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PERIOD IV MONITORING REPORT

Kenny A. v Perdue

July 1, 2007 to December 31, 2007

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Part I INTRODUCTION

Background, Purpose, Scope, and Organization of Report

This is the fourth report prepared by the Accountability Agents for the *Kenny A. v Perdue* Consent Decree to review the State Defendant's progress between July 1 and December 31, 2007 in achieving improved child welfare outcomes and in meeting its other obligations under the Consent Decree. The *Kenny A. v Perdue* Consent Decree established James T. Dimas and Sarah A. Morrison as independent Accountability Agents with responsibility to produce public reports every six months. This introduction is intended to provide a brief overview of the *Kenny A.* Consent Decree and the Accountability Agent's methods of assessing the State's performance, as well as the scope and organization of this report.

A. The Kenny A. v Perdue Consent Decree

Under the terms and conditions of the *Kenny A.* Consent Decree, the State is to achieve 31 outcomes as well as maintain certain practice standards with respect to the children in the custody of the DeKalb and Fulton County Departments of Family and Children Services (DFCS). These practice standards relate to needs assessment, service planning, placement experience, health care, investigation of maltreatment allegations concerning children in foster care, and court reviews and reporting. Some are new requirements for administrators and case managers and others are existing agency policy and practice requirements receiving heightened attention. In addition, the Consent Decree stipulates various infrastructure requirements for the State and Counties. These stipulations relate to automation, caseload sizes, training, supervision of private providers, foster parent licensing and support, and financing.

For purposes of analysis and reporting, the outcomes have been organized into seven thematic groupings. Exhibit I-1 displays these groupings.

B. Methodology

Several sources of information and data collection methods have been employed to produce the analysis presented in this report. Appendix B has a full description of the methodology. In brief, information was obtained from State automated systems, county monitoring and reporting systems, interviews with state and county staff, and case record reviews. The Accountability Agents verified State and county reported data except where otherwise noted in the report. Three separate record reviews were conducted using staff from the DFCS Evaluation and Reporting Unit. Quality assurance oversight of the record reviews was provided by the Accountability Agents and by Georgia State University. The record reviews included files of 180 children in foster care; 93 maltreatment in care investigations completed during the reporting period; and 155 foster homes, those supervised by private agencies as well as DFCS.

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 relates 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 relates to the educational achievement of youth who “age out” of foster care.
- Consent Decree Outcome 30 relates to meeting children’s service needs.

Strengthened Infrastructure

6. *Effective Oversight of Placement Settings*

- Consent Decree Outcomes 25 and 31 relate 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.

Data from the record reviews were compared with other existing data sources as another quality check of both the record review results and the State and county information systems and reports. This comparison helped identify data entry errors as well as inconsistencies arising from interpretation issues in all sources of data. While flaws were identified, using multiple sources of data improved the quality of the analysis.

With respect to the information gathered through the record reviews, it is important to note that two of the reviews were based on random samples of the children in foster care and of foster homes that had a class member (i.e., a child in the custody of DeKalb or Fulton Counties) in care during the reporting period. The third record review (of maltreatment in care investigations

completed during the reporting period) did not use a sample, but, instead reviewed the entire universe of such investigations. The two case record reviews based on random samples were each designed to achieve a 95 percent confidence level with a margin of error of no more than plus/minus 7 percent. This means that, statistically speaking, there is a 95 percent chance that the frequencies and rates reported for the entire random sample will fall within 7 percent of the actual frequency or rate among the entire population from which the sample was drawn. However, frequencies reported for subsets of the populations, for example children who entered care after the Consent Decree or the subset of foster homes that were supervised by DFCS are subject to a larger margin of error, making them less representative of the population as a whole. When assessment of performance against an outcome threshold relied on a case record review sample subset, an estimate of the larger margin of error is provided in footnotes.

Finally, a key component of the methodology continues to be the nearly twice-monthly meetings with State and county leadership and field staff that are referred to as “G2.” These meetings employ a recursive learning process that uses operational data to support the development and testing of hypotheses about the potential causes of observed performance problems and the framing of strategies for improvement. This iterative process helps participants identify what works to produce the desired outcomes, and to hold themselves and each other accountable for doing that which works. These meetings foster self-evaluation and have led the counties to create systems to track, monitor, and share with one another useful information that previously was unavailable or difficult to access.

In all data collection efforts the State and the Counties have been very cooperative. Case record reviews in particular can be disruptive of day-to-day operations.

C. Report Scope and Organization

This report describes the State’s performance relative to the December 31, 2007 outcome measures that were to be achieved by the end of the fourth reporting period, and progress implementing required policies, practices, and infrastructure. Where the information was available, comparisons to previous reporting period performance are cited.

The remainder of the report is organized into the following parts:

Part II, Conclusions and Recommendations summarizes the accomplishments and status of State and County actions taken during the fourth reporting period. It offers several recommendations believed important to the State and Counties’ continued progress.

Part III, Safety of Children in Care includes an assessment of the State’s fourth period performance related to Outcomes 1,2,3,5, and 6, focused on keeping children in its care safe from maltreatment and responding to reports of alleged maltreatment.

Part IV, Children Achieving Permanency includes an assessment of the State’s fourth period performance related to Outcomes 4, 8a, 9, 10, 11, 14, 15, 19, 21, 23, 27 and 28, focused on maintaining and achieving permanent family connections for children in State custody.

Part V, Children’s Well Being in Care includes an assessment of the State’s fourth period performance related to Outcomes 17, 18, 20, 22, 24 and 30, focused on providing for the well-being of children in custody.

Part VI, Strengthening the Infrastructure includes an 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 and the number and percentage of “diversion” cases in those counties that experienced substantiated maltreatment within the subsequent 12 months.

Appendix A provides the full wording for all 31 outcomes and a ***Appendix B*** has a detailed description of the data collection and analysis methods employed to produce this report.

Part II CONCLUSIONS AND RECOMMENDATIONS

The *Kenny A* Consent Decree establishes an ambitious schedule for achieving 31 outcomes that set high standards for the safety, permanency, and well being of children in the custody of the Georgia Department of Human Resources and the Division of Family and Children Services. The State's performance during the July 1 to December 31, 2007 period covered by this report was mixed. Progress, ranging from substantial to modest, was demonstrated on a wide array of the Consent Decree's requirements. This was the first reporting period where such broad progress has been noted. However, the State fell short of the new maltreatment in care standard and performance declined in other areas as well. This section highlights the trends and the State's major accomplishments and opportunities for improvement. Table II-1 at the end of this chapter provides the performance summary by outcome.

A. Trends and Accomplishments

Although the State fell short of many of the Period IV outcome thresholds, there are several positive trends and accomplishments that deserve recognition because they serve as the building blocks for future success. Briefly, these trends and accomplishments are as follows:

- *Declining Foster Care Population*

Both Counties had fewer children entering care during the fourth period. They held the rate of re-entry into foster care within 12 months to about 9 percent (Outcome 4). Although this is still higher than the Consent Decree standard of 8.6 percent it is improved slightly from 9.6 percent to 9.2 percent. In addition, it does not appear that any adoption has disrupted in its first year after finalization (Outcome 14). Among those children who recently entered custody, the Counties were successful in returning them to their families or being placed with new, permanent families relatively quickly. Nearly half (48%) of the children who had been in custody 12 months or less exited to reunification or to another family-connected permanency by the end of the reporting period (Outcome 8a), exceeding the Consent Decree standard of 45 percent. The Counties continued their efforts to find permanency for those children in care over 12 months. Although not as successful with the longer staying children, the Counties did reunify or find family permanency for 337 of 1458 children who had been in custody for 13 months to several years (Outcomes 8b, 9, and 10).

- *Lower Caseloads for All Case Managers*

By the end of the fourth period, new, lower caseload caps went into effect. The caps differ by type of case manager, but no Child Protective Services case manager should now have more than 17 families and no Placement case manager should have responsibility for more than 15 children. In general, caseload sizes have diminished, although they do not universally meet the new, lower designated caps. As of December 31, 2007, 71 percent of the case managers in DeKalb and Fulton Counties had caseloads that were at or under the designated caps. (See

Section VI, Strengthening the Service Delivery Infrastructure). This trend appears to be continuing into 2008.

The area of greatest caseload improvement is among the Child Protective Services case managers who supervise children in their own home. A substantial proportion of case managers (95%) had caseloads of 17 or fewer families in contrast to June 2007 when 64 percent had caseloads of 20 or fewer families. None of the CPS on-going case managers who exceeded the 17 family cap had more than 20. Caseloads of CPS investigators have also declined. In June 2007, 70 percent had caseloads of 20 or fewer families and in December about the same proportion (68%) had caseloads of 12 or fewer families. Additionally, among placement case managers, the proportion with 15 or fewer children was 61% at the end of 2007. Another 32 percent had caseloads of 16 to 25 children and 7 percent had caseloads exceeding 25 children.

- *Continued Placement Proximity and Stability and Worker Continuity*

The Counties continue to place children within close proximity of the locations from which they were removed, again exceeding the Outcome 19 threshold. Placement Stability is improving with 91 percent of the children in the case record review experiencing 2 or fewer placement moves in 12 months, just shy of the Outcome 17 threshold of 95 percent. Children not only appear to be experiencing stable placements, but they also appear to be experiencing reasonable case manager continuity as 92 percent of all children in custody in 2007 had no more than two case managers handling their case and providing services during 2007 (Outcome 18).

- *Improving Visitation*

There are four separate outcomes that focus on regular face-to-face contact with and among the individuals who are central in the lives of children in state custody. Outcomes 21 and 23 set standards for visits between children and their parents and among siblings, respectively. Outcomes 20 and 22 set standards for case manager visits with children and the individuals providing substitute parental care. The State has yet to come close to any of the thresholds set for these outcomes and, due to the measurement approach required by the framing of the outcomes in the Consent Decree for three of the four outcomes, the Accountability Agents anticipate that the pace of improvement reflected in the measurement will remain very gradual. For example, for Outcome 20, 95 percent of the children in custody are expected to have two, specifically defined visits each and every month for at least 12 sequential months. However, about half of the children in care in the fourth reporting period exited care in less than 12 months. If these children missed even a single month while in care, even perfect visitation thereafter would not enable them to be counted toward Outcome 20. Although only 14 percent of the children in the fourth period placement sample received the degree of visitation required by Outcome 20 (a proportion similar to the third period), the number of children receiving twice monthly visits grew. More than half of the children in the fourth period sample had twice monthly visits with their case managers eight or more months out of 12 sequential months in 2007 compared to one third of the children in the third period sample. In addition, the

Accountability Agents believe the increased visitation between case managers and children has increased the identification of maltreatment in care.

In contrast, the fourth visitation outcome, number 21, which has a different frame for the visitation between children with the goal of reunification and their parents had the proportion of children who regularly visited with their parents nearly doubled from 25 percent in the first half of 2007 to 47 percent in the second half of 2007. Although this performance is still well below the standard of 85 percent, the gains during the period demonstrate a trend in the right direction.

County and State efforts reflect a continued focus on increasing visitation frequency, consistency, and meaningfulness. County leadership continues to hold all staff – from case managers to program administrators – accountable for seeing that the visits are made and the State is currently engaged in providing case managers with training to help them make their visits more effective and engaging.

- ***Protecting Children in Custody from Corporal Punishment***

For the third consecutive reporting period, the State met the Consent Decree standard related to the use of corporal punishment in foster homes (Outcome 6). As in the previous two reporting periods, there was no confirmed instances of the use of corporal punishment in 100 percent (155) of the sampled foster homes. .

- ***Improving Quality of Maltreatment in Care Investigations***

The Consent Decree contains three outcome measures that relate to the quality of maltreatment in care investigations: Outcome 1 assesses the timeliness with which such investigations are initiated; Outcome 2 the timeliness of their completion; and Outcome 3 how frequently face-to-face contact is made between a trained Child Protective Services investigator and an alleged victim.¹ The performance of DeKalb and Fulton Counties improved on two of these three measures (Outcomes 1 and 3) as did the performance of perimeter counties (Outcomes 2 and 3).

- ***Improved Documentation of Required Court Actions***

There are four outcomes that focus on necessary court actions to ensure that State has continuous legal custodial authority (Outcome 29), and judicial determinations that removal is in the best interest of the children and reasonable efforts are being made to achieve permanency (Outcomes 26 and 28). Finally, Outcome 27 seeks to ensure the court or its designee is appropriately reviewing case plans every six months. State performance in all these outcomes improved, exceeding the Outcome 29 threshold requiring that no more than 5 percent of the

¹ Because maltreatment investigations are conducted by the DFCS office in the county of the child's residence, these outcome measures, unlike most of the others in the consent decree, reflect the performance of Fulton and DeKalb Counties as well as other Georgia counties (referred to throughout this report as "perimeter counties").

children have a lapse in custody. In the sample of children in the case record review, it appears that the State had brief lapses in custody for 3 percent of the children. However, the supporting documentation for this improved performance was not always in child records indicating that the State needs to continue working with the Courts on timeliness of orders and clerical filing of the orders in children's records.

- ***Foster Homes are Not Overcrowded***

Outcome 31 specifies foster home capacity standards that apply to all DFCS-supervised and provider-supervised foster homes. The Outcome 31 standard stipulates that no more than 10 percent of the children in foster homes shall be placed in homes if their placement will result in 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. Only seven percent of the children in the fourth period placement sample were placed in homes with more than three foster children; none of the homes had more than six total children.

- ***Providers are Working to Achieve Compliance with Uniform Foster Home Approval Standards***

The Consent Decree requires the State to maintain uniform approval standards for all foster homes; those approved by DFCS and those approved by private providers. In previous reporting periods, the Accountability Agents registered concern about the consistently lower rates of compliance with these standards among provider-supervised foster homes. As a consequence of some federally-required changes in the way Georgia pays private providers for services, the contracts under which the providers operate were extensively modified for the contract year that commenced July 1, 2007, and the State took that opportunity to include all the required contract language to make the State's uniform foster home approval standards binding on private providers. Although fourth period compliance with the uniform approval standards remained lower among provider-supervised foster homes, file review evidence shows that for some of the standards that have had relatively low rates of compliance (e.g., criminal records checks and sex offender registry checks for other adults in the home) the providers sampled were taking steps to bring their foster homes into compliance.

- ***Stronger Supervision of Contract Agencies***

With enabling language having been incorporated into foster care provider contracts, DFCS' new Provider Relations Unit (PRU), which came into existence on July 1, 2007, appears to be moving aggressively to strengthen provider accountability for meeting the terms of the Consent Decree. PRU is conducting unannounced quarterly site visits that include file reviews with every child placing agency (CPA) and provider-supervised foster care setting serving DeKalb and Fulton Counties; collecting updated monthly data on provider-supervised foster home compliance with most licensing and approval standards; and more frequently conducting joint investigations of alleged maltreatment in care with the Office of Regulatory Services (ORS).

- ***Leadership and Organizational Transitions***

Midway through the fourth period, Ms. Dannette Smith was appointed as the new Director of Fulton County DFCS. Ms Smith is an experienced professional who immediately tackled the rising Child Protective Services caseloads in Fulton County and has reduced the number of families with open Child Protective Services cases.

In February 2008, at the start of the fifth period, DFCS Director Mary Dean Harvey announced her resignations and a search for her replacement was initiated. As of the writing of this report, a new director had not yet been named.

Finally, the Statewide Automated Child Welfare Information System known as Georgia SHINES is scheduled for full implementation in Fulton and DeKalb County by the end of June 2008. This new system should eventually bring greater internal integrity to the data the State collects and reports, and will automate much of the data that at present can only be extracted manually from paper files. However, as with most large-scale information system implementation projects, some adverse effect on operations can be anticipated in the first year or two.

B. Continuing Concerns and Challenges and Recommended Priorities for State Attention

Sustained worker continuity, lower caseloads, and more frequent visitation can provide increased opportunities for improved needs assessment, case planning, and service delivery, but they do not automatically produce effective practice or lead to prevention of maltreatment, quicker permanency, or more timely and responsive services. The Accountability Agents continue to be concerned about the State's performance in preventing maltreatment in care, meeting the service needs of children and their families, and moving children who have been in care a long time to permanency. We believe these areas should be priorities for State attention.

- ***Prevention of maltreatment in care***

In the third period report, the Accountability Agents registered their concern that with the maltreatment in care standard (Outcome 5) being reduced from the 0.94 percent for the second and third periods to 0.57 percent for the fourth period and beyond, the State would need to succeed at *preventing* maltreatment in care (not just responding to it) in order to meet the new standard. This did not happen for the fourth period. In fact, the maltreatment in care rate crept upward as compared to the third period, from 0.92 percent to 1.01 percent.

One factor that appears to be contributing to the rate's increase is improved case finding that has been a by-product of more frequent caseworker visits in foster care settings. Another factor

appears to be random fluctuation associated with the number of children residing in group homes that have a substantiated allegation of maltreatment. The type of allegation substantiated in group homes is most frequently inadequate supervision. DFCS investigative practice is to substantiate inadequate supervision for every child in a group home if it is substantiated for any child. This is not a universal practice among all public child welfare agencies and the State may want to consider evaluating how other States respond to this type of incident and the implications of different approaches on the safety of children in care.

However, these factors appear unlikely to change in the foreseeable future, and therefore underscore the need for DFCS to find effective ways to prevent maltreatment in care from occurring. The Accountability Agents recommend that the State attend to several priority areas to strengthen its ability to prevent maltreatment in care:

- Accountability for complete reporting of maltreatment in care allegations and investigative findings from the counties to ORS, PRU, and the DFCS Policy Office needs to be significantly strengthened. These statewide offices cannot be expected to develop effective strategies for preventing maltreatment in care if they lack the information needed to identify patterns and trends.
- The performance of the perimeter counties in meeting the Consent Decree's investigative practice standards needs to be closely supervised and must continue to improve. Although the perimeter counties have shown improvement the last two reporting periods, they continue to lag well behind DeKalb and Fulton Counties. This is a heightened concern because the proportion of maltreatment in care reports that originate in the perimeter counties has increased in each of the last two reporting periods.
- The State should consider centralizing the process of running CPS "clearances" (checks for previous CPS histories) on prospective foster parents or caregivers. At present, these checks are run by individual counties at the request of CPAs. The foster home file review identified several instances in which the requested check was apparently never run (one of these homes had a previous CPS substantiation). The current approach offers too little accountability for ensuring requested checks are run, and places too much reliance on county staff that have many other responsibilities.
- *Meeting family and children's needs and case planning*

File documentation reflects a need for continued State focus on identifying and meeting the service needs of children and families. Performance on Outcome 30 (which addresses meeting the case plan-identified needs of children) dropped substantially from the third to the fourth period, from 77 percent to 57 percent. It may be a reflection of case manager efforts to focus on the most pressing individual needs instead of more routine or less urgent needs. It appears that

routine health, dental, and mental health needs (such as regular health screens or assessments) were more likely to be unmet than child specific chronic needs identified in the case plan. Conversely, the routine educational need of school enrollment was more likely to appear met than child specific needs such as tutoring. The Accountability Agents intend to review this decline with the Counties to determine possible causes. Case planning should take advantage of all available information about a child and family to craft a plan that is specific to their strengths and needs rather than applying a “cookie cutter” approach of standard language, goals, and action steps.

- *Permanency for children with lengthy stays in foster care*

As previously described, the State’s permanency efforts continue to be successful with those children who experience short stays in foster care – those in custody 12 months or less. However, like other child welfare agencies nationwide, the state continues to struggle to produce permanency for children who have been in care a long time and who may also have severe emotional, behavioral, or health issues. Some of these children have not only experienced the disbanding of their birth families, they have also had adoptive families dissolve. The average child in the longest staying group (those in care more than 5 years) is a 14 year old boy who has been in care almost 8 years – nearly half his lifetime. Although the number of long-stay children reflects, in part, on past child welfare practice, it is, nevertheless, the responsibility of current County and State leadership and workforce to engage family networks and the community to help these children exit custody to loving, safe homes with life-long connections that will help them become successful adults. To that end, the Counties report that case managers are renewing searches for viable relative placements and community connections for these children and success stories are being celebrated to show that permanency can be achieved for the more challenging children. County leadership is scrutinizing the effectiveness of frequent visitation to move children to permanency and setting expectations for casework practice. Finally, although the prospect of adoption may be limited for many of these children, the Counties report that some children have been moved onto adoption caseloads to increase efforts to find adoptive homes.

In the monthly “G2” meetings, DeKalb and Fulton staff have discussed the importance of being strategic and intentional about using the required elements of case practice (such as family team meetings, case plan reviews, 12-month permanency hearings, 13-month internal permanency reviews, and the transfer of children from regular to specialized caseloads when they reach their 18th month in custody) as opportunities to advance the cause of permanency for each of these children. The State, Counties, and Courts are urged to make each one of these required steps a strategic opportunity for a positive change in a child’s life, rather than simply a compliant activity.

Table II-1
Kenny A. Outcomes: Progress as of December 31, 2007

Safety Outcomes Children in Foster Care are Safe From Maltreatment in Care	4th Period Performance
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.	86%
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.	72%
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 alleged victim, including face-to-face contact with a child who is non-verbal due to age or for any other reason.	83%
Outcome 5: No more than 0.57% of all children in foster care shall be the victim of substantiated maltreatment while in foster care.	1.01%
Outcome 6: 98% of all foster homes will not have an incident of corporal punishment within the previous 12 months.	100%
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 90 days of entering foster care.	To be reported on at a later date
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.	To be reported on at a later date
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).	97%
Outcome 21: At least 85% of all children with the goal of reunification shall have appropriate visitation with their parents to progress toward reunification.	47%
Outcome 23: 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.	26%

Table II-1, continued
Kenny A. Outcomes: Progress as of December 31, 2007

Permanency Outcomes Children Achieve Permanency	4th Period 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.	9.2%
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.	48%
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.	50%
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 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.	20%
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 remaining in the over 24 month backlog pool after the third reporting period at least 35% by the end of the fourth reporting period shall have one of the following permanency outcomes: reunification, permanent placement with relatives, permanent legal custody, adoption, or guardianship.	9%
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	74%
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
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
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%

Table II-1, continued
Kenny A. Outcomes: Progress as of December 31, 2007

Permanency Outcomes Children Achieve Permanency	4th Period Performance
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.	86%
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.	46%
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.	84%
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. 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.	91%
Outcome 18: At least 90% of all children in care at a point in time during the reporting period shall have had 2 or fewer DFCS placement case managers during the prior 12 months in custody. This measure shall not apply to cases that are transferred to an adoption worker or Specialized Case Manager; case managers who have died, been terminated, or transferred to another county; or case managers who have covered a case during another case manager's sick or maternity leave.	92%
Outcome 20: 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.	14%
Outcome 22: 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.	52%

Table II-1, continued
Kenny A. Outcomes: Progress as of December 31, 2007

Well-Being Outcomes Children and Youth Receive Services They Need	4th Period Performance
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.	25%
Outcome 30: 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.	57%
Strengthened Infrastructure Outcomes Effective Oversight of Placement Settings	
Outcome 25: 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.	88%
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.	70%
Outcome 29: No more than 5% of all children in custody of DHR/DFCS for 12 months or more shall have lapse of legal custody within the prior 13 months.	3%
Outcome 31: 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.	7%

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.”² As a consequence of this responsibility, several Consent Decree outcomes and requirements focus attention on the safety of children in the custody of DHR/DFCS. This chapter 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

As previously noted, 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 thresholds that were to be achieved before the fourth reporting period. Table III-1 below provides the 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, 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, 2007

Consent Decree Outcome	4 th Period Performance
Outcome 5: No more than .57% of all children in foster care shall be the victim of substantiated maltreatment while in foster care.	1.01%
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.	86%
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.	72%
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.	83%
Outcome 6: 98% of all foster homes will not have an incident of corporal punishment within the previous 12 months.	100%

² 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. By definition, children in foster care have already experienced some form of maltreatment in the home from which they were removed. The prospect of them experiencing maltreatment again in the foster care setting is deeply disturbing.

a. Interpretation and Measurement Issues

There were no new interpretation or measurement issues encountered during the fourth reporting period. Appendix B provides a summary of previously resolved interpretation and measurement issues. The Consent Decree standard for maltreatment in care (Outcome 5) dropped from 0.94 percent for the second and third reporting periods to 0.57 percent for the fourth and all subsequent reporting periods. This percentage (0.57%) represents the federal standard for maltreatment in care that was in effect at the time the Consent Decree was finalized. (The federal standard has since been reduced to 0.32%). Accordingly, Outcome 5 is measured using the federal definition of maltreatment in care: “Of all children in foster care during the reporting period, what percent were not victims of a substantiated or indicated maltreatment by foster parents or facility staff members?”³ The data used to measure the Outcome performance is derived from a review of all 93 investigations of alleged maltreatment concerning class member children in foster care completed during the reporting period.

b. State Performance

▪ The State Fell Short of the Fourth Period Outcome 5 Threshold

For Outcome 5, about one percent (1.01 %) of all children in foster care between July 1, 2007 and December 31, 2007 had been victims of substantiated maltreatment during that time period. The State’s fourth period performance fell substantially short of the new standard of 0.57 percent. The case record review found 27 instances of substantiated maltreatment fitting the federal definition among the 2,672 children in care at any point during the reporting period. The type of maltreatment substantiated for these 27 children consisted of inadequate supervision alone (8 children), inadequate supervision along with other abuse/neglect (8 children), physical abuse (5 children), inadequate medical care (3 children), emotional abuse (2 children), and sexual abuse with inadequate supervision (1 child). The number of victims of substantiated maltreatment increased by one compared to the third reporting period total of 26,

³ The Data Measures, Data Composites, and National Standards to be Used in the Child and Family Services Reviews, 71 Fed. Reg. 109, 32973 (June 7, 2006).

while the maltreatment in care rate increased by 0.09 percent from the third period rate of 0.92 percent. During the reporting period, four other class-member children were the victims of substantiated maltreatment that did not fit the federal definition of maltreatment in care. Three of these children were maltreated by a relative (adoptive father, step-grandfather, maternal aunt) and one was maltreated by Youth Department of Corrections staff.

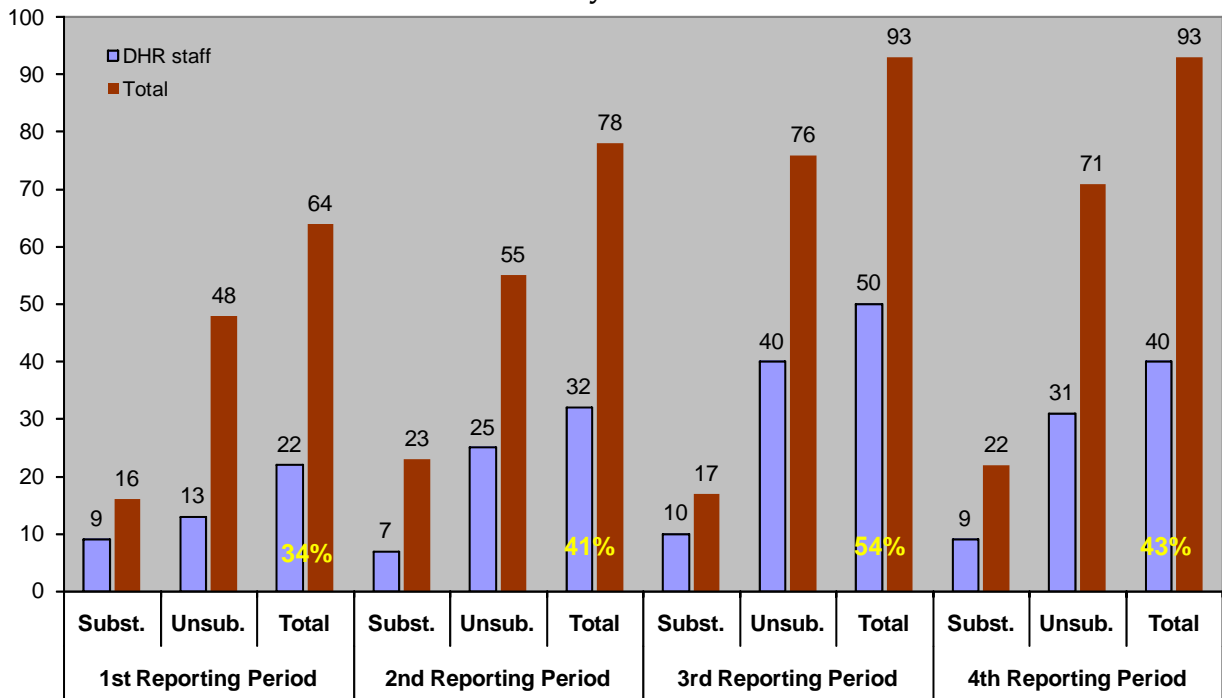
The State's fourth period performance on Outcome 5 raises two concerns. The first is to understand why the maltreatment in care rate has increased in each of the four reporting periods (0.54% in period 1, 0.81% in period 2, 0.92% in period 3, 1.01% in period 4). The second is to understand the nature of the challenge inherent in meeting the new and final standard for Outcome 5 of 0.57 percent, given the State's historical performance.

With respect to the first concern, the increasing maltreatment in care rates observed over the four reporting periods appears to be a function of at least two factors. One of these factors is improved reporting of suspected maltreatment in care as a consequence of increased visitation between caseworkers and children in care, discussed in *Part V, Well-being*. A second factor is the apparently random fluctuations between periods in the number of children involved in substantiated reports against congregate care settings (group homes and residential care facilities).

With respect to the effect of increased visitation, Figure III-1 shows that the total number and the proportion of all maltreatment in care reports that have DHR staff as the reporter steadily increased in each of the first three reporting period, as the proportion of children receiving two or more caseworker visits per month also increased. However, this does not appear to explain the State's fourth period performance, as the proportion of substantiated reports and of all reports that had DHR staff as the reporter declined somewhat compared to the third reporting period.

As noted, the actual increase in maltreatment in care between the third and fourth reporting periods appears to relate to the number of substantiations in group care settings. The third reporting period total of 26 substantiated victims of maltreatment in care included five children that were part of a single report against one group home. The fourth reporting period total of 27 victims of maltreatment in care included a total of 10 children associated with two reports against congregate care settings: one a residential treatment center (7 children) and the other a group home (3 children). It should be noted that the nature of the substantiated allegation involving the three children in the group home (which alone accounted for the entire observed difference between the third and fourth reporting periods) was inadequate supervision of the children, aged 15-17, for a period of four hours when the group home staff walked off the job.

Figure III-1
Proportion of Maltreatment Reports
Initiated by DHR Staff



The second concern about the State’s performance relates to the assessment, contained in the Accountability Agents third period report, that “...successfully attaining the fourth period standard is likely to require the *prevention* of maltreatment in foster care that otherwise might occur.”⁴ A vexing challenge is to identify, understand, and implement strategies that might effectively prevent maltreatment in care. To this end, DHR Commissioner Walker has declared meeting the new Federal standard for maltreatment in care (0.32%) to be (in the parlance of management guru Steven Covey) a “Wildly Important Goal” (WIG) for DHR and DFCS. In service of this goal, several initiatives have been undertaken since the release of the Accountability Agents’ Third Period Report in December 2007:

- The G2 meetings have taken up the issue of preventing maltreatment in care as a major focus. Commissioner Walker personally kicked-off the new WIG at the February 7, 2008 G2 meeting, the available research literature on preventing maltreatment in care has been presented and discussed, maltreatment in care incidence by placement type and by individual provider has been examined, and panel and small group discussions of special investigations and foster care case managers and supervisors have been organized to identify potential prevention strategies;

⁴ Ibid., p. 36.

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- The DFCS Policy office, the Office of Regulatory Services (ORS), and the Provider Relations Unit (PRU) have intensified their collaboration and information sharing about safety concerns in provider-supervised settings;
 - PRU has implemented weekly data collection from providers on the foster homes they supervise that includes the current census of individual homes and their approval status;
 - PRU has implemented a schedule of quarterly, unannounced visits to every congregate care setting and provider-supervised foster home; and,
 - DeKalb County DFCS has implemented its own quarterly schedule of unannounced visits to the congregate care settings operating in that county to proactively identify and address potential safety concerns.

These new initiatives hold promise for reducing maltreatment in care rates through prevention. The Accountability Agents commend the high degree of attention this difficult challenge is now commanding. While it is unlikely these new initiatives will produce a significant impact by the end of the fifth reporting period (June 2008), it is hoped that DHR's ongoing commitment to identifying what works to prevent maltreatment in care will begin to reduce maltreatment in care rates by the end of the sixth reporting period (December 2008). The Accountability Agents will continue to monitor closely and report on the State's progress in this area.

Outcomes 1, 2, and 3 – Maltreatment Investigation Process Measures

While Outcome 5 focuses on the result of reduced maltreatment in care, Outcomes 1, 2, and 3 measure important aspects of the process through which allegations of maltreatment in foster care settings are investigated. Outcome 1 relates to the timeframe in which an investigation of suspected maltreatment of a foster child is commenced. Outcome 3 relates to the frequency with which such investigations include face-to-face contact with the alleged victim within 24 hours. Because DFCS policy defines the "commencement" of an investigation as the point at which face-to-face contact with the alleged victim is made, they are very similar measures; the primary difference between them is the unit of analysis. For Outcome 1, the unit of analysis is the investigation itself (which may involve multiple alleged victims). For Outcome 3, the unit of analysis is the individual child who is an alleged victim. Outcome 2 relates to the length of time it takes to complete such investigations.

Data for these outcomes are based on the universe of 93 maltreatment investigations completed during the reporting period that involved a child in the custody of DeKalb or Fulton County. The Consent Decree covers maltreatment in care investigations that involve any child in the 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 alleged maltreatment is to be investigated by the County of the child's residence. Thus, when maltreatment is alleged to involve a class member who is placed outside DeKalb or Fulton County, the allegation is investigated by the DFCS office in the county in which the child resides. For ease of reference,

Counties outside DeKalb and Fulton are referred to through out this report as “perimeter counties.”

Although the State did not achieve the fourth period standards for Outcomes 1, 2, or 3, the performance of DeKalb and Fulton counties improved for two of these three outcomes, and performance of the perimeter counties improved for two of the three as well. However, the State’s overall performance failed to show substantial improvement for two reasons. First, the performance of DeKalb and Fulton counties remained well above that of the perimeter counties on each of the three measures. Second, compared to the third reporting period, the perimeter counties conducted a slightly higher percentage of the maltreatment in care investigations and those investigations accounted for a substantially higher percentage of the total alleged victims. Maltreatment in care investigations completed by the perimeter counties accounted for 34 percent of fourth reporting period investigations and 45 percent of fourth period alleged victims. During the third reporting period perimeter counties conducted 32 percent of the maltreatment in care investigations which accounted for 33 percent of the alleged victims.

a. Interpretation and Measurement

There were no new interpretation or measurement issues encountered during the fourth reporting period. Appendix B provides a summary of previously resolved interpretation and measurement issues.

b. State Performance

▪ The State Fell Short of the Outcome 1 Threshold

As noted in Table III-1 for Outcome 1, **86 percent** of maltreatment in care investigations commenced within 24 hours according to file review data from the universe of investigations completed during the reporting period. This represents a slight improvement from the third period rate of 85 percent. Outcome 1 requires that 95 percent of such investigations be commenced within 24 hours. As displayed in Table III-2, DeKalb and Fulton counties commenced 93 percent of the investigations they completed within 24 hours, while the 24-hour commencement rate for the perimeter counties was only 72 percent. This represents an improvement in the performance of DeKalb and Fulton counties compared to their 89 percent success rate for the third reporting period, but a decline among the perimeter counties compared to the third reporting period when they initiated 77 percent of maltreatment in care investigations within the required 24 hours.

This measure counts only investigations in which an alleged victim is seen face-to-face by a trained CPS investigator within 24 hours. Four of the 13 cases in which this did not happen were investigated by DeKalb or Fulton County, nine by other counties. Among these 13 cases, seven of the alleged victims were seen and removed by their foster care case manager from the placement setting before or at the time the allegation was made. Although these cases count as

“misses” toward Outcome 1, in terms of ensuring child safety it is important to recognize that in 86 of the 92 investigations (93%) the alleged victim(s) were seen by or removed from potential risk by child welfare professionals within 24 hours. This represents an improvement compared to the third reporting period when 90 percent of alleged victim(s) were seen by or removed from potential risk by child welfare professionals within 24 hours.

Table III-2

**Outcome 1 – Commencement of Maltreatment in Care Investigations
N=92***

Investigating County	Not Commenced Within 24 Hours		Commenced Within 24 Hours		Total	
	Number of Investigations	Percent of Total	Number of Investigations	Percent of Total	Number of Investigations	Percent of Total
DeKalb/Fulton	4	7%	56	93%	60	100%
Perimeter Counties	9	28%	23	72%	32	100%
Total	13	14%	79	86%	92*	100%

Source: File Review of All Completed Investigations, July– December 2007.

* One case was excluded from the Outcome 1 and Outcome 3 analysis because the child involved was not a class member at the time of the report.

▪ **The State Fell Short of the Fourth Period Outcome 2 Threshold**

For Outcome 2, **72 percent** of maltreatment in care investigations (67 of 93) were completed within 30 days according to file review data from all investigations completed during the reporting period. (Another 16 cases, or 17 percent, were investigated within 45 days.) This rate is unchanged from the third reporting period when 72 percent of such investigations were completed within 30 days. Outcome 2 requires that 95 percent of such investigations be completed, in accordance with DFCS policy, within 30 days.

For the fourth reporting period the performance of DeKalb and Fulton counties in timely completing investigations declined slightly compared to the third reporting period (from 94% to 92%). The performance of the perimeter counties on this outcome improved somewhat, (from 27% to 34%), but remained substantially below that of DeKalb and Fulton. The fourth period performance of DeKalb, Fulton, and the perimeter counties is displayed in Table III-3.

Table III-3
Outcome 2 – Timely Investigations
N=93

Investigating County	Completed in > 30 Days		Completed in ≤ 30 Days		Total	
	Number	% of Total	Number	% of Total	Number	% of Total
DeKalb/Fulton	5	8%	56	92%	61	100%
Perimeter Counties	21	66%	11	34%	32	100%
Total	26	28%	67	72%	93	100%

Source: File Review of All Completed Investigations, July– December 2007, July 2007.

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

For Outcome 3, **83 percent** of the 133 alleged victims of maltreatment in care during the fourth reporting period had face-to-face private contact with a CPS investigator within 24 hours, according to file review data from all investigations completed during the reporting period. This falls below the performance standard for Outcome 3 of 99 percent, and represents no change from the third period performance of 83 percent. As with Outcomes 1 and 2, performance in this area was substantially better for DeKalb and Fulton counties (93%) than it was for the perimeter counties (72%). Compared to the third reporting period, the performance of DeKalb and Fulton Counties and of the perimeter counties improved somewhat; from 90 percent to 93 percent, and from 70 percent to 72 percent, respectively. Yet, because a higher proportion of the alleged victims were in investigations conducted by the perimeter counties in the fourth period (45 percent of the total) than in the third period (33 percent of the total), and because their performance remained substantially below that of DeKalb and Fulton, the State’s overall performance remained unchanged. Fourth period data for Outcome 3 is displayed in Table III-4.

Table III-4
Outcome 3 – Face-to-Face Contact with Alleged Maltreatment Victims within 24 Hours
N=133

Investigating County	No Contact Within 24 Hours		Seen/Removed Prior To or Within 24 Hours of Report		CPS Contact Within 24 Hours		Total	
	Alleged Victims	Percent of Total	Alleged Victims	Percent of Total	Alleged Victims	Percent Of Total	Alleged Victims	Percent of Total
DeKalb/Fulton	4	5%	1	1%	68	93%	73	100%
Perimeter Counties	7	12%	10	17%	43	72%	60	100%
Total	11	8%	11	8%	111	83%	133	100%

Source: File Review of All Completed Investigations, July1 through December 31, 2007.

Outcome 3 counts as successes only alleged victims having face-to-face, private contact with a trained CPS investigator within 24 hours of the report's receipt. Five of the 22 alleged victims who apparently were not seen within this time frame were in cases investigated by DeKalb or Fulton County; 17 were in cases investigated by perimeter counties. Of the 22 alleged victims "missed" by DeKalb, Fulton, or the perimeter counties, 11 had been removed from the setting in which the maltreatment was alleged to have occurred by their foster care caseworker prior to, or at the time the allegation was made.

Although these cases count as "misses" toward Outcome 3, it is important to understand that of the 133 alleged victims in period four, 122 (92%) had their safety ensured by child welfare professionals within 24 hours (69 of 73 alleged victims (95%) in investigations conducted by DeKalb or Fulton County; 53 of 60 alleged victims (88%) in investigations conducted by the perimeter counties).

c. Operational Context

The shortfalls noted above in Outcomes 1, 2 and 3 continue to be associated with several factors:

- Although the performance of the perimeter counties continues to improve, it still lags behind the performance of DeKalb and Fulton Counties.
- Compared to the second and third reporting periods, a higher proportion of the maltreatment in care investigations for the fourth period were conducted by counties other than DeKalb and Fulton. Moreover, perimeter counties accounted for a substantially larger proportion of fourth period alleged victims than in previous reporting periods. This may reflect a degree of randomness in the number of children associated with any particular report, or it may reflect that many of the group homes in which Fulton and DeKalb County children are placed are located in perimeter counties. Regardless of the explanation, due to the perimeter counties' lower performance on Outcomes 1, 2 and 3, the State's overall performance has been negatively impacted by this shift.
- The Accountability Agent's second period report described a communication problem that appeared to explain a number of the "misses" on Outcomes 1 and 3. (This problem involves investigators missing the required response time because they arrive at the foster care setting to find that the alleged victim has already been removed from harm's way by a foster care case manager). The 11 alleged victims shown in Table III-4 as "seen/removed prior to or within 24 hours of report" includes 5 alleged victims for whom the "miss" may be attributable to this communication problem. This is an improvement over the six such alleged victims identified in the third period report.

An issue of concern that emerged during the third reporting period relates to the coding practice of opening CPS investigations of alleged maltreatment in group homes and other congregate care settings in the name of the child's birth parent.⁵ This practice can leave the actual perpetrator, when it is possible to identify that individual, without a CPS record they deserve. This is a safety concern because one of the safeguards in the selection of foster parents and of facility staff is a check of the IDS data base to see if there are any previous CPS reports in their name.

In the third period report, the Accountability Agents encouraged DHR to review its options for addressing this concern. To date, there is no progress to report on this issue. The Accountability Agents will continue to monitor this situation and to report any progress in addressing this concern.

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."⁶ Outcome 6 stipulates that by the end of the fourth reporting period, 98 percent of all foster homes will not have an incident of corporal punishment within the previous 12 months.

a. Interpretation and Measurement

The Consent Decree's use of the phrase "...all foster homes..."⁷ is operationalized as all foster homes with a class member in custody during the reporting period for measurement purposes.

b. State Performance

▪ The State Surpassed the Outcome 6 Threshold

The standard for Outcome 6 requires that 98 percent of foster homes be without an incident of corporal punishment within the previous 12 months. As noted in Table III-1, 100 percent of the foster homes sampled had not had a confirmed incident of corporal punishment in the previous 12 months, surpassing the fourth period standard. These data come from the sample of 155 foster homes that had a class member in care at any point during the reporting period, none of which had a confirmed incident of corporal punishment. This is the same as the third reporting period, during which 100 percent of the foster homes sampled had not had an incident of corporal punishment and indicates that DFCS continues to do extremely well at protecting children placed in foster homes from corporal punishment.

⁵ Ibid., pp. 26-27.

⁶ See p. 2 of the Consent Decree

⁷ Ibid, p. 32

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

1. Maltreatment in Care Investigations

Section 12 of the Consent Decree contains other requirements pertaining to the process of investigating and responding to reports of maltreatment in care.⁸ The following discussion summarizes the State's implementation of these requirements.

a. Investigations of Reports of Maltreatment in Care

Section 12 A requires all reports of suspected maltreatment of children in foster care to be investigated by Child Protective Services staff (rather than foster care staff) in the manner and within the time frame provided by law and DFCS policy. Interviews with Fulton and DeKalb County staff, with staff of the Provider Relations Unit (PRU) and the Office of Regulatory Services (ORS), and the review of 180 randomly selected foster care records and all 93 reports of maltreatment in care completed during the reporting period indicate that it is the policy and the practice that all reports of maltreatment in foster care are investigated by CPS staff. However, the review of 180 placement records and 155 foster home records identified three instances from Fulton County (two from the placement review; one from the foster home review) where an allegation of maltreatment appears to have been inappropriately screened out by a foster care worker. These three incidents are described below:

- A child made allegations against the director of the group home in which he was placed indicating she had pushed him, locked him out of the house, did not feed him, and referred to his mother using derogatory language. Upon follow-up, County DFCS management confirmed that the foster care case manager (FCCM) did not refer the allegation to CPS for investigation. The child's FCCM provided a statement indicating she did not make a referral to CPS due to the child's history of disrupting placements by making false allegations and threats to staff members (causing him to have approximately 20 placements since October 2007). The FCCM suggested that the child's motivation to do these things was to be placed back with his birth mother. The FCCM also indicated that most of the child's placements have had a therapeutic component but that his behavior has been so erratic he never has taken full advantage of the services.
- A child placed with a maternal cousin acting as a non-foster relative caregiver got into a fight with another child on the school bus and hit that child. The relative caregiver acknowledged to the FCCM that she punished the child by striking him with a switch. The child's sibling who was also in the same placement was interviewed and indicated also that she had been hit with a switch "whenever she is bad." The FCCM removed the

⁸ See pp.28-30 of the Consent Decree

children from the maternal cousin's care and placed them in the care of another relative in a different county. The FCCM, believing this resolved the issue, failed to refer it for a CPS investigation.

- A child placed in the home of a couple who have been foster parents since 1995 reported to his FCCM that he had been spanked with an extension cord by the foster mother. The FCCM examined the child and found no marks consistent with the spanking allegation. She interviewed the foster mother who adamantly denied using corporal punishment on the child. The FCCM had no other concerns about the home, and believed the child's allegation to be attributable to the children being upset that their mother had stopped attending scheduled visitations. The FCCM reported the incident and her findings to her supervisor, who passed the information on to the foster home's resource development case manager in an e-mail message. The resource development case manager interpreted the e-mail to mean the allegations had been investigated by CPS.

According to Section 12 A of the Consent Decree and to DFCS policy, it appears that each of these three allegations should have been referred to the CPS unit for assessment and screen-out or investigation. Each of these cases was referred to the Fulton County leadership for further action. As a consequence, each case was re-staffed, a protocol and assessment instrument for Fulton County resource and development workers to address disciplinary concerns in foster homes was implemented in January 2008, and training was conducted for placement workers in January and February 2008 on the importance of referring all safety concerns to CPS Special Investigations staff for response. Based on a careful vetting of each of these cases and their specifics, the Accountability Agents are satisfied that they represent isolated incidents and are not indicative of a systemic problem. Future file reviews, however, will continue to scrutinize placement files for any indication of a larger, systemic problem.

b. Investigations Conducted in Accordance with State Standards

Section 12.A. of the Consent Decree states that "All ... reports of suspected abuse or neglect of children in foster care shall be investigated by DFCS child protective services staff in the manner and within the time frame provided by law and DFCS policy."⁹ DFCS policy on maltreatment in care investigations (which are considered "Special Investigations") is contained in Section 2106 of the Social Services Manual.¹⁰ Section 2106 contains guidance on the many aspects of properly conducting Special Investigations, such as separately interviewing the parties involved, making two collateral contacts, evaluating the likelihood of continued safety, etc. In all, Section 2106 contains more than 150 discrete requirements pertaining to Special Investigations. The particular requirements vary to an extent depending on the type of placement setting being investigated.

⁹ See p. 28 of the Consent Decree

¹⁰ Social Services Manual, Chapter 2100, Section VI, Georgia Dept. of Human Resources, July 2005

The file review of maltreatment in care investigations explored the extent to which the investigations completed during the fourth reporting period were conducted in accordance with the investigative standards contained in Section 2106. (The extent to which such investigations comport to the required timeframes is addressed in the discussion of Outcomes 1 and 2, above.) The results are presented in Table III-5 for the 11 investigative standards common to most placement types.

Table III-5
Proportion of Investigations Meeting Policy requirements
N= varies based on placement setting and other case characteristics

Investigation Policy Requirement	Percent of Applicable Files with Documentation of Compliance
Investigator saw/interviewed every alleged maltreated child separately (N=92)	97%
Continued safety of the child(ren) placed in the home was adequately evaluated and assessed (N=93)	95%
Investigator reviewed the DFCS history of the foster parent/caregiver (N=60)	90%
Investigator reviewed previous CPS reports for foster parents/caregivers (N=60)	90%
DFCS case managers required to visit in this foster care setting were contacted (N=93)	88%
Alleged maltreater was interviewed separately (N=89)	83%
Investigator saw/interviewed each of the other children (non-alleged victims) separately (N=75)	80%
All approved foster parents/caregivers interviewed separately (N=93)	69%
At least two relevant collateral sources contacted during the investigation (N=93)	68%
File contains physical evidence to support case documentation (N=54)	56%
All other adults frequently in the home interviewed separately (N=11)	55%

Source: Case file review of all investigations completed July 1 – December 31, 2007.

The percentages reported in Table III-5 represent the number of instances for which the investigative file documentation was adequate to provide a conclusive, affirmative response. For four of these 11 standards, State compliance was found to be below 80 percent. Further analysis of these four standards is provided below.

- Two of these four items assessed whether particular individuals (the foster parents/caretakers, or other adults frequently in the home) were interviewed separately.

As in previous reporting periods, it was often the case that the file made it clear that these individuals were interviewed, but the documentation was inconclusive about whether those interviews were conducted privately. With respect to foster parents/caregivers, file reviewers also noted that in investigations in congregate care settings, some staff members were interviewed privately, but one or more other staff members were not interviewed at all. This problem was much more prevalent in the investigations conducted by counties other than DeKalb or Fulton, which, as noted earlier, also conducted a larger proportion of the fourth period investigations than in the third reporting period.

- With respect to the finding that 68 percent of the investigations documented at least two relevant collateral contacts, it should be noted that an additional 22 investigations (24 percent) were deemed to have one relevant collateral contact. For the investigations that were deemed to have only one or no relevant collateral contacts, the issue was usually the perceived “relevance” of the contacts that were made. About one-third of the investigations found to have only one relevant collateral contact, and one-half of the investigations found to have no relevant collateral contacts were in group homes, although group homes accounted for only 24 percent of the placement settings investigated. As noted in the third period report, it is possible that some collateral contacts with group home staff that have no association with an allegation were erroneously deemed by reviewers to be not relevant. However, it may also be the case that investigators would benefit from refresher training on what constitutes appropriate collateral contacts in investigations of maltreatment in congregate care settings. Although the file review protocol for the fourth period was modified to try to improve clarity on this issue, this effort may not have been completely successful. The file review guide will again be revised for the fifth reporting period and additional file reviewer training will be conducted around this issue. In addition, the State, DeKalb and Fulton Counties, and the perimeter counties are encouraged to review with their investigative staff the DFCS policy and practice requirements around collateral contacts and the application of those requirements in congregate care settings.
- With respect to the finding that 56 percent of the investigative files that might be expected to include physical evidence actually contained such evidence, it should be noted that among those that contained no such evidence, the allegation was found to be unsubstantiated 80 percent of the time. The non-existence of physical evidence may explain both its absence in the case file and an investigative finding that an allegation such as physical abuse cannot be substantiated.

c. **Referrals of Reports of Maltreatment in Care to the Office of Regulatory Services, the Provider Relations Unit, and the DFCS Policy Office**

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

Section 12 B of the Consent Decree requires all reports of suspected abuse or neglect of foster children in institutional, group, residential, or private provider-supervised foster family home settings to be referred to and reviewed by the Office of Regulatory Services (ORS) and the Provider Relations Unit (PRU).¹¹ 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...."¹²

Compliance with this requirement has been a concern to the Accountability Agents since the first reporting period. Although some improvements were identified in the third period in terms of reporting to ORS, overall the Accountability Agents concluded that substantial improvement in both reporting and documentation was needed in regard to PRU and the DFCS Policy Office, especially in light of the Consent Decree's increasingly stringent standards for maltreatment in care. Improving the completeness of maltreatment in care reporting to the three statewide offices responsible for identifying maltreatment in care patterns is regarded as critical to the State's ability to successfully prevent maltreatment in care. For the third and fourth reporting periods, data were collected directly from ORS, PRU, and the DFCS Policy Office to ascertain which maltreatment reports involving foster children had been reported to each office.

For the fourth period, data collected directly from the DFCS Policy Office indicate that the Office received an administrative packet for 31 (33%) of the 93 fourth period maltreatment in care investigations completed during the reporting period. This represented a substantial decrease from the third period when the Policy Office was notified of 40 of 85 investigations (47%), and remains far too low. Only four of the reports received for the fourth reporting period were sent within the required 10 days. Table III-6 displays data on county reporting of maltreatment in care investigations to the DFCS Policy Office.

¹¹ ORS licenses child placing agencies (CPA), child caring institutions (CCI), and outdoor therapeutic programs (OTP). TSU approves CPAs, CCIs, and OTPs wishing to serve DFCS children once they have been licensed by ORS.

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

Table III-6
Policy Unit Notification of Fourth Period Maltreatment in Care Investigations
N=93

Investigating County	Total Investigations	Notified		Not Notified	
	Number	Number	% of Total	Number	% of Total
DeKalb	50	9	18%	41	82%
Fulton	10	3	30%	7	70%
Baldwin	1			1	100%
Bibb	1			1	100%
Clayton	6	5	83%	1	17%
Cobb	3	1	33%	2	67%
Douglas	1			1	100%
Fayette	6	6	100%		
Gwinnett	1	1	100%		
Henry	7	5	71%	2	29%
Newton	2	1	50%	1	50%
Richmond	1			1	100%
Rockdale	3			3	100%
Troup	1			1	100%
Total	93	31	33%	62	67%

DeKalb County conducted the largest number of maltreatment in care investigations, primarily due to the large number of provider-supervised foster and group homes in the county. DeKalb also had by far the largest number of investigations of which the Policy Unit was not notified, at 41. The Policy Unit notification rate for DeKalb was somewhat higher for substantiated investigations (7 of 22, or 32%). Clayton, Fayette, and Gwinnett counties had Policy Unit notification rates of greater than 80 percent. Counties that failed to notify the DFCS Policy Unit of two-thirds or more of their maltreatment in care investigations included DeKalb, Fulton, Baldwin, Bibb, Cobb, Douglas, Richmond, Rockdale, and Troup. This is a serious shortcoming as the DFCS Policy Office is one of the triumvirate of statewide offices that is charged with responsibility for identifying maltreatment in care patterns, and the only statewide office that is charged with receiving **all** maltreatment in care reports, regardless of placement setting.

The fourth period file review of maltreatment in care investigations included 65 investigations in provider-supervised settings. Data collected directly from ORS and PRU indicate that ORS was notified of 83 percent of these investigations. This is slightly better than the third period when ORS was notified of 82 percent of such maltreatment in care investigations. Table III-7 displays data on county reporting of maltreatment in care investigations to ORS.

Table III-7
Office of Regulatory Services Notification of Maltreatment in Care Investigations
N=65

Investigating County	Total Investigations	Notified		Not Notified	
	Number	Number	% of Total	Number	% of Total
DeKalb	30	25	83%	5	17%
Fulton	5	2	40%	3	60%
Clayton	6	6	100%		
Cobb	3	1	100%	2	67%
Douglas	1	1	100%		
Fayette	6	6	100%		
Gwinnett	1	1	100%		
Henry	7	6	86%	1	14%
Newton	2	2	100%		
Richmond	1	1	100%		
Rockdale	2	2	100%		
Troup	1	1	100%		
Total	65	54	83%	11	17%

DeKalb County conducted the largest number of maltreatment in care investigations in provider-supervised settings at 30. Twenty-five of these (83%) were reported to ORS; five were not. Fulton County, which has many fewer provider-supervised foster care settings than DeKalb, conducted only five maltreatment in care investigations in these settings but failed to notify ORS of three of them. ORS was notified of nearly all substantiated investigations in provider-supervised settings (10 of 11, or 91%) – the one failure coming from Cobb County. DeKalb, Clayton, Douglas, Fayette, Gwinnett, Henry, Newton, Richmond, Rockdale, and Troup counties all had ORS Unit notification rates of greater than 80 percent. However, Fulton and Cobb counties failed to notify ORS of more than half of their maltreatment in care investigations in provider-supervised settings. Notifying ORS of maltreatment reports in the care settings they license is essential to the ability of ORS to effectively use that licensing authority to help prevent maltreatment in care.

PRU, the Statewide organizational entity charged with supervising DFCS' provider contracts, appears to have been notified of 33 (51%) of the 65 maltreatment in care investigations in provider-supervised settings. This represents an improvement from the third reporting period when PRU's organizational predecessor, TSU, was notified of 43 percent of such investigations, yet remains far too low. Table III-8 displays data on county reporting of maltreatment in care investigations to PRU.

Table III-8
Provider Relations Unit Notification of Maltreatment in Care Investigations
N=65

Investigating County	Total Investigations	Notified		Not Notified	
	Number	Number	% of Total	Number	% of Total
DeKalb	30	11	35%	19	65%
Fulton	5	2	40%	3	60%
Clayton	6	3	50%	3	50%
Cobb	3	1	33%	2	67%
Douglas	1	1	100%		
Fayette	6	6	100%		
Gwinnett	1			1	100%
Henry	7	5	71%	2	29%
Newton	2	2	100%		
Richmond	1			1	100%
Rockdale	2	2	100%		
Troup	1			1	100%
Total	65	33	51%	32	49%

As was the case with Policy Unit notifications, DeKalb also had the largest number (19) of investigation that lacked PRU notification. Douglas, Fayette, Newton, and Rockdale counties had PRU notification rates of 100 percent. However, counties that failed to notify PRU of half or more of their maltreatment in care investigations included DeKalb, Fulton, Clayton, Cobb, Gwinnett, Richmond, and Troup. PRU's ability to be a prudent purchaser of care is significantly hampered by the fact that, in the aggregate, it was informed of only half the maltreatment investigations that occurred in the agencies with which it contracts.

One "workaround" that has improved the situation somewhat is the direct sharing of information between ORS and PRU. Notes from the review of ORS and PRU records on maltreatment in care reporting indicate the two offices regularly share information on reported incidents, and that they are more frequently conducting joint staffings with provider agencies and joint investigations of complaints as a result. The fourth period notification data illustrate that county reporting of incidents enables prudent, collaborative action by ORS and PRU. Among the 54 maltreatment in care allegations of which ORS was informed, ORS elected to conduct a joint investigation with DFCS for 22 (41%) of them. Not surprisingly, among the 11 complaints that were not reported to ORS, no joint investigations were conducted. While collaboration between ORS and PRU reduces the impact of incomplete reporting from the counties, as the fourth period data clearly indicate, it does not solve the root problem.

As noted in the previous discussion of Outcome 5, given the State's improved ability to detect and report maltreatment in care that has resulted primarily from the Consent Decree's visitation requirements, achieving the new maltreatment in care standard for Outcome 5 (0.57%) or the

new federal standard (0.32%) will almost certainly require the State to learn to successfully *prevent* maltreatment in care. Identifying maltreatment patterns and acting proactively on situations that fit patterns associated with maltreatment can contribute to prevention.

The Accountability Agents have identified no insurmountable impediments to ORS, PRU, and the DFCS Policy Office getting the information they need to take appropriate action. On the contrary, this appears to be a relatively straightforward problem to solve. For these reasons, the lack of progress in improving central office notification of maltreatment in care reports is vexing.

The counties and State are again urged to:

- Make improving the completeness of county reporting a high priority. Developing better accountability mechanisms to track county-to-state office reporting is a strategy that would likely produce improvement.

ORS and PRU are urged to:

- Continue to strengthen their collaboration, and to actively work to identify providers with marginal child safety records, and
- To develop strategies for proactively intervening with providers with marginal child safety records to capture the opportunity to prevent maltreatment in care.

DHR is urged to:

- Ensure that ORS and PRU are adequately staffed and resourced to successfully and proactively carry out the recommendations made above.

2. Corporal Punishment in Foster Homes

Section 12C of the Consent Decree¹³ contains process and practice requirements related to the prohibition of corporal punishment in foster care settings and investigations of reports of corporal punishment. 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 153 of the 155 foster home records sampled (99%), there was a signed written statement or other evidence that foster parents understood and agreed to comply with DFCS' prohibition on the use of corporal punishment. This is the same as the third period performance of 99 percent.

¹³ See pp 29-30, paragraph 12C of the Consent Decree

b. Enforcement of Corporal Punishment Prohibition

Enforcement of this provision in DFCS supervised homes is carried out by the County DFCS offices. Enforcement in private provider placements is carried out by the child placing agency (CPA), Office of Regulatory Services (ORS), and the Provider Relations Unit (PRU). ORS requires CPAs, Child Caring Institutions, and Outdoor Child Caring Programs to have written policies prohibiting corporal punishment as a condition of licensure. ORS monitors compliance with this requirement by means of a pre-licensure review of all provider policies. They also review the CPA files to confirm that they have reviewed the DFCS disciplinary policy with the private foster homes they supervise.

PRU requires providers to refrain from using corporal punishment as part of the Room Board Watchful Oversight (RBWO) Provider Contract, the Foster Home Minimum Standards, and the Prospective Provider Application. PRU is attempting to visit every CPA approved home once a quarter and to review a sample of the files the CPAs maintain. PRU is enhancing the record review forms they complete during their quarterly site visits to capture the acknowledgment of and compliance with pre-service and ongoing training that addresses the use of appropriate behavioral interventions. As of the middle of March 2008, PRU management reported completing visits to approximately 60 percent of the homes and that they were on-track to complete visits to all CPA homes by the end of March.

c. Compliance with Corporal Punishment Prohibition

Actual compliance with the corporal punishment prohibition appears to be excellent. The review of 180 randomly selected placement records of children in foster care during the fourth reporting period identified one confirmed instance of corporal punishment (0.6%). This is comparable to the third reporting period when there were no confirmed instances of corporal punishment among the children included in the placement sample. However, while all corporal punishment in foster care settings is prohibited, not all corporal punishment meets the criteria that trigger a maltreatment investigation. The foster home record review looked for any evidence in the foster home record that foster parents or other placement resources may have used corporal punishment or permitted it to be used on any foster child, whether or not a subsequent investigation or assessment confirmed the allegation. Such evidence was found in six of the 155 foster home records reviewed (4%). Five of these six incidents received a full CPS investigation and four of the five were found to be unsubstantiated. The sixth incident was handled as a disciplinary policy violation, the foster parents were counseled on appropriate disciplinary techniques, and a bi-weekly monitoring plan was implemented to ensure the child's safety and well-being.

The review of all 93 maltreatment in care reports investigated during the reporting period identified seven reports (8%) that began with an allegation of corporal punishment. This is somewhat higher than the third reporting period when 4 of the 93 maltreatment in care reports

(4%) began as corporal punishment allegations. Two of the seven investigations completed during the fourth period that began with an allegation of corporal punishment were substantiated and both of these foster homes were closed (these foster homes were not part of the random sample of 155 foster homes upon which Outcome 6 was calculated; and the children involved were not part of the random sample of 180 foster children whose placement records were reviewed.) No foster care or disciplinary policy violations were identified among the remaining five cases.

d. Screening and Investigation of Corporal Punishment Allegations

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

Interviews with the Special Investigations units in DeKalb and Fulton Counties indicate that both counties are handling allegations of corporal punishment consistent with these Consent Decree provisions. Both counties use experienced CPS supervisors to assess incoming corporal punishment allegations. In DeKalb, all complaints of any kind of physical discipline of foster children are automatically referred to the CPS Special Investigations unit with a 24 hour response time. In Fulton County, incoming complaints are screened by the CPS Intake Unit; those showing reasonable cause are investigated by Special Investigations unit with a 24 hour response time. Those lacking reasonable cause are either screened out or referred to the Resource Development unit if it is a DFCS-supervised foster home. Incidents that occur in provider-supervised foster homes are investigated by the Special Investigations Unit and are referred to the Office of Regulatory Services (ORS). In both counties, any complaint of corporal punishment of children in group homes automatically receives a CPS investigation.

As noted above, the review of all maltreatment in care investigations found seven CPS investigations prompted by an allegation of corporal punishment; four in DFCS-supervised foster homes, three in provider-supervised foster homes. Of these seven:

- 7 (100%) showed that all alleged victims were interviewed separately within 24 hours;
- 7 (100%) showed evidence that the continued safety of the child was evaluated;
- 7 (100%) file reviewers felt the investigative conclusion was consistent with the investigative documentation; and,
- 6 (86%) were completed within the 30 days required by DFCS policy.

The three investigations in privately-supervised foster homes were comparable to the second

and third periods during which three and one investigations, respectively, in private care settings were precipitated by corporal punishment allegations (there were 11 such instances in the first reporting period). Documentation indicates that both ORS and PRU were notified of two of these three investigations, and notified as well of the investigative conclusion. Neither ORS nor PRU was notified of the third investigation. The one private foster home that had a substantiated allegation of corporal punishment was closed by ORS.

In both Counties, corporal punishment allegations against DFCS-supervised foster homes that do not meet the criteria for a CPS investigation receive an “assessment.” The Resource Development staff in each county conduct the assessment in the home and decide if the home should be closed, placed under a corrective action plan, or if counseling or other support services are needed. While the assessment is being conducted, the home is to be placed on “hold” (barred from receiving additional placements). Both counties indicated that if the allegation revealed a policy violation that had a direct impact on safety or represented a serious risk, they would send the case to CPS and a special investigation would be opened. Both counties also indicated that if a policy violation was a home’s second violation, or the family was not amenable to change, the home would be closed.

In both Counties, all allegations of corporal punishment in provider-supervised foster homes are handled by the Special Investigations unit. Cases that fail to meet the criteria for a CPS investigation receive an “assessment” from the Special Investigations unit. The results of those assessments are reportedly shared with ORS.

Part IV PERMANENCY

Children in Care Maintain Family Connections and Achieve Permanency

Several of the Consent Decree outcomes and practice requirements focus on various aspects of permanency for children. This chapter reports on the State's progress in the areas related to children in DFCS custody maintaining their family connections and 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, first period requirements that have been discussed in previous reports.¹⁴ The remaining outcomes applied to subsequent reporting periods with the final phase-in of performance thresholds occurring in period four. Measuring performance for Outcomes 7, diligent search efforts, and 16, sibling placement, require a targeted sample of just those children who entered foster care between July 1 and December 31, 2007. This targeted sample will be drawn and data collected in May 2008 and reported on at a later date. Table IV-1 on the next two pages provides the measured performance summary for each of the remaining Outcomes. The discussion following the table provides a more detailed description of State performance as well as the interpretation and measurement issues associated with the outcomes, and information about issues surrounding the work that provide a context for understanding the State's performance.

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*.

¹⁴ 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	4th Period Performance
Outcome 7: At least 95% of all foster children entering care shall have had a diligent search for parents and relatives undertaken and documented within 60 days of entering foster care.	To be measured May 2008 ¹⁵
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.	To be measured May 2008
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).	97%
Outcome 21: At least 85% of all children with the goal or reunification shall have appropriate visitation with their parents to progress toward reunification.	47%
Outcome 23: 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, 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.	26%
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.	9.2%
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.	48%
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.	50%
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 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.	20%

¹⁵ Measurement of this Outcome and Outcome 16 required a separate case record review of a sample of children who entered care July 1 through December 31, 2007. The review will be conducted in May 2008 at the time of this report's release.

Children Achieve Permanency	4th Period Performance
Outcome 10: Children in custody for more than 24 months and still in custody upon entry of the Consent Decree (children in the “over 24 backlog pool”): For all children remaining in the over 24 month backlog pool after the third reporting period at least 35% by the end of the fourth reporting period shall have one of the following permanency outcomes: reunification, permanent placement with relatives, permanent legal custody, adoption, or guardianship.	9%
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	74%
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.	86%
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.	46%
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.	84%

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

One of the Consent Decree principles is “*all non-destructive family ties should be maintained and nurtured.*”¹⁶ Preserving connections between children and their families, friends, and community is an essential strategy for achieving permanency when those relationships are not destructive. Preservation of these connections starts with placing the children with family resources whenever possible and placing children with their siblings.

Outcome 19 – Placement Proximity

When it is in the best interest of the child for the state to remove children from their homes and place them in state custody, Outcome 19 mandates that children be placed in a setting within the county or within a 50 mile radius of the home from which they were removed.¹⁷ By the end of the fourth reporting period 90 percent of all children in custody are to be in placement settings within this proximity.

a. Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in the fourth period. Appendix B provides a summary of previously resolved interpretation and measurement issues.

b. State Performance

- **The State Surpassed the Fourth Period Outcome 19 Threshold.**

The State placed **97 percent** of the children in the placement sample within the designated proximity to the home from which they were removed. The Outcome threshold was 90 percent. This performance is an improvement over the third period performance of 89 percent. Of the 180 children in the sample, 174 children were placed within the same county as the home from which they were removed or within a 50 mile radius of the home or they met one or more of the criteria that exempted them from the placement proximity standard. Specifically, seven of the 174 children were placed outside the designated proximity because of their exceptional needs or because they were placed with relatives.

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 focus

¹⁶ See p. 4, principle 2 in the Consent Decree.

¹⁷ See p. 35, Outcome 19, of the Consent Decree.

efforts on ensuring that appropriate visitation¹⁸ takes place by setting targets for the percent of children who visit with their parents, but there are no stipulations as to timing or visit content.

a. Interpretation and Measurement Issues

Within the sample of 180 children in foster care, 119 were considered to have the permanency goal of reunification for purposes of parental visitation. However, eight of the children were living with their reunification resources during the entire 6 months of the review period and parental contact with two children had been determined to be contrary to the child's safety or best interest. Another child was removed from the analysis because the only identified reunification resource was incarcerated more than 50 miles from child's placement. After these exclusions, there were 108 children in the analysis of Outcome 21

The County visitation tracking system which tracks monthly visits conducted or facilitated by case managers, for this requirement and the others (Outcomes 20, 21, 22, and 23) continues to show a higher level of performance than what was found in the sample case record review. The Accountability Agents believe the Counties are working in good faith to collect accurate information for their own accountability efforts and have identified several possible sources for differences between the county system and the file review. These sources include 1) documentation that is submitted to the County Quality Assurance units for internal accountability but not filed timely in the child's record; 2) documentation that is misfiled in the child's record and not located by the file reviewer; and 3) file reviewer error. All of these sources are being investigated to more fully assess the reasons for the differences and to seek a means of reconciling the information.

b. State Performance

• The State Fell Short of the Fourth Period Outcome 21 Threshold.

Of the 108¹⁹ children used in this analysis, almost half of the children, **47 percent**, had evidence in their records of regular (at least monthly) visitation with their parents or other reunification resource. This is nearly double the third period performance of 25 percent. However, the threshold for this outcome in the fourth period is 85 percent. Over all, 87 children (81%) had some documented visits with their reunification resource during the time they were in custody between July 1 and December 31, 2007. This is a substantial improvement from the third period performance of 56 percent. During individual months from July to December, 52 percent to 65 percent of the children visited with their parents.

This performance remains a concern to the Accountability Agents, but it does appear that the increased focus on this issue by the counties is producing positive results. The counties are

¹⁸ There is no stipulated frequency of visitation in Outcome 21.

¹⁹Conclusions drawn from the subsample of 108 children used in this analysis are subject to a margin of error of ± 9 percent. Actual parent-child visitation may be 9 percentage points higher or lower than 47 percent.

encouraged to continue working to identify and resolve barriers to achieving the required and appropriate visitation frequency between children and their parents.

Outcome 23 – Sibling Visitation

DFCS has many sibling groups in its custody. When these children cannot be placed together, it is important for them to remain connected with one another through regular visits. The only times this is not desirable are when it is not in the best interest of the child to visit a sibling due to safety reasons or the emotional trauma it might cause. To ensure that sibling visitation is a regular part of practice, this Consent Decree outcome establishes the expectation that at least 80 percent of children separated from siblings in custody see their separated siblings each and every month for the previous 12 months, or every month they have been in custody if less than 12 months.²⁰

a. Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in the fourth period. Appendix B provides a summary of previously resolved interpretation and measurement issues. There were 63 children in the sample who were separated from some or all of their siblings during some or all of the period under review. Two children were excluded from the analysis because the only sibling of one child was placed with a relative in Louisiana and the other child was separated less than a month from his siblings.

The County visitation tracking system which captures monthly visits conducted or facilitated by case managers, continues to show a higher level of performance on a monthly basis than what is measured by the case record review for this outcome because of the required measurement differences as well as the possible documentation issues previously discussed. The County system is designed for management and accountability. The Outcome and required measurement methodology seeks to capture a “child’s view” of visitation over time.

b. State Performance

• The State Fell Short of the Outcome 23 Threshold

For Outcome 23, the Consent Decree’s sibling visitation requirements were met for **16 (26%)** of the 61 children²¹ in the sample who had one or more siblings in custody but in separate placements. The outcome threshold is 80 percent. These children visited with at least one separated sibling each and every month for the last 12 months or since they entered care. This appears to be a small improvement over the third period proportion of 21 percent, but the

²⁰ See p.36, Outcome 23, in the Consent Decree.

²¹ Conclusions drawn from the subsample of 61 children who were separated from their siblings for all or some of the time they were in care would have a margin of error of at least +/- 13%. It could possibly be higher or lower since the sample was not drawn from only the universe of children who were separated for some or part of the time.

difference is still within the sample's margin of error. However, a slightly larger proportion of children appear not to have had any visits with their siblings than in the third period. Table IV-8 describes the visitation picture captured by the placement case record review.

Table IV-8
Separated Sibling Visitation Pattern for the 12 months preceding December 31, 2007 or the
last date of DFCS custody*
N=61

Frequency of meeting required visitation	Number	Percent	Cumulative Percent
Met outcome requirement of monthly visits each month for every month of previous 12 months.	16	26%	26%
Missed visitation in one of the required months (i.e. equivalent to 11 of 12 months)	7	11%	38%
Did not meet outcome requirement but visited with siblings at least half of the months separated (i.e. the equivalent of 6-10 visits in a 12 month period)	22	36%	74%
Visitation pattern was infrequent and sporadic (i.e. the equivalent of less than 6 visits in a 12 month period)	12	20%	93%
No visits were documented	4	7%	100%
Total	61	100%	

Source: Case record review, January-February 2008.

*For those children in custody less than 12 months, only the applicable number of months in custody was considered.

This performance also remains a concern to the Accountability Agents; however there is evidence to suggest the gradual nature of the State's progress as measured for Outcome 23 should be expected. The Accountability Agents believe that the measurement will continue to show gradual progression over time rather than change dramatically in a short period of time. This assumption is based on looking at the monthly visitation rates since July 2006 as captured in the case record reviews in three periods. Over time, the proportion of children visiting monthly with their siblings has gradually increased. As reported in the second period report, the percent of children visiting monthly with their siblings ranged from 16 percent to 41 percent for the 6-month period July through December 2006. A year later, the percent of children with monthly sibling visits ranged from 60 percent to 73 percent. This pattern suggests that the State may eventually achieve this outcome, but it will take an extended time period and continued efforts.

2. Children Achieve Permanency: Outcomes 4, 8a, 9, 10, 11, 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. Should that result be unattainable, the state may pursue transfer of

custody to a relative or adoption by a relative or another family. Legal guardianship is also a means of securing permanency for a child. The Consent Decree stipulates another permanency option. This option is designed for a relative who is “willing to assume long-term responsibility for the child but has reasons for not adopting the child or obtaining guardianship or permanent legal custody, and it is in the child’s best interest to remain in the home of the relative rather than be considered for adoption, permanent legal custody, or guardianship by another person.”²² In these circumstances, the child will remain in the custody of the state with the relative committing to the “permanency and stability” of the placement.

Table IV-9 displays the distribution of permanency goals for the 180 children in the foster care sample as documented in their case files. About two-thirds (65%) of the children had a judicially determined or presumed goal of reunification or a concurrent goal of reunification and another goal.²³ The permanency goal of reunification is presumed for those children in the sample who had been in DFCS custody less than 12 months unless there was evidence of a “non-reunification” court order prior to the first annual permanency hearing.²⁴ Children with the goal of adoption and those with the goal of placement with a fit and willing relative represented the next largest proportions -- 10 percent each of the 180 children. Another 10 percent had the goal of long term foster care or “emancipation” referring to when a youth reaches the age of 18 and at that point is no longer in State custody. For three percent, the file reviewers could not determine the permanency goal from the documentation.

Table IV-9
Permanency Goals of Children
N= 180

Permanency Goal	Number	Percent
Judicially Determined/ Presumed Reunification*	107	59%
Concurrent Goal (Reunification and another Goal)	10	6%
Adoption	17	10%
Guardianship	4	2%
Placement with a Fit and Willing Relative	17	10%
Long Term Foster Care	8	4%
Emancipation	10	6%
No goal documented	5	3%
Total	180	100%

Source: Case Record Review, January-February 2008. * Presumed re-unification goal for children in care for less than 12 months.

²² See p.3, definition T of the Consent Decree.

²³ For an explanation of what is meant by “presumed goal of reunification in the first 12 months, see Social Services Manual Chapter 1006.4 Georgia Department of Human Resources and Josylyn-Gaul, D., *Georgia’s Responsibilities Toward Children in Foster Care: A Reference Manual*, Karen Worthington, editor, the Barton Child Law and Policy Clinic of Emory University (1st ed. Dec. 2004). p 43.

²⁴ See Social Services Manual, Chapter 1006.4 Georgia Department of Human Resources.

When children exit foster care, it is a goal of Georgia's child welfare system that they 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 ensure these exits remain successful. Unfortunately, circumstances sometimes require children to reenter care to ensure their safety or well-being. Two outcomes, Outcome 4 and Outcome 14, focus on the State's performance in ensuring long-term permanency.

Outcome 4 – Re-Entry into Custody

In Outcome 4, the Consent Decree establishes a measure of the stability of foster care exits: the percentage of children who re-enter state custody within 12 months of having previously left custody.²⁵ Outcome 4 sets the same standard as the national outcomes established by the U.S. Department of Health and Human Services.

a. Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in the fourth period. Appendix B provides a summary of previously resolved interpretation and measurement issues.

b. State Performance

• The State Fell Short of the Outcome 4 Threshold.

For Outcome 4, the state's information system reports that **9.2 percent** of all children entering foster care in DeKalb and Fulton counties between July 1 and December 31, 2007, had re-entered care within 12 months of previously exiting custody. The outcome threshold is 8.6 percent. The difference between meeting the threshold and falling short is represented by 4 children. The State's performance remained about the same as it was at the end of the third period in terms of percentages. However, because of the overall declining numbers of children in foster care, the State's performance in the fourth period represents a total of 54 children who had returned to foster care within 12 months compared to 84 children who had returned in the third period. This suggests that with some additional focus, this outcome threshold should be achievable in the near term.

Outcome 14 – Adoption Disruptions within 12 Months of Finalizations

Outcome 14 is concerned about adoptions that fail or are at the brink of failure. These are situations where adoptive parents no longer can or wish to parent the children to whom they made lifetime commitments or the children are found to be at risk of harm and the children

²⁵ See p 32, Outcome 4, of the Consent Decree.

must be removed. DFCS works with these families to achieve reunification and prevent dissolution, but the effort is not always successful. The Consent Decree establishes an on-going threshold that no more than 5 percent of adoptions finalized during the reporting period shall disrupt within the 12 months subsequent to finalization.²⁶

a. Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in the fourth period. Appendix B provides a summary of previously resolved interpretation and measurement issues.

b. State Performance

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

The total number of finalized adoptions for the period July 1, 2006 to December 31, 2006 was 102. Within this group, no child is known to have re-entered the Department's custody by December 2007. The outcome threshold is no more than 5 percent.

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

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

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

The Consent Decree established three on-going permanency outcomes to be achieved among three different cohorts of children. Outcome 8 (parts a and b) relate to children that enter care after the effective date of the Consent Decree.²⁷ These children represent a dynamic cohort, in other words, this cohort will continue to change as new children enter care and others exit. The second cohort, to which Outcome 9 relates, consists of children who were in care less than 24 months when the Consent Decree was finalized in October 2005.²⁸ Finally, children who were in state custody for 24 months or more when the Consent Decree was finalized are the focus of Outcome 10.²⁹

Outcome 8 concerns the permanency outcomes achieved within specific timeframes by children who have entered state custody following the entry of the Consent Decree. The difference

²⁶ See p. 34, Outcome 14, of the Consent Decree

²⁷ October 27, 2005

²⁸ See p. 33, Outcome 9, of the Consent Decree

²⁹ See pp 33 and 34, Outcome 10, of the Consent Decree

between (a) and 8(b) lies in how they treat three permanency outcomes: adoption, permanent legal custody (live with other relatives), and guardianship. To meet the requirements of 8(a), those permanency outcomes must be achieved within 12 months of a child's entering state custody; to meet the requirements of 8(b), those 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 legal custody of the State) – the requirements of 8(a) and 8(b) are identical: to meet the Outcome requirements, both must be achieved within 12 months of a child's entering state custody. Table IV-10 below summarizes these requirements.

Table IV-10
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

a. Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in the fourth period. Appendix B provides a summary of previously resolved interpretation and measurement issues.

b. State Performance

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

Through December 31, 2007, there were approximately 3400 children who had entered foster care since October 27, 2005. From this cohort, **48 percent** (1636 children) had exited to live with their parents, other relatives, guardians or new families through adoption within 12 months of entering State custody. (Outcome 8a) The outcome threshold for 8a is 40 percent. The State's performance on Outcome 8a in the fourth period is a slight improvement over its period three performance of 45 percent.

Another 49 children were adopted or exited to legal guardianship within 24 months of entering foster care (8b), bringing the total that exited to these designated permanency arrangements within the time frames dictated to 1684 or **50 percent** of the cohort. The outcome threshold for

8b is 74 percent. The State's performance on Outcome 8b is also a slight improvement over the preliminary measurement of 46 percent in period three.

Table IV-11 provides the distribution of all the children in the Outcome 8 cohort who exited custody by December 31, 2007. As noted, another 153 children (5% of the cohort) exited to one of the designated permanency arrangements but these permanency exits occurred outside the designated timeframes for the outcome.

Table IV-11
Outcome 8
Children Entering DFCS Custody on or after October 27, 2005 Who Exited to Permanency by December 31, 2007

	Children who entered custody on or since October 27, 2005	
	8(a)	8(b)
Number of children in cohort	3395	3395
Exits as of December 31, 2007		
Reunification within 12 months	1334	1334
Permanent Placement with Relatives within 12 months (still in state custody)	0	0
Permanent Legal Custody within 12 months (live with other relatives in the custody of relatives)	200	
Permanent Legal Custody within 24 months (live with other relatives in the custody of relatives)		200
Adoption within 12 months	5	
Adoption within 24 months		29
Guardianship within 12 months	97	
Guardianship within 24 months		122
Number Exited to Permanency but not in required time frame	202	153
Total Exits for Outcome Measurement	1636	1685
Percentage Exiting for Outcome Measurement	48%	50%
Other exits (transfer to other counties, emancipation, etc)	216	216
Total number exiting	1838	1838
Remaining number in cohort at December 31, 2007	1341	1341
Demographics of those still in DFCS custody at December 31, 2007	Average length of stay: 11 months	
	Median length of stay: 10 months	
	Average age: 8	
	49% female; 50% male	

Source: IDS and county tracking systems.

- **The State Fell Short of the Fourth Period Thresholds for Outcomes 9 and 10.**

The State's performance on Outcomes 9 and 10 as reported from the state's IDS system is as follows. Positive permanency exits refers to reunification, permanent placement with relatives, permanent legal custody, adoption or guardianship.

- **Of 470 children who had been in DFCS custody up to 24 months as of October 27, 2005 and remained in custody on June 30, 2007, 92 (20%) had positive permanency exits between July 1 and December 31, 2007. (Outcome 9)**

The outcome threshold is 40 percent. The State's fourth period performance is the same as the third period performance of 20 percent. Another 23 children had other permanency exits during this time period while 355 children remained in custody.

- **Of 349 children who had been in DFCS custody over 24 months as of October 27, 2005 and remained in custody on June 30, 2007, 33 (9%) had positive permanency exits between July 1 and December 31, 2007. (Outcome 10)**

The outcome threshold is 35 percent. The State's fourth period performance is the same as the third period performance of nine percent. Another 27 children had other permanency exits while 289 children remained in custody.

Table IV-12 provides the detail of exits for Outcomes 9 and 10.

As noted in previous reports, the members of the cohort of children in custody more than 24 months as of October 27, 2005 are older children, many of whom have significant emotional or behavioral issues. The average age of the children is 14 compared to 8 for the children remaining in the Outcome 8 cohort. In addition, many of the remaining children have been in custody well over 24 months, with the average length of stay being 7.7 years. The children's age, needs, behaviors, and their length of time in care present serious challenges to achieving the next outcome threshold for these children.

There were 45 children in the sample who entered custody before the Consent Decree and remained in care on December 31, 2007, providing a small snap shot of the children in Outcome 9 and 10 cohorts. These children ranged in age from just over 2 years old to 17. Sixteen year old youth represented the largest single age group. Just over one quarter (27%) had the goal of reunification and another 24 percent had the permanency goal of adoption. Six children were living with relatives and another two had been reunified with their parents but were still in DFCS custody. Over half the children, (25) were living in family foster homes. Eleven children were placed in group homes or child care institutions (CCIs) and one child was on runaway status. Parental rights of ten of the 45 children had been terminated. Termination of parental rights was not yet a part of the plan for about two-thirds of the children.

Table IV-12
Outcomes 9 and 10
Remaining Children Who Entered DFCS Custody before October 27, 2005 and Who Exited to
Permanency by between July 1 and December 31, 2007

	Cohorts of Children		
	Children in custody for <u>up to</u> 24 months and still in custody on October 25, 2005 (Outcome 9)	Children in custody for <u>more</u> <u>than</u> 24 months and still in custody on October 25, 2005 (Outcome 10)	Total
Number of children in cohort	470*	349	819
Exits			
Reunification	32	5	37
Adoption	16	20	36
Guardianship	9	4	12
Live with other relative	35	3	28
Permanent Placement with relatives	0	1	1
Other exits (transfer to other counties, emancipation, etc)	23	27	50
Total number exits	115	60	175
Total for Outcome Measurement	92	33	125
Percentage exiting for Outcome Measurement	20%	9%	
Remaining number in cohort December 31, 2007	355	289	644
Average length of stay	36 months (3 years)	92 months (7.7 years)	
Median length of stay	34 months (2.8 years)	79 months (6.6 years)	
Average age	11	14	
Percent female	50%	45%	
Percent male	50%	55%	

Source: IDS and county tracking systems. *Beginning Fourth Period cohort number is one more than the period III ending number previously reported due to data entry error.

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

Outcome 11 applies to all children whose parents' parental rights were terminated between July 1, 2006 and December 31, 2006. Among these children, Outcome 11 stipulates that 80 percent will have their adoptions or legal guardianships finalized within 12 months of final termination or release of parental rights³⁰. 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.

a. Interpretation and Measurement Issues

The fourth period is the first time this outcome could be measured to allow a full 12 months to elapse for those children who first became eligible in the second reporting period. This outcome is similar to the Federal measure³¹ for expeditious adoption following termination of parental rights and method used to calculate this outcome is consistent with the Federal method.

b. State Performance

- **The State Fell Short of the Outcome 11 Threshold**

Between July 1 and December 31, 2006, the parental rights of the parents of 88 children had been terminated or released. Of these 88 children, **74 percent** (65) were adopted within 12 months. The Outcome 11 threshold is 80 percent. No child was discharged into a guardianship arrangement. The termination decision was under appeal for 7 of the 88 children and it is not possible to proceed with the adoption process while an appeal is pending. Table IV-13 summarizes the data for this Outcome measure.

³⁰ See p. 34. Outcome 11 of the Consent Decree.

³¹ See either of the following Federal internet sites: http://www.acf.hhs.gov/programs/cb/cwmonitoring/data_indicators.htm.

Table IV-13
Status as of December 31, 2007 of Children with Parental Rights Terminated between
July 1 and December 31, 2006

	Number	Percent	Cumulative Percent
Adoption finalized within 12 months	65	74%	74%
Guardianship finalized within 12 months	0	0%	74%
Adoption or Guardianship finalized but not within 12 months	1	1%	75%
Still awaiting adoption or guardianship	15	19%	92%
Termination of Parental Rights is being appealed	7	8%	100%
Total	88		

Source: State reporting from IDS

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

To prevent children from long-term foster care stays, Federal law requires DFCS 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:

- The child is being cared for by a relative, at the option of the State;
- The state has documented in the child’s case plan a compelling reason that filing a petition to terminate would not serve the child’s best interests; or
- The state has not made reasonable efforts to reunify the family.³²

Furthermore, 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.³³ Examples of compelling reasons provided in Federal regulations include:

- Adoption is not the appropriate permanency goal for the child with reasons documented;
- No grounds to file a petition to terminate parental rights exist; and,
- The child is an unaccompanied refugee minor.³⁴

DFCS policy offers these additional examples of compelling reasons:

- The child is 14 (or older), has been counseled about the decision and its ramifications, and maintains his/her objection to being adopted;

³² Adoption and Safe Families Act, see also Social Services Manual Chapter 1000, Section 1002.7, Georgia Department of Human Resources

³³ See Social Services Manual , Section 1002.12.3, 1002.17, and 1013.11 Georgia Department of Human Resources

³⁴ See the website <http://ncsconline.org/WC/CourTopics/FAQs.asp?topic=TermPr>

-
- The child is in a residential treatment facility where his/her therapeutic needs are being met; adoption is unlikely or undesirable; and,
 - The child has spent a significant portion of his life in the home of his parents and has a positive and meaningful attachment to them.

The Consent Decree Outcome 15 stipulates that by period four, 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 as to both parents or legal caregivers, as applicable, or 2) documentation of compelling reasons in the case record as to why such action is not in the best interest of the child.³⁵

a. Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in the fourth period. Appendix B provides a summary of previously resolved interpretation and measurement issues. County tracking systems, built from case plan and court documentation, was the data source for measurement. It is important to note however that these tracking systems have varying degree of unique detail for each child. The compelling reason categories used in Table IV-14 were created by the Accountability Agents as a summation of what was found. The categories do not necessarily convey the exact language of the reasons given. For a small number of the cases, the compelling reason cited was “no adoptive resource.” Per the Consent Decree,³⁶ cases with this reason were not considered to have a documented compelling reason. During the fourth reporting period, there were approximately 1300 children who had reached or surpassed their 15 month in custody out of the last 22 months. The 310 children in this universe who were discharged by the end of the reporting period were included in the analysis as required by both ASFA and the Consent Decree.

b. State Performance

- **The State Fell Short of the Fourth Period Outcome 15 Threshold**

For Outcome 15, **86 percent** of the children in care 15 of the previous 22 months were legally free to be adopted or the State had filed to terminate parental rights or documented reasons why it had not taken such action. The outcome threshold was 95 percent. Table IV-14 summarizes the different components of the Counties’ performance as analyzed from the data in their tracking systems. This is the same performance as in the third period.

The majority of compelling reasons cited noted that the termination of parental rights would not serve the child’s best interests because of the relationship of the child to his/her parents or extended family. In addition, in a number of cases, the parents were still attempting to

³⁵ See p 34, Outcome 15, of the Consent Decree.

³⁶ See p. 11, paragraph 4E.2 of the Consent Decree.

complete the case plan requirements after a period of substance abuse or incarceration had interfered with their ability to concentrate on their plan responsibilities. A portion of the children were over 14 and did not want to be adopted. Another portion included children who currently need special therapeutic environments to meet their behavioral and/or physical needs.

Table IV-14
Status of Children Who Had Been in DFCS Custody 15 of the Previous 22 months
As of December 31, 2007

Category		Total		
		Number	Percent	Cumulative
Children who reached or surpassed their 15 th month in custody in the last 22 months between July and December 2007		1358		
Excepted subpopulation		276		
<i>Children placed with relatives</i>		274		
<i>The State has not made reasonable efforts to reunify the family</i>		2		
Pool of Children for Outcome 15 Measurement		1082		
Parental Rights of Both Parents have been terminated or relinquished		294	27%	
DFCS has filed a petition to complete the termination of the parental rights of both parents or care givers where applicable		50	5%	32%
There is a documented compelling reason for not terminating parental rights		588	54%	86%
Reasons cited	Number			
<i>Child is age 14 or older and does not wish to be adopted</i>	182			
<i>Termination of parental rights would not serve the child's best interest because reunification remains the goal and parents are completing plan or child has a close bond with family and relatives remain a viable permanency option;</i>	262			
<i>Child behavior/special need, medical fragility, etc, making TPR at this time inappropriate</i>	65			
<i>Other (unique circumstances or a combination of the two or more of the reasons given)</i>	79			
There is no documented Compelling Reason not to file a petition to terminate parental rights before December 31 or date of discharge		91	8%	94%
There are plans to terminate parental rights, but a petition had not yet been filed as of December 31 or date of discharge		59	5%	100%
Total		1082	100%	

Source: County tracking systems compared to January-February 2008 Case Record Review

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 State policy and the Consent Decree, they are to be initially reviewed by the court or a designated panel within six months and every six months the child is in custody thereafter.³⁷ Outcome 27 stipulates that at least 85 percent of the children in custody are to have timely semi-annual reviews.

a. Interpretation and Measurement Issues

There were no interpretation or measurement issues. Performance reported for outcome 27 is based primarily on the placement case record review data. The third reporting period's performance was a sharp decline from period two. The Accountability Agents speculated that this decline might be due, in part, to a measurement issue. Therefore, in the fourth period, the timing of DFCS submission of plans to the court as well as the review timing was collected to enable analysis that might shed light on this issue. In addition, after the third period performance, the State believed that a significant factor affecting performance was the timely retrieval of court orders and the appropriate filing in the children's records. Therefore, during the analysis of the fourth period performance, the Accountability Agents gave the State a list of the children in the sample for whom semi-annual case plan reviews did not appear documented or timely due to missing court orders. The State was able to provide the Accountability Agents with documentation of some additional case plan reviews for inclusion in the analysis. The outcome 27 analysis was applicable to 140³⁸ children (78%) in the sample of 180 who had been in custody six months or more.

b. State Performance

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

For Outcome 27, case file documentation indicates that **46 percent** (64) of the foster children in custody for six months or more had documented timely case plan reviews completed by the Juvenile Court or Juvenile Court Review Panel (JCRP) or a timely request for review. The threshold for this outcome in period four was 95 percent. This performance however is an improvement over the third period performance of 33 percent and the degree of improvement is greater than what would be expected with the margin of error.

Among all 73 plans reviewed by either the Juvenile Court or the JCRP during the review period, there were court orders documenting Court approval for 39 (53%). Approval of the remaining plans could not be confirmed because there were no subsequent court orders or the orders did

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

³⁸ Conclusions drawn from the 140 would have a margin of error of ± 9 percent.

not indicate approval or rejection of the plans by the court. Table IV-15 provides the information captured from the case files regarding the 73 documented six-month reviews occurring during the fourth reporting period.

Table IV-15
Characteristics of Six-month Case Reviews
N=73 (all plans reviewed)

Characteristic	Number	Percent
Participants		
Birth Mother	32	44%
Birth Father	11	15%
Child	25	34%
Relative care givers/ Extended Family Members	10	18%
Foster parents/placement providers	25	34%
DFCS case manager	64	88%
DFCS supervisor	13	28%
Other DFCS representative	2	3%
CCFA provider	2	3%
Private agency case manager	12	16%
Medical and mental health professionals	1	1%
Parents' attorney(s)	15	21%
SAAG (State Assistant Attorney General)	25	34%
Child's advocate	32	44%
Panel members	43	59%
Elements Evaluated/Considered		
Necessity and appropriateness of child's placement	60	82%
Reasonable efforts made to obtain permanency	61	84%
Degree of compliance with specific goals and action steps	52	71%
Progress made in improving conditions that caused removal	39	53%
Changes that need to be made to plan	26	35%
County recommendations	31	42%
Parent recommendations	7	10%
JCRP conducted review	44	60%
Total JCRP reports submitted	39	88%
Number of reports with Panel findings	39	100%
Number of reports with Panel recommendations	38	97%
Number of reports with County findings	22	56%
Number of reports with County recommendations	21	54%
Number of reports with County proposed plan for permanency	5	12%
Court conducted review	29	40%
Plan adopted by Juvenile Court	39	53%

Source: Case Record Review, January-February 2008

Outcome 28 – Timely Annual Judicial Permanency Reviews

According to Federal and State policy and the Consent Decree, children are expected to have a permanency review every 12 months they are in custody.³⁹ 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 interpretation or measurement issues. Data for Outcome 28 was primarily collected from the case record review sample of 180 children in foster care. The outcome 28 analysis was applicable to 102 children (57%) in the sample of 180 who had been in custody 12 months or more.⁴⁰ The State questioned whether the timely retrieval of court orders and the appropriate filing of these orders in the children's records had affected the measured third period on Outcome 28. Therefore, during the analysis of the fourth period performance, the Accountability Agents gave the State a list of the children in the sample for whom annual permanency reviews did not appear documented or timely due to missing court orders. The State provided the Accountability Agents with documentation of several of the permanency hearings for inclusion in the analysis.

b. State Performance

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

For Outcome 28, **84 percent** of the foster children in custody for 12 or more months had timely permanency hearings held by the Juvenile Court or a timely request for a hearing when the time had expired. The threshold for this outcome was 95 percent. Eighty-one children had a permanency hearing within 12 months of entry or of the previous twelve-month permanency hearing. Another five had timely petitions for permanency hearings but continuances delayed the hearings.

The State's performance is a substantial improvement over the third period where the case record review found 70 percent of children had timely permanency hearings. This improvement may be attributed to at least two factors. First the counties have worked with their courts to focus on ensuring greater timeliness. Second, the improvement may be the result of collecting supporting documentation from a source other than the case files.

³⁹ See p. 9, paragraph 4B.10, and p.37, Outcome 28, of the Consent Decree.

⁴⁰ Conclusions drawn from the subsample of 102 children will have a margin of error for 102 is approximately ± 10 percent.

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

Placement with relatives has been demonstrated to help children have placement stability⁴¹ and placement stability contributes to children achieving permanency. DFCS policy and the Consent Decree requirements establish several guidelines for practice to help children move to permanency. These requirements include regular parental visitation with children who have the permanency goal of reunification,⁴² and 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.⁴³

1. Placement with Relatives

Of the 180 children in the foster care sample, 50 (28%) were in/had been placed with relatives on December 31, 2007 or the last date the children were in custody. Children placed with family were in a combination of relative homes, relative homes approved and being reimbursed for foster care, and with parents themselves.

2. DFCS Permanency Reviews at the 13th or 25th month in custody.

a. 13th month Permanency Reviews

The State reports that regularly scheduled reviews of progress toward permanency take place in each county, conducted by a team of three quality improvement specialists and an administrative program assistant. Staffings are held for those cases where the review team does not concur with the permanency plan or there is a belief that the plan would benefit from more discussion and additional actions.

Through the fourth reporting period, the State Risk Director provided administrative oversight for the permanency review process and prepared reports that summarized review findings in three month increments. As of the end of the fourth period, however, these reports had not yet become a routine timely activity that was shared with the counties. During the fourth reporting period, the State started to review the process to determine how it could be improved in calendar year 2008. Starting in February 2008, a new state-level Permanency Review Project Director assumed responsibility for oversight of the process and began working with the counties.

⁴¹ Zinn, Andrew, DeCoursey, Jan, Goerge, Robert M., Courtney, Mark E. *A Study of Placement Stability in Illinois*, Chapin Hall Center for Children, 2006.

⁴² 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.

⁴³ See p. 9-10, paragraphs 4C.1-5, of the Consent Decree.

To demonstrate that permanency reviews are being conducted as stipulated in the Consent Decree, the State supplied the Accountability Agents with the information reported in Table IV-16. The information summarizes some of the characteristics of the 13th month permanency review practice. According to State data, 260 children reached their 13th month in custody sometime during the last half of 2007. The Permanency Review team reports that permanency reviews were conducted for all 260 children and an additional five children from the previous reporting period. This information was not independently verified by the Accountability Agents.⁴⁴

State reviewers concurred with the county permanency plans in 64 percent of all cases reviewed during the six-month period. The concurrence rate was slightly lower than the concurrence rate for the permanency reviews conducted in the first 6 months of 2007 (64% compared to 68%) County-state staffings were convened for 130 (49%) of the reviews. The State reports that all staffings occurred within one week of the review and they included the reviewer, a regional adoption coordinator, field program specialist, and a county supervisor and/or case manager.

The 13th month permanency reviews in the last half of 2007 had a lower percentage of supporting Family Team Meetings than those conducted in the first half – 42 percent compared to 85 percent. The state-prepared quarterly reports continue to identify this as an area for practice improvement but do not offer insight for the decline over the year or suggest strategies for improvement.

The Permanency Review process is now under new leadership at the state level. Efforts are under way to improve the process and make it a more collaborative, meaningful effort for all involved.

25th Month County-State Staffings

In addition to the 13th month permanency reviews, DFCS reports holding State/county staffings for 161 children (96%) of the 167 who had reached their 25th month in care sometime between July 1 and December 31, 2007.

⁴⁴ The Accountability Agents have previously verified that 13th month permanency reviews were occurring in the first period by reviewing a random sample of reviews and in the first and second periods using the placement case record review.

Table IV-16
13th Month Permanency Review Implementation
July 1 and December 31, 2007

	July-September		October-December		Full Period	
	No.	%	No.	%	No.	%
Total Cases Reviewed	149		116		265	
Reviewer Concurrence	91	61%	78	67%	169	64%
Permanency Goal						
Reunification	106	71%	100	86%	206	78%
Permanent Placement with relative	19	13%	2	2%	21	8%
Adoption	16	11%	7	6%	23	9%
Guardianship	1	>1%	0		1	>1%
Another planned arrangement	7	5%	7	6%	14	5%
Totals	149	100%	116	100	265	100%
Practice Findings						
Cases with current case plans	114	77%	78	67%	192	72%
Cases with "Family Team Meetings" within the last 90 days	65	47%	46	59%	111	42%
FTMs with parents/legal guardians involved	Not collected		27	58%		
FTMs with relatives involved	36	55%	23	50%	59	53%
FTMs with foster parents involved	Not Collected		18	40%		
FTMs had recommendations specific to Child/Family needs	65	100%	37	80%	102	91%

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

C. Post Adoption Assistance

Sixty-two children were adopted during the last half of 2007. Another three children were also adopted by relatives after permanent custody had been awarded to the relatives. According to data obtained from the Office of Adoptions, of the 62 children adopted from DeKalb and Fulton Counties between July and December 2007, 89 percent were receiving or were scheduled to receive monthly Adoption Assistance benefits and Medicaid. This is down from 94 percent in the third period. Thirty-six received one-time non-recurring adoption assistance, and one family received Special Services, and another two children are receiving day care services. Four

children received post adoption services from the Georgia Center for Resources and Support. Special Services are benefits that are time limited or one-time only services. These benefits may include special medical equipment, psychiatric/psychological testing, and therapy; special educational equipment, tutorial services, orthodontic services or respite care.

Part V WELL-BEING

Children in Care Experience Stable Placements and Worker Continuity and Receive the Services They Need

All six of the Consent Decree outcomes focused on the well-being of children while they are in care had thresholds to be met during the fourth reporting period. This chapter reports on the State's performance on these outcomes and the practice in this area.

A. Outcome Performance

Table V-1 below provides the measured performance summary for each of the six Outcomes (numbered 17, 18, 20, 22, 24, and 30). The discussion following the table provides a more detailed description of State performance as well as the interpretation and measurement issues associated with the outcomes, and information about issues surrounding the work that provide a context for understanding the State's performance.

**Table V-1
Well-Being Outcomes**

Children Experience Stable Placements and Worker Continuity	4thPeriod Performance
Outcome 17: At least 95% of all children in care shall have had 2 or fewer moves during the prior 12 months in custody.	91%
Outcome 18: At least 90% of all children in care at a point in time during the reporting period shall have had 2 or fewer DFCS placement case managers during the prior 12 months in custody. This measure shall not apply to cases that are transferred to an adoption worker or Specialized Case Manager; case managers who have died, been terminated, or transferred to another county; or case managers who have covered a case during another case manager's sick or maternity leave.	92%
Outcome 20: 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.	14%
Outcome 22: 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.	52%
Children and Youth Receive the Services they Need	
Outcome 24: The percentage of youth discharged from foster care at age 18 or older with a high school diploma or GED will increase over baseline by 20 percentage points.	25%
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.	57%

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

The Consent Decree stipulated four Outcomes (numbered 17, 18, 20, and 22) related to children experiencing a stable placement and continuity of care and case management that had thresholds to be achieved by the end of the second reporting period and maintained or raised again in the fourth reporting period.

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 established a threshold to be met in the second period for placement stability by requiring that at least 86.7 percent of children in custody have 2 or fewer moves during the most recent 12 months in custody.⁴⁵ By the end of the fourth reporting period (December 2007), the threshold increases to 95 percent.

a. Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in the fourth period. Appendix B provides a summary previously resolved interpretation and measurement issues.

b. State Performance

• The State Fell Short of the Fourth Period Outcome 17 Threshold

For Outcome 17, **91** percent of the 180 children in the foster care sample experienced two or fewer moves during the previous 12 months in custody. The outcome threshold is 95 percent. Table V-2 provides a breakdown of the number of moves experienced by the children in the placement sample. The State's performance appears to have improved from the third period rate of 84 percent (although the change is still within the sample's margin of statistical error.)

⁴⁵ See p. 35, Outcome 17 of the Consent Decree

Table V-2
Number of Moves Experienced by Children in the 12 months prior to December 31, 2007 or
the Last Date of Custody
N=180

Number of Moves	Number	Percent	Cumulative Percent
No Moves	97	53.9%	53.9%
One Move	42	23.3%	77.2%
Two Moves	25	13.9%	91.1%
Subtotal	164		
Three Moves	5	2.8%	93.9%
Four Moves	2	1.1%	95.0%
Five Moves	2	1.1%	96.1%
Six Moves or more	7	3.9%	100%
	180		

Source: Case Record Review, January-February 2008.

For the children in DeKalb and Fulton DFCS custody at the end of December 2007, the State Placement Central data system indicated that 86 percent had experienced two or fewer moves in the previous 12 months. This was within the margin of error of the case record review findings. In the future, the Accountability Agents may be able to rely on Georgia SHINES which will be populated with Placement Central data for measurement of this outcome. The system is designed with more edit checks and alerts to ensure more accurate data capture and reporting of information such as placement moves than the current system capabilities allow.

Among the 83 children who experienced more than one placement setting in the last twelve months, there was documentation that case managers attempted to minimize the trauma of at least one of the changes for 38 (46%) of the children. These efforts included transition visits, increased therapy sessions, and explanatory conversations with the children.

Outcome 18 – Worker Continuity

Worker continuity also contributes to a child achieving permanency more quickly and to a child's well-being while in care. Outcome 18 requires that at least 90 percent of children in custody have no more than 2 workers during their most recent 12 months in custody. There are exceptions that allow for case manager terminations, death, transfers, and temporary assignments to cover another case manager's cases while out on sick leave. The Consent Decree also allows for the child's one time transfer to a Specialized or Adoptions case manager.⁴⁶

⁴⁶ See p. 35, Outcome 18, of the Consent Decree.

a. Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in the fourth period. Appendix B provides a summary of previously resolved interpretation and measurement issues.

b. State Performance

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

For Outcome 18, **92 percent** of the 2150 children in custody on December 15, 2007 had had 2 or fewer placement case managers since December 16, 2006 once the allowable exceptions were taken into account. The threshold for this outcome is 90 percent. This performance is about the same as the third period performance of 91 percent.

Outcome 20 – Case Manager Visitation with Children

Visits are an opportunity to engage children and assess their well-being and address the trauma they are experiencing or from which they may be healing. Frequent visits can increase the case manager's knowledge about the children and their needs if they are quality visits. At the time the Consent Decree was established, there was no Federal visitation standard. Recent federal legislation will require case manager visits with 90 percent of the children in custody, with the majority of visits to occur in the residence of the child, starting October 1, 2011.⁴⁷

The Consent Decree stipulates multiple expectations for case manager visitation with the children in State custody. Overall, the frequency and intensity of visitation with a child *"shall be determined by the individual needs of the child."*⁴⁸ It follows up this expectation with stipulations for the frequency of the visits in the first eight weeks of a placement and every month in custody. To achieve the Outcome 20 threshold, case managers must have two visits per month with each child, each and every month of the previous 12 months in custody and the nature of the twice monthly visits are defined very specifically. At least one of the visits is to be "private face-to-face visit with the child *in the child's home/placement.*"⁴⁹ All 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."*⁵⁰

⁴⁷ See Sections 424(e) (1) and (2) of the Social Security Act, codified at 42 U.S.C. § 624 (e). As of October 1, 2007, States are required to provide data on monthly visits between a child in foster care and "the caseworker handling the case of the child" and to make progress toward 90 percent of children in foster care in the State being visited by their caseworkers on a monthly basis, with a majority of the visits to occur in the residence of the child.

⁴⁸ See p.19, paragraph 5.D, of the Consent Decree.

⁴⁹ See p. 19, Section 5D of the Consent Decree

⁵⁰ Ibid.

a. Interpretation and Measurement Issues

No new interpretation or measurement issues were encountered in the fourth period. Appendix B provides a summary of previously resolved interpretation and measurement issues.

As with the sibling visitation (Outcome 23), the County visitation tracking system which captures monthly visits conducted or facilitated by case managers, continues to show a higher level of performance on a monthly basis than what is measured for this outcome because of the required measurement differences as well as the possible documentation issues previously discussed. The County system is designed for management and accountability. The Outcome and required measurement methodology seeks to capture a “child’s view” of visitation over time.

b. State Performance

- **The State Fell Short of the Outcome 20 Threshold**

Case manager visits with **14 percent** of the children met the Outcome 20 criteria for twice-monthly visits each and every month of the previous 12 months. The threshold for this outcome is 95 percent. This performance is virtually the same as the third period performance of 15 percent. Table V-3 presents the break down of the number of months in which visits as stipulated by Outcome 20 were conducted for 180 children, with adjustments for those children who were actually in custody less than 12 months.

Case manager visitation with the children typically covered a range of issues. For 85 percent to 90 percent of the children, case manager visits addressed issues surrounding their placements: safety, adjustment, and appropriateness. Eighty percent of the children had case managers discuss with them service goals and service delivery.

Table V-3
Continuous Case Manager Visitation with Children as Stipulated in Outcome 20:
Visitation Pattern over the 12 months prior to
December 31, 2007 or last date of custody
N=180

Number of Months Achieving Two Visits per Month That Meet the Outcome 20 Definition	Number of Children	Percent	Cumulative Percent
12 of 12 months	26	14%	14%
11 of 12 months	19	11%	25%
10 of 12 months	25	14%	39%
9 of 12 months	15	8%	47%
8 of 12 months	16	9%	56%
7 of 12 months	24	13%	69%
6 of 12 months	10	6%	75%
5 of 12 months	10	6%	81%
4 of 12 months	5	3%	83%
3 of 12 months	12	7%	90%
2 of 12 months	6	3%	93%
1 of 12 months	4	2%	96%
0 of 12 months	8	4%	100%
TOTAL	180	100%	

The Accountability Agents continue to believe that visitation practice, if not the documentation of it, is gradually improving. Although the proportion of children receiving all the required visits each month, every month, remained about the same as in the third period, overall, a larger proportion of children appeared to be receiving more of the required visits in the fourth period. A few comparisons to the third period performance reveal:

- Nearly 4 times the proportion of children had the required 2 visits per month 11 of 12 months in the fourth period (11% compared to 3% in the third period.)
- Twice the proportion of children had the required 2 visits per month 10 of 12 months in the fourth period (14% compared to 7% in the third period.)
- Over half the children had the required 2 visits per month 8 months or more of the preceding 12 months compared to less than 40 percent in period three.

As with Outcome 23, sibling visitation, the gradual nature of the State's improved performance on Outcome 20 should be expected. If a single visit with a child is missed in any month (or that visit is not in the prescribed setting), that child cannot be counted toward Outcome 20

performance until that child has had 12 consecutive months of twice monthly visits after that missed visit. The following examples reflect the challenge of meeting Outcome 20 and of demonstrating any dramatic improvement in the measure.

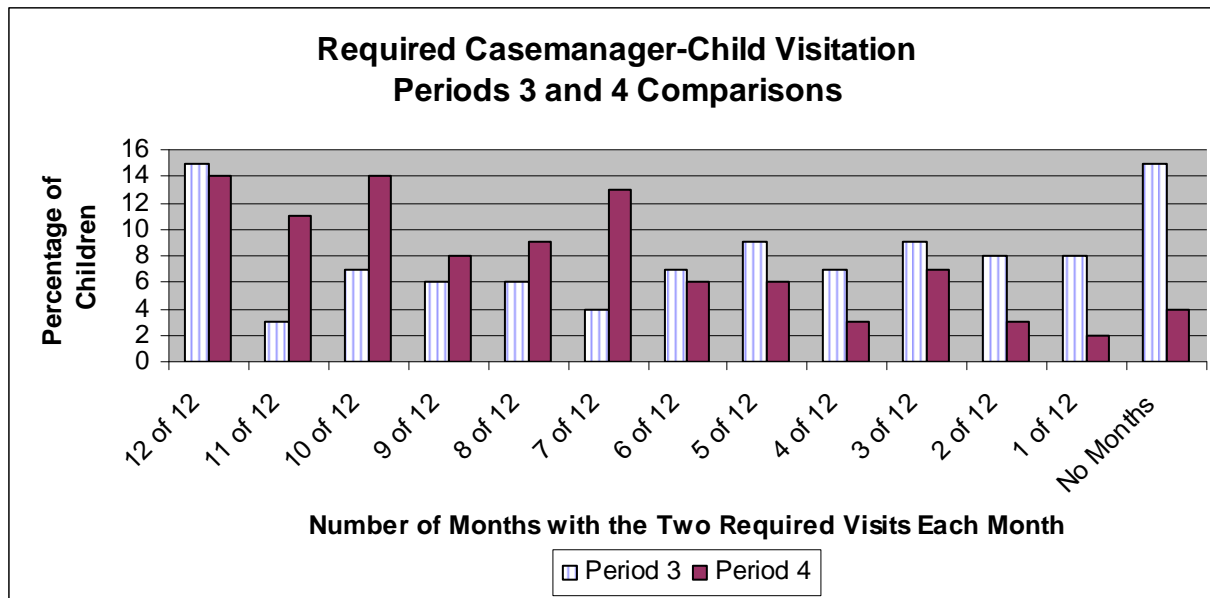
- Child A enters care and receives the required twice-monthly visits the first three months in custody. In the fourth month, the case manager is unable to make both required visits but is able to make one. In month five the case manager arranges to see the child three times. In month six, the case manager makes both required visits and in the seventh month, Child A is reunified with his or her family.
- Child B enters care and receives both required visits each month of the first four months in custody. In the fifth month, Child B is assigned a new case manager and in the transition, the child does not receive any case manager visits in month five. After that one lapse, the case manager resumes twice monthly visits for another twelve months.

Both children are drawn as part of one of the semi-annual record reviews used by the Accountability Agents for measuring performance. The 12-month retrospective view of visitation for measuring Outcome 20 includes all seven months child A was in custody and months three through 15 for Child B. Neither of these children can be counted in the measurement for meeting Outcome 20. Both had one missed month, although Child A had at least one visit each month and multiple visits in others and Child B had one month with no visits and then went on to have 12 months with the all the required visits.

Moreover, the example of Child A shows why the measure for Outcome 20 is difficult to improve. Child A exited care in less than 12 months, as did about half of the children in the fourth period placement sample. For children that exit care in less than 12 months, if their caseworker misses just one visit in any month, even flawless casework thereafter will never be able to “redeem” them to count toward Outcome 20 because they will never have 12 consecutive months of twice-monthly visits.

Figure V-1 below provides a graphical display of the improvement between the third and fourth periods. As shown, there is a clear difference between the third and fourth reporting periods starting with the percentage of children who had the required visits 7 of 12 months.

Figure VI
Comparison of Required Case Manager – Child Visitation Patterns
January – June 2007 (Period 3) compared to July to December 2007 (Period 4)



Outcome 22 – Case Manager Visitation with Substitute Caregivers

In Outcome 22, the Consent Decree requires case managers to visit once a month with placement caregivers.⁵¹ 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 the fourth period. Appendix B provides a summary of previously resolved interpretation and measurement issues.

b. State Performance

- **The State Fell Short of the Outcome 22 Threshold**

For Outcome 22, **52 percent** of the children had caregivers who were visited by case managers at least once each and every month in the 12 months prior to December 31, 2007 or the last day

⁵¹ See p. 36, Outcome 22 of the Consent Decree

in custody. The threshold for this outcome is 90 percent. The fourth period performance is an improvement over the third reporting period performance of 45 percent. Case Managers appeared to miss one month with another 34 caregivers. Therefore, nearly three-quarters of the caregivers saw the child's case manager every month, 11 months or more. Table V-5 summarizes the pattern of case manager visitation with care givers.

Table V-5
Case Manager Visits with Placement Caregivers over the 12 months preceding
December 31, 2007 or last day of custody
N=180

Proportion of Monthly Case Manager Visits with Substitute Caregivers	Number	Percent	Cumulative Percent
All required sequential monthly visits	94	52%	52%
All but one monthly visit (missed one month in the applicable sequence)	34	19%	71%
All but two monthly visits (missed two months in the applicable sequence)	19	11%	82%
Some Visits	27	15%	97%
No visits*	6	3%	100%
Total caregivers	180	100%	

Source: Case Record review, January-February 2008. Two children were in care 18 days.

2. Children and Youth Receive the Services They Need: Outcomes 24 and 30

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

Outcome 24 in the Consent Decree focuses on the educational attainment of youth leaving DFCS care at age 18 or older. Specifically, it 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.”⁵² This Outcome called for the State to increase by 20 percentage points the proportion of youth who achieve a high school diploma or a graduate equivalency diploma (GED) over a pre-Consent Decree baseline year. As reported in the period two monitoring report, the State compiled the baseline and the first measurement year, October 27, 2005 to October 26, 2006, by reconciling DHR records with those maintained by the State of Georgia, Departments of Education (DOE) and Technical and Adult Education (DTAE). These two sister agencies maintain records of all Georgia residents who earn, respectively, a high school diploma from a public school or General Equivalency Diploma (GED) in Georgia, respectively. These records were supplemented, where necessary, with actual copies of diplomas or GED certification. The baseline created from this approach revealed that 65.7 percent of the youth 18 years old or older who left DFCS care in the baseline year, October 27, 2004 to October 26, 2005, had earned a high school diploma or GED.

⁵² See p. 36, paragraph 24 of the Consent Decree

At the end of the second reporting period, 34.4 percent the youth who left DFCS care at age 18 or older between October 27, 2005 and December 31, 2006 achieved a GED/ High School Diploma. This represented 43 out of 125 exiting youth.

a. Interpretation and Measurement Issues

The State applied the previously described data collection methodology in the fourth period as in the second period.

b. State Performance

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

The State reports that **25 percent** of the youth who left DFCS care at age or older between January 1, 2007 and December 31, 2007 were graduated from high school or achieved a GED. This proportion is not only lower than the baseline; it is lower than the first year of measurement.

During the fourth period and continuing into the fifth reporting period (January to June 2008) the State began implementing strategies and seeking consultation to improve this performance. Both counties have created caseloads of youth age 18 or older to better focus on their unique needs.

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 or other needs found in the child's most recent case plan.⁵³ As noted in Chapter IV, case plans are to be developed within 30 days of a child's entry into foster care and every six months thereafter.

- **Interpretation and Measurement Issues**

No new interpretation or measurement issues were encountered in the fourth period. Appendix B provides a summary of previously resolved interpretation and measurement issues.

Among the 180 children in the sample, 157 children had one or more case plans in their records. Fifteen children who had been in custody over 30 days did not appear to have case plans, another eight children were not expected to have plans because they had not been in custody 30 days. Of the 157, 119 (76%) had been developed within the seven months prior to December 31,

⁵³ See p 38, Outcome 30 of the Consent Decree

2007 or the child's discharge. Another 28 (18%) were seven to 12 months old and the remaining 10 plans were older than 12 months or their exact age could not be determined. Among the group with the oldest plans, four children were discharged during the period.

a. State Performance

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

Fifty-seven percent of the children had all needs identified in their most recent case plan met. The threshold for this outcome was 85 percent. While the outcome threshold rose, the State's performance declined from the third reporting period performance of 77 percent. The Accountability Agents are uncertain as to the reason for this decline because and it is an area for further review. It may be a reflection of case manager efforts to focus on the most pressing individual needs instead of more routine or less urgent needs. In this same vein, it may be that case managers are more likely have documentation about how unique individual needs are being met because they may be more directly involved in the service provision. In contrast, if they are not the ones to take children to dentists or physicians for routine health care, they need to rely on a third party – the foster parent, facility staff, or “wrap around” service provider -- to collect and pass along the appropriate documentation. It does appear that with the routine health, dental, and mental health needs – regular health screens or assessments – were more likely to be unmet than child specific chronic needs indentified in plan. Conversely, the routine educational need of school enrollment was more likely to appear met than child specific needs such as tutoring.

Among the 157 plans analyzed, 152 (97%) had at least one routine or child-specific need identified.⁵⁴ This is the same as the third period. Overall, however, a higher percentage of children appear to have had multiple needs identified than in previous periods. Medical and dental health needs were the most often cited, noted in 97 percent of the plans, appearing to be slightly higher than indicated in the third period with 95 percent and 94percent having medical and dental needs, respectively. (Although still within the margin of error) A higher percentage of children appear to have mental health needs documented than in previous reporting periods. In period three, 79 percent of the plans indicated a need for mental health services compared to 90 percent in period four. The percent with educational/developmental identified needs increased slightly from 89 percent to 93 percent and unique, other needs increased from 15 percent to 35percent.

As reflected in Table V-6, DFCS has been more successful in ensuring services are delivered for identified educational and developmental needs more often than any other type of need and meeting individualized “other” needs has improved. The children with unmet educational/developmental needs had unique child-specific needs unmet, most often tutoring,

⁵⁴ Conclusions drawn from the subsample of 157 would have a margin of error of +/- 8 percent.

as well as the routine need of school enrollment. Meeting routine dental needs continues to have the most room for improvement and unmet medical needs has increased.

Files contained very few documented barriers to meeting children's needs. In the few cases where barriers were noted, the child's runaway behavior was cited as making it difficult to help the child receive the treatment or services identified. A waiting list provided one barrier to a child being seen by Babies Can't Wait for assessment. In one cases it appeared that the plan was too recently developed to allow sufficient time for the services to be put into place.

Table V-6
Needs Identified in Most Recent Case Plans and Degree Needs Met as of
December 31, 2007 or last Date of Custody

Children with Case Plans N=157			Children Received/Receiving Services N varies depending on need identified		
	Number	Percent		Number	Percent of identified need
One or More Need Identified (routine or child- specific)	152	97%	All Identified Needs Met (N=152)	87	57%
Frequency of different identified needs			Frequency of different needs being met		
Medical	148	97%	Medical	121	82%
Dental	147	97%	Dental	107	73%
Mental Health	143	94%	Mental Health	128	90%
Educational/ Developmental	138	91%	Educational/ Developmental	129	93%
Other	35	23%	Other	32	91%

Source: Case Record Review, January-February 2008

B. The Placement Experience

This section describes characteristics and placement practices identified in the case record review of 180 children in foster care between July 1 and December 31, 2007. This includes county placement environment, the use of temporary placement settings, and case manager visitation in new placements.

1. Placement Setting

There have been no significant changes to the placement process from that reported on in the first report. Table V-7 provides the distribution of children among placement settings found in the case record review. When the different family settings in which children are placed are

combined, 136 (76%) of the children in the sample are/were in family settings during their time in State and County custody. These settings included family foster homes, relative foster homes, relative homes, and the homes of birth parents and guardians. The remaining children were in congregate care settings, detention settings, or had run away from their official placement.

Table V-7
Placement Settings of Children in DFCS Custody on December 31 or the last day of custody
(N= 180)

Placement Type	Number of Children	Percent
Emergency Shelter/Assessment Center	0	0%
Foster Home (DFCS or Private Agency Supervised)	98	54%
Relative Home (Foster and non Foster Home)	41	23%
Parents/Guardian	7	4%
Group Home	21	12%
Residential Treatment Facility/ Child Caring Institution/ Specialty Hospital	8	4%
Runaway status	3	2%
Regional Youth Detention Center (RYDC)	2	1%
Total	180	101%

Source: Case Record Review January-February 2008. Total is greater than 100% due to rounding.

2. Use of Congregate Care

The Consent Decree has several restrictions related to the use of group care.⁵⁵ With regard to placement of the youngest children, those under the age of six, the State has done well in placing them in small group care settings when such placement has been deemed necessary. Table V-8 summarizes the State's actions with regard to the Consent Decree stipulations. As of December 31, 2007, 19 children under the age of six were in group care settings. Sixteen were in settings of 12 or fewer beds and three were placed with their mothers in 18 bed-capacity settings. Among the 16 children in smaller settings, nine were placed with their mothers and the remaining seven were medically fragile infants and toddlers placed in a facility operated by a university medical center. These children have multiple medical issues and the staff in the placement setting is trained to respond to their medical and emotional needs.

Placement of children between the ages of 6 and 12 in small group care settings appears to be declining. By the end of the period, 15 children ages 6 to 12 were in placements with a capacity of more than 12 beds and one child was placed in a smaller facility. Three of the 15 children in the larger settings were siblings of other children in the placement settings and had been with those siblings since before the Consent Decree was effective. The remaining 12 children had

⁵⁵ See p. 16-17, paragraph 5C.5f of the Consent Decree

special needs that could only be met in the group care settings in which they were placed. For each child there is a placement authorization signed by the DFCS Family Services Director. These authorizations generically describe services the placement setting is providing and confirmation that the placement setting is the least restrictive environment for the child at the time of placement.

Table V-8
Children Younger Than Age 12 in Group Care Settings
July 1 through December 31, 2007

Children under the age of 6						
Reason for placement	Number placed as of June 30, 2007		Number placed between July1 and December 31, 2007		Number still placed as of December 31, 2007	
With mother	10		6		12	
Service Need	6		4		7	
Total	16		10		19	
Placement Setting size	One child, placed with mother, is in a setting with an 18 bed capacity, the rest are placed in settings of 12 or fewer beds; all 7 children with service needs are medically fragile					
Children aged 6 to 12						
Reason for placement	Number placed as of June 30, 2007		Number placed between July 1 and December 31, 2007		Number still placed as of December 31, 2007	
	Bed Capacity		Bed Capacity		Bed Capacity	
	<=12	12>	<=12	12>	<=12	12>
With sibling since before the Consent Decree		3				3
Service Need	2	13	1	1	1	12
Total	18		2		16	

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

3. Use of Emergency or Temporary Placements

The Consent Decree has several requirements addressing placement appropriateness. It requires that “no child shall be placed in an emergency or temporary facility....for more than 30 days.” It also stipulates that no child shall spend more than 23 hours in a County DFCS office or any facility providing intake functions.⁵⁶

⁵⁶ See p. 16, paragraph 5C4.c of the Consent Decree

The case record review found that 8 children (11%) of the 73 children in the foster care sample who entered care and/or changed placements between July 1 and December 31, 2007 experienced some time in an emergency or temporary setting. This is half the number of children found in the third reporting period sample. Among the eight children, four children spent more than 23 hours in one of the counties' intake and assessment centers before being appropriately placed. Another four children were placed in a temporary setting with one being placed more than once in such a facility. One of the four children spent less than 30 days before being moved to a more stable placement. The length of stay for the other three children could not be determined from the documentation. As of December 31, 2007 or the last date of custody, no child in the sample was placed in an emergency placement.

4. Informing Caregivers and Providing Appropriate Clothing

The Consent Decree stipulates that DFCS will ensure available information concerning a specific foster child will be provided to foster parents before the child is placed.⁵⁷ As the Accountability Agents learned in the third period, the files of children do not contain an adequate picture of what information is given to foster parents. Most of the information is maintained by the designated placement units in each county and an assessment based solely on children's records understates actual case practice. These additional files were not reviewed in the fourth period. Among all 73 children who had an initial and/or a new placement during the period, case managers appeared to have reviewed the clothing needs for 21 (29%) children and taken the necessary steps to ensure that the children had appropriate clothing in the new placement setting. This is the same proportion as found in period three.

5. Case Manager Visitation with Children Who Experienced a New Placement

The Consent Decree stipulates a frequent case manager visitation schedule for the first eight weeks of a new placement.⁵⁸ Children are to have at least one in-placement visit in the first week and one in-placement visit between the third and eighth weeks with six additional visits at any time within the eight week period; essentially, weekly visitation. Of the 69 children in the sample who entered and/or changed placements during the reporting period, the file documentation indicated the pattern arrayed in Table V-9. The proportion of children seen in the first week of placement (48%) was the same as in the third period. However, a higher proportion of children had an in-placement visit at least once in the third through eight weeks of a new placement. In the third reporting period, 73 percent were visited in this time frame compared to the 86 percent in the fourth period. Of the 37 children in a new placement a full 8 weeks, one did not appear to have received any visits in the 8 weeks. The remaining 36 children had an average of 4 visits from their case managers in 8 weeks.

⁵⁷ See p. 19, paragraph 5C.6d of the Consent Decree

⁵⁸ See p. 19, paragraph 5D.1 of the Consent Decree

Table V-9
Pattern of Case Manager Visits with Children in the First 8 Weeks
of a New Foster Care Placement
N=Varies by timeframe

Timeframe	Number of children	Visitation Pattern
5 Days or More in new placement as of end of reporting period	69*	33 children received one in-placement visit (48% of 69)
15 Days to 56 Days or More in new placement as of end of reporting period	56	48 children received one in-placement visit sometime in the third through 8 th week in new placement (86% of 56)
57 Days or more in new placement as of end of reporting period	37	<p>Of the 37 children:</p> <ul style="list-style-type: none"> • 1 received no visits • 36 received <ul style="list-style-type: none"> • an average of 4 visits each in the first eight weeks of new placement • from one to ten visits over the entire eight weeks <p>(expected number of visits is 8)</p>

Source: Case Record Review, January-February 2008.

*Five children were excluded from the analysis. Three children had been in their new placements 4 days or less at the end of the reporting period; and one child was placed with a relative out of state through ICPC; and one child ran away on the first day of placement.

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

In addition to safe, appropriate, and stable placement settings, DFCS policy and the Consent Decree stipulates that DFCS will provide for the physical, developmental, and emotional needs of children in its custody.⁵⁹ As a means of “*strengthening and rebuilding families to bring about the child’s early return*”⁶⁰ DFCS is also responsible for providing services to birth families. Finally, DFCS 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 reflects on the State’s practice as gleaned through state and county reported data, the case record review, and staff interviews.

⁵⁹ 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 Resources.

⁶⁰ See Social Service Manual 3060, Georgia Department of Human Resources

1. The First 30 Days in Custody: Initial Teaming, Needs Assessment and Planning

The first 30 days a child is in custody is a critical time. DFCS policy and the Consent Decree stipulates standards for several casework practices intended to ensure effective assessment of and planning for children when they first enter care.⁶¹ This appears to be an area requiring further attention from the counties.

Table V-10 provides the findings from the sample of children in foster care as to the timeliness of initial assessment and planning components for the 36 children who entered State custody between July 1 and December 31, 2007. Following the table is a discussion of the steps involved in assessment and service planning.

Table V-10
Timeliness of Initial Assessment and Planning Components
July 1 – December 31, 2007
N=Varies Depending on Length of Stay

Component and Action	Number	Percent
Family Team Meeting (N=36)		
Held within 3-9 days of entry	26	
Held, but not within 3-9-days (held within 11-27 days)	4	
Total Initial Family Team Meetings	30	83%
Multi-Disciplinary Team Meeting (N=29 : 28 in care 25 days or more, plus one held for child in custody less than 25 days)		
Held within 25 days of entry	20	
Held, but not within 25 days (3 held within 28-38 days)	3	
Total Multi-Disciplinary Team Meetings	23	79%
Comprehensive Child and Family Assessments (N=29)		
Completed within 30 days	17	
Completed, but not within 30 days	2	
Completed, but unable to determine time frame	1	
Total Comprehensive Child and Family Assessments	20	69%
Initial Case Plan (N=27)	17	63%

Source: Case Record Review, January-February 2008

⁶¹ See pp 5-7, section 4A in the Consent Decree.

a. Family Team Meetings

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.⁶² During the fourth reporting period, the State reported that 592 children entered custody. However, 74 children were in DFCS custody fewer than nine days as of December 31, 2007. According to the county tracking systems, timely Family Team Meetings (within 3 to 9 days) were convened for 409 (79%) of the 518 children who remained in care. Another 19 percent of the children did have Family Team Meetings but they were not convened within the first nine days. The proportion of FTMs that were timely was lower in the fourth period than in the third (when it was 81%)⁶³, but overall, the proportion of children who had a FTM was the same.

In the small subsample of 36 children in the placement sample who entered custody between July 1 and December 31, 2007, 30 children had an initial Family Team Meeting. In the 30 meetings, not all meetings appear to have discussed all of the topics or made the desired determinations specified in the Consent Decree. Again, however, some small improvements were observed. The most frequently discussed topics, (found in 28 of the 30 meetings) were family and child needs. Family and child strengths and goals were discussed in 26 of 30 meetings. Placement arrangements were discussed in half of the meetings. File documentation indicated limited efforts were made to ensure participant attendance or to inform parents who did not attend of the goals and results of the meeting.

- 70 percent (21) of the meetings were attended by the birth mother, birth father, or relative care giver. In 5 of these meetings, the attending care giver also had another relative or informal support with them. Children were included in 5 of the meetings. DFCS case managers attended 29 meetings and the meeting that did not have a case manager, a supervisor attended. Supervisors attended another 21 meetings. The Child and Family Comprehensive Assessment providers had representatives at 17 of the meetings.
- 57 percent (17) of the meetings made determinations about service needs and 19 meetings determined that further evaluations were needed. One meeting determined that the child could be safely returned home and the child did return home in less than 30 days. Another 9 meetings identified an appropriate relative with whom the child could be placed. Schedules for family visitation with siblings and parents were determined in 15 meetings. Seven of the meetings had documentation about what was needed to assure the child remains in the school he or she had been attending or enrolling the child in a school near the foster placement.

⁶² See pp 5-7, section 4A of the Consent Decree.

⁶³ Dimas, J.T. and Morrison, S.A. Period III Monitoring Report, Kenny A. v Perdue, December 2007, p.97.

b. Multi-Disciplinary Meetings

The case record review found that 79 percent (23) of the children who were in care 26 days or more had a Multi-Disciplinary Meeting (MDT). This is about the same as found in the second reporting period. The timeliness of the meetings has improved. In the second reporting period, 18 of the 28 MDTs recorded were held within 25 days, compared to 20 of 23 in the fourth period. As in the first reporting period, case record documentation about efforts made to ensure attendance of any participants was limited. As reflected in Table V-11, the most frequent recommendations that emerged from the MDTs focused on the child's permanency goal (15) and the services needed (16). As reflected in the following examples, MDT results and follow-up are mixed. However, since these children were in custody less than six months following the MDT, the time for follow-up was more limited.

- *A psychological evaluation for the mother and supervised visitation with the children were identified and implemented. The psychologist advised that reunification should proceed with caution because of the allegations of sexual abuse but supervised visits were taking place.*
- *Child is placed in a therapeutic foster home and is receiving counseling is also on medication to address mental health needs.*
- *Child is receiving medical care, has been referred for language evaluation. There is no documentation of referral for counseling (other than meeting with school counselor). Visitation is occurring with mother but there is no further documentation of referrals.*
- *DFCS has contracted with providers for mother's psychological evaluation and parenting classes. The child's medical, psychological, and educational needs are being met through the placement provider. A referral has been made for speech therapy.*
- *It was determined that Child's most appropriate placement would be with maternal grandparents. DFCS requested a Home Evaluation from the county in which the relatives reside, and the child was placed in the home.*
- *MDT identified need for mental health and substance abuse Evaluations, individual and family therapy, drug screens, GED, medical care for child, and family visitation. The child was receiving medical care and was visiting with sibling and mother. However, there was no documentation to indicate DFCS is ensuring provision of any of the other services.*
- *Parenting skills training, therapy, substance abuse treatment, employment and housing were among the services identified for the family. Most of the responsibility was left up to the mother to accomplish these goals, she is to follow through with mental health appointments, find housing and employment, etc. The Case Manager's primary role was to monitor the mother's progress.*
- *The MDT only addressed the issue of substance abuse for the mother from the FTM though there were a number of other needs/services identified at the FTM for both parents as well as child. A referral to Family Ties to assist the mother with working her case plan was done. A Parenting Evaluation of the father was also completed. The MDT also recommended as the CCFA and FTM recommended a relative resource be sought but the file did not have evidence of the relative identified at the FTM being evaluated.*

- The placement case manager documented that she will submit a referral to Family Ties wrap around services to assist with providing the family individual and family counseling to assist the mother in parenting classes and locating employment, ensure the relative continue to provide a safe environment, the child enrolled into school.

Table V-11
Recommendations Made by Multidisciplinary Team Meetings
between July 1 and December 31, 2007
N=23

Recommendation Subject	Number of Meetings Recommendation
Appropriateness of child's permanency goal	15
Services needed	16
Implementing Assessment recommendations	6
Issues identified in Family Team Meetings	16
Appropriateness of the child's education	2
Appropriateness of the child's independent living plan	1
Other issues	3
No recommendations	3

Source: Case Record Review, January-February 2008

c. Comprehensive Child and Family Assessments

According to the case record review, 20 of 29 children entering care and remaining for 30 days or more had completed Comprehensive Child and Family Assessments (CCFA). Seventeen were completed within 30 days. Another 3 had completed CCFA's but they required a few more days to complete (2-6) or the timeframe for completion was unclear from the file documentation. Half of the completed CCFA's addressed the appropriateness of the child's placement. Three CCFA's had recommendations to move children to different placements and it appears that two children were moved. The majority of CCFA's included completed health checks, family assessments, MDT reports, and FTM information.

2. Health Care

The Consent Decree requires both an immediate corrective action with regard to children's health screenings⁶⁴ as well as on-going regular screening and treatment.⁶⁵ DFCS' performance in these areas is discussed below.

⁶⁴ See p. 30, paragraph 13A in the Consent Decree.

⁶⁵ See p. 20, paragraphs 6A 1 and 2, and p.21, 6B, paragraphs 1-8 of the Consent Decree

a. Regular and timely screening

The case record review of 180 children in placement collected information about the timeliness of health and dental examinations provided at entry and discharge as well as on-going “well-child” health screenings. The specific findings regarding timelines of routine care are summarized in Table V-10. Of note are the following:

- The State’s overall performance around initial health screening for the 36 children who entered care appears to be about the same as the third period with 69 percent of the children having documented health screens within 10 days of entering care. In total, when the ten-day time frame is relaxed, 83 percent of the children received an initial health screen. For those not meeting the ten-day timing, the elapsed time ranged from 13 to 27 days. However, as in previous reports, caution should be exercised in interpreting these and other results drawn from the 36 children in the sample who entered care because they were not selected from the entire population entering custody during the period.
- Documented initial dental screening performance appears to have declined substantially from the third period. Three children, 8 percent, had a documented dental screen within 10 days. In period three 35 percent had the screens within 10 days. The total proportion receiving an entry dental screening within any timeframe was also lower than that documented in the third period, 25 percent in the fourth period compared to 56 percent. The 10-day requirement was exceeded by 18 to 72 days for a portion of the children.
- Although 82 percent of the children in the sample had documentation of a health screen in 2007, 68 percent of the children in the sample appeared to be current with their EPSDT/Georgia Health Check defined physical exam schedule. This is a decline from the third period rate of 80 percent and the difference is greater than the margin of error for the sample. Regular dental check-ups appear to have declined slightly. A smaller proportion of children were current with their dental examinations in the fourth period (62%) compared to the third period (64%) although the change was within the sample’s margin of error.
- As in the third period, a small proportion of children (two of the 41 children) who were discharged had documented health examinations before discharge.

Table V-10
Timeliness of Health (Physical, Dental, Mental) and Developmental Assessment
July 1 through December 31, 2007
N=Varies Depending on Length of Stay, Age of Child, Requirement

Component and Action	Number	Percent
Initial Health Screen At Foster Care Entry (N=36 applicable)		
Received within 10 days	25	69%
Received, but not within 10 days (13 to 27 days, 1 unable to determine)	5	14%
Total Initial Health Screens	30*	83%
Initial Dental Screen At Foster Care Entry (N=36)		
Received within 10 days	3	8%
Received, but not within 10 days (18-72 days)	6	17%
Total Initial Dental Screens	9*	25%
Initial Mental Health Assessment in Compliance with EPSDT Standards (children age 4 and older) At Foster Care Entry (N=13)		
Received within 30 days	11	85%
Total Initial Mental Health Assessment	11	85%
Initial Developmental Assessment (children younger than age 4) At Foster Care Entry (N=16)		
Received within 30 days	5	31%
Received, but not within 30 days (within 39)	1	6%
Total Initial Developmental Assessment	6	38%
On-Going Health Care Exams received according to EPSDT schedule (includes initial screens) (N=180)	123	68%
On-Going Health Care Exams received but not according to EPSDT schedule or standards (exams received were overdue) (N=180)	4	2%
On-Going Dental Exams received according to EPSDT schedule (includes initial screens) (N=180)	111	62%
On-Going Dental Care Exams received but not according to EPSDT schedule or standards (exams received were over due) (N=180)	3	2%
Discharge Health Screen (N=41)		
Received within 10 days of discharge	2	5%
Received, but not within 10 days	0	0%
Total Discharge Health Screens	2	5%

*In two cases, reviewers could not determine compliance with EPSDT/Georgia Health Check Standards

Source: Case record review, January-February 2008

b. Response to Medical and Dental Needs

Responsiveness to health needs remains an area for continued State focus. According to the case record review, 31 (38%) of the 81 children who received regular (initial and on-going) health screenings during the period had health needs identified. Among these 31 children, the documentation in their files indicated that 19 (61%) had received appropriate treatment for all the needs identified during the reporting period, or treatment was scheduled. Another 3 children (10%) appear to have had some of their needs met. For nine (29%) of the 31 children, no follow-up treatment was documented in the case record. The proportion of children with potentially unmet health needs as identified in a periodic screening appears to be slightly higher than in the third period (23%) but still within the margin of error for such a small subsample.⁶⁶

The State appears to do better at responding to immediate health needs as they arise and this effort appears to have improved since the third period. According to the case record review 47 children of the 180 children in the entire sample experienced medical needs between screenings. Forty-five (96%) appear to have had these needs met and another child had treatment scheduled. This compares to 86 percent in period three, but the observed change is within the subsample's margin of error.

The data from the case record review was too limited to draw conclusions about dental health needs for the population as a whole. One child of the 29 who had a dental health screening had identified dental needs and these were met. Nine children in the entire sample experienced dental needs between screenings. Eight (89%) appeared to have had these needs addressed during the reporting period.

3. Mental Health

a. Timeliness of assessment

The Consent Decree requires that all children four years of age or older receive a mental health screening within 30 days of placement in compliance with EPSDT standards.⁶⁷ As included in Table V-10, 12 of the children in the placement sample who entered DFCS custody in the last half of 2007 were age 4 or older and remained in care 30 days or more. A thirteenth child is included in the analysis because although the child was not in care 30 days, a mental health assessment had been completed. All 11 children who had completed mental health assessments had them completed within 30 days. This represents about the same performance as found in the third reporting period.

⁶⁶ Conclusions drawn from subsamples of 50 or less have margins of error of ± 13 percent or more.

⁶⁷ See p. 20, paragraph 6A.3 of the Consent Decree.

b. Mental Health Treatment

Of the 38 children that received a mental health assessment at any point during the reporting period, 32 (84%) had mental health needs identified in the assessments. Among these children, 15 were getting all needs met. Six more were getting some needs met and treatment was scheduled for one child. For 11 children (34%) however, there was no documentation that the needs revealed had yet been addressed. This proportion with potentially unmet needs is about the same as in the third period.

Again, the State appears to be more responsive to episodic or emerging mental health needs of children when compared to the response to needs identified in the routine assessments. According to the case record review, 66 children (37%) of the 180 children in the entire sample experienced mental health care needs between screenings. Of these children, 62 (94%) had the emerging needs addressed while four children had needs that appeared not to be met. This appears to be an improvement from the 87 percent of children who experienced mental health needs between screenings and had those needs met in third period (although the change is within the sample's margin of statistical error).

4. Education and Development

a. Timeliness of developmental assessment at entry

The Consent Decree requires that all children under the age of four years receive a developmental assessment within 30 days of placement in compliance with EPSDT standards.⁶⁸ As included in Table V-10, 16 of the children in the placement sample who entered DFCS custody between July 1 and December 31, 2007 were younger than four and in placement 30 days or more. Among these 16, 6 (38%) had completed developmental assessments – 5 within 30 days and 1 within 39 days. Three of the children assessed had developmental needs identified; one child was getting their needs met or services were scheduled.

b. Developmental and Educational Needs

To ascertain how many children may have on-going educational or developmental needs, the record review of children in placement collected information about assessments and needs identified. Between July 1 and December 31, at least 22 percent (39) of the children in the sample had some developmental and/or educational need identified. Academic assistance was needed by 62 percent. Half (54%) had behavioral concerns. The remaining children had a variety of symptoms. Approximately 77 percent of the children were having all or some of their needs addressed and the remaining 12 percent did not appear to be having their needs addressed.

⁶⁸ See p. 20, paragraph 6A.3 of the Consent Decree.

Other indicators of developmental or educational needs are Supplemental Security Income (SSI) benefits and Individualized Education Plans (IEP). Three (2%) of the children in the sample appear to be receiving SSI benefits and twenty (11%) had IEPs. Of those with IEPs, 65 percent of the IEPs appeared to be current. IEPs should be developed annually.

c. School enrollment

Children aged 7 or older are required to be enrolled in school in Georgia. Within the placement sample, 104 children were age 7 or older by August 31, 2007. Among these 104 children 90 (87%) were enrolled in school or a GED program in the last half of 2007. Nine children (9%) experienced gaps in school enrollment for different reasons. Two other children (5%) did not appear to be enrolled at all during the period. In three instances (3%), the children were in custody during the summer months, between school sessions and school enrollment while in placement was moot. Slightly more than one third of the children younger than age seven were enrolled in a kindergarten or pre-school program.

5. Initial Case Plans

Among the 27 children entering custody during the reporting period and remaining in custody more than 30 days, 17 (69%) had an initial case plan developed by December 30, 2007 or their last day in custody. This appears to be a slight decline from the third reporting period in which 73 percent of a similar cohort had initial plans (although the change is within the sample's margin of statistical error). These initial case plans appeared to be inconsistent in addressing the needs identified through the various assessments. Some plans responded to the recommendations of the FTMs, MDTs, and CCFAs; others did not. Some mentioned specific services for health or mental health but a number did not. Three of the 17 plans were reviewed by the court.

6. Independent Living Services

Independent living services are designed to prepare teens aged 14-21 for independence and adulthood. DFCS policy dictates that youth 14 or older should be referred to the Independent Living Program. Within the sample of 180 children, 55 (31%) were age 14 or older during the review period. Among these 55 children, it appeared that 29, or about half, were receiving independent living services. Of the 29, 28 actually had Written Transitional Living Plans (WTLP). Almost 80 percent of the youth had the educational goal of a high school diploma or better.

7. Services to Youth in Custody 18 Months or More

Thirty-two of the children age 14 or older had been in custody 18 months or more. There was documentation in the files of 13 children that a renewed diligent search for family members to serve as life-long connections had been conducted. These searches produced resources for 5 of

the children. Eight of the youth had been involved in one or more meetings to review their permanency goals and services.

PART VI STRENGTHENING THE SERVICE DELIVERY INFRASTRUCTURE

Several of the Consent Decree requirements focus on DHR/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 chapter reports on the progress of the State in meeting Outcomes 25, 26, 29, and 31 as well as capacity requirements.

A. Outcome Performance

Four outcomes (25, 26, 29, and 31) have been attributed to creating a stronger infrastructure for caring for the children in DFCS custody. Table VI-1 below provides the measured performance summary for each of the Outcomes. The discussion following the table provides a more detailed description of State performance as well as the interpretation and measurement issues associated with the outcomes, and information about issues surrounding the work that provide a context for understanding the State's performance.

Table VI-1
Strengthening Infrastructure Outcomes

Effective Oversight of Placement Settings	4thPeriod Performance
Outcome 25: 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.	88%
Outcome 31: 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.	7%
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.	70%
Outcome 29: No more than 5% of all children in custody of DHR/DFCS for 12 months or more shall have lapse of legal custody within the prior 13 months.	3%

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

Two Outcomes (numbers 25 and 31) relate to the supervision of placement settings. Both had thresholds to be achieved by the end of the fourth reporting period. Data for these outcomes were gathered from all three case record reviews, State administrative data systems, and site visits to private providers.

Outcomes 25 - Approved Placement Settings for Children

Outcome Measure 25 seeks to reduce the risk that children may be placed in harmful situations by requiring foster care placements to be evaluated and to be in full approval and/or licensure status. Outcome 25 stipulates that "...by the end of the second reporting period [and continuing thereafter], 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."⁶⁹

a. Interpretation and Measurement Issues

There were no new interpretation or measurement issues encountered during the fourth reporting period. Appendix B provides a summary of previously resolved interpretation and measurement issues.

b. State Performance

• The State Fell Short of the Fourth Period Outcome 25 Threshold

During the period from July 1 to December 31, 2007, **88 percent** of the children in custody were in placements that were in full approval and/or licensure status. This is comparable to the second period performance of 86 percent. Additional detail on this measurement appears in Table VI-2. The Outcome 25 threshold is 95 percent.

As indicated in Table VI-2, compliance with the relevant approval processes was particularly strong among group homes (100%) and child-caring institutions (100%). In their third period report, the Accountability Agents urged DFCS to make the approval rates among non-foster relative placements and provider-supervised foster homes a priority for improvement. Substantial improvement was evident among non-foster relative placements, which increased from 59 percent to 75 percent, while provider-supervised foster homes were about the same (86%) as in the third reporting period (88%). However, the approval rate among DFCS foster homes (90%) declined from the third period level (100%).

⁶⁹ See p 36, Outcome 25, of the Consent Decree

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

Placement Type	Children in Placement Sample	Children in Placements on 12/31/2007	Children in “Fully Approved” Placements on 12/31/2007	Percent of Children in care on 6/30/2007 in “Fully Approved” Placements
Relative Placement ^{a b}	40	24	18 ^c	75%
DFCS-supervised Foster Home ^d	96	31	28	90%
Provider-supervised Foster Home ^{e f}		44	38	86%
Group Home ^g	21	18	18	100%
Child Caring Institution ^h	7	5	5	100%
Other (NA) ⁱ	16	17	NA	NA
Total	180	139	107/122	88%

^a Data source: Placement file review.

^b Data source for ICPC relative placements: Georgia’s ICPC records.

^c The criteria specified in Section 1004 of the DFCS Policy Manual for approval of a relative placement are the Social Services Supervisor’s approval and completion of a satisfactory relative care assessment (RCA). For purposes of the file review, a judge’s signature was also accepted as evidence of supervisory approval.

^d Data source: Placement Central

^e Data source: Review of child-placing agency’s records.

^f Data source for ICPC foster home placements: Georgia’s ICPC records.

^g Data source: KIDSTAR (formerly LORE) data system

^h Data source: KIDSTAR (formerly LORE) LORE data system

ⁱ Includes children in state custody in settings with no relevant approval process including: placed with parents, hospitalized, Youth Department or Corrections, or on runaway status

Outcome 31 – Foster Home Capacity Limits

Outcome 31 seeks to limit the number of children placed in individual foster homes. By the end of the Second reporting period, it stipulates that “...no more than 10% of all children in foster homes shall be placed in foster care homes that exceed... [specified] capacity limits....”⁷⁰ The capacity limits referenced in Outcome 31 are contained in Section 5.c.4.e of the Consent Decree.⁷¹

⁷⁰ See p. 38 of the Consent Decree

⁷¹ Ibid, p. 16

a. Interpretation and Measurement Issues

There were no new interpretation or measurement issues encountered during the fourth reporting period. Appendix B provides a summary of previously resolved interpretation and measurement issues.

b. State Performance

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

At the end of the fourth reporting period, five children (7% of the 75 children in the placement sample that were placed in foster homes on December 31) had been placed in foster homes that exceeded the specified capacity limits. By comparison, five percent of the children in foster homes on July 31, 2007 had been placed in foster homes that exceeded the specified capacity limits. All four of the provider-supervised foster homes exceeding the capacity limits in the fourth period were foster homes in which the three foster child limit was exceeded due to the placement of sibling groups; however, they did not qualify for the exception enumerated in Section 5.c.4.e. because those homes already contained one or more other foster children. None of the children in the sample that were placed in foster homes on December 31 were placed in homes containing more than six children total. Additional detail on this measurement appears below in Table VI-3.

Table VI-3
Outcome 31 – Children in Foster Homes Exceeding Capacity Limits
N=75

Placement Type	Sampled Children in Foster Homes on 12/31/2007	Children Placed in Foster Homes Having 3 or More Foster Children	Children Placed in Foster Homes Having 6 or More Children	Percent of Children in Foster Homes that Exceeded Capacity Limits
DFCS-supervised Foster Homes ^a	31	1	0	3%
Provider-supervised Foster Homes ^b	44	4	0	9%
Total	75	5	0	7%

^a Data Source: Placement Central

^b Data Source: Targeted review of provider foster home files

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 ensure DFCS has the appropriate authority to keep children in custody and to seek federal reimbursement appropriately for the services these children receive.

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 VI-E program.⁷² Judicial orders authorizing the removal of a child from his or her home and placement into foster care must contain determinations that remaining in the home is "contrary to the welfare" of the child in question and that "reasonable efforts" were made to prevent the child from being removed from his/her home. These determinations must be made on a case-by-case basis and be child-specific. In addition, children must have an annual judicial determination that reasonable efforts are being made to help the child achieve permanency.

For those children who entered care on or after October 27, 2005, judicial determinations regarding "...contrary to the welfare..." must be made in the first order that sanctions 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 that "reasonable efforts" were made no later than 60 days from the date of child's removal from the home."⁷³ All children in State custody after the Consent Decree should have a permanency hearing at least every 12 months.

a. Interpretation and Measurement Issues

There were no new interpretation issues encountered during the fourth reporting period. Appendix B provides a summary of previously resolved interpretation and measurement issues. However, measurement was modified to allow for the State to provide copies of court orders that were not found in the case record review. Data for Outcome 26 was primarily collected from the case record review sample of 180 children in foster care. After the third period performance, the State believed that a factor affecting performance was the timely retrieval of court orders and the appropriate filing in the children's records. Therefore, during the analysis of the fourth period performance, the Accountability Agents gave the State a list of the children in the sample for whom the applicable court orders did not have the appropriate language. The State provided the Accountability Agents with copies of several of the missing court orders for inclusion in the analysis.

⁷² See pp 36-37, Outcome 26 of the Consent Decree

⁷³ Ibid.

b. State Performance

▪ The State Fell Short of the Outcome 26 Threshold

For Outcome 26, **70 percent** of the 180 children in placement sample had the required court orders with all the required language within the required time frames necessary to assess eligibility for federal funding under Title IV-E. The threshold for this outcome is 95 percent. This performance is a substantial improvement over the third period performance of 42 percent. Not all of the necessary documentation was found in the child records, but the State was able to provide documentation (court orders) to support compliance with the requirements for several children in the sample. Without the additional effort of the State to locate the appropriate documentation, performance would have been similar to the third period performance.

Outcome 29 – Lapses in Legal Custodial Authority

The Consent Decree strives to limit the percent of children for whom DHR/DFCS custodial authority lapses.⁷⁴ 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. This outcome became effective in the third period.

a. Interpretation and Measurement Issues

There were no new interpretation issues encountered during the fourth reporting period. Appendix B provides a summary of previously resolved interpretation and measurement issues. However, measurement was modified to allow for the State to provide copies of court orders that were not found in the case record review. Data for Outcome 29 was primarily collected from the case record review sample of 180 children in foster care. The outcome 29 analysis was applicable to 89 children (59%) in the sample of 180 who had been in custody 12 months or more and were still in the temporary custody of the department.⁷⁵ The State questioned whether the timely retrieval of court orders and the appropriate filing of these orders in children's records had affected the measured third period performance on Outcome 29. Therefore, during the analysis of the fourth period performance, the Accountability Agents gave the State a list of the children in the sample for whom there appeared to be a custodial lapse due to missing court orders. The State provided the Accountability Agents with copies of several of the missing court orders for inclusion in the analysis.

⁷⁴ See p 37, Outcome 29 of the Consent Decree

⁷⁵ This is a smaller number than the entire sample of 180 children, the margin of error for 89 is approximately ± 10 percent.

b. State Performance

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

DFCS had timely extensions of custody for 86 (97%) of the 89 children of the children for whom a custodial issue would be applicable. This means that **3 percent** or 3 children had lapses in custody. The outcome threshold is no more than 5 percent. The fourth period performance is a substantial improvement over the third period performance. The primary reason for the improvement appears to be in the way the outcome was measured. The State's additional effort to locate the court orders that had not been in the children's records at the time of the record review allowed the Accountability Agents to include them in the analysis. Without this effort, the analysis indicated that approximately 20 percent of the children had legal lapses in custody. This suggests that the strategy for improving this performance further and sustaining it may be clerical assistance to retrieve and appropriately file court orders in a timely manner.

B. *Lower Caseloads and Staff Qualifications*

1. Caseload Sizes and Supervisory Ratios

There are five primary types of case managers responsible for direct interventions with children and families. These case manager types are as follows:

- Child Protective Services Investigators (CPS Investigations). These case managers are responsible for responding to and investigating reports of child maltreatment. They may also be responsible for responding to reports of families in need who are considered candidates for "diversion" services.
- Child Protective Services On-Going Case Managers, (also referred to as Family Preservation case managers) These case managers are responsible for providing services and supervising the safety of children who are not taken into state custody and remain in their own homes.
- Placement Case Managers. These case managers are responsible for providing services to the children and families of children who are in the custody of the state.
- Adoptions Case Managers. These case managers are responsible for providing services to children whose parents' parental rights have been terminated and who have the permanency goal of adoption.
- Specialized Case Managers. These case managers are responsible for providing services to the children and families of children who have been in state custody 18 months or more.

An additional distinction may be a Diversion Case Manager. These are case managers responsible for short-term intervention with families who come to the attention of DFCS because they are in need of services that will help them keep their families safe. Diversion case managers may handle child protective services investigations as well if, upon meeting with the

family and determining that the situation does rise to the level of possible abuse or neglect, the case designation is revised from “diversion” to “child protective services.”

A “case” in each of these practice areas is defined differently. For CPS investigations, on-going, and diversion, a case is defined as the family unit being investigated, or receiving services and supervision. For Placement, a case is defined as a child, whether it is a “regular,” adoption, or “specialized” case. In placement cases, siblings in State custody are considered separate cases. Case managers for children in the custody of the state, however, are also expected to provide services to birth parents, foster parents, and prospective adoptive parents in addition to the children.

The Consent Decree establishes caseload caps for the five primary types of case managers to be achieved by the end of the fourth reporting period.⁷⁶ It also establishes supervisory ratios. These caps and ratios are as follows:

- CPS case managers (investigators): 12 cases (the equivalent of 12 families)—a decrease from the previous requirement of 20 cases
- CPS ongoing case managers: 17 cases (the equivalent of 17 families) —a decrease from the previous requirement of 20 cases
- Placement case managers: 15 cases (the equivalent of 15 children)- a decrease from the previous requirement of 25 cases
- Adoption case managers: 16 cases (the equivalent of 16 children)- a decrease from the previous requirement of 22 cases
- Specialized case managers: 12 cases (the equivalent of 12 children) – no change
- The supervisory ratio should be no more than 5 case managers reporting to 1 supervisor – a decrease from previous requirement of 6 to 1.

a. State Performance as of December 31, 2007

The Accountability Agents chose to measure the caseloads using the number of cases open after the final data entry “posting” for the month of December. For practical purposes, this is referred to as December 31, 2007. A count of Diversion cases was included for those case managers who had a mixed CPS and Diversion caseload. Case managers responsible only for Diversion cases were not included in the analysis.

In general, caseload sizes have diminished, although they are yet to be universally within the new, lower designated caps. As of December 31, 2007, 71 percent of the case managers in DeKalb and Fulton Counties had caseloads that were at or under designated caps, as reflected in Table VI-4. The degree to which individual caseloads exceeded the caps varied by program area. An initial review of the January 2008 caseloads indicates that the Counties have made further progress in reducing the caseload sizes.

⁷⁶ See page 22, Section 8, paragraph A.1 of the Consent Decree

The most improvement in caseload size was found among CPS Ongoing Services case managers. Nearly all Ongoing Services case managers (95%) had caseloads of 17 or fewer families in contrast to June 2007 when 64 percent had caseloads of 20 or fewer families. None of the CPS Ongoing Services case managers had more than 20 cases. Caseloads of CPS investigators have also diminished. In June 2007, 70 percent had caseloads of 20 or fewer families and in December about the same proportion (68%) had caseloads of 12 or fewer families. In all, 9 percent of the CPS investigators had caseloads greater than 20 families.

Among Placement case managers, the proportion with 15 or fewer children was 61% at the end of 2007. Another 24 percent had caseloads of 16 to 24 children and 15 percent had caseloads of 25 or more children.

As previously noted, the Consent Decree stipulates that all Adoption case managers have caseloads no larger than 16 children. However, in the first reporting period, the counties committed to keeping these caseloads at 12 or fewer children to be equivalent with the specialized case manager requirements. As the counties have increased their efforts to move more children to permanency through adoption, this commitment has been a challenge to maintain. County performance as measured by the counties' self-imposed limits reveals that 54 percent of the adoption case managers have caseloads of 12 or fewer children. As measured by the Consent Decree requirement, 96 percent of the adoption case managers have 16 or fewer children.

Finally, three-quarters of specialized case managers had caseloads of 12 or fewer children. This is an improvement from June 2007 when 62 percent were at or under this caseload cap. Thirteen case managers had caseloads ranging from 13 to 15 children, one case manager had 21 children.

The counties continue to struggle with moving children who reach their 18th month in custody from placement case managers to specialized case managers. The number of children who remained assigned to "regular" Placement case managers after reaching their 18th month in state custody was more than double the number in June 2007. Their reassignment would affect the caseload sizes of both placement case managers and those of the specialized case managers. More placement case managers would likely be at or under the caseload caps and more specialized case managers would exceed the cap on their caseloads.

The counties continue to balance caseload size management with case manager continuity for children and keeping sibling groups together with the same case manager. As they are able, they have reassigned children to newly trained and certified case managers as well as transferring qualified case managers from the Child Protective Services program area.

The Accountability Agents interviewed 35 randomly selected case managers or their supervisors in the first two weeks of January 2008. The case managers were asked about their caseload sizes as of the end of December and the first part of January. The interviews

confirmed the caseload sizes and supervisory ratios reported by the State. Errors in reporting primarily occur because case closures or transfers are not processed timely. A number of those interviewed noted that efforts were underway in January to redistribute caseloads by shifting case managers from Child Protection units to Placement units.

The series of figures following the table display the caseload changes over the period of time the caseload standards have been in effect.

Table VI-4
DeKalb and Fulton County Caseload Status at December 31, 2007

Case Manager Function	Target Caseload Cap: Number of cases	Number of Active Staff on 12/31/07 ¹	Number of Active, On-leave Staff on 12/31/07 ²	Actual Performance				
				Meeting Cap		Not Meeting Cap		Cases assigned to separated workers/ Supervisors
				Number	%	Number	%	Number
CPS Case Manager	12 families	62		42	68%	20 ³	33%	
Ongoing Case Manager	17 families	43	1	42	95%	2 ⁴	5%	
Placement Case Manager	15 children	72		44	61%	28 ⁵	39%	5 ⁶
Adoption Case Manager	16 children	28		15 ⁷	54%	13 ⁸	46%	
Specialized Case Manger	12 children	57		43	75%	14 ⁹	25%	
Total		262	1	186	71%	77	29%	5

Sources: State data base: IDS; county personnel systems for leave and separation information

Notes:

¹Active staff are those staff who were not on leave of absence at 12/31/07 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 of children placed through ICPC and not in DFCS custody

²Active staff on leave at 12/31/07 but leave anticipated to be more than 30 days; one ongoing CPS was on leave on December 31, 2007. Five cases remained assigned to this investigator in IDS on December 31, 2007.

³ Of the 20 case managers over the cap, 15 had 12 to 17 cases, 5 had 20 or more cases and included individuals who were serving diversion cases.

⁴ The two case managers over the cap each had 19 cases

⁵ Of the 28 case managers over the cap, 17 had 16 to 24 cases; 11 had 25 or more cases. Among all 72, 26 had children who had reached their 18th month in custody and had not yet been transferred to Specialized Case Managers.

⁶ Five cases remained assigned in IDS to two case managers who had resigned during December

⁷All 15 Adoption Case Managers have caseloads of 12 or fewer

⁸ Among the 13 case managers over the cap, 12 have 13-16 cases; 1 has 17 cases.

⁹ Of the 14 Specialized Case Managers, 13 had 13-15 cases and 1 had 21 cases.

Figure VI-1
Percent of CPS Investigation Caseloads Meeting Standards
at the End of Three Reporting Periods

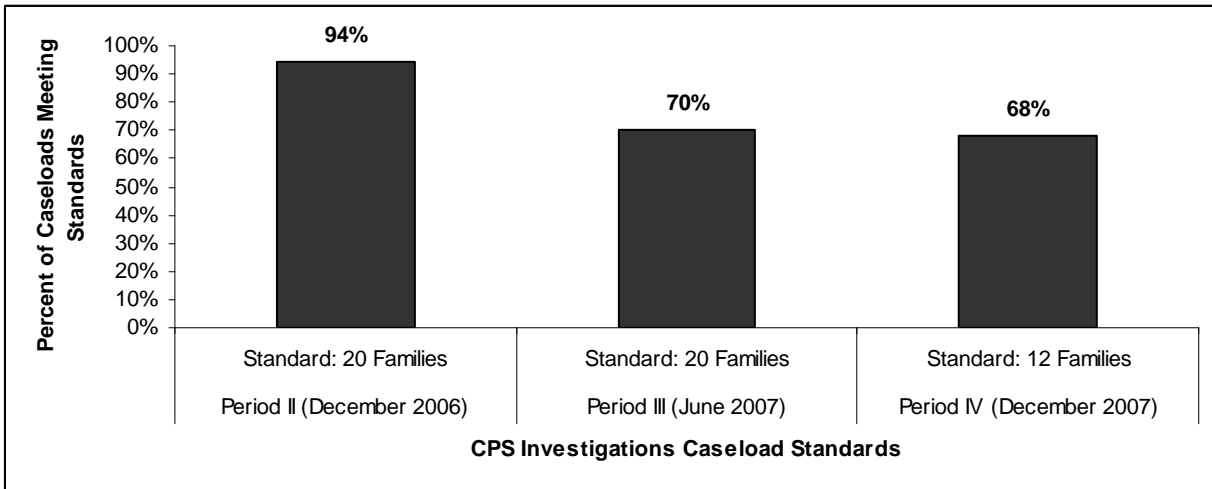


Figure VI-2
Percent of CPS On-Going Caseloads Meeting Standards
at the End of Three Reporting Periods

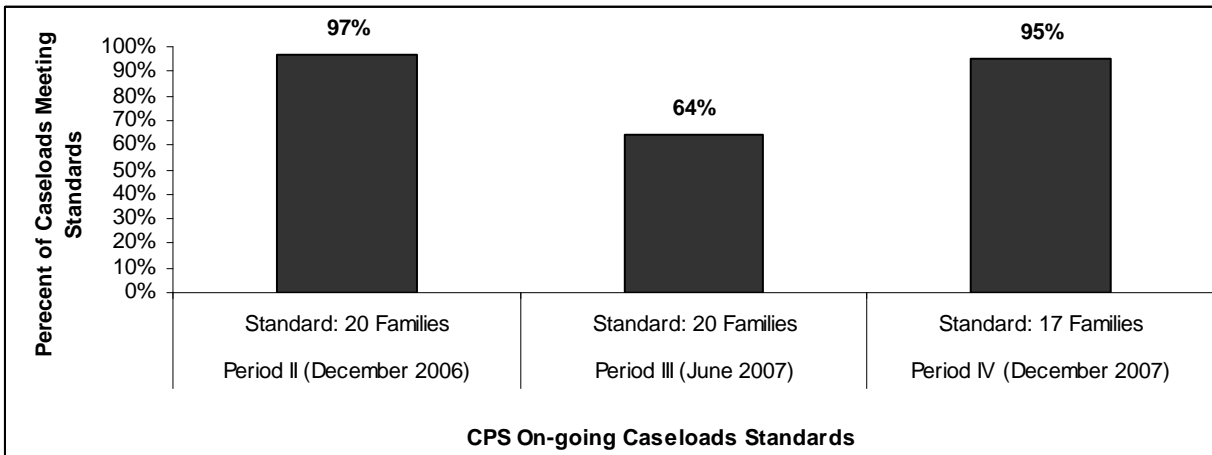


Figure VI-3
Percent of Placement Caseloads Meeting Standards
At the End of Three Reporting Periods

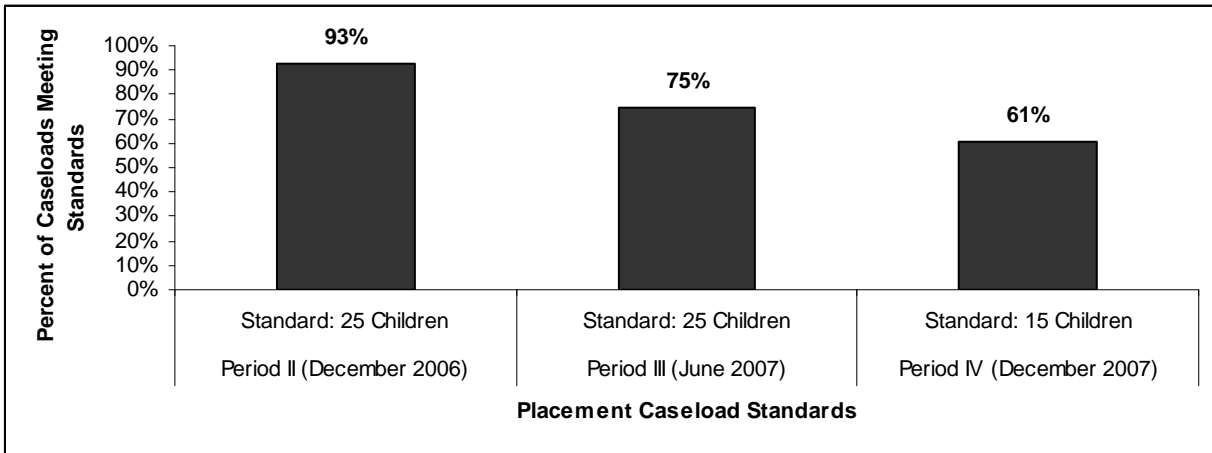


Figure VI-4
Percent of Adoption Caseloads Meeting Standards
At the End of Three Reporting Periods

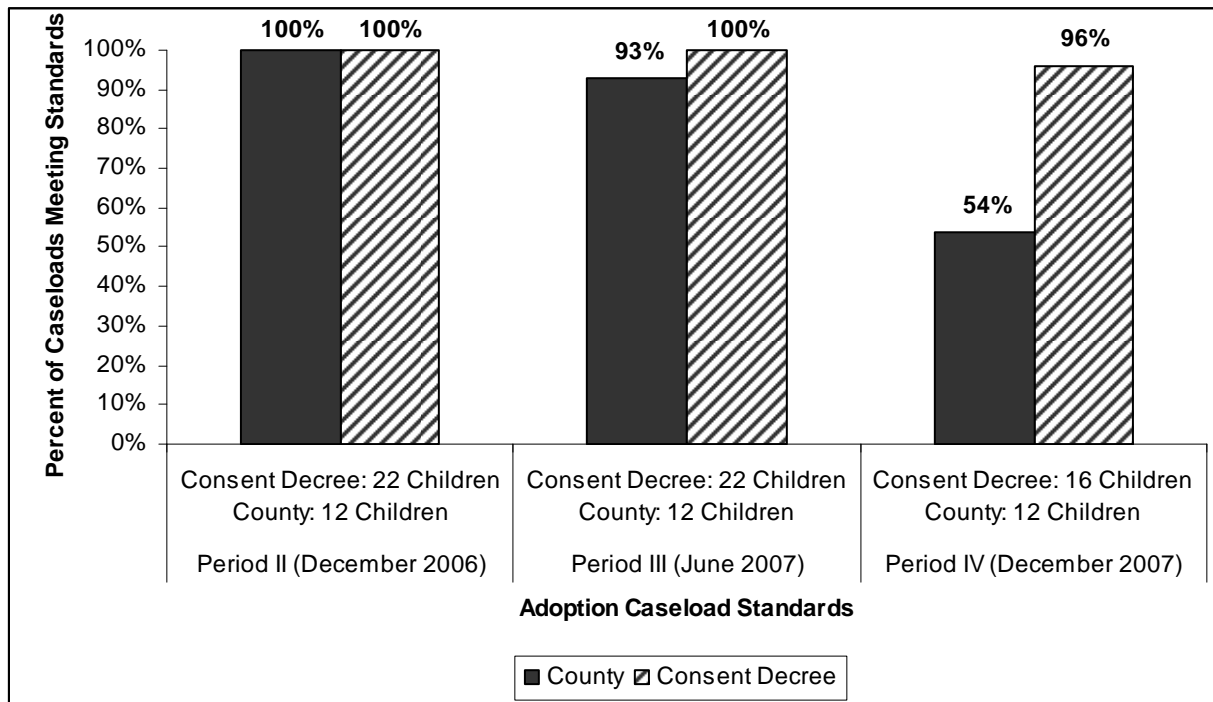
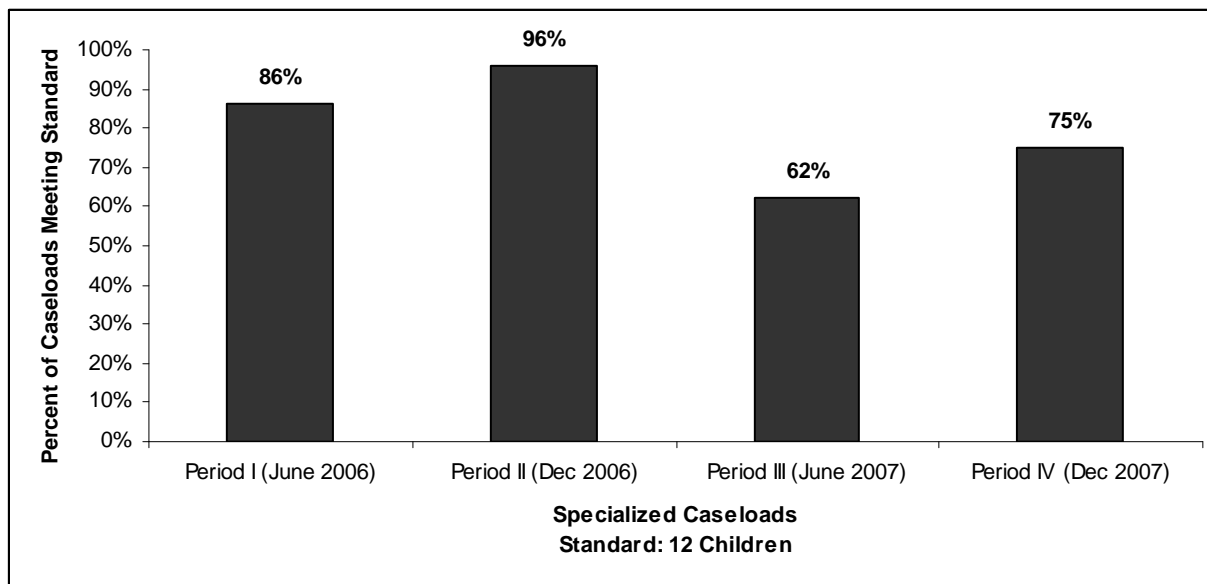


Figure VI-5
Percent of Specialized Case Manager Caseloads Meeting Standards
At the End of Four Reporting Periods



As shown in Table VI-5, on December 31, 2007, 92 percent of the supervisory units had a ratio of 5 workers to one supervisor or better. This is the same as in third period. There were 3 instances of program administrators acting as frontline supervisors for some staff.

Table VI-5
DeKalb and Fulton County Supervisory Ratios at December 31, 2007

Program/Service Area	Number of Units	Meeting 1 to 6 ratio		Not Meeting 1 to 6 ratio	
		Number	%	Number	%
Child Protective Services (Investigations* and Ongoing)	24	23	96%	1	4%
Placement	16	13	81%	3	19%
Adoption	6	6	100%		
Specialized Case Management	13	13	100%		
Combined units	3	2	67%	1	33%
Total	62	57	92%	5	8%

*Includes supervisors of diversion units where diversion case managers also carrying CPS cases

Sources: State IDS and county personnel systems for leave and separation information

C. Building Workforce Skills

The Consent Decree has several training requirements.⁷⁷ This section, the Accountability Agents describe the qualifications of new supervisors and the Department's compliance with pre-service and in-service training requirements.

1. Education and Training Services Section ⁷⁸

A new Director of the Education and Training Services (ETS) section was appointed during the fourth period. The new Director's qualifications meet the criteria established by DFCS. She has a Master's degree in Criminal Justice and has been with the Georgia Department of Human Resources since 2000, most recently serving as unit manager of the Technology and Systems Management Unit in ETS. She has extensive training design and delivery experience pertaining to the implementation of Statewide Automated Child Welfare Information Systems (SACWIS) in two states.

2. Response to the Assessment of the Pre-Service Curriculum for Foster Care Case Managers.

During the second period, the Accountability Agents had an outside expert evaluate the pre-service curriculum for foster care case managers. This curriculum, along with the curricula for child protective services and for supervisors were undergoing revision during the fourth period. The recommendations of the outside expert, therefore, were particularly timely. Some of the recommendations had to do with sequencing and organization of the modules to ensure that case managers receive information in a logical fashion, building on each previous step. Others suggestions included making the curriculum more skill-based with more direct observation by supervisors or field practice advisors.

In response to the suggestions and recommendations of the curriculum review, the State reports developing aggregate and individual training reports. These reports help validate successful completion of on-line instruction and detail specific items that individuals miss on classroom quizzes and knowledge tests to give their supervisors more helpful information for training and supporting the individuals in field practice activities. The State also reports revising some training requirements to ensure classroom instructors are aware of what the trainees have accomplished in their field practice activities and field supervision includes individualized assessment with more specific performance rating of the field practice. Additional, specific field activities with clients have been included for supervisors and field practice advisors to observe, document and rate.

⁷⁷ See pages 25 and 26 of the Consent Decree for the complete description of the requirements.

⁷⁸ 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.

The State reports working with Fulton and DeKalb counties to incorporate a comprehensive Family Team Meeting Overview into the pre-service training requirements for their case managers. This overview is intended to provide new case managers with the information needed to effectively support the Family Team Meeting (FTM) process. Specifically, this overview is to include the role of the case manager in FTMs, the standards of practice for FTMS and how to engage and recruit extended family members to the FTM.

The State reports it has been revamping its new worker training series prompted in part by implementation of the new Statewide Automated Child Welfare Information System (SACWIS) called "Georgia SHINES." In December 2007, Education and Training (ETS) piloted a version of the new worker training that incorporated Georgia SHINES. The first phase of full implementation statewide is to begin April 2008 with Georgia SHINES fully incorporated. The revisions will continue, however, and by July 2008, ETS anticipates having a reconfigured and shortened new worker training sequence that will include a "case continuum model of instruction." This approach will assign "virtual cases" to new workers to follow and manage as they advance through the training sequence. It is intended that the new series will focus more on the day to day skill sets needed by case managers to complete timely and accurate work.

Although the sequence will be shortened, the total number of pre-service hours is still expected to exceed the Consent Decree requirements.⁷⁹ Currently, the foundational training for new workers known as the "Keys Training" is delivered over a six-week combination of classroom and on-line training, and field practice. Keys Training is followed by "pragmatic tracks" for Foster Care or Child Protective Services (CPS). The Foster Care track currently requires an additional three to four weeks following Keys and CPS requires two to three additional weeks. The plan is to eliminate the separate Keys Training and expand each of the separate track curricula. The Foster Care and CPS series will each incorporate the essential elements of Keys and each will be six weeks in duration, amounting to 227 hours of pre-service instruction for new workers. The first implementation phase beginning in April 2008 will incorporate Georgia SHINES and begin the reconfiguration of the Keys Training and the program track training. The April 2008 implementation will also have components on practice values and beliefs and visitation incorporating curriculum available through the National Resource Center for Family Centered Practice.⁸⁰

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.⁸¹ Eleven individuals were promoted or newly employed as case manager

⁷⁹ See p. 25. Section 10. B paragraph 3 of the Consent Decree,

⁸⁰ National Resource Center for Family-Centered Practice and Permanency Planning at Hunter College School of Social Work, New York, www.nrcfcppp.org. *Promoting Placement Stability and Permanency through Caseworker/Child Visits, a One Day Training*.

⁸¹ See p. 26 of the Consent Decree

supervisors between July 1 and December 31, 2007. Ten of the eleven met the minimum degree requirements and the required level of experience. The eleventh supervisor has a Bachelor's degree in Criminal Justice and Psychology with less than 12 months of experience. This individual supervises the Intake function where case managers do not carry active cases. The individual supervised two staff members each with one diversion case in September in addition to her Intake supervision responsibilities.

4. Pre-Service and On-going Training Hours

According to the county data and the certification data reviewed by the Accountability Agents, it appears that new case managers are receiving the required number of hours of pre-service training. New supervisors appointed or hired in the last year appear to have received the supervisory pre-service training. However, it appears that 12 percent of the case managers and 5 percent of the supervisors had not received all of the required 20 hours annually of professional development. Although this information was not validated by the Accountability Agents, training and certification information was collected from the 35 randomly selected case managers who were interviewed regarding caseload sizes.

5. Case Manager and Supervisor Certification

The proportion of staff and supervisors who are fully certified has improved substantially since the third period. Table VI-8 summarizes the certification status available from the State at the end of December 2007 for social service case managers and supervisors in Fulton and DeKalb Counties. As noted 96 percent of case managers and 86 percent of supervisors had achieved full certification as of December 31, 2007.

Table VI-8
Certification Status of Case Managers and Supervisors in
DeKalb and Fulton County DFCS as of December 31, 2007

Position Title	Fully Certified	Results Pending	Provisional	Not Certified	Total
Case Managers					
CPS Investigators	61 (98%)	1			62
CPS On-Going Case Managers	43 (97%)		1		44
Placement Case Managers	67 (93%)		5		72
Adoption Case Managers	27 (96%)	1			28
Specialized Case Managers	55 (96%)		2		57
TOTAL	253 (96%)	2 (1%)	8 (3%)		263
Supervisors					
CPS (Investigations and On-Going)*	19 (86%)	1		2	22
Placement*	13 (86%)			2	15
Adoption	4 (67%)	2			6
Specialized Cases	12 (92%)			1	13
Combined Placement Units	3 (100%)				3
TOTAL	51 (86%)	3 (5%)		5 (8%)	59

Source: Compiled from data supplied by Education and Training Services Section and County Kenny A. staff. Not verified by Accountability Agents.

*Two administrators were acting supervisors for CPS caseloads; one administrator was an acting supervisor for Placement Caseloads. These individuals are not included in this table.

D. Assuring Needed Services Are Available

In August 2007, Hornby Zeller Associates, Inc. (HZA) delivered a final Needs Assessment report to the Department.⁸² The assessment made six recommendations. Four recommendations focused on increasing the number and location of foster homes for children in the custody of Fulton and DeKalb Counties. Specifically, HZA recommended increasing homes in Fulton County in general and in the neighborhoods where the greatest disparity between need and resources exist. HZA also recommended these homes be specifically recruited to serve adolescents and sibling groups. Another recommendation urged DFCS to expand and enhance its placement prevention efforts to reduce the need for placement settings. The sixth recommendation suggested implementing an automated placement matching system

⁸² See pp 12-13, paragraphs 4A, 1-4 of the Consent Decree

that would facilitate matching children with homes that can meet their needs and provide a better means for managing and tracking available resources.

As of December 31, 2007 the State central office and the counties had initiated some actions and begun working on individual plans in response to the first five recommendations. A core effort in both counties is to safely reduce the number of children in foster care thereby reducing the need for the number of foster care beds recommended by Hornby-Zeller. After reviewing data on entry and re-entry trends, DeKalb County designed and began implementing a strategy to prevent youth from entering and re-entering foster care. By early 2008 it was showing some modest success. DeKalb County also requires an administrative staffing and approval prior to any child being “deprived” (that is, declared a child who should be taken into State custody) by DFCS staff. The county continues to work with the DeKalb County school system administrative personnel to identify youth who are at risk of entering foster care so that prevention services can be offered instead of removal. Fulton County embarked on an effort to improve decision making in Child Protective Services (CPS) and the criteria for “depriving” children. As a result, Fulton has seen declining caseloads in both CPS and foster care. The County also implemented a practice of requiring prior approval of all deprivation decisions from either the county director or her designee

Both counties have plans to enlist existing foster youth and foster parents to help with recruitment efforts. Faith-based and other community agencies in the geographic areas of greatest need are being asked to sponsor recruitment presentations and provide locations for foster parent orientation and training classes. Informational and media campaigns are being designed. There are efforts underway to support existing foster parents and ensure their retention. In addition, Fulton County is beginning to work with the Child Placing Agencies to include foster home recruitment and licensure targets in their new contracts beginning July 1, 2008. The counties plan to measure the effectiveness of these strategies by tracking the number of inquiries received; applications received; individuals in training; and, ultimately, foster homes licensed.

The planning process has established initial goals for recruitment, as summarized in Table VI-9. The baseline selected by the State and counties is March 31, 2008. This point in time was selected to allow time for a complete status review of all the known foster homes in January and February 2008. The State reports that this process pared the number of homes to only those that were viable, in compliance with standards, and willing to accept children. The numerical goals are for homes that specifically meet the need for placement of siblings, children with behavioral or emotional challenges, youth and designated zip codes within each county.

Table VI-9
DeKalb and Fulton Foster Home Goals

County and Type of Home	Baseline – As of March 31, 2008		Goals – As of July 2009		Anticipated Net Gain
	Beds	Homes	Beds	Homes	Homes
DeKalb – All DFCS supervised homes	423	214	798	308 to 339	94 to 125
Fulton – only homes in county					
<i>DFCS supervised homes</i>	504	238	594	328	90
<i>Child Placing Agency homes</i>			140	70	70
Total Fulton	504	238	734	398	160

The State Office is working with the counties regarding a media campaign and will be working with the counties to develop a tool for tracking their success. In addition, the State has started negotiating with several private providers for additional resources to meet placement needs, specifically for large sibling groups.

E. Placement Support

In this section of the report, the State's performance is described regarding a number of issues related to the regulation and support of foster care providers. These issues are described in the Consent Decree in Section 5C4e-i, 5C6⁸³ and Section 11.⁸⁴ Generally, the State appears to be performing well relative to most of these issues.

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 file review of 155 foster homes sought evidence in each file that the home was in compliance with applicable standards at the end of the reporting period. Data from the file review are presented below. These data can be said to fairly represent the status of the sampled foster homes at the end of the reporting period, but may not accurately reflect the quality of the regulatory approval process. The reasons for this include changes that may occur in family circumstances or characteristics between the approval date and date the home's file was reviewed, aspects of the approval process that may have been underway at the end of the reporting period but had not yet been concluded and documented in the case record, and the

⁸³ Ibid, pp. 16-19.

⁸⁴ Ibid, pp. 26-28.

practice among some child- placing agencies of keeping certain information such as health records and toxicology reports in separate, locked files rather than in the foster home file due to HIPPA and privacy concerns.

1. Regular and timely evaluations to ensure placement settings meet standards

Successfully preventing maltreatment in care is aided by effective evaluation and reevaluation of care settings. In addition, foster caregivers need to be supported and well-trained to effectively care for and, when necessary, appropriately discipline the children in their care.

To ensure that foster homes are equipped to provide safe and appropriate care, DFCS has promulgated a uniform set of approval standards that are intended to apply to DFCS-supervised and provider-supervised foster homes alike. In addition, the Office of Regulatory Services (ORS) has 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 files specifically sought evidence that the foster homes reviewed were in compliance with the DFCS approval standards. Overall, evidence of compliance was found to be comparable to the third reporting period, although it varied by requirement. 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 the third and fourth reporting periods.

The file review found completed initial/re-evaluation reports in 93 percent (142 of 153) files in which they should have appeared, compared to 96 percent in the third reporting period. The file review found evidence that for most approval standards, 88 percent or more of the homes reviewed were in compliance. This is similar to the third reporting period, for which most of the approval standards were met by 88 percent or more of the homes reviewed. Compliance appears to have improved on 4 of the 16 requirements; seven were virtually unchanged (± 1 percentage point); and five appeared to decline; however, all the observed changes were within the foster home sample's margin of statistical error.

Table VI-10
Foster Care Approval and Licensing Standards
N = 155

Foster Care Screening, Licensing, Training, and Investigative Requirements	Documentation found indicating requirement met	
	3 rd Period	4 th Period
Family assessment completed	98%	99%
Pre-service foster parent training requirements met	96%	96%
Gender of children in home never varied from that approved	97%	95%
No violations of agency discipline or other foster care policies	98%	93%
Timely Criminal Record Checks for foster parents	92%	92%
Timely annual re-evaluation (no lapses)	88%	91%
CPS history has been checked	85%	89%
Comprehensive medical report for each foster parent	91%	88%
Number of children in home never exceeded approved capacity	89%	88%
Age of children in home never varied from that approved	85%	83%
Timely Criminal Record Checks for other adults in the home	78%	80% ^a
Sex Offender Registry checked for foster parents	77% ^b	83%
Sex Offender Registry checked for other adults in the home		55% ^a
Ongoing foster parent training requirements met	75%	76%
Appropriate health statements for household members	81%*	75% ^a
Comprehensive Drug Screen for Foster Parents	57%	60%

Source: Case Record Review, July 2007 and March 2008

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

^b Prior to the fourth reporting period, data on sex offender registry checks were not collected separately for foster parents and for other adults in the home.

For four of the approval standards, evidence of compliance was found in fewer than 80 percent of the foster home records sampled: appropriate health statements for household members, sex offender registry checks for other adults in the home, fulfillment of ongoing foster parent training requirements, and comprehensive drug screens for foster parents. These standards have something in common: although all are now required by the standard DFCS child placing agency contracts that went into effect July 1, 2007 (i.e., the start of the fourth reporting period), each had previously been deemed not mandatory for private provider-supervised foster homes.

As shown in Table VI-11, documentation of compliance with each of these standards was substantially higher (79-88%) among DFCS-supervised foster homes than among provider-supervised homes (42-73%). File review evidence suggests that private providers are still working to come into compliance with the new contract requirements. For certain of the

licensing and approval standards (e.g., CPS history checks, sex offender registry checks for foster parents and for other adults in the home) a number of the private provider foster home files that did not contain evidence that the check had been completed **did** contain evidence that the check had been requested, although not necessarily before the end of the reporting period.

Another factor common to two of these standards is that they pertain to “other” household members. For several of the homes for which required information on other household members was missing, the missing information was for adult children who were away at college. For these individuals, file reviewers assumed that they would reside temporarily in the home of the foster parents at some point in the year and thus should be covered by the requirement, but no evidence was available to support or refute that assumption.

One of these requirements merits additional discussion: “sexual offender registry has been checked.” The performance on this important requirement appears to be about the same as in the third period, although a direct comparison is not possible because the file review questionnaire was revised for the fourth period to separately capture foster parents and other adults in the home. As with some of the other items monitored (e.g., the file contains a complete history of any Child Protective Services substantiations) conducting an accurate file review can be problematic and the results potentially misleading when the desired information rests on the clarity with which caseworkers and file reviewers are able to document the absence of an event. If a foster parent or other household adult does not appear on the sexual offender registry, there may be no physical evidence to place in the file. In that circumstance caseworkers are instructed to make a note to that effect in the case record, but they may not always do so, or such notes can be missed by file reviewers working through sometimes voluminous case records. Because of the importance of sexual offender registry checks to ensuring the safety of the foster care environment, the file review team checked the sexual offender registry for each of the 26 foster homes for which documentation of this check for the foster parents was not found by the file reviewers, and the 20 foster homes with other adult residents for whom documentation of this check was not found. None of the adults living in those foster homes appeared on the sexual offender registry. While this does not necessarily mean that the caseworker checked the sexual offender registry and failed to make note of it in the case record, or that such a note was made but was not found by the file reviewer, it does offer reassurance that none of these foster homes had registered sex offenders living in them. The State and the counties are again encouraged to emphasize with caseworkers the importance of prominently documenting the results of sexual offender checks, even when they come up clean, to facilitate accurate assessments of practice quality.

Table VI-11
Foster Care Approval and Licensing Standards, by Home Type
N = 155

Foster Home Approval Standard	DFCS – supervised Foster Homes	Provider-supervised Foster Homes		Total, Evidence of Compliance in File
		Evidence of compliance in file	File shows check was requested	
Appropriate health statements for other household members	79%	73%	n/a	75%
Sex offender registry checked for other adults in the home	85%	42%	23% ^a	55% ^b
Ongoing foster parent training requirements met	88%	68%	n/a	76%
Comprehensive drug screen for foster parents	83%	44%	n/a	60%

Source: Case Record Review, March 2008.

^a The foster homes represented in this column are not included in the total column

^b As this measure is based on a sub-sample of 44 foster homes, it has a margin of statistical error of ±14%.

2. **Prohibition of perpetrators of substantiated maltreatment to be foster parents**

Section 11F 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. The State's performance on this requirement was found to be excellent, and is considered in greater detail below.

The state's performance in preventing foster parents from using corporal punishment was found to be excellent. Of the 155 foster home files reviewed, none (0%) had a confirmed incident of corporal punishment during the fourth reporting period. Similarly, no confirmed incidents of corporal punishment were identified in the third period's foster home sample. More detail on the State's performance in preventing the use of corporal punishment is discussed earlier in this report, in Section III.

To assess the State's performance in not allowing perpetrators of substantiated maltreatment to become or to remain foster parents, file reviewers performed a "look-up" in IDS for every foster home in the sample to determine if the home had any history of substantiated maltreatment. Five homes in the sample of 155 (3%) were found to have a prior substantiation of maltreatment

and to be open during the reporting period. This is similar to the third reporting period, when three such homes (2%) were found. The disposition of these homes is detailed below.

- Home 1 is a provider-supervised foster home that was also reviewed in the second and third reporting periods as part of those foster home samples and the incident below is also described in the Accountability Agent's second and third period reports. The home has had no subsequent allegations since this incident in September 2006. At that time, the home had an allegation of inadequate supervision substantiated. The foster parents were attending training in a neighboring county and their back-up resource failed to pick-up two of the siblings in their care from school. The supervising CPA developed a Corrective Action Plan that addressed back-up child care plans and updating the family's approved support system. The supervising CPA requested a waiver from the county office to allow the home to remain open and the county requested a waiver from central office.
- Home 2 is a DFCS-supervised foster/adoptive home that was also reviewed in the second reporting period as part of that foster home sample and the incident below is also described in the Accountability Agent's second period report. The home has had no subsequent allegations since this incident. However in 2004, a maltreatment allegation concerning a foster child was made against the foster mother's adopted 16-year old son. After the investigation of this alleged incident, the foster parent asked DFCS to re-take custody of the 16 year old and the adoption dissolved. The DFCS office felt obliged to substantiate abandonment against the adoptive parent but, under the circumstances, decided to allow the foster home to remain open.
- Home 3 is a DFCS-supervised group home run by former foster parents that adopted two of their former foster children. In 2005, the adoptive mother was the subject of a substantiated report of corporal punishment for physically disciplining one of her adopted children after he got in trouble at school. This home has had no maltreatment allegations involving foster children, and no CPS reports since this 2005 incident. Under the circumstances, the county office decided to counsel the adoptive mother and to allow the home to remain open.
- Home 4 was a DFCS-supervised foster home that never had any maltreatment allegations involving foster children made against it, but did have substantiated reports in 2004 and 2006 involving the foster mother's adopted child. The first investigation was "opened on report," meaning there was no specific allegation. The second investigation involved an allegation of emotional abuse made by the adopted child because she wanted to change schools and her adoptive mother would not allow it. The class member that was placed in this home was moved in January 2008 and the home was subsequently closed.

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- Home 5 is a provider-supervised foster home that had a substantiated report in 2004 for abandonment/rejection of their biological child. It appears that a proper check for previous CPS reports was not run on this foster home prior to its initial approval. This home had no subsequent CPS reports. When this situation came to the attention of the county DFCS office the class member who had been placed in this home was removed and the county issued a “do not place” order against the home.

Two other homes in the sample had allegations of maltreatment that were substantiated during the reporting period. (This is comparable to the third reporting period sample which included three such homes.) One of the two foster homes was closed at the conclusion of the investigation. The other home had the foster child removed at the conclusion of the investigation, was placed on the “do not place” list, and was closed after the end of the reporting period.

Given the importance of preventing perpetrators of substantiated maltreatment from becoming or remaining foster parents, the Accountability Agents vetted each of these seven cases very carefully. In the first three cases (two of which were reviewed in previous reporting periods) it appears that reasonable and appropriate efforts were made to ensure the safety of the children remaining in the home while, in their best interest, preserving the continuity of their placement arrangements. In three of the cases (Home 4 with a previous history and the two homes with substantiated reports during the fourth period) the foster homes involved were closed, either at the conclusion of the investigation or at some point thereafter.

However, the situation with Home 5 with a previous history raises a serious concern. According to the documentation available to the Accountability Agents and the follow-up on this case that was performed, it appears that this provider-supervised foster home was approved in August 2007 but a CPS check, which revealed a previous CPS substantiation involving the foster parent’s birth child, was not performed until January 2008. The class member placed in this foster home was removed a week later and a “do not place” order issued against the foster home. The provider subsequently closed this home.

This case illustrates the importance of timely CPS checks for those interested in becoming foster parents. The review of 155 foster home records revealed two other provider-supervised foster homes for which the file appeared to indicate that a requested CPS clearance had never been received. The procedure currently in place requires CPAs to request a CPS clearance from the DFCS office in the would-be foster home’s county of residence. Each county develops its own process and procedures for fulfilling requested clearances, which must be handled along with all the counties’ other responsibilities. It appears to the Accountability Agents that this arrangement offers too little accountability and may leave too much room for error.

The State is urged to consider centralizing the CPS clearance process, perhaps vesting responsibility for conducting these clearances in the Provider Relations Unit. Such an arrangement would provide “one-stop shopping” for the CPAs; create clear lines of

accountability for ensuring clearances are promptly run; and strengthen PRU's gatekeeper role with respect to the provider-supervised foster care environment.

Section 11F also 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. The Provider Relations Unit uses the IDS placement central history, CPS-specific notes in the KIDSTAR data system, and an "issue" spreadsheet that is developed and distributed monthly by the office of Family Services Section Director to identify and to prevent such foster parents from attempting to do this.

In addition, a KIDSTAR software release is planned for later this year that will provide historical tracking detail for private foster homes and make it easier to identify those that had previously been closed or suspended. PRU expects to further strengthen their ability to enforce the provisions of Section 11F when the resource maintenance feature of SHINES is fully operational. No examples of a foster parent with a history of substantiated maltreatment attempting to change supervision environments were identified during this reporting period.

3. Operational Context

Section 11 C of the Consent Decree requires the process of licensing and approving foster homes to be carried out jointly by DFCS and the Office of Rehabilitative Services. This section describes the Accountability Agents' understanding of how DFCS and ORS 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.

The Office of Regulatory Services (ORS) licenses Child Placing Agencies (CPAs) and other institutional providers. A CPA must be licensed by ORS 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 Placement Central. Of the 44 provider-supervised foster homes sampled that had a class member in care at the end of the reporting period, 43 (98%) were overseen by CPAs that had a valid license on January 2, 2008 (the closest date available to December 31, 2007).

ORS licenses the CPAs themselves, not the foster homes supervised by the CPAs. ORS only gets involved with individual provider-supervised foster homes if they receive a complaint about a particular home. To receive a license, a CPA must allow ORS to review their policies and procedures for compliance with the ORS rules regarding such things as home studies,

visitation, non-discrimination, etc. In deciding whether to renew a CPA's license, ORS reviews 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 the CPA can be cited for licensure violations.

CPAs wishing to serve children in DFCS custody must, in addition to licensure by ORS, be approved by the DFCS Provider Relations Unit (PRU). The DFCS policy manual specifies a set of uniform standards that foster care settings must meet to be approved by DFCS – in the case of DFCS supervised homes – or by CPAs – in the case of provider-supervised homes. These uniform standards became fully operational on July 1, 2007 with the implementation of amended provider contract language. Before arriving at an initial approval decision, PRU reviews the ORS licensing decision and follows up with ORS on any questions they have; performs a desk review and staffing of each application; and visits a sample of the CPAs foster homes to review physical plant and other issues not covered by the ORS licensing process. PRU also conducts quarterly site visits to each of the CPAs foster homes and interviews children, reviews files for compliance with contract provisions, and inspects physical plant.

4. 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 5C4e 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. 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 foster home files reviewed, 99 percent had three or fewer foster children in them on December 31, 2007.⁸⁵ With respect to the limit of six total children, 100 percent of the foster homes reviewed were within that limit on December 31, 2007. Finally, all of the foster homes reviewed (100%) had three or fewer children under the age of three in them on December 31, 2007. These capacity compliance rates appear to be the same or better than the comparable third period rates of 96 percent for three or fewer foster children, 98 percent for six or fewer

⁸⁵ In the first and second reporting periods, the foster home file review assessed whether homes exceeded the capacity limits *at any time* during the reporting period. The file review assessed compliance with capacity limits as a *point-in-time* measure for the third and fourth reporting periods so the results could be used to validate similar data in Placement Central. (See discussion in Section G of this chapter, *Improving Automated Support*.)

total children and 100 percent for three or fewer children under the age of three, although all changes are within the foster home sample's margin of statistical error.

b. Foster Care Maintenance Payments

Section 5B1 of the Consent Decree establishes specific Basic Foster Care Maintenance payments that were to be effective July 1, 2005. Those per diem rates were: for children aged 0-6, \$13.78; for children aged 7-12, \$15.50; and for each child aged 13 and older, \$17.75. In addition, the DHR Commissioner is to propose a periodic increase in these rates in succeeding fiscal years.

Through interviews with the DFCS Deputy Director and reviewing DFCS budget documents and contract language the Accountability Agents determined that the State met this provision. Since the inception of the Consent Decree, the Commissioner has proposed and implemented increases each year in the foster care per diem rates. For FY 2008, a cost-of-living-type increase of approximately 3 percent in foster care per diem rates was implemented. The per-diem rates that went into effect July 1, 2007 are: for children aged 0-6, \$14.60; for children aged 7-12, \$16.50; and for each child aged 13 and older, \$18.80. All DFCS foster homes were paid the required per diem rates and all new provider contracts contained language mandating the new rates. For FY 2009, the Commissioner proposed a 3 percent cost-of-living adjustment to the foster care per diem rates. This request was not approved in the budget review process. The Governor's FY 2009 budget request to the legislature did not include any rate changes for foster care; thus, the current foster care rates will remain in effect through FY2009.

c. Foster Parent Training and Support

Sections 5C6 and 11D 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 5C6 further stipulates that foster parents will be able to contact DFCS 24 hour a day, seven days a week with their questions or concerns. The Accountability Agents found DFCS' performance to be quite good on the first and last of these requirements, but that performance on the second of these three requirements needs further improvement.

The foster home case record review found evidence in the files of 96 percent of the foster homes reviewed that the pre-service training requirements had been met. This was the same as the third period rate of 96 percent.

With respect to ongoing annual training, documentation supporting that the requirements had been met was found in 76 percent of the files of the 121 foster homes sampled to which the requirement applied. This is about the same as the third reporting period, for which the comparable rate was 75 percent. Compared to third period performance, compliance appears to be about the same among DFCS-supervised foster homes (third period - 87%; fourth period - 88%) and provider-supervised foster homes (third period - 67%; fourth period - 68 %), although

both changes were within the sample's margin of statistical error. Evidence of compliance with ongoing training requirements remained substantially higher among DFCS-supervised foster homes than among provider-supervised homes.

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 that during pre-service foster parent training, they receive the phone number of an on-call worker they can reach after hours.

d. Automated Placement Data

Section 11E of the Consent Decree stipulates that, within 90 days of the entry of the Consent Decree, DFCS will have an automated information system that can provide: demographic characteristics and information on every foster or pre-adoptive family; a list of all foster children in the home and the DFCS office in whose custody they have been placed; information about the other children or adults in the home; the approval or re-approval status of the home and, for provider-supervised homes, the name and address of the supervising CPA; and a complete history back to July 2002 of any reports of maltreatment and substantiations of maltreatment. This requirement has been met.

An information system is only as good as the quality and completeness of the data it contains. In the first period report, the Accountability Agents urged the State to strengthen DFCS' ability to manage and be accountable for provider-supervised foster homes by completely populating Placement Central with provider-supervised foster home data. Given the imminent implementation of Georgia SHINES, DFCS decided upon a slightly different approach to capture and maintain the required information about provider-supervised foster homes that would more seamlessly interface with the new Georgia SHINES system. The State's approach and progress in implementing it is discussed below in part G.1 of this report section.

Section 11E of the Consent Decree further stipulates that DFCS shall consider the information described in that Section before a child is placed or a foster home is approved or re-approved. The Accountability Agents' found, in the review of compliance with foster home approval and licensing standards (discussed above), evidence that DFCS routinely considers the required information before placing children or approving or re-approving foster homes. However, this process presently involves a combination of "look-ups" in Placement Central and the Protective Services Data System components of IDS, and evaluating the contents of paper files. The Accountability Agents believe this process will be significantly streamlined and made less error prone when Georgia SHINES is completely implemented.

F. Supervision of Contract Agencies

Sections 5B, 9, and 10B 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 former Treatment Services Unit has been reorganized into the Provider Relations Unit (PRU). PRU has assumed an oversight role focusing on the quality of provider-delivered services and provider compliance with the terms of their contracts.

1. Rate Reimbursement Task Force

Section 5B2-7 of the Consent Decree stipulates that a Rate Reimbursement Task Force (RRTF) be established within 60 days of the entry of the Consent Decree to recommend changes to the Level of Care system and to design a rate structure based on measurable outcomes for children.⁸⁶ The RRTF was established within the required timeframe and held at least three face-to-face meetings, ten teleconferences, and three video conferences. However, while the State waited to learn the fate of its service proposal to CMS (see previous report) the RRTF members, one-by-one resigned. The parties are in the process of re-establishing the RRTF with a revised scope of work.

2. New Contract Provisions

Section 5B1, 9A-C and 10B4 of the Consent Decree stipulate specific language and concepts that are to be incorporated into provider contracts.⁸⁷ Some of these (e.g. requiring providers to pass through to their foster homes the full basic maintenance payment) were incorporated into new contracts at the start of fiscal year 2006 (July 1, 2005). However, other provisions (e.g. mandating detailed reporting requirements and adding contract language to bring provider-supervised placements into full compliance with DFCS approval and training standards) were implemented along with the new rate structures occasioned by the unbundling issue. The required contract provisions were fully implemented in the provider contracts that took effect on July 1, 2007.

3. Data Requested from Private Providers

Section 5B1, 9C of the Consent Decree stipulates that DFCS request data from private agencies every six months. During the fourth reporting period, the Department finalized its reorganization of the Treatment Services Unit into the Provider Relations Unit (PRU). To improve communication with providers about the standards they are expected to meet, the unit created and distributed to Child Placing Agencies (CPA) a "Quick Reference Guide for

⁸⁶ See pp. 14-15, paragraphs 2-7 of the Consent Decree

⁸⁷ See pp. 13 and 23-26, Sections 5B.1, 9A-C and 10B.4 of the Consent Decree

DFCS/CPA Foster Homes.” The guide is based on several pertinent sections of the Social Services Manual for Foster Care services and provides a summary of nineteen standards ranging from the skills and abilities required of foster parents to foster home approval. The unit also created a set of on-site review tools for use in visiting newly approved and existing foster homes in CPA networks. Finally, they completed the design of an internal data base of all CPA approved foster homes and the process for weekly updates to the data base. The data base is designed to maintain the following information for each CPA-approved home:

- Number of adults in the household
- Number of nonfoster children in the household
- Status of completing foster parent 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 Reference check(s)
- Completion of Comprehensive Drug screens
- Completion of Comprehensive Medical report(s) and whether it was completed timely

PRU actually started implementing these tools and data base in January 2008. In the first quarter of 2008, the unit reports establishing a “baseline” of the status of all CPA foster homes. PRU is getting weekly reports from CPAs on all the above listed information, asking them to note any changed information. Once they have information on the complete approval status of all homes throughout the state, they are planning on using their automated system referred to as “KIDSTAR” (the former “LORE” system used by TSU) to generate alerts 60 days before each home’s annual re-evaluation due date. The information from this data base will be included in Georgia SHINES and continually updated by PRU staff. Once Georgia SHINES is fully implemented, it will be used to generate a report that alerts workers 60 days in advance of the homes requiring an annual re-evaluation. The current weekly reporting by CPAs will be discontinued once the new automated system is functional. The unit’s goal is to have all private homes in full approval status by the end of March 2008.

To verify the CPA reporting and to become familiar with the foster homes, PRU is attempting to complete an in-home visit of every newly approved CPA home shortly after it has been approved. It also has the goal of visiting every CPA approved home once a quarter and reviewing a sample of the files the CPAs maintain. As of the middle of March 2008, PRU management reported completing visits to approximately 60 percent of the homes and that they were on-track to complete visits to all CPA homes by the end of March.

PRU also continues to use KIDSTAR to record child placements. This system contains child placement information. PRU is now getting the roster of children CPAs have in placements each week rather than each month. CPAs will have access to KIDSTAR and will be able to enter updates about homes on their own.

4. Case Management and Training

Section 10.B.4 of the Consent Decree 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”⁸⁸ meet certain criteria including educational credentials, pre-service training, certification, and on-going professional development. The State has struggled with how to address this requirement because it lacked information about the providers’ job descriptions, credentialing and training standards. It made an initial attempt to collect information from providers at a specially convened meeting in March 2006. This effort did not produce the information the State has subsequently determined it needed to assess how the private providers align with DFCS case manager responsibilities, credentialing, and training. As a result, the Provider Relations Unit reported that they were in the process of establishing a “baseline” regarding the current practice and process used by private providers. An initial step in this process was requesting the CPAs to provide the following information by March 4, 2008:

- A description or list of all case management activities being performed by the agency’s employees;
- A list of employees performing case management;
- A list of all employees’ credentials that have contact with children;
- The names of the governing bodies through whom they are accredited;
- Their accreditation body’s training requirements (initial and annual).

This baseline will determine what actions are necessary with which providers. In the meantime, the State reports inviting private agencies to send staff to the Professional Excellence/Professional Development courses provided by Georgia State University, School of Social Work under contract to the Department. These courses address topics such as maternal substance abuse, interviewing skill, adolescents, working with fathers, etc.

5. The Office of Regulatory Services Continues to Conduct Unannounced Visits of Licensed Placement Settings

The State reports that there were 82 Licensed Child Placing Agencies (CPA) in Georgia as of the end of 2007. Between July 1 and December 31, 2007, ORS conducted 48 licensure inspections that included 115 unannounced Foster Home visits. According to the State, these inspections and visits had generally positive results. Some foster parents, however, did express a desire for increased support from their respective CPAs in the areas of 1) behavior management training, and 2) availability of respite and other supportive resources and 3) communication with their CPA case managers. The State reports that ORS / Residential Child Care unit continues its efforts to conduct at least one unannounced evaluation to each child caring institution and child placing agency providing services to children in the custody of Fulton and DeKalb counties.

⁸⁸ See Section 10.B. 4.a.-d. in the Consent Decree, pp 25 and 26.

ORS reports that meeting the inspection and visit responsibilities is challenging due to issues of workload, competing priorities, and staffing. Part of the workload challenge is that it may be necessary to make multiple visits to homes before actually connecting with the foster parents. ORS has found that, in order to maintain the integrity of the “unannounced” visit, it requires three visits (on average) for surveyors to connect with foster parents. To address some of these challenges, the office has requested additional FTE’s in the 2009 budget. ORS also plans to request, at the time of their re-licensure inspection, that CPAs provide a schedule of anticipated monthly visits by their workers to assist ORS in conducting unannounced visits of foster homes on the same day the CPA visits.

Effective February 13, 2008, ORS revised its rule about home capacity. Through 2007, foster homes were not allowed to have more than 6 children under the age of 19 who are not related to the foster parent(s) residing in a foster home. This rule has been revised such that no more than 6 children total under the age of 19 will be allowed to reside in any foster home.

G. Improving Automated Support

1. SACWIS Implementation

Georgia is currently implementing a Statewide Automated Child Welfare Information System (SACWIS) in conformance with federal requirements and the Consent Decree.⁸⁹ This system, Georgia SHINES, will replace several of the State’s existing systems used for collecting and reporting data to the federal government as well as to DFCS management and staff. The implementation date designated in the contract is December 31, 2007. All required design and planning requirements have received approval from the Federal oversight office. As planned, the system was piloted in Douglas County in September 2007. As a result of the knowledge gained from the pilot, and subsequent roll-out to the remaining 156 counties, the current schedule is to implement the new system in DeKalb and Fulton Counties in June 2008. It is the Accountability Agents understanding that this remains the implementation schedule as DeKalb and Fulton County staff began the necessary training and preparation in February 2008.

2. Placement Central

Placement Central is DFCS’ automated system for tracking child placements and certain information about those placements. Although Placement Central has historically contained a limited amount of data on provider-supervised foster care placements, DFCS is currently undertaking an effort to completely populate it with certain provider data, as discussed previously in this Chapter. This is an important step forward in improving DFCS’ ability to

⁸⁹ See p. 22, Section 7 of the Consent Decree

manage placement providers and to be accountable (and to hold providers accountable) for the work that is contracted out.

For the fourth reporting period the Accountability Agents undertook a limited effort to validate the data currently in Placement Central. The purpose of this validation effort was to understand the reliability of data from Placement Central for monitoring and accountability purposes, specifically as it relates to Outcome 31. The Accountability Agents are interested in moving away from file review data in favor of automated administrative data when such automated data can be demonstrated to be sufficiently reliable. A cross-match was performed between the computerized file review data and corresponding data in Placement Central to ascertain the degree to which they were in agreement. This cross-match was performed on three specific data fields related to the census of provider-supervised foster homes at a point-in-time:

- Were there more than three foster children residing in this foster home on December 31, 2007?
- Were there more than six children total (including birth and adopted children) residing in this foster home on December 31, 2007?
- Were there more than three children under the age of three residing in this foster home on December 31, 2007?

As described in the Accountability Agents' second period report, DFCS undertook an effort within the past year to populate Placement Central with data on provider-supervised foster homes to complement the data on DFCS-supervised foster homes, group homes, and residential treatment facilities that historically has been found in Placement Central. The reliability of Placement Central as it relates to the point-in-time census of DFCS-supervised foster homes was demonstrated in the Accountability Agent's validation work for previous reporting periods. Therefore, the comparison of file review and placement central data for the fourth period was made for only for the 44 provider-supervised foster homes that had a class member in care on December 31, 2007. Table VI-12 displays the results of this comparison.

Table VI-12
Comparison of Placement Central (PC) and File Review (FR) Data

Data Field	Records Compared	Records with No Difference	% of records with No_difference
More than 3 foster children in home on December 31, 2007?	44	41	93%
More than 6 children total in home on December 31, 2007?	44	41	93%
More than 3 children > age 3 in home on December 31, 2007?	44	41	93%
Total Fields Compared	132	123	93%

As displayed in Table VI-12, overall, Placement Central and the foster home file review matched exactly on 93 percent of the 132 points of comparison. The rate of agreement was consistently high across the three data elements compared. This is a positive development because, by agreement of the Parties and the Accountability Agents, while Placement Central has been the source of the census data for DFCS-supervised foster homes used to calculate achievement of Outcome 31, it was thought to be less reliable for provider-supervised foster homes and so data on their censuses was collected by the file review team in site visits to the supervising CPAs. The results of the fourth period validation of Placement Central foster home census data suggest that it may be possible for future review cycles to replace this labor intensive manual data collection process by relying on Placement Central without exceeding the Accountability Agent's desired margin of error of ± 7 percent.

H. Maximizing Federal Funding ⁹⁰

The Consent Decree contains requirements for DHR/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.⁹¹ In addition, there are a number of outcomes that pertain to actions and documentation required to support and to enhance claiming IV-E reimbursement for Foster Care expenditures. To evaluate this requirement, the State is to establish a baseline of "present" levels of state and federal funding.⁹²

⁹⁰ See Dimas, J.T. and Morrison, S. A. *Period I Monitoring Report, Kenny A. v. Perdue*, November 2006 for background on Title IV-E

⁹¹ See p. 31, Section 14 of the Consent Decree

⁹² Ibid.

1. **Comparison of Federal and State Funding Distribution for State Fiscal Year 2007 to State Fiscal Year 2007**

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 being 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.

Table VI-13 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 slight increase in IV-B expenditures.

Table IV-13
Title IV-B Funding
Federal Fiscal Year 2006 and 2007 Financial Reports
(October 1, 2005 – September 30, 2007)

	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
Percent change	+1%	+1%	+1%

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

Table VI-14 at the end of this chapter provides a comparison of the baseline and most recent year of federal and state IV-E expenditures based on the quarterly expenditure reports submitted to the federal government for the period July 1, 2005 through June 30, 2006 and July 1, 2006 to June 30, 2007. The comparison of IV-E expenditures reveals a slight overall decrease in both state and federal expenditures although the expenditures for adoption assistance and supporting the adoption program increased and the expenditures for the design and development of the Statewide Automated Child Welfare Information System (Georgia SHINES) increased significantly. In part, the decline in foster care expenditures can be attributed to a 6 percent decline in the number of children in foster care between the two time periods.

In July and August 2007, the Department engaged Hornby Zeller Associates, Inc (HZA) in an assessment of the Department's IV-E reimbursement efforts. According to HZA, the study was to identify 1) both the extent to which the state's Title IV-E penetration rate (about 28% at the time of the analysis) can legitimately increase and the limits beyond which it cannot increase;

and 2) mechanisms through which DHR/DFCS can increase its level of federal reimbursement, even in the face of the limitations on the penetration rate.⁹³

The study produced a number of recommendations that Hornby-Zeller estimated affect the penetration rate to varying degrees. As of the end of the fourth reporting period, the State had begun to implement some of the recommendations but had yet to see a change in the penetration rate. Hornby-Zeller estimated that the greatest improvement would come from ensuring that court orders relating to foster children are consistently in conformity with federal requirements. In response, the State has been working with the judiciary and the State Assistant Attorney Generals to improve the compliance with the requirements and timeliness. The State reports implementing a tracking and reporting process that identifies untimely and non compliant court orders as well as providing additional IV-E training to staff. However, these systems had not yet been implemented in time to have an affect on Outcome 26 in period four. In addition, while these efforts may improve the ability of the state to make future IV-E claims, for those children who entered custody before this initiative and whose initial removal orders are not compliant, the opportunity for improvement has been lost.

With the further assistance of Hornby-Zeller, the State is also currently completing a review of approximately 3000 cases to determine the potential for retroactive reimbursement. Other state activities prompted by the Hornby-Zeller report include new policies for relative care placements and including, where appropriate, expenditures of the Office of Regulatory Services in its IV-E claims.

⁹³ Hornby Zeller Associates, Inc., *Georgia's Use of Title IV-E*, August 2007, p.i.

Table IV-14
Title IV-E Funding:
Expenditures for the period July 1, 2005 through June 30, 2007

Title IV-E Funding Category	State Expenditures			Federal Reimbursed Expenditures			Total		
	2005-2006	2006-2007	Change	2005-2006	2006-2007	Change	2005-2006	2006-2007	Change
Adoption Assistance Payments	18,796,102	19,073,837	+1%	28,864,149	30,490,022	+6	47,660,251	49,563,859	+4%
Adoption Administration	6,522,392	7,886,253	+21%	6,522,392	7,886,254	+21%	13,044,784	15,772,507	+21%
Adoption Training	175,215	237,802	+36%	525,646	713,409	+36%	700,861	951,211	+36%
Adoption subtotal	\$25,493,709	\$27,197,892	+7%	\$35,912,187	\$39,089,685	+9%	\$61,405,896	\$66,287,577	+8%
Foster Care Maintenance Payments	12,830,120	10,804,756	-16%	19,706,811	17,284,001	-12%	32,536,931	28,088,757	-14%
Foster Care Administration	32,892,589	27,845,512	-15%	32,892,586	27,845,515	-15%	65,785,175	55,691,027	-15%
Foster Care Training	97,199	104,675	+8%	291,600	314,029	+8%	388,799	501,122	+8%
SACWIS	2,006,645	5,221,541	+160%	2,006,646	5,221,541	+160%	4,013,291	10,433,082	+160%
Foster Care subtotal	47,826,553	43,976,484	-8%	54,897,643	50,665,086	-18%	102,724,196	83,832,683	-18%
Title IV-E Total	\$ 73,320,262	\$71,174,376	-3%	\$ 90,809,830	\$89,754,771	-1%	164,130,092	\$150,120,260	-2%

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

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.⁹⁴ These are covered in this part of the report.

A. Repeat Maltreatment Data

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

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

<i>Table VII-1 Repeat Maltreatment</i>			
<i>Reporting Period: July 1, 2007 – December 31, 2007</i>			
		DEKALB	FULTON
a) Number of children during the reporting period experiencing substantiated maltreatment		539	911
b) the number of children in a) of this item who also experienced maltreatment during the preceding 12 month period		30	37
Percentage of children who had substantiated maltreatment during the preceding 12 months		5.6%	4.1%

The fourth period repeat maltreatment rates represent an improvement for Fulton County compared to the third period rate of 6.7 percent and a slight increase for DeKalb County from the third period rate of 5.1 percent

⁹⁴ See pp. 45-46 of the Consent Decree,

B. Diversion Data

Section 20.G.2 of the Consent Decree requires DHR to provide the Accountability Agents with 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 DHR's diversion program. These data, as reported by the State for the period July 1, 2006 – December 31, 2006 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 the second reporting period.) The Accountability Agents' verification approach is discussed in Appendix B.

<i>Table VII-2 Diversions with Subsequent Substantiated Maltreatment</i>			
<i>Reporting Period: July 1, 2006 – December 31, 2006</i>			
		DEKALB	FULTON
a) Number of cases in each county during the reporting period in which there was a referral into DHR's diversion program		265	1172
b) the number of cases in a) in which there was substantiated maltreatment within 11-365 days after referral to DHR's diversion program		12	79
Percentage of cases in which there was substantiated maltreatment within 11-365 days of referral into DHR's diversion program		4.5%	6.7%

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 fourth 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 fourth reporting period, at least 95% of all foster children entering care shall have had a diligent search for parents and relatives undertaken and documented within 60 days of entering foster care.
- **Outcome 16:** By the end of the second reporting period, at least 70% of all foster children who entered foster care during the reporting period along with one or more siblings shall be placed with all of their siblings. By the end of the fourth reporting period, at least 80% of all foster children who entered foster care during the reporting

period along with one or more siblings shall be placed with all of their siblings.

- **Outcome 19:** By the end of the second reporting period, at least 70% of all children in care shall be placed in their own county (the county from which they were removed) or within a 50 mile radius of the home from which they were removed, subject to the exceptions in Paragraph 5.C.4.b(ii) and (iii). By the end of the third reporting period, at least 80% of all children in care shall be placed in their own county (the county from which they were removed) or within a 50 mile radius of the home from which they were removed, subject to the exceptions in Paragraph 5.C.4.b(ii) and (iii). By the end of the fourth reporting period, at least 90% of all children in care shall be placed in their own county (the county from which they were removed) or within a 50 mile radius of the home from which they were removed, subject to the exceptions in Paragraph 5.C.4.b(ii) and (iii).
- **Outcome 21:** By the end of the third reporting period, 75% of all the children with the goal reunification shall have had appropriate visitation with their parents to progress toward reunification. By the end of the fourth reporting period, 85% of all the children with the goal reunification shall have had appropriate visitation with their parents to progress toward reunification.
- **Outcome 23:** 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.

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:** 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.
- **Outcome 22:** 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.

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:** 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.

- **Outcome 31:** 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.

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 DHR/DFCS for 12 months or more shall have lapse of legal custody within the prior 13 months.

Appendix B

Methodology

The Accountability Agents used several methodologies 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 previous reporting periods.

A. Data Sources and Methodology for Measuring State Performance in the Fourth Reporting Period

Four primary sources of information were used to assess the State of Georgia’s progress during the fourth reporting period, July 1 – December 31, 2007.

1. State Data Systems

The first source of information is the DFCS administrative data systems that the Department currently employs to hold case-related information and prepare reports for the Federal Department of Health and Human Services, the citizens of Georgia and other interested parties. This system is known as “IDS.”

There is general agreement that IDS is not sufficiently robust to support the kind of case management and data analysis desired by the State of Georgia. By July 2008, it will be replaced by the Statewide Automated Child Welfare Information System (SACWIS) known as Georgia SHINES. However, IDS currently is sufficient to provide reports on a number, but not all, of the Consent Decree outcomes.

a. Addressing Data Integrity Issues

Like all information systems, the accuracy of IDS’ data is function of the accuracy with which data are coded and input into the system. Previous evaluations have noted some significant discrepancies between the information contained in case records and data produced by IDS. These 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.

The Accountability Agents have been very selective about which data to rely on for assessing compliance with the Consent Decree’s provisions. Most of the data in this report was generated by file and case record reviews conducted specifically for this purpose. In several instances, the

case record readers were asked to collect the exact piece of information directly from the sampled case files and from IDS by going “on-line” and looking at the IDS data base. These instances included information about a child’s date of entry into foster care, current placement type and date, permanency goal, and discharge date. Discrepancies were found, but for most analysis, the discrepancies did not make material differences. When it was possible or necessary to compare data from IDS or other automated sources to data from the file and case record reviews, it often produced a result that was more accurate and reliable than if any single data source had been relied upon.

2. Document Review and Interviews

During the monitoring period, the Accountability Agents collected written reports and materials regarding foster care and adoption policy, budgets, findings from the Child Advocate, licensing, treatment services, worker training and certification. At the state level, the leadership of the Office of Regulatory Services, Provider Relations Unit, Statewide Risk Assessment, Education and Training Services Section, and other administrative offices were interviewed. At the 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 caseloads, visitation, determinations for children in care 15 of 22 months, and staff certification.

3. Structured Case Record Reviews

A second 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. Table B-4 summarizes sample characteristics of each review. The following discussion provides more detail on the sampling approach, the review instruments development, review logistics, reviewer qualifications and quality assurance, and analytical process.

a. Sampling Approach

As indicated in Table B-1, 100 percent of the investigations of maltreatment in care between July 1 and December 31, 2007 were read. Therefore, the margin of statistical error in these results is extremely small, and would reflect case record reviewer differences or errors rather than differences within the universe.

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, 2007. 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, 2007.

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

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

Target of Review	Universe of cases	Desired Maximum Sample Size	Actual Number Reviewed	Margin of Error
Maltreatment in Care Investigations	93	93	61 completed by DeKalb and Fulton 32 completed by other counties involving DeKalb and Fulton children	+/- 0.0 percent
Foster Homes	925	145	155	+/- 7 percent
Children in Foster Care	2,812 children with active cases any time July1 through December 31 2007	180	180	+/- 7 percent

b. Instrument Design

Three separate data collection Instruments were developed, one for each sample. They were developed in conjunction with the DFCS Evaluation and Reporting Section (E&R) 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 this fourth effort will be incorporated into the next case record review.

c. Data Collection Schedule and Logistics

Planning for the data collection effort began in November 2007 with discussions with E&R and GSU regarding formatting data instruments for efficient data capture and analysis. 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. 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. Another issue that arose during the fourth period review was the duplication of assigned Unique IDs assigned to each record in the Maltreatment in Care Investigation review. This problem was discovered during the quality assurance process. Both of these problems required some work to be repeated. Safeguards are being put into place for the next review to avoid at least the duplication problem. As the reviews progressed, portions of guides were revised as necessary to accommodate unforeseen circumstances found in the records. In addition, the reviewers had the capability to make extensive comments to explain responses and provide more background on the case.

Data collection began in December 2007 with the maltreatment in care investigations. The foster care file review began in January and the foster home file review in February. 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

Twelve E&R 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 was a brief training 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 E&R reviewers were designated team leaders. They were responsible for responding to reviewer questions regarding clarification or how to interpret information contained in the record. 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. The Accountability Agents were also on-site several days during the review and provided another resource for questions and clarification in addition to reviewing some files. 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 was provided by the Georgia State University (GSU) project coordinator and four to five research assistants with master’s degrees in social work or a related field and backgrounds in child welfare and case record review. They read at least one third to nearly one half of the sampled Foster Care, Foster Home, and CPS investigations files. The records were randomly selected from each reviewer’s completed set. Review guides that had different responses from the GSU QA staff and the E&R reviewers were set aside, investigated and resolved as possible by the GSU project coordinator and E&R team leaders, often in consultation with the Accountability Agents, and any changes were made to the data set. 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 the Statistical Package for Social Sciences (SPSS), 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
Maltreatment in Care Investigations	.90483
Foster Homes	.93495
Foster Care	.99591

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. The majority of reviewer errors continue to result from the 1) poorly worded questions that still caused confusion among some reviewers and 2) in the case for the foster care review, the length and complexity of the review guide. Both these errors will be monitored more closely in the fifth period data collection effort.

f. Data analysis

The Statistical Package for Social Sciences (SPSS) and Microsoft Excel 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, a set of reasons was established for why a case record may not be read. Table B-3 provides a summary distribution of the cases that were not read with the reasons for not reading them. Files that could not be located for the review were reported to county leadership.

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

Target of Review	Number of cases sampled but not read as part of the review and reason why they were not read	
Maltreatment in Care Investigations	Coding error in IDS, this is not a maltreatment in care referral/report	8
	Case record not located	2
	Child was not in the legal custody of DeKalb or Fulton Counties at the time of the report	2
	Other	4
	Total	16
Foster Homes	Coding error in IDS, home not open between July 1 and December 31, 2007	1
	No children were in the home during the 6 months of the review	1
	No children in the legal custody of DeKalb or Fulton Counties DFCS were placed in this home between July 1 and December 31, 2007	1
	Case record cannot be located	1
	Oversight of home transferred to another county	2
	Other	6
	Total	12
Children in Foster Care	Child's file sealed as result of adoption	4
	Case timeframe too short (child in care less than 8 days)	4
	Case record could not be located	2
	Child placed out of state through ICPC the entire review period	1
	Incomplete file, missing important volumes	1
	Total	12

4. Biweekly meetings with the management teams of Fulton and DeKalb County DFCS (G2)

The Accountability Agents met once or 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 Degree 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 settlement outcomes and required practice and process into other initiatives the Counties are engaged in, such as the federal Program Improvement Plan (PIP) to help develop and articulate the “big picture” of reform.

The G2 process 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. Previous Reporting Period 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 four.

1. Safety Outcomes

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

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

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

- The measurement issue inherent in Outcome 5 derives from the words "*By the end of the [number] reporting period...*" Taken literally, these words seem to suggest that this is a point-in-time measure to be taken on the last day of the first reporting period. In other words, what percentage of the children in care on December 31, 2007 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.

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.⁹⁵ As indicated above, DFCS policy regards the commencement of an investigation to be the point at which an alleged victim child is seen by the investigator. For measurement purposes Outcome 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

2. Permanency Outcomes

Outcome 4

The State's information system (IDS) does provide a calculation to measure Outcome 4. The case record review of a sample of 180 children in foster care at any time during the last half of 2007 only included 50 children who entered custody during the review period. As a result, this number is too small to accurately assess the State's performance. The IDS data is used for reporting performance, with the case record review as a comparison.

⁹⁵ See p. 28 of the Consent Decree

Outcomes 8, 9, and 10

There were no interpretation or measurement issues. Performance reported for outcomes 8a, 9, and 10 is based on IDS data and documentation of relatives who have signed “an agreement for long-term care.”⁹⁶ The outcome data from IDS were not independently validated by the Accountability Agents. However, the Accountability Agents did 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 IDS.

Outcome 14

The interpretation of this measure, as agreed to by the parties, includes those children who return to the custody of DFCS/DHR after their adoption has been finalized. This includes children who are in the temporary custody of the Department while reunification is attempted and those children who return to the Department’s permanent custody because the adoption has been dissolved.

Measurement issues include timing and case identification. In terms of timing, the first cohort of children for whom this outcome 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, 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

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 and “TPR status” from the State’s IDS system. County data, therefore, was used as the primary source of information to evaluate the continued progress on this outcome. Information found in the sample of placement records was used to independently validate the county data.

⁹⁶ See p. 3, Definition T, of the Consent Decree

In the first three reporting periods, the Accountability Agents reviewed and validated the county data using the two steps described below. In the fourth period, only the second step was completed.

- First, independent of the county data, the case record review of children in foster care collected information about the parental rights of children in custody at least 15 months. These questions asked whether parental rights had been terminated for one or both parents, if a petition to terminate rights had been filed, and, if neither of these actions had been taken, were there exceptions for taking these actions, including compelling reasons, documented primarily in the case plan or court documentation, or, secondarily, other file documentation,
- Second the Accountability Agents reviewed all of the compelling reasons cited in the data bases and compared them to Federal and State policy guidance. This effort frequently involved requesting more information about the circumstances of the case that led to the compelling reason.

Final measurement of the State's performance used 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.

Outcome 21

The outcome language refers to "*appropriate visitation*"⁹⁷ between children and parents where the goal is reunification. 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.⁹⁸ Second, a plan for parental visitation should be a part of every Case Plan.⁹⁹ Third, "when agency resources allow, visitation shall be scheduled at two-week intervals unless the court has specified another visitation arrangement."¹⁰⁰ Finally, established practice in the field requires a minimum of monthly visits when "agency resources do not allow" and the court does not dictate otherwise. Given these policy requirements, the case record review was designed to gather information on both the planned schedule for visitation and the actual visitation. In the absence of a schedule dictating otherwise the performance of the state was assessed according to the minimum monthly visitation standard.

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).

⁹⁷ See p. 36, Outcome 21, of the Consent Decree

⁹⁸ Social Services Manual, Section 1009.3 Georgia Department of Human Resources

⁹⁹ Social Services Manual, Section 1009.4 Georgia Department of Human Resources

¹⁰⁰ Social Services Manual Section 1009.5, Georgia Department of Human Resources

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. However, case managers may record what they learn from parents and children about the visits. As a result, in a portion of the cases the reviewers could determine “regular” visitation was occurring but could not match the pattern of visits to the schedule established in the case plan or Family Team Meetings. Such cases were counted toward the achievement of the outcome.

A portion of the children in the sample live with relatives. These circumstances may allow for frequent visitation between parents and children.¹⁰¹ 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. These children were included in the denominator for measurement, but not the numerator.

However, the records of children placed with the reunification resource the entire reporting period and those who were in custody a brief period of time during the review period were excluded from the Outcome 21 analysis..

Outcome 23

Information regarding sibling visitation is not currently tracked in the State IDS system; therefore it is not information that is easily retrieved. It is, however, a practice that the counties started tracking in July 2006 and the county Quality Assurance units began validating during the second reporting period. For the fourth reporting period, the Accountability Agents collected information directly from the documentation in children’s records. To measure this outcome, the record reviewers looked for documentation indicating that children saw at least one sibling in custody from whom they were separated at least once a month during each of the previous 12 months in custody.

¹⁰¹ Annie E. Casey Foundation, Elders as Resources Fact Sheet, *Basic Data: Kinship Care*, 2005, found at <http://www.aecf.org/upload/PublicationFiles/FactSheet.pdf>.

3. Well-Being Outcomes

Outcome 17

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.

The Accountability Agents continue to be concerned that IDS is not capturing all of the placement moves. Therefore, the results of the case record review rather than IDS are used to measure the progress in this outcome.

Outcome 18

The performance measurement is based on data drawn from IDS for children in DeKalb and Fulton County custody on December 15, 2007 and updated by the counties as to the reasons for case manager changes since December 16, 2006. 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.¹⁰² Resignations and promotions were not exempted because they were not specifically identified as such in the Consent Decree. 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

The case record review collected information about the number of visits a child received each month from his or her case manager as well as whether the requirement for two monthly visits as defined by the Consent Decree was met. This allowed an analysis of how many children had been receiving visits that did not fit the twice-monthly each and every month of the last 12 month pattern required for Outcome 20. In addition, it is important to note that these results represent visitation for 12 sequential months prior to and including December 31, 2007 or the last day the child was in custody – not for the 6-month reporting period. If a child was in custody for less than 12 months as of December 31, 2007 or the last date of custody, visitation was counted only for the applicable months of custody. Months that children were on run away status were also excluded from the analysis.

Factors affecting measurement include the following. First, the outcome measure's continuity feature (each and every month of the previous 12) means that if one visit is missed in any month, that child will not meet the requirement for a full twelve months. And, no visits in a

¹⁰² See p. 35, paragraph 18, of the Consent Decree.

month are treated the same as one visit in a month – neither count toward the outcome measurement. This makes the measure one that takes a long time to improve. Second, while case documentation clearly indicates where the visits take place, it is often difficult to determine in a case review if there was any private time spent with the children during the visit. Third, the case documentation often does indicate that case managers are having private conversations with the children, but these conversations are taking place outside of the child’s placement. They may be taking place at school, in court, in DFCS offices, and at locations used for Family Team Meetings or sibling and/or parent visitation.

Outcome 22

Case manager-caregiver visitation has a similar measurement issue to case manager-child visitation. Again, the Consent Decree only counts case manager visits with care givers if they happened at least once a month, each and every month, for 12 sequential months preceding December 31, 2007. Again, if a child was in custody for less than 12 months as of December 31, 2007 or the last date of custody, visitation with the caregiver was counted only for the applicable months of custody.

Outcome 30

For purposes of determining whether needs identified in the most recent case plans were being met, the analysis excludes children who have been in custody less than 30 days and would not be expected to have a case plan and children for whom no plans were found in their case records.

The current case plan format used by DFCS is part of the Case Plan Reporting System (CPRS.) This format allows case managers to include routine goals and responsibilities for DFCS and others for parents when reunification is the goal. Although DFCS pre-service training provides guidance on tailoring the case plan and the initial case plan should be a product of a Family Team Meeting, multi-disciplinary meeting and the insights from the Comprehensive Child and Family Assessment, the CPRS format does not appear to be conducive to tailored plans without a good deal of modification. Child-specific need and treatment information therefore is often limited in the plans.

To better align the case record review with the CPRS format, reviewers were asked to categorize the needs found in the plan as being “routine” or “child-specific.” Routine needs included regular medical appointments, 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, prescribed treatment follow-up, placement requirements, and special education or academic assistance. Both types of needs were combined in the analysis for Outcome 30.

To measure whether the identified needs were being met the sample of case files were reviewed for evidence that services had been delivered or were being delivered to respond to the need. This information was gathered from any and all sources found in the files.

3. Strengthening Infrastructure Outcomes

Outcome 25

The Consent Decree language framing Outcome 25 presents a difficult measurement challenge, as described in the Accountability Agents' reports on the first and second monitoring periods.¹⁰³ This outcome contains the phrase "*By the end of the first reporting period...*" and adds the phrase "*...children in custody at a point in time during the reporting period...*" This makes it quite clear that it is intended as a point-in-time measure to be taken at the end of the reporting period. To operationalize the measure as specified in the Consent Decree, data on the current approval status of individual foster placements on a particular date must be linked to data about the number of class member children in those individual homes on that same date. Existing data sources are unable to accomplish this linking with satisfactory rigor.

By agreement of the parties and the Accountability Agents, measurement of this outcome is based on a subset of the records sampled for the foster care placement file review. The full foster care placement file review is based on the universe of children in foster care at ANY time between July 1 and December 31, 2007. The subset used for measurement of Outcomes 25 represents the children from the sample who were in foster care on December 31 2007. For each child in this subset, the Accountability Agents "followed-back" the child's placement setting to its relevant approval status on December 31, 2007, using a variety of data sources, as indicated in Table VI-2.

Outcome 26

Data for Outcome 26 were collected from the case records of the sample of 180 children in foster care. The Outcome 26 analysis was applicable to those children who had entered DFCS custody after the Consent Decree was entered on October 27, 2005.

Previous measurements of this outcome included children who entered custody before the Consent Decree. Measurement in the fourth period was limited to those children who entered on or after the Consent Decree because of the specific language in the Consent Decree. The significance of this for the analysis is the application of the federal requirements for those children who entered custody since March 2000. Among the cohort that entered before the Consent Decree, a portion of them entered custody before March 2000. A different set of federal documentation requirements apply to those children. The requirements for those children allow an expanded timeframe in which to meet the requirements. For those children who entered custody after the Consent Decree, the more restrictive timeframe from the federal standards effective after March 2000 apply.

¹⁰³ For a complete discussion of this issue, see Dimas, J.T. and Morrison, S. A. *Period I Monitoring Report, Kenny A. v. Perdue*, November 2006, pp. 93-96 and "Period II Monitoring Report, Kenny A. v. Perdue," 2007, pp. 96-97.

Outcome 29

Data for Outcome 29 was collected from the case records of the sample of children in foster care. Children in the Department's custody less than 12 months and those who were in the Department's permanent custody were excluded from the analysis.

Outcome 31

Outcome 31, like Outcome 25, is also intended as a point-in-time measure. This measure specifies "*children in foster homes*" as the unit of analysis and requires these data to be linked with point-in-time data on the census of individual foster homes. This measure, therefore, constitutes a measurement challenge similar to that represented by Outcome 25.

By agreement of the parties and Accountability Agents, measurement of Outcome 31 for this report is based on the subset of children from the placement sample that were in foster home placements on December 31, 2007. Outcome 31 references the capacity limits enumerated 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."¹⁰⁴ Section 5.c.4.e. also enumerates certain exceptions to these capacity limits.¹⁰⁵ The parties further agreed that for purposes of measuring compliance with Outcome 31, the only exception that will pertain is that provided for the placement of a sibling group when there are no other children in the home.

C. Methodology for Verifying Caseload Data

The state information system is able to produce reports on individual case manager caseloads and the Accountability Agents used these reports as the starting point for assessing State progress in meeting the caseload requirement of the Consent Decree as reported on in Section VI. However, several steps were taken to assure the accuracy and completeness of these reports.

First, the Accountability Agents determined that there are several data sources, each with its own potential for inaccuracies or incompleteness. The data sources include IDS as well as county personnel systems. Historically, IDS may have had incomplete caseload information for Fulton County because Fulton was using its own case management system referred to as "CDOT." The Accountability Agents confirmed with Fulton County that they had discontinued using this system in December 2006.

¹⁰⁴ See p. 38 of the Consent Decree,

¹⁰⁵ Ibid, p. 16.

Within IDS, data could be inaccurate or incomplete because:

- *Case assignments are not timely re-assigned to active staff.*

Case managers must have a unique, county generated “Case Worker ID” (CWID) to have a case assigned to him/or her in the information system. Cases remain assigned in the information system to case workers who are no longer employed by DFCS as long as cases are not reassigned to different case worker IDs. Counties are responsible for entering each case manager’s unique “ID” and deactivating the ID when the worker resigns, transfers, or is terminated. Counties are also responsible for promptly reassigning cases when a case manager vacancy occurs.

- *Worker type is not entered by counties*

Counties are also supposed to enter the worker type for each case manager, but omission of this information does not prevent case assignment or any other reporting. Thus, caseload reports may be incomplete because the worker type may be missing.

- *Worker leave status is not included*

County personnel systems track extended leave periods authorized by disability policies, Family Medical Leave Act, or some other circumstances. This information, however, is not linked to the state information system, making it challenging to obtain an accurate picture of the effective caseloads of other case managers who may be sharing the workload of their absent colleagues.

- *Worker certification status is not included*

Worker certification is tracked separately for different cohorts of staff by county training coordinators and the Education and Training Services section. These systems do not presently link to the State information system. Uncertified workers are not to be assigned any cases. Provisionally certified workers are to be assigned no more than “7 low risk” cases. The lack of this link complicates tracking the number of cases assigned to individuals who are in these categories.

- *Data entry lag time*

Data entry into IDS of case opening and closing actions may lag behind when workers and supervisors consider the cases open or closed and have submitted the appropriate data entry requirements. As noted earlier, discrepancies between the case records and IDS regarding removal dates indicated a range of 1 to 5 days for the majority of cases where there was a difference. However, there was always a removal date in IDS. Similar discrepancies affect discharge dates. This lag time, therefore, can have the effect of both deflating and inflating the actual case load size.

Given the identified potential sources of inaccurate and incomplete caseload reporting, the Accountability Agents worked closely with the counties and the State as the December 2006

report was generated. After the second reporting period, the Accountability Agents began receiving caseload reports allowing frequent review of changes and opportunities to raise questions about the data. The Counties were asked to update the worker type and provide the resignation dates and leave dates for the designated workers.

Separately, the State and counties were asked to supply information about worker and supervisor certification status. The Accountability Agents compared this information with the workers and supervisors identified on the December 2007 caseload report. A reconciliation process was applied to identify discrepancies between the case manager lists and the counties were asked to provide additional information to resolve the discrepancies.

Finally, the Accountability Agents requested a separate data report from the State that identified the case managers with children who were in custody 18 months or more on December 31, 2007. This information was compared to the worker type associated with each case manager. As a result, the Accountability Agents identified regular caseloads that appeared to still have children assigned to them instead of being transferred to the caseloads of specialized case managers.

D. Methodology for Verifying State Data on Repeat Maltreatment and Maltreatment Subsequent to Diversion

Section 20 G of the Consent Decree requires DHR 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 DHR's diversion program. Due to the 11-365 day follow up period for the diversion statistics, this fourth period report is the second time diversion data could be reported. The DHR data on repeat maltreatment and substantiated maltreatment subsequent to diversion in DeKalb and Fulton Counties are presented in Section VII. Following is a discussion of the approach the Accountability Agents used to verify the integrity of these data.

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 Coding 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 and subsequent investigation, including whether or not the investigation substantiated the allegation, are entered on Form 453. A casework supervisor reviews the completed form 453 and when they are satisfied as to its quality, they sign off in it. The completed form is then input into IDS.

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. 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. For each diversion case, a form 590 (which captures demographic information about the family, a case opening date, and a service code that distinguishes diversion from CPS cases) is completed and entered into IDS. Casework supervisors review the completed form 590s for accuracy and completeness.

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 IDS captures virtually 100 percent of the investigations that are conducted. Every investigation of maltreatment in care that the file review indicated was undertaken was properly reflected in IDS. No instances in which substantiated cases were miscoded as unsubstantiated, or vice versa, were identified. For the fourth reporting period, no substantive disagreement between the file review and IDS on the status, alleged victims, or disposition of maltreatment in care reports was detected.

With respect to diversion cases, the Accountability Agents are satisfied that effective safeguards are in place to ensure that diversion cases are not miscoded as CPS investigations or screen-outs, and vice versa. 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 IDS to ensure that all CPS investigations and diversions are accurately reflected in IDS. Any miscoding issues are identified, brought to the attention of county management staff, and rectified. Changes in IDS to the dispositional coding of reports received can only be made by the designated data specialists for each county. If those specialists detect a pattern of common coding errors they conduct training for the county intake staff.

2. File Matching Algorithms

To produce the data on repeat maltreatment required by the Consent Decree, E&R used the following algorithm:

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- Data for DeKalb and Fulton counties were extracted from the state Protective Services Data System (PSDS), a component of IDS;
 - Children with substantiated maltreated were selected from two timeframes -- the reporting period and the preceding 12 months;
 - Foster children were deleted from the files;
 - Children from the reporting period were matched with children from the preceding 12 months; and
 - Resulting matches were deemed to be children that experienced repeat maltreatment.

Similarly, to produce the data on substantiated maltreatment subsequent to diversion, E&R used the following algorithm:

- Data for DeKalb and Fulton counties were extracted from the State Protective Services Data System (PSDS) and the diverted cases file provided monthly by Systems & Methods, Inc. (SMI);
- Cases diverted during the second reporting period (July 1, 2006 – December 31, 2006) were selected;
- Diverted cases from the second reporting period were matched with children with substantiated maltreatment from the period Jul. 1, 2006 through Dec. 31, 2007; and,
- Resulting matches were reviewed to ensure they 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.

The record matching algorithms used by E&R are based on the way the federal Department of Health and Human Services (DHHS) historically recommended states conduct such matches. That is, a computer is programmed to match two case record listings on a set of consistently available demographic descriptors. In Georgia's case, the fields are first name, last name, date of birth, and gender. A significant limitation of this approach is that only exact matches are counted. In other words a child who had experienced repeat maltreatment or substantiated maltreatment subsequent to diversion might be missed by the match if the first referral listed him as John O'Connor, and the second listed him as John O'Conner; or if his birth date on either referral was transposed as the 13th instead of the 31st.

However, the DFCS Evaluation and Reporting Section continues to work with a computer services vendor to implement a unique child identifier to enable it to produce and send to the federal Department of Health and Human Services an NCANDS Child File. Such an identifier will enhance the accuracy of such computer matches as those required to calculate the incidence of repeat maltreatment. The new Georgia Shines system will also include a new unique child identifier. A beta test of Georgia's unique identifier by DHHS showed that it increased the "hit" rate on Georgia's statewide repeat maltreatment match by about 0.4 percentage points.¹⁰⁶ As indicated in Section VII, the repeat maltreatment rates reported there for DeKalb and Fulton

¹⁰⁶ Georgia Child and Family services Review Data Profile: August 24, 2006.

Counties likely understate the true incidence of repeat maltreatment by a similar margin of error.

The project to completely populate IDS with unique child identifiers covering fiscal years 2004 – 2007 is scheduled to be completed by March 2008. The Accountability Agents encourage the State to use this new capability to generate the repeat maltreatment data to be reported for future reporting periods. However, data on substantiated maltreatment subsequent to diversion will, until Georgia Shines is available, continue to be produced by the matching algorithm described above as these data are not included in the federal NCANDS data set and were therefore not part of the federal unique identifier project.