus, compliance with this requirement dropped from 94 percent in Period 15 to **88 percent** in Period 16. Not surprisingly, of the 20 foster homes lacking complete CPS histories in Period 16, 17 were CPA-supervised. Of the 17 CPA-supervised foster homes lacking complete CPS histories in their hard copy file, 12 had previous CPS history that included at least one unsubstantiated report and one had CPS history that included a substantiated report. That home is now closed.

Permanency Trends

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

The number of children entering foster care in Period 16 was higher (about 15%) than that observed in Period 15. In Period 16, 556 children entered care compared to 499 in Period 15. The total number of children in care at any time during Period 16 (1660) increased from the 1607 in care during Period 15.

- ***Diligent Search Efforts Remain Strong, But Fathers and Paternal Family Members Remain Underrepresented in the Process (Outcome 7)***

In Period 16 the state once again exceeded the performance standard for diligent search efforts. Efforts were documented in 32 (97%) out of the 33 cases in which children had been in care for more than 60 days.

The counties acknowledge that identifying, locating and engaging fathers and paternal resources throughout the span of the case are essential to establishing permanency for children. In fact, a fatherhood initiative has been established in DeKalb County and they have presented at several G2 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 (the standard is 90%), only **71 percent** of children who entered in a sibling group were placed with all of their siblings. This is a decline from the Period 15 performance of 76 percent, and marks the third consecutive review period in which the state has not met the standard of 80 percent. Having an adequate number of resource homes for the placement of sibling groups continues to present a challenge.

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- *Visitation with Parents and Separated Siblings Going Well, (Outcomes 21, 23).*

In Period 16, the State surpassed the threshold performance standard for visitation with parents (Outcome 21) and visitation with siblings (Outcome 23) with performance of **92 and 94 percent**, respectively. Studies have shown that maintaining regular contact with families of origin expedites successful reunification.

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

Period 16 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 16, 10 percent of the children entering foster care in the last seven years remained in care on December 31, 2013. Half of the children remaining in care had been in custody 14 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.
 - **65 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.
 - **70 percent** of the children who entered custody between July 1 and December 31, 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.)
 - **9 percent** of the children in custody up to 24 months prior to the Consent Decree exited to permanency (Outcome 9). The standard is 40 percent. (At the end of Period 16, 8 children remained in this cohort.)
 - **18 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 16, 7 children 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 16, only **66 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.

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

For the eleventh consecutive reporting period (since July 2008), the State met or surpassed the Outcome 15 threshold.¹ Among the 694 children who, during Period 16, reached or had surpassed their 15th month in custody out of the last 22 months and were not living with relatives, **99 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).*

Outcomes 27 and 28 require that 95 percent of children are to have timely semi-annual case plan reviews and timely permanency reviews at least every 12 months they are in custody. For Outcome 27, **94 percent** of the children in the foster care sample received timely sixth-month case plan reviews or petitions for one during Period 16. This is similar to the 96 percent of children in Period 15. In Period 16, performance on Outcome 28 (timely permanency reviews) was **98 percent** – an improvement from the Period 15 performance of 92 percent – though the change was within the sample’s margin of statistical error.

Well-Being Trends

- *Case Manager Continuity Continues to Improve and the State Exceeded the Consent Decree Threshold (Outcome 18).*

The case manager continuity experienced by children in care was higher (**97%**) in Period 16 than it was in Period 15 (92%). Ninety-seven percent of the children in custody on December 31, 2013 had two or fewer case managers in the previous 12 months, once the allowable exceptions are taken into account. This is the state’s highest performance on this Outcome Measure since the inception of the Consent Decree. The standard is 90 percent.

Unlike Period 15 in which 71percent of children with more than two case managers experienced changes due to their case manager(s) leaving the agency, only 42 percent (11 out of 26) of the children in Period 16 experienced changes for this reason. Moreover, the re-balancing process² also had less of an impact on children during Period 16, with 23 percent of the children with

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

² The rebalancing process occurs when a case manager who has been out on leave returns or when a new case manager joins a unit and cases are reassigned in order to balance the unit’s caseload sizes.

more than two case managers experiencing changes due to the re-balancing process. This compares to 31 percent during Period 15.

- *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 16, case managers made **98.7 percent** of the required twice monthly visits with children and over **99.5 percent** of the required monthly private visits with children. Furthermore, they made nearly **98.5 percent** of the required monthly visits to substitute caregivers. In all instances, this performance exceeded the revised Consent Decree standards for the sixth consecutive period.

- *The State Fell Short of 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, **90 percent** of the children experienced two or fewer placement moves in the 12 months prior to December 31, 2013 or their last date in custody. Period 15 was the first review period in which the state met the consent decree requirement (95%) since Period 2. Period 16 marks the eighth 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), however, this is the State's Best Performance since the Beginning of the Consent Decree.*

In Period 16, **81 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; however the strategies and focus that they are employing are seemingly effective in continuing to improve documentation and performance in this area. The majority of unmet needs involve overdue medical and dental screenings as well as follow-up dental treatments. During Period 17, the state transitioned to a managed care system. Interviews with case managers indicate difficult process and procedure transitions which may temporarily depress the State's improving performance on this outcome measure. The Accountability Agents encourage the state to engage their workforce in monitoring this impact closely. The Accountability Agents will also monitor and report on this impact.

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 16 with **98 percent** of foster placements serving class member children in "full approval and/or

licensure status.” Period 16 represents the 10th 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 89 percent, its lowest level since Period 11. 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 13 of 16 monitored foster home approval and licensing standards.

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

Outcome 31 stipulates that no more than 10 percent of all foster family home placements serving class member children will have more than three foster children, or six total children in the home, unless they are part of a sibling group and there are no other children in the home. For Period 16, only **three percent** of all foster family home placements serving class member children exceeded these standards. Period 16 was the 15th 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 thirteenth consecutive reporting period (since December 2007), the State met or surpassed the Outcome 29 threshold. Outcome 29 stipulates that no more than five 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 16, 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. 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.³ For Outcome 26, **91 percent** of the children in the Period 16 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 16 performance is similar to the 91 percent performance observed in Period 15. Increased monitoring efforts have assisted the State in improving its performance on this outcome measure. It is recommended that those efforts continue.

³ See pp 36-37, Outcome 26 of the Consent Decree.

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- *The State Continues Exceeding Caseload Caps, Especially for Child Protective Services Investigations*

In December 2013, 78 percent of the case managers in DeKalb and Fulton Counties had caseloads that were at or under designated caps. Forty case managers exceeded the caps set by the Consent Decree. This included 21 Child Protective Services Investigators. After entering a new Corrective Action Plan, the state began to report caseloads on a monthly (now weekly) basis. The Accountability Agents will closely monitor the state's efforts to meet the required caseload caps.

C. Recommended Priorities for State Attention

The Accountability Agents wish to recognize the State's accomplishments, especially its attainment of the maltreatment in care standard, best-ever performance on the outcomes related to placement case manager continuity, timely investigation completion, and timely permanency hearings, and continued strong performance in a number of other areas evident in Period 16. However, five issues with direct bearing on child safety require the State's focused attention.

1. Proactively identifying and responding to the unintended consequences of major systemic changes

DHS and DFCS have undergone a number of major, systemic changes in the last year. These include:

- The move to a Statewide managed care arrangement administered by AmeriGroup to meet the health and mental health care needs of children in care;
- The move to a centralized intake system known as the CPS Intake Communications Center (CICC), which now triages and assigns all incoming CPS referrals Statewide – rather than county intake staff; and,
- The reorganization of DHS and the creation of DFCS as a free-standing agency.

It has been the observation of the Accountability Agents that systemic changes, however necessary and well-intentioned, reliably spawn unintended consequences. Often, these unintended consequences work undetected to undermine performance until their impact results in their eventual detection. Once diagnosed, it may take many months to identify, test, and implement solutions to successfully ameliorate the unintended consequences of systems-level changes. The Accountability Agents have observed this cycle many times in the DFCS environment, typically with much smaller changes of far less complexity than any of the three identified above. In most cases, however virtuous the intended change, the unintended consequences have often acted to undermine performance in other areas that were stable or improving prior to the change. Sometimes the impact has been sufficient to sap needed momentum toward exit from the Consent Decree.

The magnitude of the changes DFCS has experienced in the last year make it virtually inevitable that momentum toward exit will be challenged. The implementation of the CICC already provides an example of this. As detailed in Chapter III of this report, delayed reversal of screen-out decisions – a significant contributor to performance problems in Periods 15 and 16 – appears to have been largely ameliorated by the implementation of the CICC. However, a new problem -- delays in the assignment of referrals to investigators – appears to have become more frequent since the CICC's advent, threatening to undermine Period 17 performance on Outcomes 1, 2, and 3 if left unchecked.

The Accountability Agents are confident that in this example, the unintended consequence will not be left unchecked because they have already been discussed at G2 meetings and are documented in this report. However, given the number and scope of these systemic changes, DFCS needs its entire workforce engaged in the important work of identifying unintended consequences; a means for employees to raise unintended consequences to the attention of leadership; and the systemic ability to track the identified issues and to mobilize an appropriate response to those deemed to be of strategic importance. DFCS leadership is strongly urged to consider making this kind of change management strategy a priority and to consider options for putting such a strategy in place.

2. Resolving the issue of incomplete or inaccessible CPS history checks.

It is unacceptable that only 78 percent of the investigations reviewed in Period 16 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. While the nature of the incomplete CPS histories was virtually unchanged from Period 15 (in both periods the missing content was almost exclusively screen-outs documented in SHINES and older CPS investigations archived in the legacy system IDS) the problem was far less widespread. In Period 16, 27 investigations conducted by four counties accounted for all 11 of the investigations with incomplete CPS histories; each of the 54 investigations conducted by SSIU and 14 other counties included complete CPS histories. DFCS has initiated a set of action steps in Fulton and DeKalb counties (though all of DeKalb's Period 16 investigations included complete CPS histories) to address this problem. These action steps include:

- In May 2014, all open special investigations received a complete screening by the CPS administrator prior to closure. Going forward, the administrator will now re-screen all cases prior to closure.
- All cases that receive an "assessment" rather than an investigation (screened-out and Family Support cases) are re-screened prior to closure and rejected by the supervisor if they do not contain a complete CPS history.
- Mandating the use of the CPS history checklist (prepared by SSIU in response to problems identified in the Period 14 report) by all staff.

-
- All results of the CPS history check will be documented in the SHINES log of contacts.
 - The Regional Quality Assurance team will conduct a targeted review of all CPS cases received from Centralized Intake (not just those involving children in care).
 - Upon receipt of a case transferred from another unit or county, the receiving team will perform a CPS re-screening since the home's composition may have changed.
 - Fulton and DeKalb will utilize their specific G meetings as a forum to review the screening process and address any operational issues detected.

The State has not informed the Accountability Agents of any steps it intends to take to address the problem of incomplete CPS history checks in the three perimeter counties that accounted for over half of the incomplete CPS histories identified among Period 16 investigations.

Since Period 11, the State has had difficulty meeting the Consent Decree's requirements that the accessible foster home records contain, for each foster home, a complete CPS history for the previous five years and that that history be considered prior to placing children in, or approving or re-approving those homes. As detailed earlier in this section, in Period 16 the Accountability Agent's learned that one of the corrective action steps the State agreed to take in response to the Period 11 findings – the complete rescreening of the foster home stock and the provision of the resulting CPS histories to the entities responsible for supervising each foster home – was never actually completed.

That this omission depressed State performance on one of the licensing and certification requirements for foster homes in Period 16 is entirely beside the point. Far more important was the potential impact of the decision on child safety and well-being. The involved Central Office staff inexplicably failed to act on knowledge they surely possess – that in order to make sound decisions about: the placement of any particular child in a foster home; an outcry a child in foster care might make; the continuing education that might benefit particular foster parents; or whether foster parents should be approved to continue caring for vulnerable children – the entities supervising and approving foster parents MUST understand the complete history of CPS referrals involving the foster parents they supervise.

However, the seeds of a permanent solution to this enduring problem may finally have been sown in one of the other action steps the State committed to undertake in response to the Period 11 findings. After the issue of faulty CPS history checks for foster homes was surfaced, the State committed to change DFCS policy to require CPS history checks on foster homes every five years rather than only at initial approval. Subsequently, the State decided to make this an annual requirement effective October 2012. However, at the conclusion of the foster home rescreening initiative in December 2012, DFCS decided

to delay implementation of the new policy requiring annual CPS history checks until January 2014.

It is the hope of the Accountability Agent's that with the annual CPS screening requirement finally in place as of January 2014, this issue may at last be heading toward resolution. The Accountability Agents have been assured by DFCS leadership that with the implementation of the annual rescreening requirement, CPAs are now being furnished copies of the rescreening reports. Still, it would be a mistake to assume that simply having an annual CPS history check requirement will solve the problem. Continued vigilance from Central, Regional, and local office leaders will be required to ensure that the policy becomes reality in the field.

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 89 percent in Period 16 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. More important, some Relative Care Assessments return an unsatisfactory finding on relative homes and the home cannot be approved for placement. In these circumstances time is of the essence as a relative child or children typically have already been placed in the home. DFCS is encouraged to address the problem of tardy Relative Care Assessments in an assertive manner to keep the children in its care safe and before its traditional success in meeting Outcome 25 is undermined.

4. Closely Monitoring Use of Congregate Care

For the past three review periods, there has been a modest increase in the number of children placed in congregate care (Period 14 – 11.3%, Period 15 – 11.8%, Period 16 – 12.6%). While the use of congregate care may be necessary for some children, best practices research indicates that these placements should be used as an intervention and not a destination.⁴ These settings are highly structured in order to manage youth behaviors, but as a result can also limit individual development opportunities.⁵ Moreover, as indicated in the previous monitoring reports, congregate care settings have historically been responsible for a disproportionate share of the substantiated reports of maltreatment in care.

⁴ Fields, T. (2012). *Congregate Care Rightsizing* (National Governor's Association Paper in Series: What's Good for Kids is Also Good For State Government Budgets). Baltimore, MD: Annie E. Casey Foundation. Retrieved July 4, 2014, from <http://www.aecf.org/m/resourcedoc/resource-tfeild-ngapresentation-rightsizing-2012.pdf>.

⁵ Ibid.

Thus, the Accountability Agents highly recommend that the state closely monitor its use of congregate care and continue working toward increasing its stock of foster care homes that can accommodate older children in care and sibling groups. This is paramount for the safety and stability of children in care.

5. Managing Caseloads to Ensure that Case Managers Do Not Exceed the Allowable Caps.

At the end of Period 16, the parties entered into a new Corrective Action Plan (CAP) to address the increasing number of Child Protective Services Investigators who were carrying caseloads that exceeded the Consent Decree requirement of no more than 12 cases per investigator. The CAP includes the following:

- Establishing and implementing a caseload reduction tool to closely monitor caseloads and manage assignments;
- Establishment of weekly hiring panels and other strategies to streamline the hiring and certification of CPS investigators;
- Temporary assignment of CPS certified staff to Region 14 to reduce investigator caseloads;
- A retention plan to stabilize the workforce; and
- Monthly (and during Period 17, weekly) reporting to Plaintiff's Counsel and the Accountability Agents.

In addition to these agreed upon strategies, the Accountability Agents recommend that the state utilize data to predict cycles of natural increases in CPS caseloads that may be associated with the beginning and end of the school year, certain holidays, etc. In addition, factors such as media coverage of child deaths/serious injuries, as well as large systemic changes, such as moving to centralized intake, should also be considered when managing staffing levels and case assignments. The State needs to explore systemic strategies to address the ongoing challenge presented by volatile caseloads.

Table II-1
Kenny A. Outcomes: Progress as of December 31, 2013

Safety Outcomes Children in Foster Care are Safe From Maltreatment in Care	Period 16 Performance	Comparison to Period 15⁶
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.	84%	Declined
Outcome 2: At least 95% of all investigations of reported abuse or neglect of foster children shall be completed, in accordance with Section 2106 of the Social Services Manual, within 30 days of receipt of report.	93%	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.	84%	Declined
Outcome 5: No more than 0.57% of all children in foster care shall be the victim of substantiated maltreatment while in foster care.	0.48%	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.	97%	Similar
Outcome 16: At least 80% of all foster children who entered foster care during the reporting period along with one or more siblings shall be placed with all of their siblings.	71%	Declined
Outcome 19: 90% of all children in care shall be placed in their own county (the county from which they were removed) or within a 50 mile radius of the home from which they were removed, subject to the exceptions in Paragraph 5.C.4.b (ii) and (iii).	95%	Similar
Outcome 21: At least 85% of all children with the goal of reunification shall have appropriate visitation with their parents to progress toward reunification	92%	Similar

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

Table II-1, continued
Kenny A. Outcomes: Progress as of December 31, 1013

Permanency Outcomes Children in Placements Maintain Family Connections	Period 16 Performance	Comparison to Period 15
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. ⁷	94%	Similar
Permanency Outcomes Children Achieve Permanency		
Outcome 4: No more than 8.6% of all foster children entering custody shall have re-entered care within 12 months of the prior placement episode.	9.4 %	Declined
Outcome 8a: Of all the children entering custody following the entry of the Consent Decree, at least 40% shall have had one of the following permanency outcomes within 12 months or less after entering custody: reunification, permanent placement with relatives, permanent legal custody, adoption, or guardianship.	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.	65%	Similar
Outcome 9: Children in custody for up to 24 months and still in custody upon entry of the Consent Decree (children in the "24 month backlog pool"): For all children remaining in the 24 month backlog pool after the third reporting period at least 40% by the end of the fourth reporting period shall have one of the following permanency outcomes: reunification, permanent placement with relatives, permanent legal custody, adoption, or guardianship.	9%	Similar

⁷ As part of a Stipulated Modification to the Consent Decree, the standard for Outcome 23 was modified. See *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

Table II-1, continued
Kenny A. Outcomes: Progress as of December 31, 1013

Permanency Outcomes Children Achieve Permanency	Period 16 Performance	Comparison to Period 15
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.	18%	Improved
Outcome 11: For all children whose parental rights have been terminated or released during the reporting period, 80% will have adoptions or legal guardianships finalized within 12 months of final termination or release of parental rights	66%	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 ⁸	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.	99%	Similar

⁸ The children to whom this outcome applied have recruitment plans. Those who have been discharged since Period I have been included in the Outcome 9 and 10 results.

Table II-1, continued
Kenny A. Outcomes: Progress as of December 31, 2013

Permanency Outcomes Children Achieve Permanency	Period 16 Performance	Comparison to Period 15
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.	94%	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.	98%	Improved
Well-Being Outcomes Children Experience Stable Placements and Worker Continuity		
Outcome 17: At least 95% of all children in care shall have had 2 or fewer moves during the prior 12 months in custody.	90%	Declined
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.	97%	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. ⁹	98.7%	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 ¹⁰	99.5 %	Similar

⁹ As part of a Stipulated Modification to the Consent Decree, the standard for Outcome 20 was modified. See *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

¹⁰ Ibid.

Table II-1, continued
Kenny A. Outcomes: Progress as of December 31, 2013

Well-Being Outcomes Children Experience Stable Placements and Worker Continuity	Period 16 Performance	Comparison to Period 15
Outcome 22: At least 95% of the total minimum required monthly visits by case managers to caregivers during the reporting period occur. ¹¹	98.5%	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 (36%) by 20 percentage points.	47%	Improved from Period 14
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.	81%	Improved
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. ¹²	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. ¹³	3%	Similar

¹¹ 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.

¹² 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.

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

Table III-1
Children in Foster Care are Safe from Maltreatment: Progress as of December 31, 2013

Consent Decree Outcome	Period 16 Performance
Outcome 5: No more than .57% of all children in foster care shall be the victim of substantiated maltreatment while in foster care.	0.48%
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.	84%
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.	93%
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.	84%
Outcome 6: At least 98% of all foster homes will not have an incident of corporal punishment within the previous 12 months.	100%

¹⁴ 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 16. 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."*¹⁵ The data used to measure the outcome performance are derived from a review of all 81 investigations of alleged maltreatment concerning class member children in foster care completed during Period 16 (July-December, 2013).

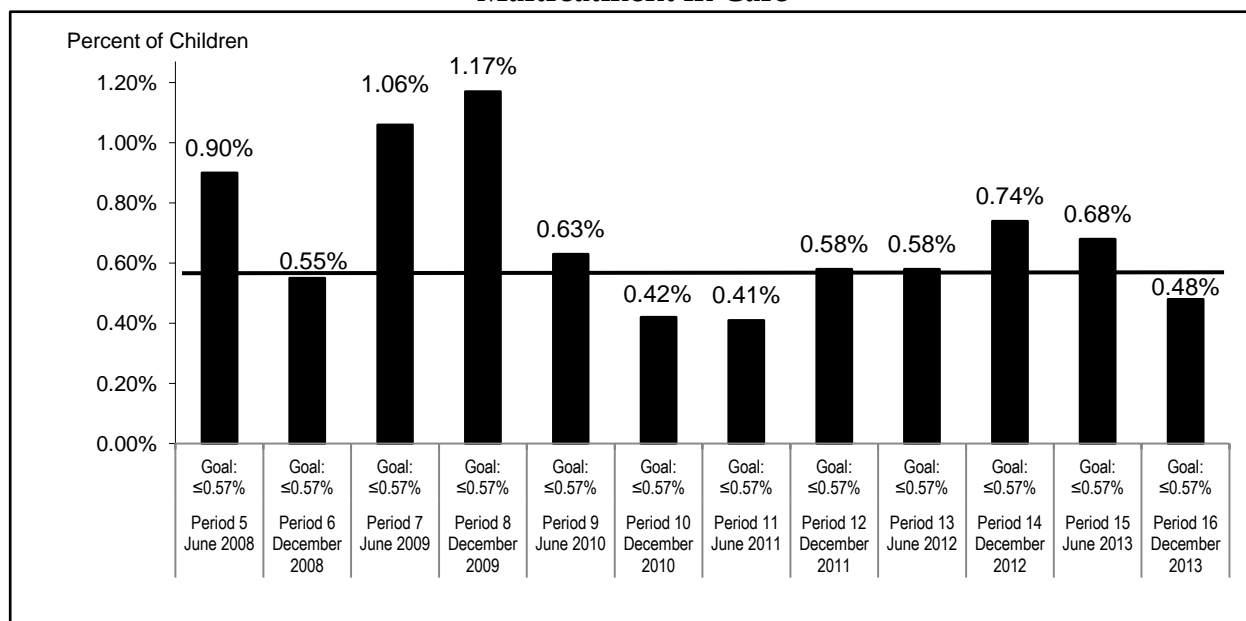
b. State Performance

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

The review of all maltreatment-in-care investigations completed between July 1 and December 31, 2013 found that **0.48 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 16 performance represented an improvement from the Period 15 rate of 0.68 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.

¹⁵ 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
Twelve Reporting Periods of State Performance on Outcome 5:
Maltreatment in Care



Source: File Review of All Completed Maltreatment-in-care Investigations, January 2008 – December 2013.

In Period 16, the review of all maltreatment-in-care investigations found eight instances of substantiated maltreatment fitting the federal definition among the 1660 children in custody at any point during the reporting period. This represented a decrease of three substantiated victims of maltreatment in care (27%) compared to Period 15; the total number of children in care increased by 53 (3%) from the 1607 in care during Period 15. The type of maltreatment substantiated for these eight children consisted of: inadequate supervision only (7 children) and emotional abuse only (1 child). During the reporting period, five other class-member children were the victims of substantiated maltreatment that did not fit the federal definition of maltreatment in care. Two children were maltreated by their biological parent during a supervised visit, two children were maltreated by relatives in whose care the children had been placed and one child was maltreated by a family member during an unsupervised visit.

As in most previous periods, congregate care facilities accounted for a disproportionate share of the substantiated victims of maltreatment in care in Period 16. Congregate care facilities (Group Homes and Psychiatric Residential Treatment Facilities) together accounted for five of eight substantiated victims (63%); while only 16 percent of the children in care at the end of Period 16 were placed in congregate care. The three remaining Period 16 maltreatment-in-care victims were placed in family foster homes supervised by private providers. There were no substantiated victims of maltreatment in placement settings supervised directly by DFCS during Period 16.

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 81 maltreatment investigations completed during the reporting period that involved a child in the custody of DeKalb or Fulton County. This represented a 24 percent decrease compared to the 107 such investigations completed during Period 15, and a 37 percent decrease from the 128 investigations completed during Period 14, but was similar to the 85 investigations completed during Period 13. These decreases were likely influenced by a policy change implemented during Period 14 that was rescinded early in Period 15. That policy 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).

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.¹⁶ 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 16. 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 81 investigations of alleged maltreatment of class member children in foster care completed during Period 16 (July - December, 2013).

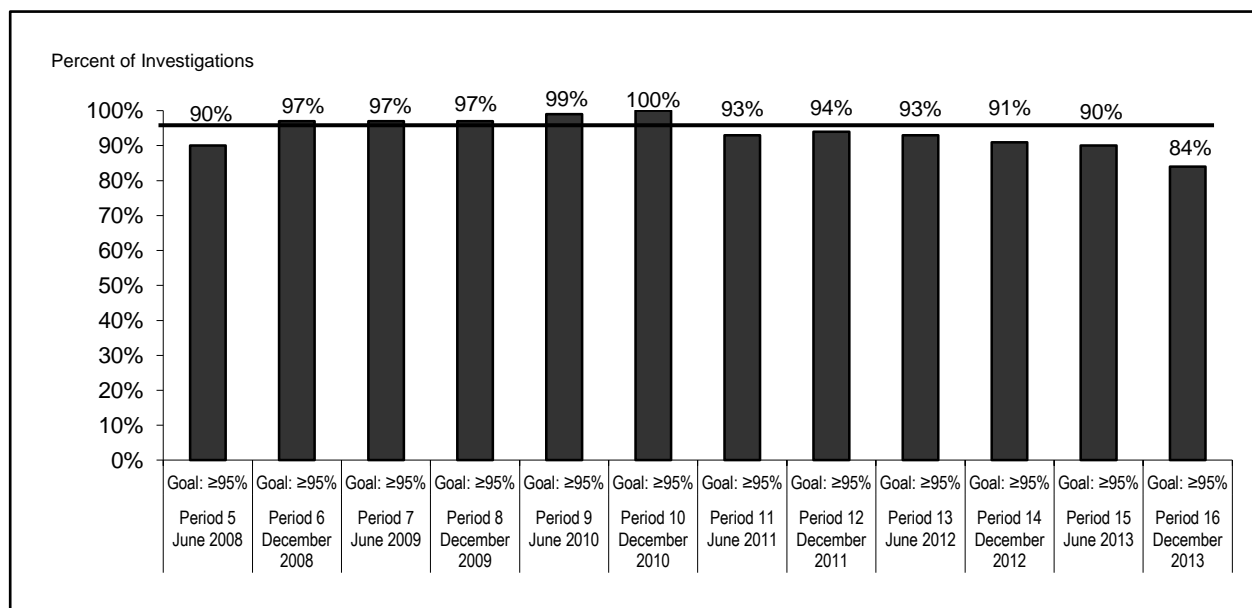
¹⁶ Effective December 1, 2010, allegations arising in congregate care facilities and in certain other circumstances may be investigated by the State Special Investigations Unit (SSIU), in lieu of, or in conjunction with, the local DFCS office.

b. State Performance

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

As noted in Table III-1 for Outcome 1, **84 percent** of maltreatment-in-care investigations were commenced within 24 hours according to file review data from the universe of investigations completed during Period 16. This is decline from the Period 15 performance of 90 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
Twelve Reporting Periods of State Performance on Outcome 1:
Maltreatment-in-care Investigations Commenced Within 24 Hours of Receipt of Report



Source: File Review of All Completed Maltreatment-in-care Investigations, January 2008 – December 2013.

As displayed in Table III-3, DeKalb and Fulton counties timely commenced 78 percent of the investigations they completed; a decrease from the 88 percent timely commencement rate in Period 15. The timely commencement rates for the perimeter counties and SSIU were 88 and 91 percent, respectively. These represented declines from the Period 15 rates of 90 and 94 percent, respectively. 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=81

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	28	78%	8	22%	36	100%
Perimeter Counties	30	88%	4	12%	34	100%
State Special Investigations Unit ^a	10	91%	1	9%	11	100%
Total	68	84%	13	16%	81	100%

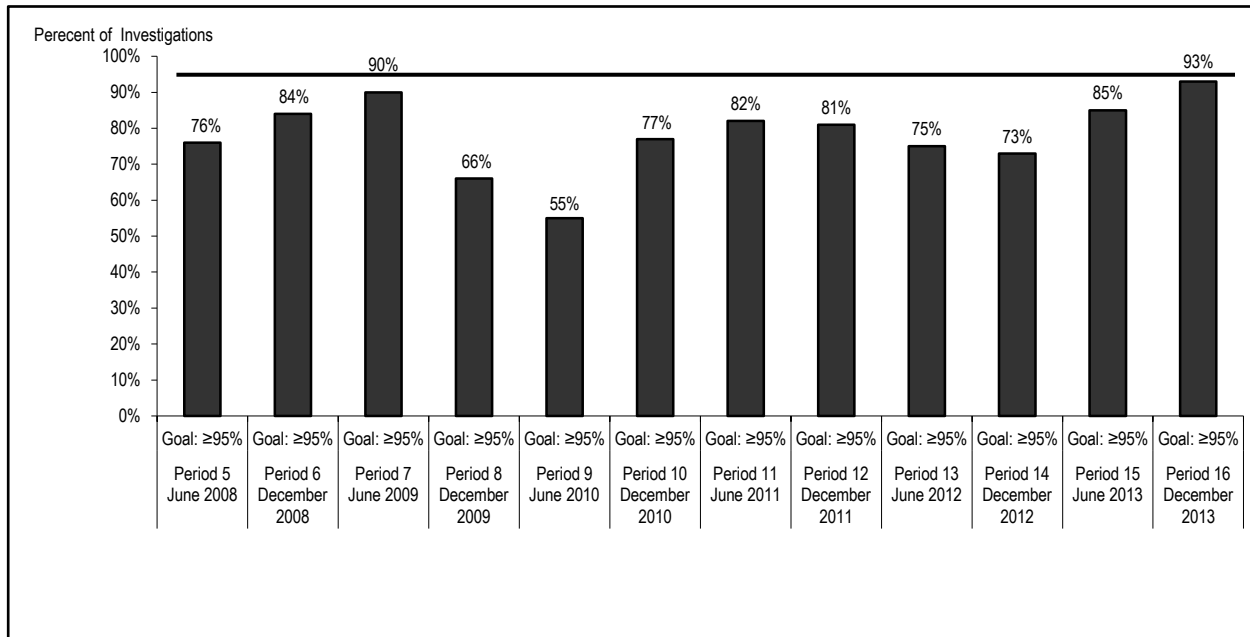
Source: File Review of All Completed Investigations, July-December, 2013.

^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, **93 percent** of maltreatment-in-care investigations (75 of 81) were completed within 30 days according to record review data from all investigations completed during the reporting period. This was an eight percentage point improvement from the Period 15 rate of 85 percent and represents the State's best-ever Outcome 2 performance, though it remains below the Outcome 2 standard. Outcome 2 requires that 95 percent of maltreatment-in-care investigations be completed, in accordance with DFCS policy, within 30 days. In Period 16, 98 percent of investigations (79 of 81) were completed within 45 days, an improvement from the Period 15 rate of 96 percent. The two remaining investigations were completed in 51 and 64 days, respectively. Figure III-3 displays the State's performance on Outcome 2 over the last 12 reporting periods.

Figure III-3
Twelve 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, January 2008 – December 2013.

Compared to Period 15, Period 16 performance in timely investigation completion improved for the perimeter counties and SSIU. For the perimeter counties the improvement was substantial (from 90 to 97%) while for SSIU it was modest (from 89 to 91%). The Period 16 performance of DeKalb and Fulton counties (89%) was similar to their Period 15 performance (90%). The performance of the perimeter counties in completing investigations within 45 days improved from 93 percent in Period 15 to 100 percent in Period 16 while DeKalb and Fulton counties performance was unchanged at 97 percent and SSIU's performance fell from 100 to 91 percent. The Period 16 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=81

Investigating County	Completed in ≤ 30 Days		Completed in ≤ 45 Days		Total	
	Number	% of Total	Number	% of Total	Number	% of Total
DeKalb/Fulton	32	89%	35	97%	36	100%
Perimeter Counties	33	97%	34	100%	34	100%
State Special Investigations Unit ^a	10	91%	10	91%	11	100%
Total	75	93%	79	98%	81	100%

Source: File Review of All Completed Maltreatment-in-care Investigations, July-December, 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 16, **84 percent** of the alleged victims of maltreatment in care (87 of 103) had face-to-face private contact with a CPS investigator within 24 hours. This was a decline from the Period 15 performance of 88 percent and represents the State's poorest performance since Period 4 (83%). 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.

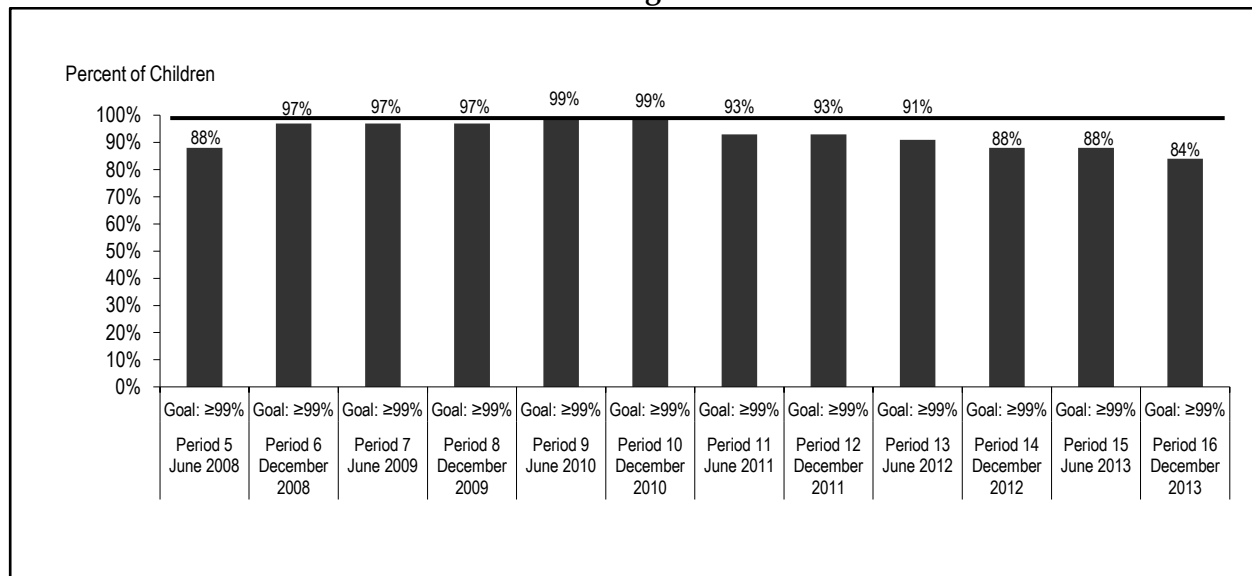
The 103 alleged victims of maltreatment in care represented a 20 percent decrease from the 129 alleged victims reported for Period 15. This decrease appears primarily to be the result of a policy change made during Period 14 and rescinded early in Period 15 that precluded the screening-out of any CPS referral involving children in the care of DeKalb or Fulton County.

In the cases they investigated, DeKalb and Fulton counties made face-to-face contact within 24 hours with 81 percent of the alleged victims, a decline from the Period 15 performance of 86 percent. The perimeter counties' Outcome 3 performance of 88 percent is similar to the Period 15 rate of 89 percent. SSIU's performance declined markedly, from 95 percent in Period 15 to 86 percent in Period 16. Period 16 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. Nine of these alleged victims were in cases investigated by DeKalb and Fulton counties; seven in cases investigated by perimeter counties or SSIU. Of the 16 alleged victims for whom response time was missed, five were removed from the placement setting in which the

maltreatment was alleged to have occurred within 24 hours, but the children were not interviewed by a CPS investigator within that timeframe.

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



Source: File Review of All Completed Maltreatment-in-care Investigations, January 2008 – December 2013.

Table III-5
Outcome 3 – Face-to-Face Contact with Alleged Maltreatment Victims within 24 Hours
N=103

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	39	81%	3	6%	6	13%	48	100%
Perimeter Counties	36	88%	2	5%	3	7%	41	100%
State Special Investigations Unit ^a	12	86%	0	0%	2	14%	14	100%
Total	87	84%	5	5%	11	11%	103	100%

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

For the first time since Period 11, the State successfully attained the Consent Decree's child safety measure related to maltreatment in care (Outcome 5). Compared to previous periods the State's performance in timely completing investigations (Outcome 2) also showed marked improvement. However, performance on the child safety measures related to timely initiation of investigations (Outcomes 1 and 3) declined.

Several unrelated factors, first identified in Period 15, worked together to depress the State's Period 16 performance on Outcomes 1 and 3. These factors included:

- 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; and
- Unexplained delays in assigning CPS referrals to investigators.

A major development in the Period 16 operational context was the implementation of the CPS Intake Communications Center (CICC), which was rolled out in DeKalb and Fulton counties on September 16, 2013. After that date, the CICC – rather than county intake staff – triaged and assigned all incoming CPS referrals. The roll-out of the CICC, occurred about the same time the Accountability Agents began publicizing the factors that contributed to delayed initial contact with alleged victims in Period 15 maltreatment-in-care investigations. As shown in Table III-6, most of the Period 16 "misses" on Outcomes 1 and 3 (69% of the former; 75% of the latter) occurred in the first months of Period 16 – prior to the implementation of the CICC and the initiation of corrective actions in response to the Accountability Agents' preliminary Period 15 findings. Among the 13 Outcome 1 "misses," nine were handled by County Intake; four by the CICC. Similarly, among the 16 Outcome 3 "misses," 12 were handled by County Intake; four by the CICC.

Table III-6 also reveals the changing nature of the initial contact "misses" pre- and post-implementation of the CICC. For example, delayed reversal of screen-out decisions – a significant contributor to performance problems in Periods 15 and 16 – appears to have been largely ameliorated by the implementation of the CICC and educational efforts undertaken after the Accountability Agents flagged this pattern midway through Period 15. Conversely, delays in the assignment of referrals to investigators appears to have become a more frequent problem since the CICC's advent – suggesting there remains work to be done to make the hand-off process from centralized intake to county-based investigators as smooth and seamless as possible.

Table III-6
Documented Factors Contributing to Delayed Initial Contact with Alleged Victims*

Factors Contributing to Delayed Initial Contact	County Intake 7/1/13 – 9/15/13		Centralized Intake (CICC) 9/16/13 – 12/31/13	
	Outcome 1	Outcome 3	Outcome 1	Outcome 3
Delayed Reversal of Screen-out Decision	5	7	0	0
Delayed Referral by Placement Case Manager	1	2	1	1
Delayed Assignment to Investigator	1	1	3	3
No Documented Reason	2	2	0	0
Total	9	12	4	4

* The differing counts for Outcomes 1 and 3 reflect the different units of analysis for these outcomes; for Outcome 1 it is the investigation, for Outcome 3 it is the alleged victim.

The State is encouraged to analyze the cases in which assignment to investigators was delayed to understand how the hand-off process should be strengthened. The trends evident in Table III-6 should lead to improved performance on Outcomes 1 and 3 in Period 17.

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.”¹⁷ 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.

Interpretation and Measurement

The Consent Decree’s use of the phrase “...all foster homes....”¹⁸ is operationalized as all foster homes with a class member in custody during the reporting period for measurement purposes. Appendix B provides a summary of previously resolved interpretation and measurement issues. The data used to measure Outcome 6 performance is based on a sample of 160 foster homes that had a class member in care at any point during the reporting period.

¹⁷ See p. 2 of the Consent Decree.

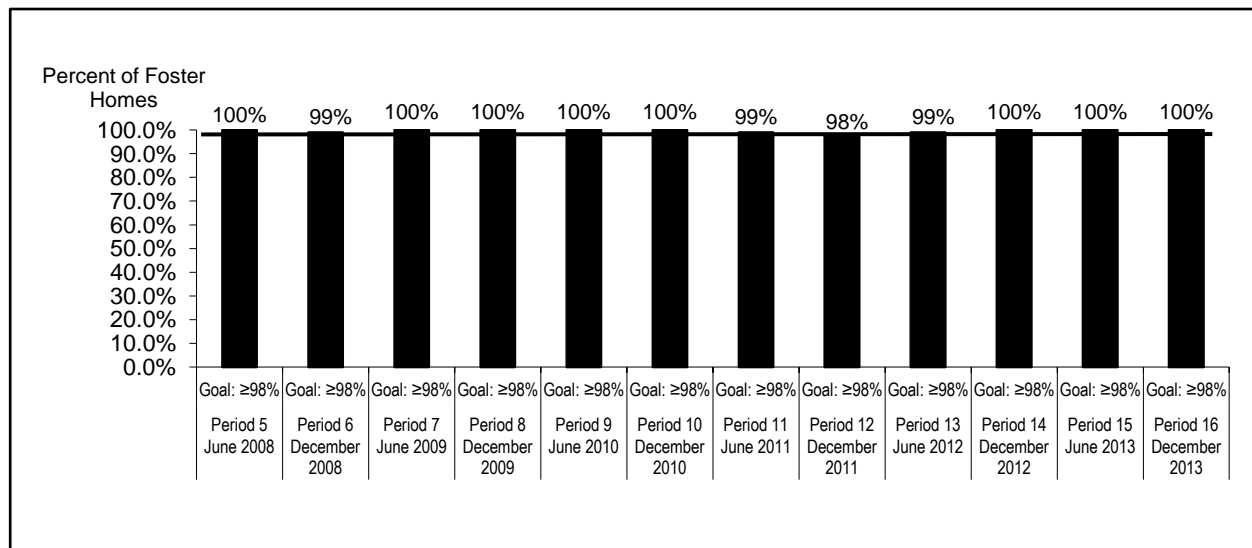
¹⁸ See p. 32 of the Consent Decree.

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 160 (100%) had no confirmed incident of corporal punishment in the previous 12 months, surpassing the Consent Decree standard. This is unchanged from the Period 15 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 last 12 reporting periods to which the Consent Decree standards applied.

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



Source: Foster Home Record Reviews, January 2008 – December 2013.

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.¹⁹ The following discussion summarizes findings from the Period 16 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."²⁰ 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."²¹

Interviews with county and central office staff and the results of record reviews conducted each 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.²² When referrals receive full investigations those are conducted by certified, county or Central Office CPS investigators. The Period 16 placement, foster home, and maltreatment-in-care file reviews identified no instance in which a maltreatment-in-care referral was screened-out or investigated by someone who did not have CPS certification.

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.²³ Substantial progress on this issue has been

¹⁹ See pp.28-30 of the Consent Decree.

²⁰ See p. 28 of the Consent Decree.

²¹ Social Services Manual, Chapters 2.6 and 2.2, Georgia Dept. of Human Resources, June and Sept. 2009.

²² Effective September 16, 2013, the CPS Intake Communications Center assumed responsibility for triaging and assigning all incoming CPS referrals in DeKalb and Fulton counties.

²³ 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.

noted since Period 12. In Periods 13, 14 and 15, out of the 525 placement records and 481 foster home records sampled during the 18 months covered by those Periods, only two 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 16, the Accountability Agents again scrutinized the 175 placement records and 160 foster home records sampled to see whether allegations of maltreatment-in-care were inappropriately being screened out. A total of 16 screen-outs were identified among the CPS referrals associated with the child placement and foster home records sampled (seven from the placement sample; nine from the foster home sample). None of these screen-outs appeared to the Accountability Agents to contain an allegation of maltreatment that should have been investigated rather than screened-out.

While the problem of inappropriate screen-outs raised in Periods 11 and 12 appears largely to have been ameliorated, challenges persist in ensuring that each and every referral is properly documented, that timely referrals are made, and that referrals are made when warranted. The Period 16 review identified several instances where this did not appear to be the case.

The Accountability Agents found two examples of referrals that were inappropriately handled by the CICC in the first eight weeks of its operation. These cases were assigned directly from intake to Family Support Services (FSS).²⁴ DFCS policy requires referrals containing maltreatment allegations involving children in DFCS custody to be assigned as Special Investigations; such referrals may not be screened out or assigned to FSS.^{25,26} The assignment of these cases directly to FSS appears to have been an aberration; no other such assignments were identified after these isolated incidents.

The Accountability Agents also identified three incidents that received delayed referrals. The first appears to have been a product of confusion during the CICC's first month of operation. The incident involved sexual acting out by two young children who had been placed in a relative's care. The relative informed a service provider of the incident, and the service provider alerted an investigator who was handling a case involving the children's former foster home. The investigator assessed the children's safety the same day she was informed of the incident, however the provider agency was instructed to call in a new referral regarding the incident and failed to do so. Ten days later, upon realizing no new referral had been called in, the investigator attempted to make the referral herself. The CICC declined to accept the referral citing the fact that they were unable to backdate it 10 days to the date the Department first became aware of the allegation.

²⁴ Family Support Services is a track available for cases involving children NOT in DFCS custody and in which there is no "Present Danger" or "Impending Danger" safety threat.

²⁵ Referrals involving children in DFCS custody MAY be screened out if they contain no allegation of maltreatment.

²⁶ DFCS Child Welfare Policy Manual, Policy Number 4.3, Georgia Department of Human Resources, June 2014.

The second incident involved sexual activity between two teens in a group home. The group home made an incident report to RCC and prepared a Safety Plan to prevent future recurrences. One of the teens placement case managers learned of the incident during a routine visit to the group home. Neither the group home, the placement case manager, nor RCC made an allegation of maltreatment to CPS intake. County administrators were under the impression that a referral had been made. Upon being informed by the *Kenny A.* review team that there had been no referral the involved county made one. This was approximately five months after the alleged incident.

The third delayed referral involved a teen who got into a physical altercation with her birth mother and aunts during a supervised visit. The placement case manager who had been supervising the visit (and attempted to break up the fight by shielding the child with her own body) attempted to make a police report the day of the incident, but was told by the police that such a report could not be taken over the phone. The placement case manager took the teen to the police station to make a report three weeks later, but never made a CPS referral. A CPS referral was made about five months after the incident following inquiries from the *Kenny A.* review team.

The Accountability Agents also identified three cases of attempted suicide in Period 16 (one in a group home, one in a YDC facility, and one in a Psychiatric Residential Treatment Facility (PRTF) that were never referred to CPS intake because no allegations of maltreatment were made. At present, DFCS policy is silent on whether attempted suicides should be referred to CPS intake, but the Accountability Agents believe it would be good practice to assess the adequacy of supervision in such situations. DFCS Policy staff is evaluating whether a requirement should be added to the forthcoming revision of foster care policy requiring placement case managers to make a visit within 24 hours of an attempted suicide to ascertain whether a CPS referral should be made.

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; that referrals when warranted are timely made; and that every attempted referral is properly documented in SHINES.

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.²⁷ Section 2106 contains guidance on the many aspects of properly conducting Special Investigations, such as separately interviewing the parties involved, contacting DFCS case managers required to visit the placement setting, evaluating the continued safety of any children remaining in the home,

²⁷ Social Services Manual, Chapter 2100, Section VI, Georgia Dept. of Human Resources, July 2005.

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 16 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:

- Improved performance compared to Period 15 for five requirements
 - *all other adults frequently in the home interviewed separately;*
 - *at least two relevant collateral sources contacted during the investigation;*
 - *all approved foster parents/caregivers interviewed separately;*
 - *case record contains physical evidence to support case documentation; and,*
 - *investigator reviewed the DFCS history of the foster parent/caregiver.*
- Five requirements remained similar (\pm one percentage point)
 - *investigator saw/interviewed every alleged maltreated child separately;*
 - *continued safety of the children placed in the home was adequately evaluated and assessed;*
 - *alleged maltreater was interviewed separately;*
 - *investigator saw/interviewed each of the other children (non-alleged victims) separately; and*
 - *investigator reviewed previous CPS reports for foster parents/caregivers)*
- Poorer performance for one requirement
 - *DFCS case managers required to visit in the foster care setting were contacted.*

Documented compliance was found to be 92 percent or greater for eight of the 11 investigative policy requirements evaluated. State performance on the one requirement (*investigator reviewed previous CPS reports for foster parents/caregivers*) for which compliance was found to be 80 percent or lower is considered in greater detail below.

Table III-6
Proportion of Investigations Meeting Policy Requirements
(N shown is for Period 16 cases and varies based on
placement setting and other case characteristics)

Investigation Policy Requirement	Percent of Applicable Files with Documentation of Compliance	
	Period 15	Period 16
All other adults frequently in the home interviewed separately (N=13)	78%	100%
Investigator saw/interviewed every alleged maltreated child separately (N=81)	98%	98%
Continued safety of the child(ren) placed in the home was adequately evaluated and assessed (N=52)	97%	98%
All approved foster parents/caregivers interviewed separately (N=81)	93%	98%
At least two relevant collateral sources contacted during the investigation (N=72)	90%	97%
Investigator reviewed the DFCS history of the foster parent/caregiver (N=52)	92%	94%
Alleged maltreater was interviewed separately (N=79)	95%	94%
Investigator saw/interviewed each of the other children (non-alleged victims) separately (N=64)	93%	92%
DFCS case managers required to visit in this foster care setting were contacted (N=81)	93%	88%
Case record contains physical evidence to support case documentation (N=57)	81%	84%
Investigator reviewed previous CPS reports for foster parents/caregivers (N=51)	77%	78%

Source: Case file review of all maltreatment-in-care investigations completed July 1, 2013 – December 31, 2013.

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."²⁸

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**

²⁸ Social Services Manual, Chapter 2100, Section III, Georgia Dept. of Human Resources, July 2008.

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.²⁹ Policy further specifies that this information “...must be reviewed prior to a case determination....” by the CPS investigator assigned to the case.³⁰

Investigator compliance with this very important investigative requirement remained poor in Period 16 at 78 percent, after having been 91 percent as recently as Period 13. Among the 11 Period 16 investigations that had incomplete CPS histories:

- Six (55%) were missing screened-out referrals documented in SHINES;
- Four (36%) were missing previous CPS investigations that are archived in IDS (the legacy DFCS information system that preceded SHINES); and,
- One (9%) was missing both a screened-out referral and an investigation 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 15 performance on this requirement also was poor (77%). As in Period 16, most of the incomplete CPS histories for that period (90%) were missing either screened-out referrals or investigations archived in IDS. While these results suggest an ongoing lack of clarity about which information sources to consult and which types of referrals to include when producing a CPS history, the Period 16 data suggest this lack of clarity was not widespread. Four counties (Fulton, Gwinnett, Rockdale, and Walton) that together conducted 27 Period 16 investigations accounted for all 11 Period 16 investigations with incomplete CPS histories. Specifically, five of 18 Fulton County investigations and three of five conducted by Gwinnett had incomplete CPS histories, as did two of three Rockdale investigations and the only investigation conducted by Walton County. On the other hand, SSIU together with DeKalb and 13 other perimeter counties conducted 54 Period 16 investigations all of which (100%) had complete CPS histories.

In response to the Accountability Agents’ findings, the State has already initiated a number of corrective actions. These include the following steps in DeKalb and Fulton County:

- In May 2014, all open special investigations received a complete screening by the CPS administrator prior to closure. Going forward, the administrator will now re-screen all cases prior to closure.

²⁹ Social Services Manual, Chapter 2100, Section III, op cit., July 2008.

³⁰ Ibid.

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- All cases that receive an “assessment” rather than an investigation (screened-out and Family Support cases) are re-screened prior to closure and rejected by the supervisor if they do not contain a complete CPS history.
 - Mandating the use of the CPS history checklist (prepared by SSIU in response to problems identified in the Period 14 report) by all staff.
 - All results of the CPS history check will be documented in the SHINES log of contacts.
 - The Regional Quality Assurance team will conduct a targeted review of all CPS cases received from Centralized Intake (not just those involving children in care).
 - Upon receipt of a case transferred from another unit or county, the receiving team will perform a CPS re-screening since the home’s composition may have changed.
 - Fulton and DeKalb will utilize their specific G meetings as a forum to review the screening process and address any operational issues detected.

The State has not informed the Accountability Agents of any steps it intends to take to address the problem of incomplete CPS history checks in the three perimeter counties that accounted for over half of the incomplete CPS histories identified among Period 16 investigations.

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).³¹ 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....”³²

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.

³¹ 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.

³² See Section 12 B, p. 28 of the Consent Decree.

- **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 16 was unchanged from the Period 15 level of 100 percent. The completeness of maltreatment-in-care reporting to OPM remained about the same (100% compared to 99% in Period 15). However, the completeness of maltreatment-in-care reporting to RCC fell substantially from 94% in Period 15 to 81% in Period 16. 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 16, data collected directly from the DFCS Policy Unit indicate that administrative packets were received for 81 (100%) of the 81 maltreatment-in-care investigations completed during Period 16. This was similar to Period 15 when the Policy Unit was notified of 107 of 107 investigations (100%). Twenty-five (31%) of the 81 reports the Policy Unit received for Period 16 were received within the 10-day window specified by DFCS policy.³³ This rate remains low and represents an 11 percentage point decline from the 42 percent of maltreatment-in-care reports received within the 10 day window in Period 15.³⁴ Table III-7 displays data on reporting of maltreatment-in-care investigations to the DFCS Policy Unit.

³³ Social Services Manual, Section 2106.11, Georgia Dept. of Human Resources, July 2005.

³⁴ 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.

Table III-7
Policy Unit Notification of Period 16 Maltreatment-in-care Investigations
N=81

Investigating County	Total Investigations	Notified		Not Notified	
	Number	Number	% of Total	Number	% of Total
DeKalb	18	18	100%		
Fulton	18	18	100%		
Barrow	1	1	100%		
Bibb	3	3	100%		
Carroll	1	1	100%		
Chatham	1	1	100%		
Cherokee	1	1	100%		
Clayton	5	5	100%		
Cobb	3	3	100%		
Douglas	3	3	100%		
Glynn	1	1	100%		
Gwinnett	5	5	100%		
Henry	1	1	100%		
Jefferson	1	1	100%		
Muscogee	2	2	100%		
Newton	2	2	100%		
Rockdale	3	3	100%		
Walton	1	1	100%		
State SIU	11	11	100%		
Total	81	81	100%		

Source: Survey of Notification of CPS Investigations in Foster Care Settings, July 1 – December 31, 2013.

The Period 16 file review of maltreatment-in-care investigations included 57 investigations of maltreatment that occurred in provider-supervised settings and therefore should have been reported to both RCC and OPM.³⁵ Data collected directly from RCC and OPM indicate that RCC was notified of 46 (81%) of these 57 investigations; the lowest RCC notification rate since Period 7 when it was 74 percent. Table III-8 displays data on county reporting of maltreatment-in-care investigations to RCC.

³⁵ There were a total of 62 investigations that involved children placed in provider-supervised settings, but five 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 Development Disabilities and are regulated by the Department of Community Health, Healthcare Facility Regulation Division. In three cases, the maltreatment occurred outside the placement setting and as such, the investigations were not required to be reported to RCC (all occurred during unsupervised visits with the biological parent). The total of 57 investigations includes four 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.

Fulton County completed the largest number of maltreatment-in-care investigations in provider-supervised settings at 11, with 10 (91%) being reported to RCC. The State Special Investigations Unit (SSIU) completed 10 investigations and DeKalb County eight investigations in such settings, with eight (80%) and six (75%), respectively, being reported to RCC. Sixteen perimeter counties accounted for the remaining 28 such investigations, with Barrow, Clayton, Cobb, Newton, Rockdale, and Walton counties collectively having failed to notify RCC of six investigations.

Table III-8
Residential Child Care Notification of
Period 16 Maltreatment-in-care Investigations
N=57

Investigating County	Total Investigations	Notified		Not Notified	
	Number	Number	% of Total	Number	% of Total
Fulton	11	10	91%	1	9%
DeKalb	8	6	75%	2	25%
Barrow	1			1	100%
Bibb	3	3	100%		
Carroll	1	1	100%		
Cherokee	1	1	100%		
Clayton	4	3	75%	1	25%
Cobb	3	2	67%	1	33%
Douglas	2	2	100%		
Glynn	1	1	100%		
Gwinnett	5	5	100%		
Muscogee	2	2	100%		
Newton	2	1	50%	1	50%
Rockdale	2	1	50%	1	50%
Walton	1			1	100%
State SIU	10	8	80%	2	20%
Total	57	46	81%	11	19%

Source: Survey of Notification of CPS Investigations in Foster Care Settings, July 1 – December 31, 2013.

The Period 16 notification data illustrate that county incident reporting enables prudent, collaborative action by RCC and DFCS. Among the 46 maltreatment-in-care investigations of which RCC was informed, RCC elected to conduct a joint investigation with DFCS for 27 (59%) 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 16 Maltreatment-in-care Investigations
N=58

Investigating County	Total Investigations	Notified		Not Notified	
	Number	Number	% of Total	Number	% of Total
Fulton	12	12	100%		
DeKalb	7	7	100%		
Barrow	1	1	100%		
Bibb	2	2	100%		
Carroll	1	1	100%		
Cherokee	1	1	100%		
Clayton	4	4	100%		
Cobb	3	3	100%		
Douglas	2	2	100%		
Glynn	1	1	100%		
Gwinnett	5	5	100%		
Jefferson	1	1	100%		
Muscogee	2	2	100%		
Newton	2	2	100%		
Rockdale	2	2	100%		
Walton	1	1	100%		
State SIU	11	11	100%		
Total	58	58	100%		

Source: Survey of Notification of CPS Investigations in Foster Care Settings, July 1 – December 31, 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 16, OPM appears to have been notified of 58 (100%) of the 58 investigations of alleged maltreatment that occurred in provider-supervised settings.³⁶ This is similar to the Period 15 rate of 99 percent. Table III-9 displays data on county reporting of maltreatment-in-care investigations to OPM.

³⁶ There were a total of 62 investigations that involved children placed in provider-supervised settings, but four of these fell outside the jurisdiction of OPM and thus were excluded from the OPM tabulations presented in Table III-9. In three cases the maltreatment occurred outside the placement setting and as such, the investigations were not required to be reported to OPM (all of these occurred during unsupervised visits with the biological parent). In one case the placement was not an approved OPM provider (it was a private provider regulated by RCC but supervised by Bibb County). This total includes 6 cases of which OPM was notified even though such notification was not required since the alleged maltreatment occurred outside the placement setting or 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.

- **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 16 included:

- **A small provider** showed a pattern of failure to provide acceptable Plans of Correction. An office conference was held in Period 16 to discuss the required components of an acceptable Plan of Correction and corrections that will be needed in order to attain and maintain compliance. RCC has been in ongoing communication with OPM regarding this matter and the provider is currently on suspension with OPM.
- **A fairly large provider** had several serious incidents and numerous emergency safety interventions (ESI) during Period 16 resulting in two adverse actions related to failure to follow policies and procedures on supervision, safety plans, reporting, and behavior management. An office conference with the provider was held in Period 16 to discuss RCC's concerns. Similar problems with this provider were referenced in the Period 15 report.

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- **A medium-sized provider** exhibited a pattern of increased citations and refutations with one specific RCC surveyor. An office conference was held to discuss the factors involved in the pattern. Issues with interpretation of rules by both the surveyor and the provider were identified. Those issues were discussed and clarified
 - **A medium-sized CPA** did not seem to be aware of incidents occurring at its satellite offices and the satellite offices seemed to be operating independently of the main office, which would require that they be individually licensed. In addition, corrective actions taken at one satellite office did not seem to get transferred to the other satellites. RCC's concern peaked when a child death was not reported or known to the main office. At a Period 16 office conference the main office agreed either to separately license each satellite or to have one executive director that manages all activity of all satellites.
 - **A small provider** that was licensed to operate a personal care home as well as foster homes had not had any foster care placements in the past year, but RCC had concerns about how they were using their personal care home and whether they were mixing their clientele. There were also concerns regarding whether or not the owner of the agency was also serving as a foster parent of the agency. An office conference was held in Period 16 at which the provider acknowledged closing its one and only foster home (which was the agency's owner) and agreed to close the agency if it does not approve any foster families during the next year.

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 16 include:

- Concerns with the quality of supervision;
- An increase in complaints of physical discipline;
- Instances of child-on-child sexual interactions;
- Law enforcement being used as a behavior management intervention;
- 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.³⁷ The following discussion summarizes the requirements and how DFCS is meeting them.

a. Awareness of Corporal Punishment Prohibition

All placement settings are to prohibit the use of corporal punishment. In 160 of 160 foster home records sampled (100%), there was a signed written statement or other evidence that foster parents understood and agreed to comply with DFCS' prohibition on the use of corporal punishment. This is unchanged from the Period 15 performance of 100 percent.

b. Enforcement of Corporal Punishment Prohibition

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

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

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 16 identified two confirmed instances of corporal punishment (1%), one in a foster home and one in a relative placement. This is similar to Period 15, during which there was one confirmed instance of corporal punishment among the children included in the placement sample.

The foster home record review of 160 randomly selected foster homes looked for evidence in the foster home record that foster parents or other placement resources used corporal punishment

³⁷ See pp 29-30, paragraph 12.C of the Consent Decree.

or permitted it to be used on any foster child, whether or not a subsequent investigation or assessment confirmed the allegation. Such evidence was found in none of the 160 foster home records reviewed (0%). This was similar to Period 15, during which such evidence was found in the records of one of the sampled foster homes (0.6%).

The review of all 81 maltreatment-in-care reports investigated during the reporting period identified nine reports (11%) that began as an allegation of corporal punishment. In Period 15, 11 of the 107 maltreatment-in-care reports (10%) began as corporal punishment allegations. One of the nine investigations (11%) completed during Period 16 that began with an allegation of corporal punishment found maltreatment to be substantiated and that home was closed. In three cases the children were removed from the placement; in one of these cases the foster parent was also placed on a corrective action plan and in one the foster parent also received additional training on appropriate disciplinary methods. 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 three remaining cases were unsubstantiated and no further action was taken.

d. Screening and Investigation of Corporal Punishment Allegations

Allegations of corporal punishment must be screened by qualified CPS (rather than foster care) staff. Depending on the screening conclusions, the allegations may be responded to differently. Where reasonable cause exists to believe abuse or neglect occurred, or if the allegations arose in a group care setting, the allegations must be treated as an abuse referral and investigated accordingly. If the screener concludes that reasonable cause does not exist, the Consent Decree requires a timely assessment of the allegations and that a “hold” be placed on any further placements until the assessment is complete. It also stipulates conditions under which homes must be closed, and conditions under which homes may remain open; which include that a corrective action plan (CAP) must be developed, that the CAP must be agreed upon and signed by all participants, and that the CAP must be appropriately monitored and enforced.

In DeKalb and Fulton counties, incoming complaints are screened by the centralized intake unit known as the CPS Intake Communications Center (CICC).³⁸ Those showing reasonable cause are assigned to the Special Investigations unit with a 24 hour response time; those lacking reasonable cause are recommended to be screened out. In both counties, referrals for alleged maltreatment in care may be screened out only with the approval of the county director. The county director, deputy, and Safety Response System (SRS) expert are copied on all CICC emails in which the recommendation is screen out. In both counties, any complaint alleging corporal punishment of children in Child Caring Institutions (CCIs) must be reported to CICC for disposition. Such referrals are always assigned as Special Investigations.

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

³⁸ The CICC assumed all CPS intake responsibilities for DeKalb and Fulton counties effective September 16, 2013.

Development staff in each county conducts the assessment in the home and decides 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 following a second violation of the disciplinary policy or other serious policy violation, or if the family was not amenable to change, the home would be closed.

In both counties, corporal punishment allegations against provider-supervised foster homes are referred to CICC for disposition. Cases that fail to meet the criteria for a CPS investigation receive an “assessment” from the Special Investigations unit, are referred to OPM and RCC, and the DFCS placement worker follows up with the supervising CPA in regard to their corrective action plan and its monitoring.

The Consent Decree contains certain mandatory safeguards and requirements applicable to all foster homes while screened-out reports of corporal punishment are being assessed. As noted above, none of the 160 homes in the Period 16 sample had an allegation in the previous 12 months that corporal punishment was used. Therefore, the Accountability Agents were unable to assess the extent of compliance in Period 16 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 nine CPS investigations prompted by an allegation of corporal punishment; four involving children placed in provider-supervised foster homes, four involving children placed with relatives/fictive kin, and one involving a child placed in a DFCS foster home. Of these nine investigations:

- 9 (100%) showed that all alleged victims were interviewed separately within 24 hours;
- 9 (100%) showed that the continued safety of any children remaining in the home was adequately evaluated;
- 9 (100%) of the investigative conclusions were, in the reviewer’s opinion, consistent with the investigative documentation; and,
- 9 (100%) of the investigations were completed within 30 days as required by DFCS policy.

Of the four investigations involving children in provider-supervised placements, OPM was notified of four reports (100%) and of the investigative conclusion in four cases (100%). RCC was notified of four (100%) of the reports and of the investigative conclusion in three cases (75%).

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.³⁹ 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 16. This part also includes charts that display the State's permanency performance trends over the 12 most recent reporting periods or the applicable reporting periods to date.

³⁹ 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 16 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.	97%
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.	71%
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.	92%
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. ⁴⁰	94%
Children Achieve Permanency	Period 16 Performance
Outcome 4: No more than 8.6% of all foster children entering custody shall have re-entered care within 12 months of the prior placement episode.	9.4%
Outcome 8a: Of all the children entering custody following the entry of the Consent Decree, at least 40% shall have had one of the following permanency outcomes within 12 months or less after entering custody: reunification, permanent placement with relatives, permanent legal custody, adoption, or guardianship.	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.	65%
Outcome 9: Children in custody for up to 24 months and still in custody upon entry of the Consent Decree (children in the "24 month backlog pool"): For all children remaining in the 24 month backlog pool after the fourth reporting period at least 40% by the end of the fifth reporting period shall have one of the following permanency outcomes: reunification, permanent placement with relatives, permanent legal custody, adoption, or guardianship.	9%

⁴⁰ 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.	18%
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.	66%
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.	99%
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.	94%
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.	98%

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.*”⁴¹ 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 may also 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 15-11-211) to identify those individuals who may be considered a resource for placement or custody of the child.”⁴² 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”⁴³ 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 33 case files out of the 175 randomly selected cases from those entering custody between July-December 2013 and remaining in care at least 60 days. The review of these cases was conducted between March and April 2014. In lieu of a targeted review, as in the past three periods, the parties agreed to utilize the random sample of 175 to measure the state’s performance for diligent search efforts to expedite the Report and in light of the State’s consistent achievement of this Outcome in recent reporting periods. 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:⁴⁴

⁴¹ See p. 4, principle 2 in the Consent Decree.

⁴² Social Services Manual, Chapter 1000, Section 1002.3.1, Georgia Department of Social Services

⁴³ Social Services Manual, Chapter 1000, Section 1002.31 Georgia Department of Social Services

⁴⁴ 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.

-
- 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 children⁴⁵ 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 32 (97%) of the 33 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 15 performance of 96 percent.

During Period 16, a fatherhood initiative was established in DeKalb County, in which the county partnered with the Office of Child Support Enforcement to engage fathers in a more comprehensive way. Monthly meetings are held and training workshops are being offered to case managers to improve their engagement with fathers and paternal family members. They are sharing these strategies with Fulton County during G2 meetings. In Period 16, out of the 33 cases reviewed for diligent search efforts, 12 fathers were interviewed (36%), 18 participated in the family team meetings (55%), and although 31 paternal relatives were identified as potential resources (94%), only 22 (67%) were actually contacted. The counties' enhanced efforts to improve the quality of engagement with fathers should contribute to their diligent search efforts on behalf of children in future review periods.

Table IV-2 provides the number and frequency of different types of diligent search actions undertaken on behalf of the 33 sampled children. The State's performance over the eight reporting periods for which the outcome has been measured is displayed in Figure IV-1.

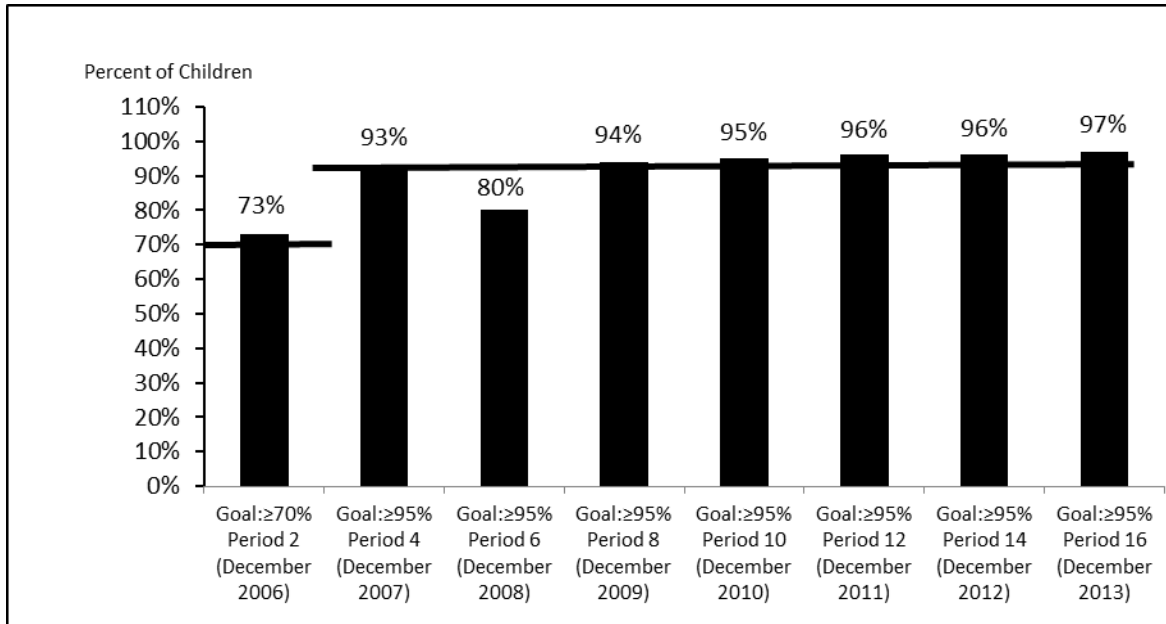
⁴⁵ If the child was aged 3 or younger, the record review did not seek to determine if the child was interviewed.

Table IV-2
Diligent Search Actions Undertaken
n=33

Actions	Number	Percent
Children placed with a family resource within 60 days of entering custody	7	21%
Court order documented that the diligent search was “properly and timely” submitted	15	46%
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	10	30%
Subtotal for Outcome Measurement	32	97%
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)	1	3%
No documented search activities	0	0%
Total	33	100%

Source: Case Record Review, February - April 2014.

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



Source: Case Record Reviews

Outcome 19 – Placement Proximity

Outcome 19 defines the acceptable placement proximity to the removal home or community as being in a setting within the home county or within a 50 mile radius of the home from which the child was removed.⁴⁶

a. Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in Period 16. Appendix B provides a summary of previously resolved interpretation and measurement issues. The measurement of Outcome 19 performance is based on the sample of 175 children in foster care at any time between July 1 and December 31, 2013.

b. State Performance

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

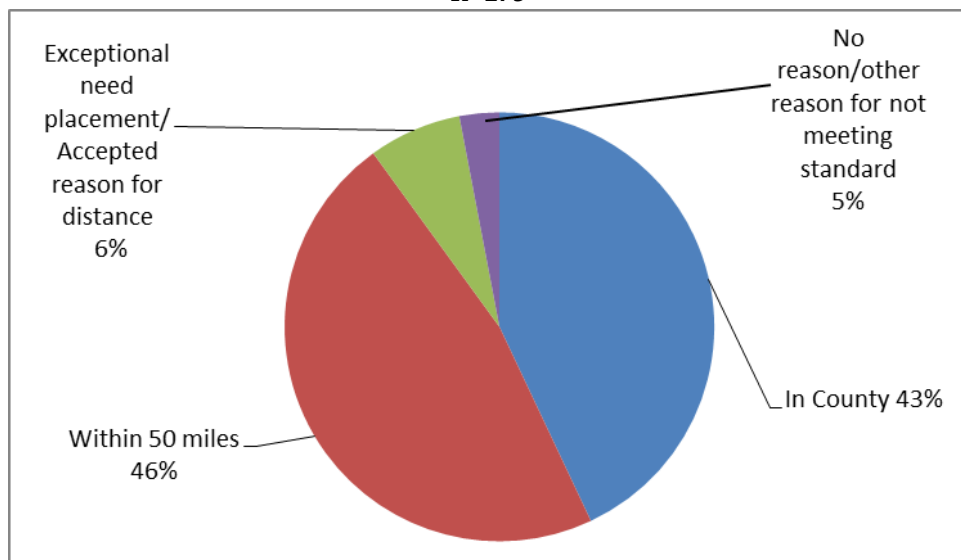
The State placed 166 children (95%) within the designated proximity to the homes from which they were removed or according to the accepted reason for a more distant placement. The outcome performance threshold is 90 percent.

One hundred and fifty-six children (89%) were placed within the same county or within a 50 mile radius from the home from which they were removed. Placement of two children was included because of their placement with relatives through ICPC. Eight additional children are included in the analysis because they met the Consent Decree standard for exceptional needs. A total of nine children (5%) did not meet the requirements according to the documentation in their files.

The distribution of all children in the sample among placement locations is displayed in Figure IV-2. The State's performance over the 12 most recent reporting periods is displayed in Figure IV-3 and reflects the State's consistent achievement of this outcome.

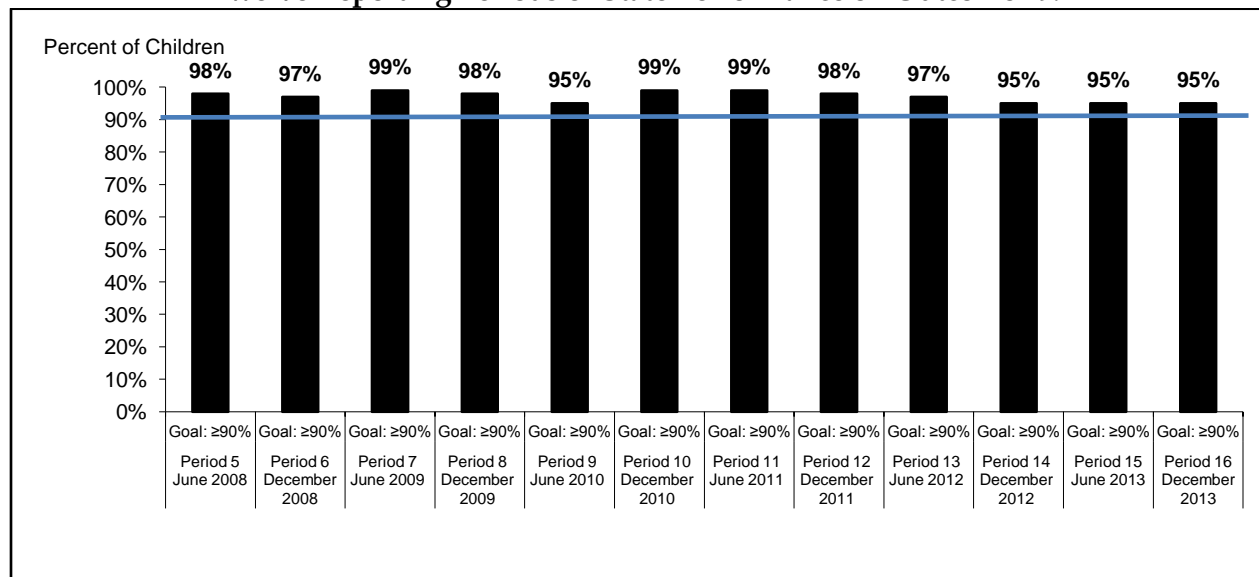
⁴⁶ See p. 35, Outcome 19, of the Consent Decree.

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



Source: Case Record Review February – April 2014.

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 children, February – April 2014

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 16. Appendix B provides a summary of previously resolved interpretation and measurement issues. The measurement of Outcome 21 is based on the sample of 175 children in foster care at any time between July 1 and December 31, 2013. Within the sample, 123 were considered to have the permanency goal of reunification for at least some portion of the period for purposes of measuring parental visitation. However, 18 children were excluded from the analysis for the following reasons:

- Three children were placed the entire period with the family member with whom they were to be reunified.
- Fourteen children had the following special circumstances:
 - Parents of three children were under court order not to have contact with the children during the period;
 - In two cases the child/parent refused to meet with each other; one child turned 18 at the beginning of the period;
 - One child's reunification resource was incarcerated during the review period;
 - Five children were to be reunified with parents/guardians who had moved out of state/country before the start of the period; and
 - Two children were on runaway status during most of the period.

Therefore, 105 children were included in the parent-child visitation analysis.

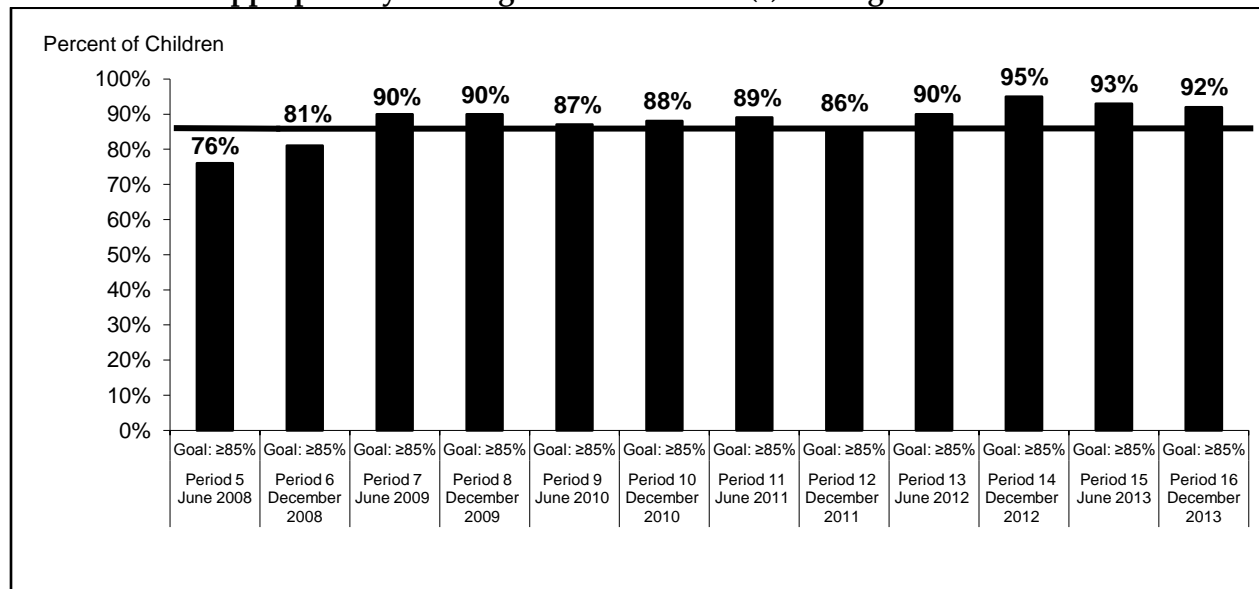
b. State Performance

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

Among the 105 children included in this analysis, 97 children (92%) 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.⁴⁷ The performance threshold for this outcome is 85 percent. This performance is similar to the Period 15 performance of 93 percent, and marks the tenth straight review period in which the state has met or exceeded the required threshold. Figure IV-4 displays the State's performance over the past twelve reporting periods.

⁴⁷ See Appendix B for a discussion of how "appropriate visitation" was determined.

Figure IV-4
**Twelve 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– December 2013.

Outcome 16 – Sibling Placement and Outcome 23 - Sibling Visitation

The Consent Decree stipulates a sibling placement standard⁴⁸ 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 for 90 percent of the sample, unless specific circumstances preclude such visits.⁴⁹ 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 16. Appendix B provides a summary of previously resolved interpretation and measurement issues using SHINES data. A total of 270 children entered custody in a sibling group of two or more during Period 16. Among the 270 children, 14 children were separated from siblings due to their special medical, developmental or behavioral needs or the special needs of their sibling. Five additional children were not placed with all of their siblings because they have different fathers and they were placed with their paternal relatives. Removing these 19 children from the analysis conforms to the standard for exceptions established in previous reporting periods.

⁴⁸ See p. 16, paragraph 5C.4.d of the Consent Decree.

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

Removing these 19 children from the analysis leaves 251 children with which to measure Outcome 16 performance. This number compares to the 194 children in applicable sibling groups in Period 15, and 225 children in applicable sibling groups in Period 14.

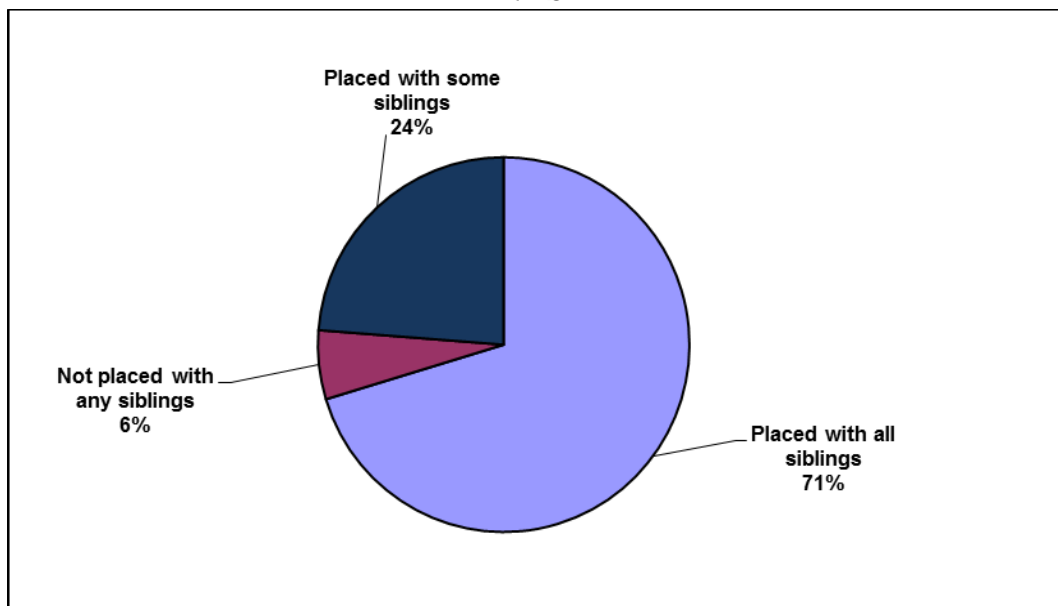
b. Outcome 16: State Performance

• The State Fell Short of the Outcome 16 Threshold

Of the 251 children who entered custody with one or more siblings in Period 16 and did not have a special placement need or an exception as discussed above, 178 children (71%) were placed with all of their siblings.⁵⁰ Outcome 16 requires at least 80 percent of children entering care with siblings to be placed with all their siblings. This is a decline in performance from the 76 percent of children who were placed with all of their siblings during Period 15. Figure IV-5 illustrates the sibling placement pattern in Period 16 and Figure IV-6 displays the State's performance over the 11 most recent reporting periods.

According to the counties, 48 children from the group of 73 that were not placed with all siblings were separated because they were part of large sibling groups of 4, 5, 6, and 7 respectively. The remaining 25 children were not in large sibling groups, but were still not placed with all of their siblings upon entering care.

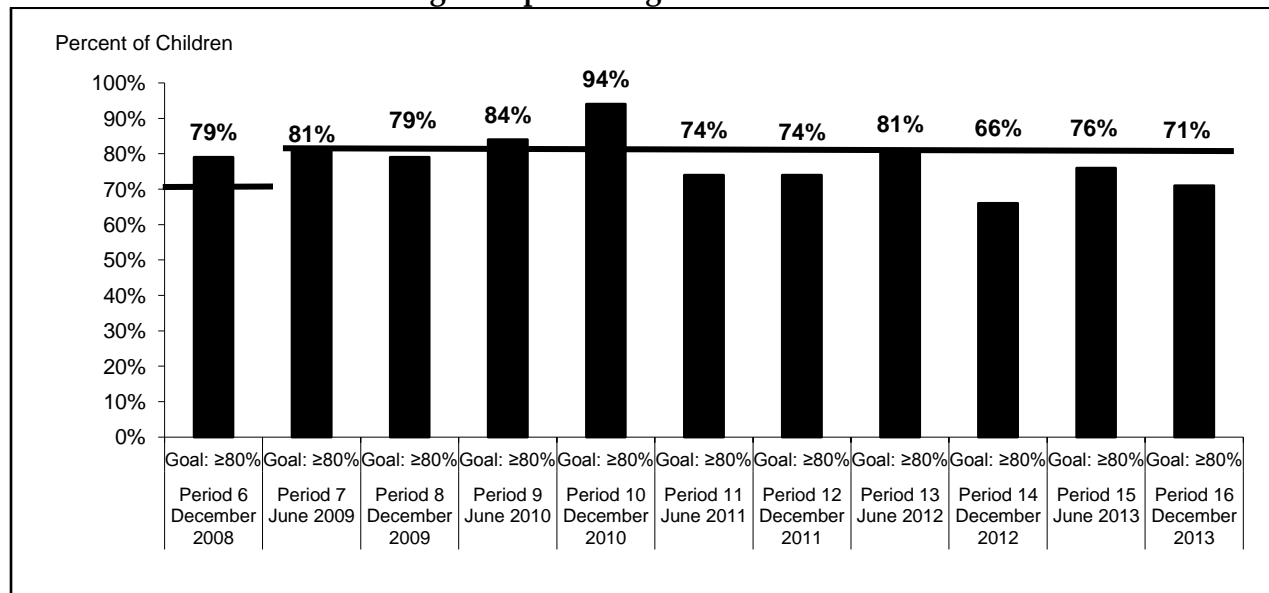
Figure IV-5
Sibling Group Placement for Period 16 Foster Care Entries
N=251



Source: SHINES report, verified.

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

Figure IV-6
Eleven 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, February to April 2014.

As indicated in Table IV-3, the State's performance on Outcome 16 since Period 10 appears to be influenced by the number of larger sibling groups entering care. In the periods in which the State achieved compliance (Periods 10 and 13) fewer than 13 sibling groups of four or more entered care. In four out of the five periods in which the State failed to achieve the standard (Periods 11, 12, 14, 15 and 16) the number of sibling groups of four or more entering care exceeded 13. In light of this pattern, it is highly recommended that the state work toward increasing the number of foster home placements that are able to accommodate larger sibling groups and examine its current practices and policies regarding the placement of siblings. Table IV-3 displays sibling group sizes and Outcome 16 performance for each of the last six reporting periods.

Table IV-3
Sibling Group Sizes in Periods 10, 11, 12, 13, 14, 15 and 16
(July 2010- December 2013)

Sibling Group Size	Number of Sibling Groups by Size of Group						
	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
2 children	42	56	47	61	39	51	52
3 children	13	26	27	25	29	8	25
4 children	3	12	11	5	8	11	8
5 children	4	4	4	5	6	2	10
6 children		2	2	2		3	3
7 children			2				3
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	49
Outcome Performance	94%	74%	74%	81%	66%	76%	71%

Source: SHINES reports for designated reporting periods.

c. Outcome 23: Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in Period 16. Appendix B provides a summary of previously resolved interpretation and measurement issues. The standard requires that at least 90 percent of the required monthly sibling-group visits occur each reporting period.⁵¹ At a minimum, siblings are to have monthly visits unless the visit is harmful to one or more of the siblings, the sibling is placed out of state in compliance with ICPC, or the distance between the children's placement is more than 50 miles and the child is placed with a relative.⁵² The measurement of Outcome 23 is based on all sibling groups in foster care at any time between July 1 and December 31, 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 16 and collecting information from the on-line case files in

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

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

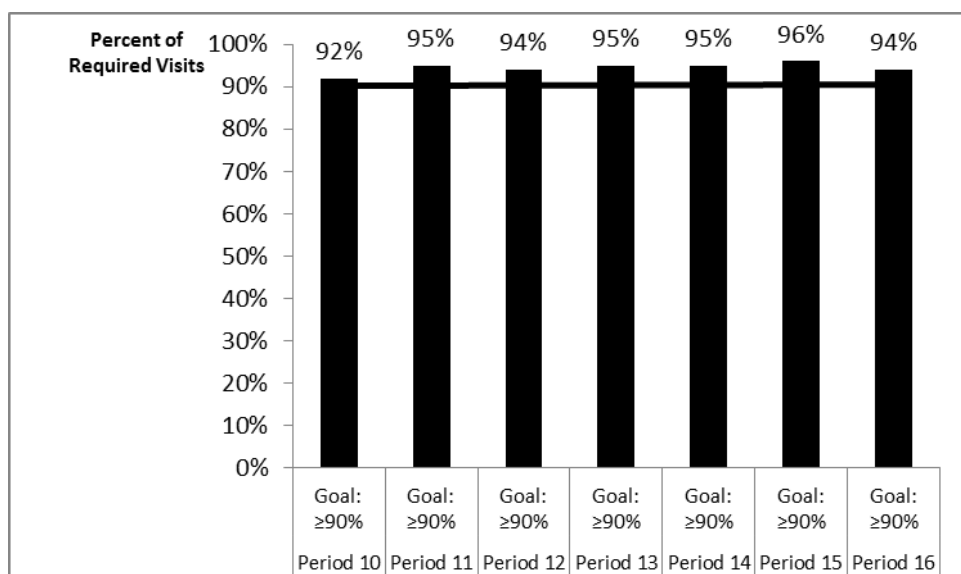
SHINES about all applicable visits (sibling, parental, and case manager.) Information for each of the children sampled was compared with the information in the county system and discussed with the county representatives. The Accountability Agents are satisfied that the State report on sibling visits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

d. **Outcome 23: State Performance**

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

For Outcome 23, **94 percent** of the required monthly visits among siblings in custody but in separate placements occurred, surpassing the Consent Decree’s sibling visitation requirement of 90 percent.⁵³ Figure IV-7 displays the State’s performance over the seven reporting periods to which the revised Consent Decree measurement and standard applied.

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



Source: County databases

⁵³ See *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

2. Children Achieve Permanency: Outcomes 8, 9, 10, 11, 4, 14, 15, 27, and 28

Permanency for a child can be achieved in many ways. Subject to the absolute constraint represented by child safety, the initial focus of child welfare work is always on reunification with the birth parents or other reunification resource. Should that result be unattainable, the state may pursue transferring custody to a relative or adoption by a relative, another family member, or a family specifically recruited for the child. Legal guardianship is also a means of securing permanency for a child. In concurrent planning, reunification usually remains the primary goal, but a concurrent goal of custody to a relative, guardianship, or adoption also may be part of the permanency plan in the event that reunification efforts fail. Concurrent planning encourages case managers to focus on more than one permanency option for a child and it provides a very clear statement to parents that the State will move to achieve permanency for the children even if they cannot be returned home. Table IV-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*	38	22%
Concurrent Goal (Reunification and another goal; or, in some cases, Adoption and another goal)	74	42%
Adoption	27	15%
Guardianship	2	1%
Custody to a Fit and Willing Relative	15	9%
Long Term Foster Care	2	1%
Emancipation	17	10%
No permanency goal established	0	0%
Total	175	100%

Source: Case Record Review, February - April 2014. *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, 138 (79%) did not have any documented barriers to permanency. As of December 31, 2013, 124 children in the sample remained in care. Of those remaining in care, 87 children (70%) had no documented barriers to permanency. Among the 37 other children remaining in care, the following barriers were documented in their files:

- Parent behavior/circumstances 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;
- Parent moved out of the state;
- Parent incarcerated and escaped;
- Criminal allegations still pending or no contact bonds in place in Superior Court.
- Child behavior/ circumstances including:
 - Child wishes to remain in care;
 - Child is on frequent runaway;
 - Child has behavioral or medical issues; and
 - Child’s immigration status.
- Adoption finalization roadblocks including:
 - DFCS unable to identify an adoptive resource; and
 - Termination of parental rights (TPR) is pending but not complete,

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)⁵⁴ – the requirements of 8(a) and 8(b) are

⁵⁴ The Consent Decree stipulates for a relative who is “willing to assume long-term responsibility for the child but has reasons for not adopting the child or obtaining guardianship or permanent legal custody, and it is in the child’s

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 16. Appendix B provides a summary of previously resolved interpretation and measurement issues. The measurement of Outcome 8a and 8b is based on the entire population of children who have entered DFCS custody since October 27, 2005. The data for this outcome was reported by the State from the SHINES system and the Accountability Agents worked with the State to reconcile and validate the data.

b. State Performance

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

Through December 2013, 9897 children had entered DFCS custody since October 27, 2005. From this cohort of children, 5676 children (**57%**) exited by December 31, 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 16 is similar to the performance in the three previous periods. The State has surpassed the Outcome 8a standard in every reporting period to which it applied.

Another 742 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 6418 or **65 percent** of the total cohort. The performance in Period 16 is similar to the performance in the three previous periods, and is the State’s best Outcome 8b performance to date, but was still insufficient to attain the threshold of 74 percent required by the Consent Decree.

Table IV-6 provides the distribution of all the children in the Outcome 8 cohort who exited custody by the end of December 2013. An additional 1473 children (15% of the cohort) exited to one of the designated permanency arrangements but these exits occurred outside the designated time frames for the outcomes. Although these children cannot be “counted” toward either Outcome 8a or 8b, the Accountability Agents recognize the achievement of permanency for these children. The proportion of children who have entered State custody since the advent

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*”.

of the Consent Decree and are still in care decreased from 13 percent at the end Period 14 to 10 percent in Period 16.

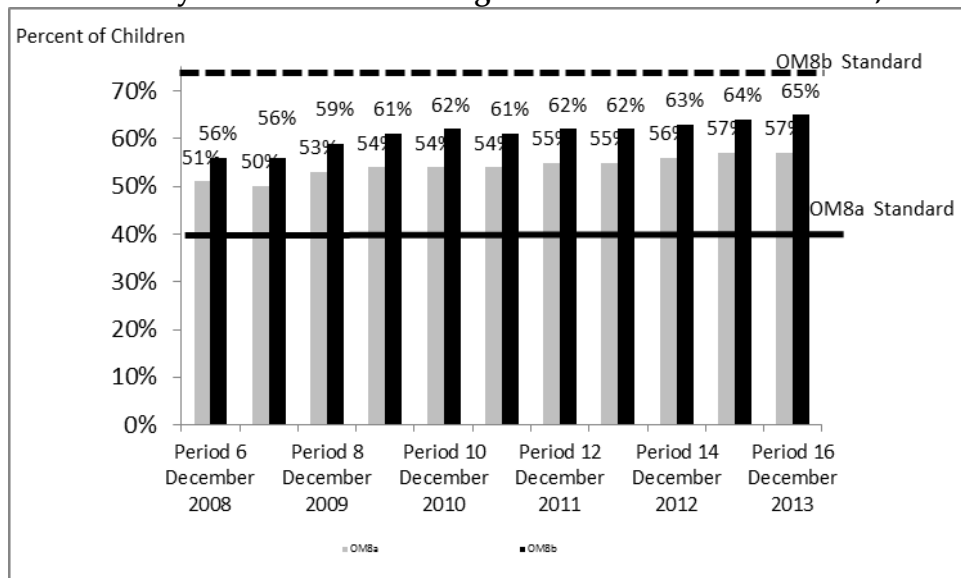
Figure IV-8 displays the State's performance over the 11 most recent reporting periods. Figure IV-9 illustrates the exit outcomes for all children who have entered State custody since the start of the Consent Decree.

Table IV-6
Outcome 8
Children Entering DFCS Custody on or after October 27, 2005
Who Exited to Permanency by December 31, 2013

	Children who entered custody on or since October 27, 2005	
Number of children in cohort	9897	
Exits as of December 31, 2013	8(a)	8(b)
Reunification within 12 months	4429	4429
Permanent Placement with Relatives within 12 months (still in state custody)	0	0
Permanent Legal Custody within 12 months (custody transferred from DFCS)	824	824
Permanent Legal Custody between 12 and 24 months (custody transferred from DFCS)		357
Adoption within 12 months	26	26
Adoptions between 12 and 24 months		190
Guardianship within 12 months	397	397
Guardianships between 12 and 24 months		195
Total Exits for Outcome Measurement	5676	6418
Percentage Exiting for Outcome Measurement	57%	65%
Number Exited to Permanency but not in required time frame	1473 (15%)	
Other exits (transfer to other counties, emancipation, etc.)	1000 (10 %)	
Total number exiting	8891 (90%)	
Remaining number in cohort on December 31, 2013	1006 (10 %)	
Demographics of those still in DFCS custody at December 31, 2013	Average length of stay: 19 months	
	Median length of stay: 14 months	
	Average Age: 8 years	
	45% female, 55% male	

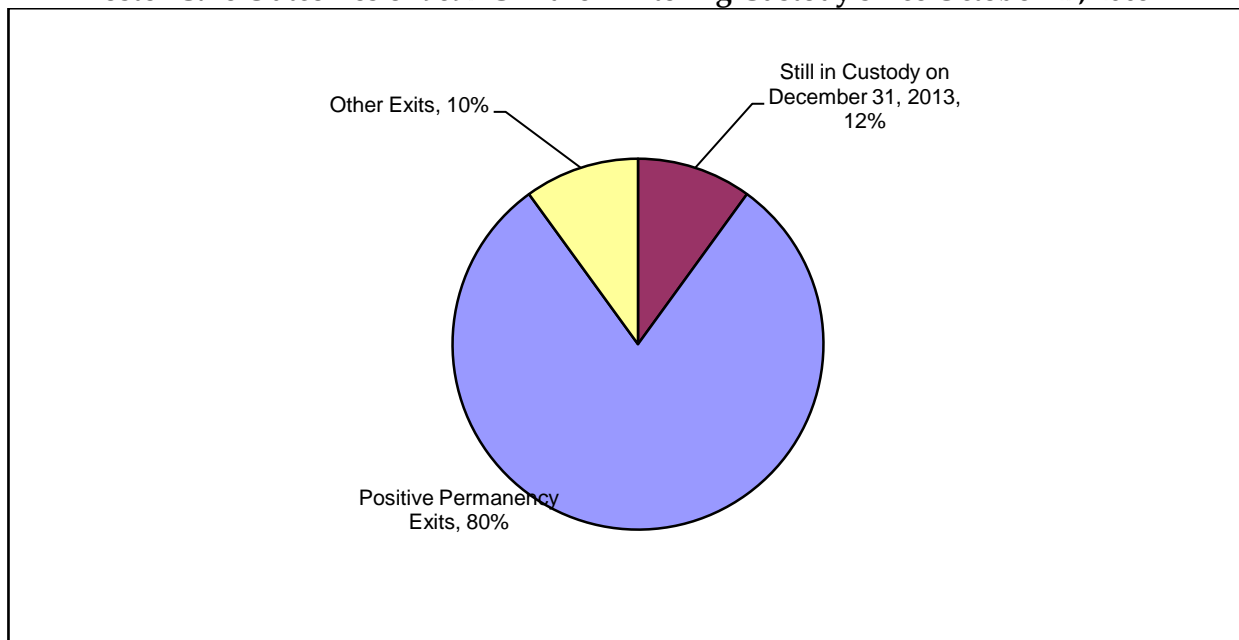
Source: SHINES, and county tracking systems.

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



Source: State data systems, IDS and SHINES

Figure IV-9
Foster Care Outcomes of 9897 Children Entering Custody since October 27, 2005*



Source: SHINES, and county tracking systems

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

c. Operational Context

As a result of ongoing discussions between the parties about the Outcome 8b performance and a request by Plaintiffs' Counsel in February 2012⁵⁵, the State began providing a special "entry cohort" analysis of the State's 8b performance to shed more light on the state's progress. To date, this analysis has considered the permanency results over 24 months for 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.
- Cohort 7: All children who entered care in Period 12 – July 1 through December 31, 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. 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	Cohort 7
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)	Period 12 (July to December 2011)
66%	70%	75%	73%	73%	72%	70%

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

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

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

The Consent Decree established two other permanency outcomes, Outcomes 9 and 10, to be achieved with two different cohorts of children who have been in State custody for a particularly long time. Many of these children have lived nearly their entire lives in foster care. Outcome 9 has permanency expectations for the children who had already been in custody up to 24 months when the Consent Decree was finalized in October 2005.⁵⁶ Similarly, Outcome 10 has permanency expectations for the children who had been in state custody 24 months or more when the Consent Decree became effective.⁵⁷

a. Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in Period 16. 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 December 31, 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 (9%) had a positive permanency exit during the period July 1 and December 31, 2013.⁵⁸ The performance threshold for this outcome is 40 percent. Two other children 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 16 years, the average length of stay was 12.8 years, and 50 percent of the children were female.

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

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

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

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

Of the 11 children remaining in custody on December 31, 2013 who were in the cohort of children that had been in State custody for over 24 months as of October 27, 2005, two children (18%) exited to positive permanency during the period July 1 through December 31, 2013. The performance threshold for this outcome is 35 percent. Another two children exited DeKalb and Fulton custody for reasons other than positive permanency during Period 16, leaving seven children from the Outcome 10 cohort still in custody on December 31, 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

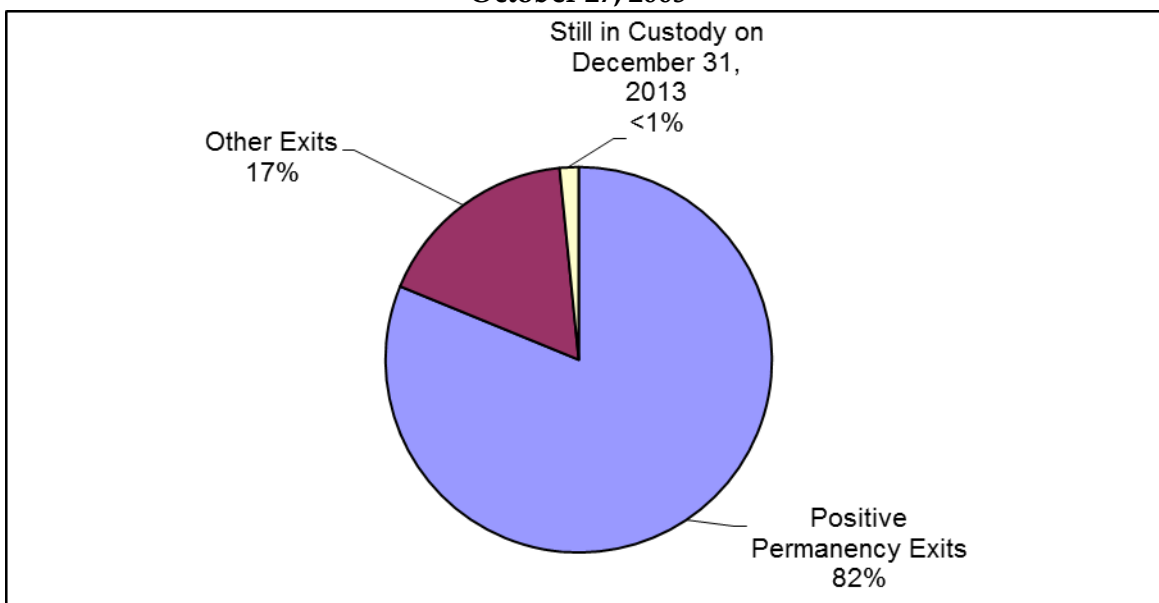
	Cohorts of Children		
	Children in custody for <u>up to 24 months</u> and still in custody on October 27, 2005 (Outcome 9)	Children in custody for <u>more than 24 months</u> and still in custody on October 27, 2005 (Outcome 10)	Total
Number of children in cohort	11	11	22
Permanency Exits			
Reunification	0	0	0
Adoption	0	2	2
Guardianship	1	0	1
Live with other relative	0	0	0
Permanent Placement with relatives	0	0	0
Total for Outcome Measurement	1	2	3
Percentage exiting for Outcome Measurement	9%	18%	
Other exits (transfer to other counties, emancipation, etc.)	2	2	4
Total number exits	3	4	7
Number remaining in cohort December 31, 2013	8	7	15
Characteristics of children remaining in custody on December 31, 2013			
Proportion under the age of 12	0%	0%	
Average length of stay	153 months (12.8 years)	103 months (8.6 years)	
Median length of stay	150 months (12.5 years)	98 months (8.2 years)	
Average age	16	15	
Percent female	50%	43%	
Percent male	50%	57%	

Source: SHINES, and county tracking systems.

As noted in Table IV-8, the average age of all children in the cohort was 15 years and the average length of stay was 8.6 years. None of the children remaining in custody were under age 12. Fifty-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.

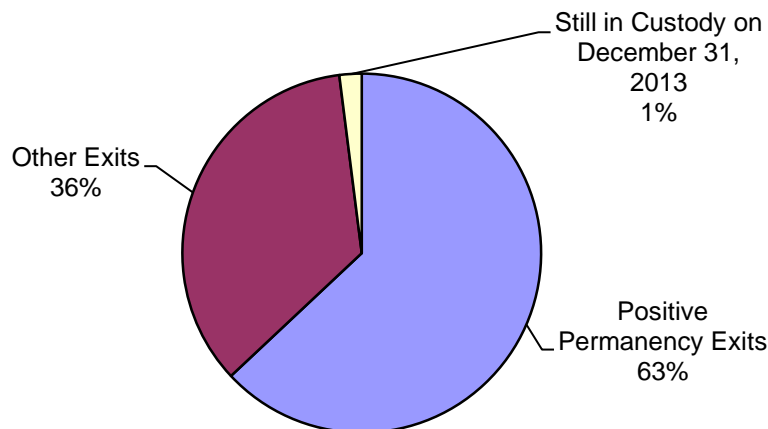
Figure IV-10
Outcome 9
Foster Care Outcomes of 1448 Children in Custody Up To 24 Months Before
October 27, 2005*



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 July 1 and December 31, 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.⁵⁹ The intent of this outcome is to encourage the movement of children into permanent families as quickly as possible after dissolution of their family of origin. It is similar to one of the national permanency outcomes established by the U.S. Department of Health and Human Services.⁶⁰

a. Interpretation and Measurement Issues

The measurement of Outcome 11 is based on the entire population of children for whom termination of parental rights was final any time between July 1 and December 31, 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 December 31, 2013, the parents of one child appealed the judicial decision to terminate their parental rights. While the termination is

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

⁶⁰ See discussion of the 15 new outcome measures developed for the second round of the CFSRs in *Child Welfare Outcomes 2002-2005: Report to Congress*, Appendix B, specifically C2.5 at <http://www.acf.hhs.gov/programs/cb/pubs/cwo5/appendix/appendixb.htm>.

under appeal, the termination of parental rights is not final. Therefore, the Accountability Agents determined that this child should be excluded from the analysis of Outcome 11 in Period 16 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 Fell Short of the Outcome 11 Threshold**

Between July 1 and December 31, 2012, the parental rights of the parents of 64 children were terminated or relinquished. Of these 64 children, 42 children (**66%**) were adopted/had their legal guardianships finalized within 12 months. While still short of the standard threshold, state performance continues to improve: it was 55 percent in Period 14 and 60 percent in Period 15. The Accountability Agents recommend that the state continue to actively monitor the effectiveness of efforts to achieve timely permanency for children whose parental rights have been terminated.

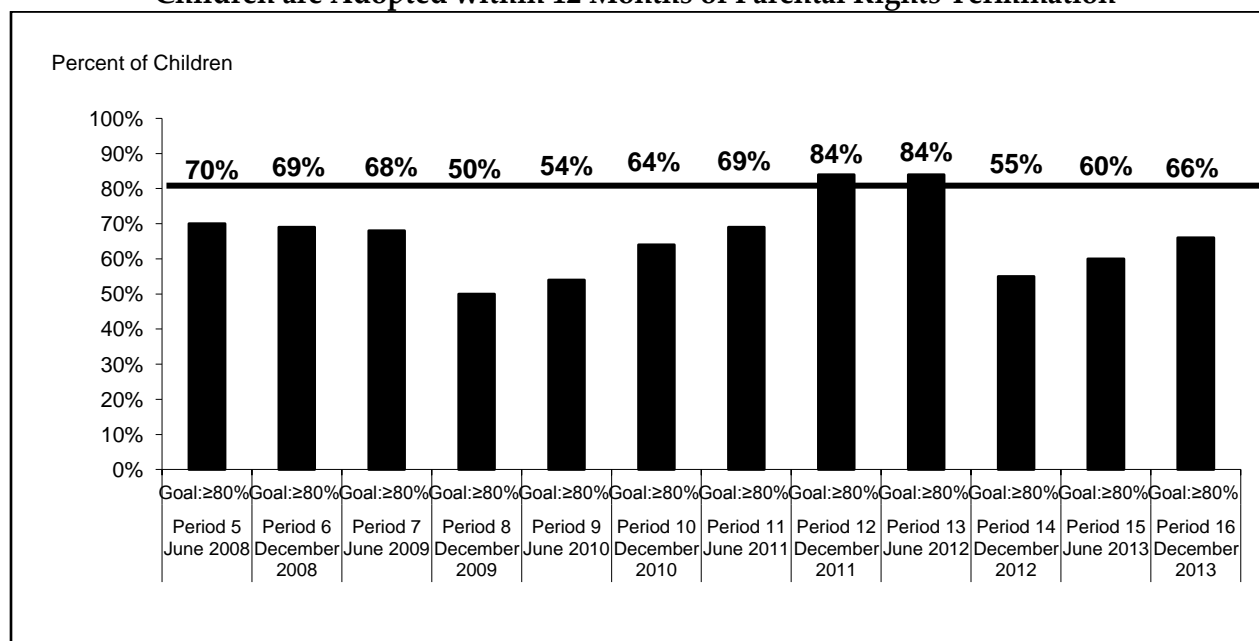
Table IV-9 displays the status of Children with Parental Rights Terminated between July 1 and December 31, 2012. Figure IV-12 displays the State's Outcome 11 performance over the 12 most recent reporting periods.

Table IV-9
Status as of December 31, 2013 of Children with Parental Rights Terminated between
July 1 and December 31, 2012
N=64

	Number	Percent	Cumulative Percent
Adoption finalized within 12 months	41	64%	64%
Guardianship	1	2%	66%
Adoption or Guardianship finalized within 13 months	0	0%	66%
Adoption or Guardianship finalized within 14 - 17 months	0	0%	66%
Custody to relatives/other for purposes of adoption (granted within 12 months of TPR)	0	0%	66%
Custody to relatives within 12 months of TPR	0	0%	66%
Awaiting adoption as of December 2013	22	34%	100%
Total	64	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 – December 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?"*⁶¹ That is, it is trying to identify the children who have quick successions of foster care episodes. Outcome 4 sets the same numerical standard as the national standard established by the U.S. Department of Health and Human Services as part of its child welfare monitoring responsibility.⁶² However, the federal standard has generally applied to children who returned to custody after being reunified and the Consent Decree standard applies to all children, regardless of their previous discharge reason. In addition, the Federal methodology for assessing the permanency of reunification has evolved over time and now calculates

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

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

permanency stability as a percentage of the children *exiting* care in a given period, rather than as a percentage of the children *entering* care. That is, the federal analysis of the permanency of reunification now asks, *of all children discharged from foster care to reunification in the 12-month period prior to the current year, what percentage reentered care in less than 12 months from the date of discharge?* The federal rationale for the methodological change is that a longitudinal measure of re-entry into foster is a more direct measure of how permanent an exit is than the original re-entry measure.⁶³ However, as the Outcome 4 standard is still expressed as a percentage of the children *entering* care, the measurement methodology upon which this report is based remains unchanged.

a. Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in Period 16. 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 556 children who entered foster care through adjudication at any time between July 1 and December 31, 2013. The State used SHINES to produce a report of the children experiencing a re-entry into foster care in Period 16. This list was verified by the Accountability Agents.

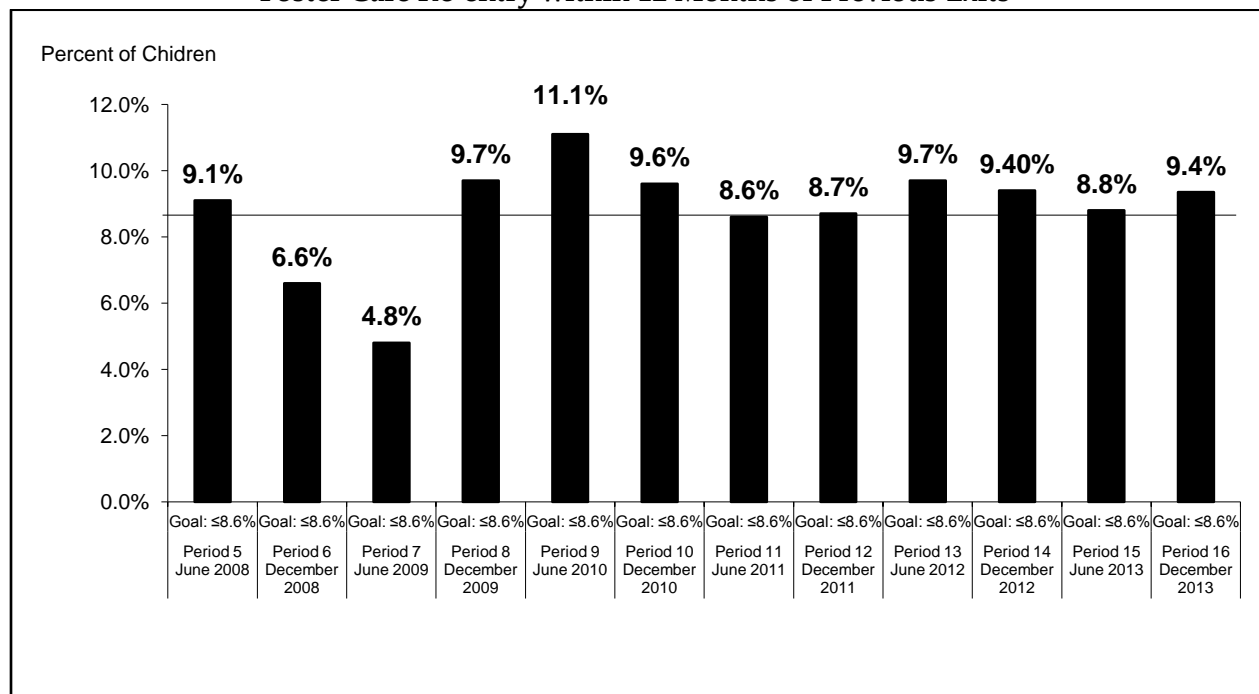
b. State Performance

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

Of the 556 children who entered foster care between July 1 and December 31, 2013, 52 children (9.4%) had exited foster care at least once in the 12 months prior to their most recent entry. The outcome performance threshold is no more than 8.6 percent. . This is a higher rate of children who re-entered care than the 8.8% performance measured during Period 15. Figure IV-13 displays the State's Outcome 4 performance over the 12 most recent reporting periods.

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

Figure IV-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 – December 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).⁶⁴ Changes in the number of children entering care can inflate or deflate the re-entry rate without any significant change in the number of children who actually re-entered care.⁶⁵ This is illustrated in Table IV-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 16, nearly 21 percent more children (52) re-entered care than during Period 15 (43). However, because 13 percent more children entered care in Period 16 than in Period 15 (556 vs. 488) the substantial increase in the number of reentries had only modest impact on the Outcome 4 measure.

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

⁶⁵ The new federal methodology avoids such an anomaly by calculating the re-entry rate as a percentage of children exiting care rather than entering care.

Twenty-six of the children who re-entered care (50%) during Period 16 were teenagers. Eighteen of these teens were “deprived” because their parents either turned them over the DFCS or they refused to pick them up from the youth detention center after their child was detained due to alleged delinquent behavior. In fact, DFCS was only responsible for initiating a new deprivation case for one teenager. The issues that presented for teenagers who reenter care are multi-faceted and include:

- Twelve teens with recent involvement with the Department of Juvenile Justice;
- Eight teens with documented mental health issues cited as the reason for re-entry;
- One teen mother and three pregnant teens; and
- Two teens with recent runaway histories.

The above noted challenges are offered in this report to provide a clear picture of the type of cases that are reentering care. As noted in this report, during Period 16, the number of children placed in congregate care continues to show a modest increase. . . As discussed previously, the Accountability Agents recommend that the Department develop a comprehensive strategy to recruit, support, and retain foster homes to accommodate teenagers and sibling groups.

Table IV-10
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 2013	43	488	8.8%
Period 16: July 1 – December 2013	52	556	9.4%

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

Outcome 14 – Adoption Disruptions within 12 Months of Finalizations

Outcome 14 focuses on adoptions that fail or are at the brink of failure. Adoption disruptions occur when adoptive parents no longer can or no longer wish to parent the children to whom they made a lifetime commitment or when children are found to be at risk of harm and must be removed from the adoptive home. When a disruption occurs, DFCS works with these families to achieve reunification and prevent dissolution, but the effort is not always successful. The Consent Decree establishes a performance threshold that no more than five percent of adoptions finalized during a reporting period shall disrupt within the 12 months subsequent to finalization.⁶⁶

a. Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in Period 16. Appendix B provides a summary of previously resolved interpretation and measurement issues. The measurement of Outcome 14 is based on the entire population of 41 children who were adopted between July 1 and December 31, 2012 (Period 14) to allow for the 12 month follow-up period.

b. State Performance

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

Within the group of 41 children adopted between July 1 and December 31, 2012, none (0%) are known to have re-entered the State's custody by December 31, 2013. The outcome performance threshold is no more than five percent. The State has surpassed this outcome measure in every reporting period.

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

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

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

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

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

Federal regulations state and DFCS policy advises that a “compelling reason” must be based on the individual case circumstances guided by what is in the best interest of the child.⁶⁸

The Consent Decree Outcome 15 stipulates that 95 percent of children who reach their 15th month in care will have had either: 1) a petition for the termination of parental rights filed against both parents or legal caregivers, as applicable; or 2) a compelling reason documented in the case record as to why such action is not in the best interest of the child.⁶⁹

a. Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in Period 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 16, 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 16 review of 175 randomly-selected foster care case records.

During Period 16, there were 694 children who had reached or surpassed their 15 month in custody out of the previous 22 months. A group of 69 children (10% of 694), was excluded from the Outcome 15 performance measurement based on the placement of these children with relatives, as allowed under Federal law.

b. State Performance

• The State Surpassed the Outcome 15 Threshold

By December 31, 2013, **99 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 98 percent. Table IV-11 summarizes the different components of the counties’ Period 16 performance, drawn from the data in their tracking systems. Figure IV-14 displays the State’s performance on Outcome 15 for the 12 most recent reporting periods.

The 131 children discharged by the end of the reporting period were distributed across almost every category displayed in Table IV-11. For example, among the 115 children who had a compelling reason of *expected reunification within six months*, 57 children (50%) actually were discharged to reunification during the period.

During Period 16 the total number of children in custody who had reached the 15 of 22 months benchmark increased to 694 from 646 in Period 15.

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

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

Table IV-11

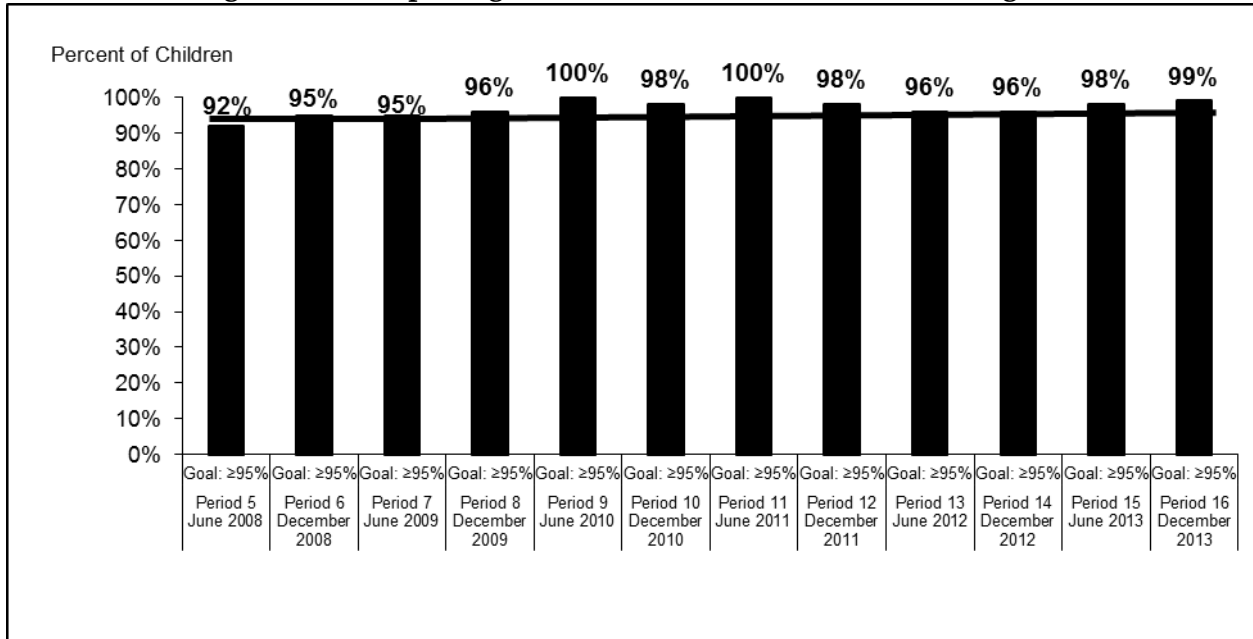
**Status of Children Who Had Been in DFCS Custody 15 of the previous 22 months
As of December 31, 2013**

Category		Total		
		Number	Percent	Cumulative
Children who reached or surpassed their 15 th month in custody of the last 22 months between July 1 and December 31, 2013.*		694		
Excepted subpopulation (s):				
<i>Children placed with relatives</i>		69		
<i>The State has not made reasonable efforts to reunify the family</i>		0		
Number of Children for Outcome 15 Measurement		625		
Parental Rights of Both Parents have been terminated or relinquished.		201	32%	
DFCS has filed a petition to complete the termination of the parental rights of both parents where applicable.		69	11%	43%
There is a documented compelling reason for not terminating parental rights.		346	55%	99%*
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.	115			
The child is a specified age (14) or older and objects to being adopted.	121			
The child has severe emotional or behavioral problems or a serious medical condition and reunification remains an appropriate goal.	12			
The child has a permanency goal other than adoption and is expected to achieve that goal within 12 months of establishing the goal.	91			
Parents are deceased, or have voluntarily relinquished rights.	0			
The child is an unaccompanied refugee minor as defined in 45 Code of Federal Regulations 400.11.	1			
The child is a child of a teen mother who is also in the State's custody.	2			
Other circumstances.	1			
There is no documented Compelling Reason not to file a petition to terminate parental rights.		0	0%	99%
There are plans to terminate parental rights, but a petition had not yet been filed as of December 31, 2013 or date of discharge.		9	1%	100%

Source: SHINES and County tracking systems.

*The sum is 98% due to rounding, however, the percentage is actually 99%.

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 – December 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.⁷⁰ 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 16. The measurement of Outcome 27 is based on the sample of 175 children in foster care at any time between July 1 and December 31, 2013. The Outcome 27 analysis was applicable to 118 children who had been in custody six months or more. This represents 67 percent of the sample of 175 children in foster care. Conclusions drawn from the subsample of 118 are subject to a margin of error of ± 9 percent.

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

b. State Performance

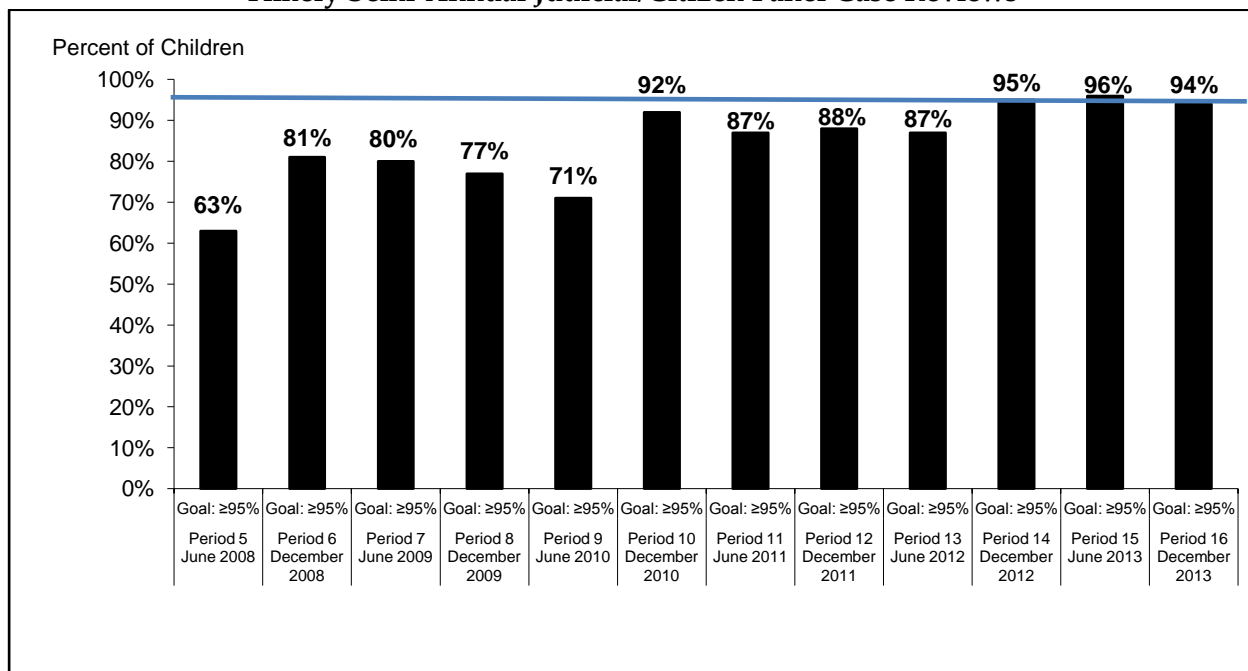
- **The State Fell Short of the Outcome 27 Threshold**

Of the 118 children in the foster care sample that were in custody for six months or more by the end of the reporting period, case file documentation indicates that 111 (**94%**) 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. While the Period 16 performance is similar to the Period 15 performance of 96 percent and the Period 14 performance of 95 percent, it falls short of the outcome threshold. This performance is similar to that found by the State permanency review team who review County permanency plans for children who reach their 13th or 25th month in custody.⁷¹

Among the seven children requiring reviews who did not receive a timely review or a timely request for review, four children had a plan reviewed but not within six months of entry or the previous case plan review. Figure IV-15 displays the State's performance for the 12 most recent reporting periods.

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 – December 2013.

⁷¹According 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.

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 three 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, 2013 and December 31, 2013). These included the reviews considered timely for Outcome 27 as well as those that were not timely.

Among the 115 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 115 case plan reviews.

Table IV-12
Characteristics of Six-month Case Reviews
n= 115

(Most recent plans reviewed between July 1 and December 31, 2013)

Characteristic				Number	Percent
Participants					
	Birth Mother			39	34%
	Birth Father			13	11%
	Child			23	20%
	Relative caregivers/ Extended Family Members/ Informal Supports			32	28%
	Foster parents/placement providers			32	28%
	DFCS case manager			89	77%
	DFCS supervisor			13	11%
	Other DFCS representative			8	7%
	CCFA provider			1	1%
	Private agency social worker			19	17%
	Medical and mental health professionals			10	9%
	Parents' attorney(s)			35	30%
	SAAG (Special Assistant Attorney General)			41	36%
	Child's advocates (attorney, Guardian Ad Litem, CASA volunteer, Child Advocate) – at least one per child			79	69%
Elements Evaluated/Considered					
	Necessity and appropriateness of child's placement			63	55%
	Reasonable efforts made to obtain permanency			77	67%
	Degree of compliance with specific goals and action steps			69	60%
	Progress made in improving conditions that caused removal			58	50%
	Changes that need to be made to plan			0	0%
	County recommendations			3	3%
	Parent recommendations			0	0%
JCRP conducted review (percentage based on n=115)				71	62%
	Total JCRP reports submitted (percentage based on n=71)			39	55%
		Number of reports with Panel findings (percentage based on n=39)		39	100%
		Number of reports with Panel recommendations (percentage based on n=39)		39	100%
		Number of reports with County findings (percentage based on n=39)		31	79%
		Number of reports with County recommendations (percentage based on n=39)		29	74%
Court conducted review (percentage based on n=115)				52	45%
Plan adopted by Juvenile Court (percentage based on n=115)				65	56%

Source: Case Record Review, –February - April 2014.

Outcome 28 – Timely Annual Judicial Permanency Reviews

According to Federal and State policy and the Consent Decree, children are expected to have a judicial permanency hearing at least every 12 months they are in custody.⁷² These hearings are held to determine whether the State is making reasonable efforts to help children achieve permanency.

a. Interpretation and Measurement Issues

There were no new interpretation or measurement issues in Period 16. The measurement of Outcome 28 performance is drawn from the sample of 175 children in foster care at any time between July 1 and December 31, 2013. The outcome 28 analysis was applicable to 80 children (46%) who had been in custody 12 months or more. Conclusions drawn from the subsample of 80 children are subject to a margin of error of ± 11 percent.

b. State Performance

- **The State Surpassed of the Outcome 28 Threshold**

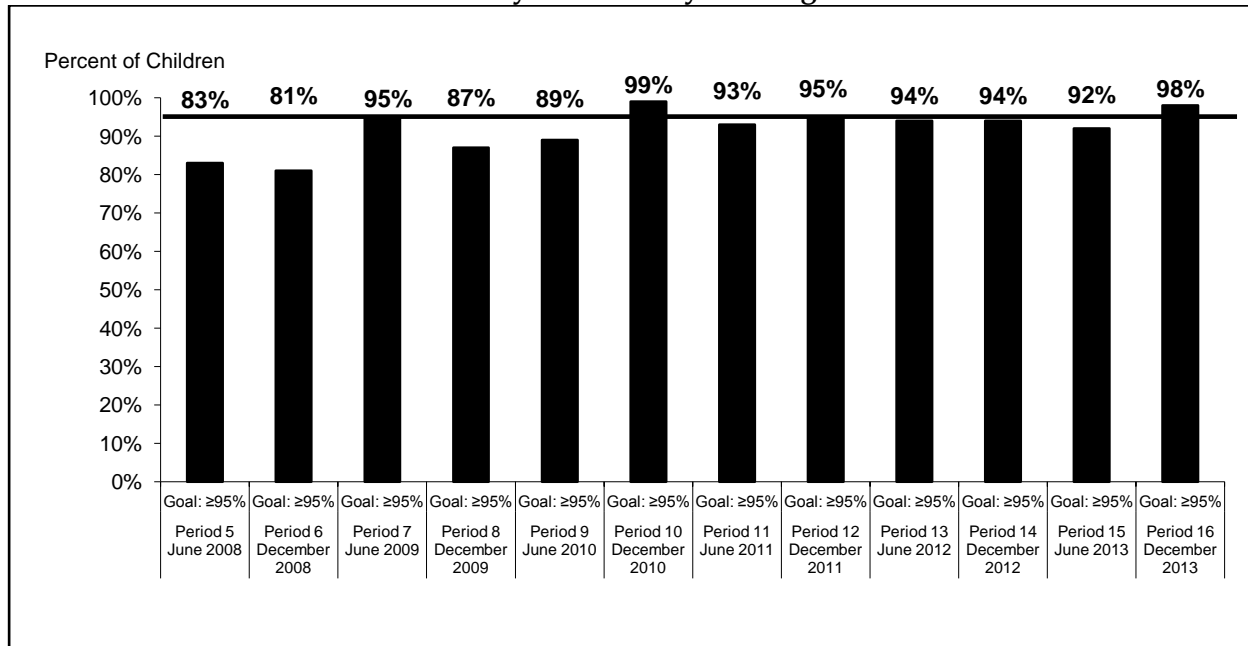
Among the 80 children in the foster care sample who had been in custody for 12 months or more, 78 (98%) had timely permanency hearings held by the Juvenile Court upon reaching their 12th month in care, or a timely request for such a hearing. The performance threshold for Outcome 28 is 95 percent. The Period 16 performance is a substantial improvement from the Period 15 level of 92 percent. It is the first time since Period 12 that the state has met or surpassed the Consent Decree threshold.

During Period 16, 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 12 most recent reporting periods.

⁷² 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 – December 2013.

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

Placement with relatives has been demonstrated to help children have placement stability⁷³ and placement stability contributes to children achieving permanency. In addition, DFCS policy and the Consent Decree requirements establish several guidelines for practice to help children achieve permanency. These requirements include regular parental visitation with children who have the permanency goal of reunification;⁷⁴ internal DFCS permanency reviews for children who reach their 13th month in custody; and county-state staffings for children who reach their 25th month in custody.⁷⁵

1. Placement with Relatives

Within the sample of 175 children in foster care in Period 16, 33 children (19%) were placed with relatives on December 31, 2013 or the last date the children were in custody. This is similar to

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

⁷⁴ See p 6, paragraph 4A.6vi, of the Consent Decree for visitation planning in Family Team Meetings. Visitation schedules are also an element of DFCS case planning.

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

the number of children placed with relatives during Period 15.

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, 190 children reached their 13th month in care in Period 16. Of these 190 children, 181 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 16.⁷⁶ Highlights from the tables include the following:

- A total of 181 cases were reviewed in Period 16. The permanency review team concurred with fewer than half, 86 (48%), of the 181 plans.
- 138 case plans (76%) had the most recent court-ordered permanency plan identified as the case plan goal.
- No fathers were involved in the Family Team Meetings during Period 16.

Table IV-13
13th Month Permanency Review Implementation
July 1 through December 31, 2013
N=190

	Number	Percent
Total Cases Reviewed by State Permanency Reviewers	181	95%
Reviewer Concurrence with goal and plan	86	48%
Permanency Goal		
Reunification	112	62%
Permanent placement with relative	16	9%
Adoption	34	19%
Guardianship	9	5%
Another planned permanent living arrangement	10	6%
Totals	181	100%
Cases with current case plans (court sanctioned/approved)	138	76%

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

⁷⁶ The information was not independently verified by the Accountability Agents in Period 16. 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-14
Family Team Meetings Convened for 13th Month Permanency Reviews
July 1 through December 31, 2013
N= varies

	Number	Percent
Cases with “Family Team Meetings” (FTM) within the last 90 days (percentages based on the number of applicable cases =149)	32	21%
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=26)	22	85%
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=15)	0	0%
FTMs with relatives involved (percentages based on the number of FTMs held and potential relatives to invite — N=24)	13	54%
FTMs with foster parents involved (percentages based on the number of FTMs held and number of children with foster parents — N= 23)	14	61%
FTMs had recommendations specific to Child/Family needs (percentages based on N=32)	32	100%

Source: Division of Family and Children’s Services, State Permanency Review Project Director, 2013. Third and Fourth 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 181 cases were reviewed during Period 16, 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 98 percent of mothers in case planning.
- DFCS actively involved 79 percent of fathers in case planning.

Table IV-15
13th Month Permanency Review: Engagement in Case Planning
July 1 through December 31, 2013
N=varies

	Number	Percent
Active involvement in the case planning process		
Child (n=103)	102	99%
Mother (n=123)	120	98%
Father (n=78)	62	79%
Caretaker (n=179)	179	100%

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

2. 25th Month County-State Staffings

In addition to the 13th month permanency reviews, the State reported 93 children reached their 25th month in care in Period 16. Staffings were convened with the Counties for 89 children (96%). Table IV-16 provides a summary of the data related to these staffings. Reported findings include:

- In Period 16, 36 percent of plans had a goal of reunification.
- In Period 16, 36 percent of plans had a goal of adoption.
- The proportion of children with current case plans was 80 percent (71 children).
- The permanency review team concurred with the County's permanency plan in 64 percent of the cases (57 children).

Table IV-16
25th Month Permanency Review Implementation
July through December, 2013
N=89

	Number	Percent
Total Cases Staffed	89	
Reviewer Concurrence with County Plan	57	64%
Permanency Goal		
Reunification	32	36%
Permanent Placement with Relative	14	16%
Adoption	32	36%
Guardianship	3	4%
Another Planned Permanent Living Arrangement	8	9%
Totals	89	100%
Cases with current case plans (Court sanctioned/approved)	71	80%

Source: Division of Family and Children's Services, State Permanency Review Project Director, 2013 Third and Fourth 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 89 cases were reviewed during Period 16, 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 86 applicable caretakers (98% of 88) in case planning.
- DFCS actively involved all children (100% of 59) old enough to participate in case planning.
- DFCS actively involved 100 percent of 52 mothers in case planning.
- DFCS actively involved 90 percent of 20 fathers in case planning.

Table IV-17
25th Month Permanency Review: Engagement in Case Planning
July 1 through December 31, 2013
N=varies

	Number	Percent
Active involvement in the case planning process		
Child (n=59)	59	100%
Mother (n=52)	52	100%
Father (n=20)	18	90%
Caretaker (n=88)	86	98%

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

C. Post Adoption Assistance

The State reported that 88 children were adopted between July 1 and December 31, 2013. According to data obtained from the state Office of Adoptions, 80 (91%) of those children were receiving or were scheduled to receive monthly Adoption Assistance benefits and Medicaid. This proportion is an increase from the proportion in Period 15. 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 88 families eligible for non-recurring adoption assistance, 58 percent (51 families) had received these benefits by December 31, 2013. This is significantly less than the proportion of families receiving reimbursement by the end of the Period 15 (86%).

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 necessary for better understanding the State's performance at the end of Period 16. 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 16 Performance
Outcome 17: At least 95% of all children in care shall have had 2 or fewer placement moves during the prior 12 months in custody.	90%
Outcome 18: At least 90% of all children in care at a point in time during the reporting period shall have had 2 or fewer DFCS placement case managers during the prior 12 months in custody. This measure shall not apply to cases that are transferred to an adoption worker or Specialized Case Manager; case managers who have died, been terminated, or transferred to another county; or case managers who have covered a case during another case manager's sick or maternity leave.	97%
Outcome 20a: At least 96.25% of the total minimum number of twice monthly face-to-face visits between case managers and all class member children required by Section 5.D.1.b during the reporting period occur. ⁷⁷	98.7%
Outcome 20b: At least 96.25% of the total minimum number of monthly private , face-to-face visits between case managers and all class member children required by Section 5.D.1.b during the reporting period occur. ⁷⁸	99.5%
Outcome 22: At least 95% of the total minimum number of monthly case manager-caregiver visits required during the reporting period occurs. ⁷⁹	98.5%
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 (baseline is 36%).	46%
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.	81%

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.

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

⁷⁸ Ibid.

⁷⁹ Ibid.

Outcome 17 – 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.⁸⁰

a. Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in Period 16. Appendix B provides a summary of previously resolved interpretation and measurement issues. The federal definition of “placement” is used. As a result, runaway episodes, hospitalizations for medical treatment or psychiatric diagnosis or crisis intervention, trial home visits, respite care, and detention in locked facilities are not considered placements. The measurement of Outcome 17 performance is based on the sample of 175 children in foster care at any time between July 1 and December 31, 2013.

b. State Performance

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

For Outcome 17, 157 children (90%) of the 175 children in the foster care sample experienced two or fewer placement moves during the previous 12 months in custody. The performance threshold is 95 percent for this outcome. The Period 16 performance is a decrease from the performance in Period 15 (95%). 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 eighteen children in the sample who had three or more placement moves, 61 percent were aged 15 or older and the median age was 15. 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;
- Placement with relatives;
- Frequent episodes of running away from one or more placements;
- Placed with sibling (typically considered a positive step for a child); and
- Behavioral improvements allowed for a “step down” placement (2 children).

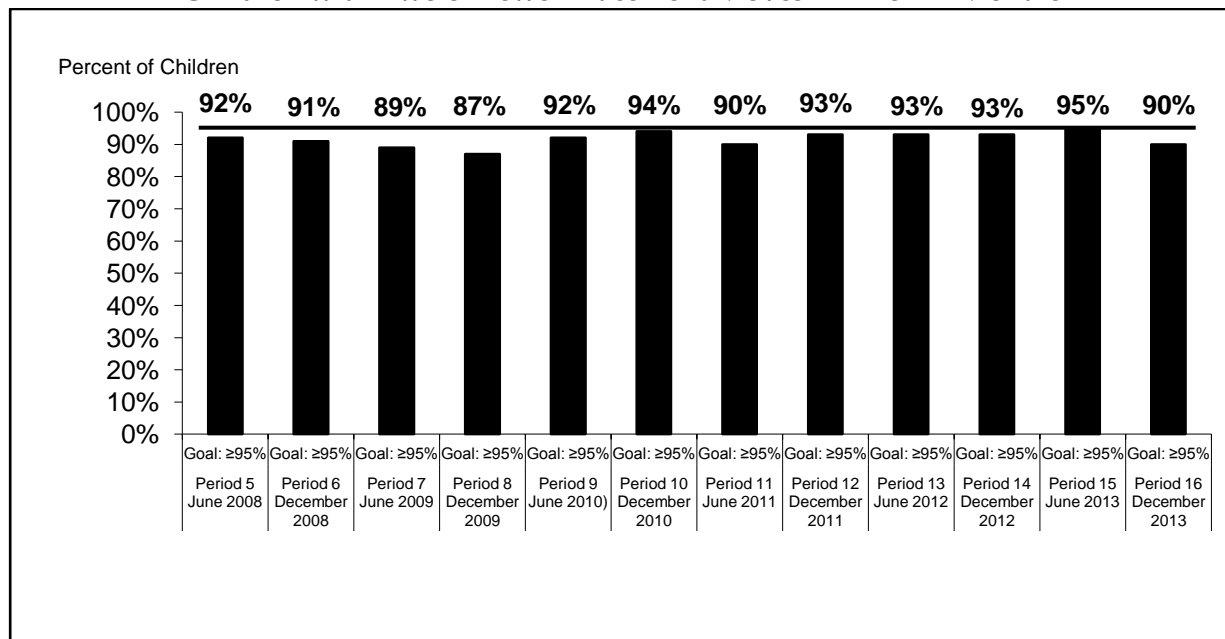
⁸⁰ See p. 35, Outcome 17 of the Consent Decree.

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

Number of Moves	Number	Percent	Cumulative Percent
No Moves	89	51%	
One Move	48	26%	78%
Two Moves	20	11%	90%
Subtotal	157		
Three Moves	9	5%	95%
Four Moves	4	1%	96%
Five Moves	3	2%	98%
Six Moves or more	2	1%	99%
	175		

Source: Case Record Review, –February – April 2014.

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



Source: Review Period Foster Care Case Record Reviews, February – April 2014.

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 two workers during their most recent 12 months in custody. There are exceptions that allow for case manager terminations, death, transfers, and temporary assignments to cover another case manager's cases while he/she is out on sick leave. The Consent Decree also allows for each child's one-time transfer to a Specialized or Adoptions case manager.⁸¹

a. Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in Period 16. Appendix B provides a summary of previously resolved interpretation and measurement issues. The measurement of Outcome 18 performance is based on the entire population of children in DeKalb and Fulton county custody on December 31, 2013. 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.

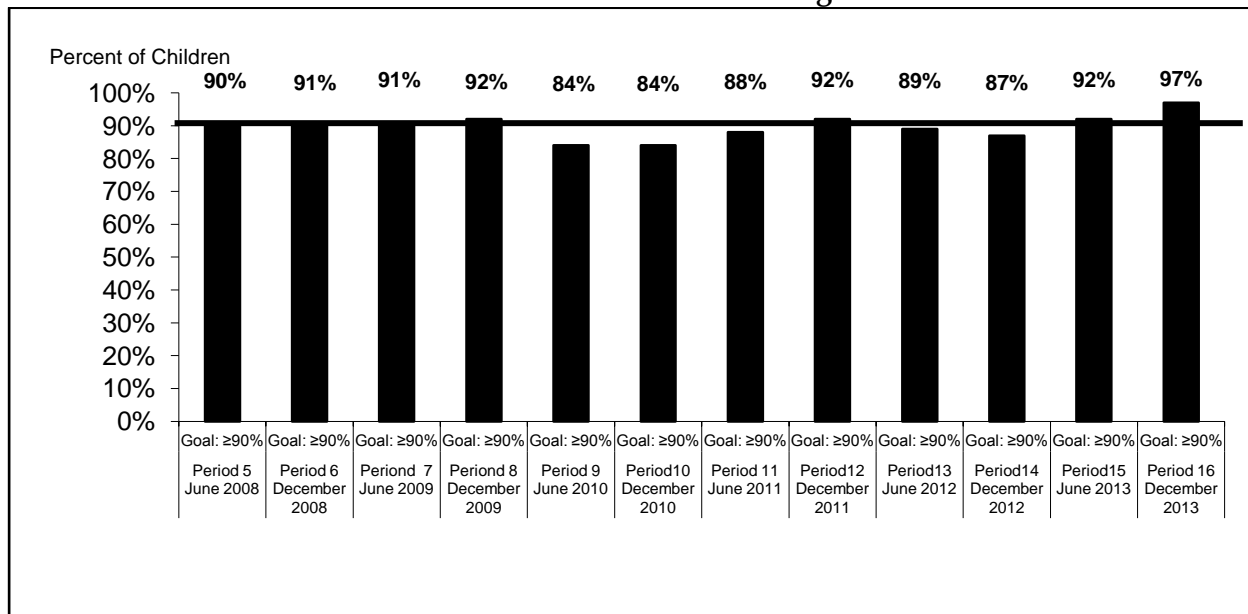
- **State Performance**

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

For Outcome 18, 1000 (**97%**) of the 1026 children in custody on December 31, 2013 had two or fewer placement case managers since January 1, 2013, once the allowable exceptions were taken into account. The performance threshold for this outcome is 90 percent. The Period 16 performance is higher than the Period 15 performance of 92 percent and a substantial improvement over the Period 14 performance of 87 percent. Figure V-2 illustrates the State's performance on this outcome over the last 12 reporting periods.

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

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



Source: State systems: SHINES and county records, January 2008 – December 2013.

Forty-two percent (11 out of 26) of the children who had more than two case managers experienced these changes because at least one of their case managers left the agency. This is a significant improvement from Period 15 in which 71percent of children who had more than two case managers experienced these changes because staff left the agency. During Period 15, 27 (31%) of the 86 children with more than two case managers had changes due to the agency re-balancing caseloads. However, during Period 16, 23 percent (6 out of 26) of the children with more than two case managers had changes due to the re-balancing process.

During interviews with case managers and supervisors, discussions confirmed that once children come into care, caseloads are becoming more stabilized. However, a discussion trend also revealed that cases are coming in and closing more quickly, adding some intensity to the workload. The level of stress in the workplace continues to appear to be a major factor in case managers leaving the agency, contemplating leaving the agency, or taking stress leave. At the end of Period 16, the counties developed a retention plan that includes the following:

- Use of an onboarding checklist with 30, 60, and 90 day follow up to insure that new staff have received all of the necessary tools and information they need to perform their jobs;
- Implementation of a supervisor mentoring program;
- Implementation of flexible schedules as work permits to relieve some stress and make more effective use of case managers' time;
- Hiring of additional staff, especially experienced case managers who are ready to handle full caseloads;
- Implementation of an employee survey to solicit anonymous feedback;

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- Continuation of the exit survey and provide feedback to supervisors and leadership;
 - Continuation of staff appreciation and recognition events;
 - Appointment of selected case managers to serve as lead workers to support less experienced peers;
 - Review of potential plans to introduce case manager tiers to recognize experienced and top performing case managers; and
 - Monitoring of extended leave trends and development of plans to temporarily fill time limited gaps.

The above plans are in various stages of implementation. The Accountability Agents will continue monitoring the retention plan and the State's efforts to improve turn-over rates and overall job satisfaction amongst the workforce.

Outcome 20 – Case Manager Visits with Children

Case management visits are an opportunity to engage children, assess their safety and well-being and address the trauma they are experiencing or from which they may be healing. Frequent quality visits can increase case managers' knowledge about the children they serve and inform how best to pursue permanency for them. As stipulated in the Consent Decree, visits should be used to monitor and document the *"child's adjustment to placement, the appropriateness of placement to meet the child's needs, the receipt of appropriate treatment and services by the child, the child's safety, and service goals."*⁸²

a. Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in Period 16. Appendix B provides a summary of previously resolved interpretation and measurement issues. Outcome 20 has two parts. Outcome 20a requires at least 96.25 percent of the total twice-monthly case manager visits to children in custody required during the period to occur. Outcome 20b requires at least 96.25 percent of the total monthly private visits to children in custody required during the period to occur.⁸³

Using the visit data base maintained by County Quality Assurance staff previously described in Outcome 23, the State generated a performance report for the period. The Accountability Agents verified the State report by randomly sampling 10 percent of the children in custody each month during Period 16 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.

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

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

b. State Performance

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

Case managers completed **98.7** percent of the required twice monthly visits (Outcome 20a) and **99.5** percent of the required private monthly visits (Outcome 20b) in Period 16. The threshold for each outcome is 96.25 percent. The Period 16 performance is similar to that of prior reporting periods. The state continues to surpass the outcome thresholds for Outcomes 20a and 20b. Figures V-3 and V-4 illustrate the State's performance over the six reporting periods to which the revised Consent Decree standards applied.

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

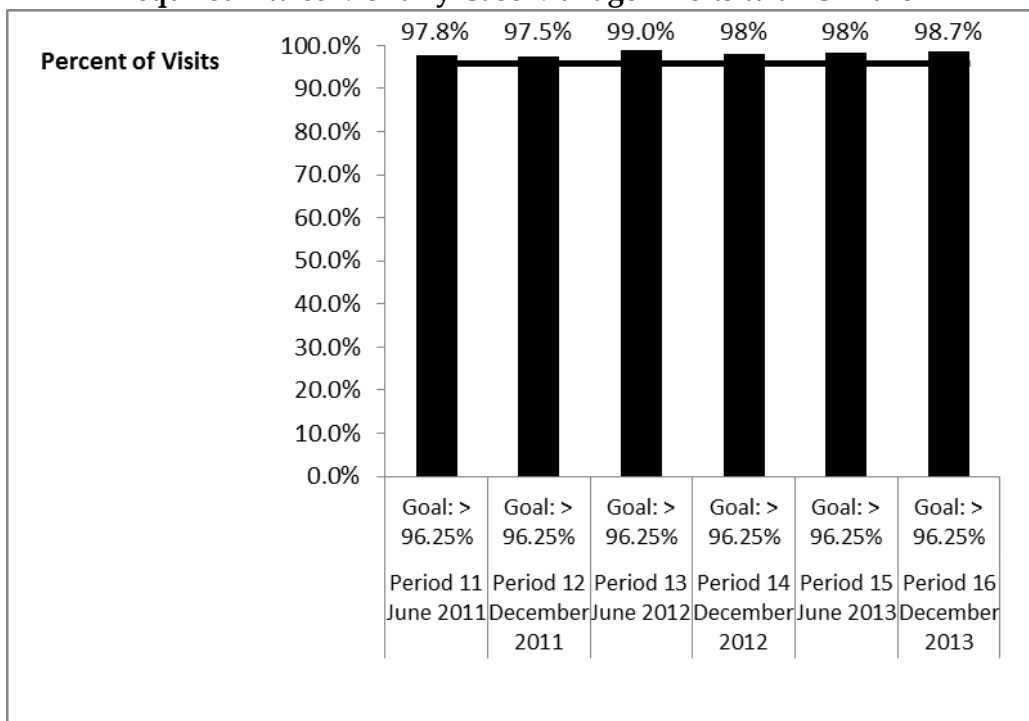
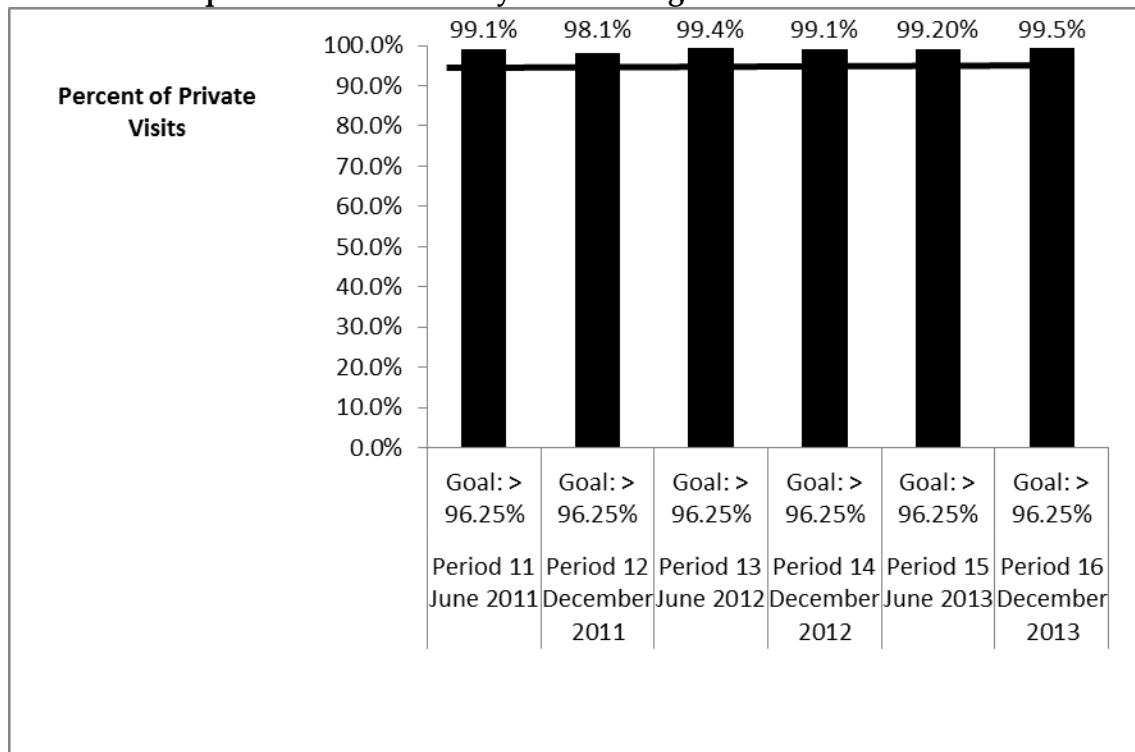


Figure V-4
Six Reporting Periods of State Performance on Outcome 20b:
Required Private Monthly Case Manager Visits with Children



Outcome 22 – Case Manager Visitation with Substitute Caregivers

The Consent Decree requires case managers to visit once a month with placement caregivers.⁸⁴ This includes foster parents, group home and institutional staff and others charged with the responsibility of caring for children in DFCS custody. In situations where the child has been returned home but remains in DFCS custody, “caregivers” refers to the birth parents or other reunification resources.

a. Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in Period 16. Measurement in Period 16 used county-maintained data bases. Appendix B provides a summary of previously resolved interpretation and measurement issues. Outcome 22 requires that at least 95 percent of the total minimum number of monthly case manager visits to substitute caregivers required during the period occur.⁸⁵

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

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

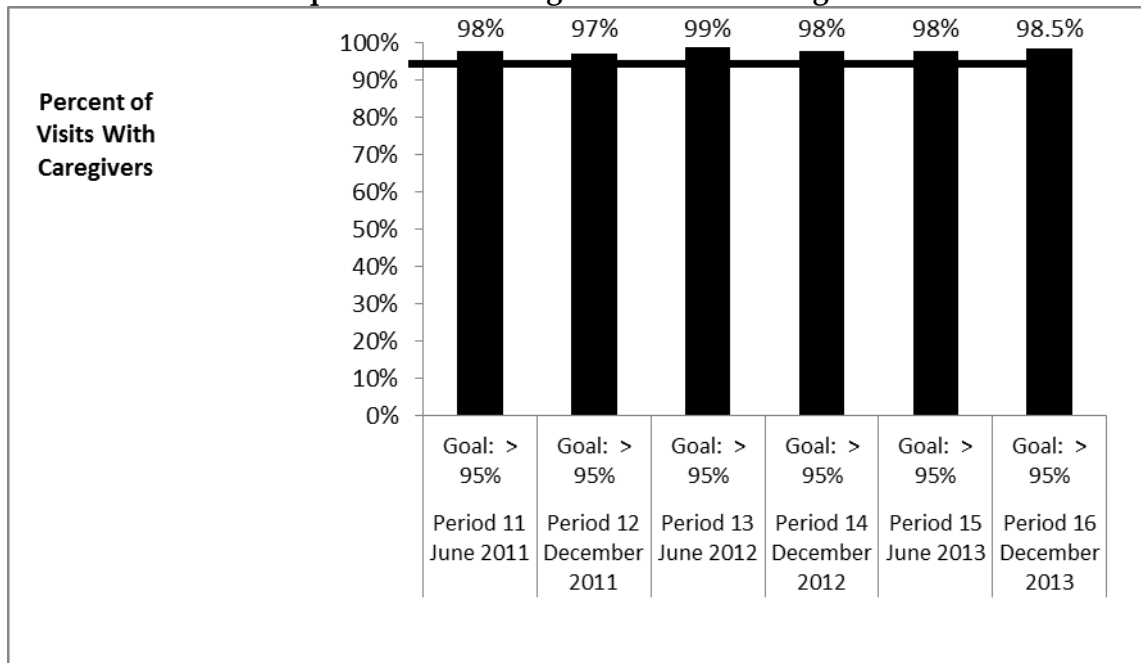
Using the visit data base maintained by County Quality Assurance staff previously described in Outcome 23, the State generated a performance report for the period. The Accountability Agents verified the State report by randomly sampling 10 percent of the children in custody each month during Period 16 and collected information about all applicable visits (sibling, parental, and case manager). This information was compared with the information in the county system and discussed with county representatives. The Accountability Agents are satisfied that the State report on case manager visits with caregivers is accurate.

b. State Performance

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

For Outcome 22, 98.5 percent of the required monthly case manager visits to substitute caregivers in Period 16 occurred. The performance threshold for this outcome is 95 percent. The Period 16 performance is similar to prior reporting periods. Figure V-5 illustrates the State's performance over the six reporting periods to which the revised Consent Decree standards applied.

**Figure V-5
Six 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 24 and 30

Outcome 24 – Educational Achievement of Youth Leaving Foster Care at age 18 or Older

- **The State Fell Short of the Outcome 24 Threshold**

Outcome 24 sets increasing targets over a baseline year for the percentage of youth who are “discharged from foster care at age 18 or older ... who have graduated from high school or earned a GED.”⁸⁶ This Outcome called for the State to increase by 20 percentage points the proportion of youth who attain a high school diploma or a graduate equivalency diploma (GED) over a pre-Consent Decree baseline year. The baseline used for this calculation is 36 percent. The threshold requirement calls for State performance to improve by 20 percentage points over the baseline, yielding a threshold of 56 percent.

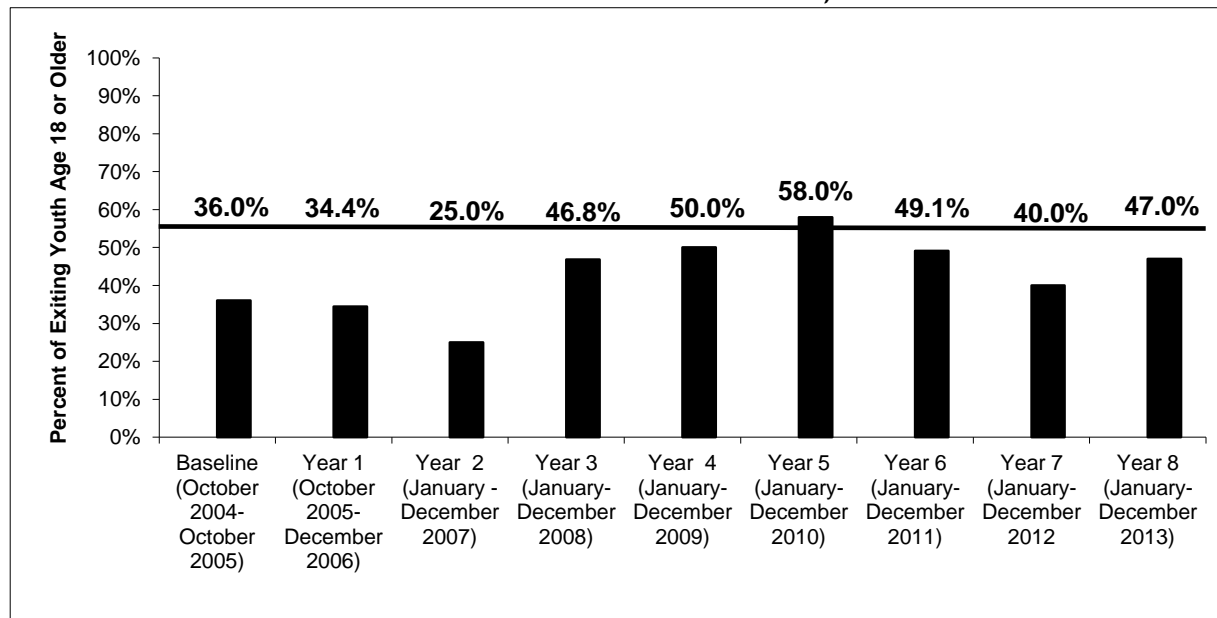
During Period 16, **47 percent** (35 out of 75) of the youth who were discharged from care at age 18 or older received a GED or High School Diploma. Although this performance remains below the targeted goal of 56 percent, it is important to note that some of the children who did not achieve their diplomas or complete their GED programs before exiting care are still enrolled in school. The counties provided documentation to support that 13 children who “aged” out of care are still enrolled in school or their GED programs. These children are not being considered exceptions, because they were not considered exceptions during the baseline analysis. In addition, although not considered exemptions under the Consent Decree, the following circumstances made it difficult for the state to achieve Outcome 24:

- Three children were on runaway status when they exited care;
- Three children were incarcerated in adult facilities; and
- Four children were in foster care for less than 4 months.

The increase in performance from Period 15, may be attributed to new strategies that the counties have implemented to track and support students in high school. They have partnered with the local school systems, the State Department of Education, as well as the Child Attorneys’ Offices. Personnel have been dedicated as educational advocates and they are working with supervisors and case managers to ensure that educational needs are met. The Accountability Agents will continue closely monitoring the increased efforts to exceed the Outcome 24 requirements.

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

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



Source: County Quality Assurance data bases.

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

The Consent Decree specifies that the needs to be considered for achieving Outcome 30 are those medical, dental, mental health, educational and other needs identified in the child's most recent case plan.⁸⁷ As noted in Part IV of this report, case plans are to be developed within 30 days of a child's entry into foster care and updated every six months thereafter.

a. Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in Period 16. Appendix B provides a summary of previously resolved interpretation and measurement issues. The measurement of Outcome 30 performance is based on the sample of 175 children in foster care at any time between July 1 and December 31, 2013.

Among the 175 children in the sample, 152 children had one or more case plans in their records. Seventeen of the 23 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 158 children who should have had case plans, 120 (76% of 158) were current – they had been developed within seven months of November 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 152 children

⁸⁷ See p 38, Outcome 30 of the Consent Decree.

who had complete plans, even if they were not up-to-date. One hundred forty-nine of these case plans identified needs of the children.

b. State Performance

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

Based on case file documentation and reviewer judgment, **121 children (81%)** of 149 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, partial compliance does not count toward meeting the threshold standard. The Period 16 performance is an improvement from the performance in Period 15 (73%). It also marks the state's best performance to date since the beginning of the consent decree. Figure V-7 displays the State's performance over the last 12 reporting periods.

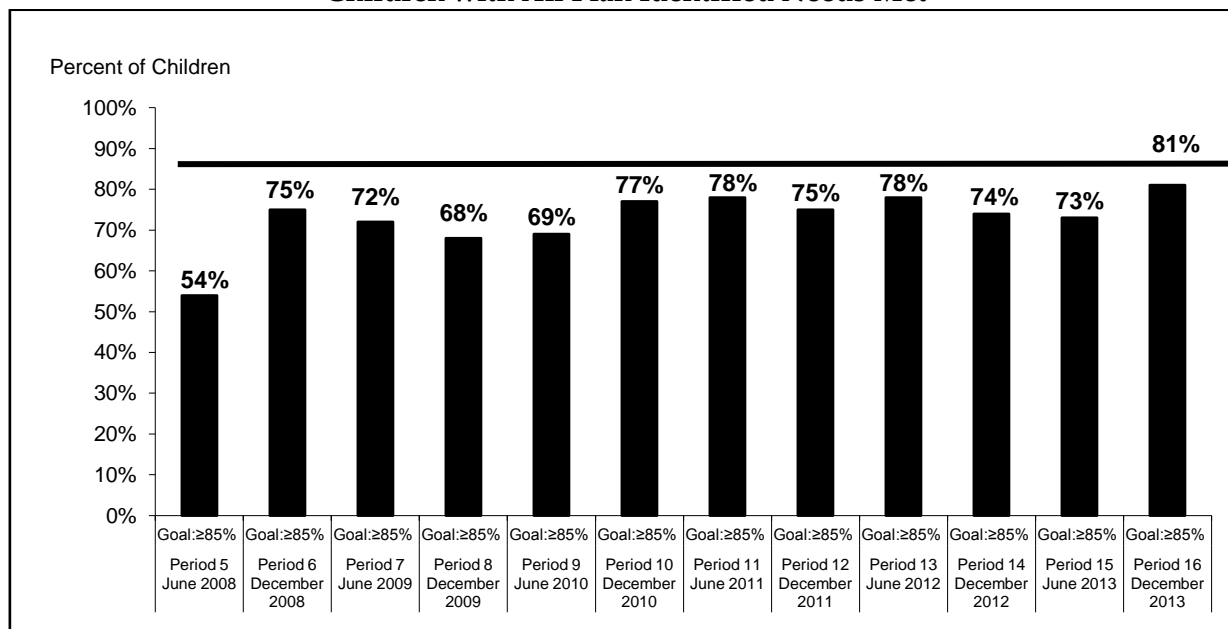
Table V-3 provides a breakdown of the needs identified and the percentage of needs met in each category. As in Period 15, all or nearly all children had routine medical, dental, and educational/developmental needs cited in their plans. The proportion of children who appear to have mental health needs documented (70%) is slightly more than the proportion with such needs identified in Period 15.

Table V-3
Proportion of Children with Needs Identified in Most Recent Case Plans
and the Proportion with Needs Met, as of
December 31, 2013 or last Date of Custody

Children with Case Plans n=152			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)	149	98%	All Identified Needs Met (n=149)	121	81%
Frequency of different identified needs			Frequency of different needs being met		
Medical	149	100%		135	91%
Dental	149	100%		141	95%
Mental Health	105	70%		98	93%
Educational/ Developmental	148	99%		144	97%

Source: Case Record Review, February - April 2014.

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 – December 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 Program⁸⁸ (IEP), it should be current. The schedule for health and dental exams is indicated in Section 6 of the Consent Decree⁸⁹ and DFCS policy⁹⁰. 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 cavities, it is the State’s responsibility to see that the child receives the appropriate follow-up dental care.

⁸⁸ 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.

⁸⁹ 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.

⁹⁰ DFCS policy regarding meeting the service needs of children is in Section 1011, Chapter 1000 of the Social Services Manual.

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

1. Unmet Health/Dental needs:
 - Overdue medical or dental screenings;
 - Dental treatment follow-up;
 - Consultation/treatment as recommended;
 - Missing immunization;
 - Vision screening/treatment; and
 - Hearing screening/treatment.
2. Unmet educational/developmental needs:
 - Out of date Individualized Education Program;
 - Follow-up evaluations; and
 - Tutoring needed.
3. Unmet mental health needs:
 - Therapy; and
 - Assessment.

Over the past year, the counties have been focusing their efforts toward improving performance on Outcome Measure 30. During G2 meetings, they developed strategies and tested implementation between meetings. During each session, the counties reported their progress. Some units have developed charts, while others have weekly meetings to ensure that all needs are being met. They have also created lead and lag indicators, as well as tracking mechanisms for each unit. The Accountability Agents will continue to monitor progress in this area. During Period 17, however, the state transitioned to managed care. While this systemic change may have positive impacts in the future, interviews with case managers indicate that problems associated with the transition may impact their performance negatively in the short term. Discussion trends indicated that the process for identifying and contacting the assigned health care coordinator was not clear; the linkage with medical providers seemed to be taking a longer period of time; and that the coordination of transportation to appointments had become more difficult. The Accountability Agents will present more on this issue in the Period 17 report.

B. Placement Experience

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

1. Placement Process

The processes used by both counties to find appropriate placement settings for children is described in the Period 12 monitoring report.⁹¹ 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, the number of children in receiving homes for more than 24 hours has slightly increased over the past three reporting periods. In Period 14, 20 children were placed in receiving homes for more than 24 hours, with one child remaining for 41 days. In Period 15, there were 22 similarly situated children with no children remaining for more than 30 days. In Period 16, there were 25 children in receiving homes for more than 24 hours and one child remained for 37 days. Increasing the number of foster homes may assist the counties in limiting the use of and length of stay in receiving homes for children who enter foster care.

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, 134 children (77%) in the sample were in family settings on December 31, 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. Forty children (23%) 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.

Over the past three review periods, there has been a modest increase in the number of children placed in congregate care. In Period 14, 18 percent of the children in the sample were in congregate care. This proportion rose to 21 percent in Period 15 and to 23 percent in Period 16. Data on the universe of placements taken from the Outcome 25 analysis bear out this emerging trend, and point to Child Caring Institutions (usually group homes) as the placement type driving the increase in congregate care. Among the universe of children in state custody on the last day of the reporting period, the proportion placed in CCIs ticked up from 11.3 percent in Period 14, to 11.8 percent in Period 15 and to 12.6 percent in Period 16. While these increases are modest, the Accountability Agents highly recommend that the counties monitor this trend closely. Research indicates that congregate care should be used only for youth who need extra supervision and structure due to dangerous behaviors.⁹² Once those behaviors are moderated,

⁹¹ See Dimas, J.T. and Morrison, S. A. *Period 12 Monitoring Report*, Kenny A. V Perdue, June 2012; pp. 110-111.

⁹² Fields, T. (2012). *Congregate Care Rightsizing* (National Governor’s Association Paper in Series: What’s Good for Kids is Also Good For State Government Budgets). Baltimore, MD: Annie E. Casey Foundation. Retrieved July 4, 2014, from <http://www.aecf.org/m/resourcedoc/resource-tfeild-ngapresentation-rightsizing-2012.pdf>.

these youth should be returned to family settings.⁹³ Moreover, data from the *Kenny A.* maltreatment-in-care reviews have consistently demonstrated that congregate care placements account for a disproportionate share of the system’s substantiated cases of abuse and neglect.^{94,95}

Table V-4
Placement Settings of Children in DFCS Custody
On December 31, 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)	100	57%	
Relative Home (Non Foster Home including Fictive Kin)	33	19%	
Parents/Guardian	1	1%	
Congregate Care Settings			23%
Emergency Shelter/Assessment Center	0	0	
Group Home	31	18%	
Residential Treatment Facility/ Child Caring Institution/ Specialty Hospital	9	5%	
Other			1%
Detention facility	1	1%	
Total	175	101%*	101%

Source: Case Record Review, February - April 2014. * Total is more 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.⁹⁶

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

⁹³ Ibid.

⁹⁴ For example, in Period 16 Congregate care facilities (Group Homes and Psychiatric Residential Treatment Facilities) together accounted for five of eight substantiated victims (63%); while only 16 percent of the children in care at the end of Period 16 were placed in congregate care.

⁹⁵ See also Dimas, J.T. and K. Baynes-Dunning, *Period 14 Monitoring Report, Kenny A. V Perdue*, June 2012; p. 27.

⁹⁶ See p. 16, paragraph 5C4.c of the Consent Decree.

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.^{97,98} In Period 16, 34 children in the sample of 175 experienced at least one placement in a temporary or respite foster home. Among the 34 children, 33 experienced fewer than 30 days in a temporary foster home during the six-month period. One child was in a temporary placement for 37 days.

c. Young Children in Congregate Care

The Consent Decree has several restrictions related to the use of group care.⁹⁹ Between July and December, 2013, in spite of the overall increase in use of congregate care, 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.

During the period, two children under the age of six were placed with their mothers in group care settings designed for teen mothers. On December 31, 2013, one of those children was the only child under the age of six who remained in a congregate care setting, placed with his mother. One child, aged nine, was placed in a psychiatric residential treatment facility during the period for 36 days. According to the state, requests for approval for PRTF placement were denied twice during this time period due to the child’s diagnosis of Moderate Mental Retardation. The child was then moved to a therapeutic foster home.

On December 31, 2013, seven children aged 10 to 11 were in group care facilities with more than 12 beds. All seven of these children were in psychiatric residential treatment facilities (PRTFs) with licensed maximum capacities of 50. The State provided documentation of the appropriate waiver supporting the need for the children to be placed in congregate care settings.

According to the State, the continued need for in-patient treatment in a PRTF is reviewed every 30 days and reauthorized as necessary. All seven of the children in PRTFs had been in these treatment settings for more than 30 days as of December 31, 2013. They ranged from 10 to 11 years of age. Although DFCS does not consider psychiatric hospitals to be “placement settings,”¹⁰⁰ DFCS supplied documentation to the Accountability Agents that these placements and the progress the children were making in the settings¹⁰¹ have been reviewed and

⁹⁷ See DFCS Foster Care Manual, Section 1016.

⁹⁸ Note, for purposes of measuring the number of placements and placement moves a child experiences, Federal definitions do not consider stays in respite homes placements when the child returns to the foster home that had requested respite.

⁹⁹ See p. 16-17, paragraph 5C.5f of the Consent Decree.

¹⁰⁰ 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.

¹⁰¹ The Accountability Agents did not verify the appropriateness of these arrangements or the certification of need.

reauthorized every 30 days. Table V-5 summarizes the State's actions with regard to the Consent Decree stipulations.

Table V-5
Children Younger Than Age 12 in Group Care Settings
July 1 through December 31, 2013

Children under the age of 6						
Reason for placement	Number placed as of June 30, 2013		Number newly placed between July 1 and December 31, 2013		Number still placed as of December 31, 2013	
	Bed Capacity		Bed Capacity		Bed Capacity	
	≤12	>12	≤12	>12	≤12	>12
With mother	1	0	2	0	1	0
Service Need						
Total	1		2		1	
Children aged 6 to 12						
	Number placed as of June 30, 2013		Number newly placed between July 1 and December 31, 2013		Number still placed as of December 31, 2013	
	Bed Capacity		Bed Capacity		Bed Capacity	
	≤12	>12	≤12	>12	≤12	>12
PRTF		5		11		7
Group Care		4		2		0
Total	9		12		7	

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

3. Placement Moves During the Period

As discussed in above in Outcome 17 – Placement Stability, 89 of the sample of 175 children in foster care (51%) experienced one or more new placement settings during Period 16. Further analysis indicates that 26 (29%) of the 89 children actually had both an initial placement and at least one other placement during the period. Among the 26 children, 15 were initially placed in receiving homes before being moved to other placement settings.

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.¹⁰² 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 16 performance for these so-called “8 in 8” visits is based on this larger monthly sample. Thus, the visitation requirement was applicable to (192) children who entered and/or changed placements during the reporting period.

As shown in Table V-6, the counties report that 166 (86%) of the children had a visit in the first week of placement, which is vital for stabilizing the placement and minimizing trauma associated with the move. For 143 of these children (74%), the visit occurred in their placement settings. A total of 55 children (29%) received all required visits. This is similar to the performance in Period 15 when 28 percent of children received the required visits.

Among the 192 children who experienced new placements, 80 experienced an initial placement; 72 experienced a planned change in placement; and 40 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, 33percent 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, 29 percent received all required visits; and among those who experienced a disruption in placement 20 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 (and the number of required “8-in-8” visits). As a result, the number of disrupted placements has decreased. In Period 14 there were 67 disrupted placements in the sample; this declined to 50 in Period 15 and to 40 in Period 16 – a decrease of 40 percent in the space of 12 months..

¹⁰² 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=192

Degree of Required Visits	Number of Children	Percent
At least one visit in the first week of placement	166	86%
At least one in-placement visit in the first week of placement	143	74%
All requirements met for period of time child in placement	55	29%
Total initial placements	80	
All requirements met for initial placements	26	33%
Total planned placement moves	72	
All requirements met for planned placement moves	21	29%
Total disrupted placements	40	
All requirements met for disrupted placements	8	20%

Source: G2 County Reports, August – December 2013.

In addition to the above captured information, it is important to note that the counties made 965 (73%) out of 1329 visits that were due during the period. During the G2 meetings, the counties have developed strategies to track their performance in meeting this 8 in 8 requirement. The strategies include weekly cadence in which supervisors review what visits need to be made during the each week. The Period 16 performance represented a modest improvement from Period 15, and data for Period 17 indicate that improvement has continued.

One of the major challenges with meeting this requirement involves children who are placed outside of their home counties. In some instances, children are placed more than 100 miles away. In addition, meeting these visitation requirements for disrupted placements is inherently challenging due to the unexpected nature of these changes. While this involved fewer cases this review period, only 20% of the required visits for this population were met during Period 16.

The Accountability Agents continue to recommend that the counties increase their efforts to recruit more foster home placements in Fulton and DeKalb counties. Targeted outreach for potential foster parents who are able to accommodate teenagers, siblings, and children with special needs is especially encouraged. This might further reduce the number of disruptions, and decrease the amount of travel necessary to conduct visits.

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

For 89 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 54 children

(61%).¹⁰³ This finding compares to 58 of 78 children (74%) in Period 15. Thirty-eight of the 89 children experienced more than one move in Period 16 and the record review collected information about trauma-minimizing efforts related to the prior placement move in addition to the most recent. Among these 38 children, it appeared that case managers attempted to reduce the trauma of the previous move for 11 children (29% of 38). The proportion of Period 15 cases with documented trauma reducing efforts related to a previous move was 19 of 40 (48%). This is a substantial decrease and the state should closely monitor its documentation efforts regarding minimizing trauma. Several G2 meetings were dedicated to this issue, and while case managers acknowledge many steps that they take to minimize trauma for children experiencing a placement move, they also acknowledged a need to better document those efforts.

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.

As in previous reports, the Accountability Agents continue to recommend more comprehensive and ongoing training and staffings regarding trauma, its impact on children in foster care, and strategies to mitigate further traumatization by the system itself. During Period 17, the state transitioned to a managed care health system with Amerigroup Managed Care Company, Inc. One of the services that Amerigroup will provide is to ensure that each child receives a trauma assessment within 15 calendar days of the preliminary hearing decision. With the addition of these trauma assessments, the documentation efforts should be easier, as case managers will have a blueprint for each child's specific needs.

3. Informing Caregivers and Providing Appropriate Clothing

The Consent Decree stipulates that DFCS will ensure available information concerning a specific foster child will be provided to foster parents before the child is placed.¹⁰⁴ According to the practice procedures in both counties, during the discussion of a potential placement's suitability for a child, the placement unit case manager is to provide the prospective substitute caregiver with basic information about that child. This basic information consists of name, date of birth, and any immediate information known that was used to match the child to the caregiver. The child's case manager or the staff that transports the child to the placement setting is to give the foster parents/ substitute caregivers a packet of information at the time the child is placed. This packet is referred to as a "passport." Each county has a slightly different

¹⁰³ The margin of statistical error for a subsample of 89 is +/- 10 percent.

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

format for this packet and content requirements. The type of information that is to be in these packets includes:

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

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 89 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 43 children (48% of 89);
- dental information to the substitute caregivers/reunified parents of 18 children (20% of 89);

-
- education/developmental information to the substitute caregivers/reunified parents of 33 children (37% of 89); and
 - mental health information to the substitute caregivers/reunified parents of 30 children (16% of 89).

DFCS policy allows for all children to have an “initial clothing allowance” during the first six months following their placement in foster care. The allowance ranges from \$200 to \$300, depending on the age of the child. Subsequent to the initial allowance, there is an annual clothing allowance. Foster parents and providers are informed of this allowance and are asked to submit receipts for the clothing purchased.¹⁰⁵ In Fulton County, the child’s “passport” contains a Clothing Allowance Form and DeKalb County has been sending letters regarding the clothing allowance policy to DFCS supervised homes annually. In addition, the DFCS personnel who monitor and support DFCS supervised homes may also discuss the children’s needs during visits. Therefore, the degree to which the case records have evidence that the case managers reviewed the clothing needs and took the necessary steps to ensure children had appropriate clothing in their new placements is expected to be limited. However, evidence that case managers took such actions was found in the records of 52 children experiencing new placements during the period (58% of 89). This is a substantial decrease from the performance of 72 percent in Period 15 and similar to the Period 14 performance of 54 percent. In Period 15, the Accountability Agents and the Counties surmised that the improvement in performance was directly related to the emphasis being placed on improving documentation in this area. It is highly recommended that the counties revisit the emphasis on documentation to see if this will improve performance during future reporting periods.

C. Meeting the Needs of Children, Youth, and Families

In addition to safe, appropriate, and stable placement settings, DFCS policy and the Consent Decree stipulate that DFCS will provide for the physical, developmental, and emotional needs of children in its custody.¹⁰⁶ As a means of “*strengthening and rebuilding families to bring about the child’s early return*”¹⁰⁷ DFCS is also responsible for providing services to birth families. Finally, it is responsible for supporting and assisting foster parents to more effectively address the needs of the children in their care. This section of the report considers the State’s practice as reflected in state and county-reported data and the case record review of 175 children in foster care during Period 16.

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

¹⁰⁶ See p. 4, principle 7; pp. 20-21, section 6; p.38, Outcome 30 of the Consent Decree; See also Social Services Manual Section 3060, Georgia Department of Human Services.

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

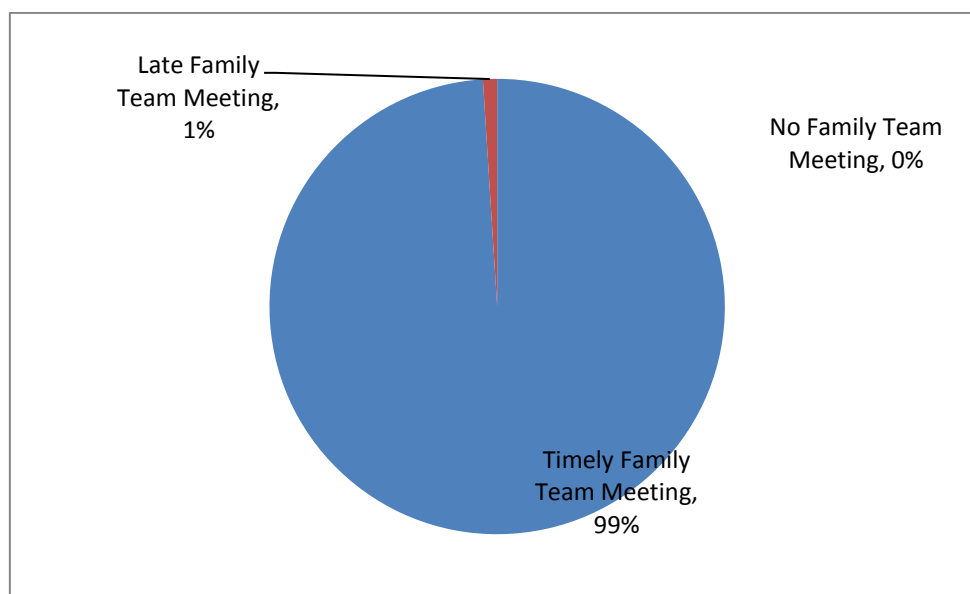
1. Assessment of Needs at Foster Care Entry

Once a child enters custody, one of the earliest opportunities for assessment of family strengths and needs is a Family Team Meeting (FTM), to be held within three to nine days of entry.¹⁰⁸ Other initial activities include health and dental screening and mental health or developmental assessments.¹⁰⁹ All of these activities form the basis of the first case plan used to guide the case to permanency.

a. Family Team Meetings

The State documented in SHINES 567 entries into care during Period 16, but not all of the children who entered remained in care beyond a few days. Among the 434 children who were in custody nine days or more, the county tracking systems indicated that 429 children (99%) received timely Family Team Meetings (FTM). Another 5 children (1%) had FTMs but they were not convened within the first nine days. The late FTMs were held 10-48 days after the child's entry into county custody. Figure V-8 illustrates the Period 16 findings.

Figure V-8
Initial Family Team Meetings at Foster Care Entry
July 1 – December 31, 2013
N=429 (all children remaining in custody 9 days or more)



Source: County Data

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

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

b. Initial Health and Dental Screenings

The State's overall performance around initial health and dental screenings is measured by the subsample of children who entered care and had been in custody at least 10 days. In the Period 16 sample of 175 children, there was a subsample of 54 children who entered care during the period and remained at least 10 days.¹¹⁰ As in previous reports, caution should be exercised in interpreting these and other results drawn from the subsample of children who entered care because the sample size is very small and they were not randomly selected from the entire population entering custody during the period.

As shown in Table V-7, of the children in this subsample of 54, 38 (70%) had documented health screens within 10 days of entering care. This is substantially lower than the 85 percent observed in Period 15. When the ten-day time frame is relaxed, 48 of the 54 children (89%) received an initial health screen, again, lower than the proportion found in Period 15 (94%). For those children whose health screens fell outside the 10-day window, the elapsed time ranged from 11 to 60 days. Six children did not receive initial health screens.

Thirty-three children (61% of 54) had a documented dental screen within 10 days. This is a substantial increase from the 45 percent of children in Period 15 who had a documented dental screen within 10 days. The total proportion receiving an entry dental screening was 85 percent, which is similar to the proportion observed in Period 15 (85%). The 13 children who received their initial dental screens late received them 11 to 59 days after entering care. Eight children have no documented initial dental screens in their files

Table V-7
Initial Health and Dental Exams at Foster Care Entry:
July 1 – December 31, 2013
n=54

<i>Screen</i>	Number	Percent	Cumulative Percent
<i>Initial Health Screen At Foster Care Entry</i>			
Received within 10 days	38	70%	
Received, but not within 10 days (11 to 60 days)	10	19%	89%
No initial health screen received by December 31, 2013	6	11%	100%
Total	54	100%	
<i>Initial Dental Screen At Foster Care Entry</i> (includes infants for a "gum check")			
Received within 10 days	33	61%	
Received, but not within 10 days (11-60 days)	13	24%	85%
No initial dental screen received by November, 2013	8	15%	100%
Total	54	100%	

Source: Case record review, February - April 2014.

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

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.¹¹¹ 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.¹¹² Within the sample of 175 children in foster care in Period 16, there were 18 children who were younger than age four, were in custody at least 30 days, and entered care on or after June 1, 2013.¹¹³ There were 26 children in the foster care sample who were age four or older, remained in care 30 days or more, and entered DFCS custody on or after June 1, 2013.

All but one child under the age of four received a developmental assessment; 13 were completed within 30 days. The four children who did not receive developmental assessments within 30 days had them completed between 31 and 43 days after entering custody. All but two children over the age of four and in custody 30 days or more had mental health assessments; 21 were completed within 30 days. Four children had the assessment completed between 31 and 34 days after entering care. Table V-8 summarizes this information.

Table V-8
Initial Developmental and Mental Health Assessments at Foster Care Entry:
June 1, 2013 – November 30, 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=25)			
Received within 30 days	17	68%	
Received, but not within 30 days (32-34 days)	5	20%	88%
No initial Developmental Assessment received	3	12%	100%
Total	18	100%	100%

Source: Case record review, –February - April 2014.

¹¹¹ See p. 20, paragraph 6A.3 of the Consent Decree.

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

¹¹³ 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 2013 and, therefore, had sufficient time for identified needs to be addressed in Period 16.

Table V-8, continued
Initial Developmental and Mental Health Assessments at Foster Care Entry:
June 1, 2013 – November 30, 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=27)			
Received within 30 days (includes pre-assessments)	21	78%	
Received, but not within 30 days (31 and 34 days)	4	15%	93%
No Initial Mental Health Assessment	2	7%	100%
Total	27	100%	

Source: Case record review, –February - April 2014.

d. Initial Case Plans

Thirty-two children (84%) of the 38 children entering custody during the reporting period and remaining more than 30 days had an initial case plan developed by December 31, 2013 or their last date in custody. Eighteen of the 32 were completed within 30 days of entering care, 11 were completed between 31 and 50 days, and 3 were completed between 53 and 122 days. Among the six children without plans at the end of the review period, three children were discharged after 39 days in care, and three additional children were discharged after 47-102 days in care.

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 screenings¹¹⁴ in accordance with the Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT)/Georgia Health Check Program standards.¹¹⁵ 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, 173 of the 175 children (99%) appeared to be current with their "well child" visits as of December 31, 2013 as a result of receiving a required health screen prior to or during reporting Period 15; or receiving a health screen during Period 16 that brought them up-to-date. This is an increase from the proportion found in Period 15 (94%). This information is summarized in Table V-9.

¹¹⁴ See p. 30, paragraph 13A in the Consent Decree.

¹¹⁵ See p. 20, paragraphs 6A 1 and 2, and p.21, 6B, paragraphs 1-8 of the Consent Decree.

Of the 175 children in the review sample, 43 children did not require a health screen during Period 16 because they were already current with their health check-ups. Among the 132 children who should have received at least one routine health exam in Period 16, 130 children (98% of 132) received them. Two children (2%) did not receive their required health screens during Period 16.

Table V-9
Status of Health Screening for Children*
July - December, 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	43	25%	
Children receiving timely health screens (according to EPSDT schedule) between July 1 and December 31, 2013	130	74%	99%
Required well child health screen(s) not received between July 1 and December 31, 2013.	2	1%	100%
TOTAL	175	100%	

Source: Case record review, February - April 2014. *Includes initial health screens completed for children entering foster care in Period 15. 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 173 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 39 children (23%) because the source of information about the exams was insufficiently detailed. Among the most recent exams of the remaining 136 children, the most frequently included components were physical measurements (height, weight and body mass index) and a physical examination. Ninety-one 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). The component most often not documented was the completion of the skin test for Tuberculosis. The test was documented in 8 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 three as of December 31, 2013.¹¹⁶ Overall, 125 of the 126 children (99%) who required a dental screen were either current or received their dental screens during Period 16. However 20 of these exams were not done timely. For children under the age of three, 49 out of 49 (100%) were either current or received their oral health screen during Period 16. One child received a late initial oral health screen.

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.

Table V-10
Status of Dental Screening*
July - November 2013
n=175

Component and Action Children aged 3 and older n=126	Number	Percent	Cumulative Percent
No annual dental exam required during period, children current with annual requirement during entire period	56	44%	
Children receiving a timely annual dental exam during period	49	39%	83%
Received more than 12 months since previous exam	8	6%	89%
Initial received more than 10 days after entering foster care	12	10%	99%
Required annual (or initial) dental exam not received as of December 31, 2013	1	1%	100%
TOTAL	126	100%	100%
Component and Action Children under the age of 3 N=49	Number	Percent	Cumulative Percent
No annual oral health screen due during entire period	11	22%	
Received a timely initial or annual oral health screen	37	76%	98%
Received a late initial oral health screen	1	2%	100%
No annual oral health screen	0	0%	100%
TOTAL	49	100%	100%

Source: Case record review, February – April 2014.

*Includes initial dentals for children entering foster care in Period 16.

¹¹⁶ The Consent Decree stipulates that “all children age 3 and over shall receive at least one annual screening in compliance with EPSDT standards...” see Section 6B paragraph 8 on p.21. Children younger than age 3 may have oral exams as part of their regular well-child visits and documentation of this component has improved sufficiently to provide the separate analysis.

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 16, 20 children had documented developmental or educational assessments in addition to the 16 children who received an initial assessment. Another 15 children had documented mental health assessments in addition to the 22 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 16¹¹⁷:

- 34 children who received regular (initial or periodic) health screening during Period 16 had health needs identified. Among these 34 children, the documentation in their files indicated that 25 (74%) had received appropriate treatment or treatment was scheduled for all the needs identified during Period 16. Two children (6%) appeared to have had some, but not all needs met. Another seven children (21%) did not have follow-up treatment documented in the case record for any need identified during the reporting period.
- 28 children who had a dental/oral health screening during Period 16 had dental needs identified. Twenty-three children (82% of 28) had all their needs met according to documentation found in the records. Among the five children with unmet needs, untreated tooth decay was the primary issue.
- 26 children who had developmental or educational assessments in Period 16 had identified needs. Seventeen (65%) of the 26 children had their developmental or educational needs met.
- 21 children who had mental health assessments in Period 16 had identified needs. All needs of 12 of the 21 children (57%) were being addressed. Four children (19%) had some of their needs met.

¹¹⁷ 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 generalize to the entire population of children in care. Still, the State continues to do extremely well at meeting the emerging needs of children in the sample.

- 39 children (22%) in the sample of 175 experienced emerging physical health needs during the reporting period. All of these children had their needs met.
- Three (2%) of the 175 sampled children experienced acute dental needs during the reporting period. All of their needs were met.
- 27 (15%) of the 175 sampled children experienced acute or emerging mental health needs during the reporting period. All of their needs were met.

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

Twenty-six children in the sample had one or more developmental and/or educational needs identified between July 1 and November 30, 2013 either through an initial assessment or some other process. The needs identified were as follows (some children had more than one identified need):

- Seventeen children had educational/academic needs;
- Three children presented with learning disabilities;
- Four children were identified with developmental delays;
- Two children had behavioral concerns; and
- Five children were in need of speech therapy.

Other indicators of developmental or educational needs are Supplemental Security Income (SSI) benefits and Individualized Education Programs (IEPs). Fourteen children in the sample appear to be receiving SSI benefits. The underlying conditions for these cases included several cases with hearing impairments, moderate intellectual disabilities, and mental health issues. Thirty-one children had IEPs. The case records of 16 (52% 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, 97 children (55% of 175) were aged six or older and were in DFCS custody sometime during a portion of the school year. Among the 97 children, 4 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-nine of the remaining 93 (96%) were enrolled in school or a GED program in the second half of 2013. Four children were not enrolled during the period for the following reasons:

-
- One child in a GED program refused attendance while incarcerated in an adult jail facility;
 - Two children were on runaway status and one of them was subsequently discharged; and
 - One child was discharged from custody prior to enrollment.

Within the foster care sample of 175, 78 children (45%) were younger than age seven. Fifty-seven of these 78 children (73%) were enrolled in a kindergarten, pre-school, another developmental program, or day care.¹¹⁸

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.”¹¹⁹

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 16. Within the sample of 175 children, 60 (34%) had been in custody 18 months or more.¹²⁰ Among the 60 children, 18 (53%) were aged 14 or older and eligible for Independent Living Program (ILP) services. Fourteen of the 18 children (78%) had documentation in their case records that indicated they were receiving such services (including Life Skills Training and Employment Services). All eighteen of the youth had Written Transitional Living Plans (WTLP).

Out of the 175 children in the sample, 167 children (95%) had meetings between July and November 2013 to review the appropriateness of their permanency goal and effectiveness of services they are receiving. A majority of youth (117) 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 18 children had permanency goals revised; 25 had services revised; and five had revised placements. Sixteen of the 60 children who had been in custody 18 months or more (27%) were discharged by November 30, 2013. All 16 of the discharges were expected by DFCS and they all had some form of discharge planning.

¹¹⁸ 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>

¹¹⁹ See pp 11 and 12, Section 4.F paragraph 3, of the Consent Decree.

¹²⁰ Conclusions drawn from a subsample of 69 are subject to a statistical margin of error of +/-12%.

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

The Consent Decree stipulates that “DFCS will determine whether additional services are necessary to ensure the continued success of the discharge”¹²¹ and that all children receive a health screen within 10 days of discharge.¹²² 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.¹²³

Within the sample of 175 in children foster care, 56 children (32%) had been discharged by November 30, 2013. The discharges of nine children (16% of the 56 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 46 children, there was documentation of some form of discharge planning for 40 children (87%). 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.

¹²¹ See p.10, Section 4.C.6 in the Consent Decree.

¹²² See p. 21, Section 6.B.6 in the Consent Decree.

¹²³ Correspondence from Brenda King Woodard, Georgia Department of Human Services, to Ira P. Lustbader, Children’s Rights, February 15, 2010 and September 22, 2010.

Table V-11
Discharge Planning in Period 16

Discharge Planning	Discharges in the case record review sample n=46*	
	Number	Percent
Discharge planning through one-on-one meeting with case manager	11	24%
Discharge planning in a Family Team Meeting/Facilitated Meeting	17	37%
Discharge planning over a series of visits with children and family	14	30%
Other type of meeting (internal staffing, discharge staffing)	34	74%
No documented discharge planning	6	13%

Source: Case Record Review February – April 2014.

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

2. Discharge Medicals

In the case record review sample of 46 children expected to be discharged, 38 (83%) had a documented medical exam any time from 10 days before discharge to 10 days after discharge. Overall, case documentation for 44 children (96%) indicated that the discharge medical was actually completed. There was no documentation of scheduled or received discharge medicals for two children. Information about discharge medicals is summarized in Table V-12.

Table V-12
Discharge Medicals in Period 16

Discharge Medicals	Discharges in the case record review sample n=46	
	Number	Percent
Discharge medicals scheduled during discharge planning	40	87%
Evidence of medicals received within 10 days of discharge	38	83%
Evidence of medicals received within 11 -32 days of discharge	6	13%
Total number of discharge medicals completed	44	96%
No evidence of discharge medicals scheduled or received	2	4%

Source: *Case Record Review, February - April 2014.

Following a revised corrective action plan that began June 1, 2012, the state has significantly improved its performance in this area. During Period 14, only 32% of children had documented evidence of medicals within 10 days of discharge. In one year, the state has improved its performance in this area by 51 percentage points.

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 16. 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 16 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.	3%
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.¹²⁴ 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.”¹²⁵

a. Interpretation and Measurement Issues

There were no new interpretation or measurement issues encountered during Period 16. 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 16, 538 of the 563 placements subject to a DHS approval or licensure process (96%) were in full approval and/or licensure status. These placements had an approved or licensed capacity of 2826 children, while the approved or licensed capacity of all placements with a child in care on December 31, 2013 was 2897 children; yielding an Outcome 25 measurement of **98 percent**. Although the Outcome 25 measurement methodology changed as described above, Period 16 represents the 10th consecutive reporting period in which the Outcome 25 performance threshold of 98 percent was met or surpassed. The State's Period 15 performance on Outcome 25 was also 98 percent. Additional detail on this measurement appears in Table VI-2.

¹²⁴ 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.

¹²⁵ See p. 4, *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

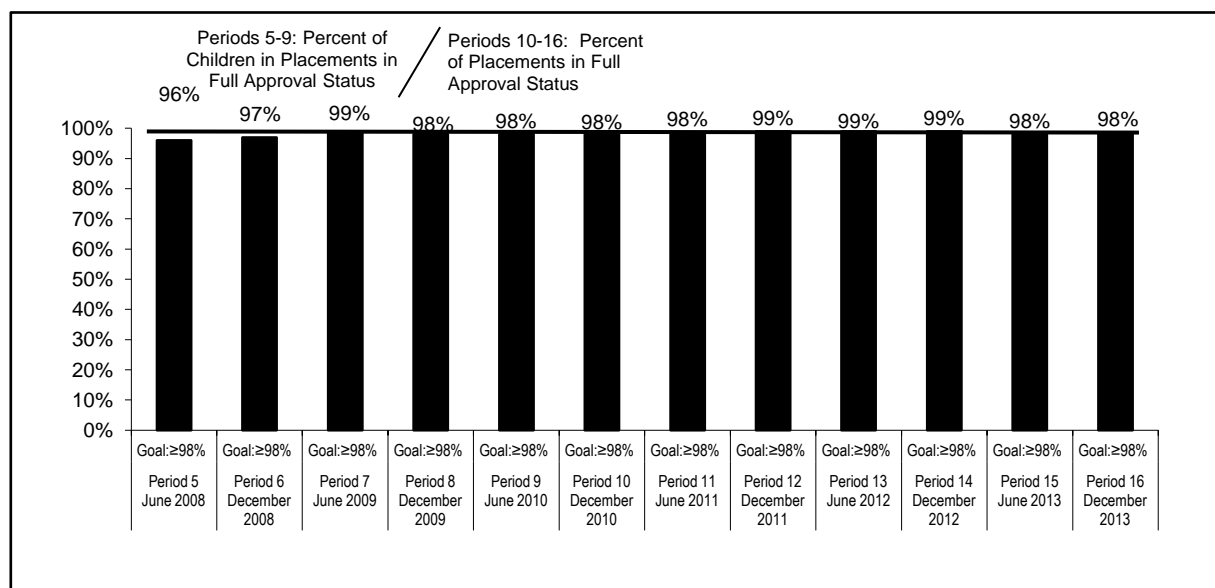
Eighty-nine percent of the placement capacity of non-foster relative placements was found to be in “full approval status,” that is, to have been fully approved by the relevant licensing and approval processes. This was about the same as the Period 15 rate of 90 percent, but represented a substantial decline from earlier periods. As in Period 15, failure to timely complete home evaluations was the primary cause of noncompliance among relative placements. The full-approval rate of DFCS-supervised foster homes was 95 percent, a decline from the Period 15 rate of 97 percent, while that of provider-supervised foster homes remained about the same (96% compared to the Period 15 rate of 97%). Virtually the entire placement capacity (99.6%) of child-caring institutions, including group homes, also was found to be in full approval status. This was similar to the Period 15 rate for CCIs of 100 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 12/31/13	Number of Placements with a Class Member in Care on 12/31/13 in Full Approval Status	Overall Capacity of Placement Settings with a Class Member in Care on 12/31/13	Capacity of Placements with a Class Member in Care on 12/31/13 in Full Approval Status	Percentage of Overall Placement Capacity in Full Approval Status on 12/31/13
Relative Placement	83	74	139	124	89%
DFCS - supervised Foster Home	84	81	182	173	95%
Provider - supervised Foster Home	319	307	965	924	96%
Child Caring Institution	77	76	1611	1605	100%
Total	563	538	2897	2826	98%
^a Excludes 47 children in state custody on 12/31/2013 that were in settings with no relevant approval process (19 were on runaway, 14 in Psychological Residential Treatment Facilities, 6 in Metro RYDC, 5 were hospitalized, and 2 children were placed with a birth parent/guardian.					

Data source: Georgia SHINES.

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



Sources - Periods 5-9: Placement file reviews, Georgia's ICPC records, child placing agency records, and SHINES; Periods 10-16: 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.¹²⁶ 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...”^{127,128}

¹²⁶ 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.

¹²⁷ See p. 4, *Kenny A. v. Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

¹²⁸ 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 16. Appendix B provides a summary of previously resolved interpretation and measurement issues. The point-in-time used for measurement of Outcome 31 in Period 16 was December 31, 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 692 family foster homes that had a child in care at any point during the period July 1 to December 31, 2013, 403 (58%) continued to have one or more children placed in them on December 31, 2013. Twelve of these 403 foster homes (3%) 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 16 was the 16th consecutive reporting period in which the Outcome 31 threshold was met or exceeded.

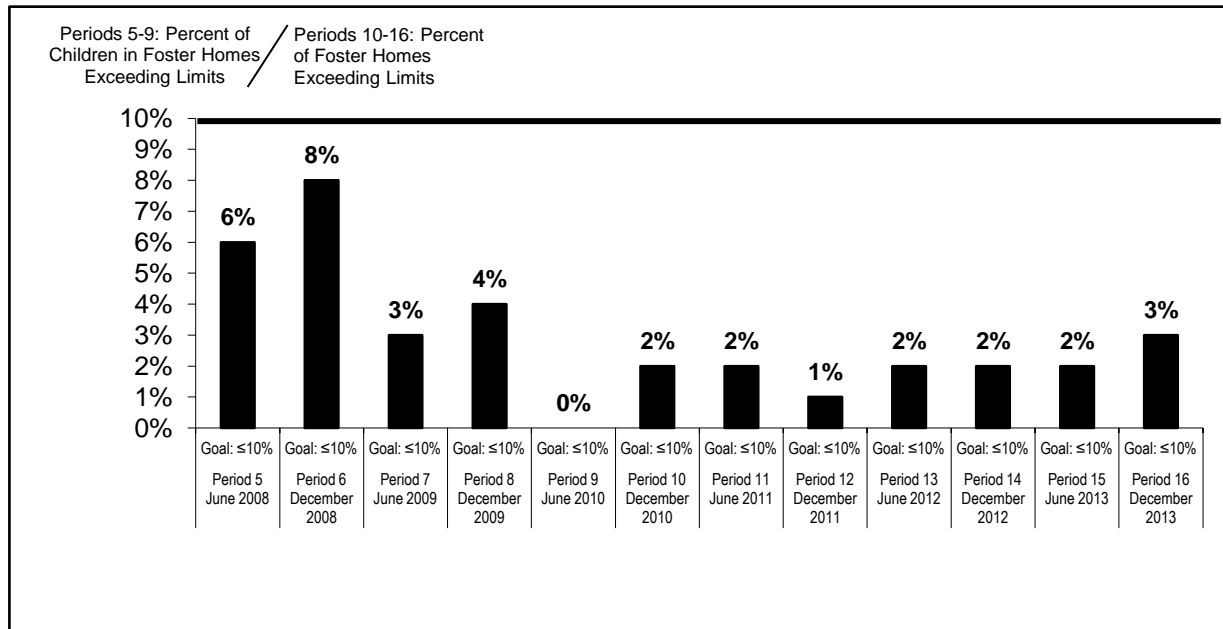
In Period 16, there were 12 family foster homes (2 DFCS-supervised; 10 provider-supervised) that exceeded the three-foster-child capacity limit. However, nine of these homes (1 DFCS-supervised and 8 provider-supervised) qualified for the sibling group exception enumerated in Section 5.c.4.e. since no children other than the sibling groups resided in those homes. Nine family foster homes in Period 16 (1 DFCS-supervised; 8 provider-supervised) exceeded the six or more total children capacity limit specified in Section 5.c.4.e. None of these nine homes 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.

Table VI-3
Outcome 31 – Foster Homes Exceeding Capacity Limits
n = 403

Placement Type	Foster Homes with 1 or More Children in Care at Any Time During Period 16	Foster Homes with 1 or More Children in Care on 12/31/13	Foster Homes with > 3 Foster Children on 12/31/13	Foster Homes with ≥ 6 Children in Total on 12/31/13	Foster Homes with > 3 Foster Children and/or ≥ 6 Children Total on 12/31/13	% of Foster Homes with > 3 Foster Children and/or ≥ 6 Children Total on 12/31/13
DFCS - Supervised Foster Homes	145	84	1	1	2	2.4%
Provider Supervised Foster Homes	547	319	2	8	10	3.1%
Total	692	403	3	9	12	3.0%

Data Source: SHINES

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



Sources - Periods 5-9: Period Case Record Reviews January 2008-June 2010; Periods 10-16: 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.¹²⁹ 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.¹³⁰ 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 16. 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.

¹²⁹ See pp 36-37, Outcome 26 of the Consent Decree.

¹³⁰ Ibid.

b. State Performance

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

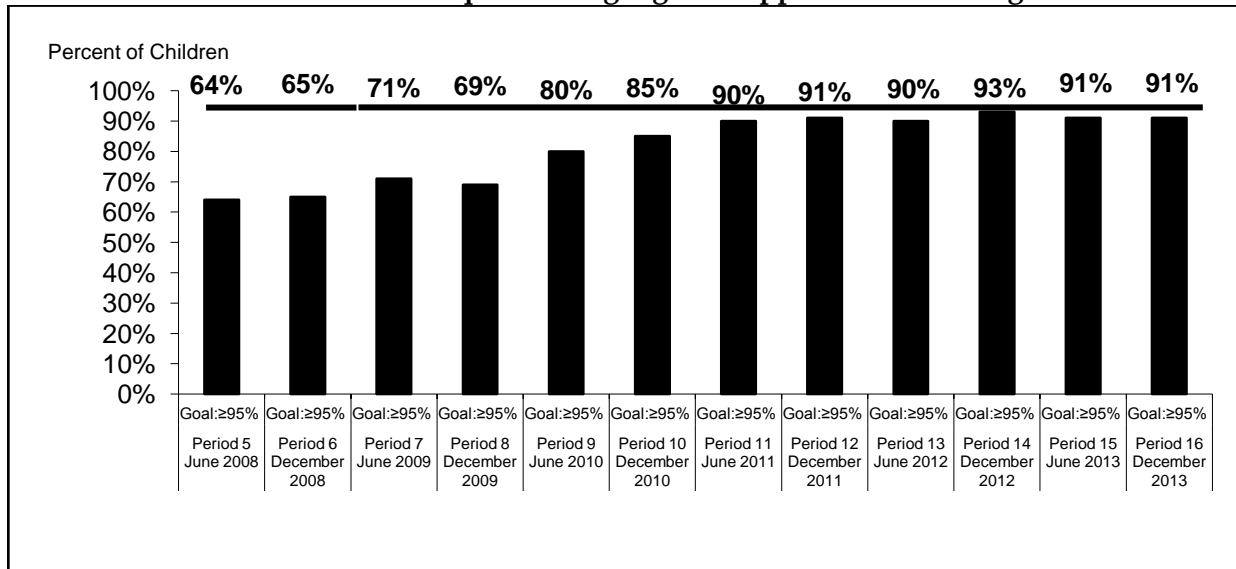
For Outcome 26, 159 children (91%) of the 175 children in the Period 16 placement sample had court orders with all the required language necessary to assess current eligibility for federal funding under Title IV-E. The performance standard for this outcome is 95 percent. The Period 16 performance is similar to the Period 15 performance of 91 percent. 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:

- Two of the voluntary placement did not have child-specific language;
- Nine of the initial removal orders did not have child-specific language
- One of the 72-hour hearings did not have child-specific language; and
- Four 60-day determinations did not have all of the required language necessary to assess eligibility for federal funding under Title IV-E.

The ability to determine IV-E funding eligibility for the 16 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.

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, January – December 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.¹³¹ 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**

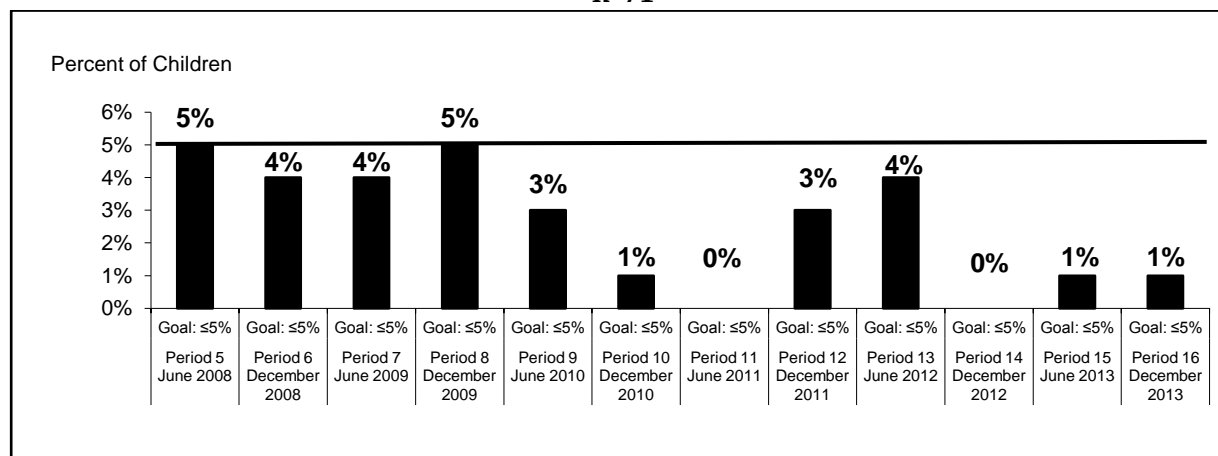
No new interpretation issues were encountered in Period 16. Appendix B provides a summary of previously resolved interpretation and measurement issues. Measurement of Outcome 29 performance is based on 71 children in the sample of 175 children in foster care. These 71 children had been in custody 12 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 16, DFCS had one lapse in custody in the subsample of 71 (1%). The outcome threshold is no more than 5 percent. This is similar to the Period 15 performance of 1percent. 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
Twelve Reporting Periods of State Performance on Outcome 29:
Children in Care with Legal Custody Lapses
n=71



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

¹³¹ 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 ¹³²	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

¹³² 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 December 31, 2013

In December 2013, 78 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. Forty case managers (primarily investigators) exceeded the caps set by the Consent Decree. One-hundred and eleven cases were temporarily assigned to supervisors pending assignment to case managers. This is a substantially larger number of unassigned cases than the 69 found in Period 15 and the 38 cases found in Period 14. Most of the supervisors carrying large numbers of cases pending assignment were in Fulton County's CPS Investigations units.

According to Fulton County, a pilot program was implemented during Period 16 in which a "Responder Unit" was established to be solely responsible for meeting response times on new investigation cases in the county. Under the pilot, all new cases were assigned to supervisors' workloads until response time documentation was entered into SHINES by the Responder Unit case manager. The pilot was an attempt to ensure that all response time documentation would be entered within 72 hours. However, during the pilot there was an increase in the number of new investigations which created a delay in documenting efforts into SHINES and instead increased the number of cases assigned to supervisors pending assignments to case managers.

In addition to this pilot, Fulton County also implemented a similar pilot for on-call supervisors upon losing the after-hour units with the advent of Centralized Intake. All new cases were assigned to their caseloads until the assigned on-call case managers met and documented response times on cases assigned to the county after hours (5pm until 8am).

After realizing that these strategies were delaying the assignment of cases in SHINES, both of these processes were discontinued at the beginning of period 17. Fulton County then hired a night unit (and a Supervisor) to replace the team reassigned to Centralized Intake during period 16. The Accountability Agents will closely monitor the number of cases "temporarily" assigned to supervisors during Period 17.

While the Consent Decree caps vary by case types (see Table VI-4 above), the majority of case managers (85%), had 12 or fewer cases assigned in December 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. As discussed in Part V, the agency has entered into a corrective action plan that includes retention strategies. The Accountability Agents will continue monitoring these efforts to assess the viability of implemented strategies to stabilize the workforce.

The Accountability Agents interviewed 30 case managers and supervisors in April and May 2014 to obtain supportive information about caseload sizes. The case managers were asked about their caseload sizes on the day of the interview and the pattern they experienced in the six-month period between July 1 and December 31, 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 were beginning to stabilize at that time, however, case managers had been temporarily deployed from perimeter counties in an attempt to bring the caseloads back into compliance. The Accountability Agents recommend that the state continue exploring systemic approaches to manage fluctuation of caseloads, especially in the area of CPS investigations. These caseloads tend to be susceptible to external influences such as media coverage, seasonal changes (such as school year cycles), and systemic changes such as the recent move to a centralized intake process.

**Table VI-5
DeKalb and Fulton County Caseload Status December 2013**

Case Manager Function	Caseload Cap: Number of cases (families and children)	Number of Active Staff on 11/30/13	Number of Active, On-leave Staff on 11/30/13	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	69	1	48	70%	21	30%	70
Family Preservation	17 families	23	0	20	87%	3	13%	23
Permanency Case Manager	15 children	58	1	52	90%	6	10%	4
Specialized Case Manager	12 children	36	0	32	89%	4	11%	14
Adoption Case Manager*	16 children	0	0	N/A		N/A		0
Total		186	2	146	78%	40	16%	111

Sources: SHINES; county personnel systems for leave and separation information

Notes:

¹Active staff are those staff that were not on a leave of absence on November 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.

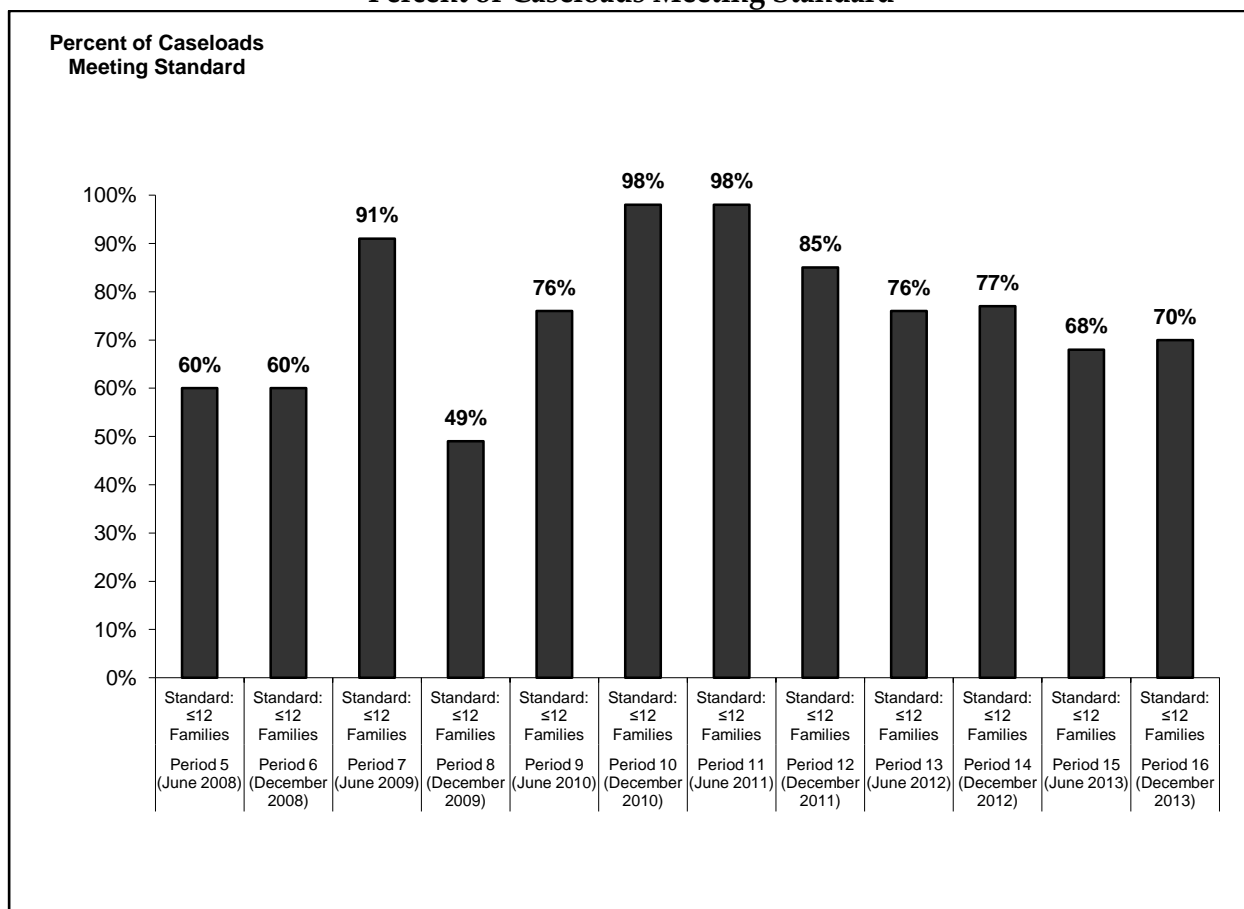
²Active staff on leave at November 30, 2013 but leave anticipated to be more than 30 days.

*Although there are several adoption units, when the caseloads were pulled for Period 16, the case managers in that unit had caseloads that reflected specialized cases. The specialized caseloads consisted of 25 adoptions workers and 53 foster care workers.

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 Standard



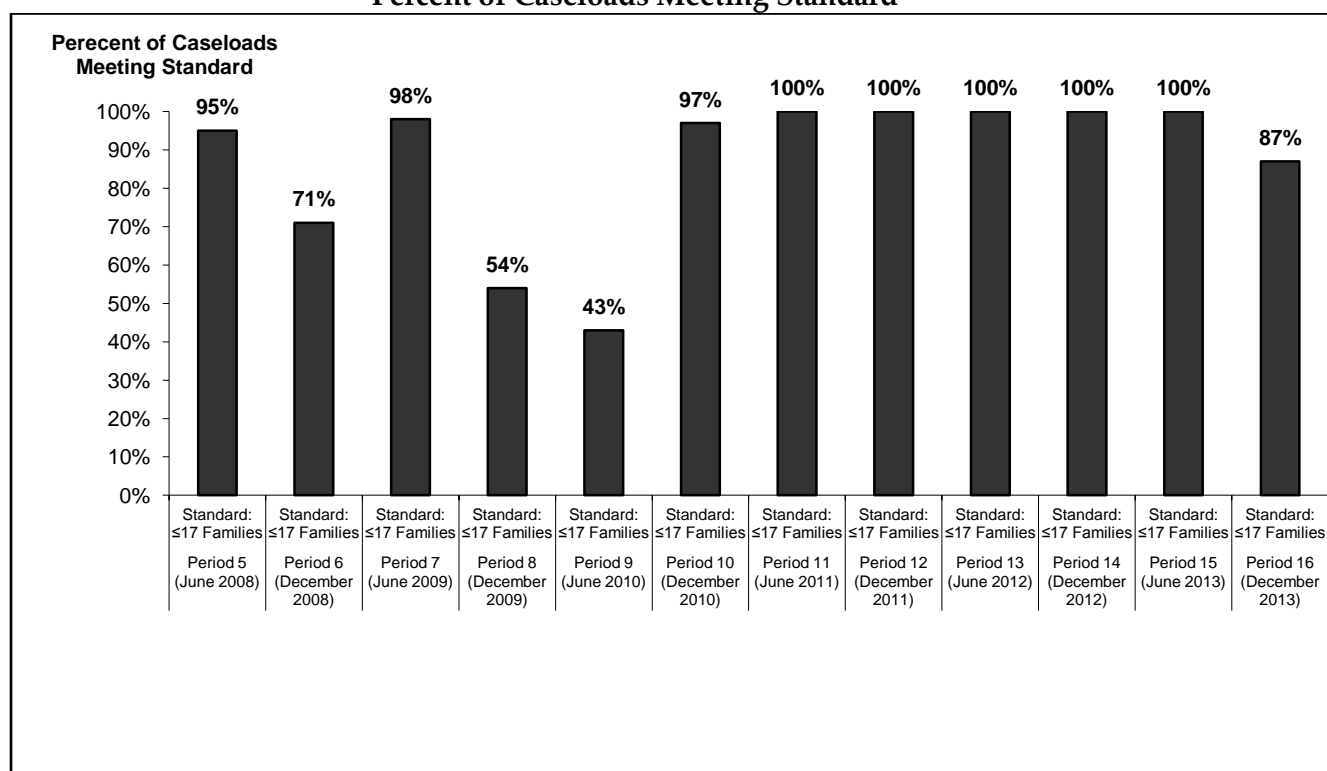
Source: State data bases: IDS and SHINES; county personnel systems for leave and separation information, January 2008 -December 2013.

As shown above in Figure VI-5, in December 2013, 70 percent of the *CPS investigation* caseloads were at or under the caseload cap of 12 families. This performance is similar to the Period 15 performance of 68 percent and lower than the Period 14 performance of 77 percent. The caseloads of the twenty-one case managers who exceeded the cap (out of 69 total) ranged from 14 to 50 cases. Seventy cases were assigned to supervisors pending assignment to a case

manager or because the supervisor was completing the investigation. This is an increase from 35 cases assigned to supervisors during Period 15 and the 24 cases assigned to supervisors during Period 14. As discussed above, this increase may have been attributed to a pilot process employed in Fulton County which is no longer in place.

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 Preservation¹³³ Caseloads
Percent of Caseloads Meeting Standard



Source: State data bases: SHINES; county personnel systems for leave and separation information, January 2008 – December 2013.

As displayed above in Figure VI-6, 20 of 23 *family preservation* case managers (87%) had caseloads of 17 or fewer families. This is the first time over the past six reporting periods that the performance has dropped below 100 percent. As discussed in the Safety Chapter, during Period 16, the state instituted a state-wide centralized intake unit. The number of reports of alleged maltreatment rose significantly. In addition, the state is in the process of hiring more

¹³³These cases were formerly referred to as “on-going CPS”.

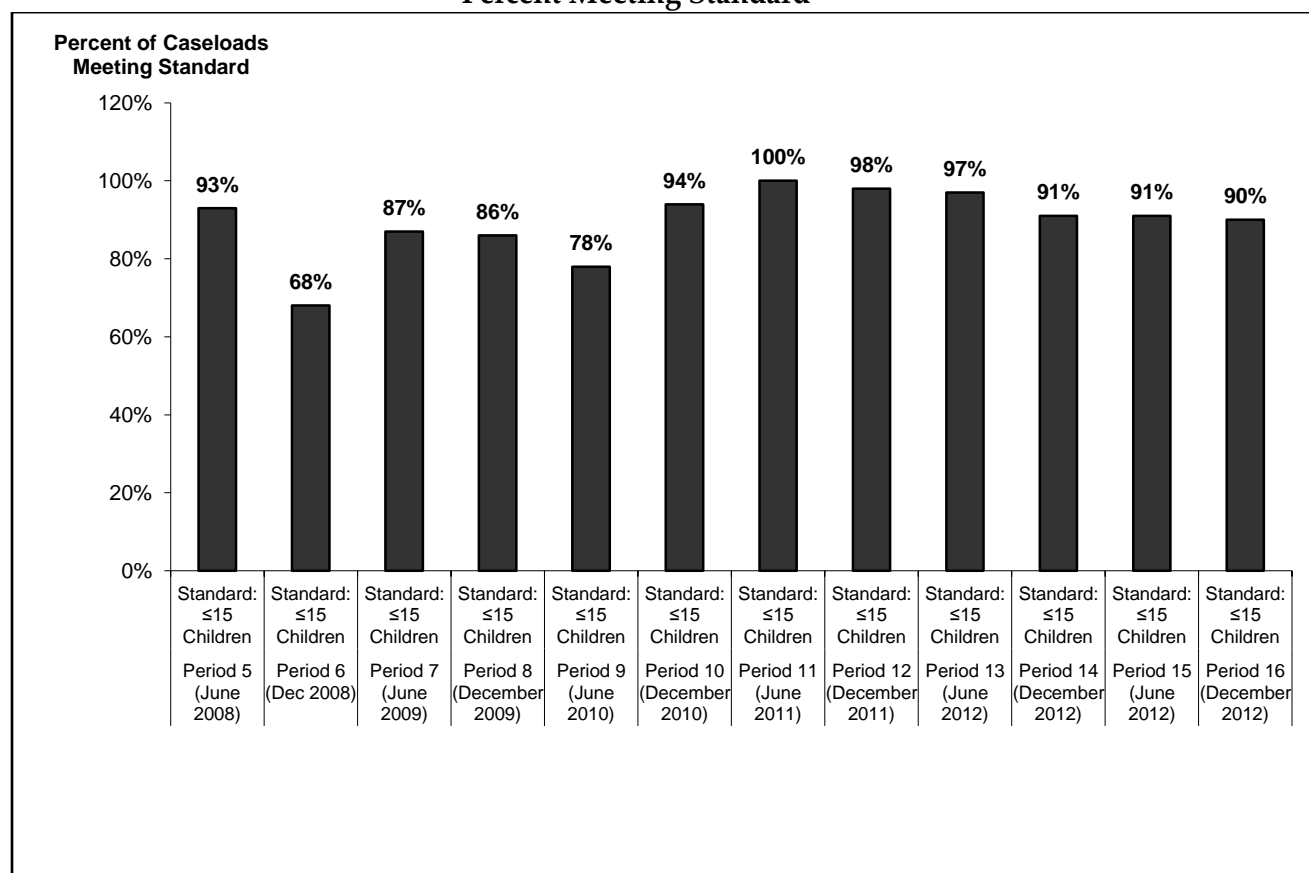
case managers to fill the vacancies. The CPS Investigations and Family Preservation caseloads have seemingly been impacted by these factors. The Accountability Agents will continue closely monitoring these caseloads as the state works toward bringing them back into compliance.

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 Standard

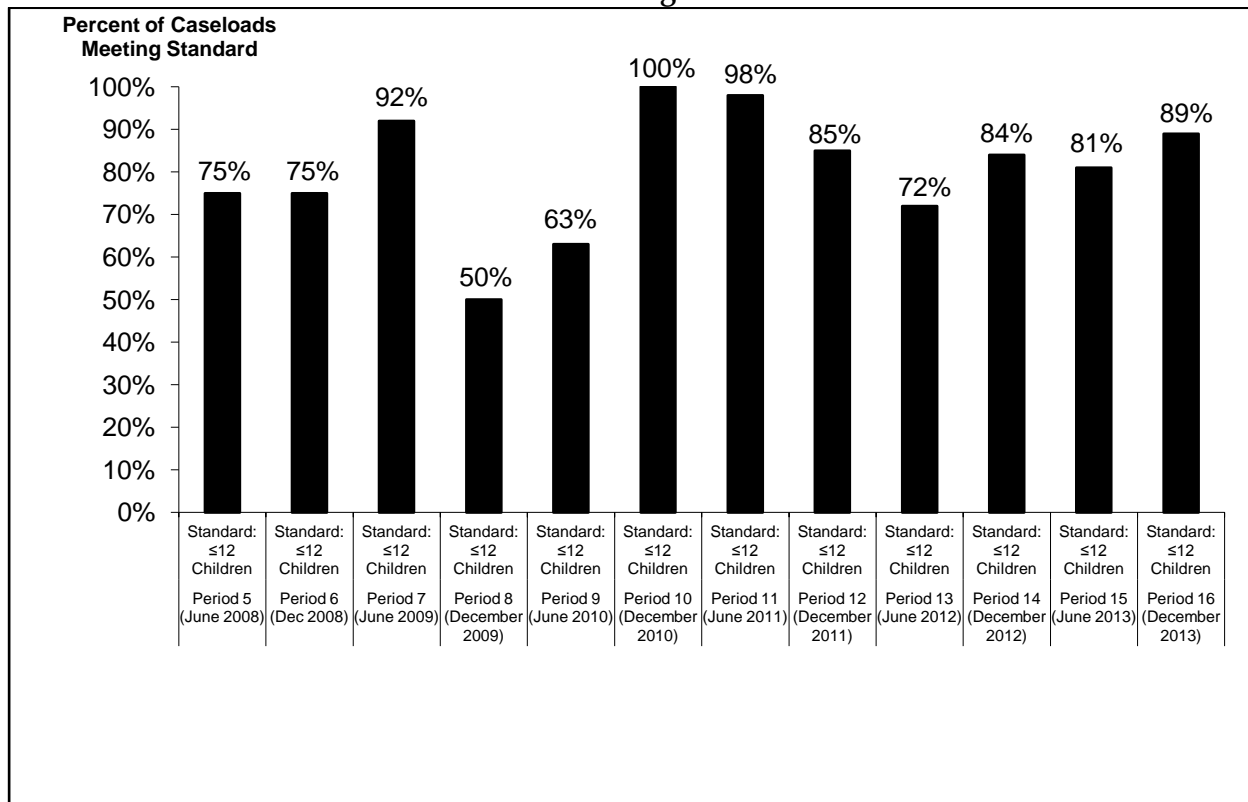


Source: State data bases: IDS and SHINES; county personnel systems for leave and separation information, January 2008 – December 2013.

As shown above in Figure VI-7, in Period 16, 90 percent of the *“regular” permanency caseloads* were at or under the caseload cap of 15 children. A total of 58 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 16-18 children. This performance is similar to the Period 15 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.

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, January 2008 – December 2013.

As displayed above in Figure VI-8, in Period 16, 89 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 36 case managers were considered “specialized” permanency case managers based on the type of cases they were assigned. Four case managers who exceeded the cap each had 14 to 16 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. No cases were assigned to a supervisor. This is a substantial decrease from Period 15 in which 18 cases were assigned to a supervisor.

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.¹³⁴ As shown in Table VI-6, in December 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 December 31, 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)	22	21	95%	1	5%
Permanency Case Managers* (Regular and Specialized caseloads)	23	23	100%	0	0%
Adoption	0	n/a	n/a	n/a	n/a
Total	45	44	98%	1	2%

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

* The majority of specialized caseloads are in “adoption” units, however, for purposes of the consent decree and therefore this report, they are being classified as “specialized units”.

¹³⁴ See p. 23, Section 8.B.2 in the Consent Decree.

C. *Building Workforce Skills*

The Consent Decree has several training requirements.¹³⁵ In this report section, the Accountability Agents describe State efforts to improve its practice curricula, the qualifications of new supervisors and the State's compliance with pre-service and in-service training requirements.

1. **Education and Training Services Section** ¹³⁶

The leadership of the Education and Training Services (ETS) section remained unchanged during Period 16. Ms. Julie York is the Section Director for Education and Training Services.

2. **Staff Preparation and Professional Development**

The State reported that the ETS engaged in numerous training and development activities in Period 16. 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 16 include the following courses and assistance:

- ETS worked with DeKalb and Fulton Counties to provide volunteer supervisor mentors from other regions in the state to work with supervisors in DeKalb and Fulton. ETS provided mentoring guidance and specific activities to volunteer mentors for a four week period. Volunteer mentors observed and provided feedback to supervisors. Exit conferences were held with the volunteer mentors and supervisors.
- A training course entitled *FTM and Case Planning for Social Service Case Managers* was provided for Fulton County DFCS.
- A training course entitled *Partnering with Dads* was held at Fulton County DFCS with staff from Fulton and DeKalb Counties attending.

¹³⁵ See pages 25 and 26 of the Consent Decree for the complete description of the requirements.

¹³⁶ 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 16

Target Audience	Curriculum/Activity
Case Managers	<p><i>Keys New Case Manager Training</i> The Keys curriculum has been revised to include the Safety Response System (SRS) information and language in anticipation of statewide release. Additionally, revision has been made to incorporate new legal language stemming from the Juvenile Code re-write of House Bill 242.</p> <p>Summary of Revisions:</p> <ol style="list-style-type: none"> 1. Understanding and recognizing Present Danger and Impending Danger. Practice activities to reinforce the skill were incorporated. 2. Utilization of the Family Functioning Assessment to engage families and understand how the family functions on a daily basis vs. a singular point in time such as a maltreatment incident. 3. New legal language and definitions were incorporated. 4. Updated information on the Child and Family Service Review to include the purpose of CFSR and how the work with families impacts the review. 5. Documentation has been revised to incorporate the information obtained utilizing the Family Functioning assessment process. 6. SHINES activities are being utilized in a WebEx format and designed to be completed prior to the Keys classroom experience. Using the WebEx format allows the case manager ongoing opportunities for review of the material as the need arise.
	<p><i>Adoption Training</i> The process to combine the Adoption (5 day course) and Adoption Assistance (2 day course) curricula began February 2013. The curricula were combined to provide a better overall picture of the Adoption experience from the child entering adoptive status, through finalization and possible disruption or dissolution. The curriculum was finalized in August 2013 after two pilots</p>
	<p><i>Foster Care Track Training</i> This training was revised to incorporate the Juvenile Code law effective January 1, 2014 and the CAPTA policy changes effective immediately. Once the CHINS policy is finalized, it will be incorporated into the Foster Care Track Training.</p>

Target Audience	Curriculum/Activity
Case Managers	<p><i>CPS Training</i> Georgia began to use a Centralized Intake Call Center (CICC) in July of 2013. Individual regions were switched to using the call center rather than county office intake lines on a rolling basis, with all regions to have made the switch to the CICC by July 1, 2014.</p> <p>All intake case managers who will be performing intake for the 24 hour CPS intake line completed a five-day course for new Social Services Case Managers. The course covers the principles and practice procedures of the Family Centered Case Management Practice Model, Customer Service Principals, Stages of the Interview Assessment Process, the Six Areas of Family Functioning, the Georgia Safety Threat Questions, understanding Present and Impending Danger, and Case Dispositions. During the final day of the class case managers enter information into the GA SHINES data system based on a case scenario. The new CICC staff was trained as well on the call center telephone systems.</p> <p>CAPTA policy changes and Juvenile Code changes were made to the CPS curriculum during Period 16. Once the CHINS policy is finalized, it will be incorporated into the CPS Track Training. <i>Kenny A.</i> and Centralized intake policy changes were added to the CPS training. These new policies cover procedures for responding to abuse reports of children in foster care and group homes.</p>
	<p><i>SRS Training</i> Education and Training continues to develop the Safety Response System in concert with ACCWIC. Phase one of this project included Intake, Family support and Investigation. Phase two of the pilot began in October 2013 and covered Family Preservation and Permanency Programs. This project is being piloted in two counties: Richmond and Sumter. Included is an Overview of the SRS, Implementation Training, Pilot Practice Training, Coaching and additional training as needed. Sumter and Richmond 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.</p> <p>The first phase of the SRS model, Intake, began rollout Statewide in September 2013. The entire state began using the SRS Intake model in January 2014. Four SRS Webinars also were created and made available to staff on the DFCS online training website. Phase Two of the SRS (Family Support and Investigations) will rollout statewide in the fall of 2015 to provide time to apply lessons learned from the pilot counties to the Statewide rollout.</p>

Target Audience	Curriculum/Activity
Field Practice Supervisors	<p><i>Supervisor Training</i> SRS and coaching material were added to the new supervisor curriculum. The Family Centered Practice information was updated in the curriculum. The goal is to have the information incorporated into the new supervisor training so that it will not be a separate course. Shines was also revised to take out the FROG since it is not longer used by supervisors.</p>
All Staff	<p><i>Field Practice Guide</i> The most recent update of the <i>Field Practice Guide</i> includes the incorporation of the CPS Intake Communication Center CICC training regimen and certification process.</p>
	<p><i>SRS Live Learning Sessions</i> These sessions are a different type of Live Learning which uses the SRS model as a framework or "lens" for analyzing cases. They offer an intense learning opportunity for a wide range of participants, including people who know nothing about the case.</p> <p>Instead of the previous live learning model in which SHINES was used to walk through aspects of a case chronologically, in this model the SRS Six Family Functioning Assessment areas and Three Protective Capacities are used as an organizing frame to explore DFCS assessment and decision making, including: (a) what DFCS knew about the family, (b) when DFCS knew it, (c) missing critical information, (d) safety/permanency decisions made, and (e) would we do anything differently at any point in the case based on the information gleaned through this SRS "lens".</p>
	<p><i>Motivational Interviewing (MI) Webinars</i> The MI webinars explore the theory and practice of Motivational Interviewing and how it can dramatically enhance engaging resistant clients with the change process. MI has been successfully used for decades with very difficult populations, such as people with the disease of addiction. MI has been identified by ACTION for Child Protection as one of two interviewing approaches that work very well in implementing the SRS model.</p> <p>Each webinar, located on the DFCS online training site, is thirty minutes long. These webinars explore how Motivational Interviewing as a structured interviewing approach may assist DFCS case managers in engaging clients with the changes they need to make for their children to be safe. Two MI webinars are on the system, and a third is being considered.</p>

As reported previously, 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 Board of Regents designated Georgia State University (GSU) the sole contractor for the Title IV-E Child Welfare Education Program with the understanding that GSU will subcontract with the other schools of social work. The target date for reinstating the IV-E Program is Fall 2014. Several meetings have occurred with the Region IV Children's Bureau, GSU, internal DFCS accounting specialists and a consultant on the IV-E program to determine funding the startup costs and plan for the contract proposal. An initial startup contract was completed to help fund the costs of planning and starting a new program. Another contract for the IV-E program with the schools of social work will be initiated March 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.¹³⁷ Accordingly, all supervisors in Period 16 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 all new case managers and newly appointed supervisors are receiving the required number of hours of pre-service training. For case managers and supervisors, who are not new to the agency, (and therefore involved in pre-service training), they must complete 20 hours of professional development each fiscal year. The state of Georgia fiscal year is July 1 – June 30. Thus, at the end of Period 16, staff still had six more months to complete their annual training. According to the training logs, 46 percent of case managers and supervisors have already completed the required training. The overall percentage will be reported at the end of Period 17.

¹³⁷ See p. 26 of the Consent Decree.

5. Case Manager and Supervisor Certification

Table VI-8 summarizes the certification status available from the State at the end of November 2013 for social service case managers and supervisors in Fulton and DeKalb counties. As shown, 169 case managers (89%) and 31 supervisors (84%) had achieved full certification as of November 30, 2013. This compares to 93 percent of the case managers and 84 percent of the supervisors in Period 15. The Accountability Agents used the previously described case manager and supervisory interviews to obtain information to verify the reported certification status.

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

Position Title	Fully Certified	Results Pending	Provisional	Not Certified	Total*
Case Managers					
CPS Investigators	54		11		65
CPS On-Going Case Managers	23		1		24
Permanency Case Managers (Regular and Specialized Caseloads)	70		4		74
Adoption Case Managers	22		0		22
TOTAL	169		16		185
Supervisors					
CPS (Investigations and On-Going)	11			4	15
Permanency (Regular and Specialized Caseloads)	16			1	17
Adoption	4			1	5
TOTAL	31			6	37

Source: Compiled from data supplied by county training coordinators.

D. Assuring Needed Placement Resources Are Available

1. DFCS-supervised Foster Homes

During Period 16, the Counties completed efforts to regionalize their foster care resource development assets. The Resource Development Section reports stabilization in staff and improved internal communications. For example, meetings of the foster home monitors with their counterparts on the Pro Teams (staff responsible for securing placements) are now held monthly. The Section has made placement with kin a Regional priority and expects future reporting periods to reflect efforts to approve kin as foster parents. Fulton County showed stabilization in the number of home closures and improved timeliness of foster home approvals.

Table VI-9 summarizes county progress by December 31, 2013 compared to Period 15 and to the March 31, 2008 baseline. During Period 16, Fulton County reported opening 23 homes but also closing 20 homes. Among the 20 closures, five (25%) were the result of voluntary decisions by foster parents and 10 homes (50%) closed as the result of adoptions – foster parents desiring to close their homes after adopting children in their care. Four homes were closed due to the foster parents moving and one was closed for administrative reasons.

DeKalb County reported opening 14 homes but also closing 22 homes. Fourteen of the 22 closures were the result of voluntary decisions by foster parents. Another four homes closed as a result of finalized adoptions. These two reasons accounted for 82 percent of the home closures. Two homes closed as the result of the family moving out of County and two homes were closed as a result of substantiated CPS reports.

Regional plans to enhance the success of foster home recruitment efforts include:

- Continued focus on recruiting foster homes for children aged 13-17 and for sibling groups;
- Improving visibility in the community through using various media outlets;
- Engaging current foster families that work at hospitals, government agencies, and corporations to co-facilitate recruitment efforts;
- Staff development at the supervisory level to improve program performance; and,
- Developing partnerships with the refugee communities and the Latin American Association to develop foster homes to serve children from those communities.

Regional plans to improve retention of existing foster homes include:

- Reducing CPS and administrative closures through training, ongoing communication, and support to new and existing foster parents through one-on-one information sharing, town halls, and trainings;
- Foster home monitors assisting Placement Specialists with the appropriate matching of children and foster parents to reduce the number of disruptions and placement moves;

-
- Monthly meetings to discuss placement issues, new families, families on hold, incidents with CPS investigations, and utilization issues with receiving homes;
 - Proactively identifying, engaging, and screening new adult household members; and,
 - Meeting formally with foster families who are not completing training hours timely to determine barriers, solutions, and commitment to fostering and partnering with the agency.

2. Provider-supervised Foster Homes

Private Child Placing Agencies (CPAs) experienced a net loss of 29 private agency foster homes and 96 foster care beds compared to Period 15. 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 22 percent of the children in care¹³⁸ suggests that meeting the needs of the children currently entering custody will continue to require the recruitment of specific types of foster homes.

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.

¹³⁸ See Table V-2 earlier in this report.

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

County	Baseline March 31, 2008		Period 15 Status June 30, 2013		Period 16 Status December 31, 2013		Progress: Net Gain (Loss) Period 15-16		Goals for Period 17 (Jan-Jun, 2014)	
	Beds	Homes	Beds	Homes	Beds	Homes	Beds	Homes	Beds	Homes
DeKalb										
<i>County Supervised Homes</i>	418	209	212	107	200	99	(12)	(8)	208	103
<i>CPA Supervised Homes</i>			549	220	504	206	(45)	(14)		
Total			761	327	704	305	(57)	(22)		
Fulton										
<i>County Supervised Homes</i>	504	238	222	114	224	117	2	3	232	121
<i>CPA Supervised Homes</i>			420	150	379	140	(41)	(10)		
Total			642	264	603	257	(39)	(7)		
Two-County Total			1403	591	1307	562	(96)	(29)		

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

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.¹³⁹

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:

- *The Foster Care Services and Office of Provider Management Directors shadowed the Placement Resource (PRO) team in January as planned. The team was observed taking part in DJJ staffings, team meeting, placement disruption staffing and other general work functions. The team now regularly shares its weekly placement reports with the FCS Director. Once the Caregiver Recruitment and Retention Specialist begins work a more focused effort with Region 14 staff is expected. (See #4 below).*
 - *The Region 14 Resource Development Supervisor has been added as a member of the Joint Planning Committee and is now participating.*
 - *In support of DFCS’ goal of increasing kin placements and supports statewide, DFCS and FFTA have submitted a joint application through the Annie E. Casey Foundation (AECF) to convene a “Kin First Summit.” If accepted, AECF will host a facilitated conversation between DFCS, private providers and other stakeholders designed to promote public-private partnerships that will allow FFTA member agencies to apply their therapeutic foster care model with kinship families.*
- 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.

¹³⁹ “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. A meeting was held in March 2014 with state office and county fiscal and programmatic staff to discuss initial cost estimates, current usage of receiving homes in Region 14, and IV-E reimbursement parameters.*

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

Progress:

- *The regionalization of the Resource Development functions and staff of DeKalb and Fulton counties was completed during Period 16.*

- 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:

- *A Caregiver Recruitment and Retention Specialist was brought onboard in Period 17. It is expected that this individual will begin working with Region 14 within 90 days of starting.*

- 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. This new hire started work May 1, 2014, reports 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.6¹⁴⁰ and Section 11.¹⁴¹ The State performed well in many areas in Period 16 and maintained many of the significant improvements documented in Periods 5-12 compared to earlier reporting periods. However, the State continued to struggle with the issue of ensuring that the accessible record of every foster home contains a complete CPS history that is to be considered prior to the re-approval of that home or the placement of additional children in it. Likewise, the State needs to improve compliance with new requirements for Sex Offender Registry checks for all adults residents of foster homes prior to the annual re-approval of those homes.

Section 11 of the Consent Decree contains a variety of requirements with respect to the screening, licensing, and training of foster parents. Paragraph B of Section 11 requires a set of uniform standards to be in place for the approval or re-approval of all foster and pre-adoptive families. In Paragraph F, the State agrees not to allow the perpetrators of substantiated maltreatment to become or to remain foster parents. The State's performance against each of these requirements is considered below.

The review of 160 foster home records sought evidence in each record that the home was in compliance with applicable standards at the end of the reporting period. Data from the foster home record review are presented below. These data can be said to fairly represent the status of the sampled foster homes at the end of the reporting period, but may not accurately reflect the quality of the regulatory approval process. The reasons for this include changes that may occur in family circumstances or characteristics between the approval date and date the home's 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

¹⁴⁰ Ibid, pp. 16-19.

¹⁴¹ 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 above 90 percent on nearly every requirement, which was similar to that of Period 15.

Table VI-10 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 15 and 16.

Table VI-10
Foster Care Approval and Licensing Standards
n = 160

Foster Care Screening, Licensing, Training, and Investigative Requirements	Percent of Sample with Documented Compliance	
	Period 15	Period 16
Family assessment completed	100%	100%
No violations of agency discipline or other foster care policies	98%	99%
Gender of children in home never varied from that approved	100%	99%
Pre-service foster parent training requirements met	100%	99%
Timely annual re-evaluation (no lapses)	99%	99%
Timely Criminal Record Checks for foster parents	99%	99%
Number of children in home never exceeded approved capacity	98%	99%
Comprehensive Drug Screen for Foster Parents	98%	99%
Comprehensive medical report for each foster parent	96%	97%
Age of children in home never varied from that approved	97%	97%
Timely Criminal Record Checks for other adults in the home	91% ^a	94%
Ongoing foster parent training requirements met	87%	94%
Sex Offender Registry checked for foster parents	100%	92%
CPS history has been checked	94%	88%
Sex Offender Registry checked for other adults in the home	91% ^a	84%
Appropriate health statements for other adults in the home	78% ^a	82%

Source: Foster Home Record Reviews for Periods 15 and 16.

^a As these measures are based on a sub-sample of 50 foster homes they have a margin of statistical error of $\pm 14\%$.

The foster home record review found completed initial/re-evaluation reports in 159 of 160 records (99%) in which they should have appeared, similar to the 100 percent found in Period 15. 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 15, 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 10 of the 16 requirements and to have improved for three requirements (by 3, 4, and 7 percentage points, respectively):

- *Timely criminal record checks for other adults in the home,*
- *Appropriate health statements for other adults in the home, and*
- *Ongoing foster parent training requirements met.*

Compliance declined for three requirements (by 6, 7, and 8 percentage points, respectively):

- *CPS history has been checked,*
- *Sex offender registry has been checked for other adults, and*
- *Sex offender registry has been checked for foster parents.*

Given the safety implications of these three requirements these declines are discussed in greater detail below.

CPS History Has Been Checked

With regard to the decline in CPS history checks, the problem was found chiefly among provider-supervised foster homes. Section 11.G. of the Consent Decree requires DFCS to maintain, for any foster or adoptive parent with whom a class member child may be placed, a complete CPS history for the previous five years. Further, DFCS is required to consider that history before placing a child with any foster or adoptive parent and "...before any approval or re-approval [of such parent] is granted."¹⁴² In the case of foster homes supervised by private Child Placing Agencies, the CPA is responsible for approving and re-approving the foster parents and home.

The issue of foster homes being approved or re-approved despite incomplete CPS history checks was first raised by the Accountability agents in Period 11. In response to the Accountability Agents' findings, the State agreed to take a number of corrective action steps that were described and tracked in previous reports.¹⁴³ The first action step read:

*"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."*¹⁴⁴

In October 2012 the former DFCS Director issued a policy letter announcing changes to the requirements and practices regarding initial and ongoing safety screens (checks of CPS history, sex offenders registry, pardons and parole, Department of Corrections, and Child Abuse and Neglect Registry in other states) as one of the corrective actions DFCS agreed to take in response

¹⁴² See p. 28 of the Consent Decree.

¹⁴³ See Section E, *Placement Support*, in the Period 11, 12, 13, 14 and 15 Monitoring Reports.

¹⁴⁴ *Ibid.*

to the Accountability Agents Period 11 findings.¹⁴⁵ Among other things, this policy letter informed the field that these expanded safety screens, in addition to being performed prior to the initial approval of foster homes would henceforth be required prior to each annual re-evaluation. The policy was effective immediately.

The rescreening project was completed in December 2012. In March 2013, the former DFCS Director issued a Social Services Memorandum advising the field that since the SSIU had just completed the CPS rescreening of active foster homes in December 2012, implementation of the annual CPS history check requirement would be delayed until January 1, 2014. All other safety screens mandated in Social Services County Letter 2012-06 remained in effect.¹⁴⁶

The Period 14 and 15 reviews sought evidence that the re-screening had been completed for each of the homes in the foster home sample. Copies of the rescreening report, uploaded to SHINES, were taken as evidence that rescreening had been completed. The Period 14 review found that 23 percent of the records reviewed did not contain rescreening documentation.¹⁴⁷ OPM was able to supply rescreening documentation for most of the homes lacking it with the explanation that the rescreening had successfully been completed but the results had not been uploaded to SHINES. In Period 15, 100 percent of the foster home records reviewed contained rescreening documentation; for all but two homes that documentation was complete.¹⁴⁸

During the Period 16 review, *Kenny A.* reviewers began to notice that for certain foster homes and CPAs, although copies of the rescreening report were uploaded in SHINES no corresponding copy of the report could be located in the providers' hard copy files. When file reviewers asked CPA executives why this documentation was missing they denied having ever received such a report. DFCS leadership was asked to explain this finding and only then did the Accountability Agents learn that while the rescreening results had been uploaded to SHINES, they were never actually sent to the CPAs or to the DFCS local offices. The Accountability Agents have been assured by DFCS leadership that with the implementation of the annual rescreening requirement in January 2014, CPAs are now being furnished a copy of the rescreening report.

In light of the Consent Decree's requirement that the complete CPS history for the previous five years be considered prior to approving or reapproving foster homes, the Accountability Agents gave credit for complete CPS histories in Period 16 only if the approving authority had access to the information. While DFCS local offices have access to the part of SHINES containing the uploaded rescreening reports, CPAs do not. Therefore reviewers sought in the hard copy files of CPAs complete CPS histories for the foster homes those CPAs approved.

¹⁴⁵ Social Services County Letter No. 2012-06, Georgia Department of Human Services, October 2012.

¹⁴⁶ Social Services Memorandum dated March 14, 2013, Georgia Department of Human Services, March 2013.

¹⁴⁷ See Dimas, J.T. and K. Baynes-Dunning, *Period 14 Monitoring Report, Kenny A. v. Perdue*, August 2013, p.172.

¹⁴⁸ See Dimas, J.T. and K. Baynes-Dunning, *Period 15 Monitoring Report, Kenny A. v. Perdue*, Feb. 2014, p.162.

Not surprisingly, of the 20 foster homes lacking complete CPS histories in Period 16, 17 were CPA-supervised. Of the 17 CPA-supervised foster homes lacking complete CPS histories in their hard copy file, 12 had previous CPS history that included at least one unsubstantiated report and one (described below in the section entitled *Preventing Substantiated Maltreators from Becoming Foster Parents*) had a substantiated history. The four remaining CPA foster homes had no CPS history; two of these had young adults in the home for whom CPS history had not been checked and two had no recent CPS history check (the most recent checks done for these homes were in 2008 for one and 2005 for the other).

Sex Offender Registry Has Been Checked for Foster Parents and for Other Adults in the Home

As indicated above, the requirement that the sex offender registry checks be performed annually at the time of re-evaluation for all foster parents and for all other adults in the home became effective in October 2012 with the publication of Social Services County Letter 2012-06. Previously, these checks were required only at a foster home's initial approval. As this requirement was quite new in Period 15 (which commenced January 1, 2013) the Accountability Agents waited until Period 16 to begin monitoring compliance with the new schedule. The Period 16 file review findings suggest the field is still adapting to the new requirements. For foster parents, compliance declined from 100 percent in Period 15 to 92 percent in Period 16; for other adults the decline was from 91 percent to 84 percent. For each of these, noncompliance was about evenly split between CPA-supervised foster homes and DFCS-supervised foster homes. *Kenny A.* reviewers checked the Sex Offender Registry for all adult household members in any foster home in the sample lacking a current such check. None of the adults in those homes appeared on the Sex Offender Registry.

It is the hope of the Accountability Agent's that with the annual CPS screening requirement finally in place this issue may at last be heading toward resolution. However, several things bear pointing out. First, no explanation has been provided to the Accountability Agents as to why, after spending enormous amounts of time and resources to conduct a universal CPS rescreening effort, the results were not provided to the entities responsible for re-approving and supervising foster homes. Second, it is troubling that the very first corrective action proposed by the State in response to the Period 11 findings – conducting the rescreening of the foster home stock and *providing all CPS history to DFCS Offices or supervising CPAs* (emphasis added) – was never actually completed. Further compounding this situation is the fact that the state had multiple opportunities to correct the record on the corrective actions that HAD been taken (when the draft monitoring reports for Periods 12-15 were circulated for review by Central Office staff) and failed to do so. Finally, as the Period 16 sex offender registry check results show, it would be a mistake to assume that with the annual CPS history check requirement at last in place, the problem is solved. Continued vigilance from Central, Regional, and local office leaders will be required to ensure that the policy becomes reality in the field. The Accountability Agents will continue to assist DFCS leadership in this regard by monitoring very closely compliance with the new requirements.

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) was good.

a. Corporal Punishment and Maltreatment in Foster Homes

Of the 160 foster home files reviewed for Period 16, none (0%) had confirmed incidents of corporal punishment during the 12 months ending December 31, 2013. Similarly, in Period 15, 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 160 (16%) were the subject of 26 maltreatment referrals during Period 16 (one home had two referrals). Nine of these referrals were screened out; 17 were investigated and unsubstantiated. None of the sampled homes had maltreatment investigations that produced substantiated findings in Period 16.

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..."¹⁴⁹ DFCS Policy requires CPS history checks to be run for prospective foster parents prior to their initial approval;¹⁵⁰ any CPS reports occurring after a foster home's initial approval to be documented in the foster home's record;¹⁵¹ and CPS reports in DFCS or provider-supervised foster homes to be opened in the name of the approved caregiver.¹⁵²

¹⁴⁹ See p. 28 of the Consent Decree.

¹⁵⁰ Social Services Manual, Section 2103.18, Georgia Department of Human Services, February 2008.

¹⁵¹ Social Services Manual, Section 1015.39, Georgia Department of Human Services, April 2007.

¹⁵² Social Services Manual, Sections 2106.9 and 2106.18, Georgia Department of Human Services, March 2006.

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 16. In addition, for every foster home in the sample of 160, reviewers 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 160 foster home records sampled for Period 16, one foster home was found to have a prior substantiation of maltreatment and to be open during the Period. Similarly, in Period 15, one such home was identified. The circumstances that lead to the Period 16 home being open despite a substantiated maltreatment history are discussed below.

The home in question was a provider-supervised foster home that was reviewed as part of the Period 16 Foster Home sample. The home had a substantiated CPS history from 1997 for medical neglect. The record contains a Central Office waiver signed in 2009 that allowed the home to remain open. The home had two subsequent CPS investigations involving the foster parent's adopted daughter in 2012, one in February for physical abuse, which was unsubstantiated, the second in August for abandonment and fondling, which was substantiated. SSIU, when it conducted a universal rescreening of the existing foster home stock in June 2012 identified the 1997 referral but not the February 2012 referral; the August 2012 referral had not yet taken place at the time of the rescreening.

In November 2013 SSIU received a CPS history request from a different CPA but for this same foster parent (who apparently was seeking to switch CPAs). The CPS history performed in response to that request identified the earlier referrals as well as the August 2012 substantiated case. The requesting CPA was informed by letter that the foster parent would not be permitted to continue in the approval process. It appears that SSIU was unaware the foster parent remained active and approved by a different CPA, and the screening staff failed to inform OPM of the substantiated finding. OPM was informed of the situation when it was discovered by the *Kenny A.* review team. At the time the home had two non-class member children in care. They were removed and the home is now closed.

Section 11.F. has two key requirements: that the State will not allow perpetrators of substantiated maltreatment to become or to remain foster parents; and that DFCS will be able to identify DFCS-supervised or provider-supervised foster parents that have substantiated CPS histories and subsequently seek foster home approval from a CPA or a different CPA. Although existing practice and procedures successfully prevented the foster parent discussed above from being approved by a different CPA, they failed to detect the fact that she had succeeded in being re-approved by her current CPA. As discussed in Section E. 1 of this chapter (above), this possibility should be precluded by the requirement, effective January 1, 2014, that all foster homes receive a complete CPS history check each year at the time of their re-approval (if compliance with that requirement is universal).

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.¹⁵³ 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 December 31, 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

¹⁵³ 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).

– in the case of DFCS supervised homes – or by CPAs – in the case of provider supervised homes. These uniform standards became fully operational on July 1, 2007 with the implementation of amended provider contract language.

Before arriving at an initial approval decision, OPM conducts a detailed desk review of the prospective provider's enrollment application. The provider is required to submit a copy of their current 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 16, a total of 69 CPAs (supervising approximately 2047 foster homes) and 183 CCIs were approved by OPM for the placement of children in DFCS custody. These CPAs and CCIs varied in size:

- 20 CPAs and 111 CCIs were "Small Agencies" (≤ 6 CPA foster homes or CCI beds);
- 12 CPAs and 62 CCIs were "Medium Agencies" (7-20 CPA foster homes or CCI beds);
- 17 CPAs and four CCIs were "Large Agencies" (21-30 CPA foster homes or CCI beds); and,
- 20 CPAs and six CCIs were "Extra Large Agencies" (≥ 31 CPA foster homes or CCI beds).

During Period 16 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 41 (59%) of the 69 contracted CPAs, and 110 (59%) of the 186 contracted CCIs during Period 16.

During Period 16, OPM also conducted 42 "Safety Reviews" of CPA foster homes and 76 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 102 foster homes sampled that had a child in care on December 31, 2013, 102 (100%) were within the Consent Decree's capacity limits at that point in time. Of these 102 foster homes, 100 (98%) had three or fewer foster children in them on December 31, 2013. Two homes (2%) had more than three foster children but met the Consent Decree's sibling group exception (they had sibling groups of more than three in placement and no other children in the home). With respect to the limit of six total children, 102 of the 102 foster homes that had a child in care on December 31, 2013 (100%) were within that limit. Finally, all of the foster homes (100%) with a child in care on December 31, 2013 had three or fewer children under the age of three in them. All these capacity compliance rates are similar to the Period 15 rates of 99 percent within the overall capacity limits, 100 percent for six or fewer total children and 100 percent for three or fewer children under the age of three.

b. Foster Care Maintenance Payments

Section 5.B.1. of the Consent Decree established specific foster care per diem rates to become effective July 1, 2005 (State fiscal year 2006). It also stipulates that the DHS Commissioner is to propose a periodic increase in foster care rates in subsequent fiscal years. For fiscal year 2008, a cost-of-living-type increase of approximately three 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 three 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 2010-2014 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 remain in effect through FY2015, although DFCS was able to increase the initial clothing allowance available for foster children effective July 1, 2015 from \$206 to \$306 for children aged 0-12, and from \$309 to \$409 for children aged 13 and older.

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 99 percent of the foster homes reviewed that the pre-service training requirements had been met. This is similar to the rate of 100 percent found in Period 15.

With respect to ongoing annual training, documentation supporting that the requirements had been met was found in 92 percent of the files of the 141 foster homes sampled to which the requirement applied. This was an improvement from the Period 15 rate of 88 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.¹⁵⁴ The Final Report of this Task Force was delivered in January 2010.¹⁵⁵

In acting on the RRTF recommendations, the State began testing a set of contract-related performance measures July 1, 2010. FY 2011 was considered a “hold-harmless” year, meaning the performance measures being tested by OPM would not yet be used to affect the placements received by individual providers and, thereby, their reimbursement. Based on the FY 2011 experience with the initial set of contract-related performance measures, changes were made to the contract deliverables and performance measures to improve their utility and practicality. OPM selected the strongest of the FY 2011 measures for enhancement, added new measures and associated outcomes, and continued to refine the data-entry and scoring processes. A revised set of measures and deliverables was included in the FY 2012 contracts that took effect on July 1, 2011, which the State treated as a final “hold harmless” year.

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 16 was reflected in 1st and 2nd Quarter RBWO Performance-Based Placement Grades. For the 2nd Quarter of SFY 2014, approximately 95 percent of the CCI sites and 93 percent of the CPAs under contract earned a grade of A-C (somewhat lower than the 98% and 97%, respectively, reported for these placement types in Period 15 for the 4th Quarter of SFY 2013); another three percent of CCIs and one percent of CPAs were not scored because they were not open for the full quarter or had no placements. Across these two provider types, only six providers earned a grade of D or F during the 2nd Quarter of SFY 2014.

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 during Period 16, 2,182 placement searches were conducted using the MATCH! tool.

¹⁵⁴ See pp. 14-15, paragraphs 2-7 of the Consent Decree.

¹⁵⁵ See Georgia Department of Human Services, Division of Family and Children Services, *Rate Reimbursement Task Force Final Report*, January 2010.

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"¹⁵⁶ meet certain criteria including educational credentials, pre-service training, certification, and on-going professional

¹⁵⁶ See Section 10.B. 4.a.-d. in the Consent Decree, pp 25 and 26.

development. State efforts to ensure compliance with this requirement proceeded slowly, culminating in an assertion of non-compliance made by Plaintiff's Counsel after Period 9.

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

In Periods 12 and 13 the Unit developed and pilot tested a 160 hour training curriculum on child welfare practices, policies and processes in Georgia called *RBWO Foundations*.¹⁵⁷ 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 16 the OPM training unit completed six RBWO Foundations E-Learning cohorts and enrolled 88 participants, 34 (39%) successfully completed the E-Learning portion. Among the 54 that did not complete, provided reasons included:

- Directors or agency personnel who registered with the intent of taking and later decided after reviewing the material that it was more than they could complete;
- Job duties superseded training;
- Family and/or personal emergencies;
- Waited too long to start the training late not anticipating the time required to get the work done within 90 days; and,
- Started but unable to complete training due to varying priorities.

The training unit also conducted eight classroom trainings in the Georgia communities of Atlanta, Albany, Macon, Savannah and Kennesaw with a total of 65 participants; 56 (86%) successfully passed the knowledge-based competency test. Of the nine that did not pass, four have retaken the test and passed and the others have scheduled a re-test.

In response to the low E-Learning completion rate, OPM sent memoranda to all CPAs with lists of the employees who have not completed the training. The CPAs were given 10 working days to either have those staff complete the training, or to transfer them to other job duties.

¹⁵⁷ "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

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.¹⁵⁸ The State reports that there were 178 licensed CCIs and 87 licensed CPAs in Georgia at the end of December 2013. This represents a three percent decrease in the number of licensed CCIs and a two percent decrease in the number of licensed CPAs compared to Period 15.

During the period July 1 through December 31, 2013, RCC reports that 111 of the 178 CCIs (62%) and 44 of the 87 CPAs (51%) were due for re-licensure. All 111 CCI's (100%) and 43 of the 44 CPAs (98%) received at least one unannounced inspection from RCC during that period. One CPA did not receive its annual unannounced inspection until Period 17. In addition, RCC made a total of 340 unannounced visits (147 of which were unsuccessful) to conduct 193 unannounced inspections of the family foster homes operated by 24 of the 44 CPAs due for re-licensure (plus five CPAs with homes due inspections from Period 15). The remaining 20 CPAs due for re-licensure had either no foster homes or no children in care during Period 16. Detail on these unannounced family foster home inspections appears in Table VI-11.

¹⁵⁸ See Section 9.D. of the Consent Decree, p. 24.

Table VI-11
RCC Unannounced Annual CPA Family Foster Home Inspections
n = 87 CPAs

87 CPAs	Licensed in Georgia as of December 31, 2013
44 CPAs	Due Re-licensure in Period 16
15 CPAs	Adoption or Home Study Only (no family foster homes; no inspection required)
5 CPAs	No Placements During Period 16 (no inspection required)
0 CPAs	Either closed during monitoring period or on inactive status
24 CPAs	Requiring Annual Unannounced Family Foster Home Inspections
0 CPAs	Subject to 5% of Foster Homes Annual Unannounced Inspection Requirement
17 CPAs	Subject to 10 Foster Home Annual Unannounced Inspections Requirement
	13 CPAs (76%) Received Required Foster Home Inspections During Period 16
	4 CPAs (24%) to Have Required Foster Home Inspections Completed During Period 17
7 CPAs	With <10 Foster Homes (Subject to 100% Annual Unannounced Inspection Requirement)
	6 CPAs (86%) Received Required Foster Home Inspections During Period 16
	1CPA (14%) to Have Required Foster Home Inspections Completed During Period 17
5 CPAs	Re-licensed in Period 15 were to Have Required Annual Unannounced Family Foster Home Inspections Completed in Period 16
4 CPAs	Subject to 10 Foster Home Annual Unannounced Inspections Requirement
	4 CPAs (100%) Received Required Foster Home Inspections During Period 16
1 CPA	With <10 Foster Homes (Subject to 100% Annual Unannounced Inspection Requirement)
	1 CPA (100%) Received Required Foster Home Inspections During Period 16

* The one CPA that did not receive an annual visit in Period 16 was due for the visit during the last month of the monitoring period and its first continuing license carried over into Period 17. The Re-licensure visit and foster home visits are to be conducted during Period 17.

According to RCC, the inspections conducted during Period 16, as the inspections conducted during Period 15, 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.

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.¹⁵⁹

During Period 16, programming enhancements continued to refine SHINES. According to the State, some key activities completed during the period included:

- SHINES connection to the Georgia Department of Education's Statewide Longitudinal Data System (SLDS) went live on June 2, 2013. Utilizing a single sign-on through the SHINES portal, SLDS provides DFCS staff:
 - 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; and,
 - Access to the unofficial transcript.
- SHINES connection to the Georgia Department of Community Health's Georgia Health Information Network (GaHIN) went live on December 21, 2013. Subject to the privacy and security standards specified in applicable federal and state laws, this connection provides authorized DFCS users with access to the electronic medical records of children in DFCS custody (and, with proper consent, children over the age of 18 in DFCS care). Benefits of this connection are expected to include:
 - Access to GaHIN via the Georgia SHINES Health Information page;
 - Access to virtual health records of children receiving foster care services;
 - Access to client specific health information without performing separate searches in GaHIN (GaHIN will automatically search for client information based on identifying information stored in SHINES);

¹⁵⁹ Retrieved from http://www.acf.hhs.gov/programs/cb/systems/sacwis/statestatus_states.htm

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- Access to Continuity of Care Documents (CCDs – provider medical/mental health notes from office visits, consultations, correspondence, radiology reports, etc.); and,
 - Ability to save relevant CCDs to the SHINES External Documentation tab.

These enhancements further the functionality and effectiveness of SHINES. To increase awareness among case managers and supervisors of such enhancements the SHINES Team continues to produce 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.”*¹⁶⁰

I. Maximizing Federal Funding¹⁶¹

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.¹⁶² 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.

¹⁶⁰ Education and Training Section 14th Period Report, July 1, 2012-December 31, 2012 provided to the Accountability Agents in February 2013.

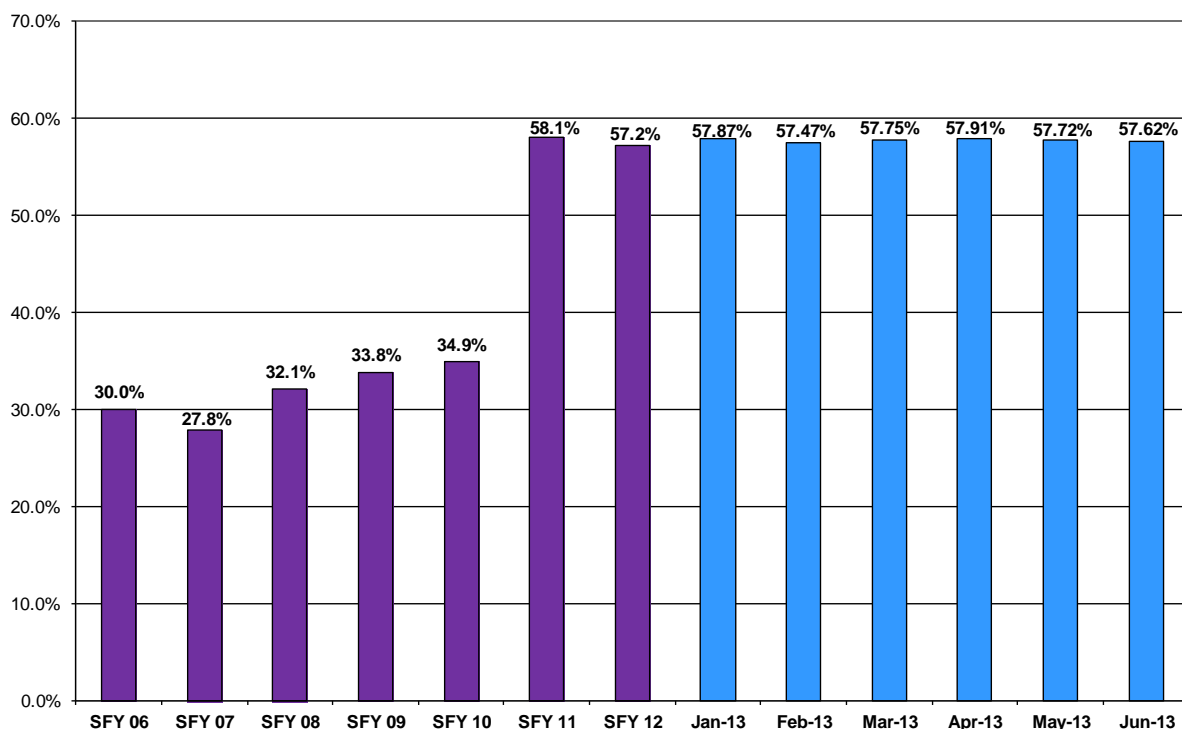
¹⁶¹ See Dimas, J.T. and Morrison, S. A. *Period I Monitoring Report, Kenny A. v. Perdue*, November 2006 for background on Title IV-E.

¹⁶² 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)."*¹⁶³ 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 approximately 57 percent in Period 16, as shown in Figure VI-9.

Figure VI-9
State IV-E Penetration Rates
SFY 2006 through December 2013



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.

¹⁶³ See: <http://www.childwelfarepolicy.org/resources?id=0006>

Detailed Comparison of State and Federal Funding since 2005

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

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

Table VI-12 provides a comparison of the baseline and most recent year of federal and state IV-B expenditures based on the annual cost reports. The comparison reveals a six percent decrease in both State and Federal IV-B expenditures between October 2012 and September 2013.

Table VI-12
Title IV-B Funding
Federal Fiscal Year 2006, 2007, 2008, 2009, 2010, 2011, 2012, and 2013 Financial Reports
(October 1, 2005 – September 30, 2013)

	State	Federal	Total
Federal Fiscal Year 2006	\$ 3,123,871	\$ 9,371,613	\$ 12,495,484
Federal Fiscal Year 2007	\$ 3,162,131	\$ 9,486,392	12,648,523
<i>Percent change</i>	+1%	+1%	+1%
Federal Fiscal Year 2008	\$ 3,222,070	\$ 9,666,210	\$12,888,280
<i>Percent change over 2007</i>	+2%	+2%	+2%
Federal Fiscal Year 2009	\$3,265,672	\$9,797,015	\$13,062,687
<i>Percent change over 2008</i>	+1%	+1%	+1%
Federal Fiscal Year 2010	\$3,259,017	\$9,777,051	\$13,036,068
<i>Percent change over 2009</i>	0%	0%	0%
Federal Fiscal Year 2011	\$3,292,171	\$9,876,514	\$13,168,685
<i>Percent change over 2010</i>	+1%	+1%	+1%
Federal Fiscal Year 2012	\$3,426,834	\$10,280,502	\$13,707,336
<i>Percent change over 2011</i>	+4%	+4%	+4%
Federal Fiscal Year 2013	\$3,206,184	\$9,618,551	\$12,824,735
<i>Percent change over 2012</i>	-6%	-6%	-6%
<i>Percent change over 2006</i>	+3%	+3%	+3%

Source: Georgia IV-B Financial Status Reports, submitted December 11, 2006, November 6, 2007, November 4, 2008, December 29, 2009, November 8, 2010, December 29, 2011, December 20, 2012, and December 20, 2013 to the U.S. Department of Health and Human Services.

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

Table VI-13(a, b, and c) summarize the most recent years of federal and state IV-E expenditures and the changes between State Fiscal Year 2013 (July 2012-June 2013) to the baseline year of July 1, 2005 through June 30, 2006 based on the quarterly expenditure reports submitted to the federal government for each State fiscal year. The comparison of IV-E expenditures reveals an overall increase of seven percent in total expenditures since the baseline year, comprising a 13 increase in expenditures from federal funds and a very small increase (.003%) in expenditures from state funding during that span. When the change is considered year-to-year, federal expenditures have declined each year since SFY 2009 while State expenditures have declined each year since SFY 2011.

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

State and Federal foster care maintenance payments increased substantially compared to the baseline year. The increase in Federal reimbursement, despite the declining foster care population, reflects a combination of factors. One factor is the state’s improved ability to claim more federal reimbursement from the IV-E program due to policy clarifications in June 2009¹⁶⁴ and 2010¹⁶⁵. A second factor is the State’s improved ability to accurately determine and record IV-E eligibility of all children.¹⁶⁶ A third factor is the increased federal funding for foster care and adoption assistance through the ARRA and the Fostering Connections to Success and Increasing Adoptions Act of 2008 (“Fostering Connections”). The ARRA legislation increased the federal reimbursement for a time-limited period and Fostering Connections lifted some previous IV-E eligibility restrictions for certain populations.

The decreased State and Federal expenditures on training continue the most significant decreases since the baseline year. According to the State, the training expenditures claimed for IV-E reimbursement at a federal matching rate of 50 percent in previous years primarily supported qualified individuals seeking undergraduate or graduate degrees in Social Work from a consortium of Georgia colleges and universities. (See previous discussion earlier in this

¹⁶⁴ See Dimas, J.T. and Morrison, S. A. Period VII Monitoring Report, Kenny A. v. Perdue, January 2009 for a description of the policy issue related to the removal of a child from a relative.

¹⁶⁵ See Dimas, J.T. and Morrison, S. A. Period 11 Monitoring Report, Kenny A. v. Perdue, December 2010 for a description of the policy issue related to the IV-E eligibility of children receiving or deemed eligible for Supplemental Security Insurance (SSI).

¹⁶⁶ See Dimas, J.T. and Morrison, S. A. Period 11 Monitoring Report, Kenny A. v. Perdue, December 2010 for a description of the impact of SHINES.

part, Section C, about the IV-E Child Welfare Training Program.) The individuals received financial support for their education in exchange for a commitment to work for DFCS a specified period of time.

In 2011, DFCS learned that the financial arrangements with the participating universities and colleges needed revision as a result of a policy clarification from the regional office of the U.S. Department of Health and Human Services (HHS). While DFCS worked to restructure the program no new financial commitments were made to students in the 2011-2013 academic years and commitments to continuing students were suspended. Restructuring of the program is underway and the HHS Children's Bureau has approved the program's proposed funding formula. DFCS issued a contract to resume the program in March 2014 and tuition reimbursement will again be available to qualified DFCS staff beginning in autumn of 2014.

Table VI-13a
Title IV-E Funding:
State Expenditures

for State Fiscal Years 2006, 2007, 2008, 2009, 2010, 2011, 2012, and 2013

Title IV-E Funding Category	SFY 2006 (July 2005- June 2006) <i>Baseline Year</i>	SFY 2007 (July 2006- June 2007) <i>Year 1</i>	SFY 2008 (July 2007- June 2008) <i>Year 2</i>	SFY 2009 (July 2008- June 2009) <i>Year 3</i>	SFY 2010 (July 2009- June 2010) <i>Year 4</i>	SFY 2011 (July 2010- June 2011) <i>Year 5</i>	SFY 2012 (July 2011- June 2012) <i>Year 6</i>	SFY 2013 (July 2012- June 2013) <i>Year 7</i>	<i>Year 7 over Baseline Year Change</i>
Adoption Assistance Payments	18,796,102	19,073,837	18,561,904	16,685,892	14,673,275	15,422,648	16,482,075	16,143,316	-14%
Adoption Administration	6,522,392	7,886,253	6,753,761	4,8522,461	6,270,452	4,954,060	6,216,290	2,668,087	-59%
Adoption Training	175,215	237,802	139,894	51,342	42,259	3,588	0	0	-100%
Adoption subtotal	\$25,493,709	\$27,197,892	\$25,455,559	\$21,589,695	\$20,985,986	\$20,380,296	\$22,698,365	\$18,811,403	-26%
Foster Care Maintenance Payments	12,830,120	10,804,756	20,536,434	22,479,552	15,693,136	13,865,590	16,308,219	17,560,552	37%
Foster Care Administration*	32,892,589	27,845,512	38,827,744	39,607,332	40,418,471	43,602,277	35,420,838	31,596,769	-4%
Foster Care Training	97,199	104,675	399,841	639,250	224,245	0	0	0	-100%
SACWIS development	2,006,645	5,221,541	8,166,422	735,155	1,259	0	0	0	-100%
SACWIS operations						4,442,632	5,211,555	5,353,691	
Foster Care subtotal	\$47,826,553	\$43,976,484	\$67,930,441	\$63,461,289	\$56,337,111	\$61,910,499	\$56,940,612	\$54,511,012	14%
Title IV-E State Expenditure Total	\$73,320,262	\$71,174,376	\$93,386,000	\$85,050,984	\$77,323,097	\$82,290,795	\$79,638,977	\$73,322,415	0%

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

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

Table VI-13b
Title IV-E Funding:
Federal Expenditures*

Title IV-E Funding Category	SFY 2006 (July 2005- June 2006) Baseline Year	SFY 2007 (July 2006- June 2007) Year 1	SFY 2008 (July 2007- June 2008) Year 2	SFY 2009 (July 2008- June 2009) Year 3	SFY 2010 (July 2009- June 2010) Year 4	SFY 2011 (July 2010- June 2011) Year 5	SFY 2012 (July 2011- June 2012) Year 6	SFY 2013 (July 2012- June 2013) Year 7	Year 7 over Baseline Year Change
Adoption Assistance Payments	28,864,149	30,490,022	31,424,146	34,196,743	36,182,653	35,100,060	29,954,176	30,730,405	6%
Adoption Administration	6,522,392	7,886,254	6,753,762	4,852,462	6,270,453	4,954,060	6,216,294	2,668,090	-59%
Adoption Training	525,646	713,409	419,687	154,028	126,776	10,763	0	0	-100%
Adoption subtotal	\$35,912,187	\$39,089,685	\$38,597,595	\$39,203,233	\$42,579,882	\$40,065,706	\$36,170,470	\$33,398,495	-7%
Foster Care Maintenance Payments	19,706,811	17,284,001	34,840,478	45,947,054	38,703,783	31,403,837	31,201,706	33,447,502	70%
Foster Care Administration*	32,892,586	27,845,515	38,827,749	39,607,338	40,418,475	43,602,279	35,420,842	31,596,773	-4%
Foster Care Training	291,600	314,029	1,199,526	1,917,753	672,732	0	0	0	-100%
SACWIS development	2,006,646	5,221,541	8,166,422	735,155	1,260	0	0	0	-100%
SACWIS operations						4,442,632	5,211,557	5,353,693	
Foster Care subtotal	\$54,897,643	\$50,665,086	\$83,034,175	\$88,207,300	\$79,796,250	\$79,448,748	\$71,834,105	\$69,555,939	27%
Title IV-E Federal Expenditure Total	\$90,809,830	\$89,754,771	\$121,631,770	\$127,410,533	\$122,376,132	\$119,514,544	\$108,004,575	\$102,954,434	13%

for State Fiscal Years 2006, 2007, 2008, 2009, 2010, 2011, 2012, and 2013

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

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

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

Table VI-13c
Title IV-E Funding:
Total Expenditures
for State Fiscal Years 2006, 2007, 2008, 2009, 2010, 2011, 2012, and 2013

Title IV-E Funding Category	SFY 2006 (July 2005- June 2006) <i>Baseline Year</i>	SFY 2007 (July 2006- June 2007) <i>Year 1</i>	SFY 2008 (July 2007- June 2008) <i>Year 2</i>	SFY 2009 (July 2008- June 2009) <i>Year 3</i>	SFY 2010 (July 2008- June 2009) <i>Year 4</i>	SFY 2011 (July 2010- June 2011) <i>Year 5</i>	SFY 2012 (July 2011- June 2012) <i>Year 6</i>	SFY 2013 (July 2012- June 2013) <i>Year 7</i>	<i>Year 7 over Baseline Year Change</i>
Adoption Assistance Payments	47,660,251	49,563,859	49,986,050	50,882,635	50,855,928	50,523,531	46,436,251	46,873,721	-2%
Adoption Administration	13,044,784	15,772,507	13,507,523	9,704,923	12,540,905	9,908,120	12,432,584	5,336,177	-59%
Adoption Training	700,861	951,211	559,581	205,370	169,035	14,351	0	0	-100%
Adoption subtotal	\$61,405,896	\$66,287,577	\$64,053,154	\$60,792,928	\$63,565,868	\$60,431,651	\$58,868,835	\$52,209,898	-15%
Foster Care Maintenance Payments	32,536,931	28,088,757	55,376,912	68,426,606	54,396,919	45,269,427	47,509,925	51,008,054	57%
Foster Care Administration*	65,785,175	55,691,027	77,655,493	79,214,670	80,836,946	87,204,556	70,841,680	63,193,542	-4%
Foster Care Training	388,799	418,704	1,599,367	2,557,003	896,877	0	0	0	-100%
SACWIS development	4,013,291	10,443,082	16,332,884	1,470,310	2,519	0	0	0	-100%
SACWIS operations						8,885,264	10,423,112	10,707,384	
Foster Care subtotal	\$102,724,196	\$94,641,570	\$150,964,616	\$151,668,589	\$136,133,361	\$141,359,247	\$128,774,717	\$124,066,951	21%
Title IV-E Total	\$164,130,092	\$160,929,147	\$215,017,770	\$212,461,517	\$199,699,229	\$201,790,898	\$187,643,552	\$176,276,849	7%

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

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

PART VII MISCELLANEOUS PROVISIONS

Section 20 of the Consent Decree contains the Agreement's miscellaneous provisions. Two provisions, contained in Section 20G, contain substantive data reporting requirements.¹⁶⁷ 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 16: July 1 – December 31, 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%

¹⁶⁷ 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 July1, 2012 – December 31, 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: July1 – December 31, 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.

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- **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 16

Four primary sources of information were used to assess the State of Georgia’s progress during Period 16, July-December 2013. The challenge for data collection and analyses in Period 16 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 anytime up to December 31, 2013. Table B-4 summarizes sample characteristics of each review. The following discussion provides more detail on the sampling approach, review instrument design, review logistics, reviewer qualifications and training, quality assurance, and analytical processes.

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, 2013 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, 2013. 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, 2013.

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	81	n/a	81	Not applicable
Foster Homes	562	160	160	+/- 6 percent
Children in Foster Care	1660	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 January 2014 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 January and February 2014, respectively, and the foster home file review in March 2014. 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

Seven PEAS staff were the primary case readers. These staff members average 25 years of experience in DFCS and are very familiar with the DFCS's policies and practices. They were selected for this task based on their skills, experience, and knowledge.

There were training sessions before commencing each record review. The training consisted of reviewing and discussing the wording and meaning of each question on the data collection instruments. Additional changes were made to the guides as a result of these discussions. Given the pace of the necessary semi-annual reporting schedule, it has been difficult to extend the training time. On-going training between reviews is taking place.

DFCS reviewers were provided with digital files containing a "Handbook" and a copy of the Consent Decree for reference. In addition, reviewers had personal copies of the instruments in hard copy on which they made notations regarding the discussions about definitions, responses, and where within the case records to locate certain pieces of information.

e. Quality Assurance

Reading accuracy and inter-reader reliability was addressed by an extensive quality assurance process that included constant "calibration" and a "second read" of the records. Two senior PEAS reviewers were designated team leaders. They were responsible for responding to reviewer questions regarding clarification or how to interpret information contained in the record and consulting with the Accountability Agents when necessary. These team leaders shared with one another the questions being asked and the responses they were giving to reviewers so as to assure consistency. In this way, patterns among questions were monitored and instructions were clarified for all reviewers as necessary. Team leaders reviewed each reviewer's work at the completion of each review. Finally, reviewers were encouraged to provide explanatory comments for their responses if they felt the situation they found did not adequately fit the question being asked or additional detail for some critical questions was desired. These comments were invaluable to the Accountability Agents as they reviewed the data collected and made judgments about response recodes when necessary.

An additional level of Quality Assurance (QA) was provided by the Georgia State University (GSU) project coordinator and four research assistants with master's degrees in social work or a related field and backgrounds in child welfare and case record review. The GSU QA team reviewed the following percentages of case records: 32 percent of Maltreatment-in-care Investigations cases; 35 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	.914
Foster Homes	.964
Foster Care	.998

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 and SAS software were used for analyzing the collected data and calculating inter-rater reliability. GSU staff assisted in creating descriptive statistics for the Accountability Agents.

g. Records in Sample that Were not Read

Not all records included in the original samples were reviewed. Before the reviews began, we a set of reasons for why a case record may not be read was established. Table B-3 provides a summary distribution of the cases that were not read with the reasons for not reading them. Files that could not be located for the review were reported to county leadership.

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

Target of Review	Number of cases sampled but not read as part of the review and reason why they were not read	
Maltreatment-in-care Investigations	Investigation not completed between July 1 and December 31, 2013	0
	Coding error, this is not a maltreatment-in-care referral/report	0
	Case was "opened on report" (no maltreatment was alleged)	1
	Case record cannot be located	0
	No child in the legal custody of Fulton and Dekalb Counties was involved in this report	3
	Other	7
	Total	11
Foster Homes	Coding error in SHINES, this home was not open between July 1, 2013 and December 31, 2013.	1
	No children were placed in this home between July 1, 2013 and December 31, 2013.	1
	No children in the legal custody of DeKalb or Fulton County DFCS were placed in this home between July 1, 2013 and December 31, 2013.	0
	Private agency did not supply necessary files	0
	Case record cannot be located	0
	Oversight of foster home transferred to another county	0
	Other	1
	Total	3

Table B-3 (Continued)
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	
Children in Foster Care	Child not in foster care anytime July 1 through December 31, 2013	0
	Child not in the adjudicated legal custody of Fulton or DeKalb counties July 1 through December 31, 2013	0
	Child's file has been sealed as result of finalized adoption	5
	Child living in another state, file has insufficient information to review adequately.	0
	Child age 18 before July 1, 2013.	13
	Case timeframe too short (child in care 8 days or less)	16
	Child placed out of state through ICPC the entire review period.	1
	Other	5
	Total	40

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 15.

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.¹⁶⁸ DFCS policy regards the commencement of an investigation to be the point at which an alleged victim child is seen by the investigator. For measurement purposes Outcomes 1 was operationalized as the percentage of cases in which any alleged victim had face-to-face contact with a CPS investigator or police within 24 hours. Outcome 3 was operationalized as the percentage of alleged victims that had face-to-face contact with a CPS investigator within 24 hours.

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

- The interpretation issue centers on the meaning attributed to the words "*...shall be the victim of substantiated maltreatment while in foster care.*" This could be interpreted to mean that any child who had *ever* experienced maltreatment while in foster care (even if it was years ago) should be counted in this percentage. Although this is perhaps the most obvious and literal

¹⁶⁸ See p. 28 of the Consent Decree.

interpretation of these words, such an interpretation would be unhelpful to the cause of improving Georgia's child welfare system.

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

- The measurement issue inherent in Outcome 5 derives from the words "*By the end of the [number] reporting period...*" Taken literally, these words seem to suggest that this is a point-in-time measure to be taken on the last day of a reporting period. In other words, what percentage of the children in care on December 31/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..."¹⁶⁹ as all foster homes with a class member in custody during the reporting period for measurement purposes.

2. Permanency Outcomes

Outcome 4 is measured using a calculation based on data from the State's information system 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.

¹⁶⁹ Ibid, p. 32

Finally, the Accountability Agents compared county logs of entry Family Team Meetings in Period 15 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."¹⁷⁰ 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.

¹⁷⁰Social Services Manual, Chapter 1000, Section 1002.3.1 Georgia Department of Human Services.

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- 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.”¹⁷¹ 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.”¹⁷² 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.

Outcome 11 is similar to the Federal measure¹⁷³ 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.

¹⁷¹ Social Services Manual, Chapter 1000, Section 1002.3.2, Georgia Department of Human Services.

¹⁷² See p. 3, Definition T, of the Consent Decree.

¹⁷³ See the following Federal internet site:

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

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

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

The Accountability Agents review and validate the county data as follows.

- First, independent of the county data, the case record review of children in foster care collects information about permanency plans and barriers. This information is compared to the tracking information.
- Second the Accountability Agents review 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.¹⁷⁴ The classifications used by both counties are as follows:

¹⁷⁴ Adapted from *Criteria and Procedures for Determining a "Compelling Reason" Not to File A TPR*, Discussion

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

Outcome 16 uses the definition of, "children who entered foster care ... along with one or more siblings" those siblings who entered on the same day. In Periods 2 and 4, a targeted case record review was used to measure the performance on this Outcome. In Period 6 and subsequent periods, the Accountability Agents were able to use data produced for the whole population from SHINES.

The Accountability Agents were able to change the measurement approach in Period 6 because of SHINES implementation. At the request of the Accountability Agents, the State produces a report containing the list of all children who entered foster care in Period 15. 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*”¹⁷⁵ between children and parents “*to progress toward reunification*”¹⁷⁶ 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.

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.¹⁷⁷ Second, a plan for parental visitation should be a part of every Case Plan.¹⁷⁸ Third, “when agency resources allow, visitation shall be scheduled at two-week intervals unless the court has specified another visitation arrangement.”¹⁷⁹ 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.

¹⁷⁵ See p. 36, Outcome 21, of the Consent Decree.

¹⁷⁶ Ibid.

¹⁷⁷ Social Services Manual, Section 1009.3 Georgia Department of Human Services.

¹⁷⁸ Social Services Manual, Section 1009.4 Georgia Department of Human Services.

¹⁷⁹ Social Services Manual Section 1009.5, Georgia Department of Human Services.

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.¹⁸⁰ Again, however, the dates and frequency may not always be reported to the case manager and, therefore, documented. These children were included in the denominator for measurement of the outcome, but not the numerator unless there was documentation of a visitation pattern.

Finally, a small number of children achieved reunification without any or with few documented visits with parents or their reunification resource. Again, this does not mean that the children did not have contact with their parents. The contact that they did have was sufficient to "progress toward reunification" as the ultimate goal – reunification -- was achieved. Or, the children were in custody a short period of time before being reunified. These children were included in the analysis.

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-

¹⁸⁰ Annie E. Casey Foundation, Elders as Resources Fact Sheet, *Basic Data: Kinship Care*, 2005, found at <http://www.aecf.org/upload/PublicationFiles/FactSheet.pdf>.

group visits occur each reporting period. This requirement applies to children who have one or more siblings in custody with whom they are not placed. At a minimum, they are to have monthly visits unless the visit is harmful to one or more of the siblings, the sibling is placed out of state in compliance with ICPC, or the distance between the children's placement is more than 50 miles and the child is placed with a relative. As a result of this modification, the measurement of Outcome 23 is based on all sibling groups in foster care at any time during the reporting period as reported by the State. County Quality Assurance staff review the quality of the documentation and maintain a data base of all required and completed sibling visits. The State report is generated from this data base. The Accountability Agents verified the State report by randomly sampling 10 percent of the children in custody each month during the review period and collected information from the on-line case files in SHINES about all applicable visits (sibling, parental, and case manager.) Information for each of the children sampled was compared with the information in the county system and discussed with the county representatives. The Accountability Agents are satisfied that the State report on sibling visits is accurate.

Outcome 27 is measured using information collected directly from the documentation in a sample of the children's records. Children in custody less than six months are excluded from the analysis.

Outcome 28 is measured using information collected directly from the documentation in a sample of children's records. Children in custody less than 12 months are excluded from the analysis.

3. Well- Being

Outcome 17 is similar, but not identical to the federal standard for placement stability. The federal standard is applied to the number of placements, not moves, and suggests that at least 86.7 percent of children should experience no more than two placements in the most recent 12 months in custody. Therefore, for comparison purposes the number of moves is equivalent to the number of placements minus one. This outcome is measured using a case record review of a sample of children in foster care during the period. The definition of a “placement” is one that meets the following federal criteria:

“lasts more than 24 hours while the child is in foster care under the placement,...This includes moves that may be made on an emergency or unplanned basis, such as shelter care placements, treatment facility placements, and certain placements for juvenile justice purposes. However, there are certain temporary living conditions that are not placements, but rather represent a temporary absence from the child’s ongoing foster care placement. As such, the State must exclude the following temporary absences from the calculation of the number of previous placement settings for foster care element 24.

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

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

In regard to institutions with several cottages on their campus, the State is not to count a move from one cottage to another. Only count if the site is at a different address.”¹⁸¹

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.¹⁸²

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.¹⁸³ Resignations and promotions were not exempted because they were not specifically identified

¹⁸¹ Adoption and Foster Care Reporting System Element #24, November 2010.

¹⁸² Retrieve from http://www.acf.hhs.gov/cwpm/programs/cb/laws_policies/laws/cwpm/questDetail.jsp?QAId=526

¹⁸³ 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.¹⁸⁴

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 have visits 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

¹⁸⁴See *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.¹⁸⁵

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,

¹⁸⁵ 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.¹⁸⁶ 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.”¹⁸⁷

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

¹⁸⁶ 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.

¹⁸⁷ 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.¹⁸⁸ 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...”^{189,190}

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.

¹⁸⁸ 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.

¹⁸⁹ See p. 4, *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

¹⁹⁰ 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.¹⁹¹

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 maltreatment 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:

¹⁹¹ 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.

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- Data for DeKalb and Fulton counties were extracted from SHINES and from the state Protective Services Data System (PSDS) and the diverted cases file provided monthly by Systems & Methods, Inc.(SMI), depending on the date the report was logged (reports logged on or after May 28, 2008 were extracted from SHINES; reports prior to May 28, 2008 were extracted from PSDS and the diverted cases file);
 - Cases diverted during the reporting period were selected;
 - Diverted cases from the reporting period were matched with subsequent substantiated cases of maltreatment from the succeeding 12 months (to reflect the specified 11-365 day follow-up period after the diversion referral) using a search routine that cast a “wide net” to capture all potential matches; and,
 - Resulting matches were manually reviewed to affirm correct matches that fell within the 11-365 day follow-up window of the diversion referral. Matches within this window of time were deemed to be maltreatment substantiations within 11 - 365 days of the diversion referral.

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

This appendix provides some additional information about the 1026 children in the custody of DeKalb and Fulton counties on December 31, 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 December 31, 2013

N=1026

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

Source: Georgia SHINES

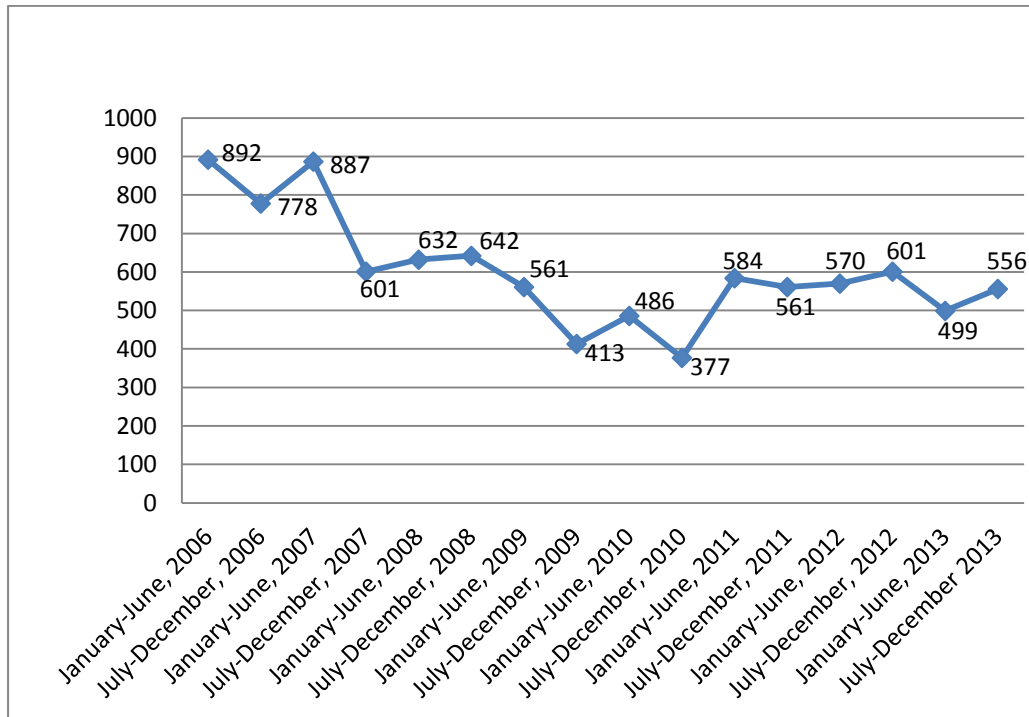
Table C-2
Age of Children Remaining in Custody on December 31, 2013

N=1026

Age Group	Percent of Children
Ages 0 to age 3 years	25%
Ages 3 to 6 years	14%
Ages 6 to 10 years	18%
Ages 10 to 13 years	12%
Ages 13 to 16 years	13%
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.
