



PERIOD 18 MONITORING REPORT

Kenny A. v Perdue

July 1 to December 31, 2014

Accountability Agents:

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ACRONYMS USED IN THE REPORT

ACF	Administration for Children and Families (U.S. Department of Human Services)
AFCARS	Adoption and Foster Care Reporting System
BSW	Bachelor of Social Work
CAP	Corrective Action Plan
CCFA	Comprehensive Child and Family Assessment
CCI	Child Caring Institution
CFSR	Child and Family Service Review
CICC	CPS Intake Communications Center
CMS	Centers for Medicare and Medicaid
CPA	Child Placing Agency
CPRS	Case Plan Reporting System
CPS	Child Protective Services
CRR	Case Record Review
DAARE	DFCS Data Analysis, Accountability, Research & Evaluation Division
DFCS	Department of Family and Children Services
DHR	Department of Human Resources
DHS	Department of Human Services
DOE	Department of Education
EPSDT	Early and Periodic Screening, Diagnosis and Treatment Program
ETS	Education and Training Services
FTM	Family Team Meeting
GED	Graduate Equivalency Diploma
GSU	Georgia State University
HIPAA	Health Information Portability and Accountability Act
ICPC	Interstate Compact on the Placement of Children
IDS	Internal Data System
IEP	Individualized Education Plans
ILP	Independent Living Program
JCRP	Juvenile Court Review Panel
MDT	Multi-Disciplinary Team
MSW	Master of Social Work
OFI	Office of Family Independence
OPM	Office of Provider Management
RCC	Office of the Inspector General Residential Child Care unit
PEAS	Program Evaluation and Analysis Section
PCM	Permanency Case Manager
PIP	Program Improvement Plan
QA	Quality Assurance
RBWO	Room, Board, and Watchful Oversight
RRTF	Reimbursement Rate Task Force

RYDC	Regional Youth Detention Center
SAAG	Special Assistant Attorney General
SACWIS	Statewide Automated Child Welfare Information System (Georgia SHINES)
SAS	Statistical Analysis Software
SPSS	Statistical Package for Social Sciences
SSI	Supplemental Security Income
TPR	Termination of Parental Rights
WTLP	Written Transitional Living Plans

Part I INTRODUCTION

Background, Purpose, Scope, and Organization of Report

This is the eighteenth report prepared by the Accountability Agents for the *Kenny A. v Perdue* Consent Decree. This report reviews the State Defendants' progress from July 1 through December 31, 2014 in achieving improved child welfare outcomes and in meeting its other obligations under the Consent Decree. The *Kenny A. v Perdue* Consent Decree established James T. Dimas and Karen Baynes-Dunning as independent Accountability Agents with responsibility to produce public reports every six months. This introduction provides a brief overview of the *Kenny A.* Consent Decree and the Accountability Agents' methods of assessing the State's performance as well as the scope and organization of this report.

A. *The Kenny A. v Perdue Consent Decree*

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

For purposes of analysis and reporting, the 31 outcomes have been organized into seven thematic groupings. Exhibit I-1 displays these groupings.

B. *Methodology*

The methodology and quality assurance protocols applied to data collection and analyses in Period 18 are similar to those employed in previous reporting periods. Several sources of information and data collection methods have been used to produce the analyses presented in this report, including record reviews based on randomly drawn samples of case files and licensed foster home records; all maltreatment in care investigations completed between July 1 and December 31, 2014; and the State's data base of record known as SHINES. Appendix B has a full description of the methodology for Period 18. The Accountability Agents verified State and County reported data except where otherwise noted in the report. In all data collection efforts the State and the Counties have been very cooperative.

A key component of the methodology continues to be the monthly meetings with State and County leadership and field staff that are referred to as "G2." These meetings employ a recursive learning process that uses operational data to support the development and testing of hypotheses about the potential causes of observed performance problems and the framing of

strategies for improvement. This iterative process helps participants identify what works to produce the desired outcomes, and to hold themselves and each other accountable for doing that which works. These meetings are designed to foster self-evaluation and have led the counties to create systems to track, monitor, and share with one another useful information that previously was unavailable or difficult to access.

EXHIBIT I-1:
Thematic Grouping of *Kenny A.* Outcomes

Safety

- ***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

- ***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.
- ***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

- ***Children Experience Stable Placements and Worker Continuity***
 - Consent Decree Outcome 17 related to placement stability.
 - Consent Decree Outcomes 18, 20, and 22 relate to worker continuity and contacts with children and caregivers.
- ***Children and Youth Receive the Services they Need***
 - Consent Decree Outcome 24 related to the educational achievement of youth who “age out” of foster care.
 - Consent Decree Outcome 30 related to meeting children’s service needs.

Strengthened Infrastructure

- ***Effective Oversight of Placement Settings***
 - Consent Decree Outcomes 25 and 31 related to placement setting conditions.
- ***Timely and Complete Court Orders***
 - Consent Decree Outcomes 26 and 29 related to DFCS authority to assume and maintain custody.

C. Report Scope and Organization

This report describes the State's performance relative to the outcome measures that were to be achieved by the end of Period 18 and progress implementing required policies, practices, and infrastructure. Where the information is illuminating, comparisons are made to previous reporting periods. The remainder of the report is organized into the following parts:

Part II, Conclusions and Recommendations summarizes the accomplishments and status of State and County actions taken during Period 18. It offers recommendations believed important to the State and Counties' continued progress.

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

Part IV, Children Achieving Permanency is the assessment of the State's performance related to Outcomes 4, 7, 8, 9, 10, 11, 14, 15, 16, 19, 21, 23, 27 and 28, focused on maintaining and achieving permanent family connections for children in State custody.

Part V, Children's Well Being in Care is the assessment of the State's performance related to Outcomes 17, 18, 20, 22, 24 and 30, focused on providing for the well-being of children in custody. This part also includes a summary of the Curative Action for Discharge services.

Part VI, Strengthening the Infrastructure is the assessment of the State's progress in achieving Outcomes 25, 26, 29, and 31 and implementing required infrastructure components related to providing services to families and children.

Part VII, Miscellaneous Provisions provides verified data regarding the re-maltreatment rate of children in DeKalb and Fulton counties during the reporting period and the number and percentage of "diversion" cases in those counties between July 1 and December 31, 2013 that experienced substantiated maltreatment within the subsequent 12 months.

Appendix A provides the full wording for all 31 outcomes.

Appendix B has a detailed description of the data collection and analysis methods employed to produce this report.

Appendix C provides selected information about all children in the custody of DeKalb and Fulton Counties on December 31, 2014.

Part II CONCLUSIONS AND RECOMMENDATIONS

During the July 1 to December 31, 2014 period covered by this report, the Georgia Department of Family and Children Services continued working through two major system changes: the implementation of a centralized, statewide child protective services intake system – the CPS Intake Communications Center (CICC) – and the movement of children in the State’s custody to a managed care network administered by AmeriGroup. In addition, the continuing high turn-over rate of case managers and the lack of foster homes in the region all led to a decline in performance across most of the outcome measures. Acknowledging the overall decline in performance, the parties modified its existing Curative Action Plan at the end of Period 18 to address timely initiation and completion of CPS investigations; hiring, training and certification of new investigators; a caseload reduction plan; retention and recruitment of case managers; and more frequent reporting of outcomes.

While the Period 18 report reflects this decline in performance, the state improved in some key areas. At the end of Period 17, Governor Deal appointed Bobby Cagle as the new State Director for the Department of Family and Children Services and changed the reporting structure of the agency. Although administratively connected to the Department of Human Services, Director Cagle now reports directly to the Governor. In addition, the Governor appointed and charged a Child Welfare Reform Council to conduct a comprehensive review of the Department of Family and Children Services in order to advise the Governor regarding recommended agency reforms and legislative solutions. The Council completed its work and issued a report in January 2015 prior to the legislative session. Thus, while the agency continued to have challenges during Period 18, leadership at the state, regional and local levels gained a great deal of support and hopeful stability. This was further evidenced by the approval of the Governor’s budget for fiscal year 2016 that includes \$37.4 million new funding for the Department of Family and Children Services beginning in July 2015.

Based on their assessment of the State’s Period 18 performance, the modified Curative Action Plan and the recommendations of the Child Welfare Reform Council, the Accountability Agents encourage the Department of Family and Children Services (DFCS) to implement their newly developed “Blueprint for Change” which addresses three key areas:

- Continue developing and implementing a comprehensive practice model which will guide the agency in achieving overall improved outcomes for children and families;
- Increase and strengthen the workforce through enhanced recruitment and retention strategies, creation of a career ladder, as well as the reimplementation of the IV-E educational program;
- Improve and enhance constituent engagement including increasing the number of foster homes in Region 14 and enhancing support services for foster parents and birth families.

The remainder of this chapter highlights program and performance trends during Period 18. Table II-1 at the end of this chapter provides the performance standard for each outcome,

summarizes the State's actual performance by outcome, and offers a comparison to Period 17 performance.

A. Major Accomplishments

Although this section is typically used to highlight performance on certain outcome measures, as discussed above, the major accomplishments during Period 18 involved leadership development and stability, legislative advocacy and securing new state level funding for the agency.

B. Program and Performance Trends

Safety Trends

- ***Improvement in Some Child Safety Indicators***

During Period 18, the state improved in three of the five child safety indicators. For Outcome 6 (incidents of corporal punishment), the state surpassed the threshold and improved its performance from 96 percent in Period 17 to 99 percent in Period 18. However, the process for assessing those incidents changed and the Accountability Agents discovered that allegations of corporal punishment in private provider homes and CCI's were being assessed by the private provider/CCI and not by the agency. This new policy is discussed further in the report.

Although not meeting the required threshold of 95 percent, the state significantly improved its performance for Outcome 1 (timely initiation of investigations) from 85 percent in Period 17 to 90 percent in Period 18. Likewise, for Outcome 3 (*measuring timely contact with alleged maltreatment victims*) the state significantly improved its performance from 80 percent in Period 17 to 90 percent in Period 18. However, this performance still fell short of the 99 percent threshold.

The state failed to meet the required threshold and declined in its performance for Outcome 5 (maltreatment in care), continuing a downward trend from 0.57 percent in Period 16, to 0.63 percent in Period 17, to 0.72 percent in Period 18. For Outcome 2 (*Timely completion of maltreatment in care investigations*) the decline was substantial (from 91% to 88%) and also continued a downward trend from Period 16 (93%).

- ***High Number of Screen-outs May Put Children at Risk***

Section 12 of the Consent Decree permits CPS referrals involving foster homes to be screened-out rather than investigated if the alleged offense is deemed to be a policy violation (such as corporal punishment) rather than an infraction that rises to the level of maltreatment, and certain procedures and safeguards are observed. Two of the safeguards to protect the safety and

well-being of children in care are the conduct of an “assessment” of the alleged offense to determine if it threatened child safety, and a limit of one disciplinary or other serious policy violation that will be tolerated before a foster home must be closed.

A total of 28 foster homes in the sample of 160 (18%) were the subject of 38 maltreatment referrals during Period 18; in Period 17, 30 foster homes (19% of 160) had 38 CPS referrals. In Period 18, 71 percent of such referrals were screened out; the Period 17 screen-out rate for such referrals was 63 percent. The continuing high number and proportion of screen-outs places children at risk if the mandated safeguards are not followed.¹

Eight of the 160 sampled foster homes in Period 18 had corporal punishment allegations that did not rise to the level of maltreatment and were screened out. In seven of the eight foster homes, there was insufficient evidence to confirm the use of corporal punishment or that the disciplinary policy was violated. In the eighth home, the preponderance of evidence supported that corporal punishment had occurred, but no policy violation was found in the record, nor was a Corrective Action Plan developed. This case highlights the concern noted by the Accountability Agents concerning CPAs assuming responsibility for assessing themselves when allegations of corporal punishment have been made.²

- ***Mixed Results in Conducting Investigations in Accordance with State Standards***

DFCS policy on maltreatment-in-care investigations includes guidance on the many aspects of properly conducting Special Investigations. In Period 17, the Accountability Agents noted that compliance with the requirement that investigators conduct CPS history checks as part of the investigative process was poor. In Period 18, compliance with this very important investigative requirement improved considerably, increasing from 77 percent in Period 17 to 87 percent in Period 18.

At the same time, the State’s performance declined on the requirement to collect and archive physical evidence that helps support the final disposition of the case. In Period 18, case records contained physical evidence supporting the case documentation in 68 percent of the cases in which the nature of the allegations warranted the collection of physical evidence. This was the only investigative requirement for which compliance was less than 80 percent.

Permanency Trends

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

¹ At the end of Period 17, the State changed its criteria for screening out referrals. Now, all policy violations, including corporal punishment, are screened in and assessed. For Region 14 children in foster care, all assessments are approved by the County Directors or their designees. According to the State, changes to SHINES implementing this change were put in place midway through Period 18. The changes are not reflected in this report, but data reported in future periods will reflect this change.

The number of children entering foster care in Period 18 was slightly less (about 3%) than that observed in Period 17. In Period 18, 710 children entered care compared to 733 in Period 17. However, the total number of children in care at any time during Period 18 (1811) increased from the 1746 in care during Period 17.

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

In Period 18 the state exceeded the performance standard for diligent search efforts. Efforts were documented in 54 (97%) out of the 56 cases in which children had been in care for more than 60 days. Engagement of fathers and paternal relatives still remains an area for needed focus.

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

While **93 percent** of children were placed within the same county from which they were removed or within a 50 mile radius (the standard is 90%), only **59 percent** of children who entered in a sibling group were placed with all of their siblings. This is a decline from the Period 17 performance in which 97 percent of children were placed in close proximity to their homes, , and marks the fifth consecutive review period in which the state has not met the standard of 80 percent of siblings placed together. The state is in the process of recruiting more foster homes within Region 14 and developing strategies for targeted recruitment of foster homes that can care for large sibling groups and teens with special needs.

- *Visitation with Parents and Separated Siblings Exceeding and Meeting Thresholds, but Trending Down, (Outcomes 21, 23).*

In Period 18, the State surpassed the threshold performance standard for visitation with parents (Outcome 21) and visitation with siblings (Outcome 23) with performance of **85 percent and 92percent respectively**. This is the first time since Period 12 that the state has nearly missed the threshold for parent visits. The recruitment and retention of case managers will enable the state to improve in these areas.

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

Period 18 performance in achieving permanency for children entering care within the last two years was similar to that of previous periods. By the end of Period 18, 11 percent of the children entering foster care in the last nine years remained in care on December 31, 2014. Half of the children remaining in care had been in custody 10 months or less.

Performance specifics include the following:

- **58 percent** of the children entering custody since the Consent Decree's advent exited

-
- to permanency within 12 months (Outcome 8a). The standard is 40 percent.
 - **65 percent** of the children entering custody since the Consent Decree's advent exited to permanency within 24 months (Outcome 8b). The standard is 74 percent.
 - **72 percent** of the children who entered custody between July 1 and December 31, 2012 exited custody to permanent families within the Consent Decree's designated 12 month or 24 month time frames. (This is derived from a special study supplementing the Outcome 8b analysis.)
 - **Nearly 17 percent** (16.7%) of the children in custody up to 24 months prior to the Consent Decree exited to permanency (Outcome 9). The standard is 40 percent. (At the end of Period 18, five children remained in this cohort.)
 - **Zero percent** of the children in custody for more than 24 months prior to the Consent Decree exited to permanency (Outcome 10). The standard is 35 percent. (At the end of Period 17, two children remained in this cohort.)
- *The State Surpassed the Threshold for Finalizing Adoptions or Legal Guardianships within Twelve Months of Termination of Parental Rights. Moreover, No Adoption Disruptions within Twelve Months of Finalization (Outcomes 11 and 14)*

During Period 18, 81 **percent** of children whose parental rights have been terminated or released during the reporting period had adoptions or legal guardianships finalized within 12 months of final termination or release of parental rights. The Consent Decree standard requires a minimum of 80 percent. This is the first time since Period 13 that the state has surpassed this threshold. During Period 14, changes to the structure of the adoption unit caused a significant drop in performance. The counties corrected this ineffective change and have been working on improving their performance since that time. During Period 18, no adoption disruptions occurred within 12 months.

- *High Rate of re-entry within 12 months Continues (Outcome 4)*

During Period 18, 10.6 percent of children had exited foster care at least once in the 12 months prior to their most recent entry. This is similar to the 10.5 percent who re-entered care during Period 17.

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

For the thirteenth consecutive reporting period (since July 2008), the State met or surpassed the Outcome 15 threshold.³ Among the 553 children who, during Period 18, reached or had

³ Outcome 15 achievement requires at least 95% of all children in care who have been in state custody for 15 of the prior 22 months to have had either: (1) a petition for the termination of parental rights filed as to both parents or legal caregivers as applicable OR (2) documented compelling reasons in the child's case record why termination of parental rights should not be filed.

surpassed their 15th month in custody out of the last 22 months and were not living with relatives, **96 percent** were either legally free to be adopted or the State had filed to terminate parental rights or documented compelling reasons why it had not taken such action. The standard stipulated for this outcome is 95 percent.

- *The State Continued Holding Timely Judicial and Citizen Panel Reviews and Timely Permanency Reviews (Outcomes 27 and 28).*

Outcomes 27 and 28 require that 95 percent of children are to have timely semi-annual case plan reviews and timely permanency reviews at least every 12 months they are in custody. For Outcome 27, 100 percent of the children in the foster care sample received sixth-month case plan reviews or petitions for one during Period 18, of which **95 percent** were conducted timely. This is similar to the 97 percent of children in Period 17. In Period 18, performance on Outcome 28 (timely permanency reviews) was **97 percent** – similar to the Period 17 performance of 99 percent.

Well-Being Trends

- *Case Manager Continuity Continues to Surpass the Consent Decree Threshold (Outcome 18).*

Ninety-three percent of the children in custody on December 31, 2014 had two or fewer case managers in the previous 12 months, once the allowable exceptions are taken into account. This is the fourth consecutive reporting period that the state has surpassed the consent decree standard of 90 percent. The Period 18 performance was similar to the Period 17 performance of 94 percent.

There continues to be a substantial increase in the number of children who experienced case manager changes due to their case managers leaving the agency (83% in Period 18 vs. 68% in Period 17 vs. 42% in Period 16).

- *Case Managers Continued Frequently Visiting Children and Substitute Caregivers (Outcomes 20 and 22).*

Case managers are expected to visit children in foster care twice a month with at least one private visit each month and they are expected to visit substitute caregivers monthly. In Period 18, case managers made **97 percent** of the required twice monthly visits with children and **98 percent** of the required monthly private visits with children. Furthermore, they made **95 percent** of the required monthly visits to substitute caregivers. In all instances, this performance exceeded or met the revised Consent Decree standards for the sixth consecutive period.

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

In the sample of 175 foster care cases reviewed, **90 percent** of the children experienced two or fewer placement moves in the 12 months prior to December 31, 2014 or their last date in custody. This is the third consecutive Period in which the state has fallen short of the consent decree requirement of 95 percent.

- *Children Continue to Have Unmet Needs (Outcome 30), and the timeliness of identifying those needs has declined substantially.*

In Period 18, **69 percent** of children with identified health, dental, mental health, education, and developmental needs had all of their needs met. This marks a significant decrease from the Period 17 performance of 80 percent. The State continues to work through the challenges associated with the transition to managed care that occurred during Period 17. During Period 18 only 21 percent of children had timely dental screens, compared to 27 percent during Period 17 and 61 percent during Period 16. Likewise, during Period 18, only 33 percent of children received timely initial health screens compared to 42 percent during Period 17 and 70 percent during Period 16. Moreover, during Period 18, 13 percent of children received no initial health screen and 40 percent of children received no initial dental screen.

Infrastructure Strengthening Trends

- *The State Met the Threshold Standard for Placing Children in Fully Approved Placements (Outcome 25).*

Outcome 25 requires at least 98 percent of all foster placements serving class member children to be in “full approval and/or licensure status.” The State met this standard in Period 18 with **98 percent** of foster placements serving class member children in “full approval and/or licensure status.”

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

Outcome 31 stipulates that no more than 10 percent of all foster family home placements serving class member children will have more than three foster children, or six total children in the home, unless they are part of a sibling group and there are no other children in the home. For Period 18, only **three percent** of all foster family home placements serving class member children exceeded these standards. This marks the 17th consecutive reporting period in which the Outcome 31 threshold was met or exceeded.

- *The State Maintained Legal Custodial Authority with Few Lapse (Outcome 29).*

For the fourteenth consecutive reporting period (since December 2007), the State met or surpassed the Outcome 29 threshold. Outcome 29 stipulates that no more than five percent of all children in custody of DHS/DFCS for 12 months or more shall have a lapse of legal custody within the prior 13 months. In Period 18, two children (3.5%) in the foster care sample appear

to have had a lapse of legal custody within the prior 13 months. Period 18 marked the last cohort of children under the old juvenile court code who required new extended court orders every 12 months. Under the new juvenile court code, which went into effect on January 1, 2014, court orders will no longer expire.

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

Outcome 26 relates to the proper legal documentation in a child's file to support a claim for Federal reimbursement under the Title IV-E program.⁴ For Outcome 26, **100 percent** of the children in the Period 18 foster care sample had the required court orders with all the required language necessary to assess current eligibility for federal funding under Title IV-E. The threshold for this outcome is 95 percent. This is the first time since the inception of the consent decree that the state has surpassed the threshold standard.

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

In December 2014, **59 percent** of the case managers in DeKalb and Fulton Counties had caseloads that were at or under designated caps. Seventy-nine case managers exceeded the caps set by the Consent Decree. During Period 18, the counties continued experiencing an increased number of referrals and CPS investigations. In order to keep the caseload at or near the cap, the state temporarily reassigned workers from other regions to assist Region 14. In December 2014 the state entered into a modified corrective action plan and now reports on caseloads weekly and monthly.

C. Recommended Priorities for State Attention

The Accountability Agents wish to recognize the State's accomplishments under challenging circumstances, especially its improved performance in finalizing adoptions or legal guardianships within 12 months of a termination of parental rights and ensuring that proper legal documentation was in every court order to allow for federal reimbursement under the Title IV(e) program. Additionally, as stated previously, the State has made major strides in Period 18 including leadership development and stability, legislative advocacy and securing new state level funding for the agency. These major accomplishments provide the agency with an excellent opportunity to achieve the goal of developing a comprehensive practice model that is in the best interest of children and families. The development of the Agency's "Blueprint for Change" is a step in the right direction to achieve this goal. The "Blueprint for Change" highlights three focus areas:

- Continue developing and implementing a comprehensive practice model which will

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

- guide the agency in achieving overall improved outcomes for children and families;
- Increase and strengthen the workforce through enhanced recruitment and retention strategies, creation of a career ladder, and full reimplementation of the Title IV(e) educational program; and
- Improve and enhance constituent engagement including increasing the number of foster homes in Region 14 and enhancing support services for foster parents and birth families;

The Accountability Agents are very encouraged with this direction and are looking forward to working with the State as it fully implements the “Blueprint for Change” and working with the parties to develop a Kenny A exit plan that will evaluate the state’s overall strategy for achieving better outcomes for children and families.

Table II-1
Kenny A. Outcomes: Progress as of December 31, 2014

Safety Outcomes	Period 18	Comparison to
Children in Foster Care are Safe From Maltreatment in Care	Performance	Period 17⁵
Outcome 1: At least 95% of all investigations of reports of abuse or neglect of foster children shall be commenced, in accordance with Section 2106 of the Social Services Manual, within 24 hours of receipt of report.	90%	Improved
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.	88%	Declined
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.	90%	Improved
Outcome 5: No more than 0.57% of all children in foster care shall be the victim of substantiated maltreatment while in foster care.	0.72%	Declined
Outcome 6: 98% of all foster homes will not have an incident of corporal punishment within the previous 12 months.	99%	Improved
Permanency Outcomes		
Children in Placements Maintain Family Connections		
Outcome 7: At least 95% of all foster children entering care shall have had a diligent search for parents and relatives undertaken and documented within 60 days of entering foster care.	97%	Declined
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.	59%	Similar
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%	Similar
Outcome 21: At least 85% of all children with the goal of reunification shall have appropriate visitation with their parents to progress toward reunification	85%	Declined

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

Table II-1, continued
Kenny A. Outcomes: Progress as of December 31, 2014

Permanency Outcomes Children in Placements Maintain Family Connections	Period 18 Performance	Comparison to Period 17
Outcome 23: At least 90% of the total minimum number of required monthly sibling-group visits shall have taken place during the reporting period. Children who have one or more siblings in custody with whom they are not placed shall be provided a visit with their siblings at least one time each month, unless the visit is harmful to one or more of the siblings, the sibling is placed out of state in compliance with ICPC, or the distance between the children's placement is more than 50 miles and the child is placed with a relative. ⁶	92%	Similar
Permanency Outcomes Children Achieve Permanency		
Outcome 4: No more than 8.6% of all foster children entering custody shall have re-entered care within 12 months of the prior placement episode.	10.6 %	Similar
Outcome 8a: Of all the children entering custody following the entry of the Consent Decree, at least 40% shall have had one of the following permanency outcomes within 12 months or less after entering custody: reunification, permanent placement with relatives, permanent legal custody, adoption, or guardianship.	58%	Similar
Outcome 8b: Of all the children entering custody following the entry of the Consent Decree, at least 74% shall have had one of the following permanency outcomes within 12 months or less after entry: reunification, permanent placement with relatives, or shall have had one of the following permanency outcomes within 24 months or less after entering: adoption, permanent legal custody, or guardianship.	65%	Similar
Outcome 9: Children in custody for up to 24 months and still in custody upon entry of the Consent Decree (children in the "24 month backlog pool"): For all children remaining in the 24 month backlog pool after the third reporting period at least 40% by the end of the fourth reporting period shall have one of the following permanency outcomes: reunification, permanent placement with relatives, permanent legal custody, adoption, or guardianship.	16.7%	Improved

⁶ As part of a Stipulated Modification to the Consent Decree, the standard for Outcome 23 was modified. See *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

Table II-1, continued
Kenny A. Outcomes: Progress as of December 31, 2014

Permanency Outcomes Children Achieve Permanency	Period 18 Performance	Comparison to Period 17
Outcome 10: Children in custody for more than 24 months and still in custody upon entry of the Consent Decree: For all children remaining in the over 24 month backlog pool after the third reporting period at least 35% by the end of the fourth reporting period shall have one of the following permanency outcomes: reunification, permanent placement with relatives, permanent legal custody, adoption, or guardianship.	0%	Similar
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	81%	Improved
Outcome 12: For children whose parental rights have been terminated or released and the child has an identified adoptive or legal guardian resource at the time of the entry of the Consent Decree, 90% shall have had their adoptions or legal guardianships finalized within six months after the entry of the Consent Decree.	94% One Time Measure Taken in Period I	N/A
Outcome 13: For all children for whom parental rights have been terminated or released at the time of entry of the Consent Decree, and the child does not have an identified adoptive resource, 95% shall have been registered on national, regional, and local adoption exchanges, and have an individualized adoption recruitment plan or plan for legal guardianship within 60 days of the Consent Decree.	30% One Time Measure Taken in Period I ⁷	N/A
Outcome 14: No more than 5% of adoptions finalized during the reporting period shall disrupt within the 12 months subsequent to the reporting period.	0%	Similar
Outcome 15: Permanency efforts (15/22): At least 95% of all foster children who reached the point of being in state custody for 15 of the prior 22 months, shall have had either (1) a petition for the termination of parental rights filed as to both parents or legal caregivers as applicable OR (2) documented compelling reasons in the child's case record why termination of parental rights should not be filed.	96%	Similar

⁷ The children to whom this outcome applied have recruitment plans. Those who have been discharged since Period I have been included in the Outcome 9 and 10 results.

Table II-1, continued
Kenny A. Outcomes: Progress as of December 31, 2014

Permanency Outcomes Children Achieve Permanency	Period 18 Performance	Comparison to Period 17
Outcome 27: At least 95% of foster children in custody for six months or more shall have either had their six-month case plan review completed by the Juvenile Court within six months of their prior case plan review, or DFCS shall have submitted the child's six-month case plan to the Juvenile Court and filed a motion requesting a six-month case plan review within 45 days of the expiration of the six-month period following the last review.	95%	Similar
Outcome 28: At least 95% of foster children in custody for 12 or more months shall have either had a permanency hearing held by the Juvenile Court within 12 months of the time the child entered foster care or had his or her last permanency hearing, or DFCS shall have submitted the documents required by the Juvenile Court for and requested a permanency hearing within 45 days of the expiration of the 12-month period following the time the child entered foster care or had his or her last permanency hearing.	97%	Similar
Well-Being Outcomes Children Experience Stable Placements and Worker Continuity		
Outcome 17: At least 95% of all children in care shall have had 2 or fewer moves during the prior 12 months in custody.	90%	Similar
Outcome 18: At least 90% of all children in care at a point in time during the reporting period shall have had 2 or fewer DFCS placement case managers during the prior 12 months in custody. This measure shall not apply to cases that are transferred to an adoption worker or Specialized Case Manager; case managers who have died, been terminated, or transferred to another county; or case managers who have covered a case during another case manager's sick or maternity leave.	93%	Similar
Outcome 20a: At least 96.25% of the total minimum number of twice monthly face-to-face visits between case managers and all class member children required by Section 5.D.1.b during the reporting period occur. ⁸	97%	Similar
Outcome 20b: At least 96.25% of the total minimum number of monthly private , face-to-face visits between case managers and all class member children required by Section 5.D.1.b during the reporting period occur ⁹	98 %	Similar

⁸As part of a Stipulated Modification to the Consent Decree, the standard for Outcome 20 was modified. See *Kenny A. v. Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

⁹ Ibid.

Table II-1, continued
Kenny A. Outcomes: Progress as of December 31, 2014

Well-Being Outcomes Children Experience Stable Placements and Worker Continuity	Period 18 Performance	Comparison to Period 17
Outcome 22: At least 95% of the total minimum required monthly visits by case managers to caregivers during the reporting period occur. ¹⁰	95%	Declined
Well-Being Outcomes Children and Youth Receive Services They Need		
Outcome 24: The percentage of youth discharged from foster care at age 18 or older with a high school diploma or GED will increase over baseline by 20 percentage points (baseline is 36%).	40%	Declined
Outcome 30: At least 85% of children in care shall not have any unmet medical, dental, mental health, education or other service needs, according to the service needs documented in the child's most recent case plan.	69%	Declined
Strengthened Infrastructure Outcomes Effective Oversight of Placement Settings		
Outcome 25: At least 98% of all foster placements serving class member children shall be in full approval and/or licensure status. ¹¹	98%	Similar
Outcome 26: At least 95% of foster children in custody at a point in time during the reporting period shall have all applicable language in court orders necessary to assess qualification for federal funding under Title IV-E of the Social Security Act.	100%	Improved
Outcome 29: No more than 5% of all children in custody of DHS/DFCS for 12 months or more shall have a lapse of legal custody within the prior 13 months.	3.5%	Declined
Outcome 31: No more than 10% of all foster family home placements serving class member children at any time during the reporting period shall exceed the capacity limits referenced in Section 5.C.4.e. of the Consent Decree, concerning the requirement that no child shall be placed in a foster home if that placement will result in more than three (3) foster children in that foster home, or a total of six (6) children in the home, including the foster family's biological and/or adopted children. ¹²	3%	Similar

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

¹¹ As part of a Stipulated Modification to the Consent Decree, the methodology for Outcome 25 was modified. See *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

¹² As part of a Stipulated Modification to the Consent Decree, the methodology for Outcome 31 was modified. See *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

Part III SAFETY

Children in Foster Care are Safe from Maltreatment

Principle four of the Consent Decree asserts, “the state has primary responsibility for the care and protection of the children who enter the foster care system.”¹³ As a consequence of this responsibility, several Consent Decree outcomes and requirements focus attention on the safety of children in the custody of the State (DHS/DFCS). This part reports on the State’s progress in the areas related to the maltreatment of children in foster care and the process by which such allegations are investigated and concludes with a more detailed discussion of the practices and processes employed to address reports and concerns of maltreatment in care.

A. Outcome Performance: Outcomes 1, 2, 3, 5, and 6

Five of the Consent Decree outcomes are clustered around keeping children safe while they are in custody and quickly addressing safety issues as they occur. All five of these outcomes had performance thresholds that were to be achieved before Period 4 (December 2007). Table III-1 below provides the Period 18 measured performance summary for each outcome. The discussion following the table provides a more detailed description of State performance as well as the interpretation and measurement issues associated with the outcomes, charts that display the State’s performance trends over applicable reporting periods, and information about issues surrounding the work that provide a context for understanding the State’s performance.

Table III-1

Children in Foster Care are Safe from Maltreatment: Progress as of December 31, 2014

Consent Decree Outcome	Period 18 Performance
Outcome 5: No more than .57% of all children in foster care shall be the victim of substantiated maltreatment while in foster care.	0.72%
Outcome 1: At least 95% of all investigations of reports of abuse or neglect of foster children shall be commenced, in accordance with Section 2106 of the Social Services Manual, within 24 hours of receipt of report.	90%
Outcome 2: At least 95% of all investigations of reported abuse or neglect of foster children shall be completed, in accordance with Section 2106 of the Social Services Manual, within 30 days of receipt of report.	88%
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.	90%
Outcome 6: At least 98% of all foster homes will not have an incident of corporal punishment within the previous 12 months.	99%

¹³ See p. 4, Principle 4, of the Consent Decree.

1. Maltreatment in Care: Occurrence and Investigation of Reports

Outcome 5 – Maltreatment in Foster Care

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

a. Interpretation and Measurement Issues

The Consent Decree standard for maltreatment in care (Outcome 5) is 0.57 percent. This represented the federal standard for maltreatment in care that was in effect at the time the Consent Decree was finalized.¹⁴ Outcome 5 is measured using the federal definition as it existed in 2005: *"Of all children in foster care in the State during the period under review, 0.57 percent or fewer were the subject of substantiated or indicated maltreatment by a foster parent or facility staff member."*¹⁵ The data used to measure the outcome performance are derived from a review of all 81 investigations of alleged maltreatment concerning class member children in foster care completed during Period 18 (July-December, 2014).

b. State Performance

- **The State Failed to Achieve the Outcome 5 Threshold**

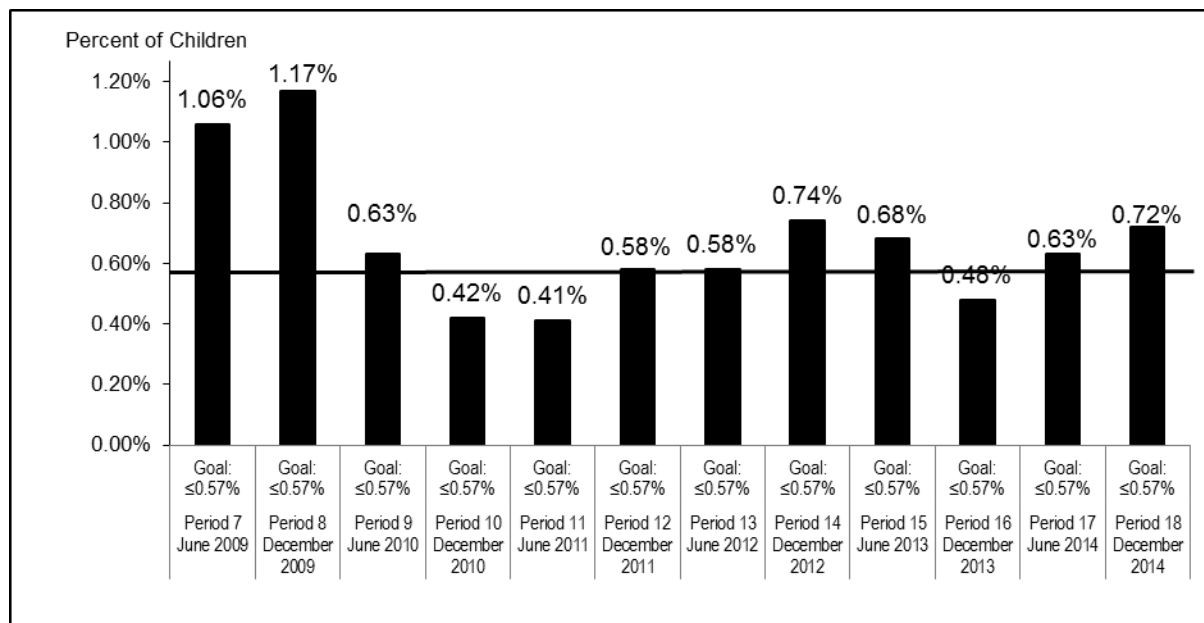
The review of all maltreatment-in-care investigations completed between July 1 and December 31, 2014 found that **0.72 percent** of the children in foster care had been victims of substantiated maltreatment during that time period (Outcome 5). The Consent Decree performance threshold for Outcome 5 is not more than 0.57 percent. The Period 18 performance failed to achieve the Consent Decree standard and was 0.09 percentage points worse than the Period 17 rate of 0.63 percent. Figure III-1 displays the State's performance over the last 12 reporting periods.

¹⁴ The federal standard has since been reduced to 0.32 percent.

¹⁵ U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families: Updated National Standards for the Child and Family Service Reviews and Guidance on Program Improvement Plans. Information Memorandum ACYF-CB-IM-01-07, August 16, 2003.

Figure III-1

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



Source: File Review of All Completed Maltreatment-in-care Investigations, January 2009 – December 2014.

In Period 18, the review of all maltreatment-in-care investigations found 13 instances of substantiated maltreatment fitting the federal definition among the 1811 children in custody at any point during the reporting period. This was an increase of two substantiated victims of maltreatment in care (18%) compared to Period 17; the total number of children in care increased by 65 (4%) from the 1746 in care during Period 17. The type of maltreatment substantiated for these 13 children consisted of: inadequate supervision (6 children), inadequate food, clothing, and shelter (2 children), emotional abuse (2 children), inadequate supervision and physical abuse (2 children), and physical abuse (one child).

During the reporting period, seven other class-member children were the victims of substantiated maltreatment that did not fit the federal definition of maltreatment in care since the maltreatment was not perpetrated by a foster parent or a facility staff member. Two children were maltreated by their biological parent during a supervised visit, two children were maltreated while on runaway, one child was maltreated by relatives in whose care the child had been placed, one child was maltreated by a family member who was not an approved caregiver, and one child was maltreated by fictive kin.

Private provider-supervised foster homes accounted for a disproportionate share of the

substantiated victims of maltreatment in care in Period 18.¹⁶ Private provider-supervised foster homes accounted for eight of 13 substantiated victims (62%) even though only 43 percent of the children in care at the end of Period 18 were in such homes. Of the remaining five substantiated victims, two were in DFCS-supervised homes (accounting for 15% of substantiated victims while 19% of all children were placed in such homes) and three were in congregate care facilities (Group Homes and Psychiatric Residential Treatment Facilities) (representing 23% of substantiated maltreatment victims while 21% of all children in care were in such placements).

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

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

Data for these outcomes are based on the universe of 81 maltreatment investigations completed during the reporting period that involved a child in the custody of DeKalb or Fulton County. This represented a three percent increase compared to the 79 such investigations completed during Period 17.

The Consent Decree covers maltreatment-in-care investigations that involve any child in the adjudicated custody of DeKalb or Fulton counties, regardless of where in the state of Georgia the child’s foster care placement is located. DFCS policy stipulates that allegations of maltreatment are to be investigated by the DFCS local office in the child’s county of residence.¹⁷ For ease of reference, counties outside DeKalb and Fulton are referred to throughout this report as “perimeter counties.” For Outcomes 1, 2, and 3 and the CPS notification data described later in this chapter, the performance of the State Special Investigations Unit (SSIU) is displayed separately from county performance.

¹⁶ To improve comparability, the denominator for this analysis is adjusted to include only children in placement types captured by the federal definition of maltreatment in care.

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

a. Interpretation and Measurement

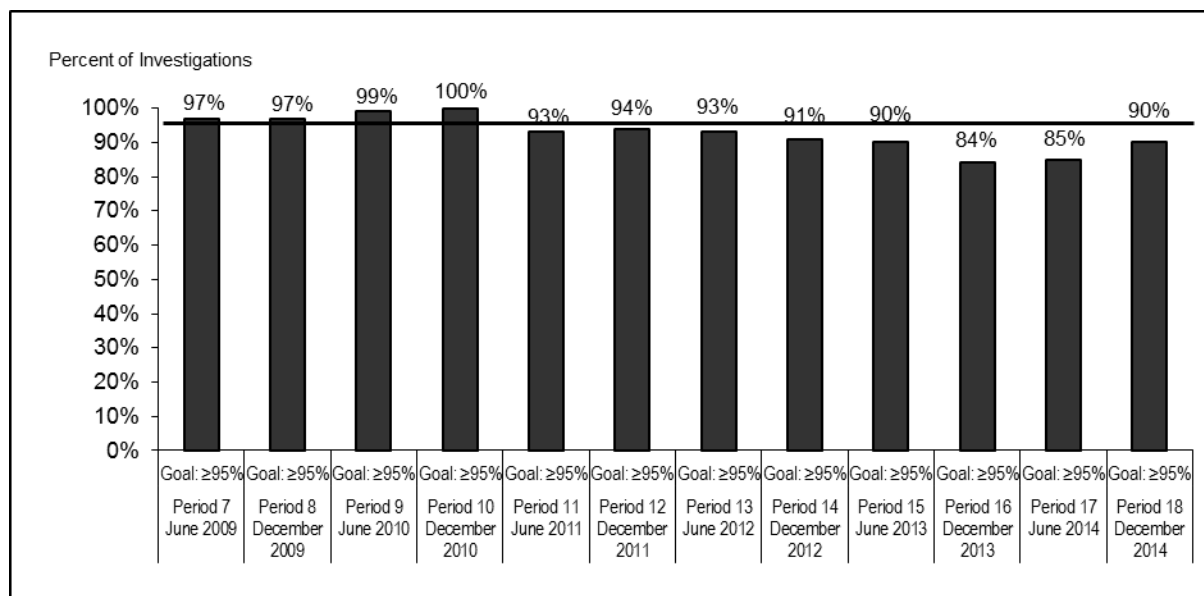
The data used to measure State performance on Outcomes 1, 2, and 3 are derived from a review of all 81 investigations of alleged maltreatment of class member children in foster care completed during Period 18 (July-December, 2014).

b. State Performance

• The State Fell Short of the Outcome 1 Threshold

As noted in Table III-1 for Outcome 1, **90 percent** of maltreatment-in-care investigations were commenced within 24 hours according to file review data from the universe of investigations completed during Period 18. This is an improvement compared to the Period 17 performance of 85 percent. Outcome 1 requires that 95 percent of such investigations be commenced within 24 hours. The State had surpassed that standard for five consecutive periods prior to Period 11 but has now failed to achieve the standard for eight consecutive periods (i.e., four years). Figure III-2 displays the State's performance on Outcome 1 over the last 12 reporting periods.

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



Source: File Review of All Completed Maltreatment-in-care Investigations, January 2009 – December 2014.

This measure counts only investigations in which an alleged victim is seen face-to-face by a trained CPS investigator or by police within 24 hours. As displayed in Table III-2, the perimeter counties commenced 95 percent of the investigations they completed within 24 hours, an improvement from the 81 percent timely commenced in Period 17. DeKalb and Fulton counties

timely commenced 88 percent of the investigations they completed, similar to the 87 percent rate in Period 17. The timely commencement rate for SSIU was 75 percent, a decline from the 100 percent rate in Period 17.

Table III-2
Outcome 1 – Commencement of Maltreatment-in-care Investigations
N=81

Investigating County	Commenced Within 24 Hours		Not Commenced Within 24 Hours		Total	
	Number of Investigations	Percent of Total	Number of Investigations	Percent of Total	Number of Investigations	Percent of Total
DeKalb/Fulton	35	88%	5	13%	40	100%
Perimeter Counties	35	95%	2	5%	37	100%
State Special Investigations Unit ^a	3	75%	1	25%	4	100%
Total	73	90%	8	10%	81	100%

Source: File Review of All Completed Investigations, July - December, 2014.

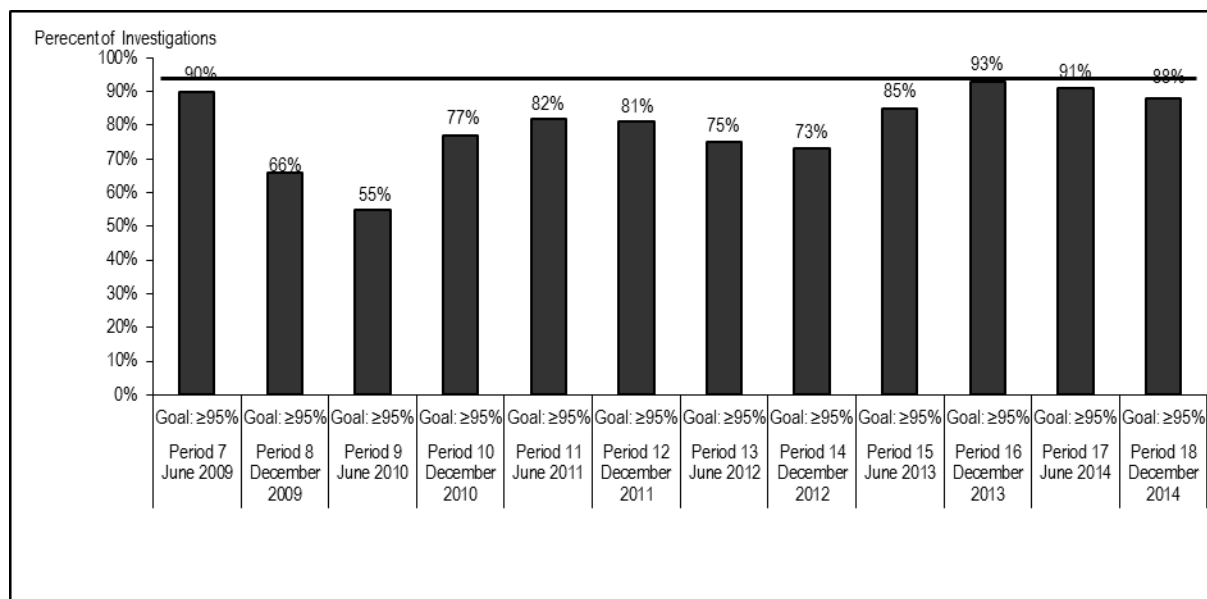
^a Allegations arising in congregate care facilities and in certain other circumstances may be investigated by the State Special Investigations Unit rather than a local DFCS office.

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

For Outcome 2, **88 percent** of maltreatment-in-care investigations (71 of 81) were completed within 30 days according to record review data from all investigations completed during the reporting period. This was a three percentage point decline from the Period 17 rate of 91 percent and remains below the Outcome 2 standard. Outcome 2 requires that 95 percent of maltreatment-in-care investigations be completed, in accordance with DFCS policy, within 30 days. In Period 18, 93 percent of investigations (75 of 81) were completed within 45 days, a decrease from the Period 17 rate of 95 percent. Figure III-3 displays the State's performance on Outcome 2 over the last 12 reporting periods.

Figure III-3

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



Source: File Review of All Completed Maltreatment-in-care Investigations, January 2009 – December 2014.

Compared to Period 17, Period 18 performance in timely investigation completion for DeKalb and Fulton counties declined, dropping from 98 to 93 percent. For SSIU, performance declined substantially, dropping from 100 to 75 percent. The Period 18 performance of the perimeter counties (84%) improved slightly compared to their Period 17 performance (81%). The Period 18 performances of DeKalb and Fulton counties (98%) and the perimeter counties (89%) in completing investigations within 30 days were similar to those of Period 17 (98% and 90%, respectively). The Period 18 performance of DeKalb and Fulton counties, the perimeter counties, and SSIU is displayed in Table III-3.

Table III-3
Outcome 2 – Timely Investigations
N=81

Investigating County	Completed in ≤ 30 Days		Completed in ≤ 45 Days		Total	
	Number	% of Total	Number	% of Total	Number	% of Total
DeKalb/Fulton	37	93%	39	98%	40	100%
Perimeter Counties	31	84%	33	89%	37	100%
State Special Investigations Unit ^a	3	75%	3	75%	4	100%
Total	71	88%	75	93%	81	100%

Source: File Review of All Completed Maltreatment-in-care Investigations, July -December, 2014.

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

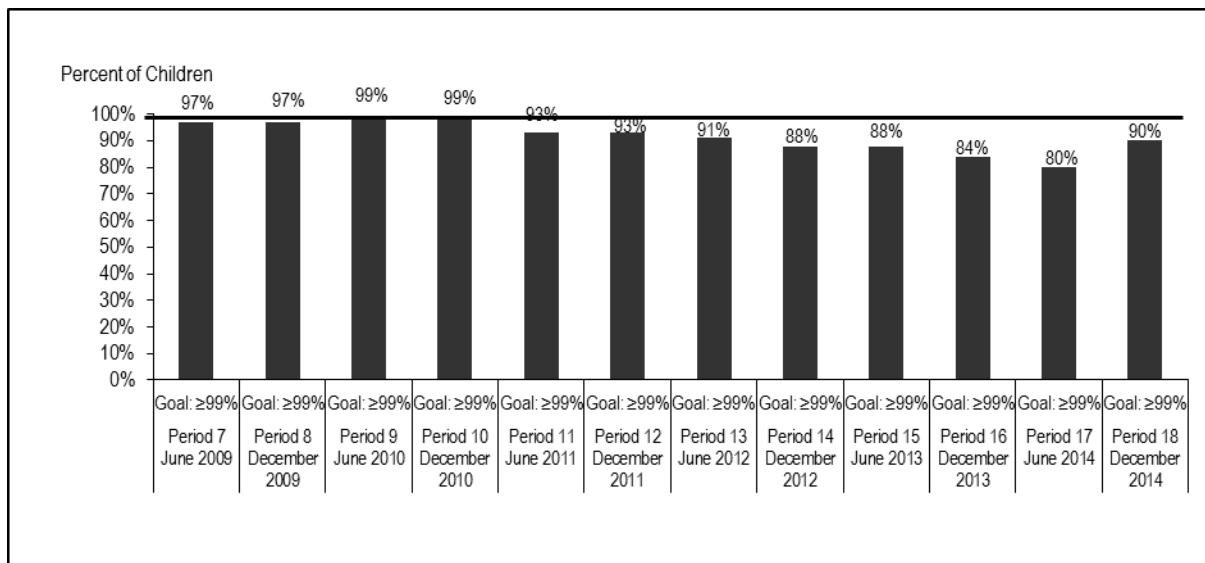
- **The State Fell Short of the Outcome 3 Threshold**

According to record review data from all investigations completed during Period 18, **90 percent** of the alleged victims of maltreatment in care (86 of 96) had face-to-face private contact with a CPS investigator within 24 hours. This was a substantial improvement from the Period 17 performance of 80 percent but remained well below the Outcome 3 performance standard of 99 percent. The 96 alleged victims of maltreatment in care was about the same as the 97 alleged victims reported for Period 17. Figure III-4 illustrates the State's performance on Outcome 3 for the last 12 reporting periods.

In the cases investigated by perimeter counties, face-to-face contact was made within 24 hours with 93 percent of the alleged victims, a substantial improvement from the Period 17 performance of 71 percent. DeKalb and Fulton Counties' Outcome 3 performance of 86% was similar to their Period 17 performance of 87 percent. However, timely contact with all alleged victims declined for investigations conducted by SSIU, from 100 percent in Period 17 to 86 percent in Period 18. The 86 percent represents one alleged victim with whom timely contact was not made out of seven alleged victims investigated by SSIU. Period 18 data for Outcome 3 is displayed in Table III-4.

In measuring Outcome 3 performance, only alleged victims having face-to-face, private contact with a certified CPS investigator within 24 hours of the report's receipt are considered to have met the standard. There were 10 alleged victims who were not seen within this time frame. Six of these alleged victims were in cases investigated by DeKalb and Fulton counties, and four were in cases investigated by perimeter counties or SSIU. Of the 10 alleged victims for whom response time was missed, one was removed from the placement setting in which the maltreatment was alleged to have occurred within 24 hours, but the child was not interviewed by a CPS investigator within that timeframe.

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



Source: File Review of All Completed Maltreatment-in-care Investigations, January 2009 – December 2014.

Table III-4

Outcome 3 – Face-to-Face Contact with Alleged Maltreatment Victims within 24 Hours
N=96

Investigating County	CPS Contact Within 24 Hours		Removed Prior To or Within 24 Hours of Report		No 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	38	86%	1	2%	5 ^a	11%	44	100%
Perimeter Counties	42	93%	0	0%	3	7%	45	100%
State Special Investigations Unit ^b	6	86%	0	0%	1	14%	7	100%
Total	86	90%	1	1%	9	9%	96	100%

Source: File Review of All Completed Maltreatment-in-care Investigations, July -December, 2014.

^aFor three, the delay resulted from the failure of DeKalb or Fulton placement staff to timely refer allegations to the CICC.

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

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.”¹⁸ Outcome 6 stipulates that by the end of Period 4, 98 percent of all foster homes will not have an incident of corporal punishment within the previous 12 months.

Interpretation and Measurement

The Consent Decree’s use of the phrase “...all foster homes....”¹⁹ is operationalized as all foster homes with a class member in custody during the reporting period for measurement purposes. The data used to measure Outcome 6 performance is based on a sample of 160 foster homes that had a class member in care at any point during the reporting period.

¹⁸ See p. 2 of the Consent Decree.

¹⁹ See p. 32 of the Consent Decree.

a. State Performance

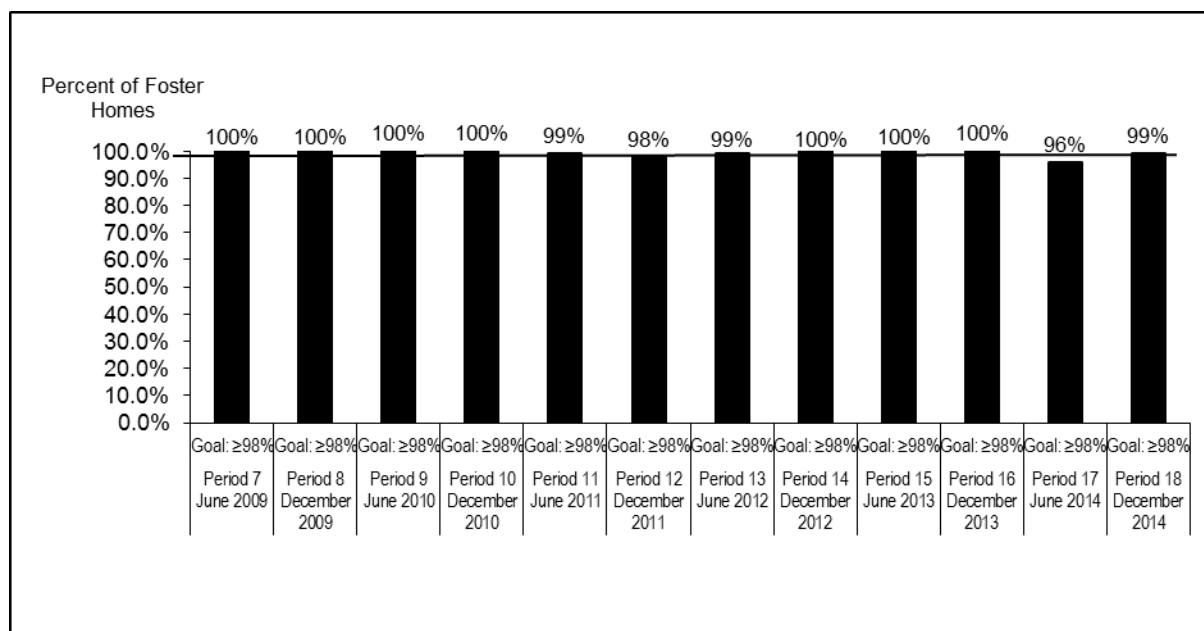
• **The State Exceeded the Outcome 6 Threshold**

The standard for Outcome 6 requires that 98 percent of foster homes be without an incident of corporal punishment in the previous 12 months. As noted in Table III-1, 158 of 160 foster homes sampled (99%) had no confirmed incidents of corporal punishment in the previous 12 months, thus surpassing the Consent Decree standard. This was an improvement from the Period 17 rate of 96 percent, which represented the first and only time since the Consent Decree's advent that the standard was not met.

The State also improved its performance in conducting "assessments" following the receipt of an allegation of corporal punishment. Altogether, ten allegations were received among the 160 foster homes sampled. Two of the cases were investigated by CPS. Each of the remaining eight cases was screened out and received an assessment. This represents improvement over Period 17, when reviewers were unable to locate any documentation in three cases that an assessment of the allegation had been completed.

Figure III-5 illustrates the State's performance on Outcome 6 over the last 12 reporting periods to which the Consent Decree standards applied.

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



Source: Foster Home Record Reviews, January 2009 – December 2014.

Operational Context

In Period 18, the State attained only one of the Consent Decree's five child safety outcome measures. That was for Outcome 6, which concerns the use of corporal punishment on children in care. In Period 17, the State failed to attain any of the safety outcome measures.

Performance on the child safety measure related to timely initiation of investigations (Outcome 1) and having face-to-face contact with alleged victims (Outcome 3) improved (from 85% to 90%, and from 80% to 90%, respectively), but fell short of the standards. Performance on the outcomes related to timely completion of investigations (Outcome 2) and maltreatment in care (Outcome 5) declined (from 91% to 88%, and from 0.63% to 0.72%, respectively).

Two factors, first identified in Period 15, comprised 50 percent of the State's Period 18 performance problems on Outcomes 1 and 3. The first is that placement case managers sometimes fail to report maltreatment concerns to CPS intake in a timely manner. This problem has usually been associated with inexperienced case managers.

The second factor concerns delays in assigning CPS referrals to investigators. This is likely related to the introduction of new procedures and practices associated with the implementation of the CPS Intake Communications Center (CICC), which was rolled out in DeKalb and Fulton counties on September 16, 2013. The Accountability Agents expected a systems-level change of the CICC's significance to have many unintended consequences. One of those appears to be the delay in assigning CPS referrals to investigators. This and any other consequences of transitioning to CCIC will need to be identified and addressed to successfully complete the transition process.

Factors Influencing Outcomes 1 and 3 Performance

Although the State fell short of achieving the Outcome 1 and Outcome 3 measures, significant progress was made over the Period 17 performance. Outcome 1 (commencement of investigations within 24 hours) improved from 85 percent to 90 percent, and Outcome 3 (timely, face-to-face contact with alleged victims) improved from 80 percent to 90 percent.

In Period 18, there was no single, overriding factor that led to delaying the commencement of investigations and to delaying initial contacts with alleged victims. The State performed better on several of the factors that significantly contributed to delays in Periods 16 and 17, including delayed reversals of screen-out decisions and delayed referrals by placement managers. Ongoing problems, although ameliorated somewhat, may reflect the relative inexperience of the many case managers recently hired in DeKalb and Fulton counties and the ongoing learning process associated with receiving investigatory workloads from the CICC.

Table III-5
Documented Factors Contributing to Delayed Initial Contact with Alleged Victims*

Factors Contributing to Delayed Initial Contact	Period 16				Period 17		Period 18	
	7/1/13 – 9/15/13 County Intake		9/16/13 – 12/31/13 Centralized Intake (CICC)		1/1/2014 – 6/30/2014 Centralized Intake (CICC)		7/1/2014 – 12/31/2014 Centralized Intake (CICC)	
	OM 1	OM 3	OM 1	OM 3	OM 1	OM 3	OM 1	OM 3
Delayed Reversal of Screen-out Decision	5	7	0	0	1	5	0	0
Delayed Referral by Placement Case Manager	1	2	1	1	6**	6**	2	3
Delayed Assignment to Investigator	1	1	3	3	4**	4**	3	3
Worker Making Contact Not CPS Certified	0	0	0	0	3	5	1	1
CICC Failed to Properly Record and Disposition Intake	0	0	0	0	0	0	1	1
No Documented Reason	2	2	0	0	0	0	1	2
Total	9	12	4	4	13	19	8	10

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

** In one investigation there was a delayed referral by the placement case manager followed by a delayed assignment to an investigator. That case is reflected in the tabulation for each of those categories, but is counted only once in the Totals.

Factors Influencing Outcome 6 Performance

Two foster homes in the Period 18 sample of 160 had confirmed incidents of corporal punishment involving children in their care during the preceding 12 months although a total of ten homes had *allegations* of corporal punishment. As mentioned in the discussion above, all allegations of corporal punishment were either investigated or screened out and assessed. This was an improvement over Period 17, during which three cases among the 160 foster homes sampled were screened out but not assessed.

One concern noted by the Accountability Agents in at least four of the cases of alleged corporal punishment is that primary responsibility for the assessment appears to have been given to the CPA, not CPS staff. Having the CPA conduct the assessment raises the specter of potential conflict of interest. In addition, CPAs may not be trained to conduct thorough assessments. While having the CPAs conduct self-assessments may be a function of DFCS having limited resources, the State needs to carefully assess this practice, especially the challenges of ensuring that CPAs are able to conduct objective, high quality assessments.

B. Other Practice/Process Requirements Regarding Maltreatment in Care Investigations and Corporal Punishment**1. Maltreatment-in-care Referrals**

Section 12 of the Consent Decree contains other requirements pertaining to the process of investigating and responding to reports of maltreatment in care.²⁰ The following discussion summarizes findings from the Period 18 review regarding the State's compliance with these requirements.

²⁰ See pp.28-30 of the Consent Decree.

a. Assessment of Maltreatment-in-Care Referrals

Section 12.A. of the Consent Decree requires all referrals of suspected maltreatment of children in foster care to be investigated by Child Protective Services staff (rather than permanency staff) *“...in the manner and within the timeframe provided by law and DFCS policy.”*²¹ DFCS policy vests in “Social Services Case Managers” and their supervisors responsibility for evaluating CPS referrals and deciding whether they meet the threshold requirements that mandate a full investigation, or fail to attain that threshold and may be “screened-out.”²² With the implementation of the CICC in September of 2013, these decisions now are made by certified CPS staff assigned to the CICC.

Interviews with county and central office staff and the results of record reviews conducted each period indicate that it is DFCS’ policy and practice that all reports of maltreatment in foster care are evaluated by CPS staff who decide whether the report rises to the level of suspected maltreatment and will be investigated, or whether the report fails to rise to that standard and will be screened out. When referrals receive full investigations those are conducted by certified, county or Central Office CPS investigators. The Period 18 placement, foster home, and maltreatment-in-care file reviews identified no instance in which a maltreatment-in-care referral was screened-out or investigated by someone who did not have CPS certification.

b. Maltreatment Referral Timeliness, Documentation, and Assessment Quality

• Timely Referral of Allegations

As indicated in Table III-5, the review of maltreatment-in-care investigations identified three cases in which the making of the referral was delayed by inaction of the placement case manager. This represents an improvement over Period 17, when six such cases were identified.

• Proper Documentation of Referrals

In previous periods, the State faced challenges in ensuring that every referral was properly documented. In Period 18, the State’s performance in documenting referrals was excellent. Every attempted referral was properly documented in SHINES.

²¹ See p. 28 of the Consent Decree.

²² Social Services Manual, Chapters 2.6 and 2.2, Georgia Dept. of Human Resources, June and Sept. 2009.

- **Quality of Screen-out Decisions**

A related operational issue impacting child safety is the quality and documentation of the decision to “screen out” CPS referrals involving children in care when that disposition is selected by CPS intake staff. In Periods 11 and 12 the Accountability Agents found that DFCS policy standards addressing the “screening-out” of CPS referrals involving children in care were too frequently being improperly applied, resulting in referrals that appeared to contain allegations of maltreatment being screened out.²³ Substantial progress on this issue was noted since Period 12. In Periods 13–17, out of the 875 placement records and 801 foster home records sampled during the 30 months covered by those Periods, only three appeared to the Accountability Agents to contain evidence of an allegation of maltreatment-in-care that was inappropriately screened out rather than investigated.

In Period 18, the Accountability Agents again scrutinized the 175 placement records and 160 foster home records sampled to see whether allegations of maltreatment-in-care were inappropriately screened out. A total of 23 screen-outs were identified among the CPS referrals associated with the child placement and foster home records sampled (4 from the placement sample; 19 from the foster home sample). This was a substantial decrease from the 46 screen-outs identified in the Period 17 samples of the same size. None of the screen-outs in Period 18 appeared to be inappropriate. In Period 17, one of the screen-outs (from the foster home sample) appeared to the Accountability Agents to contain an allegation of maltreatment that should have been investigated rather than screened-out.

- c. **Investigations Conducted in Accordance with State Standards**

DFCS policy on maltreatment-in-care investigations (which are considered “Special Investigations”) is contained in Section 2106 of the Social Services Manual.²⁴ Section 2106 contains guidance on the many aspects of properly conducting Special Investigations, such as separately interviewing the parties involved, contacting DFCS case managers required to visit the placement setting, evaluating the continued safety of any children remaining in the home, etc. In all, Section 2106 contains more than 150 discrete requirements pertaining to Special Investigations. The particular requirements vary depending on the type of placement setting being investigated.

To assess the State’s compliance with the Section 12.A. requirement that all reports of suspected maltreatment of children in foster care are to be investigated in the manner and within the time frames provided by law and DFCS policy, the file review of maltreatment-in-care investigations explored the extent to which the investigations completed during Period 18 were conducted in

²³ See Dimas, J.T. and Morrison, S.A. *Period 11 Monitoring Report, Kenny A. v. Perdue*, December 2011, pp.155-156 and Dimas, J.T. and Morrison, S.A. *Period 12 Monitoring Report, Kenny A. v. Perdue*, June 2012, pp.36-37 for a discussion of this issue.

²⁴ Social Services Manual, Chapter 2100, Section VI, Georgia Dept. of Human Resources, July 2005.

accordance with the investigative standards contained in Section 2106. (The extent to which such investigations comport with the required timeframes is addressed in the discussion of Outcomes 1 and 2, above.) The results are presented in Table III-6 for the 11 investigative standards common to most placement types. The percentages reported in Table III-6 represent the number of instances for which the investigative record was adequate to provide a conclusive, affirmative response.

As reflected in Table III-6, documented compliance with each of the 11 investigative policy requirements applicable to most investigations showed evidence of:

- Improved performance compared to Period 17 for two requirements
 - *Investigator reviewed previous CPS reports for foster parents/caregivers; and*
 - *Alleged maltreater was interviewed separately.*
- Three requirements remained similar (\pm one percentage point)
 - *Investigator reviewed the DFCS history of the foster parent/caregiver;*
 - *All approved foster parents/caregivers interviewed separately; and*
 - *All other adults frequently in the home interviewed separately.*
- Poorer performance for six requirements
 - *Case record contains physical evidence to support case documentation;*
 - *Investigator saw/interviewed each of the other children (non-alleged victims) separately;*
 - *At least two relevant collateral sources contacted during the investigation;*
 - *Investigator saw/interviewed every alleged maltreated child separately;*
 - *Continued safety of the children placed in the home was adequately evaluated and assessed; and*
 - *DFCS case managers required to visit in the foster care setting were contacted.*

Documented compliance was found to be 90 percent or greater for seven of the 11 investigative policy requirements evaluated. State performance on the one requirement (*case record contains physical evidence to support case documentation*) for which compliance was found to be 80 percent or lower is considered in greater detail below.

Table III-6
Proportion of Investigations Meeting Policy Requirements
(N shown is for Period 18 cases and varies based on
placement setting and other case characteristics)

Investigation Policy Requirement	Percent of Applicable Files with Documentation of Compliance	
	Period 17	Period 18
Alleged maltreater was interviewed separately (N=80)	95%	98%
Investigator saw/interviewed every alleged maltreated child separately (N=81)	100%	95%
Continued safety of the child(ren) placed in the home was adequately evaluated and assessed (N=39)	100%	95%
Investigator reviewed the DFCS history of the foster parent/caregiver (N=55)	95%	95%
All approved foster parents/caregivers interviewed separately (N=81)	96%	95%
DFCS case managers required to visit in this foster care setting were contacted (N=81)	96%	93%
All other adults frequently in the home interviewed separately (N=21)	89%	90%
Investigator reviewed previous CPS reports for foster parents/caregivers (N=55)	77%	87%
At least two relevant collateral sources contacted during the investigation (N=63)	94%	86%
Investigator saw/interviewed each of the other children (non-alleged victims) separately (N=56)	94%	84%
Case record contains physical evidence to support case documentation (N=41)	84%	68%

Source: Case file review of all maltreatment-in-care investigations completed July 1, 2014 – December 31, 2014.

The improvement from 77 to 87 percent in the percentage of cases in which investigators reviewed previous CPS reports regarding parents/caregivers, suggests that State efforts to focus increased attention on this important investigative policy requirement are succeeding. In Period 17, this was the only investigative requirement with a compliance rate of less than 80 percent.

Compliance with this requirement is extremely important. According to the DFCS Social Services Manual, "...the past has great influence on how to assign and respond to a new report. A report...will often take on a new severity when history is reviewed."²⁵

Collecting and archiving physical evidence is also an important part of investigative practice that helps support the final disposition of the case. In Period 18, case records contained

²⁵ Social Services Manual, Chapter 2100, Section III, Georgia Dept. of Human Resources, July 2008.

physical evidence supporting the case documentation in 28 of 41 cases (68%) in which the nature of the allegations warranted the collection of physical evidence. This was the only investigative requirement for which compliance was less than 80 percent.

In at least six of the thirteen cases in which the reviewer concluded that physical evidence should have been collected but no such evidence was found in SHINES, the case record indicated that such evidence actually had been collected. The evidence, however, was either then not uploaded to SHINES, or the reviewer was unable to open the relevant files. In a seventh case, the record indicated that photographs should have been taken, but it could not be determined if they were taken. In an eighth case, photographs were not taken even though the record indicated they should have been. Finally, in five of the thirteen cases, a forensic interview was conducted. The interview record was not uploaded to SHINES, however, and there was no evidence that the investigator had attempted to obtain the interview record.

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

DFCS policy requires counties, at the conclusion of maltreatment-in-care investigations, to send an “Administrative Packet” detailing the incident and findings to the Social Services Director within 10 days. If the incident occurred in a provider-supervised foster care setting, an investigative summary is also to be sent to RCC and OPM.

Section 12.B. of the Consent Decree requires all reports of suspected abuse or neglect of foster children in institutional, group, residential, or private provider-supervised foster family home settings to be referred to and reviewed by Residential Child Care (RCC) and the Office of Provider Management (OPM).²⁶ 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...”²⁷

To assess compliance with these provisions, the Accountability Agents collect data directly from RCC, OPM, and the DFCS Policy Unit to ascertain which maltreatment investigations involving foster children had been reported to each office, and interview RCC and OPM leadership and staff to confirm that the required reviews are taking place and to understand what actions are being taken as a consequence of them. The reporting of maltreatment-in-care investigations to each of these three offices and the review of those reports are considered separately below.

²⁶ RCC licenses child placing agencies (CPA), child caring institutions (CCI), and outdoor therapeutic programs (OTP). OPM approves CPAs, CCIs, and OTPs wishing to serve DFCS children once they have been licensed by RCC.

²⁷ See Section 12 B, p. 28 of the Consent Decree.

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

The completeness of maltreatment-in-care reporting to the DFCS Policy Unit in Period 18 was unchanged from the Period 17 level of 100 percent. The completeness of maltreatment-in-care reporting to RCC (92%) was similar to Period 17 (93%). However, the completeness of maltreatment-in-care reporting to OPM improved substantially, to 98% in Period 18 from 88% in Period 17. Complete maltreatment-in-care reporting to the three statewide offices responsible for identifying patterns in such reports remains critical to the State's ability to successfully prevent maltreatment in care.

For Period 18, data collected directly from the DFCS Policy Unit indicate that administrative packets were received for 81 (100%) of the 81 maltreatment-in-care investigations completed during Period 18. This was similar to Period 17 when the Policy Unit was notified of 79 of 79 investigations (100%). Forty-two (52%) of the 81 reports the Policy Unit received for Period 18 were received within the 10-day window specified by DFCS policy.²⁸ This rate remains low but represents an 8 percentage point increase from the 44 percent of maltreatment-in-care reports received within the 10 day window in Period 17.²⁹ Table III-7 displays data on reporting of maltreatment-in-care investigations to the DFCS Policy Unit.

²⁸ Social Services Manual, Section 2106.11, Georgia Dept. of Human Resources, July 2005.

²⁹ The 10-day Policy Office notification requirement eventually may be rendered obsolete by the release during Period 13 of a SHINES enhancement intended to automate reporting of maltreatment in care investigations. However, the report is triggered by completion of the "Special Investigations" tab in SHINES. In Period 17 the Special Investigation tab was completed for only 54 of 79 investigations (68%).

Table III-7**Policy Unit Notification of Period 18 Maltreatment-in-care Investigations****N=79**

Investigating County	Total Investigations	Notified		Not Notified	
	Number	Number	% of Total	Number	% of Total
DeKalb	26	26	100%		
Fulton	14	14	100%		
Bibb	1	1	100%		
Cherokee	1	1	100%		
Clayton	6	6	100%		
Cobb	4	4	100%		
Douglas	5	5	100%		
Greene	1	1	100%		
Gwinnett	7	7	100%		
Henry	1	1	100%		
Lamar	1	1	100%		
Muscogee	3	3	100%		
Newton	2	2	100%		
Rockdale	2	2	100%		
Troup	2	2	100%		
Walton	1	1	100%		
State SIU	4	4	100%		
Total	81	81	100%		

Source: Survey of Notification of CPS Investigations in Foster Care Settings, July 1 – December 31, 2014.

The Period 18 file review of maltreatment-in-care investigations included 52 investigations of maltreatment that occurred in provider-supervised settings and therefore might have been reported to RCC and OPM.³⁰ Data collected directly from RCC indicate that RCC was notified of 44 (92%) of the 48 investigations of which it should have been notified, similar to the 93 percent in Period 17. Table III-8 displays data on county reporting of maltreatment-in-care investigations to RCC.

DeKalb County completed the largest number of maltreatment-in-care investigations in provider-supervised settings at 9, with all 9 (100%) being reported to RCC. Fulton County

³⁰ There were 52 investigations that involved children placed in provider-supervised settings, but four of these fell outside the jurisdiction of RCC and thus were excluded from the RCC tabulations presented in Table III-8. In three cases, the alleged maltreatment occurred in a Psychiatric Residential Treatment Facility (PRTF) which operates under contract to the Department of Behavioral Health and Development Disabilities and is regulated by the Department of Community Health, Healthcare Facility Regulation Division. In one case, the maltreatment occurred outside the placement setting and as such, the investigation was not required to be reported to RCC (the maltreatment occurred at a school/daycare). The total of 44 investigations includes three cases of which RCC was notified even though such notification was not required since the alleged maltreatment occurred in a PRTF or outside the placement setting.

completed 6 investigations in such settings, with all 6 (100%) being reported to RCC. Thirteen perimeter counties and SSIU accounted for the remaining 33 such investigations. Of these, ten perimeter counties reported all 21 of the investigations they conducted to RCC. SSIU and Douglas, Newton, and Troup counties failed to notify RCC of one investigation each.

Table III-8
Residential Child Care Notification of
Period 18 Maltreatment-in-care Investigations
N=48

Investigating County	Total Investigations	Notified		Not Notified	
	Number	Number	% of Total	Number	% of Total
DeKalb	9	9	100%		
Fulton	6	6	100%		
Bibb	1	1	100%		
Cherokee	1	1	100%		
Clayton	5	5	100%		
Cobb	1	1	100%		
Douglas	4	3	75%	1	25%
Gwinnett	6	6	100%		
Henry	1	1	100%		
Lamar	1	1	100%		
Muscogee	3	3	100%		
Newton	2	1	50%	1	50%
Rockdale	1	1	100%		
Troup	2	1	50%	1	50%
Walton	1	1	100%		
State SIU	4	3	75%	1	25%
Total	48	44	92%	4	8%

Source: Survey of Notification of CPS Investigations in Foster Care Settings, July 1 – December 31, 2014.

The Period 18 notification data illustrate that county incident reporting enables prudent, collaborative action by RCC and DFCS. Among the 44 maltreatment-in-care investigations of which RCC was informed, RCC elected to conduct a joint investigation with DFCS for 34 (77%) of them. Notifying RCC of maltreatment reports in the care settings they license is essential to the ability of RCC to effectively use that licensing authority to help prevent maltreatment in care.

Table III-9
Office of Provider Management
Notification of Period 18 Maltreatment-in-care Investigations
N=47

Investigating County	Total Investigations	Notified		Not Notified	
	Number	Number	% of Total	Number	% of Total
DeKalb	9	9	100%		
Fulton	5	5	100%		
Bibb	1	1	100%		
Cherokee	1	1	100%		
Clayton	5	5	100%		
Cobb	4	4	100%		
Douglas	4	4	100%		
Gwinnett	6	6	100%		
Henry	1	1	100%		
Lamar	1	1	100%		
Muscogee	1	1	100%		
Newton	2	1	50%	1	50%
Rockdale	1	1	100%		
Troup	2	2	100%		
Walton	1	1	100%		
State SIU	3	3	100%		
Total	47	46	98%	1	2%

Source: Survey of Notification of CPS Investigations in Foster Care Settings, July 1 – December 31, 2014.

Complete reporting of maltreatment-in-care investigations in provider-supervised settings to the Office of Provider Management (OPM), the statewide organizational entity charged with supervising DFCS' provider contracts, enhances OPM's ability to be a prudent purchaser of care. The Period 18 file review of maltreatment-in-care investigations included 47 investigations of maltreatment that occurred in provider-supervised settings and should have been reported to OPM.³¹ OPM appears to have been notified of 46 (98%) of the 47 investigations of which it should have been notified. This is an improvement from the Period 17 rate of 89 percent. Table III-9 displays data on county reporting of maltreatment-in-care investigations to OPM.

³¹ There were a total of 52 investigations that involved children placed in provider-supervised settings, but five of these fell outside the jurisdiction of OPM and thus were excluded from the OPM tabulations presented in Table III-9. In one case the maltreatment occurred outside the placement setting and as such, the investigation was not required to be reported to OPM (the maltreatment occurred at a school/daycare). In four cases, OPM did not have a contract with the agency.

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

Interviews with RCC and OPM leadership and staff indicate that every report of maltreatment in care originating in provider-supervised settings is reviewed upon receipt by designated staff in each office. Reports received and reviewed by RCC survey staff are assigned for investigation if appropriate and shared with members of the RCC leadership team and with OPM and other DFCS staff. The OPM Contracts and Risk Manager leads the review process for OPM. RCC and OPM staff meet individually or jointly, by conference call or in office conferences, with provider agencies as needed to review incident reports and provider compliance with rules and regulations.

The results of these meetings have included:

- Where appropriate, RCC has issued Enforcement Actions (civil penalties, restricted license and revocation of license) on some licensed facilities.
- Where patterns of repeat maltreatment have been identified, OPM follows up with the provider by addressing the outcome of the CPS investigation via phone conference, office conference, or a visit to the facility. Corrective action plans are implemented to correct areas of deficiency. Pending agreement on a corrective action plan or, in some instances, completion of it, intake may be suspended for that provider.
- After a corrective action plan is implemented to address any identified areas of deficiency, the provider's compliance with it is monitored via a higher frequency of announced and unannounced visits. On a case-by-case basis, review and approval by OPM of all prospective placements prior to admission may be required throughout the following quarter.
- OPM, DJJ and RCC are coordinating to conduct joint on-site investigations for more serious significant events.

Some of the specific patterns identified by RCC in Period 18 included:

- A small CCI seeking its initial license showed a pattern of poor responsiveness to RCC's survey citations and unacceptable Plans of Correction. An office conference was held in Period 18 to discuss RCC's concerns and the components of an acceptable Plan of Correction and corrections that were needed in order to obtain sufficient compliance for issuance of an initial license. RCC received an acceptable Plan of Correction and the facility received its initial license shortly thereafter.

-
- A small CCI seeking its initial license continued to have difficulty providing policies and procedures that were acceptable to RCC. A second office conference was held in Period 18 after which the CCI's license application was withdrawn.
 - A small CCI that operated out of several locations demonstrated a pattern of inadequate supervision and failure to ensure that children were cared for in a safe and healthful environment. Its license was revoked during Period 18.
 - Two small, related CCIs both triggered supervision concerns. One was placed under close monitoring by both RCC and OPM; investigation of the second resulted in a supervision citation, but the facility burned down before an acceptable plan of correction was received. It is now closed.
 - A large CPA appeared to be operating a satellite office in a manner that would require the satellite office to have its own license. An investigation was completed in Period 17 that resulted in the provider receiving several Adverse Actions and citations for poor supervision, failure to ensure that children were cared for in a safe and healthful environment, and poor service planning. An interagency staffing with the CPA was conducted early in Period 18 after which OPM rescinded the CPA's contract.
 - A large CCI demonstrated repeated use of inappropriate discipline, including corporal punishment. A category III adverse action was imposed.

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

General trends identified by OPM during Period 18 include:

- Inadequate supervision leading to more CPS investigations;
- Poor staff hiring decisions;
- Poor physical plants;
- Increases in:
 1. Significant Events reporting for child on child physical confrontations;
 2. Involvement of police for drug related issues;
 3. Psychiatric emergencies, and;

-
4. Reported suicidal threats.

2. **Corporal Punishment in Foster Homes**

Section 12C of the Consent Decree contains process and practice requirements related to the prohibition of corporal punishment in foster care settings and investigations/assessments of reports of corporal punishment.³² The following discussion summarizes the requirements, DFCS' approach to meeting them, and the extent of documented compliance in Period 18.

a. **Awareness of Corporal Punishment Prohibition**

All placement settings are to prohibit the use of corporal punishment. In 160 of 160 foster home records sampled (100%), there was a signed written statement or other evidence that foster parents understood and agreed to comply with DFCS' prohibition on the use of corporal punishment. This is unchanged from the Period 17 performance of 100 percent.

b. **Enforcement of Corporal Punishment Prohibition**

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

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

c. **Compliance with Corporal Punishment Prohibition**

Compliance with the corporal punishment prohibition appeared to improve in Period 18. The foster home record review of 160 randomly selected foster homes looked for evidence in the foster home record that foster parents or other placement resources used corporal punishment or permitted it to be used on any foster child, whether or not a subsequent investigation or assessment confirmed the allegation. Such evidence was found in ten of the 160 foster home records reviewed (6%). This was similar to Period 17, during which such evidence was found in

³² See pp 29-30, paragraph 12.C of the Consent Decree.

the records of eight of the sampled foster homes (5%). Nevertheless, as indicated in the discussion above of Outcome 6, the use of corporal punishment was confirmed in only two of the ten foster homes.

In addition, the review of child records of 175 randomly selected children in foster care during Period 18 identified two alleged instances of corporal punishment (2%), both in relative placements, but no confirmed instances. This is an improvement over Period 17, when there were three confirmed instances of corporal punishment discovered in the sample of children in foster care.

The review of the 81 maltreatment-in-care reports investigated during the reporting period identified seven reports (9%) that began as an allegation of corporal punishment. This compares to four of the 79 maltreatment-in-care reports (5%) during Period 17 that began with corporal punishment allegations. One of the seven investigations (14%) completed during Period 18 that began with an allegation of corporal punishment found maltreatment to be substantiated.

d. Screening and Assessment of Corporal Punishment Allegations

Section 12 C. of the Consent Decree requires any screened-out allegation of corporal punishment to receive an “assessment” and contains certain mandatory safeguards and requirements applicable to all foster homes while screened-out reports of corporal punishment are being assessed.³³ Allegations of corporal punishment must be screened by qualified CPS (rather than foster care) staff. Depending on the screening conclusions, the allegations may be responded to differently. Where reasonable cause exists to believe abuse or neglect occurred, or if the allegations arose in a group care setting, the allegations must be treated as an abuse referral and investigated accordingly. If the screener concludes that reasonable cause does not exist, the Consent Decree requires a timely assessment of the allegations and that a “hold” be placed on any further placements until the assessment is complete.

In DeKalb and Fulton counties, incoming complaints are screened by the centralized intake unit known as the CPS Intake Communications Center (CICC).³⁴ Those showing reasonable cause are assigned to the Special Investigations unit with a 24 hour response time; those lacking reasonable cause are recommended to be screened out. In both counties, referrals for alleged maltreatment in care may be screened out only with the approval of the county director or his/her designee. The county director, deputy, and Safety Response System (SRS) expert are copied on all CICC emails in which the recommendation is screen out. In both counties, any complaint alleging corporal punishment of children in Child Caring Institutions (CCIs) must be reported to CICC for disposition. Such referrals are always assigned as Special Investigations. According to the state, a new policy, implemented at the end of Period 17, allows OPM staff to conduct assessments of corporal punishment allegations that occur within CCI's. This appears

³³ See Consent Decree, pp. 29-30.

³⁴ The CICC assumed all CPS intake responsibilities for DeKalb and Fulton counties effective September 16, 2013.

to be in direct violation of the Consent Decree, which requires that corporal punishment allegations in CCI's be conducted as investigations.³⁵ This will be further discussed with the state and clarified during the Period 19 report.

In both counties, corporal punishment allegations against DFCS-supervised foster homes that do not meet the criteria for a CPS investigation are to receive an "assessment." The Region 14 Resource Development team conducts the assessment and decides if the home should be closed, placed under a corrective action plan, or if counseling or other support services are needed. While the assessment is being conducted, the home is to be placed on "hold" (barred from receiving additional placements).

In both counties, corporal punishment allegations against provider-supervised foster homes are referred to CICC for disposition. Cases that fail to meet the criteria for a CPS investigation are to receive an "assessment" from the Special Investigations unit, are to be referred to OPM and RCC, and the DFCS placement worker is to follow up with the supervising CPA in regard to their corrective action plan and its monitoring. However, unbeknownst to the Accountability Agents, the State changed its practice during Period 18 and officially changed its policy in January 2015. According to the state, under its revised policy, corporal punishment allegations against CPA foster homes are referred to CICC for disposition. Cases that fail to meet the criteria for a CPS investigation are referred to The Office of Provider Management (OPM). The CPA is notified that a corporal punishment allegation was made and will need to be assessed. The CPA is then responsible for completing the assessment, which includes going out within 24 hours to initiate the assessment and having the full assessment completed in 15 days. The CPA then submits its findings and plan of action to OPM, including if a curative action plan (CAP) is warranted. The assessment is reviewed by OPM for concurrence/approval to ensure all pertinent issues were adequately addressed, and any proposed CAP is adequate to remedy the identified policy violation prior to granting final approval. OPM makes the final decision whether a CAP is warranted, and works through the issues with the agency if they are not in agreement. The home is placed on hold in Georgia SHINES to prevent additional placements from occurring during the policy violation assessment process. If deemed appropriate, the home may also be placed on hold during the period of an applicable CAP. OPM serves as the final approval authority for any corporal punishment assessment and CAP related to a CPA family foster home. The Accountability Agents were not informed about this change, discovered the discrepancy during the file review and will report more about the impact of this change during the Period 19 report.

As noted above, ten of the 160 foster homes in the Period 18 sample had an allegation in the previous 12 months that corporal punishment was used. For eight of these homes the allegation was screened-out by the CICC as a policy violation. In each of these cases, the allegation received a formal assessment after being screened out.

³⁵ Consent Decree Section 12 C. 2., "All reports of suspected corporal punishment in child caring institutions shall be treated as an abuse referral and forwarded immediately to the Child Protective Services Supervisor who will follow policy requirements for abuse or neglect reports."

e. Follow-up of Screen-out Decisions

One of the two homes in which the State's assessment confirmed that corporal punishment was used was closed on March 31, 2015 since this was the home's second violation. This is in conformance with the Consent Decree, which requires that a home be closed if the policy violation represents the home's second Discipline or Other Serious Foster Care violation.

Another incident was screened out and received an assessment that confirmed the allegation of corporal punishment. Despite this, no policy violation was entered into the record, and no Corrective Action Plan was developed after the allegation was confirmed.

This is a serious problem, not only because unaddressed policy violations represent tolerance of prohibited corporal punishment, but because many of the requirements and safeguards defined in Section 12 C are contingent upon the existence of an accurate record of each foster home's policy violations. In addition to requiring that corporal punishment referrals screened out as policy violations receive an assessment, Section 12 C stipulates certain mandatory actions to address such policy violations:

- The home is to be closed if the policy violation had a direct impact on safety, well-being, or posed a serious risk to the child;
- The home is to be closed if the policy violation represents the home's second Discipline or Other Serious Foster Care violation;
- The home is to be closed if the family is not amenable to change or intervention;
- The home may remain open if none of the above conditions are present and the home is placed under a Corrective Action Plan that is agreed upon and signed by all parties and appropriately monitored and enforced.

Part IV PERMANENCY

Children in Care Maintain Family Connections and Achieve Permanency

Several of the Consent Decree outcomes and practice requirements focus on various components of achieving permanency for children. This part reports on the State's progress in the areas related to children in DFCS custody maintaining their family connections and safely returning home or achieving permanency with new families.

A. Outcome Performance

Table IV-1 on the next two pages provides the most recent measured performance summary for each of the permanency outcomes. The discussion following Table IV-1 provides a more detailed description of State performance. This discussion includes a summary of the Consent Decree requirements, interpretation and measurement issues associated with the outcomes, and contextual information as necessary for better understanding the State's performance at the end of Period 18. This part also includes charts that display the State's permanency performance trends over the 12 most recent reporting periods or the applicable reporting periods to date.

Table IV-1
Permanency Outcomes

Children in Placements Maintain Family Connections	Period 18 Performance
Outcome 7: At least 95% of all foster children entering care shall have had a diligent search for parents and relatives undertaken and documented within 60 days of entering foster care.	97%
Outcome 16: At least 80% of all foster children who entered foster care during the reporting period along with one or more siblings shall be placed with all of their siblings.	59%
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).	93%
Outcome 21: At least 85% of all children with the goal of reunification shall have appropriate visitation with their parents to progress toward reunification.	85%
Outcome 23: At least 90% of the total minimum number of required monthly sibling-group visits shall occur during the reporting period. Children who have one or more siblings in custody with whom they are not placed shall be provided a visit with their siblings at least one time each month, unless the visit is harmful to one or more of the siblings, the sibling is placed out of state in compliance with ICPC, or the distance between the children's placement is more than 50 miles and the child is placed with a relative. ³⁶	92%
Children Achieve Permanency	Period 18 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.	10.6%
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.	58%
Outcome 8b: Of all the children entering custody following the entry of the Consent Decree, at least 74% shall have had one of the following permanency outcomes within 12 months or less after entry: reunification, permanent placement with relatives, or shall have had one of the following permanency outcomes within 24 months or less after entering: adoption, permanent legal custody, or guardianship.	65%
Outcome 9: Children in custody for up to 24 months and still in custody upon entry of the Consent Decree (children in the "24 month backlog pool"): For all children remaining in the 24 month backlog pool after the fourth reporting period at least 40% by the end of the fifth reporting period shall have one of the following permanency outcomes: reunification, permanent placement with relatives, permanent legal custody, adoption, or guardianship.	16.7%

³⁶ As part of a Stipulated Modification to the Consent Decree, the standard for Outcome 23 was modified. See *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

Table IV-1, continued
Permanency Outcomes

Children Achieve Permanency	
Outcome 10: Children in custody for more than 24 months and still in custody upon entry of the Consent Decree (children in the “over 24 month backlog pool”): For all children remaining in the over 24 month backlog pool after the fourth reporting period at least 35% by the end of the fifth reporting period shall have one of the following permanency outcomes: reunification, permanent placement with relatives, permanent legal custody, adoption, or guardianship.	0%
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.	81%
Outcome 12: For children whose parental rights have been terminated or released and the child has an identified adoptive or legal guardian resource at the time of the entry of the Consent Decree, 90% shall have had their adoptions or legal guardianships finalized within six months after the entry of the Consent Decree.	First Period 94% One Time Measure
Outcome 13: For all children for whom parental rights have been terminated or released at the time of entry of the Consent Decree, and the child does not have an identified adoptive resource, 95% shall have been registered on national, regional, and local adoption exchanges, and have an individualized adoption recruitment plan or plan for legal guardianship within 60 days of the Consent Decree.	First period 30% One time measure
Outcome 14: No more than 5% of adoptions finalized during the reporting period shall disrupt within the 12 months subsequent to the reporting period.	0%
Outcome 15: At least 95% of all foster children who reached the point of being in state custody for 15 of the prior 22 months, shall have had either (1) a petition for the termination of parental rights filed as to both parents or legal caregivers as applicable OR (2) documented compelling reasons in the child’s case record why termination of parental rights should not be filed.	96%
Outcome 27: At least 95% of foster children in custody for six months or more shall have either had their six-month case plan review completed by the Juvenile Court within six months of their prior case plan review, or DFCS shall have submitted the child’s six-month case plan to the Juvenile Court and filed a motion requesting a six-month case plan review within 45 days of the expiration of the six-month period following the last review.	95%
Outcome 28: At least 95% of foster children in custody for 12 or more months shall have either had a permanency hearing held by the Juvenile Court within 12 months of the time the child entered foster care or had his or her last permanency hearing, or DFCS shall have submitted the documents required by the Juvenile Court for and requested a permanency hearing within 45 days of the expiration of the 12-month period following the time the child entered foster care or had his or her last permanency hearing.	97%

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

One of the Consent Decree principles is “*all non-destructive family ties should be maintained and nurtured.*”³⁷ Preserving connections between children and their families, friends, and community is an important strategy for achieving permanency when those relationships are not destructive. Preservation of these connections starts with placing children close to the home and community from which they were removed, with family resources whenever possible and with their siblings who may also be removed. Regular visits between children and parents and among separated siblings are also critical to maintaining family ties and achieving permanency.

Outcome 7 – Diligent Search

A “reasonably diligent search is required by law (O.C.G.A. Section 15-11-211) to identify those individuals who may be considered a resource for placement or custody of the child.”³⁸ The Consent Decree, in Outcome 7, requires the diligent search for parents and relatives be undertaken and documented within 60 days of entry for at least 95 percent of the children entering care.

a. Interpretation and Measurement Issues

The performance of Outcome 7 was measured based on the placement records of the 56 children who entered custody between July-December 2014 and remained in care at least 60 days out of the sample of 175 randomly selected placement case records. The review of these cases was conducted between February and May, 2015. The outcome requirement for undertaking a diligent search within 60 days was deemed to have been satisfied if one of the following conditions was met:³⁹

- The child was placed with a family resource within 60 days after entering custody; **or**,
- A court order stated that the diligent search had been properly and timely submitted to the court; **or**,
- There were documented search efforts that included: interviewing children⁴⁰ about adults in their lives or someone with whom they would want to live **and** interviewing one or more family members or family friends within 60 days **and**, when resources were identified, contacting or attempting to contact them.

³⁷ See p. 4, principle 2 in the Consent Decree.

³⁸ Social Services Manual, Chapter 1000, Section 1002.3.1, Georgia Department of Social Services

³⁹ See Dimas, J. T and Morrison, S. A. Period VIII Monitoring Report, *Kenny A. v. Perdue*, July 2010 Appendix B for a fuller description of the interpretation and measurement issues associated with Outcome 7.

⁴⁰ If the child was aged 3 or younger, the record review did not seek to determine if the child was interviewed.

b. State Performance

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

The file documentation indicated that a diligent search was undertaken and documented for 54 (97%) of the 56 children in the subsample. The Consent Decree requires at least 95 percent of children entering care in the reporting period to have a diligent search undertaken and documented within 60 days. This performance is a decrease from the Period 17 performance of 100 percent, but still surpasses the required threshold.

Although the overall performance surpassed the Consent Decree standard, engaging fathers and paternal relatives in the process still seems to be a challenge for the department. In Period 18, out of the 56 cases reviewed for diligent search efforts, 10 fathers were interviewed (18% compared to 22% in Period 17), fourteen participated in the family team meetings (25% compared to 37% in Period 17), and 34 paternal relatives were identified as potential resources (61% compared to 73% in Period 17).

Table IV-2 provides the number and frequency of different types of diligent search actions undertaken on behalf of the 56 sampled children. The State's performance over the nine reporting periods for which the outcome has been measured is displayed in Figure IV-1.

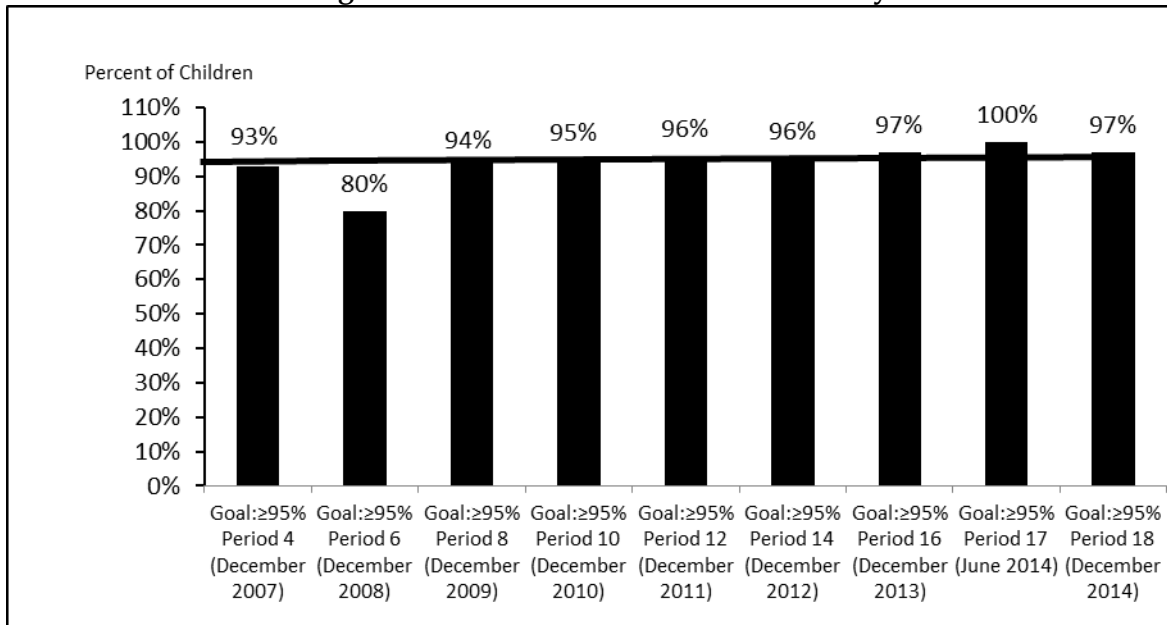
Table IV-2
Diligent Search Actions Undertaken
N=56

Actions	Number	Percent
Children placed with a family resource within 60 days of entering custody	10	18%
Court order documented that the diligent search was "properly and timely" submitted	19	34%
Evidence of interviews with child and child's family and others within first 60 days and contact made with one or more possible resource, as applicable	25	45%
Subtotal for Outcome Measurement	54	97%
Insufficient search activities in first 60 days: no documented interviews of children to gather information about relatives and significant others (children ranged in age from 5 to 17)	2	3%
Total	56	100%

Source: Case Record Review, September - October 2014.

Figure IV-1

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



Source: Case Record Reviews

Outcome 19 – Placement Proximity

Outcome 19 requires that children in foster care must be placed within the same county from which they were removed or within a 50 mile radius of the home from which they were removed.⁴¹

a. Interpretation and Measurement Issues

The measurement of Outcome 19 performance is based on the sample of 175 children in foster care at any time between July 1 and December 31, 2014.

b. State Performance

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

The State placed 162 children (**93%**) within the designated proximity to the homes from which they were removed or according to the accepted reason for a more distant placement. The outcome performance threshold is 90 percent.

⁴¹ See p. 35, Outcome 19, of the Consent Decree.

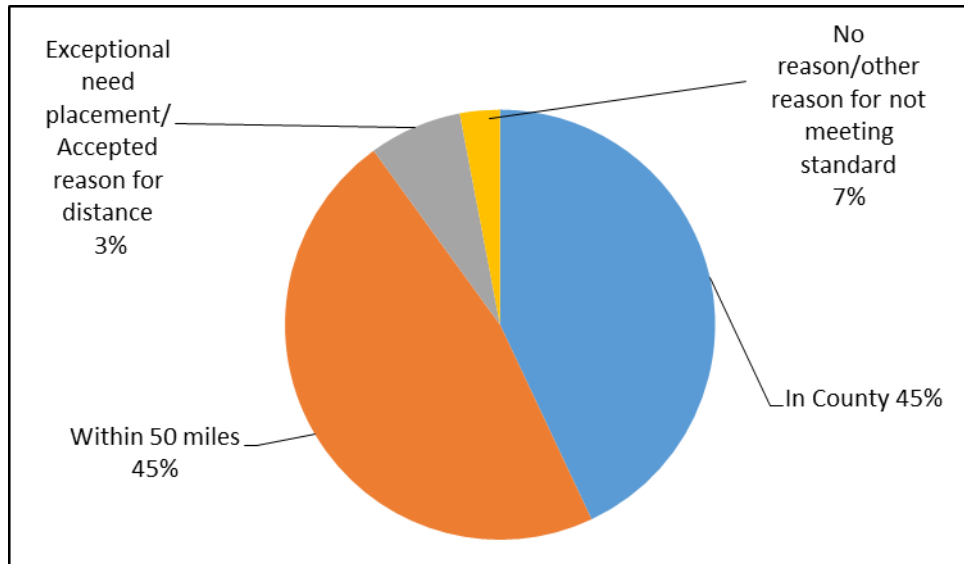
One hundred and fifty-six children (89%) were placed within the same county or within a 50 mile radius from the home from which they were removed. Six additional children were not placed within the designated proximity but were considered to be appropriately placed because they met the following exceptions allowed under the consent decree:

- Three children had needs so exceptional that they cannot be met by family
- One child was placed with relatives through ICPC
- One child was in an adoptive placement, and
- One child was placed with parent/guardian

According to the documentation in their files, a total of 13 children (7%) did not meet the requirements or the allowable exceptions. This is more than double the amount that did not meet the requirements in Period 17 (6 children). The state has consistently surpassed this Outcome Measure since Period 2 when it was first measured. However, the decreased performance during Period 18, indicates a need to recruit more foster homes within and in close proximity to Region 14. During Period 19, the lack of foster homes resulted in youth being placed in hotels. The state has since instituted a more robust recruitment campaign that will be discussed in the Period 19 report.

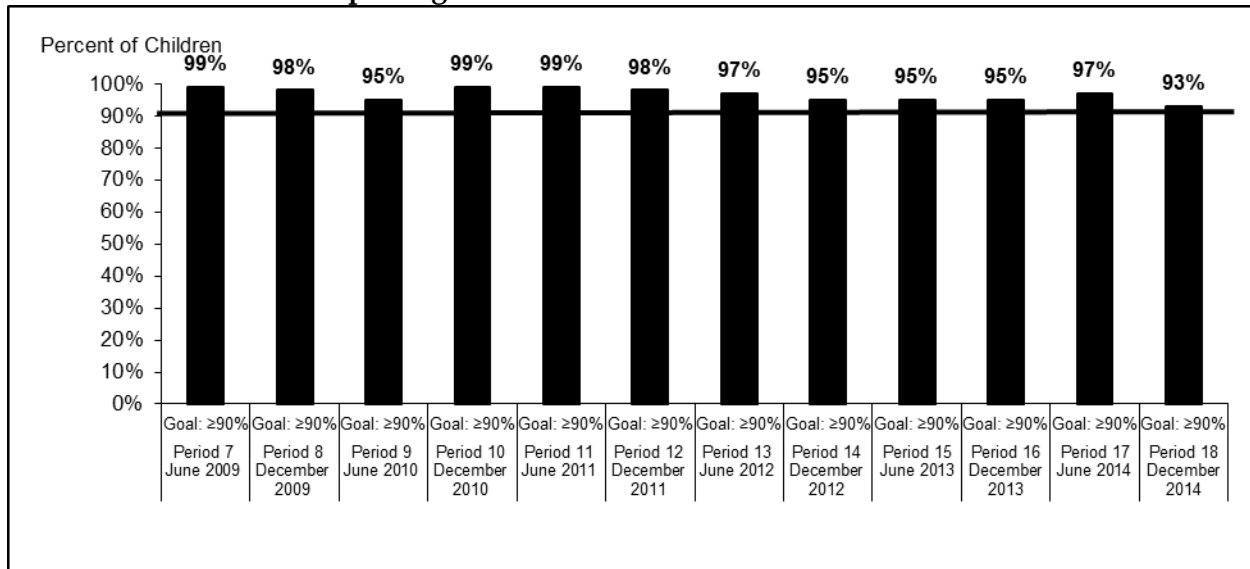
The distribution of all children in the sample among placement locations is displayed in Figure IV-2. The State's performance over the 12 most recent reporting periods is displayed in Figure IV-3 and reflects the State's consistent achievement of this outcome.

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



Source: Case Record Review February – May 2015.

Figure IV-3
Twelve Reporting Periods of State Performance on Outcome 19:



Source: Review Period Foster Care Case Record Reviews of a sample of 175 children, February – May 2015.

Outcome 21 – Parent-Child Visitation

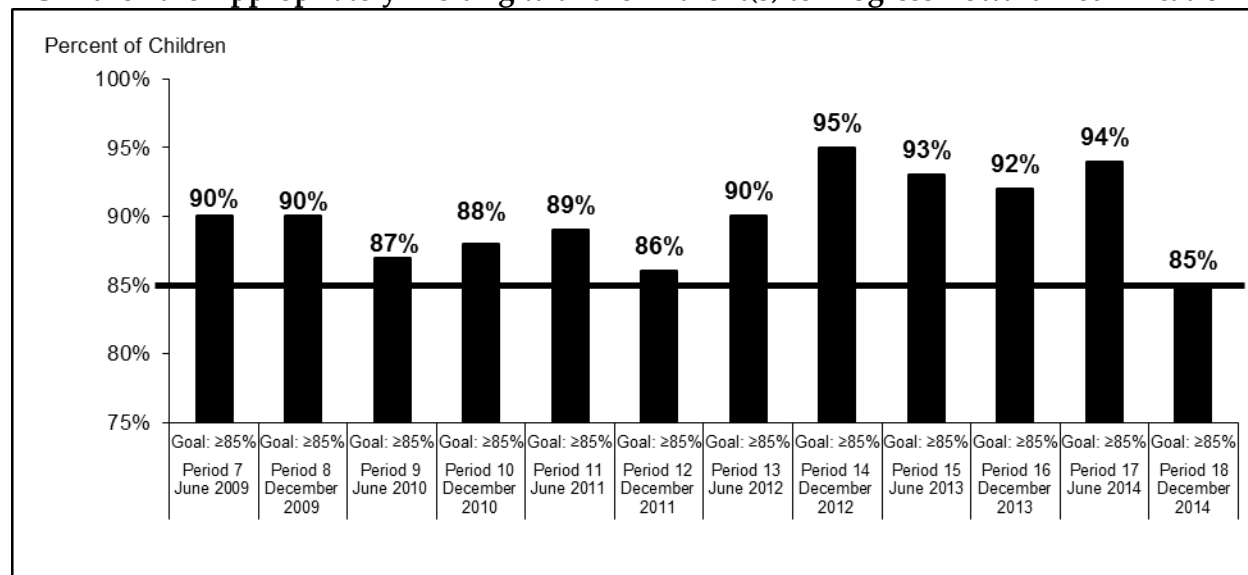
National studies have found that children who have frequent, regular contact with their birth parents are more likely to be successfully reunified with them. Outcome 21 seeks to ensure that appropriate visitation takes place between children and their parent(s)/guardian(s) by setting a target for the proportion of children who visit with their parents/guardian(s), but there are no stipulations as to timing or visit content.

State Performance

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

According to the state data, during Period 18, 3381 visits between parents and children (or children and other individuals with whom they were to be reunified) were required to progress toward reunification and 2871 (85%) of those visits occurred.⁴² The performance threshold for this outcome is 85 percent. This performance is a decrease from the Period 17 performance of 94 percent, but marks the twelfth straight review period in which the state has met or exceeded the required threshold. It is important to note that there were 15.5 percent more visits required during Period 18 than in Period 17. The increase was especially high in DeKalb County during the months of September and October. At the same time, the turn-over rate of case managers increased, leaving fewer case managers to facilitate the visits. Figure IV-4 displays the State's performance over the past twelve reporting periods.

Figure IV-4
Twelve Reporting Periods of State Performance on Outcome 21:
Children are Appropriately Visiting with their Parent(s) to Progress Toward Reunification



Source: Review Period Foster Care Case Record Reviews, sample size varies, January 2009– December 2014.

⁴² See Appendix B for a discussion of how “appropriate visitation” was determined.

Outcome 16 – Sibling Placement and Outcome 23 - Sibling Visitation

The Consent Decree stipulates a sibling placement standard⁴³ that intends to keep siblings connected and establishes two performance outcomes related to maintaining sibling bonds. Outcome 16 requires at least 80 percent of all foster children entering care with one or more siblings to be placed with all of their siblings. Outcome 23 requires at least 90 percent of the sample to have monthly visits between siblings in care that are not placed together, unless specific circumstances preclude such visits.⁴⁴

a. Interpretation and Measurement Issues

A total of 365 children entered custody in a sibling group of two or more during Period 18. Among the 365 children, 10 children were separated from siblings due to their special medical, developmental or behavioral needs or the special needs of their sibling. Eighteen additional children were not placed with all of their siblings because they have different fathers and they were placed with their paternal relatives. Removing these 28 children from the analysis (which conforms to the standard for exceptions established in previous reporting periods) leaves 337 children with which to measure Outcome 18 performance. This number compares to the 363 children in applicable sibling groups in Period 17, and 251 children in applicable sibling groups in Period 16. It also affirms the state's explanation that with the increased number of children who entered care, many of them entered in sibling groups.

b. State Performance – Outcome 16

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

Of the 337 children who entered custody with one or more siblings in Period 18 and did not have a special placement need or an exception as discussed above, 198 children (59%) were placed with all of their siblings.⁴⁵ Outcome 16 requires at least 80 percent of children entering care with siblings to be placed with all their siblings. This is similar to the performance of 57 percent of children who were placed with all of their siblings during Period 17. Figure IV-5 illustrates the sibling placement pattern in Period 18 and Figure IV-6 displays the State's performance over the 12 most recent reporting periods.

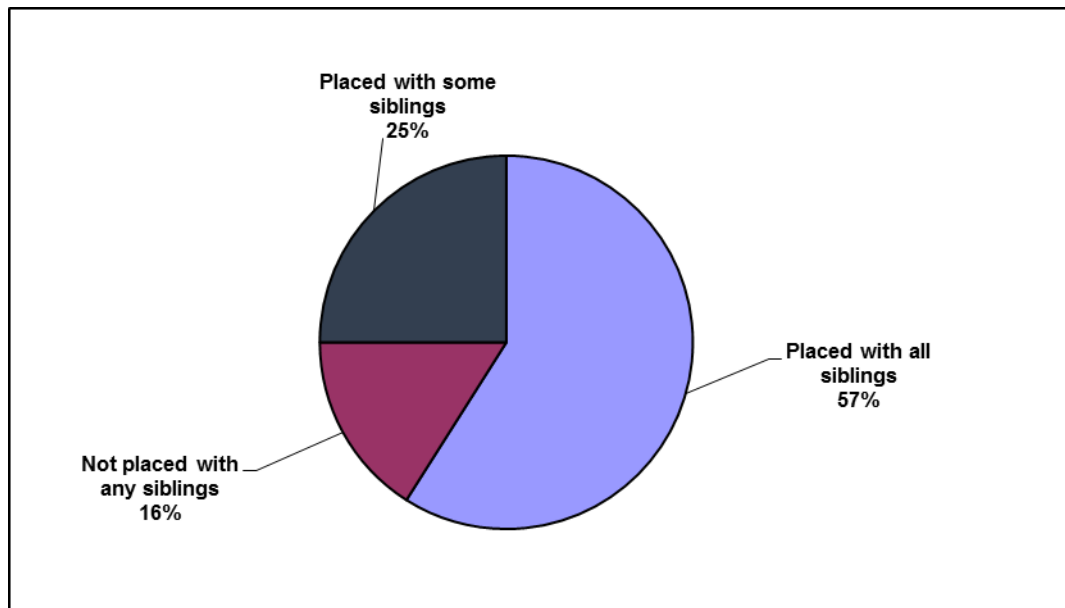
According to the counties, 78 children (in 17 total sibling groups) from the group of 139 that were not placed with all siblings were separated because they were part of large sibling groups of 4 or more. The remaining 61 children were in smaller sibling groups that were not all placed together upon entering care.

⁴³ See p. 16, paragraph 5C.4.d of the Consent Decree.

⁴⁴ See *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

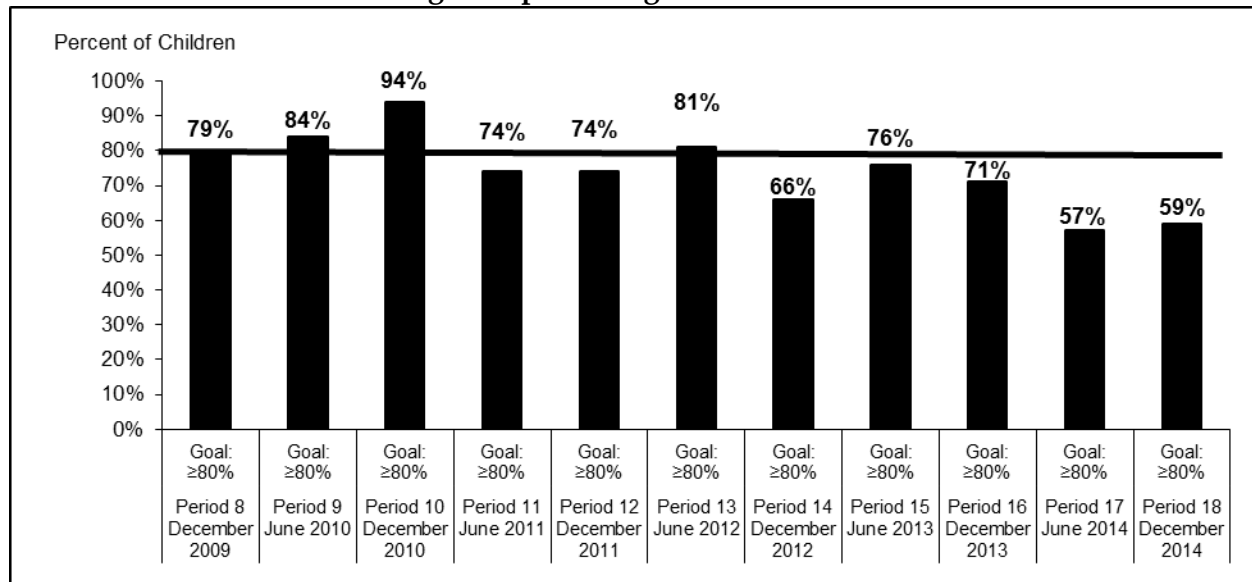
⁴⁵ All of their siblings that did not themselves require a separate setting because of special needs.

Figure IV-5
Sibling Group Placement for Period 18 Foster Care Entries
N=337



Source: SHINES report, verified.

Figure IV-6
Twelve Reporting Periods of State Performance on Outcome 16:
Sibling Groups are Together in Placements



Source: Review Period Foster Care Case Record Reviews and SHINES reports, February - May 2015.

As indicated in Table IV-3, the State's performance on Outcome 16 since Period 7 appears to be influenced by the number of larger sibling groups entering care. In the periods in which the

State achieved compliance (Periods 10 and 15) fewer than 25 sibling groups of three or more entered care. In six out of the seven periods in which the State failed to achieve the standard (Periods 11, 12, 14, 16, 17 and 18) the number of sibling groups of three or more entering care exceeded 43. The need to increase the number of foster home placements that are able to accommodate larger sibling groups and examine its current practices and policies regarding the placement of siblings has been highlighted consistently in several of the most recent monitoring reports. The state has instituted more targeted recruitment efforts and the state has allotted over five million additional dollars toward recruitment, retention and support of foster parents. The accountability agents will report on the state's efforts in future reports. Table IV-3 displays sibling group sizes and Outcome 16 performance for each of the last nine reporting periods.

Table IV-3
Sibling Group Sizes in Period 10 through Period 18
(July 2010- December 2014)

Sibling Group Size	Number of Sibling Groups by Size of Group								
	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16	Period 17	Period 18
2 children	42	56	47	61	39	51	52	56	55
3 children	13	26	27	25	29	8	25	33	33
4 children	3	12	11	5	8	11	8	18	26
5 children	4	4	4	5	6	2	10	11	7
6 children		2	2	2		3	3	2	1
7 children			2				3		1
8 children			1					1	1
9 children		2			1				
10 children									
11 children								1	
Total Number of Sibling Groups with 3 or more children	20	46	47	37	44	24	49	66	69
Outcome Performance	94%	74%	74%	81%	66%	76%	71%	57%	59%

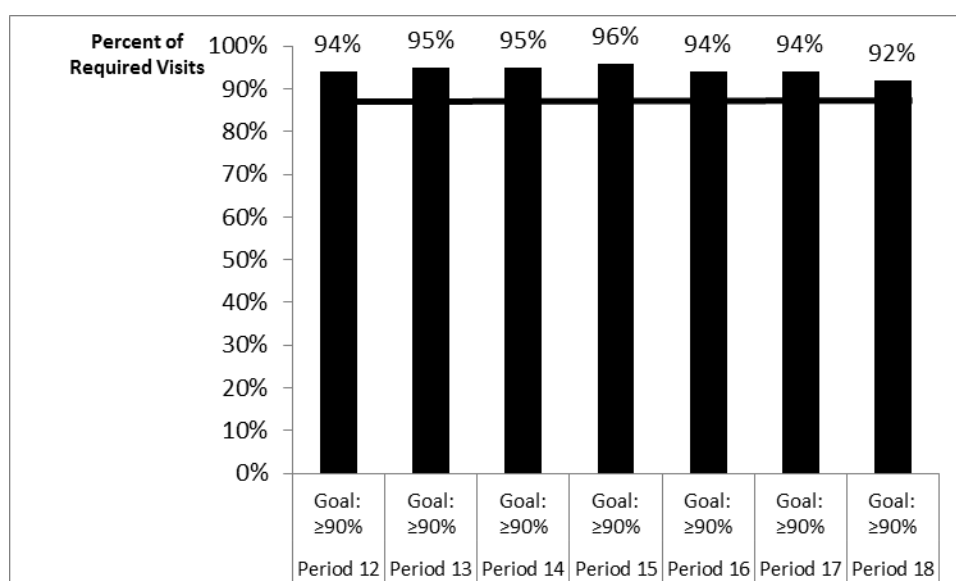
Source: SHINES reports for designated reporting periods.

c. State Performance – Outcome 23

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

For Outcome 23, **92 percent** of the required monthly visits among siblings in custody but in separate placements occurred, surpassing the Consent Decree’s sibling visitation requirement of 90 percent.⁴⁶ Figure IV-7 displays the State’s performance over the last seven reporting periods.

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



Source: County databases

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

Permanency for a child can be achieved in many ways. Subject to the absolute constraint represented by child safety, the initial focus of child welfare work is always on reunification with the birth parents or other reunification resource. Should that result be unattainable, the state may pursue guardianship to a relative or adoption by a relative, another family member, or a family specifically recruited for the child. Legal guardianship is also a means of securing permanency for a child. Table IV-4, provides the distribution of permanency goals across the sample of 175 children.

⁴⁶ See *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

Table IV-4
Permanency Goals of Children
N=175

Permanency Goal	Number	Percent
Judicially Determined/Presumed Reunification*	36	21%
Concurrent Goal (Reunification and another goal; or, in some cases, Adoption and another goal)	97	55%
Adoption	29	17%
Guardianship	8	5%
Custody to a Fit and Willing Relative	1	1%
Long Term Foster Care	1	1%
Emancipation	3	2%
No permanency goal established	0	0%
Total	175	100%

Source: Case Record Review, –February – May 2015. *Presumed re-unification goal for children in care for less than 12 months.

In the case record review of a sample of 175 children in foster care, 114 (65%) did not have any documented barriers to permanency. As of December 31, 2014, 129 children in the sample remained in care. Of those remaining in care, 75 children (58%) had no documented barriers to permanency. Among the 54 other children remaining in care, the following barriers were documented in their files:

- Parent behavior/circumstances including:
 - Parents not participating in services; not visiting with child;
 - Parents whereabouts unknown;
 - Substance abuse/mental health issues impeded resource’s ability to effectively participate;
 - Limited housing and economic opportunities: parents cannot obtain the necessary housing and employment or income support to adequately provide for their children;
 - Parent moved out of the state;
 - Parent incarcerated and escaped;
 - Criminal allegations still pending or no contact bonds in place in Superior Court.
- Child behavior/ circumstances including:
 - Child wishes to remain in care;
 - Child is on frequent runaway;
 - Child has behavioral or medical issues; and
 - Child’s immigration status.
- Adoption finalization roadblocks including:
 - DFCS unable to identify an adoptive resource; and
 - Termination of parental rights (TPR) is pending but not complete.

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

Outcome 8 (parts [a] and [b]) relates to children that enter custody after the effective date of the Consent Decree (October 27, 2005). The difference between Outcome 8a and Outcome 8b lies in how they treat three permanency outcomes: adoption, permanent legal custody (live with other relatives) and guardianship. In January 2014, the state changed its policy and no longer seeks to transfer permanent legal custody without a guardianship or adoption. Table IV-5 below summarizes the differences between Outcome 8a and Outcome 8b.

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

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

To meet the requirements of 8(a), the indicated permanency outcomes must be achieved within 12 months of a child’s entering State custody; to meet the requirements of 8(b), the indicated permanency outcomes must be achieved within 24 months of entry. With respect to two other permanency outcomes – reunification and permanent placement with relatives (i.e. living with relatives but remaining in the State’s legal custody)⁴⁷ – the requirements of 8(a) and 8(b) are identical: to be “counted” toward the outcome performance requirements, each must be achieved within 12 months of a child’s entering State custody.

a. Interpretation and Measurement Issues

The data for this outcome is for the universe of children entering care since the inception of the Consent Decree, as reported by the State from the SHINES system. The Accountability Agents worked with the State to reconcile and validate the data.

⁴⁷ The Consent Decree stipulates for a relative who is “willing to assume long-term responsibility for the child but has reasons for not adopting the child or obtaining guardianship or permanent legal custody, and it is in the child’s best interest to remain in the home of the relative rather than be considered for adoption, permanent legal custody, or guardianship by another person.” In these circumstances, the child remains in the custody of the state with the relative committing to the “permanency and stability” of the placement. This is called “*permanent placement with relatives*”.

b. State Performance

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

Through December 2014, 11,366 children had entered DFCS custody since October 27, 2005. From this cohort of children, 6619 children (**58%**) exited by December 31, 2014 to live with their parents, other relatives, guardians or were adopted by new families within 12 months of entering State custody (**Outcome 8a**). The performance threshold for 8a is 40 percent. The State's performance on Outcome 8a in Period 18 is similar to the performance in Period 17 (58 %). The State has surpassed the Outcome 8a standard in every reporting period to which it applied.

Another 812 children were adopted or exited to the custody of relatives or to legal guardians between 12 and 24 months of entering foster care (**Outcome 8b**), bringing the total that exited to the designated permanency arrangements within the time frames specified in the Consent Decree to 7431 or **65 percent** of the total cohort. The Period 18 performance was similar to the Period 17 performance (65%) and does not meet the threshold of 74 percent required by the Consent Decree.

Table IV-6 provides the distribution of all the children in the Outcome 8 cohort who exited custody by the end of December 2014. An additional 1655 children (15% of the cohort) exited to one of the designated permanency arrangements but these exits occurred outside the designated time frames for the outcomes. Although these children cannot be "counted" toward either Outcome 8a or 8b, the Accountability Agents recognize the achievement of permanency for these children. The proportion of children who have entered State custody since the advent of the Consent Decree and are still in care decreased from 13 percent at the end Period 14 to 11 percent in Period 18. However, in Period 18, more children entered care (710) compared to the number that exited care (643). This is the second consecutive period in which this pattern exists. However, the Governor's new budget includes funding to hire additional case managers who will begin as soon as July 1, 2015. Beginning in March 2015, the state began implementing a new Child Welfare Employee Selection Protocol. The protocol is a research based guide that provides tasks designed to provide new job applicants with comprehensive information about social services positions in order to make informed decisions about being employed by the agency. Moreover, under a revised Curative Action Plan that commenced in December 2014, the state agreed to hold bi-monthly hiring panels to mitigate any gaps in the hiring and training process.

Figure IV-8 displays the State's performance over the 12 most recent reporting periods. Figure IV-9 illustrates the exit outcomes for all children who have entered State custody since the start of the Consent Decree.

Table IV-6

Outcome 8

Children Entering DFCS Custody on or after October 27, 2005

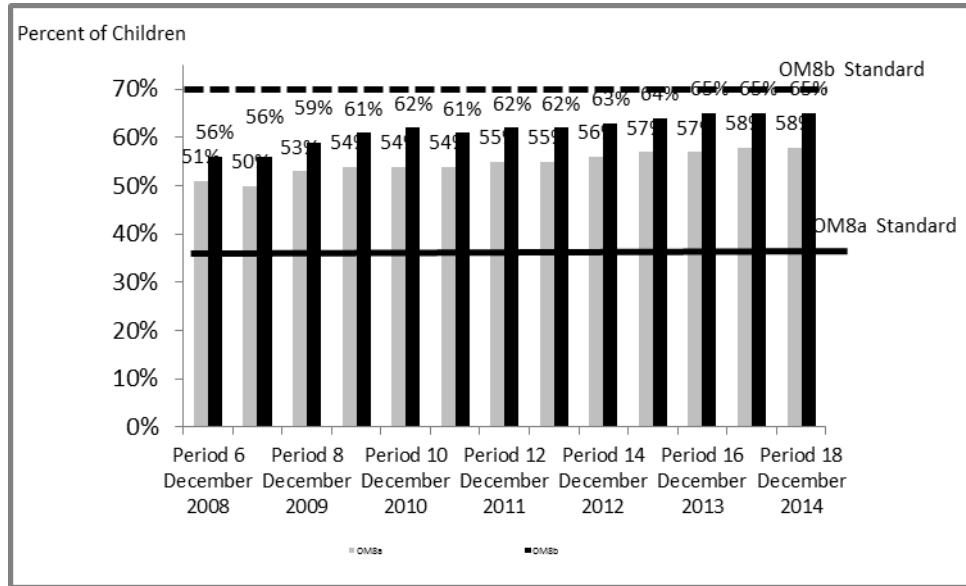
Who Exited to Permanency by December 31, 2014

	Children who entered custody on or since October 27, 2005	
Number of children in cohort	11366	
Exits as of December 31, 2014	8(a)	8(b)
Reunification within 12 months	5206	5206
Permanent Placement with Relatives within 12 months (still in state custody)	0	0
Permanent Legal Custody within 12 months (custody transferred from DFCS)	866	866
Permanent Legal Custody between 12 and 24 months (custody transferred from DFCS)		363
Adoption within 12 months	28	28
Adoptions between 12 and 24 months		216
Guardianship within 12 months	519	519
Guardianships between 12 and 24 months		233
Total Exits for Outcome Measurement	6619	7431
Percentage Exiting for Outcome Measurement	58%	65%
Number Exited to Permanency but not in required time frame	1655 (15%)	
Other exits (transfer to other counties, emancipation, etc.)	1082(10 %)	
Total number exiting	10168 (89%)	
Remaining number in cohort on December 31, 2014	1198 (11 %)	
Demographics of those still in DFCS custody at December 31, 2014	Average length of stay: 16 months	
	Median length of stay: 10 months	
	Average Age: 8 years	
	47% female, 53% male	

Source: SHINES, and county tracking systems.

Figure IV-8

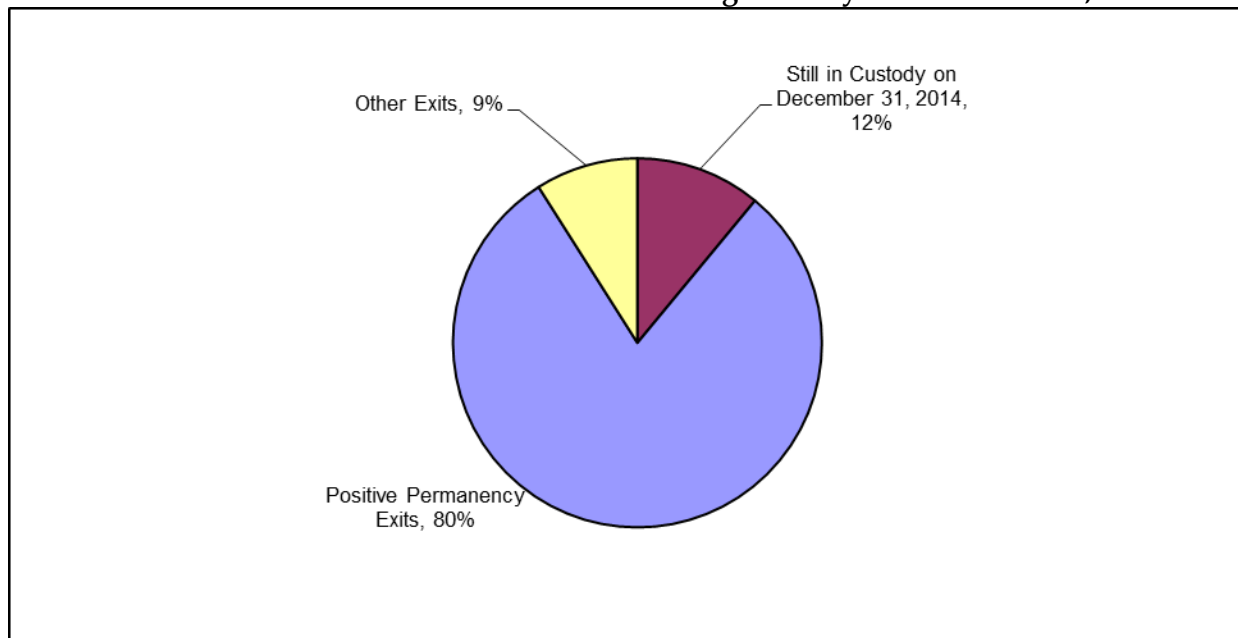
**Twelve Reporting Periods of State Performance on Outcome 8:
Permanency for Children Entering Foster Care since October 27, 2005**



Source: State data systems, IDS and SHINES

Figure IV-9

Foster Care Outcomes of 11366 Children Entering Custody since October 27, 2005*



Source: SHINES, and county tracking systems

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

c. Operational Context

As a result of ongoing discussions between the parties about the Outcome 8b performance and a request by Plaintiffs' Counsel in February 2012⁴⁸, the State began providing a special "entry cohort" analysis of the State's 8b performance to shed more light on the state's progress. To date, this analysis has considered the permanency results over 24 months for eight separate cohorts of children. The cohorts are as follows:

- Cohort 1: All children who entered care in Period 6 – July 1 through December 31, 2008;
- Cohort 2: All children who entered care in Period 7 – January 1 through June 30, 2009;
- Cohort 3: All children who entered care in Period 8 – July 1 through December 31, 2009;
- Cohort 4: All children who entered care in Period 9 – January 1 through June 30, 2010;
- Cohort 5: All children who entered care in Period 10 – July 1 through December 31, 2010.
- Cohort 6: All children who entered care in Period 11 – January 1 through June 30, 2011.
- Cohort 7: All children who entered care in Period 12 – July 1 through December 31, 2011.
- Cohort 8: All children who entered care in Period 13 – January 1 through June 30, 2012.
- Cohort 9: All children who entered care in Period 14 – July 1 through December 31, 2012.

Specifically, this entry cohort analysis measures the proportion of children entering care in each of the designated reporting periods that achieved one of the stipulated permanency outcomes within 12 or 24 months of entry, as applicable. The result is displayed in Table IV-7.

Table IV-7
Children Achieving Timely Permanency within 24 Months of Entering Foster Care:
Results for Cohorts of Children Entering Periods 6 - 14

Cohort 1	Cohort 2	Cohort 3	Cohort 4	Cohort 5	Cohort 6	Cohort 7	Cohort 8	Cohort 9
Period 6 July to December 2008	Period 7 January to June 2009	Period 8 July to December 2009	Period 9 January to June 2010	Period 10 July to December 2010	Period 11 January to June 2011	Period 12 July to December 2011	Period 13 January to June 2012	Period 14 July to December 2012
66%	70%	75%	73%	73%	72%	70%	68%	72%

⁴⁸ Email correspondence from Laurence D. Borten, Children's Rights to Mark Cohen, Special Counsel to The Department of Human Services, February 17, 2012.

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

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

Since Period 4 the threshold for Outcome 9 has been 40 percent and the threshold for Outcome 10 has been 35 percent. At that time 420 children remained in custody in the Outcome 9 cohort and 349 children remained in custody in the Outcome 10 cohort. At the beginning of Period 18, only 6 children remained in the cohort for Outcome 9 and only 5 remained in the cohort for Outcome 10. While permanency for every child is paramount, the numbers are so low that the state will never achieve the required thresholds and the overall percentages of children achieving positive permanency will no longer change. However, the Accountability Agents will continue reporting the permanency efforts for the children who remain in care, until no children remain in either cohort.

State Performance

- **The State Fell Short of the Outcome 9 Threshold**

Of the six children remaining in custody on June 30, 2014 who were in the cohort of children that had been in State custody up to 24 months as of October 27, 2005, one (16.7%) had a positive permanency exit during the period July 1 and December 31, 2014.⁴⁹ One of the children remaining in care is under the age of 12. However, this child was part of a large sibling group for which the permanent plan was originally reunification. This child has also had significant mental health and behavioral issues that interfered with later permanency plans such as guardianship. He has now been stepped down in his treatment and the state continues to work towards permanency. A termination of parental rights was granted during Period 18.

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

Of the five children remaining in custody on June 30, 2014 who were in the cohort of children that had been in State custody for over 24 months as of October 27, 2005, none (0%) exited to positive permanency during the period July 1 and December 31, 2014. Three of these children exited Region 14 custody for reasons other than positive permanency during Period 18, leaving two children from the Outcome 10 cohort still in custody on December 31, 2014.

Table IV-8 depicts this information and provides additional characteristics about the children remaining in each cohort.

⁴⁹ "Positive permanency exits" refers to reunification, permanent placement with relatives, permanent legal custody, adoption or guardianship.

Table IV-8
Outcomes 9 and 10
Remaining Children Who Entered DFCS Custody before October 27 2005 and Who Exited to
Permanency July 1 and December 31, 2014

	Cohorts of Children		
	Children in custody for <u>up to 24 months</u> and still in custody on October 27, 2005 (Outcome 9)	Children in custody <u>for more than 24 months</u> and still in custody on October 27, 2005 (Outcome 10)	Total
Number of children in cohort	6	5	11
Permanency Exits			
Reunification	1	0	1
Adoption	0	0	0
Guardianship	0	0	0
Live with other relative	0	0	0
Permanent Placement with relatives	0	0	0
Total for Outcome Measurement	0	0	0
Percentage exiting for Outcome Measurement	16.7%	0%	
Other exits (transfer to other counties, emancipation, etc.)	0	3	3
Total number exits	1	3	4
Number remaining in cohort December 31, 2014	5	2	7
Characteristics of children remaining in custody on December 31, 2014			
Proportion under the age of 12	9%	0%	
Average length of stay	114 months (9.5 years)	153 months (12.75 years)	
Median length of stay	110 months (9.2 years)	153 months (12.75 years)	
Average age	15	15	
Percent female	40%	50%	
Percent male	60%	50%	

Source: SHINES, and county tracking systems.

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

Outcome 11 applies to all children for whom termination of parental rights was final between July 1 and December 31, 2013. Outcome 11 stipulates that 80 percent of these children should have their adoptions or legal guardianships finalized within 12 months of final termination or relinquishment of parental rights.⁵⁰

⁵⁰ See p. 34. Outcome 11 of the Consent Decree.

a. Interpretation and Measurement Issues

The measurement uses a report from SHINES supplied by the State and verified by the Accountability Agents. In the 12 months leading up to December 31, 2014, the parents of two children appealed the judicial decision to terminate their parental rights. While the termination is under appeal, the termination of parental rights is not final. Therefore, the Accountability Agents determined that these children should be excluded from the analysis of Outcome 11 in Period 18 but included as appropriate in future reporting periods based on the timing of the appeal's conclusion.

b. State Performance

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

Between July 1 and December 31, 2013, the parental rights of the parents of 54 children were terminated or relinquished. Of these 54 children, 44 children (**81%**) were adopted/had their legal guardianships finalized within 12 months. This is the first time since Period 13 that the state has surpassed the 80 percent requirement under the Consent Decree. Consistent monitoring of and focus on these cases by case managers, supervisors, administrators and state personnel has enabled the state to recover from the policy changes within their adoption units that caused the significant decline in performance during Period 14.

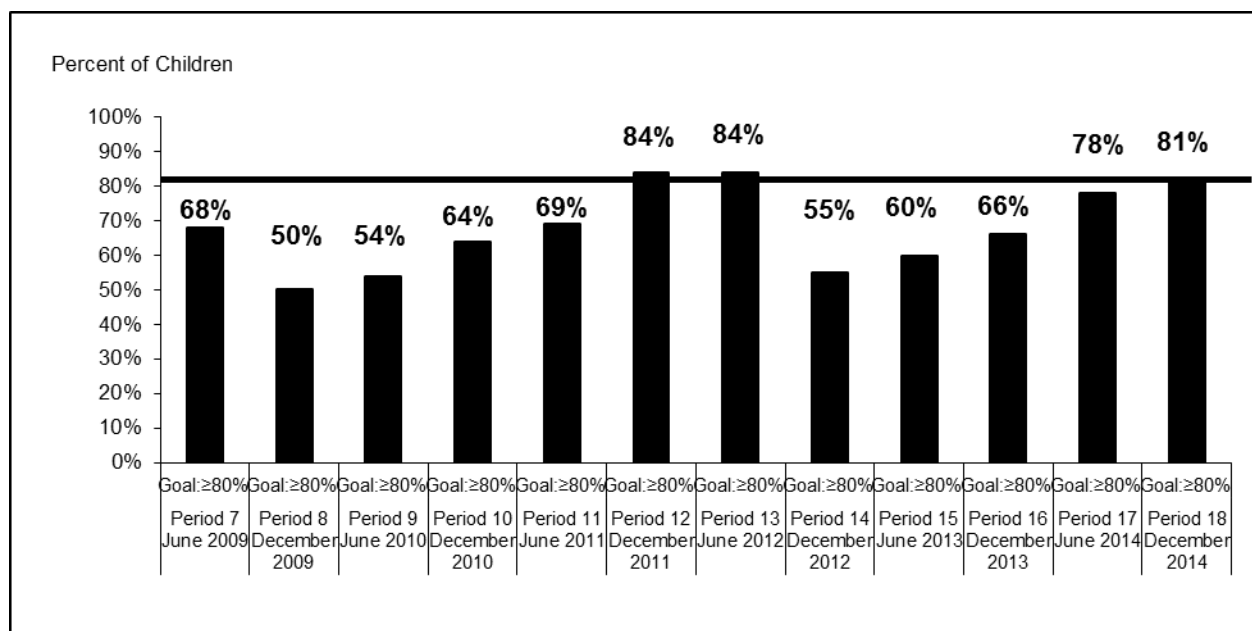
Table IV-9 displays the status of Children with Parental Rights Terminated between July 1 and December 31, 2013. Figure IV-12 displays the State's Outcome 11 performance over the 12 most recent reporting periods.

Table IV-9
Status as of December 31, 2014 of Children with Parental Rights Terminated between
July 1 and December 31, 2013
N=54

	Number	Percent	Cumulative Percent
Adoption finalized within 12 months	44	81%	81%
Guardianship	0	0%	81%
Adoption or Guardianship finalized within 13 months	0	0%	81%
Adoption or Guardianship finalized within 14 - 17 months	0	0%	81%
Custody to relatives/other for purposes of adoption (granted within 12 months of TPR)	0	0%	81%
Custody to relatives within 12 months of TPR	0	0%	81%
Awaiting adoption as of December 2014	10	19%	100%
Total	54	100%	

Source: State reporting from SHINES.

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



Source: State reporting from IDS and SHINES, January 2008 – December 2014.

When children exit foster care, it is an expectation of Georgia's child welfare system that the children will have exited to a stable, family care arrangement. In particular, exits to reunification and adoption are intended to be life-long arrangements. The casework done while

a child is in custody and the planned aftercare can help these exits remain successful. Unfortunately, circumstances sometimes require children to re-enter care to ensure their safety or well-being. Two outcomes, Outcome 4 and Outcome 14, focus on the State's performance in ensuring successful permanency without subsequent re-entry within one year.

Outcome 4 – Re-Entry into Custody

Outcome 4 seeks to answer the question, *"Of the children entering foster care during the reporting period, what proportion had previously left custody within the 12 months prior to their entry in the reporting period?"*⁵¹ That is, it is trying to identify the children who have quick successions of foster care episodes. Outcome 4 sets the same numerical standard as the national standard established by the U.S. Department of Health and Human Services as part of its child welfare monitoring responsibility.⁵² However, the federal standard has generally applied to children who returned to custody after being reunified and the Consent Decree standard applies to all children, regardless of their previous discharge reason. In addition, the Federal methodology for assessing the permanency of reunification has evolved over time and now calculates permanency stability as a percentage of the children *exiting* care in a given period, rather than as a percentage of the children *entering* care. That is, the federal analysis of the permanency of reunification now asks, *of all children discharged from foster care to reunification in the 12-month period prior to the current year, what percentage reentered care in less than 12 months from the date of discharge?* The federal rationale for the methodological change is that a longitudinal measure of re-entry into foster is a more direct measure of how permanent an exit is than the original re-entry measure.⁵³ However, as the Outcome 4 standard is still expressed as a percentage of the children *entering* care, the measurement methodology upon which this report is based remains unchanged.

a. Interpretation and Measurement Issues

The measurement of Outcome 4 is based on the entire population of 710 children who entered foster care through adjudication at any time between July 1 and December 30, 2014. The State used SHINES to produce a report of the children experiencing a re-entry into foster care in Period 18. This list was verified by the Accountability Agents.

b. State Performance

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

Of the 710 children who entered foster care between July 1 and December 31, 2014, 75 children

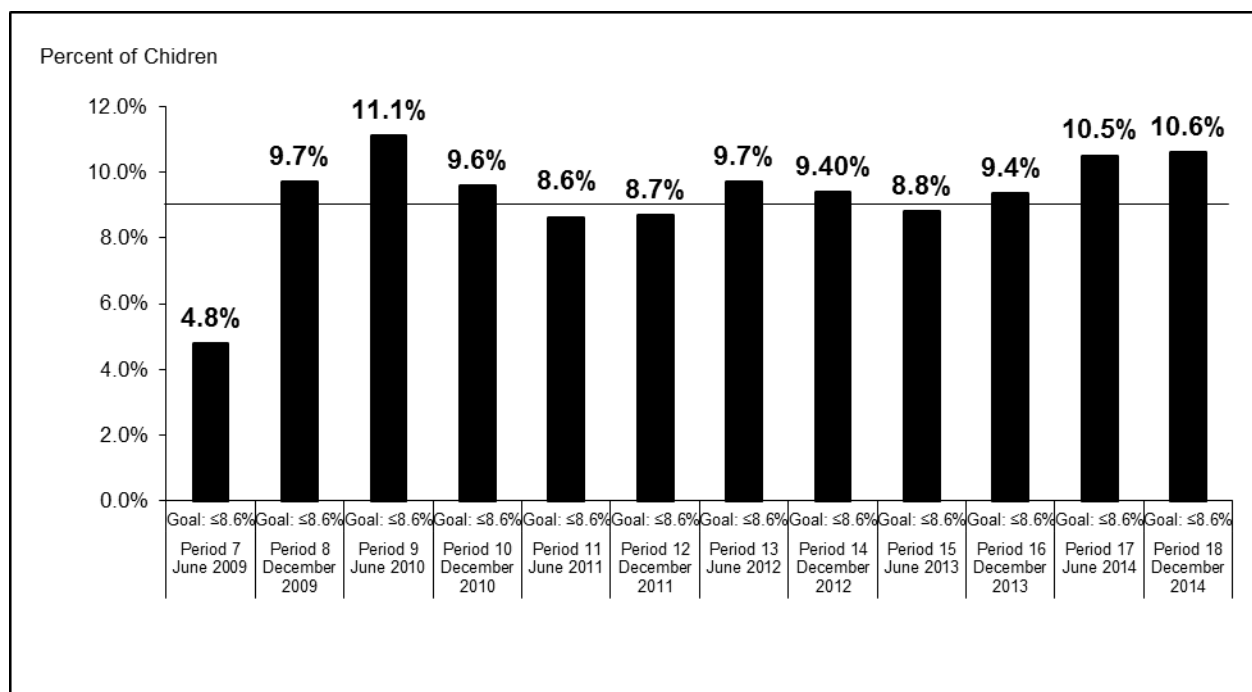
⁵¹ See p 32, Outcome 4, of the Consent Decree.

⁵² See the Information Memorandum at http://www.acf.hhs.gov/programs/cb/laws_policies/policy/im/2001/im0107.htm.

⁵³ See the Child Welfare Outcomes 2004-2007: Report to Congress at <http://www.acf.hhs.gov/programs/cb/pubs/cwo04-07/index.htm>.

(10.6%) had exited foster care at least once in the 12 months prior to their most recent entry. The outcome performance threshold is no more than 8.6 percent. This is similar to the Period 17 performance of 10.5 percent. Figure IV-13 displays the State's Outcome 4 performance over the 12 most recent reporting periods.

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



Source: IDS and SHINES reports, January 2009 –December 2014.

c. Operational Context

Table IV-10 displays the number of children who had multiple entries, the total number of children who entered care, and the proportion of all entries represented by those re-entering each period. The State has not met the threshold since Period 11 and the number of children re-entering care has been extremely high during the last two periods, Periods 17 and 18 (77 and 75 respectively). Even though the total number of children entering care has increased during the last two periods, the rate of children re-entering remains very high which is a cause for concern. During G2 meetings the counties and accountability agents are examining the re-entry data more closely to determine some of the practice areas that may be impacting performance. There appears to be a correlation between quality discharge staffings (meetings to review the case and ensure that appropriate transitional services are put in place) and prevention of re-entry. Thus, during Period 19, the counties have been working toward increasing the rate and quality of discharge staffings. In addition, the number of teens that originally entered care due to

behavior issues are disproportionately represented in the group of children and youth who subsequently re-enter. The counties are examining the effectiveness of services offered while these youth are in foster care as well as when they transition home. More information and the results of these interventions will be discussed during the next reporting period.

Table IV-10
Number of Children Re-entering Foster Care and
Total Number of Children Entering Foster Care, Periods 2-18

Reporting Period	Number of Children Re-entering Foster Care	Total Number of Children Entering Foster Care	Percent of Entering Children Who Were Re-Entering
Period 2: July-December 2006	71	768	9.2%
Period 3: January-June 2007	84	875	9.6%
Period 4: July-December 2007	54	590	9.2%
Period 5: January-June 2008*	44	486	9.1%
Period 6: July-December 2008	41	619	6.6%
Period 7: January-June 2009	27	561	4.8%
Period 8: July-December 2009	40	413	9.7%
Period 9: January-June 2010	53	479	11.1%
Period 10: July-December 2010	36	375	9.6%
Period 11: January-June 2011	50	584	8.6%
Period 12: July-December 2011	49	561	8.7%
Period 13: January-June 2012	55	570	9.7%
Period 14: July-December 2012	55	588	9.4%
Period 15: January 1 – June 2013	43	488	8.8%
Period 16: July 1 – December 2013	52	556	9.4%
Period 17: January 1 – June 2014	77	733	10.5%
Period 18: July 1 - December 2014	75	710	10.6%

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

Outcome 14 – Adoption Disruptions within 12 Months of Finalizations

Outcome 14 focuses on adoptions that fail or are at the brink of failure. Adoption disruptions occur when adoptive parents no longer can or no longer wish to parent the children to whom they made a lifetime commitment or when children are found to be at risk of harm and must be removed from the adoptive home. When a disruption occurs, DFCS works with these families to achieve reunification and prevent dissolution, but the effort is not always successful. The Consent Decree establishes a performance threshold that no more than five percent of adoptions finalized during a reporting period shall disrupt within the 12 months subsequent to finalization.⁵⁴

⁵⁴ See p. 34, Outcome 14, of the Consent Decree.

State Performance

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

Within the group of 44 children adopted between July 1 and December 31, 2013, none (0%) are known to have re-entered the State's custody by December 31, 2014. The outcome performance threshold is no more than five percent. The State has surpassed this outcome measure in every reporting period.

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

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

- The child is being cared for by a relative;
- The state has documented a “compelling reason” that filing a petition to terminate parental rights would not serve the child's best interests; or
- The state has not made “reasonable efforts” to reunify the family.⁵⁵

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.⁵⁶

The Consent Decree Outcome 15 stipulates that 95 percent of children who reach their 15th month in care will have had either: 1) a petition for the termination of parental rights filed against both parents or legal caregivers, as applicable; or 2) a compelling reason documented in the case record as to why such action is not in the best interest of the child.⁵⁷

a. Interpretation and Measurement Issues

The measurement of Outcome 15 is based on the entire population of children who, in Period 18, reached or exceeded their 15th month in custody out of the previous 22 months. As in previous periods, the Accountability Agents reviewed the compelling reason provided for each child and compared it to past information. Information provided by the counties was also verified using data from the Period 18 review of 175 randomly-selected foster care case records.

During Period 18, there were 612 children who had reached or surpassed their 15th month in custody out of the previous 22 months. A group of 59 children (10% of 612), was excluded from the Outcome 15 performance measurement based on the placement of these children with

⁵⁵Adoption and Safe Families Act, see also Social Services Manual Chapter 1000, Section 1002.7, Georgia Department of Human Services.

⁵⁶ See Social Services Manual, Section 1002.12.3, 1002.17, and 1013.11, Georgia Department of Human Services.

⁵⁷ See p. 34, Outcome 15, of the Consent Decree.

relatives, as allowed under Federal law.

b. State Performance

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

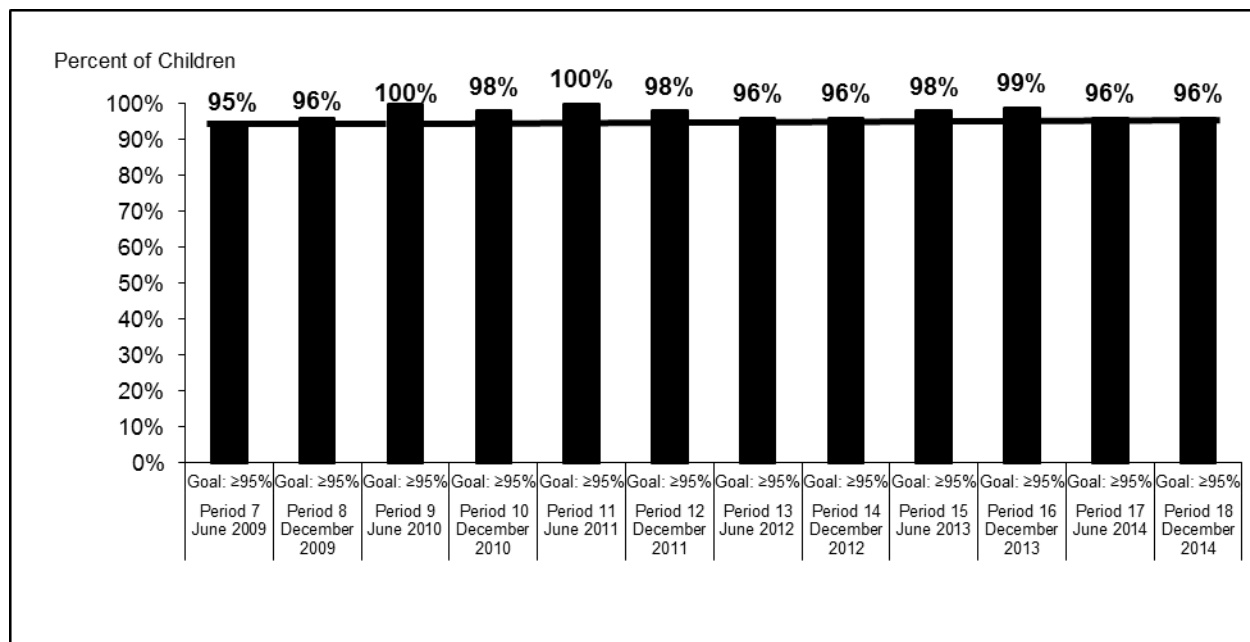
By December 31, 2014, **96 percent** of the children in care 15 of the previous 22 months were legally free to be adopted or the State had filed petitions to terminate parental rights or documented compelling reasons why it had not taken such action. This is similar to the Period 17 performance of 96 percent. Table IV-11 summarizes the different components of the counties' Period 18 performance, drawn from the data in their tracking systems. Figure IV-14 displays the State's performance on Outcome 15 for the 12 most recent reporting periods.

Table IV-11
Status of Children Who Had Been in DFCS Custody 15 of the previous 22 months
As of December 31, 2014

Category		Total		
		Number	Percent	Cumulative
Children who reached or surpassed their 15 th month in custody of the last 22 months between January and June 2014.*		612		
Excepted subpopulation (s):				
<i>Children placed with relatives</i>		59		
<i>The State has not made reasonable efforts to reunify the family</i>		0		
Number of Children for Outcome 15 Measurement		553		
Parental Rights of Both Parents have been terminated or relinquished.		172	31%	31%
DFCS has filed a petition to complete the termination of the parental rights of both parents where applicable.		93	17%	48%
There is a documented compelling reason for not terminating parental rights.		264	48%	96%
	Reasons cited for not terminating parental rights	Number		
	There is a permanency goal of return home, approved by the Court and the child is expected to be reunited with parents within 6 months.	81		
	The child is a specified age (14) or older and objects to being adopted.	107		
	The child has severe emotional or behavioral problems or a serious medical condition and reunification remains an appropriate goal.	16		
	The child has a permanency goal other than adoption and is expected to achieve that goal within 12 months of establishing the goal.	57		
	Parents are deceased, or have voluntarily relinquished rights.	0		
	The child is an unaccompanied refugee minor as defined in 45 Code of Federal Regulations 400.11.	0		
	The child is a child of a teen mother who is also in the State's custody.	2		
	Other circumstances.	1		
There is no documented Compelling Reason not to file a petition to terminate parental rights.		0	0%	96%
There are plans to terminate parental rights, but a petition had not yet been filed as of December 31, 2014 or date of discharge.		24	4%	100%

Source: SHINES and County tracking systems.

Figure IV-14
Twelve Reporting Periods of State Performance on Outcome 15:
Children in Care 15 of the Previous 22 Months have Petitions for Terminating Parental
Rights or a Compelling Reason Not to Terminate Parental Rights



Source: County data, verified January 2009 – December 2014.

Outcome 27 – Timely Semi-annual Judicial or Administrative Case Plan Reviews

Children are expected to have case plans developed within 30 days of entering State custody. According to Federal and State policy and the Consent Decree, case plans are to be reviewed by the court or designated panel within six months of entering foster care and every six months thereafter the child is in custody.⁵⁸ Outcome 27 stipulates that at least 95 percent of the children are to have timely semi-annual reviews of their case plans.

a. Interpretation and Measurement Issues

The measurement of Outcome 27 is based on the sample of 175 children in foster care at any time between July 1 and December 31, 2014. The Outcome 27 analysis was applicable to 107 children who had been in custody six months or more. This represents 61 percent of the sample of 175 children in foster care. Conclusions drawn from the subsample of 107 are subject to a margin of error of ± 9 percent.

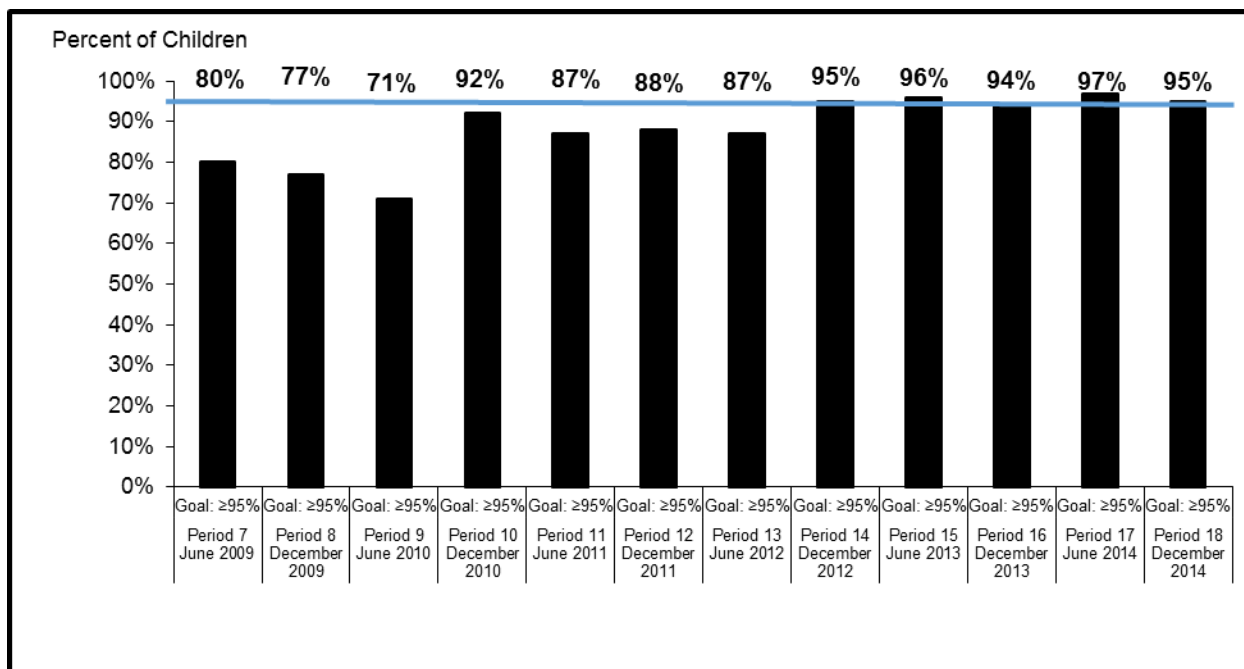
⁵⁸ See p. 7, paragraphs 4A.4 and pp. 7-8, paragraphs 4B.1-6, and p. 37, Outcome 27, of the Consent Decree.

b. State Performance

• **The State Exceeded the Outcome 27 Threshold**

Of the 107 children in the foster care sample that were in custody for six months or more by the end of the reporting period, case file documentation indicates that 102 (95%) children had documented timely plan reviews completed by the Juvenile Court or Judicial Citizen Review Panel (JCRP), or a timely request for such a review. The Outcome 27 performance threshold is 95 percent.

Figure IV-15
Twelve Reporting Periods State Performance on Outcome 27:
Timely Semi-Annual Judicial/Citizen Panel Case Reviews



Source: Review Period Foster Care Case Record Reviews, July 2008 – June 2014.

c. Operational Context

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

Only 3 of the 107 children in the subsample of foster care children who had been in custody at least six months had not had their case plans reviewed by either the Juvenile Court or the JCRP in the most recent 12-month period (sometime between January 1, 2014 and December 31, 2014). These included the reviews considered timely for Outcome 27 as well as those that were not timely.

Among the 104 reviews, DFCS sought plan changes for 21 children (20%). There were court orders documenting court approval for 70 (67%) of the 104 plans reviewed. The case files of the remaining 13 children (13%) did not contain court orders specifically indicating approval or rejection of the plans by the court. Table IV-12 provides additional information documented in the case files for these 104 case plan reviews.

Table IV-12
Characteristics of Six-month Case Reviews
N= 104

(Most recent plans reviewed between July 1 and December 31, 2014)

Characteristic				Number	Percent
Participants					
	Birth Mother			33	32%
	Birth Father			12	12%
	Child			17	16%
	Relative caregivers/ Extended Family Members/ Informal Supports			28	26%
	Foster parents/placement providers			27	26%
	DFCS case manager			83	80%
	DFCS supervisor			16	15%
	Other DFCS representative			2	2%
	CCFA provider			0	0%
	Private agency social worker			19	9%
	Medical and mental health professionals			7	7%
	Parents' attorney(s)			32	30%
	SAAG (Special Assistant Attorney General)			39	38%
	Child's advocates (attorney, Guardian Ad Litem, CASA volunteer, Child Advocate) – at least one per child			96	92%
Elements Evaluated/Considered					
	Necessity and appropriateness of child's placement			72	69%
	Reasonable efforts made to obtain permanency			81	78%
	Degree of compliance with specific goals and action steps			68	65%
	Progress made in improving conditions that caused removal			49	47%
	Changes that need to be made to plan			10	10%
	County recommendations			33	32%
	Parent recommendations			1	1%
JCRP conducted review (percentage based on n=104)				61	59%
	Total JCRP reports submitted (percentage based on n=61)			46	75%
		Number of reports with Panel findings (percentage based on n=60)		46	75%
		Number of reports with Panel recommendations (percentage based on n=60)		45	74%
		Number of reports with County findings (percentage based on n=60)		40	66%
		Number of reports with County recommendations (percentage based on n=60)		38	62%
Court conducted review (percentage based on n=104)				43	41%
Plan adopted by Juvenile Court (percentage based on n=104)				75	72%

Source: Case Record Review, — February – May 2015.

Outcome 28 – Timely Annual Judicial Permanency Reviews

According to Federal and State policy and the Consent Decree, children are expected to have a judicial permanency hearing at least every 12 months they are in custody.⁵⁹ These hearings are held to determine whether the State is making reasonable efforts to help children achieve permanency.

a. Interpretation and Measurement Issues

The measurement of Outcome 28 performance is drawn from the sample of 175 children in foster care at any time between July 1 and December 31, 2014. The outcome 28 analysis was applicable to 61 children (35%) who had been in custody 12 months or more. Conclusions drawn from the subsample of 61 children are subject to a margin of error of ± 11 percent.

b. State Performance

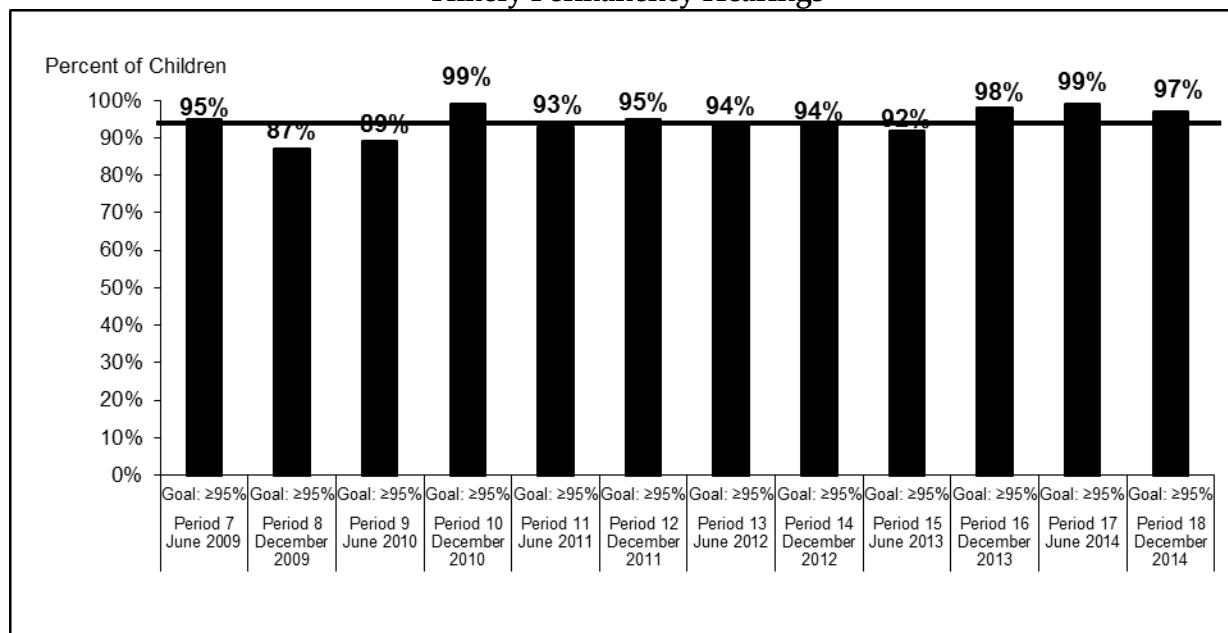
- **The State Surpassed the Outcome 28 Threshold**

Among the 61 children in the foster care sample who had been in custody for 12 months or more, 59 (97%) had timely permanency hearings held by the Juvenile Court upon reaching their 12th month in care, or a timely request for such a hearing. The performance threshold for Outcome 28 is 95 percent. The Period 18 performance is similar to the Period 17 level of 99 percent.

During Period 18, 58 children had at least one permanency hearing within 12 months of entry or the previous twelve-month permanency hearing. One other child had a timely petition for a permanency hearing but continuances delayed the hearing. Figure IV-16 illustrates the State's performance for this Outcome over the 12 most recent reporting periods.

⁵⁹ See p. 9, paragraph 4B.10, and p.37, Outcome 28, of the Consent Decree.

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



Source: Review Period Foster Care Case Record Reviews, January 2009 – December 2014.

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

Placement with relatives has been demonstrated to help children have placement stability⁶⁰ and placement stability contributes to children achieving permanency. In addition, DFCS policy and the Consent Decree requirements establish several guidelines for practice to help children achieve permanency. These requirements include regular parental visitation with children who have the permanency goal of reunification;⁶¹ 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.⁶²

1. Placement with Relatives

Within the sample of 175 children in foster care in Period 18, 30 children (17%) were placed with relatives on December 31, 2014 or the last date the children were in custody. This is a slight decrease from the number of children placed with relatives during Period 17 (22%).

⁶⁰Zinn, Andrew, DeCoursey, Jan, Goerge, Robert M., Courtney, Mark E. *A Study of Placement Stability in Illinois*, Chapin Hall Center for Children, 2006.

⁶¹ 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.

⁶² See p. 9-10, paragraphs 4C.1-5, of the Consent Decree.

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

13th Month Permanency Reviews

The State reports that regularly scheduled reviews of progress toward permanency take place in each county for children who reach their 13th month in care. According to State reported data, 140 children reached their 13th month in care in Period 18. Of these 140 children, 139 had their cases reviewed by the State permanency review team. Tables IV-13 and IV-14 summarize some of the characteristics of the 13th month permanency review practice as reported by the State for Period 18.⁶³ Highlights from the tables include the following:

- A total of 139 cases were reviewed in Period 18. The permanency review team concurred with the goals and plans for slightly less than half, 59 (42%), of the 139 plans.
- 124 case plans (89%) had the most recent court-ordered permanency plan identified as the case plan goal.
- Twenty fathers (65 %) were involved in the Family Team Meetings during Period 18.

Table IV-13
13th Month Permanency Review Implementation
July 1 through December 31, 2014
N=139

	Number	Percent
Total Cases Reviewed by State Permanency Reviewers	139	99%
Reviewer Concurrence with goal and plan	59	42%
Permanency Goal		
Reunification	85	61%
Permanent placement with relative	6	4%
Adoption	24	17%
Guardianship	17	12%
Another planned permanent living arrangement	7	5%
Totals	139	99%*
Cases with current case plans (court sanctioned/approved)	124	89%

Source: Division of Family and Children's Services, State Permanency Review Project Director, 2014 Third and Fourth Quarterly Reports on 13th month Permanency Reviews. * 99% due to rounding.

⁶³ The information was not independently verified by the Accountability Agents in Period 17. Period 8 reported information was verified as described in Dimas, J. T. and Morrison, S. A., *Period VIII Monitoring Report, Kenny A. v Perdue*, July 2010. The Accountability Agents will continue to periodically verify 13th and 25th Month Permanency Review Activity.

Table IV-14
Family Team Meetings Convened for 13th Month Permanency Reviews
July 1 through December, 2014
N= varies

	Number	Percent
Cases with “Family Team Meetings” (FTM) within the last 90 days (percentages based on the number of applicable cases =114)	74	22%
FTMs with mothers involved (percentages based on the number of FTMs held—excludes cases for which there was a TPR, a non-reunification order, the mother’s whereabouts were unknown throughout the life of the case, or the mother was deceased—N=47)	39	83%
FTMs with fathers involved (percentages based on the number of FTMs held—excludes cases for which there was a TPR, a non-reunification order, the father’s whereabouts were unknown throughout the life of the case, or the father was deceased—N=31)	20	65%
FTMs with relatives involved (percentages based on the number of FTMs held and potential relatives to invite — N=50)	44	88%
FTMs with foster parents involved (percentages based on the number of FTMs held and number of children with foster parents — N= 41)	30	73%
FTMs with service providers involved (percentages based on the number of FTMs held and number of children with service providers – N=37)	27	73%
FTMs had recommendations specific to Child/Family needs (percentages based on N=74)	72	97%

Source: Division of Family and Children’s Services, State Permanency Review Project Director, 2014. Third and Fourth Quarterly Reports on 13th month Permanency Reviews.

Table IV-15 summarizes family and caretaker involvement in case planning as identified in the 13th month permanency review and reported by the State. The information provided by the State about involvement is different from that which it reports about Family Team Meetings. The family involvement information is a qualitative judgment by the permanency review team. It considers whether DFCS actively involved the child, family and caretaker over the period under review, not just the single event of the FTM required for the 13th month permanency review. The assessment by permanency reviewers was based on all documentation in the case file that indicated parental and/or youth involvement. Although a total of 139 cases were reviewed during Period 18, the applicable number of cases varies for each category based on several factors. Excluded are cases in which parental rights were terminated, the parents’ whereabouts were unknown, or the parent was deceased. In addition, cases with children too young to participate in case planning were excluded. Key findings from state-tabulated data include the following:

- DFCS actively involved 100 percent of substitute caretakers in case planning.
- DFCS actively involved 99 percent of children old enough to participate in case planning.
- DFCS actively involved 96 percent of mothers in case planning. This is a significant

- improvement from the 77 percent of mothers actively involved in case planning during Period 17.
- DFCS actively involved 74 percent of fathers in case planning. This too is a significant improvement from the 60 percent of fathers actively involved in case planning during Period 17.

Table IV-15
13th Month Permanency Review: Engagement in Case Planning
July 1 through December 31, 2014
N=varies

	Number	Percent
Active involvement in the case planning process		
Child (n=76)	75	99%
Mother (n=106)	102	96%
Father (n=50)	37	74%
Caretaker (n=139)	139	100%

Source: Division of Family and Children's Services, State Permanency Review Project Director, 2014. Third and Fourth Quarterly Reports on 13th month Permanency Reviews.

25th Month County-State Staffings

In addition to the 13th month permanency reviews, the State reported 104 children reached their 25th month in care in Period 18. This is a 26 percent increase from the 77 children who reached their 25th month in care during Period 17. In spite of this increase, staffings were convened with the Counties for 95 children (97%). Table IV-16 provides a summary of the data related to these staffings. Reported findings include:

- In Period 18, 37 percent of plans had a goal of reunification.
- In Period 18, 44 percent of plans had a goal of adoption. This is a significant increase from the 36 percent of plans with goals of adoption during Period 17.
- The proportion of children with current case plans was 97 percent (92 children). This is an increase from the 93 percent of children with current case plans during Period 17.
- The permanency review team concurred with the County's permanency plan in 64 percent of the cases (61 children).

Table IV-16
25th Month Permanency Review Implementation
July through December, 2014
N=104

	Number	Percent
Total Cases Staffed	95	91%
Reviewer Concurrence with County Plan	61	64%
Permanency Goal		
Reunification	35	37%
Permanent Placement with Relative	2	2%
Adoption	42	44%
Guardianship	9	9%
Another Planned Permanent Living Arrangement	7	7%
Totals	95	99%*
Cases with current case plans (Court sanctioned/approved)	92	97%

Source: Division of Family and Children's Services, State Permanency Review Project Director, 2014. First and Second Quarterly Reports on 25th month Permanency Reviews. *99% due to rounding.

Table IV-17 summarizes family and caretaker involvement in case planning at the 25th month permanency review, as reported by the State. Although a total of 104 cases were reviewed during Period 18, the number of cases assessed for family involvement varied by type of family member. Cases excluded were those in which parental rights were terminated, the parent's whereabouts were unknown, or the parent was deceased. In addition, cases in which children were too young to participate in case planning were excluded. Key findings from state-tabulated data include the following:

- DFCS actively involved 107 applicable caretakers (100%) in case planning.
- DFCS actively involved 61 children (95% of 64) old enough to participate in case planning.
- DFCS actively involved 96 percent of 56 mothers in case planning.
- DFCS actively involved 71 percent of 31 fathers in case planning.

Table IV-17
25th Month Permanency Review: Engagement in Case Planning
July 1 through December 31, 2014
N=varies

	Number	Percent
Active involvement in the case planning process		
Child (n=64)	61	95%
Mother (n=56)	54	96%
Father (n=31)	22	71%
Caretaker (n=107)	107	100%

Source: Division of Family and Children's Services, State Permanency Review Project Director, 2014. Third and Fourth Quarterly Reports on 25th month Permanency Reviews.

C. Post Adoption Assistance

The State reported that 40 children were adopted between July 1 and December 31, 2014. This is an increase from the 32 children adopted during Period 17. However, still significantly less than the 88 children adopted during Period 16.

According to data obtained from the state Office of Adoptions, 37 (93%) of those children were receiving or were scheduled to receive monthly Adoption Assistance benefits and Medicaid. This proportion is similar to the proportion in Period 17. All families receiving monthly adoption assistance are also eligible to receive additional benefits to cover one-time, non-recurring expenses. They may apply for reimbursement of non-recurring expenses of up to \$1500 once the adoption is finalized. Timely reimbursement is somewhat dependent on how quickly families are able to obtain the signed adoption decree and submit the application to DFCS. Once submitted, all the appropriate data must be entered into SHINES to move the case into a post-adoption category. Sometimes, this occurs after the review period. Among the 40 families eligible for non-recurring adoption assistance, 93 percent (37 families) had received these benefits by December 31, 2014. This is significantly more than the proportion of families receiving reimbursement by the end of the Period 17 (66%).

Part V WELL-BEING

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

Foster care is intended to be a temporary arrangement for children. During the time a child is in care, not only does he or she deserve to be safe, but the child also needs to be nurtured. The Consent Decree establishes six outcomes that are related to children's well-being. This part reports on the State's performance on these outcomes and the practice in assessing and meeting the needs of children in care. Corrective State actions regarding discharge planning (which were initiated in Period 6 under a negotiated agreement between the State and the Plaintiffs' Counsel) are summarized at the end of this part.

A. Outcome Performance

Table V-1 provides the summary of measured performance for each of the six Well-Being Outcomes. The discussion following the table provides a more detailed description of State performance. This discussion includes a summary of the Consent Decree requirements, interpretation and measurement issues associated with the outcomes, and contextual information necessary for better understanding the State's performance at the end of Period 18. This part also includes charts which display the State's performance trends over the applicable reporting periods to date.

Table V-1
Well-Being Outcomes

Children Experience Stable Placements and Worker Continuity	Period 18 Performance
Outcome 17: At least 95% of all children in care shall have had 2 or fewer placement moves during the prior 12 months in custody.	90%
Outcome 18: At least 90% of all children in care at a point in time during the reporting period shall have had 2 or fewer DFCS placement case managers during the prior 12 months in custody. This measure shall not apply to cases that are transferred to an adoption worker or Specialized Case Manager; case managers who have died, been terminated, or transferred to another county; or case managers who have covered a case during another case manager's sick or maternity leave.	93%
Outcome 20a: At least 96.25% of the total minimum number of twice monthly face-to-face visits between case managers and all class member children required by Section 5.D.1.b during the reporting period occur. ⁶⁴	97%
Outcome 20b: At least 96.25% of the total minimum number of monthly private , face-to-face visits between case managers and all class member children required by Section 5.D.1.b during the reporting period occur. ⁶⁵	98%
Outcome 22: At least 95% of the total minimum number of monthly case manager-caregiver visits required during the reporting period occurs. ⁶⁶	95%
Outcome 24: The percentage of youth discharged from foster care at age 18 or older with a high school diploma or GED will increase over baseline by 20 percentage points (baseline is 36%).	40%
Outcome 30: At least 85% of children in care shall not have any unmet medical, dental, mental health, education or other service needs, according to the service needs documented in the child's most recent case plan.	69%

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

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

⁶⁴See *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

⁶⁵ Ibid.

⁶⁶ Ibid.

Outcome 17 – Placement Stability

Once placed in an appropriate setting, a casework goal is to maintain the stability of the placement and avoid the trauma of disruption and placement into another setting. With Outcome 17, the Consent Decree establishes a threshold for placement stability by requiring that at least 95 percent of children in custody have two or fewer placement moves during the most recent 12 months in custody.⁶⁷

a. Interpretation and Measurement Issues

The federal definition of “placement” is used. As a result, runaway episodes, hospitalizations for medical treatment or psychiatric diagnosis or crisis intervention, trial home visits, respite care, and detention in locked facilities are not considered placements. The measurement of Outcome 17 performance is based on the sample of 175 children in foster care at any time between July 1 and December 31, 2014.

b. State Performance

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

For Outcome 17, 157 children (90%) of the 175 children in the foster care sample experienced two or fewer placement moves during the previous 12 months in custody. The performance threshold is 95 percent for this outcome. The Period 18 performance is similar to the performance in Period 17 (89%). Table V-2 provides a breakdown of the number of placement moves experienced by the children in the foster care sample. Figure V-1 illustrates the State’s performance over the last 12 reporting periods.

Among the 18 children in the sample who had three or more placement moves, 61 percent were aged 15 or older and the median age was 16. During Period 17, the median age was 12, indicating that older children experienced more placement moves this report period. The stated reasons for the moves varied by child (and the reasons were not the same for each move).

Examples included:

- Foster parent/caregivers unable to meet the child’s behavioral or mental health needs/a different level of care was needed;
- Placement with relatives;
- Frequent episodes of running away from one or more placements;
- Placed with sibling (typically considered a positive step for a child); and
- Behavioral improvements allowed for a “step down” placement.

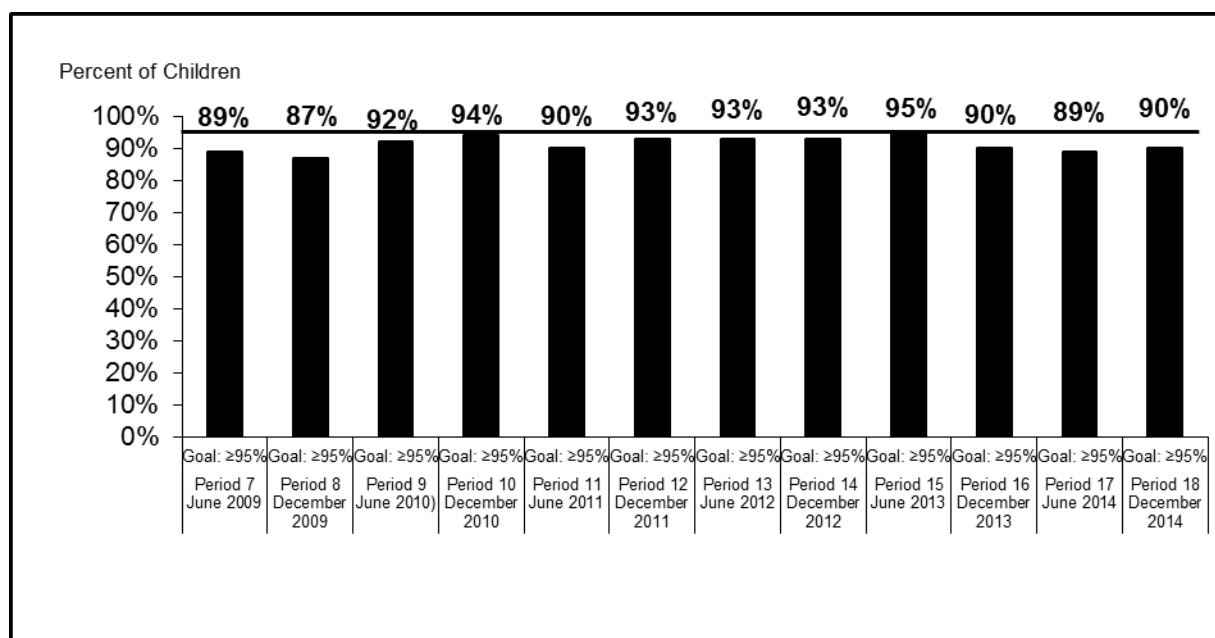
⁶⁷ See p. 35, Outcome 17 of the Consent Decree.

Table V-2
Number of Placement Moves Experienced by Children in the 12 months prior to
November 30, 2014 or the Last Date of Custody

Number of Moves	Number	Percent	Cumulative Percent
No Moves	82	47%	
One Move	58	33%	80%
Two Moves	17	10%	90%
Subtotal	157		
Three Moves	5	3%	93%
Four Moves	7	4%	97%
Five Moves	3	1.5%	98.5%
Six Moves or more	3	1.5%	100%
Total	175		

Source: Case Record Review, – February - May 2015.

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



Source: Review Period Foster Care Case Record Reviews, February - May 2015.

Outcome 18 – Worker Continuity

Worker continuity also contributes to a child achieving permanency more quickly and to a child's well-being while in care. Worker transition can often lead to a delay in service delivery and court reporting while the new worker is "coming up to speed" on the child's case and getting to know the child and family. Outcome 18 requires that at least 90 percent of children in custody have no more than two workers during their most recent 12 months in custody. There are exceptions that allow for case manager terminations, death, transfers, and temporary assignments to cover another case manager's cases while he/she is out on sick leave. The Consent Decree also allows for each child's one-time transfer to a Specialized or Adoptions case manager.⁶⁸

a. Interpretation and Measurement Issues

The measurement of Outcome 18 performance is based on the entire population of children in Region 14 custody on December 31, 2014. From ongoing discussions with case managers and supervisors, the Accountability Agents have found SHINES to be very accurate in reporting caseloads and case assignments and, as a result, have a high degree of confidence in the State reported data for Outcome 18. Nevertheless, the Accountability Agents verified the State reported data by reviewing a randomly selected three percent of the records.

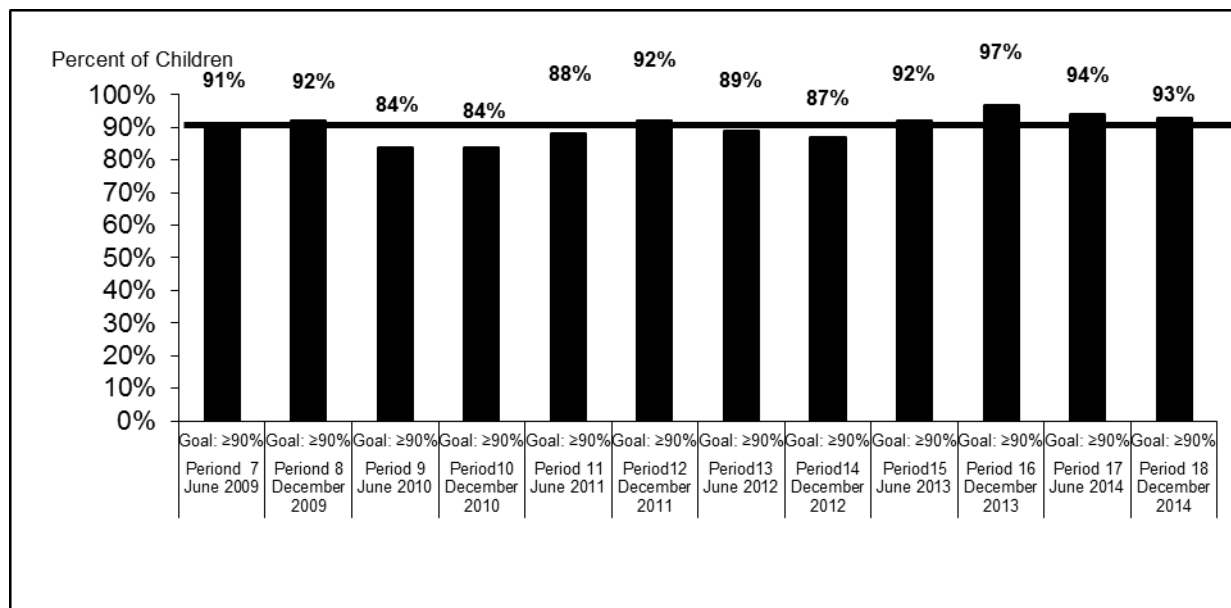
b. State Performance

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

For Outcome 18, 1116 (93%) of the 1205 children in custody on December 31, 2014 had two or fewer placement case managers since January 1, 2014, once the allowable exceptions were taken into account. The performance threshold for this outcome is 90 percent. The Period 18 performance is similar to the Period 17 performance of 94 percent. Figure V-2 illustrates the State's performance on this outcome over the last 12 reporting periods.

⁶⁸ See p. 35, Outcome 18, of the Consent Decree.

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



Source: State systems: SHINES and county records, January 2009 – December 2014.

Eighty-three percent (72 out of 87) of the children who had more than two case managers experienced these changes because at least one of their case managers left the agency. This is a substantial increase from Period 17 in which 63 percent of children and from Period 16 in which 42 percent of children who had more than two case managers experienced these changes because staff left the agency.

Although a previous retention plan was presented by the state in conjunction with a corrective action plan, many of the strategies still had not been fully implemented during Period 18. As a result, the state negotiated a modified Curative Action Plan in December 2014. As part of that plan, the state has agreed to revise its retention plan with the assistance of Dr. Alberta Ellett, a professor at the University of Georgia, School of Social work. Dr. Ellett has conducted nationally recognized research on issues related to retention of the child welfare work force. The new plan was scheduled to be completed by January 30, 2015, with implementation to begin March 15, 2015. The state has provided the Accountability Agents with a copy of a new Employee Selection Protocol Guide that was developed in coordination with Dr. Ellett. The written plan provides a very detailed process for identifying the best candidates for employment and for providing candidates with realistic expectations regarding the job as well as the work environment. While this protocol has the potential of recruiting employees who have a higher probability of remaining with the agency, the state has also indicated that they are exploring additional retention strategies. The Accountability Agents will work with the state to test those strategies utilizing the G2 meetings as well as focus groups moving forward.

Outcome 20 – Case Manager Visits with Children

Case management visits are an opportunity to engage children, assess their safety and well-being and address the trauma they are experiencing. Frequent quality visits can increase case managers' knowledge about the children they serve and inform how best to pursue permanency for them. As stipulated in the Consent Decree, visits should be used to monitor and document the *"child's adjustment to placement, the appropriateness of placement to meet the child's needs, the receipt of appropriate treatment and services by the child, the child's safety, and service goals."*⁶⁹

a. Interpretation and Measurement Issues

Outcome 20 has two parts. Outcome 20a requires at least 96.25 percent of the total twice-monthly case manager visits to children in custody required during the period to occur. Outcome 20b requires at least 96.25 percent of the total monthly private visits to children in custody required during the period to occur.⁷⁰

Using the visit data base maintained by County Quality Assurance staff previously described in Outcome 23, the State generated a performance report for the period. The Accountability Agents verified the State report and are satisfied that the State report on case manager visits with children is accurate.

b. State Performance

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

Case managers completed **97** percent of the required twice monthly visits (Outcome 20a) and **98** percent of the required private monthly visits (Outcome 20b) in Period 18. The threshold for each outcome is 96.25 percent. The Period 18 performance is similar to that of prior reporting periods. The state continues to surpass the outcome thresholds for Outcomes 20a and 20b. Figures V-3 and V-4 illustrate the State's performance over the past six reporting periods.

⁶⁹See p. 19, Section 5D of the Consent Decree.

⁷⁰See *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

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

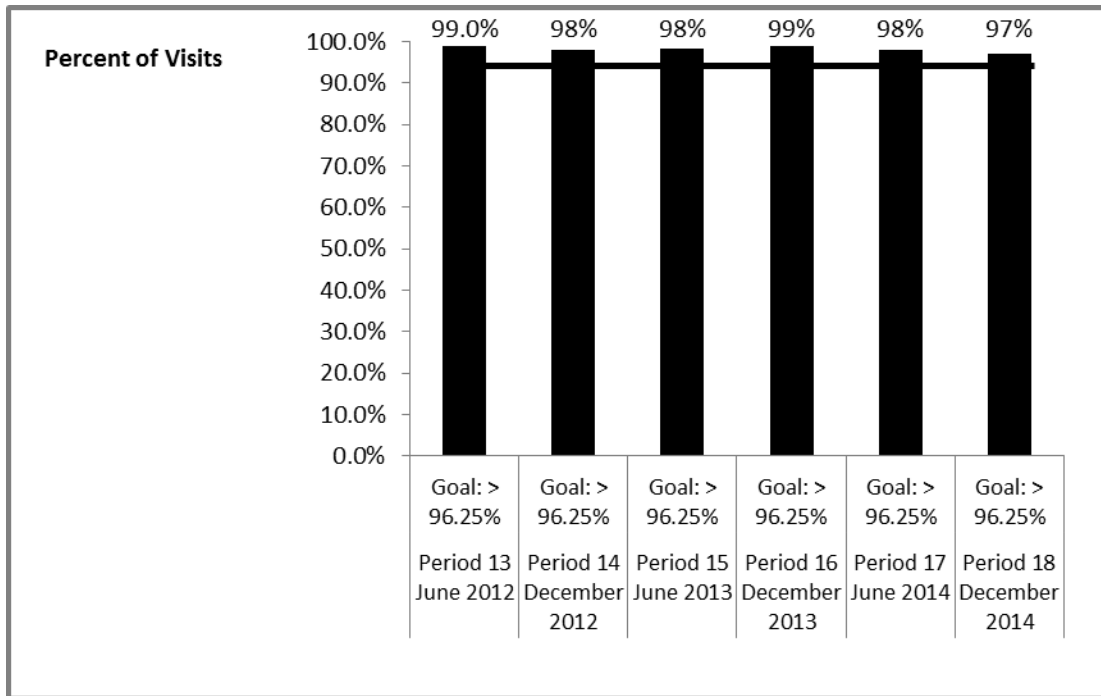
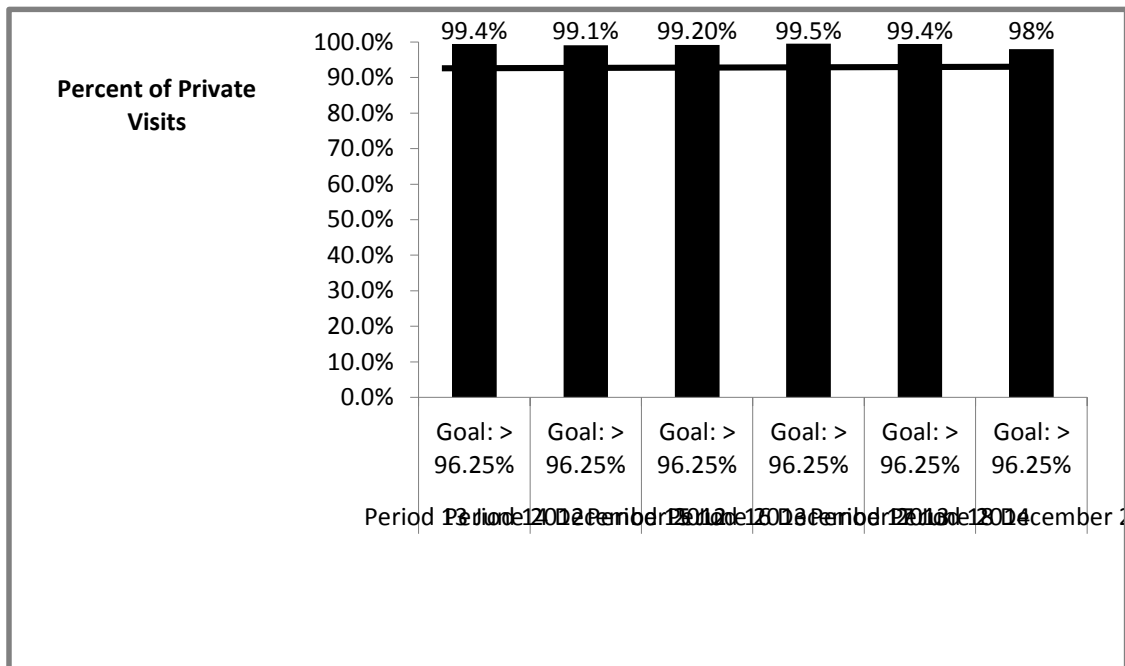


Figure V-4
Six Reporting Periods of State Performance on Outcome 20b:
Required Private Monthly Case Manager Visits with Children



Outcome 22 – Case Manager Visitation with Substitute Caregivers

The Consent Decree requires case managers to visit once a month with placement caregivers.⁷¹ 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

Outcome 22 requires that at least 95 percent of the total minimum number of monthly case manager visits to substitute caregivers required during the period occur.⁷²

Using the visit data base maintained by County Quality Assurance staff previously described in Outcome 23, the State generated a performance report for the period. The Accountability Agents verified the State report and are satisfied that the State report on case manager visits with caregivers is accurate.

b. State Performance

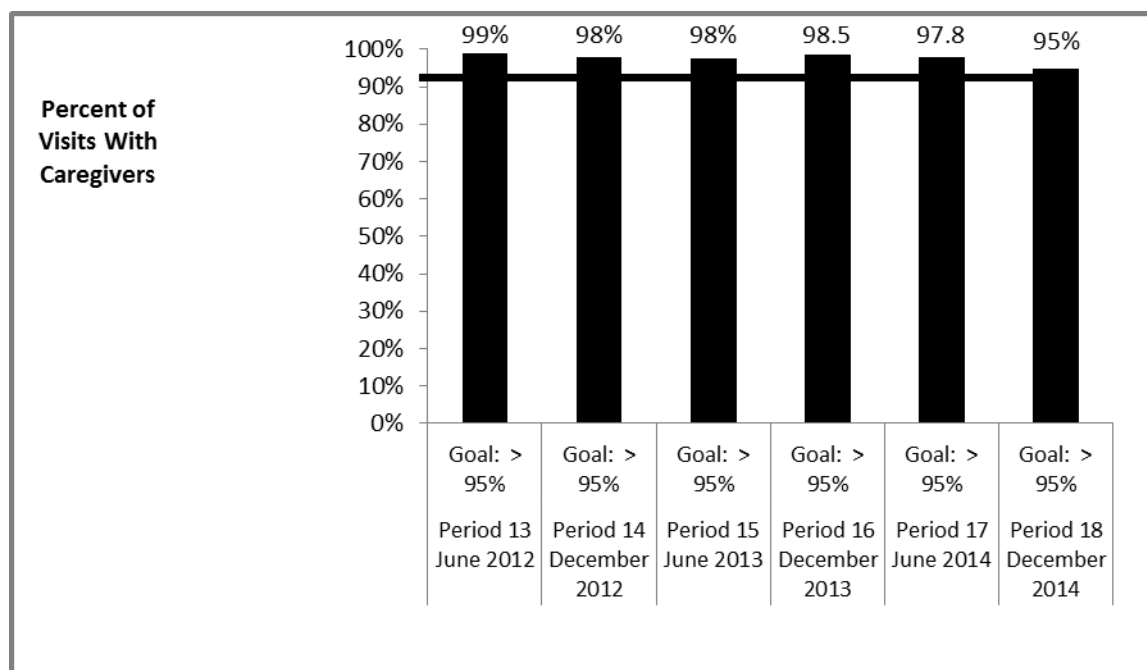
- **The State Met the Outcome 22 Threshold**

For Outcome 22, 95 percent of the required monthly case manager visits to substitute caregivers in Period 18 occurred. The performance threshold for this outcome is 95 percent. The Period 18 performance is similar to prior reporting periods. Figure V-5 illustrates the State’s performance over the past six reporting periods.

⁷¹ See p. 36, Outcome 22 of the Consent Decree.

⁷² See *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

Figure V-5
Six Reporting Periods of State Performance on Outcome 22:
Required Case Manager Visits with Caregivers



Source: County Quality Assurance data bases.

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

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

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

Outcome 24 sets increasing targets over a baseline year for the percentage of youth who are “discharged from foster care at age 18 or older ... who have graduated from high school or earned a GED.”⁷³ This Outcome called for the State to increase by 20 percentage points the proportion of youth who attain a high school diploma or a graduate equivalency diploma (GED) over a pre-Consent Decree baseline year. The baseline used for this calculation is 36 percent. The threshold requirement calls for State performance to improve by 20 percentage points over the baseline, yielding a threshold of 56 percent.

⁷³ See p. 36, paragraph 24 of the Consent Decree.

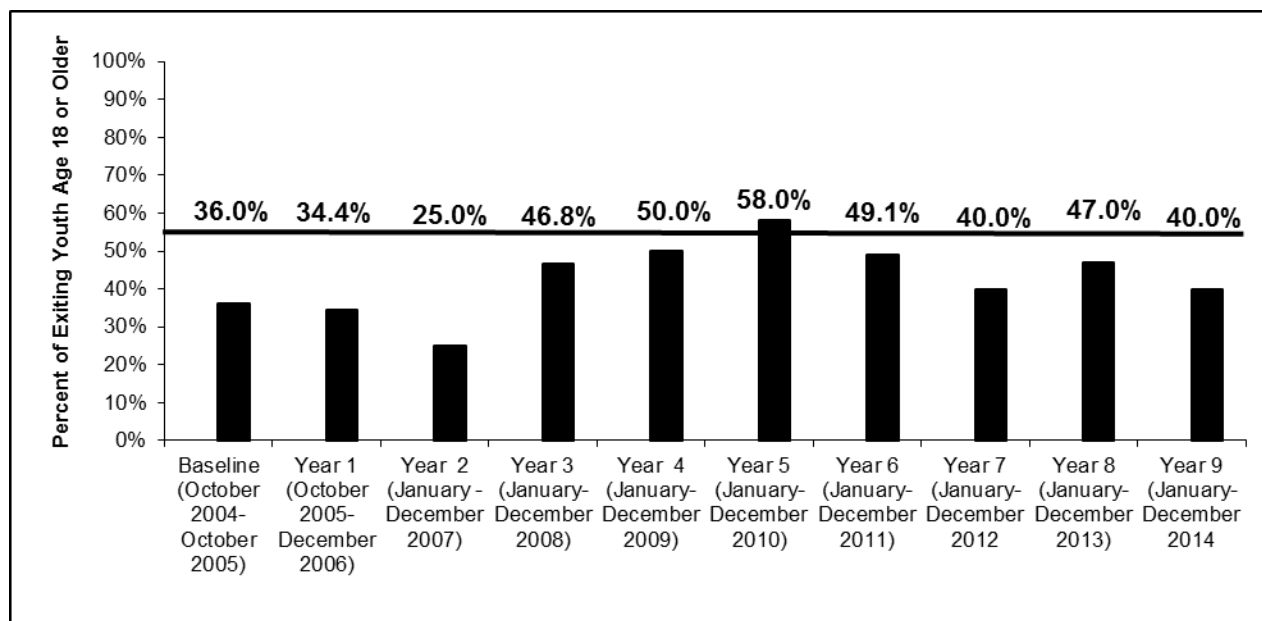
During Period 18, **40 percent** (25 out of 62) of the youth who were discharged from care at age 18 or older received a GED or High School Diploma. Although this performance remains below the targeted goal of 56 percent, it is important to note that some of the children who did not achieve their diplomas or complete their GED programs before exiting care are still enrolled in school. The counties provided documentation to support that 10 children who “aged” out of care are still enrolled in school or their GED programs. These children are not being considered exceptions, because they were not considered exceptions during the baseline analysis. In addition, although not considered exemptions under the Consent Decree, the following circumstances made it difficult for the state to achieve Outcome 24:

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

The performance in Period 18 is less than the performance in Period 17 (47%). The region continues to employ educational liaisons who focus on identifying any educational support services that students may need and removing any barriers to graduation. The Accountability Agents will continue to monitor the viability of these efforts toward meeting and exceeding the Outcome 24 requirements.

Figure V-6

Ten Years of State Performance on Outcome Measure 24, Educational Achievement



Source: County Quality Assurance data bases.

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

The Consent Decree specifies that the needs to be considered for achieving Outcome 30 are those medical, dental, mental health, educational and other needs identified in the child's most recent case plan.⁷⁴ As noted in Part IV of this report, case plans are to be developed within 30 days of a child's entry into foster care and updated every six months thereafter.

a. Interpretation and Measurement Issues

The measurement of Outcome 30 performance is based on the sample of 175 children in foster care at any time between July 1 and December 31, 2014. Among the 175 children in the sample, 152 children had one or more case plans in their records. Seventeen of the 23 children who did not have case plans in their records had been in custody fewer than 30 days during the review period and a completed plan was not yet required. Of the 158 children who should have had case plans, 140 (89% of 158) were current – they had been developed within seven months of November 30, 2014 or the child's discharge date. Another seven (4% of 158) were seven to 12 months old and one (1% of 158) was over 12 months old. The outcome performance is based on 152 children who had complete plans, even if they were not up-to-date. One hundred and forty-nine of these case plans identified needs of the children.

b. State Performance

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

Based on case file documentation and reviewer judgment, **103 children (69%)** of 149 children with needs identified in their case plans had all the plan-identified needs met. The performance threshold for this outcome is 85 percent, and requires that all identified needs are met. Thus, partial compliance does not count toward meeting the threshold standard. The Period 18 performance is a significant decrease to the performance in Period 17 (80%). Figure V-7 displays the State's performance over the last 12 reporting periods.

Table V-3 provides a breakdown of the needs identified and the percentage of needs met in each category. As in Period 17, all or nearly all children had routine medical, dental, and educational/developmental needs cited in their plans.

⁷⁴ See p 38, Outcome 30 of the Consent Decree.

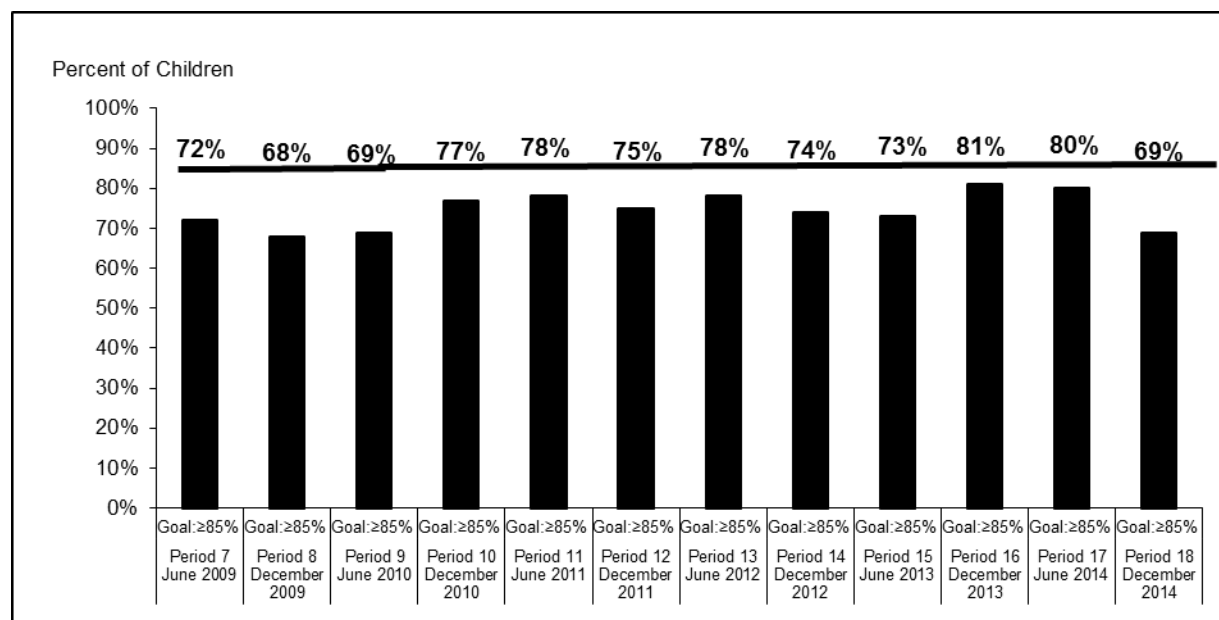
Table V-3

Proportion of Children with Needs Identified in Most Recent Case Plans and the Proportion with Needs Met, as of December 31, 2014 or last Date of Custody

Children with Case Plans n=152			Children Received/Receiving Services n varies depending on need identified		
	Number	Percent		Number	Percent of identified need
One or More Need Identified (routine or child-specific)	149	98%	All Identified Needs Met (n=149)	103	69%
Frequency of different identified needs			Frequency of different needs being met		
Medical	149	98%		130	87%
Dental	149	98%		123	83%
Mental Health	107	70%		97	91%
Educational/ Developmental	148	97%		135	91%

Source: Case Record Review, February – May 2015.

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



Source: Reporting Period Foster Care Case Record Reviews, January 2009 – December 2014.

c. Operational Context

Complete DFCS case plans contain a series of standard goals. One such standard goal is “*DFCS will ensure that the medical, dental, educational, and psychological needs of the child are met.*” Part of ensuring that this goal is achieved requires a child to have timely, routine health examinations, including physical, dental, and psychological assessments. It also means that if a child is known to have an Individualized Education Program⁷⁵ (IEP), it should be current. The schedule for health and dental exams is indicated in Section 6 of the Consent Decree⁷⁶ and DFCS policy⁷⁷. Another part of achieving this goal requires the needs identified in the examinations and IEPs to be addressed. For example, if a health exam identifies a potential vision problem and follow-up with an ophthalmologist is recommended, it is the State’s responsibility to see that the child is examined by an ophthalmologist. Likewise, if a dental examination identifies cavities, it is the State’s responsibility to see that the child receives the appropriate follow-up dental care.

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

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

Over the past year, the counties have continued focusing their efforts toward improving performance on Outcome Measure 30. During G2 meetings, the counties continue to developed

⁷⁵ For a description of the policies and rules applying to the Georgia Individualized Education Program, see http://public.doe.k12.ga.us/_documents/doe/legalservices/160-4-7-.06.pdf.

⁷⁶ Per Section 6, physical health examinations are to be completed in accordance with the requirements of the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Health Check Program and dental exams are to be annual.

⁷⁷ DFCS policy regarding meeting the service needs of children is in Section 1011, Chapter 1000 of the Social Services Manual.

strategies and test implementation between meetings. In addition, personnel have been assigned to track the identified needs to ensure that case managers and their supervisors are addressing those needs in a timely manner. Up to date data on performance is presented each month, as the counties continue working through the transition to managed care.

B. Placement Experience

This section describes the placement process used by the counties and the characteristics and placement practices identified in the case record review of 175 children in foster care during the period July 1 and December 31, 2014. This includes the placement environment, the use of temporary placement settings, and case manager visits to children in new placements. Data on children under the age of 12 in congregate care placements is based on all such children.

1. Placement Process

The processes used by both counties to find appropriate placement settings for children is described in the Period 12 monitoring report.⁷⁸ Both counties have designated a small number of foster family homes as “receiving homes” to be temporary placements for children entering foster care. In past reporting periods, it seemed as though children were in these homes less than 24 hours. However, prior to Period 18, the number of children in receiving homes for more than 24 hours has slightly increased over the past three reporting periods. In Period 15, there were 22 children who were placed in receiving homes for more than 24 hours with no children remaining for more than 30 days. In Period 16, there were 25 children in receiving homes for more than 24 hours and one child remained for 37 days. In Period 17, 32 children were placed in receiving homes for more than 24 hours, with two children remaining for 33 and 47 days. Period 18 saw a slight decrease with 28 children in receiving homes more than 24 hours with no children remaining over 30 days. As stated in previous reports, increasing the number of foster homes may assist the counties in limiting the use of and length of stay in receiving homes for children who enter foster care.

2. Placement Setting

a. Distribution of Children Among Placement Settings

Most of the children in the sample of 175 were placed in family settings. Table V-4 provides the distribution of children among placement settings found in the case record review. When the different family settings are combined, 135 children (77%) in the sample were in family settings on December 31, 2014 or the last day of DFCS custody. These settings include family foster homes, relative foster homes, relative homes, and the homes of birth parents and guardians. Thirty-nine children (22%) were in congregate care settings including child caring institutions (CCIs) (19%) and special psychiatric/medical hospitals (3%). In August 2014 the State policy was released tightening the guardianship requirements and requiring a waiver for children

⁷⁸ See Dimas, J.T. and Morrison, S. A. *Period 12 Monitoring Report, Kenny A. V Perdue*, June 2012; pp. 110-111.

under 14 to have guardianship rather than adoption as the permanency option with relatives. According to the counties, this change in policy led to the decrease in relative placements during Period 18, while the case managers were learning the waiver process. In addition, there was a severe shortage of family foster homes within Region 14, which also contributed to the increase use of congregate care settings. The state has recently appropriated additional funding for resource development.

Table V-4
Placement Settings of Children in DFCS Custody
On December 31, 2014 or the Last Day of Custody (or before running away)
N=175

Placement Type	Frequency	Percent	Category Percent
Family Settings			77%
Foster Home (DFCS or Private Agency Supervised)	102	58%	
Relative Home (Non Foster Home including Fictive Kin)	30	17%	
Parents/Guardian	3	2%	
Congregate Care Settings			22%
Psychiatric Residential Treatment Facility	6	3%	
Child Caring Institution	33	19%	
Other			
Job Corps	1	1%	
Total	175	100%	100%

Source: Case Record Review, –February – May 2015.

b. Emergency or Temporary Placements

The Consent Decree has several requirements addressing placement appropriateness. It requires that “no child shall be placed in an emergency or temporary facility or any other foster home or group facility beds used on a temporary basis for more than 30 days.” It also stipulates that no child shall spend more than 23 hours in a County DFCS office or any facility providing intake functions.⁷⁹

Neither county has an emergency or temporary facility providing intake functions. Both use “receiving homes” as temporary placement settings for children entering care and, in some instances, when a placement disrupts. Temporary placement settings also include foster homes used as “respite homes” when foster parents need to have time off from caring for children. According to DFCS fiscal policy, respite is generally up to five days.^{80,81} In Period 18, 42

⁷⁹ See p. 16, paragraph 5C4.c of the Consent Decree.

⁸⁰ See DFCS Foster Care Manual, Section 1016.

children in the sample of 175 experienced at least one placement in a temporary or respite foster home. Among the 42 children, 34 experienced fewer than 30 days in a temporary foster home during the six-month period. One child was in a temporary placement for 47 days. The other child was in a temporary placement for 33 days. The lack of foster homes continued to greatly impact placement during Period 19. This led to the use of hotels as temporary placements. The Accountability Agents will report on this during the next reporting period, as well as the efforts undertaken to prevent what has come to be termed “hoteling”.

c. Young Children in Congregate Care

The Consent Decree has several restrictions related to the use of group care.⁸² Between July and December 2014, including limiting their use of congregate care for young children. The reported information is for all children under the age of 12; not for a sample of the foster care population. According to State reports, no children under the age of 12 were placed in group homes or child caring institutions except as allowed by the Consent Decree.

During the period, 9 children under the age of six were placed with their mothers in group care settings designed for teen mothers and 3 were still there on 12/31/14.

On December 31, 2014, nine children aged 10 to 11 were in group care facilities with more than 12 beds. All nine of these children were in psychiatric residential treatment facilities (PRTFs) with licensed maximum capacities of 40 or more. The State provided documentation of the appropriate waiver supporting the need for the children to be placed in congregate care settings.

According to the State, the continued need for in-patient treatment in a PRTF is reviewed every 30 days and reauthorized as necessary. All nine of the children in PRTFs had been in these treatment settings for more than 30 days as of December 31, 2014. Although DFCS does not consider psychiatric hospitals to be “placement settings,”⁸³ DFCS supplied documentation to the Accountability Agents that these placements and the progress the children were making in the settings⁸⁴ have been reviewed and reauthorized every 30 days. Table V-5 summarizes the State’s actions with regard to the Consent Decree stipulations.

⁸¹ Note, for purposes of measuring the number of placements and placement moves a child experiences, Federal definitions do not consider stays in respite homes placements when the child returns to the foster home that had requested respite.

⁸² See p. 16-17, paragraph 5C.5f of the Consent Decree.

⁸³ This assessment appears to be supported by the Federal Child Welfare Policy Manual which considers psychiatric facilities “outside the scope of foster care” for purposes of Title IV-E. See references from the manual at http://www.ach.hhs.gov/cwpm/programs/cb/laws_policies///aws/cwpm.

⁸⁴ The Accountability Agents did not verify the appropriateness of these arrangements or the certification of need.

Table V-5
Children Younger Than Age 12 in Group Care Settings
July 1 and December 31, 2014

Children under the age of 6						
Reason for placement	Number placed as of June 30, 2014		Number newly placed between July 1 and December 31, 2014		Number still placed as of December 31, 2014	
	Bed Capacity		Bed Capacity		Bed Capacity	
	≤12	>12	≤12	>12	≤12	>12
With mother	1	0	11	0	2	0
Service Need						
Total	1		11		2	
Children aged 6 to 12						
	Number placed as of June 30, 2014		Number newly placed between July 1 and December 31, 2014		Number still placed as of December 31, 2014	
	Bed Capacity		Bed Capacity		Bed Capacity	
	≤12	>12	≤12	>12	≤12	>12
PRTF		7		21		9
Group Care		0		2		
Total	7		23		9	

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

3. Placement Moves During the Period

During Period 18, 94 of the sample of 175 children in foster care (54%) experienced one or more new placement settings. Further analysis indicates that 39 (41%) of the 94 children actually had both an initial placement and at least one other placement during the period. Among the 39 children, 28 were initially placed in receiving homes before being moved to other placement settings which is a significant increase from Period 17 (15).

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

The Consent Decree stipulates a frequent case manager visit schedule for the first eight weeks of a new placement.⁸⁵ 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

⁸⁵ See p. 19, paragraph 5D.1 of the Consent Decree.

within the eight week period; essentially, they are to have weekly visits. During past reporting periods, outcomes were measured from the sample of children in care during each period. The counties have been working on improving performance in meeting the required number of visits as well as improving the quality of visitation. During each monthly G2 meeting, the Quality Assurance Unit (QA) conducts a retrospective review of a randomly selected sample of approximately 20 percent of the children who experience new placements each month during the period. This is a larger sample than the overall record review sample of 15 percent. Thus, during Period 18, the files of 236 children with new placements were reviewed and reported.

As shown in Table V-6, the counties report that 204 (86%) of the children had a visit in the first week of placement, which is vital for stabilizing the placement and minimizing trauma associated with the move. For 178 of these children (75%), the visit occurred in their placement settings. A total of 59 children (25%) received all required visits. Overall, 1699 visits were required in the region due to new placements. The counties made 1265 (74%) of the required visits. In addition, they made 86 percent of the first week visits in any location. This is a substantial decrease from the performance in Period 17 when 45 percent of children received the required visits and Period 16 when 29 percent of children received the required visits. In Period 17, overall, 1635 visits were required due to new placement and 1347 (82%) were made. The state's improved performance during Period 17 was seemingly undermined by the high turnover rate of case managers during Period 18. With fewer case managers, the number of case managers handling caseloads above the required CAPS increased. This was especially true in DeKalb County in which caseloads over cap went from 24 case managers over cap with an average of 15.7 cases each in Period 17 to 24 case managers over cap with an average of 20 cases each during Period 18. As discussed in other parts of this report, as a result of these challenges, the state entered into a modified Curative Action Plan at the end of Period 18 to address declining retention rates and increasing caseload sizes.

Table V-6
Pattern of Case Manager Visits with Children in the First 8 Weeks
of New Foster Care Placements
n=236

Degree of Required Visits	Number of Children	Percent
At least one visit in the first week of placement	204	86%
At least one in-placement visit in the first week of placement	178	75%
All requirements met for period of time child in placement	59	25%
Total Number of Visits Required	Number of Visits Made	Percent
1699	1265	74%

Source: G2 County Reports, September - October 2014.

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

Trauma minimizing efforts included placing children with siblings, parents and relatives; conducting transition interviews and transition visits; having explanatory conversations with the children and foster parents; offering comforting words and actions during the move; and placing children with previous foster families. In some cases, therapists were also involved in assisting the children and the case managers with transitions. In other cases, the foster parents took the children home from hospitals and were able to receive the discharge information first-hand. Case managers also accompanied children to out-of state placements.

For 94 children experiencing a placement move, there was evidence in the case record that case managers attempted to minimize the emotional trauma of the most recent move for 51 children (54%).⁸⁶ This finding compares to 65 of 103 children (63%) in Period 17. Forty-six of the 94 children experienced more than one move in Period 18 and the record review collected information about trauma-minimizing efforts related to the prior placement move in addition to the most recent. Among these 46 children, it appeared that case managers documented attempts to reduce the trauma of the previous move for 12 children (26% of 46). The proportion of Period 17 cases with documented trauma reducing efforts related to children experiencing more than one placement was 20 of 34 (59%). This is a significant decrease and therefore the state should place more focus on documenting their efforts regarding minimizing trauma. Some of the strategies under consideration include increased documentation and SHINES training for new and veteran case managers.

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.⁸⁷ According to the practice procedures in both counties, during the discussion of a potential placement's suitability for a child, the placement unit case manager is to provide the prospective substitute caregiver with basic information about that child. This basic information consists of name, date of birth, and any immediate information known that was used to match the child to the caregiver. The child's case manager or the staff that transports the child to the placement setting is to give the foster parents/ substitute caregivers a packet of information at the time the child is placed. This packet is referred to as a "passport." Each county has a slightly different format for this packet and content requirements. The type of information that is to be in these packets includes:

- Contact information for the child's case manager and his/her supervisor;
- Medical and dental screening required;

⁸⁶ The margin of statistical error for a subsample of 89 is +/- 10 percent.

⁸⁷ See p. 19, paragraph 5C.6d of the Consent Decree.

-
- Upcoming hearings;
 - Initial Family Team Meeting Scheduling;
 - Known medical history, conditions, medical home and medications if necessary;
 - Known allergies;
 - Religious preferences;
 - School or daycare program the child has been attending;
 - School enrollment form;
 - Reason child is in foster care;
 - Child's family members;
 - Child's routine: foods, bed time, bedtime rituals;
 - Medical consent;
 - Log for recording medical and dental appointments;
 - Names and contact information of people important to the child;
 - Child's personal property; and
 - Authorization to receive support from the Women, Infants, and Children (WIC) program.

The case manager is to review with the foster parent/substitute caregiver what is in the passport and how they are to maintain the information in it. The packet is to travel with the child throughout his/her foster care episode.

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

Among the 94 children in the sample of 175 children in foster care who had an initial and/or a new placement during the period, there was evidence in the case file that case managers provided:

- Medical information to the substitute caregivers/reunified parents of 36 children (38% of 94);
- Dental information to the substitute caregivers/reunified parents of 11 children (12% of 94);
- Education/developmental information to the substitute caregivers/reunified parents of 27 children (29% of 94); and
- Mental health information to the substitute caregivers/reunified parents of 14 children (15% of 94).

DFCS policy allows for all children to have an “initial clothing allowance” during the first six months following their placement in foster care. The allowance ranges from \$200 to \$300, depending on the age of the child. Subsequent to the initial allowance, there is an annual clothing allowance. Foster parents and providers are informed of this allowance and are asked to submit receipts for the clothing purchased.⁸⁸ In Fulton County, the child’s “passport” contains a Clothing Allowance Form and DeKalb County has been sending letters regarding the clothing allowance policy to DFCS supervised homes annually. In addition, the DFCS personnel who monitor and support DFCS supervised homes may also discuss the children’s needs during visits. Therefore, the degree to which the case records have evidence that the case managers reviewed the clothing needs and took the necessary steps to ensure children had appropriate clothing in their new placements is expected to be limited. However, evidence that case managers took such actions was found in the records of 73 children experiencing new placements during the period (78% of 94). This is a significant increase from the 55 percent in Period 17. Emphasis on documentation seems to be having a positive impact and the Accountability Agents will continue monitoring these efforts during future reporting periods.

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

In addition to safe, appropriate, and stable placement settings, DFCS policy and the Consent Decree stipulate that DFCS will provide for the physical, developmental, and emotional needs of children in its custody.⁸⁹ As a means of “*strengthening and rebuilding families to bring about the child’s early return*”⁹⁰ DFCS is also responsible for providing services to birth families. Finally, it is responsible for supporting and assisting foster parents to more effectively address the needs of the children in their care. This section of the report considers the State’s practice as reflected in state and county-reported data and the case record review of 175 children in foster care during Period 16.

1. Assessment of Needs at Foster Care Entry

Once a child enters custody, one of the earliest opportunities for assessment of family strengths and needs is a Family Team Meeting (FTM), to be held within three to nine days of entry.⁹¹ Other initial activities include health and dental screening and mental health or developmental assessments.⁹² All of these activities form the basis of the first case plan used to guide the case to permanency.

a. Family Team Meetings

⁸⁸ See Social Services Manual Chapter 1000, Sections 1016.13 and 1016.14.

⁸⁹ See p. 4, principle 7; pp. 20-21, section 6; p.38, Outcome 30 of the Consent Decree; See also Social Services Manual Section 3060, Georgia Department of Human Services.

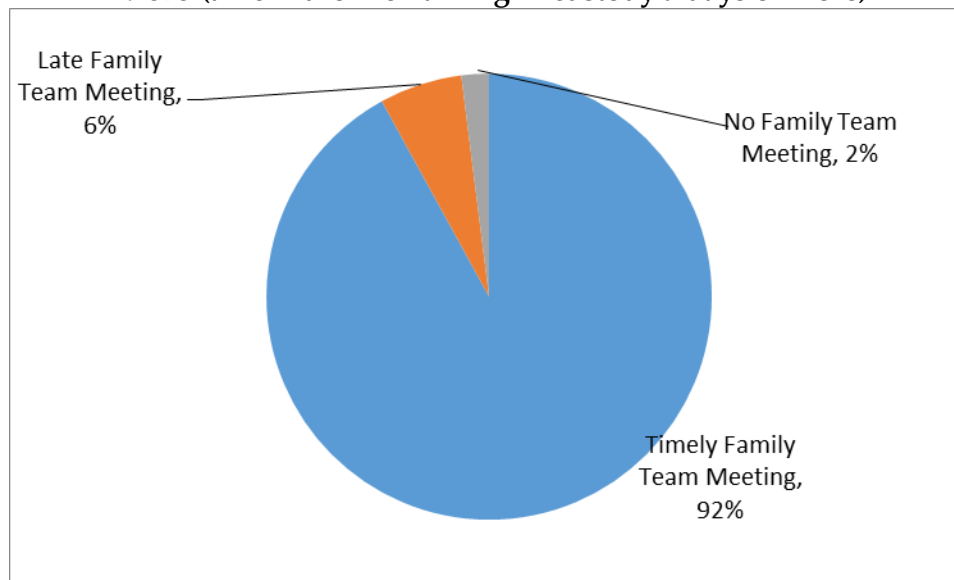
⁹⁰ See Social Service Manual 3060, Georgia Department of Human Services.

⁹¹ See pp 5-7, section 4A of the Consent Decree.

⁹² See p. 20, Section 6.A. of the Consent Decree.

The State documented in SHINES 710 entries into care during Period 18, but not all of the children who entered remained in care beyond a few days. Among the 573 children who were in custody nine days or more, the county tracking systems indicated that 526 children (92%) received timely Family Team Meetings (FTM). Another 34 children (6%) had FTMs but they were not convened within the first nine days. The late FTMs were held 10-30 days after the child's entry into county custody. There were thirteen instances (2%) where no FTM's were held. Figure V-8 illustrates the Period 18 findings.

Figure V-8
Initial Family Team Meetings at Foster Care Entry
July 1 and December 31, 2014
N=573 (all children remaining in custody 9 days or more)



Source: County Data

b. Initial Health and Dental Screenings

The State's overall performance on initial health and dental screenings is measured by the subsample of children who entered care and had been in custody at least 10 days. In the Period 18 sample of 175 children, there was a subsample of 72 children who entered care during the period and remained at least 10 days.⁹³ As in previous reports, caution should be exercised in interpreting these and other results drawn from the subsample of children who entered care because the sample size is very small and they were not randomly selected from the entire population entering custody during the period.

⁹³The margin of statistical error for a subsample of 66 children is approximately ± 12 percent

As shown in Table V-7, of the children in this subsample of 72, 24 (33%) had documented health screens within 10 days of entering care. This is substantially lower than the 70 percent observed in Period 16 and 42% in Period 17. When the ten-day time frame is relaxed, 63 of the 72 children (87%) received an initial health screen, which is similar to Period 17 (92%) For those children whose health screens fell outside the 10-day window, the elapsed time ranged from 11 to 97 days. Nine children did not receive initial health screens.

Fifteen children (21% of 72) had a documented dental screen within 10 days. This is a slight decrease from the 27 percent of children in Period 17 who had a documented dental screen within 10 days. The total proportion receiving an entry dental screening was 60 percent, which is also a substantial decrease from the proportion in Period 17 (80%). The 28 children who received their initial dental screens late, received those 11 to 117 days after entering care. Twenty-nine children have no documented initial dental screens in their files

Table V-7
Initial Health and Dental Exams at Foster Care Entry:
July 1 - December 31, 2014
N=72

<i>Screen</i>	Number	Percent	Cumulative Percent
<i>Initial Health Screen At Foster Care Entry</i>			
Received within 10 days	24	33%	
Received, but not within 10 days (11 to 97 days)	39	54%	87%
No initial health screen received by December 31, 2014	9	13%	100%
Total	72	100%	
<i>Initial Dental Screen At Foster Care Entry</i> (includes infants for a "gum check")			
Received within 10 days	15	21%	
Received, but not within 10 days (11-90 days)	28	39%	60%
No initial dental screen received by November, 2014	29	40%	100%
Total	72	100%	

Source: Case record review, February – May 2015.

c. Initial Developmental /Mental Health Assessment

The Consent Decree requires that all children under the age of four years receive a developmental assessment in compliance with EPSDT standards within 30 days of placement.⁹⁴ Children four years of age or older are expected to receive a mental health screening in compliance with EPSDT standards within 30 days of placement.⁹⁵ Within the sample of 175

⁹⁴ See p. 20, paragraph 6A.3 of the Consent Decree.

⁹⁵ See p. 20, paragraph 6A.3 of the Consent Decree.

children in foster care in Period 18, there were 25 children who were younger than age four, were in custody at least 30 days, and entered care on or after July 1, 2014.⁹⁶ There were 41 children in the foster care sample who were age four or older, remained in care 30 days or more, and entered DFCS custody on or after July 1, 2014.

Six children under the age of four did not receive a developmental assessment which is very concerning; only thirteen were completed within 30 days. The six children who did not receive developmental assessments within 30 days had them completed between within 82 days after entering custody. The total percentage of children under four years of age who received their initial developmental assessment increased from 68 percent in Period 17 to 76 percent in Period 18.

For children over the age of four, there were twelve children in custody 30 days or more who did not have mental health assessment; only 17 were completed within 30 days, which is 41 percent compared to the 71 percent completed within 30 days during Period 17. This is a significant decrease in performance and the state continues to work with Amerigroup to address these challenges. Twelve children had the assessment completed between 32 to 63 days after entering care. Table V-8 summarizes this information.

⁹⁶ In order to have a larger pool of children in the sample for whom the responsiveness to identified needs could be measured, the record review was designed to collect information on children who entered custody in June 2013 and, therefore, had sufficient time for identified needs to be addressed in Period 16.

Table V-8
Initial Developmental and Mental Health Assessments at Foster Care Entry:
June 1, 2014 – November 30, 2014
N=varies depending on the assessment

<i>Assessment</i>	Number	Percent	Cumulative Percent
<i>Initial Developmental Assessment</i> (children younger than age 4) (n=25)			
Received within 30 days	13	52%	
Received, but not within 30 days (32-82 days)	6	24%	76%
No initial Developmental Assessment received	6	24%	100%
Total	25	100%	100%
<i>Assessment</i>	Number	Percent	Cumulative Percent
<i>Initial Mental Health Assessment</i> (children aged 4 and older) (n=41)			
Received within 30 days (includes pre-assessments)	17	41%	
Received, but not within 30 days 32 to 63 days)	12	29%	70%
No Initial Mental Health Assessment	12	29%	100%
Total	41	100%	100%

Source: Case record review, February – May 2015.

d. Initial Case Plans

Fifty-Two children (91%) of the 57 children entering custody during the reporting period and remaining more than 30 days had an initial case plan developed by December 31, 2014 or their last date in custody. Thirty-Six of the 52 (69%) were completed within 30 days of entering care, 9 (17%) were completed between 31 and 60 days, and seven (13%) were completed greater than 60 days.

2. Periodic Health and Dental Screening

In addition to requiring health and developmental assessments when a child enters foster care, the Consent Decree requires all children to receive periodic health screenings⁹⁷ in accordance with the Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT)/Georgia Health Check Program standards.⁹⁸ DFCS' performance with respect to meeting these standards is discussed below. The case record review of 175 children in placement collected information about the timeliness of the required routine health and dental examinations provided (often referred to as "well-child" care) during their time in custody.

⁹⁷ See p. 30, paragraph 13A in the Consent Decree.

⁹⁸ See p. 20, paragraphs 6A 1 and 2, and p.21, 6B, paragraphs 1-8 of the Consent Decree.

Routine health screening performance was assessed for the sample of 175 children. Overall, 168 of the 175 children (95%) appeared to be current with their “well child” visits as of December 31, 2014 as a result of receiving a required health screen prior to or during reporting Period 17; or receiving a health screen during Period 18 that brought them up-to-date. This is similar to the proportion found in Period 17 (98%). This information is summarized in Table V-9.

Of the 175 children in the review sample, 45 children did not require a health screen during Period 18 because they were already current with their health check-ups. Among the 130 children who should have received at least one routine health exam in Period 18, 123 children (95% of 130) received them. Seven children (5%) did not receive their required health screens during Period 18.

Table V-9
Status of Health Screening for Children*
July – December, 2014
N=175

Component and Action	Number	Percent	Cumulative Percent
No health screen required during period, children current with health check-ups during entire period	45	26%	
Children receiving timely health screens (according to EPSDT schedule) between July 1 and December 31, 2014	123	70%	96%
Required well child health screen(s) not received between July 1 and December 31, 2014	7	4%	100%
TOTAL	175	100%	

Source: Case record review, February – May, 2015. *Includes initial health screens completed for children entering foster care in Period 17. EPSDT components are not always documented, see narrative.

As reflected in Table V-10, routine dental screening was assessed for 175 children, with separate analysis for children over and under the age of three as of December 31, 2014.⁹⁹ Overall, 112 of the 134 children (84%) who required a dental screen were either current or received their dental screens during Period 18. However 32 (29%) of these exams were not done timely. For children under the age of three, 48 out of 49 (98%) were either current or received their oral health screen during Period 16. One child received a late initial oral health screen.

The dental screen documentation consisted of either a dental report from a dental care provider, case manager notes, reference in a CCFA, an entry in the SHINES health log or a combination of these forms.

⁹⁹ The Consent Decree stipulates that “all children age 3 and over shall receive at least one annual screening in compliance with EPSDT standards...” see Section 6B paragraph 8 on p.21. Children younger than age 3 may have oral exams as part of their regular well-child visits and documentation of this component has improved sufficiently to provide the separate analysis.

Table V-10
Status of Dental Screening*
July - November 2014
N=175

Component and Action Children aged 3 and older n=134	Number	Percent	Cumulative Percent
No annual dental exam required during period, children current with annual requirement during entire period	50	37%	
Children receiving a timely annual dental exam during period	30	22%	59%
Received more than 12 months after previous exam	10	7%	66%
Initial received more than 10 days after entering foster care	22	17%	83%
Required annual (or initial) dental exam not received as of June 30, 2014	22	17%	100%
TOTAL	134	100%	100%
Component and Action Children under the age of 3 N=41	Number	Percent	Cumulative Percent
No annual oral health screen due during entire period	11	27%	
Received a timely initial or annual oral health screen	13	32%	59%
Received a late initial oral health screen	12	29%	88%
No annual oral health screen	5	12%	100%
TOTAL	41	100%	100%

Source: Case record review, February – May, 2015.

*Includes initial dentals for children entering foster care in Period 17.

3. Periodic Developmental and Mental Health Assessments

The Consent Decree does not have a requirement that specifically speaks to the frequency of developmental and mental health assessments. The required EPSDT health screenings, by definition, should include some limited assessment of the child's developmental progress and mental health. In addition, the court may request specific evaluations. During Period 18, 10 children had documented developmental or educational assessments in addition to the 19 children who received an initial assessment. Another 14 children had documented mental health assessments in addition to the 24 children who received an initial assessment.

4. Response to Assessment/Screening Identified Needs

Responsiveness to health needs remains an area for continued State focus. Evidence from the case record review provides the following specific findings for Period 18¹⁰⁰:

- Thirty children who received regular (initial or periodic) health screening during Period 18 had health needs identified. Among these 30 children, the documentation in their

¹⁰⁰ Conclusions drawn from subsamples of 50 or smaller have margins of error of $\pm 15\%$ or more.

files indicated that 24 (80%) had received appropriate treatment or treatment was scheduled for all the needs identified during Period 18. Six children (20%) did not have follow-up treatment documented in the case record for any need identified during the reporting period.

- Fourteen children who had a dental/oral health screening during Period 18 had dental needs identified. Twelve children (86% of 14) had all their needs met according to documentation found in the records. Two children (14%) did not have follow-up treatment documented in the case record for any need identified during the reporting period.
- Sixteen children who had developmental or educational assessments in Period 18 had identified needs. Thirteen children (81%) of the 16 children had their developmental or educational needs met. Three children (19%) did not have follow up treatment documented in the case record for any need identified during the reporting period.
- Twenty-eight children who had mental health assessments in Period 18 had identified needs. All needs of 26 of the 28 children (93%) were being addressed.

5. Response to Emerging Needs Between Routine Well-Child Visits or Scheduled Assessments

A small portion of children may have episodes of acute illness or emerging needs between regular assessments. The record review captures information about the response to these needs, but the sample sizes and resulting percentages are too small to generalize to the entire population of children in care. Still, the State continues to do extremely well at meeting the emerging needs of children in the sample.

- Forty-three children (25%) in the sample of 175 experienced emerging physical health needs during the reporting period. All but one of these children had their needs met.
- Two (1%) of the 175 sampled children experienced acute dental needs during the reporting period. One of their needs were not met.
- Thirty-one (18%) of the 175 sampled children experienced acute or emerging mental health needs during the reporting period. All of their needs were met.

6. On-going Attention to Development and Education

Ten children in the sample had one or more developmental and/or educational needs identified between July 1 and November 30, 2014 either through an initial assessment or some other process. The needs identified were as follows (some children had more than one identified need):

- Three children had educational/academic needs;
- Two children presented with learning disabilities;
- Two children were identified with developmental delays;

- Two children had behavioral concerns; and
- Two children were in need of speech therapy.

Other indicators of developmental or educational needs are Supplemental Security Income (SSI) benefits and Individualized Education Programs (IEPs). Ten children in the sample appear to be receiving SSI benefits. The underlying conditions for these cases included several cases with hearing impairments, moderate intellectual disabilities, and mental health issues. Twenty-six children had IEPs. The case records of 15 (58% of 26) of these children had documentation of current IEPs (less than 12 months since the previous IEP). Although this is small sample, Period 18 performance is a significant decrease from the Period 17 records that documented 70 percent of IEPs as current.

Children aged six to 16 are required to be enrolled in school in Georgia. Within the foster care sample, 104 children (59% of 175) were aged six or older and were in DFCS custody sometime during a portion of the school year. Among the 104 children, 102 (98%) were enrolled in school or a GED program in the first half of 2014. The two children not enrolled was not in custody long enough to be enrolled

Within the foster care sample of 175, 71 children (41%) were younger than age seven. Forty-six of these 71 children (65%) were enrolled in a kindergarten, pre-school, another developmental program, or day care.¹⁰¹

7. Services to Children in Foster Care 18 Months or More

The Consent Decree requires a specific focus on children in care 18 months or more by moving them to “Specialized” caseloads of no more than 12 children per case manager. These Specialized Case Managers are responsible for individualizing services to children and families by convening meetings, accessing funding, and making decisions about the appropriateness of permanency goals and effectiveness of services. In doing so, they are to partner with the county Independent Living Coordinator for those children aged 14 and older, consult with public and private professionals regarding permanency, and to engage in discharge planning “no sooner than 30 days prior to discharge.”¹⁰²

The foster care case record review of 175 children collected some limited information on the experience of children who had reached their 18th month in custody before or during Period 18. Within the sample of 175 children, 47 (27%) had been in custody 18 months or more.¹⁰³ Among the 42 children, 17 (40%) were aged 14 or older and eligible for Independent Living Program

¹⁰¹ According to the Georgia Department of Education website, “Georgia law requires that students attend a public or private school or a home study program from their sixth to their 16th birthdays. Public Kindergarten is available in every school system, but it is not mandatory.”

See <http://www.doe.k12.ga.us/askdoe.aspx?PageReq=ASKNewcomer>

¹⁰² See pp 11 and 12, Section 4.F paragraph 3, of the Consent Decree.

¹⁰³ Conclusions drawn from a subsample of 69 are subject to a statistical margin of error of +/-12%.

(ILP) services. Twelve of the 17 children (71%) had documentation in their case records that indicated they were receiving such services (including Life Skills Training and Employment Services). All 17 youth had Written Transitional Living Plans (WTLP).

Out of the 175 children in the sample, 171 children (98%) had meetings between July and December 2014 to review the appropriateness of their permanency goal and effectiveness of services they are receiving. A majority of youth (100) had a case plan review convened by the Judicial Citizen Review Panel (JCRP)/Court review. The meetings had a range of results. Most meetings did not change the case plans or services, but 26 children had permanency goals revised; 26 had services revised; and 18 had revised placements. Twelve of the 42 children who had been in custody 18 months or more (29%) were discharged by December 31, 2014. All but one of the 12 discharges were expected by DFCS and they all had some form of discharge planning. In one case a child was discharged without prior notice to DFCS.

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

The Consent Decree stipulates that “DFCS will determine whether additional services are necessary to ensure the continued success of the discharge”¹⁰⁴ and that all children receive a health screen within 10 days of discharge.¹⁰⁵ Discharge planning and discharge medicals continue to be areas needing improvement. Under a curative action plan agreed to by the Parties, the Counties are attempting to improve performance by reinforcing practice steps, more supervisory oversight, and better tracking of previously established activities such as discharge family team meetings.¹⁰⁶

Within the sample of 175 children in foster care, 46 children (26%) had been discharged by November 30, 2014. The discharges of 16 children (35% of the 46 discharged) were excluded from the analysis, however, because the presiding judge discharged the children without prior notice to DFCS.

1. Discharge Planning

Among the files of the remaining 30 children, there was documentation of some form of discharge planning for 28 children (93%). In some cases discharge planning occurred through a combination of activities such as some form of meeting (one-on-one meetings between case managers and children, family team meetings or multi-disciplinary team meetings) or multiple

¹⁰⁴ See p.10, Section 4.C.6 in the Consent Decree.

¹⁰⁵ See p. 21, Section 6.B.6 in the Consent Decree.

¹⁰⁶ Correspondence from Brenda King Woodard, Georgia Department of Human Services, to Ira P. Lustbader, Children’s Rights, February 15, 2010 and September 22, 2010.

conversations with the case manager over a series of visits. This information is displayed in Table V-11.

Table V-11
Discharge Planning in Period 18

Discharge Planning	Discharges in the case record review sample n=30*	
	Number	Percent
Discharge planning through one-on-one meeting with case manager	9	30%
Discharge planning in a Family Team Meeting/Facilitated Meeting	9	30%
Discharge planning over a series of visits with children and family	5	17%
Other type of meeting (internal staffing, discharge staffing)	14	47%
No documented discharge planning	2	7%

Source: Case Record Review February – May 2015.

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

2. Discharge Medicals

In the case record review sample of 30 children expected to be discharged, 20 (67%) had a documented medical exam any time from 10 days before discharge to 10 days after discharge. Overall, case documentation for 24 children (80%) indicated that the discharge medical was actually completed. There was no documentation of scheduled or received discharge medicals for six children. Information about discharge medicals is summarized in Table V-12.

Table V-12
Discharge Medicals in Period 18

Discharge Medicals	Discharges in the case record review sample n=30	
	Number	Percent
Discharge medicals scheduled during discharge planning	24	80%
Evidence of medicals received within 10 days of discharge	20	67%
Evidence of medicals received within 11 -32 days of discharge	4	13%
Total number of discharge medicals completed	24	80%
No evidence of discharge medicals scheduled or received	6	20%

Source: *Case Record Review, February – May 2015.

PART VI STRENGTHENING THE SERVICE DELIVERY INFRASTRUCTURE

Several of the Consent Decree requirements focus on DHS/DFCS organizational capabilities, with the intent of enhancing or creating capacity thought to be instrumental to the achievement of desired outcomes. This includes specialized staff, caseload sizes, workforce skill development, and having the resources and services to meet needs. This part reports on the progress of the State in meeting Outcomes 25, 26, 29, and 31 as well as capacity requirements.

A. Outcome Performance

The Accountability Agents attributed four outcomes (25, 26, 29, and 31) to creating a stronger infrastructure for caring for the children in DFCS custody. Table VI-1 below provides the measured performance summary for each infrastructure-related outcome. The discussion following the table provides a more detailed description of State performance. This discussion includes a summary of Consent Decree requirements and interpretation and measurement issues associated with the outcomes. Contextual information about issues surrounding the work is provided for understanding the State's performance in Period 18. Charts are used to illustrate the performance trends emerging over the applicable periods.

Table VI-1
Strengthening Infrastructure Outcomes

Effective Oversight of Placement Settings	Period 18 Performance
Outcome 25: At least 98% of all foster placements serving class member children shall be in full approval and/or licensure status.	98%
Outcome 31: No more than 10% of all foster family home placements serving class member children at any time during the reporting period shall exceed the capacity limits referenced in Section 5.C.4.e. of the Consent Decree, concerning the requirement that no child shall be placed in a foster home if that placement will result in more than three (3) foster children in that foster home, or a total of six (6) children in the home, including the foster family's biological and/or adopted children.	3%
Timely and Complete Court Orders for Placement Authorization	
Outcome 26: At least 95% of foster children in custody at a point in time during the reporting period shall have all applicable language in court orders necessary to assess qualification for federal funding under Title IV-E of the Social Security Act. This outcome shall be measured for court orders entered after the entry of the Consent Decree.	100%
Outcome 29: No more than 5% of all children in custody of DHS/DFCS for 12 months or more shall have lapse of legal custody within the prior 13 months.	3.5%

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

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

Outcome 25 - Approved Placement Settings for Children

Outcome 25 seeks to reduce the risk that children may be placed in harmful living situations by requiring foster care placements to be evaluated and to be in full approval and/or licensure status. To facilitate more timely completion of the Accountability Agents' reports, the Parties agreed in October 2010 to replace the previous Outcome 25 measure with a revised measure that uses *the placement* as the unit of analysis and which can be extracted from a single, automated data source – SHINES.¹⁰⁷ Outcome 25, as revised, stipulates that “By the end of the tenth reporting period, at least 98% of all foster placements serving class member children shall be in full approval and/or licensure status. In computing this percentage, each placement shall be weighted by the approved and/or licensed capacity of that placement.”¹⁰⁸

a. Interpretation and Measurement Issues

Measurement of Outcome 25 performance is based on the entire universe of out-of-home care placements subject to a DHS licensure or approval process.

b. State Performance

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

At the end of Period 18, 627 of the 643 placements subject to a DHS approval or licensure process (98%) were in full approval and/or licensure status. These placements had an approved or licensed capacity of 2762 children, while the approved or licensed capacity of all placements with a child in care on December 31, 2014 was 2805 children; yielding an Outcome 25 measurement of **98 percent**. The State met the Outcome 25 threshold of 98% after failing to meet the threshold in Period 17 for the first time since Period 6. In Period 17, the State's performance on Outcome 25 was 97 percent. Additional detail on this measurement appears in Table VI-2.

¹⁰⁷ The original Outcome 25 measure used *the child* as the unit of analysis, and therefore required the use of multiple data sources (some of which were manual) to link individual children to the approval status of the placements in which they resided.

¹⁰⁸ See p. 4, *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

Ninety-seven percent of the placement capacity of non-foster relative placements was found to be in “full approval status,” that is, to have been fully approved by the relevant licensing and approval processes. This was an improvement over the Period 17 rate of 89 percent. The full-approval rate of DFCS-supervised foster homes was 98 percent, comparable to the Period 17 rate of 99 percent, while that of provider-supervised foster homes was 97%, a slight improvement over the Period 17 rate of 96%. The placement capacity of 99 percent of child-caring institutions, including group homes, was found to be in full approval status, up from the Period 17 rate of 98 percent. Figure VI-1 displays the State’s performance on this outcome over the last 12 reporting periods.

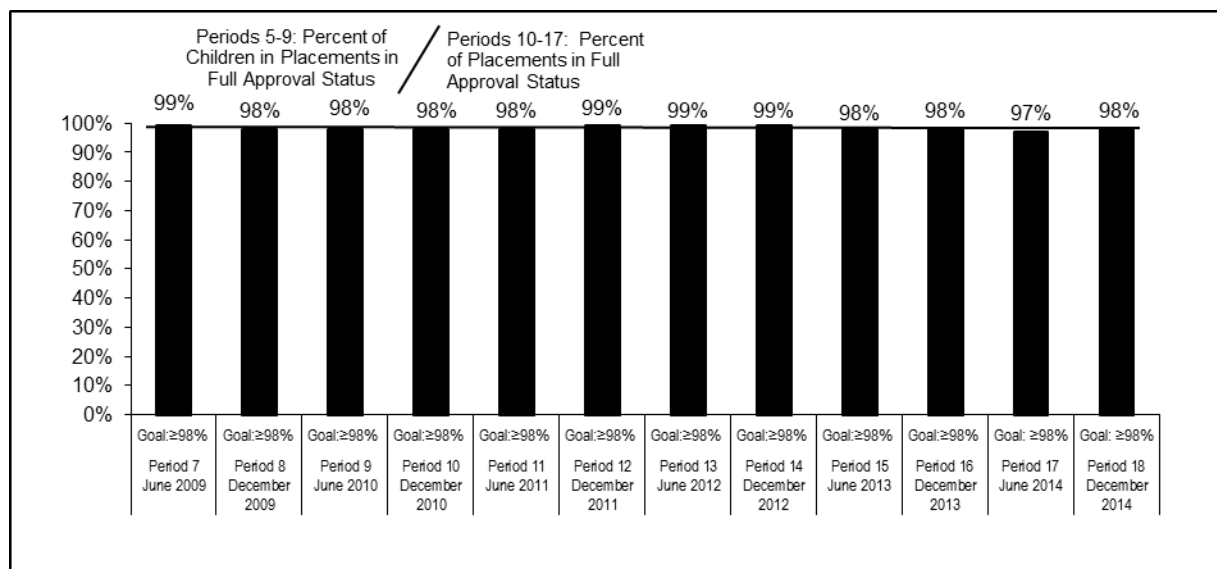
Table VI-2
Outcome 25 – Placements^a in Full Approval Status

Placement Type	Number of Placements with a Class Member in Care on 12/31/14	Number of Placements with a Class Member in Care on 12/31/14 in Full Approval Status	Overall Capacity of Placement Settings with a Class Member in Care on 12/31/14	Capacity of Placements with a Class Member in Care on 12/31/14 in Full Approval Status	Percentage of Overall Placement Capacity in Full Approval Status on 12/31/14
Relative Placement	111	106	186	181	97%
DFCS - supervised Foster Home	98	96	222	218	98%
Provider - supervised Foster Home	345	336	972	944	97%
Child Caring Institution	89	87	1425	1419	99%
Total	643	625	2805	2762	98%
^a Excludes 71 children in state custody on 12/31/2014 that were in settings with no relevant approval process (22 were in Psychological Residential Treatment Facilities, 18 were on runaway, 2 in Metro RYDC, 26 were placed with a birth parent/guardian, and 3 children were hospitalized).					

Data source: Georgia SHINES.

Figure VI-1

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



Sources - Periods 7-9: Placement file reviews, Georgia's ICPC records, child placing agency records, and SHINES; Periods 10-18: SHINES.

Outcome 31 – Foster Home Capacity Limits

Outcome 31 seeks to limit the number of children placed in individual foster homes. To facilitate more timely completion of the Accountability Agents' reports, the Parties agreed in October 2010 to replace the previous Outcome 31 measure with a revised measure that uses *the placement* as the unit of analysis and which can be extracted from a single, automated data source – SHINES.¹⁰⁹ Outcome 31, as revised, stipulates that "By the end of the tenth reporting period and continuing thereafter, no more than ten percent of all foster family home placements serving class member children at any time during the reporting period shall exceed the capacity limits referenced in Section 5.C.4.e. of this Consent Decree..."^{110,111}

¹⁰⁹ The original Outcome 31 measure used *the child* as the unit of analysis, and therefore required the use of multiple data sources (some of which were manual) to link individual children to the point-in-time census of the foster homes in which they were placed.

¹¹⁰ See p. 4, *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

¹¹¹ The Section 5.c.4.e capacity limits provide that "No child shall be placed in a foster home if that placement will result in more than three (3) foster children in that foster home, or a total of six (6) children in the home, including the foster family's biological and/or adopted children.... The only exception to these limits shall be circumstances in which the placement of a sibling group in a foster home with no other children in the home would exceed one or more of these limits." See p. 16 of the Consent Decree.

a. Interpretation and Measurement Issues

The point-in-time used for measurement of Outcome 31 in Period 17 was June 30, 2014. The Outcome 31 measure is based on the entire universe of family foster homes that had a class member child in care on the last day of the reporting period.

b. State Performance

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

Of the 923 family foster homes that had a child in care at any point during the period July 1 to December 31, 2014, 443 (48%) continued to have one or more children placed in them on December 31, 2014. Twelve of these 443 foster homes (3%) exceeded the Consent Decree's capacity limits. Outcome 31 permits up to 10 percent of such homes to exceed the capacity limits specified in Section 5.c.4.e. Although the Outcome 31 measurement methodology changed as described above, Period 18 was the 18th consecutive reporting period in which the Outcome 31 threshold was met or surpassed.

In Period 18, there were 12 family foster homes (2 DFCS-supervised; 10 provider-supervised) that exceeded the three-foster-child capacity limit. However, 7 of these homes (1 DFCS-supervised and 6 provider-supervised) qualified for the sibling group exception enumerated in Section 5.c.4.e. since no children other than the sibling groups resided in those homes. Thus, a total of five homes that exceeded the three-foster-child capacity limit were in unapproved status.

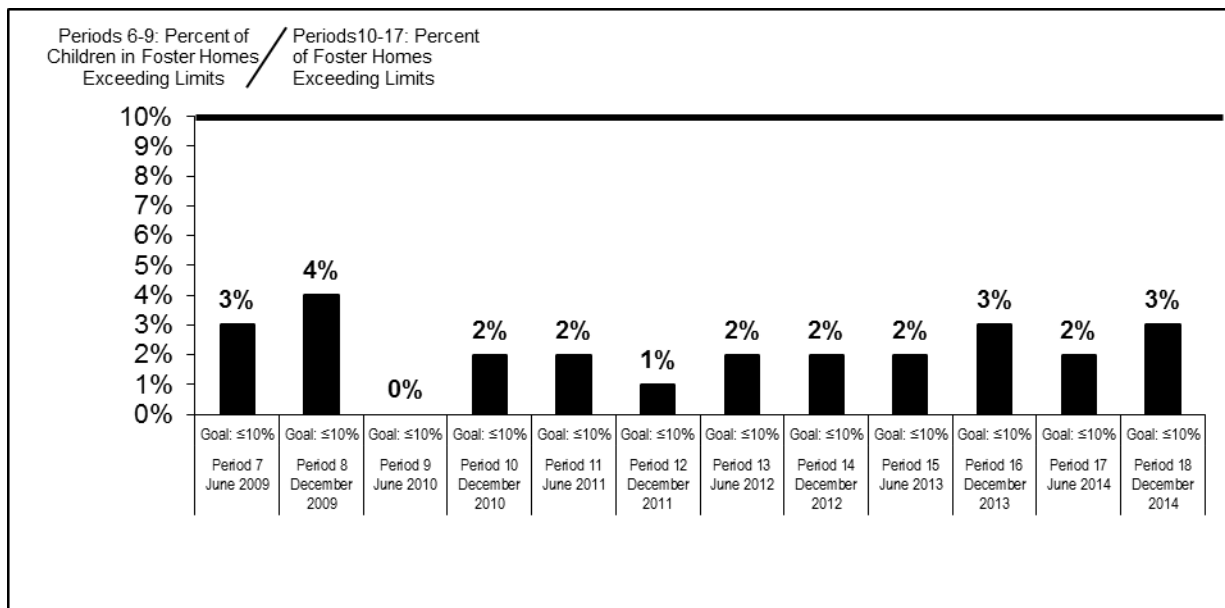
Seven family foster homes in Period 18 (2 DFCS-supervised; 5 provider-supervised) exceeded the six or more total children capacity limit specified in Section 5.c.4.e. None of these seven homes qualified for the sibling group exception. Additional detail on this measurement appears below in Table VI-3. Figure VI-2 illustrates the proportion of foster children placed in foster homes exceeding the Consent Decree standards over the last 12 reporting periods.

Table VI-3
Outcome 31 – Foster Homes Exceeding Capacity Limits
N = 443

Placement Type	Foster Homes with 1 or More Children in Care at Any Time During Period 18	Foster Homes with 1 or More Children in Care on 12/31/14	Foster Homes with > 3 Foster Children on 12/31/14	Foster Homes with ≥ 6 Children in Total on 12/31/14	Foster Homes with > 3 Foster Children and/or ≥ 6 Children Total on 12/31/14	% of Foster Homes with > 3 Foster Children and/or ≥ 6 Children Total on 12/31/14
DFCS - Supervised Foster Homes	157	98	1	2	3	3%
Provider Supervised Foster Homes	766	345	4	5	9	3%
Total	923	443	5	7	12	3%

Data Source: SHINES

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



Timely and Complete Court Orders for Placement Authorization: Outcomes 26 and 29

Two Outcomes (numbered 26 and 29) relate to strengthening the infrastructure by establishing benchmarks for practices that help support DFCS claims for federal reimbursement for services to children in custody and ensure DFCS has documented custodial authority for the children in foster care.

Outcome 26 – Required IV-E Language in Court Orders

Outcome 26 relates to DFCS having the proper documentation in a child's file to support an appropriate claim for Federal reimbursement under the Title IV-E program.¹¹² For children who entered care on or after October 27, 2005, judicial determinations that leaving children in their homes would be "...contrary to the welfare..." of the children must be made in the first order that authorizes the State agency's action to remove the child from home. In practice, this is often the court order from the 72 hour hearing. In addition, there must be documentation of a judicial determination made no later than 60 days from the date of the child's removal from the home that "reasonable efforts" were made to prevent the child's removal from his/her family.¹¹³ If either of these requirements is not met the State cannot claim federal Title IV-E reimbursement for the child's care the entire time the child is in custody even though the child's family meets the Title IV-E income test.

All children in State custody after the Consent Decree's effective date should have a permanency hearing at least every 12 months with the appropriate language about the State's "reasonable efforts" to achieve permanency included in the subsequent court orders. If these determinations do not occur timely or the language is not child specific, there is a gap in the child's eligibility until the determination is appropriately made. The State cannot claim federal reimbursement for the period of the gap.

a. Interpretation and Measurement Issues

Measurement of Outcome 26 performance is based on a record review of a sample of 175 children in foster care.

¹¹² See pp 36-37, Outcome 26 of the Consent Decree.

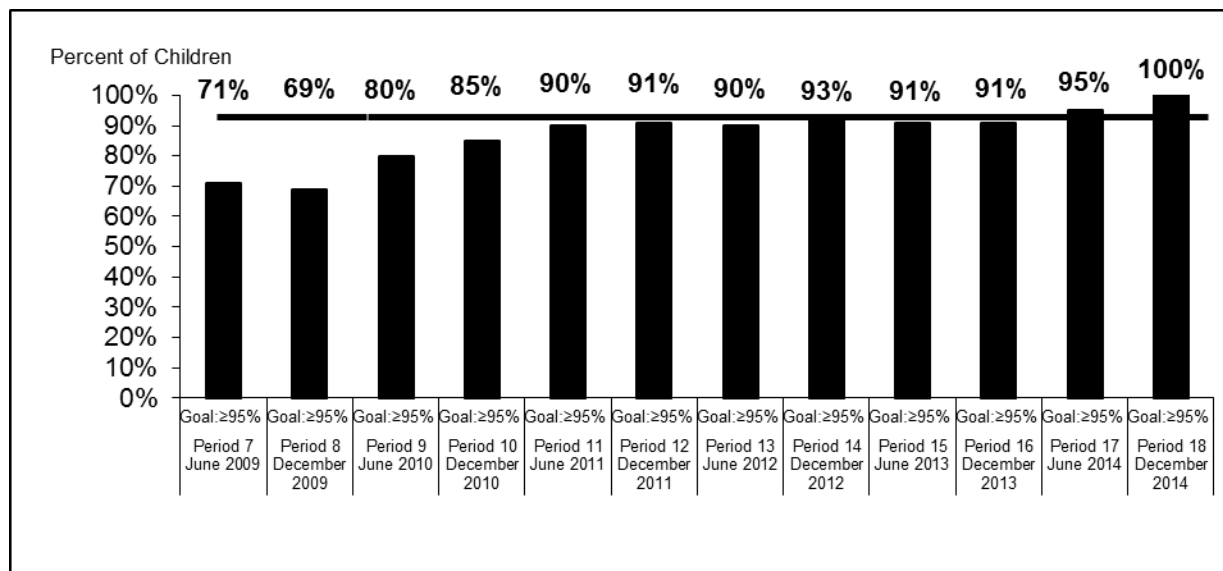
¹¹³ Ibid.

b. State Performance

• **The State Surpassed the Outcome 26 Threshold**

For Outcome 26, each of the 175 children in the Period 18 placement sample (100%) had court orders with all the required language necessary to assess current eligibility for federal funding under Title IV-E. The performance standard for this outcome is 95 percent. The Period 18 performance is an improvement from the Period 17 performance of 95 percent. This is the second consecutive time that the state has met the Outcome 26 threshold since the inception of the consent decree and the first time that the state has achieved 100 percent. Figure VI-3 displays the State's performance on Outcome 26 over the last 12 reporting periods.

Figure VI-3
Twelve Reporting Periods of State Performance on Outcome 26:
Court Orders Contain Required Language to Support IV-E Funding Claims



Source: Review Period Foster Care Case Record Reviews, January 2008 – December 2014.

Outcome 29 – Lapses in Legal Custodial Authority

The Consent Decree strives to limit the proportion of children for whom DHS/DFCS custodial authority lapses.¹¹⁴ Outcome 29 stipulates that no more than five percent of all children should have a lapse in their legal custody within the most recent 13 months of their placement.

¹¹⁴ See p 37, Outcome 29 of the Consent Decree.

a. Interpretation and Measurement Issues

Measurement of Outcome 29 performance is based on 57 children in the sample of 175 children in foster care. These 57 children had been in custody 12 months or more and were still in the temporary custody of the State. The margin of statistical error for this subsample is +/- 11 percent. The revised Official Code of Georgia Annotated (OCGA) title 15, which pertains to Juvenile Court proceedings, became effective at the beginning of Period 17. Under these new provisions, custody orders to the Department will remain in effect until the court determines that the purposes of the court order have been accomplished.

O.C.G.A. 15-11-214.

(a) An order of disposition in a dependency proceeding shall continue in force until the purposes of the order have been accomplished.

(b) The court may terminate an order of disposition of a child adjudicated as a dependent child on or without an application of a party if it appears to the court that the purposes of the order have been accomplished.

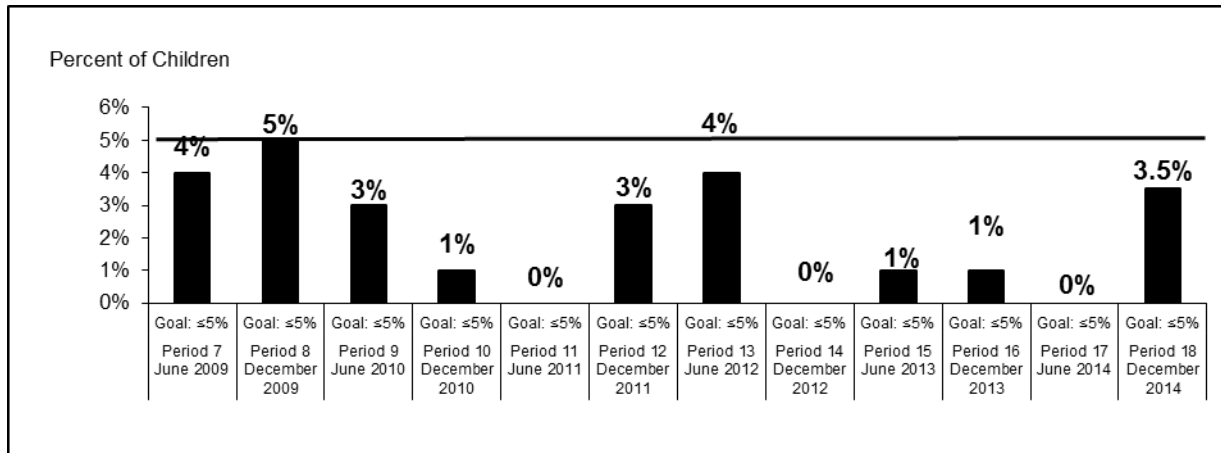
Thus, beginning in Period 19, OM 29 will become obsolete as all of the children in care should then have custody orders under these new provisions.

b. State Performance

- **The State Met the Outcome 29 Threshold**

In Period 18, DFCS had 2 lapses in custody in the subsample of 57 (3.5%). The outcome threshold is no more than five percent. This is a decrease from the Period 17 performance of zero percent. As discussed above, this is the last cohort of children who came into custody under the previous 12 month custody law. Thus, case managers may not have realized that their custody orders needed to be updated. Figure VI-4 illustrates the proportion of children in DFCS custody with custody lapses over the last 12 reporting periods.

Figure VI-4
Twelve Reporting Periods of State Performance on Outcome 29:
Children in Care with Legal Custody Lapses
N = 57



Source: Review Period Foster Care Case Record Reviews, January 2009 – December 2014.

B. Caseloads

1. Caseload Sizes

There are six primary types of case managers responsible for direct interventions with children and families. The Consent Decree establishes caseload caps for five types. Table VI-4 displays the five different types of case managers, “case” definition, and the stipulated caseload caps.

Table VI-4
Case Manager Types and Respective Caseload Caps

Case Manager Function	Responsibility	Caseload Cap
Child Protective Services Investigators (CPS Investigations)	Respond to and investigate reports of child maltreatment. These individuals may also respond to reports of families in need who are considered candidates for “diversion” services.	12 cases (the equivalent of 12 families)
Family Preservation (Child Protective Services On-Going) Case Managers	Provide services to and supervise the safety of children who are not taken into state custody and remain in their own homes.	17 cases (the equivalent of 17 families)
Permanency Case Managers ¹¹⁵	Provide services to the children and families of children who are in the State’s custody.	15 cases (the equivalent of 15 children)
Adoptions Case Managers	Provide services to children whose parents’ parental rights have been terminated and who have the permanency goal of adoption.	16 cases (the equivalent of 16 children)
Specialized Case Managers	Provide services to the children and families of children who have been in state custody 18 months or more.	12 cases (the equivalent of 12 children)

A sixth type of case manager may be referred to as a Family Support Case Manager. These case managers are responsible for assessment and short-term intervention with families who come to the attention of DFCS because they are in need of services that will help them keep their families safe. In child welfare practice this strategy has come to be known as a “differential” or “alternative response” to either a full-blown investigation or the “screening out” of a referral because the circumstances do not meet the criteria that would trigger an investigation. Under two circumstances Family Support case managers may also handle child protective services investigations: 1) upon meeting with the family and determining that the situation **does** rise to the level of possible abuse or neglect, the case designation is revised from family support to investigation; and, 2) when all other investigative staff are busy Family Support case managers may be called on to initiate the investigation to ensure a timely response. Family Support cases and case managers are not covered by the terms of the Consent Decree. Family Support case managers are only included in the caseload analysis when they have responsibility for investigations or family preservation cases. When they are included, all of their cases are counted in measuring compliance with the caseload caps -- family support cases along with investigations and/or family preservation cases.

¹¹⁵ The State has designated “placement” case managers as “permanency” case managers to emphasize their primary purpose is to promote permanency in the lives of children.

State Performance as of December 31, 2014

In December 2014, 59 percent of the case managers in DeKalb and Fulton Counties had caseloads that were at or under designated caps, as reflected in Table VI-5. Seventy-nine case managers (primarily CPS Investigators and Specialized Case Managers) exceeded the caps set by the Consent Decree. Sixty-eight cases were temporarily assigned to supervisors pending assignment to case managers. This is similar to the number of unassigned cases (66) found in Period 17 and significantly less than the 111 cases found in Period 16. Most of the supervisors carrying large numbers of cases pending assignment continue to be in CPS Investigations units, where there has been a significant increase in the number of cases.

As foreshadowed in the Period 17 report, during Period 18, the high number of new cases, coupled with the high turn-over rate of case managers leaving the agency has resulted in a significant decline in the number of caseloads meeting the agreed upon caps. As a result, the parties entered into a modified CAP, on December 18, 2014, regarding CPS caseloads and the state now provides weekly and monthly caseload reports, as well as quarterly reports of more detailed information about investigations. Moreover, the state has agreed to revise its recruitment and retention plans and implement them no later than March 15, 2015. The agreement also provides a schedule for improved outcome performance in this area. Progress under this newly modified CAP will be reported in the next monitoring report.

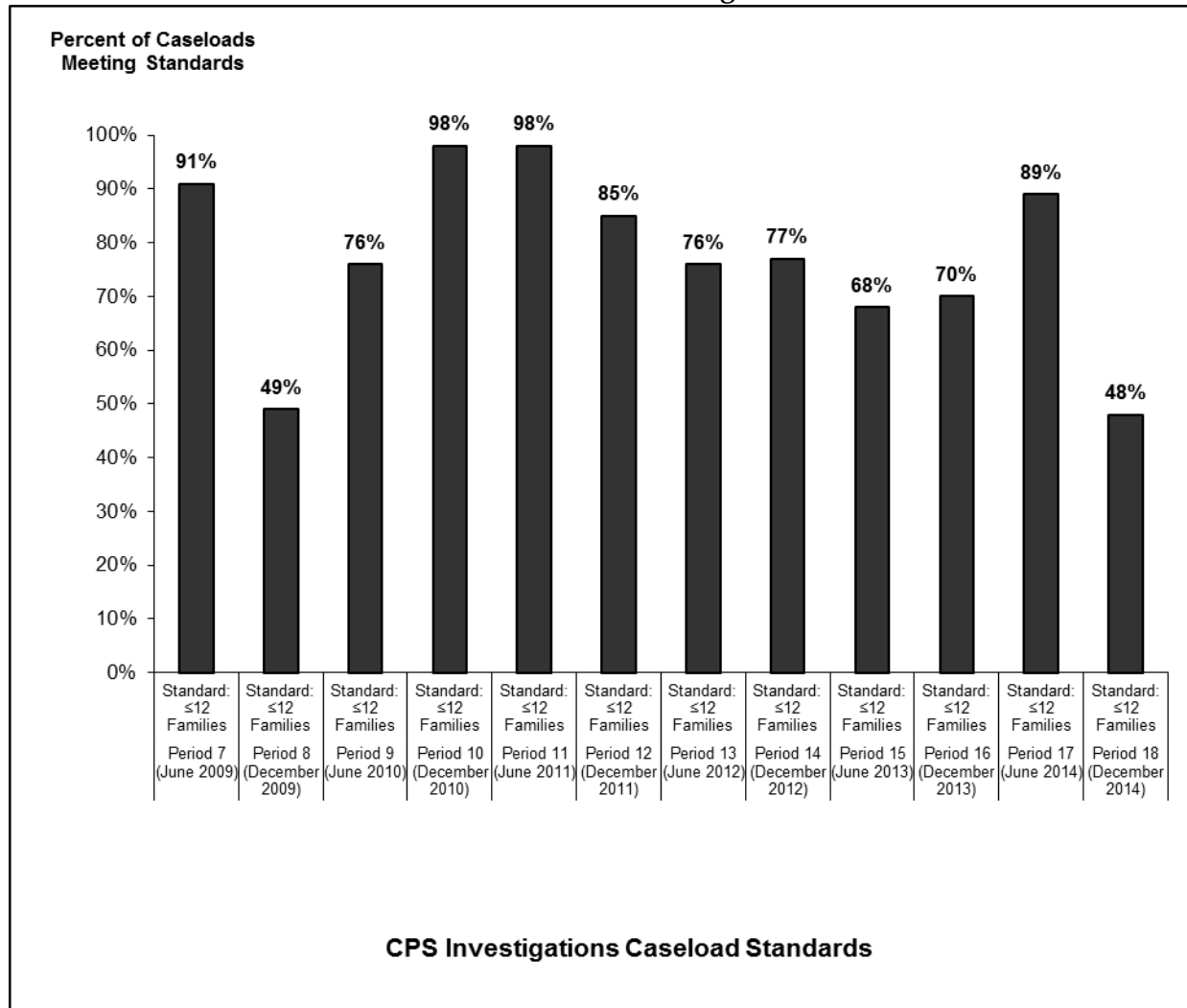
Table VI-5
DeKalb and Fulton County Caseload Status December 2014

Case Manager Function	Caseload Cap: Number of cases (families and children)	Number of Active Staff on 05/31/14	Number of Active, On-leave Staff on 05/31/14	Actual Performance				
				Meeting Cap on Assigned Caseloads		Not Meeting Cap on Assigned Caseloads		Cases Assigned to Separated/ On leave Workers/ Supervisors
				Number	%	Number	%	Number
CPS Case Manager ³	12 families	65	0	31	48%	33	52%	51
Family Preservation	17 families	32	0	16	50%	16	50%	7
Permanency Case Manager	15 children	21	0	20	95%	1	5%	10
Specialized Case Manager	12 children	76	0	47	62%	29	38%	6
Adoption Case Manager*	16 children	0	0	N/A	N/A	N/A	N/A	0
Total		194	0	114	59%	79	42%	74
Sources: SHINES; county personnel systems for leave and separation information								
Notes:								
¹ Active staff are those staff that were not on a leave of absence on November 30, 2014 that was expected to be more than 30 days. Includes workers with mixed caseloads of CPS investigations and diversions. Excludes workers who had diversion cases only. Excludes case managers who have caseloads exclusively of children placed in Georgia through ICPC and not in DFCS custody. ² Active staff on leave at November 30, 2014 but leave anticipated to be more than 30 days. *Although there are several adoption units, when the caseloads were pulled for Period 18, the case managers in that unit had caseloads that reflected specialized cases. The specialized caseloads consisted of 16 adoptions workers and 60 foster care workers.								

Child Protective Services Caseloads

As noted in Table VI-4, case managers traditionally designated as “Child Protective Services” case managers fall into two categories: investigators and family preservation (and as discussed above, family support case managers are included only if they have responsibility for CPS investigations or family preservation cases in order to meet timely response times). Figure VI-5 illustrates the proportion of CPS investigation caseloads meeting the Consent Decree standards over the last 12 reporting periods. As of the end of Period 4 (December 2007), the standard has been 12 or fewer cases.

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



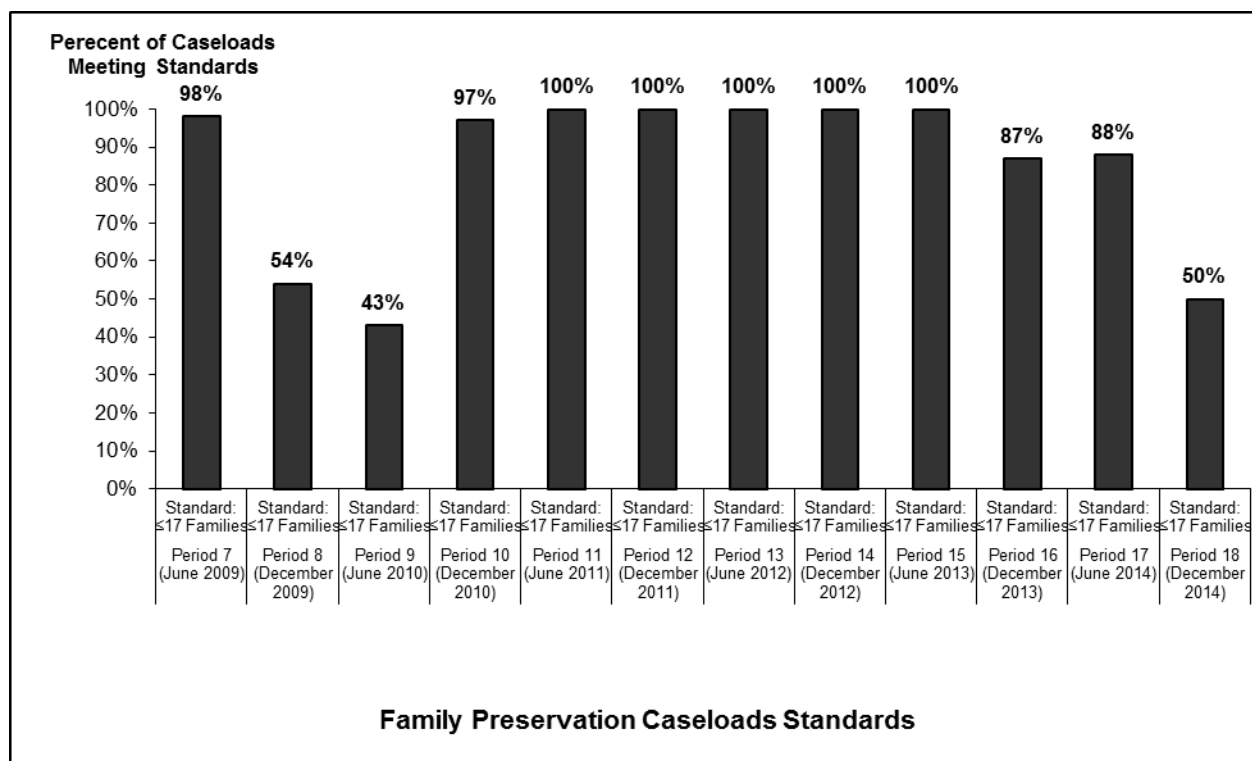
Source: State data bases: IDS and SHINES; county personnel systems for leave and separation information, January 2009 – December 2014.

As shown above in Figure VI-5, in December 2014, only 48 percent of the *CPS investigation* caseloads were at or under the caseload cap of 12 families. This performance is a significant decline from the Period 17 performance of 89 percent and the Period 16 performance of 70 percent. The caseloads of the 33 case managers who exceeded the cap (out of 65 total) ranged from 13 to 31 cases. Fifty-one cases were assigned to supervisors (similar to the 52 cases assigned to supervisors in Period 17) pending assignment to a case manager or because the supervisor was completing the investigation. As a result of this significant decline in performance, the parties entered into a modified curative action plan (CAP) on December 18, 2014 in order to reduce caseloads through the daily monitoring of caseloads, as well as recruitment, training and retention strategies. Since the modified CAP became effective, the

state has provided weekly and monthly caseload reports. While the CPS investigators with caseloads over 12 have decreased, the counties continued to utilize deployed case managers from other regions. While this has been somewhat effective in reducing caseloads in the short term, it is not a long term strategy. Governor Deal's new budget will provide 37.4 million dollars of new resources to the Department starting July 2015. A majority of these resources will be used to hire more case managers, provide merit raises and to create a career ladder to incentivize case managers to invest in a career with the department.

Figure VI-6 illustrates the proportion of case managers who provide *family preservation (on-going, in-home child protective services)*, meeting the Consent Decree standard over the last 12 reporting periods. As of the end of Period 4 (December 2007), the standard has been 17 or fewer cases.

Figure VI-6
Twelve Reporting Periods of Family Preservation¹¹⁶ Caseloads
Percent of Caseloads Meeting Standard



Source: State data bases: SHINES; county personnel systems for leave and separation information, January 2009 – December 2014.

As displayed above in Figure VI-6, 16 or 32 *family preservation* case managers (50%) had caseloads of 17 or fewer families. This is the third time over the past seven reporting periods that the performance has dropped below 100 percent and marks a significant decline from the 89 percent during Period 17.

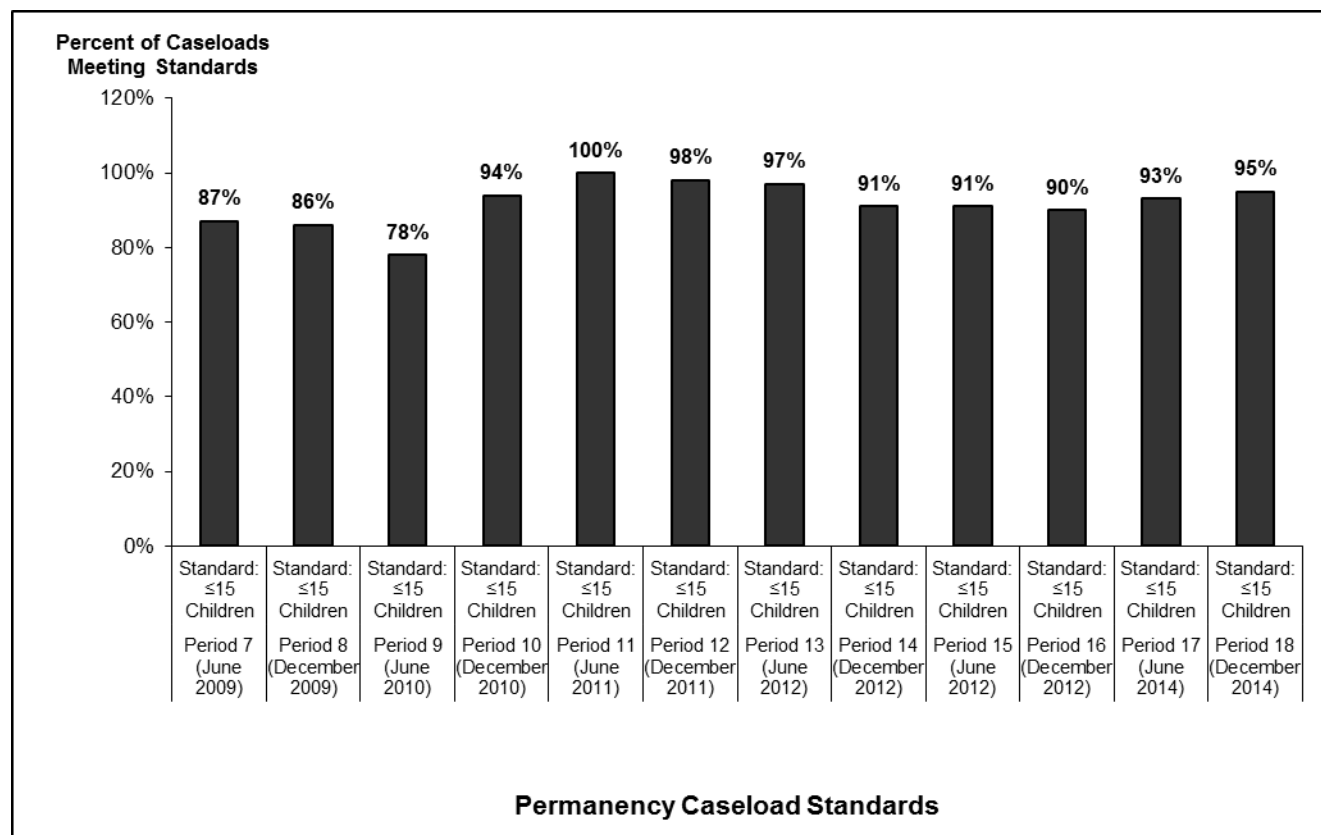
¹¹⁶These cases were formerly referred to as “on-going CPS”.

Permanency Caseloads

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

Figure VI-7 illustrates the proportion of “*regular*” *permanency caseloads* meeting the Consent Decree standards over the last 12 reporting periods. As of the end of Period 4 (December 2007), the standard has been 15 or fewer cases.

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

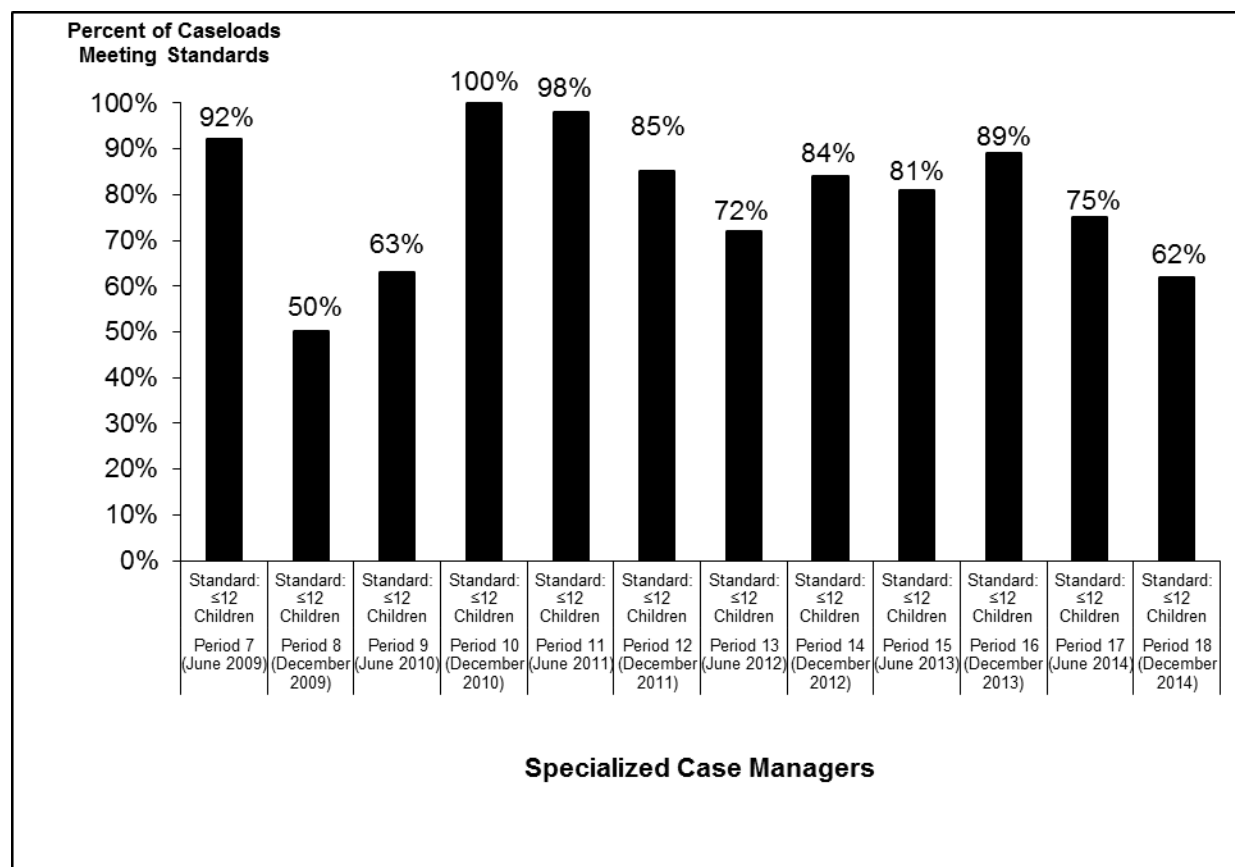


Source: State data bases: IDS and SHINES; county personnel systems for leave and separation information, January 2009 – December 2014.

As shown above in Figure VI-7, in Period 18, 95 percent of the “regular” permanency caseloads were at or under the caseload cap of 15 children. A total of 21 case managers were designated “regular” permanency case managers based on the type of cases they were assigned. The one case manager who exceeded the cap had a caseload of 17 children. This performance is similar to the Period 17 performance of 93 percent. It is also noted that both DeKalb and Fulton counties had been working to keep all permanency case manager caseloads to 12 or fewer children to provide case manager continuity for children who remain in custody 18 months or more.

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

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



Source: State data bases: IDS and SHINES; county personnel systems for leave and separation information, January 2009 – December 2014.

As displayed above in Figure VI-8, in Period 17, 75 percent of the *specialized caseloads ---- those caseloads with children who had reached or exceeded their 18th month in care --* were at or below the caseload cap of 12 children as stipulated in the Consent Decree or as allowed by DFCS case manager certification standards. A total of 76 case managers were considered “specialized” permanency case managers based on the type of cases they were assigned. Twenty-nine case managers who exceeded the cap each had 13 to 25 children assigned to them. A portion of the case managers have a combination of children who have been in custody fewer than 18 months as well as those who have been in custody 18 months and more. Six cases were assigned to supervisors. This is similar to Period 17 in which six cases were assigned to a supervisor.

2. Supervisory Ratios

In addition to caseload caps, the Consent Decree establishes supervisory ratios. Each supervisor should supervise no more than five case managers at any one time.¹¹⁷ As shown in Table VI-6, in December 2014, **96 percent** of the supervisory units had a ratio of five workers or fewer to one supervisor. This performance is an improvement from the Period 17 performance of 91%. The two units not meeting the 1 to 5 ratio were in Permanency and Specialized Units.

Table VI-6
DeKalb and Fulton County Supervisory Ratios at December 31, 2014

Program/Service Area	Number of Units	Meeting 1 to 5 ratio		Not Meeting 1 to 5 ratio	
		Number	%	Number	%
Child Protective Services (Investigations and Family Preservation)	27	27	100%	0	0%
Permanency Case Managers* (Regular and Specialized caseloads)	21	19	90%	2	10%
Adoption	0	n/a	n/a	n/a	n/a
Total	48	46	96%	2	4%

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

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

¹¹⁷ See p. 23, Section 8.B.2 in the Consent Decree.

C. *Building Workforce Skills*

The Consent Decree has several training requirements.¹¹⁸ In this report section, the Accountability Agents describe State efforts to improve its practice curricula, the qualifications of new supervisors and the State's compliance with pre-service and in-service training requirements.

1. Education and Training Services Section¹¹⁹

The leadership of the Education and Training Services (ETS) section changed during Period 18. Effective August, 2014, Mr. Lee Biggar, M.A. became the Section Director for Education and Training Services.

2. Staff Preparation and Professional Development

The State reported that the ETS engaged in numerous training and development activities in Period 18. Table VI-7 provides a summary of some of the new curricula and projects during the period.

Table VI-7
Newly Developed Curricula for DFCS Professional Development and Education and Training Projects During Period 18

Target Audience	Curriculum/Activity
Case Managers	<i>Keys New Case Manager Training</i> Region 14 has fully implemented their training unit and is providing monthly KEYS training to new workers within the region. ETS continues to provide support through materials, scheduling and consultation.
	Foster Care Training A joint SHINES training venture with the lead Data Integrity Specialist (DIS) trainer was initiated this reporting period to enhance the new worker training experience with SHINES. The plan is to engage new workers with DIS staff in their region and facilitate an introduction to SHINES (basic navigation and SHINES terminology) prior to the first day of classroom training. The advantages of this pre-meeting are (1) introduce staff to their DIS (2) prepare trainees for classroom SHINES training in a smaller group

¹¹⁸ See pages 25 and 26 of the Consent Decree for the complete description of the requirements.

¹¹⁹ See Dimas, J.T. and Morrison, S. A. *Period I Monitoring Report, Kenny A. v. Perdue*, November 2006, for a description of the Education and Training Services Section.

Target Audience	Curriculum/Activity
Case Managers	<p>atmosphere (3) allow DIS to provide over the shoulder support to ensure that staff fully understand and can demonstrate the concepts learned in SHINES classroom training.</p>
	<p>Adoption Training A second revision of the Adoption Curriculum was completed in December 2014. The revision included four new pre-classroom online modules that address History and Laws of Adoption/Adoption Assistance, Introduction to the Child Life History and Recruitment/Retention Reporting. A Train the Trainer session will be scheduled and piloted in DeKalb County in February 2015.</p>
	<p>CPS Training The CICC and CPS training modules were updated and edited to reflect the new legal policy (Chapter 3, incorporating HB 242) and new CPS intake policy (Chapter 4.3). The curriculum was revised to reflect the new policies, including a mandate to investigate the following: physical abuse of a child under six years old regardless of presence of injury or lack thereof, CHINS cases, and CSEC cases. The policy and curriculum were also revised to reiterate the importance of reviewing and analyzing history, and reiterate the importance of assessing child safety across all program areas.</p>
	<p>Safety Response System Academy One training was completed in July 2014. Further trainings have been put on hold until the new DFCS Director makes a decision about whether DFCS will continue with this practice model or move to a different model.</p>
Supervisors and Administrators	<p>Supervisor Training Through the Social Services training sequence for supervisors, ETS continued to provide “Putting the Pieces Together” classroom, online, and field based skill building (transfer of learning) training. Updates and revisions to the classroom curriculum began during the last half of the reporting period. After completion of the updates, a new series of half day workshops will be developed to meet the needs of the field as well as the current and future hires in the DFCS workforce.</p>

Target Audience	Curriculum/Activity
Supervisors and Administrators	<p>Supervisor Mentoring</p> <p>During the reporting period ETS continued to provide supervisory mentoring services by two ETS staff members to Fulton County. This included mentoring and oversight of field-based skill building with new supervisors, in addition to consultation/mentoring with identified new and veteran supervisors. Mentoring will continue into 2015 based on the availability of ETS staff and expectations of the County. The Fulton peer mentoring project came to a close in 2014.</p>
	<p>Field Practice Coach Training</p> <p>This training was provided in Fulton County in August and October 2014. This one-day workshop is for DFCS staff who have been selected to be Field Practice Coaches for new case managers. The Field Practice Coach Program was initiated to support and expedite the training process for new case managers as they progress through Georgia's Child Welfare System, and this course is required for eligible staff to become certified as a Field Practice Coach.</p>
	<p>New County Director Training</p> <p>This course is offered to new County Directors, Deputy Directors, and new Regional Directors. Subject matter experts provide information on the Safety Response System, Budgeting and Financial Management, Kenny A., Risk Management, and Quality Management in addition to other topics related to leadership.</p>
	<p>Safety Response System "SRS"</p> <p>The SRS Overview Training continues in Supervisor Training, County Director Training, and now in KEYS training. Two impending danger webinars were developed to help staff understand the SRS model, but they have been put on hold until a decision is made about continuing with the SRS model.</p>
All Staff	<p>Field Practice Guide</p> <p>The Field Practice Guide (FPG) was updated with the most recent practice guidance. The revisions include the updated mandatory case manager safety course "Situational Awareness and Safety Training", and the "Effects of Abuse and Neglect: A Focus on Typical Development", and the alignment of Foster Care Training time frames.</p> <p>The FPG provides guidance to new case managers, Field Practice Coaches,</p>

Target Audience	Curriculum/Activity
All Staff	Veteran Case Managers, Supervisors and County Leadership about training requirements for certification. The FPG activities are monitored by Supervisors, Field Practice Coaches and Classroom trainers.
	Case Planning Training At the request of DeKalb County, Education and Training developed and delivered three case planning workshops in November 2014 to a total of 53 Social Services Case Managers and Supervisors. The morning session consisted of refresher training, and the afternoon session applied the concepts through live learning.

As reported previously, during the summer of 2011, the Georgia IV-E training and education program was suspended due to a policy clarification from the regional office of the US Department of Health and Human Services (HHS), Administration for Children and Families. The policy clarification required Georgia to restructure the arrangements it has with the participating universities. With the help of Casey Family Programs, DFCS engaged a consultant to evaluate the curricula and costs of the participating institutions to identify the costs that are eligible for reimbursement, a methodology for cost allocation, and the rate at which they are reimbursable to help support a proposal that will be acceptable to HHS.

The analysis and new funding structure was presented to HHS, ACF, and the Children's Bureau. The Children's Bureau approved of the new funding structure for the program. The Board of Regents designated Georgia State University (GSU) the sole contractor for the Title IV-E Child Welfare Education Program with the understanding that GSU will subcontract with the other schools of social work.

During Period 18, DFCS continued to work with Georgia State University (GSU) to reinstate the Title IV-E Child Welfare Education Program. The Program is still slated to re-open in August 2015, but may include only GSU and the University of Georgia schools of social work at the outset due to Federal IV-E funding requirements. Private schools of social work will not be involved in the Program initially due to their inability to demonstrate sufficient certified public expenditures (CPE) to meet IV-E requirements. DFCS hopes to include the schools of social work at the Albany State and Valdosta State public universities, but must see if they are able to document sufficient CPE to qualify. DFCS will continue working with a consultant to complete a budget analysis for the schools of social work to determine whether they will be able to draw down enough Federal funding to sustain the IV-E Program.

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.¹²⁰ Accordingly, all supervisors in Period 18 assigned since the Consent Decree either had a BSW or a Master's degree in Social Work (MSW) and two or more years of experience.

4. Pre-Service and On-going Training Hours

According to the county training and certification data reviewed by the Accountability Agents, it appears that all new case managers and newly appointed supervisors are receiving the required number of hours of pre-service training. For case managers and supervisors, who are not new to the agency, (and therefore involved in pre-service training), they must complete 20 hours of professional development each fiscal year. The state of Georgia fiscal year is July 1 – June 30. Thus, staff have until June 30, 2015 to complete their annual professional development. This will be reported in the Period 19 monitoring report.

5. Case Manager and Supervisor Certification

Table VI-8 summarizes the certification status available from the State at the end of December 2014 for social service case managers and supervisors in Fulton and DeKalb counties. As shown, 157 case managers (83%) and 26 supervisors (50%) had achieved full certification as of December 31 2014. This is a significant decrease from the 95 percent of case managers and 87 percent of supervisors in Period 17. The high turn-over rates within the workforce discussed throughout this report have impacted the number of fully certified personnel. The counties are expediting the hiring process and holding hiring panels on a regular basis to get new case managers and supervisors hired and certified as soon as possible.

¹²⁰ See p. 26 of the Consent Decree.

Table VI-8
Certification Status of Case Managers and Supervisors in
DeKalb and Fulton County DFCS as of December 31, 2014

Position Title	Fully Certified	Results Pending	Provisional	Not Certified	Total*
Case Managers					
CPS Investigators	50		11		61
CPS On-Going Case Managers	25		7		32
Permanency Case Managers (Regular and Specialized Caseloads)	66		12	1	79
Adoption Case Managers	16		2		18
TOTAL	157		32	1	190
Supervisors					
CPS (Investigations and On-Going)	10			16	26
Permanency (Regular and Specialized Caseloads)	13			9	22
Adoption	3			1	4
TOTAL	26			26	52

Source: Compiled from data supplied by county training coordinators.

D. Assuring Placement Resources Are Available

While the foster care population is lower than it was at the outset of the Consent Decree (reducing somewhat the demand for foster homes), the number of children in State custody at any point during the reporting period grew by 65 (4%), from 1746 in Period 17 to 1811 in Period 18. Recruiting enough new foster homes to accommodate the needs of the children entering care and to replace the foster homes discontinuing service remains a challenge.

The Accountability Agents have not verified the recruitment information of the counties or private providers. The sampling frame for the foster home case record review is all foster homes with a class member in care during the reporting period; therefore it does provide some verification that homes identified by the State as being open actually are open.

1. DFCS-supervised Foster Homes

Table VI-9 summarizes county progress by December 31, 2014 compared to Period 17 and to the March 31, 2008 baseline. During Period 18, Fulton County reported opening 21 homes but also closing 19 homes. Among the 19 closures, nine (47%) were the result of voluntary decisions by foster parents and four homes (21%) closed as the result of adoptions – foster parents desiring to close their homes after adopting children in their care. Four homes closed as the result of the family moving out of County and two were closed for administrative reasons.

DeKalb County reported opening 25 homes but also closing 21 homes. Twelve of the 21 closures (57%) were the result of voluntary decisions by foster parents. Another seven homes (33%) closed as a result of finalized adoptions. One home closed as the result of the family moving out of County and one for administrative reasons.

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

- Continued focus on recruitment for children aged 13-17, as well as sibling groups of all ages;
- Prioritize approvals for families interested in actively fostering;
- Improve visibility in the community through using government TV and newspaper articles as well as a revised Regional website to expedite contact with prospective foster parents;
- Initiate follow-up phone calls to improve engagement and support of families that contact the Homes for Georgia's Kids hotline or the Division directly;
- Expedite the processing and screening of families by collecting paperwork at the end of informational sessions whenever possible, rather than having families mail in the forms;
- A "Welcome Back Initiative" to reach out to former foster families that closed in good standing to invite them to return to fostering;
- Develop tickler systems for the current inquiry logs to prompt call-backs to families that do not proceed further after attending informational sessions, and foster families that close with the intention of returning within a year to invite them to re-open;
- Engage current foster families that work at hospitals, government agencies, and corporations to co-facilitate recruitment;
- Encourage current or former foster youth to participate in recruitment events to help communicate the need for families willing to care for teens;
- Continuing to utilize State contractors to assist in completing home studies;
- Continuing to encourage kinship placement through ongoing training of new staff, case reviews, support services to kinship families, and improving the timeliness of evaluations; and,
- Ongoing professional development of supervisors to improve program performance.

Regional plans to improve retention of existing foster homes include:

- Offering trainings in both counties in response to foster parent requests and staff evaluation of family needs.
- Providing one-on-one training to foster families during quarterly home visits to ensure current and new policy is effectively communicated and to reach families that fail to attend mandatory group trainings. One-on-one training will focus particularly on issues that could lead to closure if unaddressed, such as inappropriate discipline. Specialized training to meet the needs of children with mental health and behavioral issues is also being considered.
- Formal meetings with foster families who do not timely complete required training hours to determine barriers, solutions, and commitment to fostering and partnering with the agency; and with families that repeatedly decline placements to determine causes, solutions, and if the partnership is appropriate.
- Resource Development staff will meet with foster care and CPS staff to discuss ways these program areas can assist with retention of current families through positive partnering and open communication, addressing problems as they arise, and following established policy.
- Resource Development home monitors will continue working with Placement Specialists to appropriately match children and foster parents to reduce the number of disruptions and placement moves.
- Continue conducting quarterly home visits (monthly contacts are made with Receiving Home foster parents) and monthly check-in phone calls to support foster families.
- Continue providing on-going training, support, and appreciation to foster parents, including CPR training, Town Hall Meetings, and semi-annual foster parent appreciation banquets.
- Proactively identifying, engaging, and screening new adult household members.
- Continuing to support the County Foster Parent Associations.

2. Provider-supervised Foster Homes

Private Child Placing Agencies (CPAs) experienced a net gain of eight private agency foster homes and 55 foster care beds compared to Period 17. The number of CPA foster homes operating in DeKalb County increased by one percent, from 214 to 217, while the number in Fulton County increased from 145 to 150 (3%).

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

County	Baseline March 31, 2008		Period 17 Status December 31, 2013		Period 18 Status December 31, 2014		Progress: Net Gain (Loss) Period 17-18		Goals for Period 18 (Jun.-Dec., 2014)	
	Beds	Homes	Beds	Homes	Beds	Homes	Beds	Homes	Beds	Homes
DeKalb										
<i>County Supervised Homes</i>	418	209	179	96	181	100	2	4	191	102
<i>CPA Supervised Homes</i>			544	214	576	217	32	3		
Total			723	310	757	317	34	7		
Fulton										
<i>County Supervised Homes</i>	504	238	212	110	213	112	1	2	224	116
<i>CPA Supervised Homes</i>			415	145	438	150	23	5		
Total			627	255	651	262	24	7		
Two-County Total			1350	565	1408	579	58	14		

Source: Region 14 reporting and the Office of Provider Management.

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

Among the needs assessment's findings were the following:

- The proportion of prospective foster families that actually complete the training and approval processes needs to be increased, especially in DeKalb County;
- The number of foster homes in the zip codes from which large numbers of children enter care needs to be increased, especially in Fulton County;

- Both counties need to improve collaboration across organizational units;
- Both counties need to improve the quality of placement matches; and
- The “receiving homes” utilized by both Counties seem to be working well and the supports extended to these caregivers should be extended on some level to regular foster homes.¹²¹

The assessment concluded with five recommendations from the FCSS:

- 1) FCSS will initiate quarterly recruitment/retention meetings with DeKalb, Fulton, the perimeter counties, CPAs and CCIs to:
 - a. Plan, collaborate and trouble shoot on recruitment, retention and placement issues;
 - b. Review recruitment, retention and home utilization data;
 - c. Resolve specific home-finding challenges for children/youth; and
 - d. Create quarterly action plans regarding targeted recruitment, retention, and placement of children/youth.

Progress:

- *Four statewide meetings were held during Period 18:*
 - *Two meetings on placement resource utilization were held in September, the first attended by Maximum Watchful Oversight (MWO) placement providers, regional and state office staff; the second attended by DFCS staff from all regions including Fulton and DeKalb. The purpose of the first meeting was to discuss the difficulty of making placement matches for high-end youth, identify barriers and brainstorm solutions. At the second meeting the results of the first meeting were shared and best practices regarding placement matching, PRTE/crisis beds, RBWO provider placements and OPM processes and placement matching supports were discussed.*
 - *A Practice Matters meeting focusing on resource development and placement matching was held in October. Through small and large group discussions, RBWO providers, regional, county and state office staff generated ideas for addressing placement capacity and utilization issues.*
 - *In November a Statewide Recruitment and Retention Plan kick-off meeting was held. Data and other information from the Child and Family Services Plan’s 5-Year Diligent Recruitment Plan were shared and the 2015 statewide plan reviewed. Participants were also provided instructions on developing regional implementation plans to support the Statewide Plan.*

¹²¹ “Resource Development Assessment of Region 14,” Georgia Dept. of Human Services, January 2013, p.6.

- 2) A review of the receiving home program model should be conducted by Region 14 to determine if aspects of the model could be replicated with “regular” foster homes and to determine if additional receiving homes are needed.

Progress:

- *A meeting was held in March 2014 with state office and county fiscal and programmatic staff to discuss current usage of receiving homes in Region 14, initial cost estimates associated with expanding the model, and IV-E reimbursement parameters. Although the model appears to be effective in Region 14, replicating it on a larger scale is thought to be cost-prohibitive. No further action on this recommendation is anticipated.*

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

Progress:

- *The regionalization of the Resource Development functions and staff of DeKalb and Fulton counties was completed during Period 16. No further action on this recommendation is anticipated.*

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

Progress:

- *A Caregiver Recruitment and Retention Specialist (CRRS) was brought onboard in Period 18. Although the CRRS met with Region 14 leadership to discuss challenges, this lone individual has been unable to provide any mentoring to staff at the supervisory level. No further action on this recommendation is anticipated.*

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

Progress:

- *FCSS received approval to hire one dedicated staff person to focus on care giver recruitment and retention for the state. This new hire started work May 1, 2014, reports to the FCSS Director, and be responsible for supporting the state’s overall effort to increase and maintain foster caregivers including relative caregivers. DFCS’ FY 2016 budget, which has not yet been enacted, calls for an additional \$5.8 million to support foster home recruitment efforts. A number of service and organizational changes for Period 19 and beyond are being planned in anticipation of this additional funding.*

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

E. Placement Support

This section of the report describes the State's performance on a number of issues related to the regulation and support of foster care providers. These issues are described in the Consent Decree in Section 5.C.4.e-i, 5.C.6¹²² and Section 11.¹²³ The State performed well in many areas in Period 18 and maintained many of the significant improvements documented in Periods 5-12 compared to earlier reporting periods. However, the State needs to improve compliance with new requirements for annual Sex Offender Registry, Pardons and Parole, and Department of Corrections checks for all adult residents of foster homes prior to the annual re-approval of those homes.

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

The review of 160 foster home records sought evidence in each record that the home was in compliance with applicable standards at the end of the reporting period. Data from the foster home record review are presented below. These data can be said to fairly represent the status of the sampled foster homes at the end of the reporting period, but may not accurately reflect the quality of the regulatory approval process. The reasons for this include changes that may occur in family circumstances or characteristics between the approval date and date the home's record was reviewed, aspects of the approval process that may have been underway at the end of the reporting period, but had not yet been concluded and documented in the case record, and the practice among some child-placing agencies of keeping certain information such as health records and toxicology reports in separate, locked files rather than in the foster home record due to HIPAA and privacy concerns.

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

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

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

¹²² Ibid, pp. 16-19.

¹²³ Ibid, pp. 26-28.

However, the existence of uniform standards by itself cannot ensure children in care are safe and well. Therefore, the review of foster home records specifically sought evidence that the foster homes reviewed were in compliance with the DFCS approval standards. For all but seven of the standard previously monitored, compliance was found to be 90 percent or greater. For these seven requirements below 90 percent, the decline is likely attributable to a fairly recent change in the standard, described below.

As a corrective action pursuant to the Period 11 Report, DFCS issued a Policy Memorandum announcing that foster home safety screens (checks of CPS history, sex offenders registry, pardons and parole, Department of Corrections, and Child Abuse and Neglect Registry in states of previous residence) would henceforth be required prior to each annual re-evaluation (previously these were required prior only to the initial approval of foster homes).¹²⁴

Table VI-10 summarizes the extent to which documentation was found in the foster home records reviewed indicating that these homes met the approval standards that have been measured since the outset of the Consent Decree, and compares the results for Periods 17 and 18.

The foster home record review found completed initial/re-evaluation reports in 158 of 160 records (99%) in which they should have appeared, similar to the 99 percent found in Period 17. The file review found evidence that for most approval standards, 96 percent or more of the homes reviewed were in compliance. This is the same as the Period 17 rate.

¹²⁴ Social Services County Letter No. 2012-06, Georgia Department of Human Services, October 2012.

Table VI-10

Foster Care Approval and Licensing Standards

N = 160

Foster Care Screening, Licensing, Training, and Investigative Requirements	Percent of Sample with Documented Compliance	
	Period 17	Period 18
Pre-service foster parent training requirements met	100%	100%
Child Abuse and Neglect Registry checked for foster parents	^a	100% ^b
Family assessment completed	100%	99%
Gender of children in home never varied from that approved	99%	98%
Timely Criminal Record Checks for foster parents	100%	98%
Number of children in home never exceeded approved capacity	98%	98%
Timely Criminal Record Checks for other adults in the home	96%	98% ^c
Ongoing foster parent training requirements met	95%	98%
No violations of agency discipline or other foster care policies	96%	96%
Comprehensive medical report for each foster parent	98%	96%
Timely annual re-evaluation (no lapses)	98%	96%
Comprehensive Drug Screen for Foster Parents	98%	96%
CPS history has been checked	97%	94%
Age of children in home never varied from that approved	97%	94%
Appropriate health statements for other adults in the home	89%	90% ^c
Dept. of Corrections checked for foster parents	75%	74%
Sex Offender Registry checked for foster parents	75%	73%
Pardons and Parole checked for foster parents	75%	72%
Sex Offender Registry checked for other adults in the home	60%	66% ^c
Dept. of Corrections checked for other adults in the home	58%	66% ^c
Pardons and Parole checked for other adults in the home	60%	63% ^c
Child Abuse and Neglect Registry checked for other adults	^a	0% ^d

Source: Foster Home Record Reviews for Periods 17 and 18.

^a In Period 17 the Child Abuse and Neglect Registry standard measured both the foster parents and other adults together (82%). Period 18 was the first time this standard was measured for foster parents and other adults separately.

^b As this measure is based on a sub-sample of 5 foster homes it has a margin of statistical error of $\pm 44\%$.

^c As these measures are based on a sub-sample of 41 foster homes they have a margin of statistical error of $\pm 15\%$.

^d As these measures are based on a sub-sample of 2 foster homes they have a margin of statistical error of $\pm 69\%$.

Compliance appears to have remained about the same (± 2 percentage points) for 13 of the 20 requirements that remained the same from Period 17 to Period 18 and to have improved for four requirements (by 8, 6, 3 and 3 percentage points, respectively):

- *Department of Corrections has been checked for other adults,*
- *Sexual Offender Registry has been checked for other adults,*
- *Pardons and Parole has been checked for other adults, and*
- *Ongoing foster parent training requirements met. .*

Compliance declined by 3 percentage points for three requirements:

- *CPS history on home has been checked,*
- *Age of children in home never varied from that approved, and*
- *Pardons and Parole has been checked for foster parents.*

Table VI-10 summarizes compliance with the standards which were revised prior to Period 17. Period 18 results for the Sexual Offender Registry, Pardons and Parole, and Dept. of Corrections standards improved for the other adult checks (by 6, 3, and 8 percentage points, respectively), stayed the same (± 2 percentage points) for the Sexual Offender and Dept. of Corrections checks for foster parents, but declined for the Pardons and Parole checks for foster parents (by 3 percentage points). As these checks are typically performed together, observed compliance amongst the various types of checks was very similar. The Accountability Agents expect that as the field adjusts to the new annual nature of these checks observed compliance will improve.

Table VI-11 provides additional information about cases in which timely safety screens were not performed. For each type of safety screen, checks were more likely to have been performed late rather than not at all. While the State needs to improve its performance in conducting annual safety checks for all adults in the foster home, it needs to give special attention to conducting checks for adults other than the foster parents themselves.

Table VI-11
Newly Annualized Foster Care Approval and Licensing Standards
N = 160

Check Type	Foster Parents							Other Adults						
	Timely		Untimely		No Check		Total	Timely		Untimely		No Check		Total
	No.	%	No.	%	No.	%		No.	%	No.	%	No.	%	
Sexual Offender Registry Check	159	116	73%	35	22%	8	5%	41	27	66%	11	27%	3	7%
Pardons & Parole Check	159	115	72%	34	21%	10	6%	41	26	63%	11	27%	4	10%
Dept. of Corrections Check	159	117	74%	33	21%	9	6%	41	27	66%	11	27%	3	7%
Previous State of Residence*	5	5	100%					2	0	0%	2	100%		

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

Section 11.F. of the Consent Decree specifies that DFCS will not allow perpetrators of substantiated maltreatment, those with policy violations that threaten child safety, or those who repeatedly or unrepentantly use corporal punishment to become or to remain foster parents. State performance in preventing foster parents from using corporal punishment improved in Period 18. State performance in preventing perpetrators of substantiated maltreatment from becoming or remaining foster parents and in detecting and preventing foster parents with problematic histories from switching supervision environments (e.g., moving from one provider agency to another) was excellent.

a. Corporal Punishment and Maltreatment in Foster Homes

Of the 160 foster home files reviewed for Period 18, one (1%) had confirmed incidents of corporal punishment during the 12 months ending December 31, 2014. In Period 17, six confirmed incidents of corporal punishment in the preceding 12 months were identified among the foster homes sampled.

A total of 28 foster homes in the sample of 160 (18%) were the subject of 38 maltreatment referrals during Period 18; in Period 17, 30 foster homes in the sample of 160 (19%) had 38 CPS referrals. Twenty-two Period 18 homes had one referral each, four homes had two referrals,

and two homes had four referrals; in Period 17, 23 homes each had a single referral, six homes had two referrals each, and one home had three referrals. In Period 18, 27 of the 38 referrals (71%) were screened out (compared to 24 of 38 [63%] in Period 17); 10 (25%) were investigated and unsubstantiated (compared to 11 of 38 [29%] in Period 17); and one had substantiated findings (there were 3 with substantiated findings in Period 17).

The continuing high volume of referrals and number of homes with multiple referrals could be a product of the publicity surrounding the CICC – the State’s relatively new centralized intake operation – and its around-the-clock accessibility.

As discussed in Part III of this report, of the 160 foster home files reviewed for Period 18, two (1%) had confirmed incidents of corporal punishment during the 12 months ending December 31, 2014. In Period 17, six confirmed incidents of corporal punishment in the preceding 12 months were identified among the foster homes sampled.

Eight of the 160 sampled foster homes in Period 18 had corporal punishment allegations that did not rise to the level of maltreatment and were screened out. These screened out referrals were assessed to determine if the foster homes violated policy guidelines. In seven of the eight foster homes, there was insufficient evidence to confirm the use of corporal punishment or that the disciplinary policy was violated.

In the eighth home, the preponderance of evidence supported that corporal punishment had occurred, but no policy violation was found in the record, nor was a Corrective Action Plan developed. This case highlights the concern noted by the Accountability Agents in Part III of this report concerning CPAs assuming responsibility for assessing themselves when allegations of corporal punishment have been made. In this instance, despite there being strong evidence that corporal punishment had occurred, no policy violation was documented in the record, and no Corrective Action Plan was developed.

Documenting policy violations in the record is extremely important, not only because unaddressed policy violations represent tolerance of prohibited corporal punishment, but because many of the requirements and safeguards defined in the Consent Decree are contingent upon the existence of an accurate record of each foster home’s policy violations. As noted in Part III, when policy violations occur, the home is to be closed if:

- The policy violation had a direct impact on safety, well-being, or posed a serious risk to the child;
- The policy violation represents the home’s second Discipline or Other Serious Foster Care violation; or
- The family is not amenable to change or intervention.

The home may remain open if none of the above conditions are present and the home is placed under a Corrective Action Plan that is agreed upon and signed by all parties and appropriately

monitored and enforced.

b. Preventing Substantiated Maltreators from Becoming Foster Parents

Section 11.F. of the Consent Decree stipulates that DFCS shall be able to identify DFCS-supervised or provider-supervised foster parents that have perpetrated substantiated maltreatment or had their home closed, and subsequently seek foster home approval from a CPA or a different CPA. Section 11 G. requires DFCS to maintain for “every foster or pre-adoptive family/parents with whom class members may be placed, a complete history for the prior 5 years of any reports of possible abuse or neglect and any substantiated reports of abuse or neglect...”¹²⁵ DFCS Policy requires CPS history checks to be run for prospective foster parents prior to their initial approval;¹²⁶ any CPS reports occurring after a foster home’s initial approval to be documented in the foster home’s record;¹²⁷ and CPS reports in DFCS or provider-supervised foster homes to be opened in the name of the approved caregiver.¹²⁸

To assess the State’s performance in not allowing perpetrators of substantiated maltreatment to become or to remain foster parents, file reviewers performed a “look-up” in SHINES and the IDS Master Index for every foster home in the sample of 160 to determine if the home had any history of substantiated maltreatment. In addition, reviewers examined the CPS history of every foster home that had a maltreatment-in-care investigation completed during Period 18. Among the 160 foster home records sampled for Period 18 and the 81 maltreatment-in-care reports that were associated with foster homes, no foster home was found to have a prior substantiation of maltreatment and to be open during the Period. The same was true in Period 17.

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

c. Operational Context

Section 11.C. of the Consent Decree requires the process of licensing and approving foster homes to be carried out jointly by DFCS and the Residential Child Care (RCC) unit.¹²⁹ This section describes the Accountability Agents’ understanding of how DFCS and RCC collaborate in this process. It is based on interviews with staff of both these units as well as interviews with other central office and county staff.

¹²⁵ See p. 28 of the Consent Decree.

¹²⁶ Social Services Manual, Section 2103.18, Georgia Department of Human Services, February 2008.

¹²⁷ Social Services Manual, Section 1015.39, Georgia Department of Human Services, April 2007.

¹²⁸ Social Services Manual, Sections 2106.9 and 2106.18, Georgia Department of Human Services, March 2006.

¹²⁹ Effective September 1, 2012, supervision of the Office of Residential Child Care (ORCC) was transferred to the Office of the Inspector General and renamed the Residential Child Care unit (RCC).

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

Section 5.C.4.i of the Consent Decree stipulates that DFCS will contract only with licensed placement contractors and shall place no child in an unlicensed facility.¹³⁰ To assess compliance with this requirement, data from the foster home file review were compared against the CPA licensing information available in SHINES, and licensing status was reviewed for every CCI with one or more class member child in placement on December 31, 2014. Of the 100 provider-supervised foster homes sampled that had a class member in care at any point during the reporting period, 96 (96%) were overseen by CPAs that had a valid license on December 31, 2014. Four homes were overseen by a CPA that did not have a valid license. In fact, each of these homes was overseen by the same CPA. The CPA did have a license by the end of Period 18. The Period 18 performance represents a decline from Period 17, when every provider-supervised home was overseen by a CPA that had a valid license at the end of the period.

RCC licenses the CPAs themselves, not the foster homes supervised by the CPAs. RCC only gets involved with individual provider-supervised foster homes if they receive a report about a particular home or when they make unannounced visits to a random sample of provider-supervised foster homes. To receive a license, a CPA must allow RCC to review their policies and procedures for compliance with the RCC rules regarding such things as home studies and visitation. In deciding whether to grant, deny, or continue a CPA's license, RCC reviews a random sample of the files of individual children against the provider record to ensure the placement was an appropriate match for the child and conducts unannounced inspections of a sample of the foster homes supervised by each CPA. If rule violations are found in the course of these inspections the CPA may be cited for non-compliance with the terms of its license.

CPAs wishing to serve children in DFCS custody must, in addition to licensure by RCC, be approved by the DFCS Office of Provider Management (OPM). The DFCS policy manual specifies a set of uniform standards that foster care settings must meet to be approved by DFCS – in the case of DFCS supervised homes – or by CPAs – in the case of provider supervised homes. These uniform standards became fully operational on July 1, 2007 with the implementation of amended provider contract language.

¹³⁰ Group homes with a capacity of five or fewer residents are allowed to operate as “unlicensed CCIs” in the State of Georgia. The exact number of such facilities in the state is unknown. Georgia’s regulations pertaining to Child Caring Institutions define a CCI as “a child-welfare agency that is any institution, society, agency, or facility [that] provides full-time care for children through 18 years of age outside of their own homes.” The rule further defines these entities as “...any institution, society, agency, or facility that provides such care to six or more children.” (Rules and Regulations for Child Caring Institutions, Chapter 290-2-5, effective August 1, 1994, revised February 13, 2008.)

Before arriving at an initial approval decision, OPM conducts a detailed desk review of the prospective provider's enrollment application. The provider is required to submit a copy of their current RCC license along with the completed enrollment application to show that the agency is in good standing with RCC. During the site visit conducted by OPM staff, the provider is asked questions about their latest RCC visit(s) and if RCC has issued any citations to the provider. In addition, OPM either accesses the RCC website to gather information about recent RCC citations against the provider and/or contacts the RCC Surveyor to confirm that the provider is in good standing. If there are citations, the provider is required to explain how the citations were resolved before OPM will contract with the provider.

Typically, a prospective CPA will include at least three home studies with their provider enrollment application. The foster home studies are read during the desk review and a site visit is made to each home to evaluate readiness. The foster parents are interviewed and a walk through of the home is conducted. After field visits are completed, each enrollment application is staffed within OPM (this includes the Specialist, Supervisor, Unit manager and Unit Director) to determine if OPM will initiate a DHS contract with the provider.

During Period 18, a total of 79 CPAs (supervising approximately 2000 foster homes) and 189 CCIs were contracted with OPM for the placement of children in DFCS custody. These CPAs and CCIs varied in size:

- 27 CPAs and 125 CCIs were "Small Agencies" (6 CPA foster homes or CCI beds);
- 11 CPAs and 52 CCIs were "Medium Agencies" (7-20 CPA foster homes or CCI beds);
- 17 CPAs and 7 CCIs were "Large Agencies" (21-30 CPA foster homes or CCI beds); and,
- 24 CPAs and 5 CCIs were "Extra Large Agencies" (31 CPA foster homes or CCI beds).

OPM conducted "comprehensive reviews" of a portion of these CCIs and CPA administrative offices during Period 18, and visited a sample of the foster homes supervised by the CPAs to interview children, review files for compliance with contract provisions, and to inspect physical plant. OPM conducted comprehensive reviews of 43 (54%) of the 79 contracted CPAs and 114 (60%) of the 189 contracted CCIs during Period 18.

During Period 18, OPM also conducted 4 "Safety Reviews" of CPA foster homes and 193 Safety Reviews of CCIs, in addition to the Comprehensive Reviews discussed above. A Safety Review (which takes about 90 minutes to complete) is a streamlined version of the Comprehensive Review (which typically takes about two days) that specifically focuses on child safety issues. During a typical Safety Review, one or more children are interviewed about how safe they feel in their placement environment; a caretaker is interviewed about how agency policies are implemented; the reviewer conducts a brief assessment of the facility's overall acuity mix; and a walk-through of the facility is conducted.

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

3. Other Practice/Process Requirements Regarding Placement Support

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

a. Foster Home Capacity Restrictions

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

Of the 107 foster homes sampled that had a child in care on December 31, 2014, 102 (95%) were within the Consent Decree's capacity limits at that point in time. Of these 107 foster homes, 102 (95%) had three or fewer foster children in them on December 31, 2014. Four homes (4%) had more than three foster children but met the Consent Decree's sibling group exception (it had a sibling group of more than three in placement and no other children in the home). With respect to the limit of six total children, 107 of the 107 foster homes that had a child in care on December 31, 2014 (100%) were within that limit. Finally, all of the foster homes (100%) with a child in care on December 31, 2014 had three or fewer children under the age of three in them. These capacity compliance rates are slightly lower or similar to the Period 17 rates of 100 percent within the overall capacity limits, 100 percent for six or fewer total children and 99 percent for three or fewer children under the age of three.

b. Foster Care Maintenance Payments

Section 5.B.1. of the Consent Decree established specific foster care per diem rates to become effective July 1, 2005 (State fiscal year 2006). It also stipulates that the DHS Commissioner is to propose a periodic increase in foster care rates in subsequent fiscal years. For fiscal year 2014, a cost-of-living-type increase of approximately three percent in foster care per diem rates was proposed and implemented. The per diem rates that went into effect July 1, 2013 for fiscal year 2014 were: for children aged 0-5, \$15.04; for children aged 6-12, \$17.00; and for each child aged 13 and older, \$19.36. These foster care rates remain in effect through FY2015. Effective July 1, 2014 DFCS was able to increase the initial clothing allowance available for foster children aged 0-12 to \$306 from \$206, for children aged 13 and older to \$409 from \$309, and to increase the annual clothing allowance for all age groups to \$409 from \$309.

3. **Foster Parent Training and Support**

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

The foster home case record review found evidence in the files of 100 percent of the foster homes reviewed that the pre-service training requirements had been met. This is similar to the rate of 100 percent found in Period 17.

With respect to ongoing annual training, documentation supporting that the requirements had been met was found in 97 percent of the files of the 115 foster homes sampled to which the requirement applied. This was slightly higher than the Period 17 rate of 93 percent. With respect to the 24/7 phone support requirement, Resource Development staff in the counties report that they provide foster parents with the phone number of their assigned monitoring worker whom they can call during work hours, and the phone number of an on-call worker they can reach after hours.

F. Supervision of Contract Agencies

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

1. Reimbursement Rate Task Force

Section 5.B.2-7 of the Consent Decree stipulates that a Reimbursement Rate Task Force (RRTF) be established to recommend changes to the Level of Care system and to design a rate structure based on measurable outcomes for children.¹³¹ The Final Report of this Task Force was delivered in January 2010.¹³²

In acting on the RRTF recommendations, the State began testing a set of contract-related performance measures July 1, 2010. FY 2011 was considered a “hold-harmless” year, meaning the performance measures being tested by OPM would not yet be used to affect the placements

¹³¹ See pp. 14-15, paragraphs 2-7 of the Consent Decree.

¹³² See Georgia Department of Human Services, Division of Family and Children Services, *Rate Reimbursement Task Force Final Report*, January 2010.

received by individual providers and, thereby, their reimbursement. Based on the FY 2011 experience with the initial set of contract-related performance measures, changes were made to the contract deliverables and performance measures to improve their utility and practicality. OPM selected the strongest of the FY 2011 measures for enhancement, added new measures and associated outcomes, and continued to refine the data-entry and scoring processes. A revised set of measures and deliverables was included in the FY 2012 contracts that took effect on July 1, 2011, which the State treated as a final “hold harmless” year.

The State issued its first RBWO (Room, Board, and Watchful Oversight) Performance Based Placement Grades (covering the 1st Quarter of SFY 2013) in December 2012. Providers received scorecards that assessed their performance in all areas and assigned them an overall numerical score with a corresponding letter grade from A-F. The minimum satisfactory overall performance grade is 70/C.

Provider performance during Period 18 was reflected in 1st and 2nd Quarter SFY 2015 RBWO Performance-Based Placement Grades. For the 2nd Quarter of SFY 2015, approximately 96 percent of the CCI sites (not including the ILP/TLP specialty providers) and 92 percent of the CPAs under contract earned a grade of A-C; one CCI and two CPAs were not scored because they were not open for the full quarter or had no placements. Across these two provider types, nine providers earned a grade of D or F during the 2nd Quarter of SFY 2015.

A child/placement matching functionality, known as MATCH! was added to the GA+SCORE system in December 2012 to encourage DFCS case managers to consider provider performance information prior to making a placement. The MATCH! tool provides case managers a list of potential placement matches, rank ordered by PBP score. OPM reports that during Period 18, 3,669 placement searches were conducted using the MATCH! tool.”

2. Data Requested from Private Providers

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

- Home-by-home family composition;
- Status of completing foster parent pre-service training curriculum;
- Date of initial approval;
- Date of re-evaluation and whether it was completed timely;
- Date(s) of satisfactory criminal records check for all adults and whether it was completed timely;

-
- Completion of a CPS History check(s);
 - Completion of comprehensive drug screens;
 - Completion of comprehensive medical report(s) and whether it was completed timely; and,
 - Documentation related to DFCS' approval requirements for each foster home they supervise.

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

3. Case Management and Training

Section 10.B.4 stipulates that private providers who provide placements for children in DFCS custody shall be "required, through contract provisions, to certify that employees providing case management or supervisory services for DFCS"¹³³ meet certain criteria including educational credentials, pre-service training, certification, and on-going professional development. State efforts to ensure compliance with this requirement proceeded slowly, culminating in an assertion of non-compliance made by Plaintiff's Counsel after Period 9.

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

In Periods 12 and 13 the Unit developed and pilot tested a 160 hour training curriculum on child welfare practices, policies and processes in Georgia called *RBWO Foundations*.¹³⁴ The curriculum, which consists of three weeks of e-learning/field practice experience and one week of classroom instruction, is intended for new CCI and CPA staff in the roles of Case Support

¹³³ See Section 10.B. 4.a.-d. in the Consent Decree, pp 25 and 26.

¹³⁴ "RBWO" is a contract term referring to Room, Board, and Watchful Oversight. The RBWO Foundations Standards can be found at https://www.gascore.com/documents/RBWOFoundations_October2012.pdf

Supervisor, Case Support Worker and Human Services Professionals. The e-learning/field practice component includes DFCS policy, RBWO Minimum Standards, confidentiality, Performance Based Contract goals and other pertinent topics. Topics are presented as webinars, self-study and other assignments which are conducted at the RBWO agency or in the local community. The classroom component of Foundations culminates with a knowledge-based competency test on the materials covered during the five-day classroom experience. The test must be passed with a score of at least 80 percent in order to earn credit for the classroom component.

During Period 18 the OPM training unit completed six RBWO Foundations E-Learning cohorts and enrolled 117 participants, 59 (50%) successfully completed the E-Learning portion. Among the 58 that did not complete, provided reasons included:

- Participants were no longer employed with the agency;
- Job duties and increased workloads superseded training;
- Family and/or personal emergencies;
- Waited too long and started the training late, not anticipating the time required to get the work done within 90 days; and,
- Started but unable to complete training due to varying priorities.

The training unit also conducted eight classroom trainings in the Georgia communities of Savannah, Atlanta, Marietta, Columbus, Augusta, Macon, College Park and Kennesaw with a total of 125 registered participants. Only 84 of the 125 registered participants actually attended the training, yielding an attendance rate of 67 percent. Of these, 72 (86%) successfully passed the knowledge-based competency test and 12 (14%) did not. Of the 12 that did not pass, three have retaken the test and passed, six were in management positions that are exempt from training requirements, two are no longer employed with the agency and one has rescheduled to attend another training session.

In response to the low E-Learning and Classroom Component completion rate, OPM sent noncompliance letters to all RBWO providers with employees who are in need of being reassigned as a result of being noncompliant with RBWO Foundation Training requirements. The providers were given 30 business days to either have those staff complete the training, or to transfer them to other job duties. Of the 55 RBWO provider staff members that had not completed the RBWO Foundations Training requirements, twenty-five have now completed both components, six were coded inaccurately in GA+SCORE as case managers, four had an approved waiver, three are no longer with the agency, three had an approved appeal, five were reassigned from their case management role, two were granted an extension, and the agencies

of the remaining seven were placed on admissions hold until the identified staff completed the required training.

4. The Office of Residential Child Care Continues to Conduct Unannounced Inspections of Licensed Placement Settings

Section 9.D. of the Consent Decree specifies that RCC will make at least one unannounced inspection per year of all licensed Child Placing Agencies (CPAs) and Child Caring Institutions (CCIs) to review all relevant aspects of their operations, and will also make annual unannounced inspections of five percent of each licensed CPA's family foster homes or a total of 10 homes (whichever is greater, or to all the foster homes supervised by CPAs with fewer than 10 total foster homes) to review all relevant aspects of their operations.¹³⁵ The State reports that there were 178 licensed CCIs and 93 licensed CPAs in Georgia at the end of December 2014. This represents a three percent decrease in the number of licensed CCIs and a three percent increase in the number of licensed CPAs compared to Period 17.

During the period July 1 through December 31, 2014, RCC reports that 91 of the 178 CCIs (51%) and 44 of the 93 CPAs (47%) were due for re-licensure. Ninety of the 91 CCIs (99%) and all 44 of the CPAs (100%) received at least one unannounced inspection from RCC during that Period (8 of these inspections were completed up to 37 days late). The one CCI that did not receive an annual inspection during Period 18 received that annual inspection during Period 19 after two failed attempts to reach anyone at the facility during Period 18. There was also one visit made during Period 18 to a facility that was noted as being missed in Period 17. In addition, RCC made a total of 302 unannounced visits (182 of which were unsuccessful) to conduct 120 unannounced inspections of the family foster homes operated by 27 of the 44 CPAs due for re-licensure (plus eight CPAs with homes due inspections from Period 17). The remaining 17 CPAs due for re-licensure had either no foster homes or no children in care during Period 18. Detail on these unannounced family foster home inspections appears in Table VI-12.

¹³⁵ See Section 9.D. of the Consent Decree, p. 24.

Table VI-12
RCC Unannounced Annual CPA Family Foster Home Inspections

93 CPAs	Licensed in Georgia as of December 31, 2014
44 CPAs	Due Re-licensure in Period 18
12 CPAs	Adoption or Home Study Only (no family foster homes ; no inspection required)
5 CPAs	No Placements During Period 18 (no inspection required)
0 CPAs	Either closed during monitoring period or on inactive status
27 CPAs	Requiring Annual Unannounced Family Foster Home Inspections
0 CPAs	Subject to 5% of Foster Homes Annual Unannounced Inspection Requirement
21 CPAs	Subject to 10 Foster Home Annual Unannounced Inspections Requirement
	5 CPAs (24%) Received Required Foster Home Inspections During Period 18
	16 CPAs (76%) to Have Required Foster Home Inspections Completed During Period 19
6 CPAs	With < 10 Foster Homes (Subject to 100% Annual Unannounced Inspection Requirement)
	4 CPAs (67%) Received Required Foster Home Inspections During Period 18
	2 CPAs (33%) to Have Required Foster Home Inspections Completed During Period 19
8 CPAs	Re-licensed in Period 17 were to Have Required Annual Unannounced Family Foster Home Inspections Completed in Period 18
7CPAs	Subject to 10 Foster Home Annual Unannounced Inspections Requirement
	5CPAs (71%) Received Required Foster Home Inspections During Period 18*
1 CPA	With < 10 Foster Homes (Subject to 100% Annual Unannounced Inspection Requirement)
	1 CPA (100%) Received Required Foster Home Inspections During Period 18

* The two CPAs that did not receive the required 10 foster home visits between Periods 17 and 18 received the remaining few visits in the first months of Period 19.

According to RCC, the inspections conducted during Period 18, as the inspections conducted during Period 17, suggested a need for:

- Foster parents to be aware of and follow the agencies policies and procedures, particularly around storage of medications, cleaning supplies and sharp items;
- Foster parents and CPAs to provide greater supervision of placements in accordance with the child's needs and history;
- Training and supervision of staff and foster parents as it relates to the importance of accurate medication administration and monitoring;
- Improved sharing of information at the time of placement between birth parents, foster parents, and other caretakers. RCC is concerned that missing information may lead to poor assessment of child needs; and,

-
- Improved documentation of the services and supports needed in placements to appropriately meet the needs of children. Provider agencies appear to be receiving more children with increasingly complex needs and need to document that they have in place the services to meet those needs.

G. Improving Automated Support: SACWIS Implementation

The federally supported Statewide Automated Child Welfare Information System (SACWIS) is known as SHINES in Georgia. SHINES is now the database of record for Georgia child welfare. Data integrity problems appear to be diminishing and work continues to bring the system into full compliance with federal standards. SHINES is one of 35 SACWIS systems the federal government considers to be operational and it is one of nine states in which the U.S. Department of Human Services has initiated a compliance assessment.¹³⁶

During Period 18, programming enhancements continued to refine SHINES. According to the State, some key activities completed during the period included:

- Adding a number of checks and alerts to SHINES intake fields to draw the attention of intake workers and supervisors to new intakes that have prior CPS history;
- Updating multiple name labels in SHINES and associated reports to refer to “Family Support Services” rather than “Diversion;” and
- A variety of enhancements to enable SHINES to support the processing of Adoption Assistance payments for eligible youth aged 18 to 21.

These enhancements further the functionality and effectiveness of SHINES. To increase awareness among case managers and supervisors of such enhancements the SHINES Team continues to produce brief, eye-catching newsletters. In addition, a “SHINES and Policy Update” discussion featuring presentations by state SHINES training staff and/or Policy Office staff has been made a recurring agenda item for G2 meetings.

H. Quality Assurance

There is no change to the previously described Quality Assurance activities conducted by the State Data Analysis, Accountability, Research and Evaluation (DAARE) Division’s Program Evaluation and Analysis Section (PEAS) and County quality assurance units. The State Unit continues to house a Metro Unit that is dedicated to supporting the Accountability Agents’ efforts to measure performance through record reviews and verifying visit, caseload,

¹³⁶ Retrieved from http://www.acf.hhs.gov/programs/cb/systems/sacwis/statestatus_states.htm

certification and training data through case manager interviews. The county quality assurance units continue to measure visit performance and assist the counties with reviewing records to better understand performance.

I. Maximizing Federal Funding¹³⁷

The Consent Decree contains requirements for DHS/DFCS to 1) maximize available federal funding through Titles IV-B and IV-E of the Social Security Act, and 2) not supplant state dollars for foster care services with any federal increase that results from the maximization efforts.¹³⁸ In terms of revenue maximization, the State reports a significantly increased ability to claim federal reimbursement for a larger proportion of its foster care population over the last few years. In addition, to date the Accountability Agents have not found any evidence that the State is supplanting state dollars with increased federal reimbursement.

Federal Reimbursement Trends

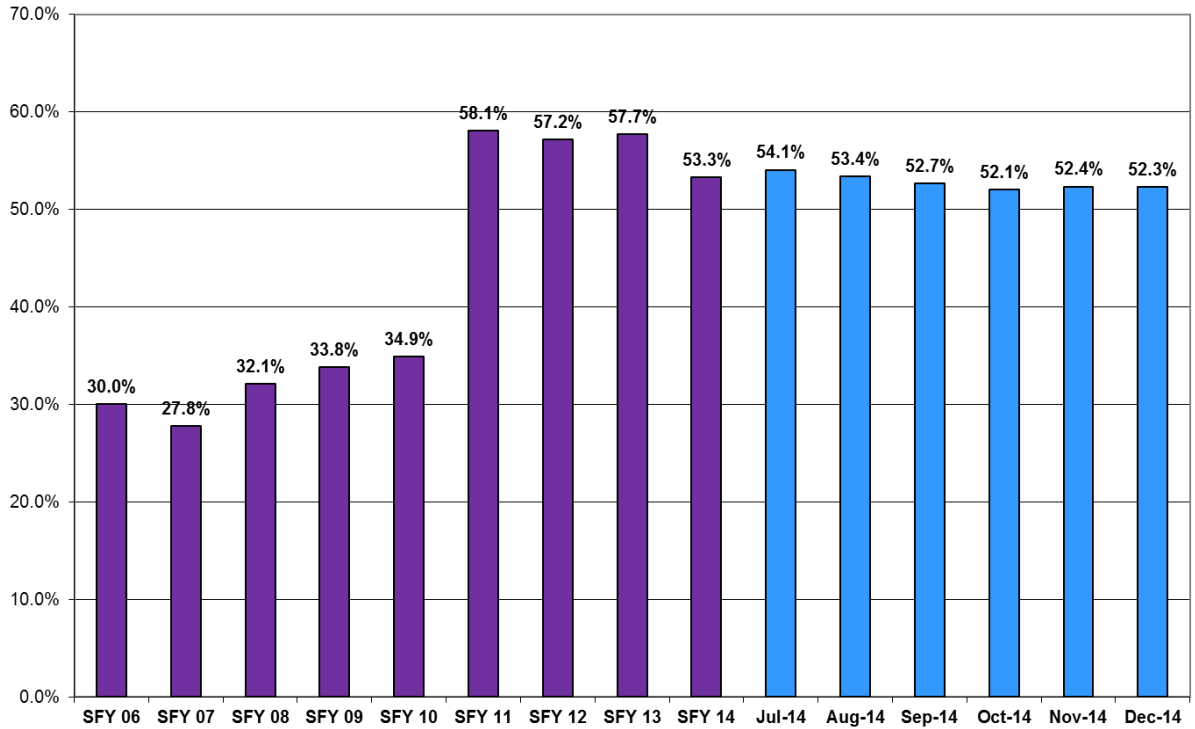
A measure of a State's ability to claim federal reimbursement of foster care expenditures is known as the "IV-E penetration rate." According to a definition from Casey Family Programs, *"The Title IV-E Foster Care Penetration Rate represents the percentage of children in out-of-home placements for which a state received Title IV-E reimbursement from the federal government for foster care maintenance payments. (E.g., a state with a foster care penetration rate of 52% in SFY 2006 received federal reimbursement for the foster care maintenance payments of 52% of the children in out-of-home care that year)."*¹³⁹ Thus, the higher the rate, the more federal reimbursement is available to the state for administrative costs it incurs to provide safe and stable placements. As shown in Figure VI-9, the State's penetration rate was approximately 52 percent in Period 18, similar to the rate for SFY 2014 but a decline from SFYs 2011-2013.

¹³⁷ See Dimas, J.T. and Morrison, S. A. *Period I Monitoring Report, Kenny A. v. Perdue*, November 2006 for background on Title IV-E.

¹³⁸ See p. 31, Section 14 of the Consent Decree.

¹³⁹ See: <http://www.childwelfarepolicy.org/resources?id=0006>

Figure VI-9
State IV-E Penetration Rates
SFY 2006 through December 2014



Source: COSTAR through SFY 2010, SHINES SFY 2011 Beginning Jan 2011 SSI Elig Children included in IV-E rate per Federal Policy. (As of 3-11-15)

Detailed Comparison of State and Federal Funding since 2005

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

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

Table VI-12 provides a comparison of the baseline and most recent year of federal and state IV-B expenditures based on the State's annual federal reports. The comparison reveals a three percent increase in both State and Federal IV-B expenditures between October 2013 and September 2014, and a 6 percent increase in both state and federal funding since October 2005.

Table VI-12
Title IV-B Funding
Federal Fiscal Year 2006 – 2014 Financial Reports
(October 1, 2005 – September 30, 2014)

	State	Federal	Total
Federal Fiscal Year 2006	\$ 3,123,871	\$ 9,371,613	\$ 12,495,484
Federal Fiscal Year 2007	\$ 3,162,131	\$ 9,486,392	12,648,523
<i>Percent change</i>	+1%	+1%	+1%
Federal Fiscal Year 2008	\$ 3,222,070	\$ 9,666,210	\$12,888,280
<i>Percent change over 2007</i>	+2%	+2%	+2%
Federal Fiscal Year 2009	\$3,265,672	\$9,797,015	\$13,062,687
<i>Percent change over 2008</i>	+1%	+1%	+1%
Federal Fiscal Year 2010	\$3,259,017	\$9,777,051	\$13,036,068
<i>Percent change over 2009</i>	0%	0%	0%
Federal Fiscal Year 2011	\$3,292,171	\$9,876,514	\$13,168,685
<i>Percent change over 2010</i>	+1%	+1%	+1%
Federal Fiscal Year 2012	\$3,426,834	\$10,280,502	\$13,707,336
<i>Percent change over 2011</i>	+4%	+4%	+4%
Federal Fiscal Year 2013	\$3,206,184	\$9,618,551	\$12,824,735
<i>Percent change over 2012</i>	-6%	-6%	-6%
Federal Fiscal Year 2014	\$3,309,514	\$9,928,542	\$13,238,056
<i>Percent change over 2013</i>	+3%	+3%	+3%
<i>Percent change over 2006</i>	+6%	+6%	+6%

Source: Georgia IV-B Financial Status Reports, submitted December 11, 2006, November 6, 2007, November 4, 2008, December 29, 2009, November 8, 2010, December 29, 2011, December 20, 2012, December 20, 2013, and December 29, 2014 to the U.S Department of Health and Human Services.

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

Tables VI-13 (a, b, and c) summarize the most recent years of state, federal and total IV-E expenditures based on the quarterly expenditure reports submitted to the federal government for each State Fiscal Year (SFY), and the changes between SFY 2014 (July 2013-June 2014) and the baseline year of SFY 2006 (July 2005-June 2006). The comparison of IV-E expenditures reveals an overall increase of 14 percent in total expenditures since the baseline year, comprising a 21 percent increase in expenditures from federal funds and a five percent increase in expenditures from state funding during that span. When the change is considered year-to-year, federal and state expenditures both increased in SFY 2014, likely reflecting the recent increase in the number of children entering foster care. This increase reversed several consecutive years of decline, dating to SFY 2009 for federal expenditures and SFY 2011 for State expenditures.

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

State and Federal foster care maintenance payments increased substantially compared to the baseline year. The increase in Federal reimbursement reflects a combination of factors. One factor has been the state's improved ability to claim federal reimbursement from the IV-E program due to policy clarifications in June 2009¹⁴⁰ and 2010¹⁴¹ (however, as noted above, the State's IV-E "penetration rate," after showing marked improvement for several years, declined somewhat in SFY 2014). A second factor is the State's improved ability to accurately determine and record IV-E eligibility of all children.¹⁴² A third factor was increased federal funding available for foster care and adoption assistance through the American Recovery and Reinvestment Act of 2009 (P.L. 111-5) and the Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351). Finally, as noted previously, the number of children entering foster care has been increasing since late 2013.

¹⁴⁰ See Dimas, J.T. and Morrison, S. A. Period VII Monitoring Report, *Kenny A. v. Perdue*, January 2009 for a description of the policy issue related to the removal of a child from a relative.

¹⁴¹ See Dimas, J.T. and Morrison, S. A. Period 11 Monitoring Report, *Kenny A. v. Perdue*, December 2010 for a description of the policy issue related to the IV-E eligibility of children receiving or deemed eligible for Supplemental Security Insurance (SSI).

¹⁴² See Dimas, J.T. and Morrison, S. A. Period 11 Monitoring Report, *Kenny A. v. Perdue*, December 2010 for a description of the impact of SHINES.

The decreased State and Federal expenditures on training continue the most significant decreases since the baseline year. According to the State, the training expenditures claimed for IV-E reimbursement at a federal matching rate of 50 percent in previous years primarily supported qualified individuals seeking undergraduate or graduate degrees in Social Work from a consortium of Georgia colleges and universities. (See previous discussion earlier in this part, Section C, about the IV-E Child Welfare Training Program.) The individuals received financial support for their education in exchange for a commitment to work for DFCS a specified period of time.

In 2011, DFCS learned that the financial arrangements with the participating universities and colleges needed revision as a result of a policy clarification from the regional office of the U.S. Department of Health and Human Services (HHS). While DFCS worked to restructure the program no new financial commitments were made to students in the 2011-2014 academic years and commitments to continuing students were suspended. Restructuring of the program is underway and the HHS Children's Bureau has approved the program's proposed funding formula. DFCS issued a contract with a consultant to review the budgets for the Schools of Social Work interested in participating in the IV-E program to determine the amount of total funding available to support the IV-E Education Program.

Table VI-13a

**Title IV-E Funding:
State Expenditures
State Fiscal Years 2006 – 2014 (In Thousands)**

	Title IV-E Funding Category										
State Fiscal Year (July-June)	Adoption Assistance Payments	Adoption Administration	Adoption Training	Adoption Subtotal	Foster Care Maintenance Payments	Foster Care Administration*	Foster Care Training	SACWIS Development	SACWIS Operations*	Foster Care Subtotal	Title IV-E State Expenditure Total
2006 <i>Baseline Year</i>	18,796.1	6,522.4	175.2	\$25,493.8	12,830.1	32,892.6	97.2	2,006.6		\$47,826.6	\$73,320.3
2007	19,073.8	7,886.3	237.9	\$27,197.9	10,804.8	27,845.5	104.7	5,221.5		\$43,976.5	\$71,174.4
2008	18,561.9	6,753.8	139.9	\$25,455.6	20,536.4	38,827.7	399.8	8,166.4		\$67,930.4	\$93,386.0
2009	16,685.9	4,852.5	51.3	\$21,589.7	22,479.6	39,607.3	639.3	735.2		\$63,461.3	\$85,051.0
2010	14,673.3	6,270.5	42.3	\$20,986.0	15,693.1	40,418.5	224.2	1.3		\$56,337.1	\$77,323.1
2011	15,422.6	4,954.1	3.6	\$20,380.3	13,865.6	43,602.3	0	0	4,442.6	\$61,910.5	\$82,290.8
2012	16,482.1	6,216.3	0	\$20,380.4	16,308.2	35,420.8	0	0	5,211.6	\$56,940.6	\$79,639.0
2013	16,143.3	2,668.1	0	\$18,811.4	17,560.6	31,596.8	0	0	5,353.7	\$54,511.0	\$73,322.4
2014	17,774.6	2,614.4	0	\$20,389.0	20,236.1	29,303.7	0	0	5,730.2	\$56,384.1	\$76,773.1
Change (over baseline year)	-5%	-60%	-100%	-20%	+58%	-11%	-100%	-100%		+18%	+5%

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

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

Table VI-13b
Title IV-E Funding:
Federal Expenditures* State Fiscal Years 2006 – 2014
(In Thousands)

	Title IV-E Funding Category										
State Fiscal Year (July-June)	Adoption Assistance Payments	Adoption Administration	Adoption Training	Adoption Subtotal	Foster Care Maintenance Payments	Foster Care Administration*	Foster Care Training	SACWIS Development	SACWIS Operations	Foster Care Subtotal	Title IV-E State Expenditure Total
2006 <i>Baseline Year</i>	28,864.1	6,522.4	525.6	\$35,912.2	19,706.8	32,892.6	291.6	2,006.6		\$54,897.6	\$90,809.8
2007	30,490.0	7,886.3	713.4	\$39,089.7	17,284.0	27,845.5	314.0	5,221.5		\$50,665.1	\$89,754.8
2008	31,424.1	6,753.8	419.7	\$38,597.6	34,840.5	38,827.7	1,199.5	8,166.4		\$83,034.2	\$121,631.8
2009	34,196.7	4,852.5	154.0	\$39,203.2	45,947.1	39,607.3	1,917.8	735.2		\$88,207.3	\$127,410.5
2010	36,182.7	6,270.5	126.8	\$42,579.9	38,703.8	40,418.5	672.7	1.3		\$79,796.3	\$122,376.1
2011	35,100.1	4,954.1	10.8	\$40,065.7	31,403.8	43,602.3	0	0	4,442.6	\$79,448.7	\$119,514.5
2012	29,954.2	6,216.3	0	\$36,170.5	31,201.7	35,420.8	0	0	5,211.6	\$71,834.1	\$108,004.6
2013	30,730.4	2,668.1	0	\$33,398.5	33,447.5	31,596.8	0	0	5,353.7	\$69,555.9	\$102,954.4
2014	34,255.6	2,614.4	0	\$36,869.7	39,006.4	29,303.7	0	0	5,730.2	\$72,926.2	\$109,795.9
Change (over baseline year)	+19%	-60%	-100%	+3%	+98%	-11%	-100%	-100%		+33%	+21%

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

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

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

Table VI-13c
Title IV-E Funding:
Total Expenditures
State Fiscal Years 2006 – 2014 (In Thousands)

	Title IV-E Funding Category										
State Fiscal Year (July-June)	Adoption Assistance Payments	Adoption Administration	Adoption Training	Adoption Subtotal	Foster Care Maintenance Payments	Foster Care Administration*	Foster Care Training	SACWIS Development	SACWIS Operations	Foster Care Subtotal	Title IV-E State Expenditure Total
2006 <i>Baseline Year</i>	47,660.3	13,044.8	700.9	\$61,405.9	32,536.9	65,785.2	388.8	4,013.3		\$102,724.2	\$164,130.1
2007	49,563.9	15,772.5	951.2	\$66,287.6	28,088.8	55,691.0	418.7	10,443.1		\$94,641.6	\$160,929.1
2008	49,986.1	13,507.5	559.6	\$66,287.2	55,376.9	77,655.5	1,599.4	16,332.8		\$150,964.6	\$215,017.8
2009	50,882.6	9,704.9	205.4	\$60,792.9	68,426.6	79,214.7	2,557.0	1,470.3		\$151,668.6	\$212,461.5
2010	50,855.9	12,540.9	169.0	\$63,565.9	54,396.9	80,836.9	896.9	2.5		\$136,133.4	\$199,699.2
2011	50,523.5	9,908.1	14.4	\$60,431.7	45,269.4	87,204.6	0	0	8,885.3	\$141,359.2	\$201,790.9
2012	46,436.3	12,432.6	0	\$58,868.8	47,509.9	70,841.7	0	0	10,423.1	\$128,774.7	\$187,643.6
2013	46,873.7	5,336.2	0	\$52,209.9	51,008.1	63,193.5	0	0	10,707.4	\$124,067.0	\$176,276.8
2014	52,029.9	5,228.8	0	\$57,258.8	59,242.5	58,607.4	0	0	11,460.4	\$129,310.4	\$186,569.2
Change (over baseline year)	+9%	-60%	-100%	-7%	+82%	-11%	-100%	-100%		+26%	+14%

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

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

PART VII MISCELLANEOUS PROVISIONS

Section 20 of the Consent Decree contains the Agreement's miscellaneous provisions. Two provisions, contained in Section 20G, contain substantive data reporting requirements.¹⁴³ These are covered in this part of the report.

A. Repeat Maltreatment Data

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

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

<i>Table VII-1 Repeat Maltreatment</i>			
<i>Reporting Period 18: July 1, 2014 – December 31, 2014</i>			
		DEKALB	FULTON
a) Number of children during the reporting period experiencing substantiated maltreatment		722	951
b) Number of children in a) of this item who also experienced maltreatment during the preceding 12 month period		71	72
Percentage of children who had substantiated maltreatment during the preceding 12 months		9.83%	7.57%

¹⁴³ See pp. 45-46 of the Consent Decree.

Diversion Data

Section 20.G.2 of the Consent Decree requires DFCS to provide the Accountability Agents data and information sufficient to enable them to verify data reported by the State on the number of children in DeKalb and Fulton counties during the reporting period (other than those in foster care) that experienced substantiated maltreatment within 11-365 days after being referred to DHS's diversion program.¹⁴⁴ These data, as reported by the State for the period July 1, 2013 – December 31, 2013 are reproduced in Table VII-2, below. (Due to the 11-365 day follow up period for the diversion statistics, the diversion data reported here is for Period 16.) The Accountability Agents' verification approach is discussed in Appendix B.

<i>Table VII-2 Family Support Cases with Subsequent Substantiated Maltreatment</i>			
<i>Reporting Period 16: July 1, 2013 – December 31, 2013*</i>			
		DEKALB	FULTON
a) Number of cases in each county during the reporting period in which there was a referral into DFCS's Family Support program		557	1113
b) Number of cases in a) in which there was substantiated maltreatment within 11-365 days after referral to DFCS's Family support program		31	107
Percentage of cases in which there was substantiated maltreatment within 11-365 days of referral into DFCS's Family Support program		5.56%	9.61%

* Due to the 11-365 day follow up period for the diversion statistics, the diversion data reported here is for Period 16.

¹⁴⁴ Effective April 1, 2013 DHS's Diversion program was replaced by the Family Support Program. Although the programs differ, they shared the intent of preventing the removal of children into foster care through the provision of in-home services. The data reported here represent the number of Family Support cases with substantiated maltreatment within 11-365 days of referral into that program.

Appendix A

Kenny A. v. Sonny Perdue Consent Decree Outcomes

Section 15 of the Consent Decree requires 31 outcomes. These outcomes are grouped in the categories of Safety, Permanency, Well-Being, and Strengthened Infrastructure.

SAFETY

1. Children in Foster Care are Safe From Maltreatment

- **Outcome 1:** By the end of the first reporting period, at least 95% of all investigations of reports of abuse or neglect of foster children shall be commenced, in accordance with Section 2106 of the Social Services Manual, within 24 hours of receipt of report.
- **Outcome 3:** By the end of the first reporting period, at least 99% of all investigations of reported abuse or neglect of foster children during the reporting period shall include timely, face-to-face, private contact with alleged victim, including face-to-face contact with a child who is non-verbal due to age or for any other reason.
- **Outcome 2:** By the end of the first reporting period, at least 95% of all investigations of reported abuse or neglect of foster children shall be completed, in accordance with Section 2106 of the Social Services Manual, within 30 days of receipt of report.
- **Outcome 5:** By the end of the first reporting period, no more than 1.27% of all children in foster care shall be the victim of substantiated maltreatment while in foster care. By the end of the second reporting period, no more than .94% of all children in foster care shall be the victim of substantiated maltreatment while in foster care. By the end of the fifth reporting period, no more than .57% of all children in foster care shall be the victim of substantiated maltreatment while in foster care.
- **Outcome 6:** By the end of the second reporting period, 90% of all foster homes will not have an incident of corporal punishment within the previous six months. By the end of the third reporting period, 98% of all foster homes will not have an incident of corporal punishment within the previous 12 months.

PERMANENCY

2. Children in Placements Maintain Family Connections

- **Outcome 7:** By the end of the second reporting period, at least 70% of all foster children entering care shall have had a diligent search for parents and relatives undertaken and documented within 90 days of entering foster care. By the end of the fifth reporting period, at least 95% of all foster children entering care shall have had a diligent search for parents and relatives undertaken and documented within 60 days of entering foster care.
- **Outcome 16:** By the end of the second reporting period, at least 70% of all foster children who entered foster care during the reporting period along with one or more siblings shall be placed with all of their siblings. By the end of the fourth reporting period, at least 80% of all foster children who entered foster care during the reporting period along with one or more siblings shall be placed with all of their siblings.

- **Outcome 19:** By the end of the second reporting period, at least 70% of all children in care shall be placed in their own county (the county from which they were removed) or within a 50 mile radius of the home from which they were removed, subject to the exceptions in Paragraph 5.C.4.b(ii) and (iii). By the end of the third reporting period, at least 80% of all children in care shall be placed in their own county (the county from which they were removed) or within a 50 mile radius of the home from which they were removed, subject to the exceptions in Paragraph 5.C.4.b(ii) and (iii). By the end of the fourth reporting period, at least 90% of all children in care shall be placed in their own county (the county from which they were removed) or within a 50 mile radius of the home from which they were removed, subject to the exceptions in Paragraph 5.C.4.b(ii) and (iii).
- **Outcome 21:** By the end of the third reporting period, 75% of all the children with the goal reunification shall have had appropriate visitation with their parents to progress toward reunification. By the end of the fourth reporting period, 85% of all the children with the goal reunification shall have had appropriate visitation with their parents to progress toward reunification.
- **Outcome 23:**
Initial Stipulation:
By the end of the second reporting period, at least 80% of children in the Class at a point in time during the reporting period who have one or more siblings in custody with whom they are not placed shall have had visits with their siblings at least one time each month during the prior 12 months in custody, unless the visit is harmful to one or more of the siblings, the sibling is placed out of state in compliance with ICPC, or the distance between the children's placement is more than 50 miles and the child is placed with a relative.

Revised Stipulation:

Children who have one or more siblings in custody with whom they are not placed shall be provided a visit with their siblings at least one time each month, unless the visit is harmful to one or more of the siblings, the sibling is placed out of state in compliance with ICPC, or the distance between the children's placement is more than 50 miles and the child is placed with a relative. By the end of the tenth reporting period, at least 90% of the total minimum number of required monthly sibling-group visits shall have taken place during the reporting period. Visits among siblings in excess of the required one visit per month shall be excluded when calculating this percentage.

3. Children Achieve Permanency

(Permanency = reunification, permanent placement with relatives, permanent legal custody, adoption, or guardianship.)

Children in care at the time of the Consent Decree:

- **Outcome 12:** For children whose parental rights have been terminated or released and the child has an identified adoptive or legal guardian resource at the time of the entry of the Consent Decree, 90% shall have had their adoptions or legal guardianships finalized within six months after the entry of the Consent Decree.
- **Outcome 13:** For all children for whom parental rights have been terminated or released at the time of entry of the Consent Decree, and the child does not have an identified adoptive resource, 95% shall have been registered on national, regional, and local adoption exchanges, and have an individualized adoption recruitment plan or plan for legal guardianship within 60 days of the Consent Decree.
- **Outcome 15:** Permanency efforts (15/22): By the end of the second reporting period, at least 80% of all foster children who reached the point of being in state custody for 15 of the prior 22 months, shall have had either (1) a petition for the termination of parental rights filed as to both parents or legal caregivers as applicable OR (2) documented compelling reasons in the child's case record why termination of parental rights should not be filed.

By the end of the fourth reporting period, at least 95% of all foster children who reached the point of being in state custody for 15 of the prior 22 months, shall have had either (1) a petition for the termination of parental rights filed as to both parents or legal caregivers as applicable OR (2) documented compelling reasons in the child's case record why termination of parental rights should not be filed..

- **Outcome 9:** Children in custody for up to 24 months and still in custody upon entry of the Consent Decree (children in the "24 backlog pool"): For all children in the 24 month backlog pool, by the end of the second reporting period, at least 35% shall have one of the following permanency outcomes: reunification, permanent placement with relatives, permanent legal custody, adoption, or guardianship. For all children in the 24 month backlog pool, who remain in custody at the end of the second reporting period, by the end of the third period at least 40% shall have one of the following permanency outcomes: reunification, permanent placement with relatives, permanent legal custody, adoption, or guardianship. For all children in the 24 month backlog pool, who remain in custody at the end of the third reporting period, by the end of the fourth reporting period at least 40% shall have one of the following permanency outcomes: reunification, permanent placement with relatives, permanent legal custody, adoption, or guardianship.
- **Outcome 10:** Children in custody for more than 24 months and still in custody upon entry of the Consent Decree (children in the "over 24 backlog pool"): For all children in the over 24 month backlog pool, by the end of the second reporting period, at least 35% shall have one of the following permanency outcomes: reunification, permanent placement with relatives, permanent legal custody, adoption, or guardianship. For all

children in the over 24 month backlog pool, who remain in custody at the end of the second reporting period, by the end of the second reporting period, by the end of the third reporting period, at least 35 percent shall have one of the following permanency outcomes: reunification, permanent placement with relatives, permanent legal custody, adoption, or guardianship. For all children in the over 24 month backlog pool, who remain in custody at the end of the third reporting period, by the end of the fourth reporting period at least 35% shall have one of the following permanency outcomes: reunification, permanent placement with relatives, permanent legal custody, adoption, or guardianship.

Children entering custody after Consent Decree:

- **Outcome 8a:** Of all the children entering custody following the entry of the Consent Decree, at least 40% shall have had one of the following permanency outcomes within 12 months or less after entering custody: reunification, permanent placement with relatives, permanent legal custody, adoption, or guardianship.
- **Outcome 8b:** Of all the children entering custody following the entry of the Consent Decree, at least 74% (1) shall have had one of the following permanency outcomes within 12 months or less after entering custody: reunification or permanent placement with relatives; or (2) shall have had one of the following permanency outcomes within 24 months or less of entering custody: adoption, permanent legal custody, or guardianship.

Permanency actions after Consent Decree:

- **Outcome 11:** By the end of the second reporting period, for all children whose parental rights have been terminated or released during the reporting period, 80% will have adoptions or legal guardianships finalized within 12 months of final termination or release of parental rights.
- **Outcome 4:** By the end of the second reporting period, no more than 8.6% of all foster children entering custody shall have re-entered care within 12 months of the prior placement episode.
- **Outcome 14:** No more than 5% of adoptions finalized during the reporting period shall disrupt within the 12 months subsequent to the reporting period.

Court reviews of permanency actions

- **Outcome 27:** By the end of the second reporting period, at least 80% of foster children in custody for six months or more shall have either had their six-month case plan review completed by the Juvenile Court within six months of their prior case plan review, or DFCS shall have submitted the child's six-month case plan to the Juvenile Court and filed a motion requesting a six-month case plan review within 45 days of the expiration of the six-month period following the last review. By the end of the third reporting period, at least 85% of foster children in custody for six months or more shall have either had their six-month case plan review completed by the Juvenile Court within six months of their prior case plan review, or DFCS shall have submitted the child's six-month case plan to the Juvenile Court and filed a motion requesting a six-month case plan review

within 45 days of the expiration of the six-month period following the last review. By the end of the fourth reporting period, at least 95% of foster children in custody for six months or more shall have either had their six-month case plan review completed by the Juvenile Court within six months of their prior case plan review, or DFCS shall have submitted the child's six-month case plan to the Juvenile Court and filed a motion requesting a six-month case plan review within 45 days of the expiration of the six-month period following the last review.

- **Outcome 28:** By the end of the second reporting period, at least 95% of foster children in custody for 12 or more months shall have either had a permanency hearing held by the Juvenile Court within 12 months of the time the child entered foster care or had his or her last permanency hearing, or DFCS shall have submitted the documents required by the Juvenile Court for and requested a permanency hearing within 45 days of the expiration of the 12-month period following the time the child entered foster care or had his or her last permanency hearing.

WELL-BEING

4. Children Experience Stable Placements and Worker Continuity.

- **Outcome 17:** By the end of the second reporting period, at least 86.7% of all children in care shall have had 2 or fewer moves during the prior 12 months in custody. By the end of the fourth reporting period, at least 95% of all children in care shall have had 2 or fewer moves during the prior 12 months in custody.
- **Outcome 18:** By the end of the second reporting period, at least 90% of all children in care at a point in time during the reporting period shall have had 2 or fewer DFCS placement case managers during the prior 12 months in custody. This measure shall not apply to cases that are transferred to an adoption worker or Specialized Case Manager; case managers who have died, been terminated, or transferred to another county; or case managers who have covered a case during another case manager's sick or maternity leave.
- **Outcome 20:** Visitation(worker-child)
Initial Stipulation
- By the end of the second reporting period, at least 95% of children in care at a point in time during the reporting period shall have had at least one in-placement visit and one other visit, as defined in Section 5.D, each month by their case manager during the prior 12 months in custody.

Revised Stipulation

- By the end of the tenth reporting period:
 - (a) At least 96.25% of the total minimum number of twice-monthly face-to-face visits between case managers and all class member children required by Section 5.D.1.b during the reporting period shall have taken place. Visits to any child in excess of the required minimum number of two visits per month shall be excluded when calculating this percentage.
 - (b) At least 96.25% of the total minimum number monthly private, face-to-face visits

between case managers and all class member children required by Section 5.D.1.b during the reporting period shall have taken place. Visits to any child in excess of the required one private visit per month shall be excluded when calculating this percentage.

- **Outcome 22:** Visitation (worker-caregiver)

Initial Stipulation:

- By the end of the second reporting period, at least 90% of all children in care at a point in time during the reporting period shall have had visits between their DFCS placement case manager and their foster parent, group care, institutional or other caretaker at least one time each month during the prior 12 months in custody.

Revised Stipulation:

- DCFS placement case managers shall visit each child's foster parent, group care, institutional or other caretaker at least one time each month. By the end of the tenth reporting period, at least 95% of the total minimum number of required monthly visits by case managers to caregivers during the reporting period shall have taken place. Visits to any caregiver, with respect to the same child, in excess of the required one visit per month shall be excluded when calculating this percentage.

5. Children and Youth Receive the Services they Need

- **Outcome 24:** By the end of the second reporting period, the percentage of youth discharged from foster care at age 18 or older with a high school diploma or GED will increase over baseline by 10 percentage points. By the end of the fourth reporting period, that percentage shall increase by an additional 10 percentage points.
- **Outcome 30:** By the end of the second reporting period, at least 80% of children in care shall not have any unmet medical, dental, mental health, education or other service needs, according to the service needs documented in the child's most recent case plan. By the end of the fourth reporting period, at least 85% of children in care shall not have any unmet medical, dental, mental health, education or other service needs, according to the service needs documented in the child's most recent case plan.

STRENGTHENED INFRASTRUCTURE

6. Capacity to Support Placement Process

- **Outcome 25:** Placements not in full approval status:
Initial Stipulation:
- By the end of the first reporting period, at least 85% of all foster children in custody at a point in time during the reporting period shall be in placements that are in full approval and/or licensure status. By the end of the second reporting period, at least 95% of all foster children in custody at a point in time during the reporting period shall be in placements that are in full approval and/or licensure status. By the end of the fourth reporting period, at least 98% of all foster children in custody at a point in time during the reporting period shall be in placements that are in full approval and/or licensure

status.

Revised Stipulation:

- By the end of the tenth reporting period, at least 98% of all foster placements serving class member children shall be in full approval and/or licensure status. In computing this percentage, each placement shall be weighted by the approved and/or licensed capacity of that placement.
- **Outcome 31:**
Initial Stipulation:
 - By the end of the second reporting period and continuing thereafter, no more than 10% of all children in foster homes shall be placed in foster care homes that exceed the capacity limits referenced in Section 5.C.4.e. of the Consent Decree, concerning the requirement that no child shall be placed in a foster home if that placement will result in more than three(3) foster children in that foster home, or a total of six (6) children in the home, including the foster family's biological and/or adopted children.

Revised Stipulation:

- By the end of the tenth reporting period and continuing thereafter, no more than ten percent of all foster family home placements serving class member children at any time during the reporting period shall exceed the capacity limits referenced in Section 5.C.4.e of this Consent Decree, concerning the requirement that no child shall be placed in a foster home if that placement will result in more than three (3) foster children in that home, or a total of six(6) children in the home, including the foster family's biological and/or adopted children.

7. **Timely and Complete Court Orders**

- **Outcome 26:** By the end of the second reporting period, at least 85% of foster children in custody at a point in time during the reporting period shall have all applicable language in court orders necessary to assess qualification for federal funding under Title IV-E of the Social Security Act. By the end of the fourth reporting period, at least 95% of foster children in custody at a point in time during the reporting period shall have all applicable language in court orders necessary to assess qualification for federal funding under Title IV-E of the Social Security Act
- **Outcome 29:** By the end of the third reporting, no more than 5% of all children in custody of DHS/DFCS for 12 months or more shall have lapse of legal custody within the prior 13 month.

Appendix B

Methodology

The Accountability Agents used several methods to arrive at the judgments, conclusions and recommendations contained in this report: (i) review of written materials and data supplied by the State and Counties; (ii) interviews; (iii) extensive case record reviews; and (iv) strategic engagement of State and county personnel for pro-active, hands-on monitoring through biweekly meetings known as the “G2.” This appendix describes these data sources and methods and also catalogues and explains interpretation and measurement issues that were addressed and resolved during the first reporting period.

A. Data Sources and Methodology for Measuring State Performance in Reporting Period 18

Four primary sources of information were used to assess the State of Georgia’s progress during Period 18, July-December 2014. The challenge for data collection and analyses in Period 18 was the continued need to use both SHINES, the statewide automated child welfare system and paper files. Fulton and DeKalb Counties implemented SHINES in June 2008 and ended all new data entry into the previous system, IDS, on May 28, 2008. Children who entered custody before the conversion to SHINES may have extensive paper files and even those entering after the switch to SHINES have paper files with external documentation that has not been scanned into SHINES. The timeliness of scanning external documentation into SHINES is improving but record reviews still generally need both the paper documentation and SHINES access to complete all data collection.

1. State Data Systems

The first source of information is the DFCS administrative data that is housed in Georgia SHINES. The Accountability Agents have direct access to SHINES which allows for direct inquiry into cases to validate reported information.

Like all information systems, the accuracy of SHINES data is a function of the accuracy with which data are coded and input into the system. Most identified discrepancies appear to be caused by human error. Typically, mistakes in interpretation and coding of the facts contained in the case record or data entry result in erroneous data being entered into the system.

SHINES has more “edit-checks” than its predecessor system. These edit-checks help to limit some errors. However, the Accountability Agents continue to be selective about which data from SHINES to rely on for assessing compliance with the Consent Decree’s provisions but are working on a plan with the State to incrementally expand the number of provisions measured using SHINES data.

2. Document Review and Interviews

During the monitoring period, the Accountability Agents collected written reports and materials regarding foster care and adoption policy, budgets, licensing, provider reporting, worker training and certification. At the local county level, interviews included supervisors and case managers responsible for investigating reports of maltreatment-in-care, placement, and foster parent training and support. The Accountability Agents worked directly with State and County Quality Assurance staff to analyze data collected and tracked at the local level such as visits, determinations for children in care 15 of 22 months, caseloads, and staff certification.

3. Structured Case Record Reviews

A third source of information is systematic case record reviews (CRRs.) Three case record reviews were conducted: 1) investigations of maltreatment-in-care; 2) foster home approval and capacity, and 3) children in foster care placements who entered foster care at any time up to December, 2014. Table B-4 summarizes sample characteristics of each review. The following discussion provides more detail on the sampling approach, review instrument design, review logistics, reviewer qualifications and training, quality assurance, and analytical processes.

a. Sampling Approach

As indicated in Table B-1, 100 percent of the investigations of maltreatment-in-care completed between July 1 and December 31, 2014 were read. Therefore, observed differences in these results do not reflect sampling error.

For the two other case record reviews, random samples were drawn from two different universes:

- All foster homes that had a DeKalb or Fulton child placed in the home at any time between

July 1 and December 31, 2014. 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, 2014.

For each of these reviews, samples were drawn such that the findings would have no more than a +/- 7% error rate at a 95% confidence level. This level of precision is for frequencies reported for the sample as a whole. Data provided on subsets of the sample are less precise; where appropriate, separate margins of error for the different subsets have been calculated and noted in the body of the report or in a footnote. As described later in this appendix, a certain number of records included in the original samples could not be read and were rejected based on pre-determined criteria. To achieve the minimum number of records for each review, small additional, random replacement samples were drawn.

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

Target of Review	Universe of cases	Desired Maximum Sample Size	Actual Number Reviewed	Margin of Error
Maltreatment-in-care Investigations	81	Not applicable	81	Not applicable
Foster Homes	579	160	160	+/- 7 percent
Children in Foster Care	1811	175	175	+/- 7 percent

b. Instrument Design

Three separate data collection instruments were developed, one for each review. They were developed in conjunction with the DFCS Program Evaluation and Analysis Section (PEAS) and consultants from Georgia State University (GSU) schools of public administration and social work. The instruments were field tested and reviewed by Counsel for the Plaintiffs and by the State; many changes recommended by the reviewers were incorporated into the final instruments. As is typical with case record reviews, reviewers encountered some problems with some of the questions. Learning from each iteration is incorporated into the next case record review.

c. Data Collection Schedule and Logistics

Planning for the data collection effort began in January 2015 with discussions with PEAS and GSU regarding formatting data instruments for efficient data capture and analysis. As in previous periods, each of the review guides was set up as a SAS-based form for electronic information entry directly into a data base through a GSU secure web site. This eliminated a separate data entry step. However, it did rely on the ability of the reviewers to be consistently linked to the internet. Occasional connectivity problems interfered with some data entry. This required some work to be repeated. As the reviews progressed, portions of the guides were revised as necessary to accommodate unforeseen circumstances found in the records. In addition, the reviewers had the capability to make extensive comments to explain responses and provide more background on the case.

Data collection for the maltreatment-in-care investigations and foster care reviews began in January 2015, respectively, and the foster home file review in March 2015. Records selected from private agencies were reviewed at the respective private agencies. The remaining records for investigations, foster care, and DFCS supervised foster homes were reviewed at the county offices where the active cases are maintained. Closed records were brought to these sites for review.

d. Review Team Qualifications and Training

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

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

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

e. Quality Assurance

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

An additional level of Quality Assurance (QA) was provided by the Georgia State University (GSU) project coordinator and four research assistants with master’s degrees in social work or a related field and backgrounds in child welfare and case record review. The GSU QA team reviewed the following percentages of case records: 32 percent of Maltreatment-in-care Investigations cases; 33 percent of Placement cases; and 33 percent of foster homes cases. The records were randomly selected from each reviewer’s completed set. Review guides that had different responses from the GSU QA staff and the PEAS reviewers were set aside, investigated and resolved as possible by the GSU project coordinator and PEAS team leaders, often in consultation with the Accountability Agents, and changes were made to the data set as necessary. Time was set aside in the schedule to review the completed review guides in question and do any necessary clean up.

To calculate inter-rater reliability GSU selected variables from all three files (CPS Investigations, Foster Homes, and Foster Care) where both the reviewers and the QA reviewers had access to the same information in the case file. Each response was not tested for inter-rater reliability. Correlations between the reviewer results and the QA reviewer results were calculated using Microsoft Excel and a Cronbach’s Alpha statistic was calculated for each. Cronbach’s Alpha measures how well a set of items, in this case the reviewer responses and the QA reviewer responses, correlate or match. Cronbach’s Alpha is not a statistical test - it is a coefficient of reliability (or consistency). Note: when a Cronbach’s Alpha is used in a Social Science research situation, like the *Kenny A.* case review, a reliability coefficient of .70 or higher indicates that there is an almost zero probability that the reviewer and QA reviewer would achieve these results by chance.

The Cronbach's Alpha coefficients for each of the data sets are provided in Table B-2, below. All measures are above the threshold of .70.

Table B-2
Cronbach's Alpha Measure of Inter-Rater Reliability
for Each Case Record Review

Sample	Cronbach's Alpha Measure
CPS Investigations	.911
Foster Homes	.998
Foster Care	.963

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

f. Data Analysis

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

g. Records in Sample that Were not Read

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

Table B-3

Case Records Drawn for Original Sample, Not Reviewed

Target of Review	Number of cases sampled but not read as part of the review and reason why they were not read	
Maltreatment-in-care Investigations	Investigation not completed between July 1 and December 31, 2014	2
	Coding error, this is not a maltreatment-in-care referral/report	0
	Case was "opened on report" (no maltreatment was alleged)	0
	Case record cannot be located	0
	No child in the legal custody of Fulton and DeKalb Counties was involved in this report	1
	Other	5
	Total	8
Foster Homes	Coding error in SHINES, this home was not open between July 1, 2014 and December 31, 2014.	0
	No children were placed in this home between July 1, 2014 and December 31, 2014.	0
	No children in the legal custody of DeKalb or Fulton County DFCS were placed in this home between July 1, 2014 and December 31, 2014.	0
	Private agency did not supply necessary files	0
	Case record cannot be located	0
	Oversight of foster home transferred to another county	0
	Other	2
	Total	2

Target of Review	Number of cases sampled but not read as part of the review and reason why they were not read	
Children in Foster Care	Child not in foster care anytime July 1, 2014 through December 31, 2014	1
	Child not in the adjudicated legal custody of Fulton or DeKalb counties July 1, 2014 through December 31, 2014	0
	Child's file has been sealed as result of finalized adoption	0
	Child living in another state, file has insufficient information to review adequately.	3
	Child age 18 before July 1, 2014.	0
	Case timeframe too short (child in care 8 days or less)	16
	Child placed out of state through ICPC the entire review period.	1
	Other	1
	Total	22

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

The Accountability Agents met once to twice each month with Fulton and DeKalb directors, senior management, supervisors and case managers, and senior central office staff. These meetings allowed for hands-on monitoring and data verification. Specifically, the purpose of the G2 has been fourfold:

- Engage Fulton and DeKalb County senior management teams in tracking their own progress in achieving the Consent Decree outcomes;
- Have "real-time" communication about successes and areas of concern regarding the progress of reform;
- Establish a clear understanding of the relationship between practice, process, and infrastructure enhancements and outcome achievements; and,
- Integrate the Consent Decree outcomes and required practice and process into other initiatives the Counties are engaged in, such as the Program Improvement Plan (PIP) to help develop and articulate the "big picture" of reform.

The process during the G2 starts with using administrative data to prompt the group to develop hypotheses about underlying problems that threaten the achievement of critical outcomes, and about potential solutions. Fresh data that shed light on the validity of those hypotheses are then brought back to a subsequent meeting. Based on the group's examination and discussion of the fresh data, a given hypothesis may then be rejected, accepted, or refined and retested. For hypotheses that are accepted, in-depth "So What?" conversations take place during which best practices among field staff may be highlighted, operational strategies that leverage the learning that has transpired are devised, resource allocation decisions may be made by DFCS leadership, and parties responsible for implementation identified.

B. Interpretation and Measurement Issues

The following discussion highlights the interpretation and measurement issues that arose during the previous reporting periods that were accepted by the parties and also apply to Period 15.

1. Safety Outcomes

Outcomes 1, 2, and 3 use the same "By the end of the first reporting period..." language used in Outcome 5, but the standard remains fixed at the period 1 level for all subsequent reporting periods. These outcomes, therefore, do not raise the same point-in-time vs. cumulative measurement issue raised by Outcome 5.

Section 12.A. of the Consent Decree requires that maltreatment-in-care investigations be conducted by trained child protective services staff.¹⁴⁵ DFCS policy regards the commencement of an investigation to be the point at which an alleged victim child is seen by the investigator. For measurement purposes Outcomes 1 was operationalized as the percentage of cases in which any alleged victim had face-to-face contact with a CPS investigator or police within 24 hours. Outcome 3 was operationalized as the percentage of alleged victims that had face-to-face contact with a CPS investigator within 24 hours.

Outcome 5 was operationally defined as the percentage of children in care during the reporting period that experience maltreatment-in-care during the reporting period. Performance was measured by a cumulative look across the entire reporting period, not just at one point in time

¹⁴⁵ See p. 28 of the Consent Decree.

during the reporting period. The interpretation and measurement issues considered are described below.

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

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

- The measurement issue inherent in Outcome 5 derives from the words “*By the end of the [number] reporting period...*” Taken literally, these words seem to suggest that this is a point-in-time measure to be taken on the last day of a reporting period. In other words, what percentage of the children in care on December 31/June 30 of a given year after 2005 had experienced maltreatment while in care? In the child welfare field, such a point-in-time approach is a common method of obtaining a census of children in care. The use of the word “By” could be construed to grant the state the entire length of the reporting period to produce improvements in this outcome.

However, operationalizing this as a point-in-time measure might create perverse incentives (i.e., schedule children who had experienced maltreatment-in-care for discharge before the end of the month). Although it is not believed the State would actually use this approach, the Accountability Agents believe that when the Consent Decree language is less than definitive, it should be construed to avoid establishing incentives that are inconsistent with spirit of improving Georgia’s child welfare system.

Outcome 6 operationalizes the Consent Decree’s use of the phrase “...all foster homes...”¹⁴⁶ as all foster homes with a class member in custody during the reporting period for measurement purposes.

¹⁴⁶ Ibid, p. 32

2. Permanency Outcomes

Outcome 4 is measured using a calculation based on data from the State's information system Georgia SHINES. The Accountability Agents used several steps, described below, to verify the information from SHINES.

First, the State generated a list from SHINES of all children who entered custody between during the review period. This list included several data elements such as the dates of current removal and previous exit if the child had been in custody previously and an indicator as to whether the current episode represented a re-entry within 12 months of the previous exit. Second, county Quality Assurance staff compared this list to the data they maintain about exits and entries and corrections needed to SHINES. Using this information, the counties identified discrepancies requiring further research or additional children with re-entries in the period. Finally, the Accountability Agents compared county logs of entry Family Team Meetings in Period 15 to the list of re-entries and together with State staff researched discrepancies and adding to the re-entry list as necessary.

Outcome 7 considers the policy requirements and intent, the flexibility allowed in policy to tailor the search to individual circumstances, and the outcome's language, applies the following standards to determine if a diligent search was "undertaken and documented":

1. A "minimum full search" included evidence in the reviewed case files of the following minimum activities:
 - a. Children were interviewed, excluding children under the age of four under the presumption that the child would not have sufficient communication skills to provide useable information.
 - b. Family members were interviewed.
 - c. Other relatives and/or significant others involved in the family were contacted, whether it was to obtain more information or to assess placement suitability.
 - d. There was evidence that the minimal information gathering produced identified potential placement resources for the child.
 - e. There was evidence that potential resources were contacted.
2. If some of the above steps were missing or not clearly documented, but the child was placed with relatives or such placement was pending (waiting for ICPC approval, home evaluation approval, etc), it was presumed to be an "abbreviated search."
3. Documentation included DFCS forms for recording basic family information, case narratives, Comprehensive Child and Family Assessments (CCFAs), Family and Multidisciplinary Team Meeting notes, case plans, county and state forms for documenting diligent searches, and court documentation.

According to DFCS policy, “at a minimum,” the case manager is to conduct the diligent search by identifying, the child’s parent(s), relatives, and “other persons who have demonstrated an ongoing commitment to the child.”¹⁴⁷ Search steps include:

- Interviewing the child and his/her family about extended family members and other significant individuals in the child’s life;
- Reviewing the basic information worksheet (Form 450) initiated during the investigation of maltreatment allegations;
- Using the Family Team Meeting, case planning meetings, or Multi-disciplinary Team Meetings as an opportunity to identify individuals and collect contact information;
- Reviewing the Family Assessment portion of the Comprehensive Child and Family Assessment (CCFA);
- Checking various DFCS data systems;
- Contacting other individuals involved with the family such as day care or school staff, court appointed special advocates, ministers, etc.
- Making direct contact with individuals to determine their interest and suitability as a placement resource.

In practice, these “steps” are not mutually exclusive, sequential, or, in some circumstances possible. For example, Family Team and other meetings provide an opportunity for interviews and contact with family members and others of significance to the child. In addition, direct contact with individuals to assess placement interest and suitability may lead to information about other potential resources. Not all of these activities are easily documented in case records, such as the act of reviewing documents or checking data systems. Furthermore, DFCS policy also stipulates that the individual circumstances of the case “may dictate how and to what extent the search is conducted.”¹⁴⁸ Therefore, these steps may be abbreviated at the caseworker’s discretion if, for example, a child is quickly reunified with the family member from whom he or she was removed or quickly placed with a relative or other family resource.

This outcome is measured using a case record review of a sample of children in foster care during the period.

Outcomes 8, 9, and 10 performance reported for outcomes 8, 9, and 10 is based on SHINES (formerly IDS) data and documentation of relatives who have signed “an agreement for long-term care.”¹⁴⁹ The outcome data from SHINES was not independently validated by the Accountability Agents. However, the Accountability Agents have direct access to SHINES and did use this capability to review the status of cases to confirm the State’s reporting. The Accountability Agents also participate with County leadership in monthly review of the data

¹⁴⁷Social Services Manual, Chapter 1000, Section 1002.3.1 Georgia Department of Human Services.

¹⁴⁸Social Services Manual, Chapter 1000, Section 1002.3.2, Georgia Department of Human Services.

¹⁴⁹ See p. 3, Definition T, of the Consent Decree.

and the State's efforts to safely discharge children to permanent families. Furthermore, removal dates and discharge dates were collected for children in the foster care sample and compared to what was in SHINES and any discrepancies were reviewed and discussed with DFCS.

Outcome 11 is similar to the Federal measure¹⁵⁰ for expeditious adoption following termination of parental rights and method used to calculate this outcome is consistent with the Federal method. This outcome is measured using a report from SHINES that identifies all children whose parents had their parental rights terminated 12 months prior to the end of the reporting period and their adoption status as of the end of the reporting period. The report has the calculated elapsed time between the final TPR action and adoption finalization.

Outcome 14 includes those children who return to the custody of DFCS/DHS after their adoption has been finalized. This includes children who are in the temporary custody of the Department while reunification is attempted and those children who return to the Department's permanent custody because the adoption has been dissolved.

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

Outcome 15 is measured using county tracking systems. Each county has a data base for tracking children who have reached or are approaching their 15th month in care within the most

¹⁵⁰See the following Federal internet site:

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

recent 22 months. The counties add to this data base by extracting information regarding length of stay, "TPR status," and compelling reasons from SHINES. County data, therefore, is used as the primary source of information to evaluate the continued progress on this outcome.

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

- First, independent of the county data, the case record review of children in foster care collects information about permanency plans and barriers. This information is compared to the tracking information.
- Second the Accountability Agents review the compelling reasons cited in the data bases and compared them to Federal and State policy guidance. This effort frequently involves requesting more information about the circumstances of the case that led to the compelling reason.

Final measurement of the State's performance uses the population of children to whom the Federal regulatory exceptions did not apply. In other words, if a child was placed with a relative or there was a judicial indication in the child's record that the State had yet to make "reasonable efforts to reunify the family," the child was removed from the analysis.

The counties have adopted a classification system of compelling reasons or other exemptions from moving to termination of parental rights.¹⁵¹ The classifications used by both counties are as follows:

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

¹⁵¹ Adapted from *Criteria and Procedures for Determining a "Compelling Reason" Not to File a TPR*, Discussion Paper and Approved Recommendations prepared for the Child Welfare Leadership Team of the District of Columbia by the Center for the Study of Social Policy, Washington D.C., March 2005.

efforts have not been made.

10. There are international legal obligations or compelling foreign policy reasons that would preclude terminating parental rights.
11. The child is a child of a teen mother who is also in the State's custody.
12. Other circumstances make termination of parental rights at this time inappropriate.

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

The Accountability Agents were able to change the measurement approach in Period 6 because of SHINES implementation. At the request of the Accountability Agents, the State produces a report containing the list of all children who entered foster care in Period 15. This information includes the number of siblings a child had in custody and how many siblings were placed with the child. The Accountability Agents conduct on-line reviews or "look ups" of the SHINES file of children with siblings who had entered care during the period. Through this process, the Accountability Agents are able to confirm the number of siblings and placement settings of sibling group members. This also allowed identification of reasons for separate placements if sibling groups were separated.

Outcome 19 is measured through a record review of approximately 175-180 randomly selected children. When the record does not indicate that the child was placed within the county, either DeKalb or Fulton, from which he or she was removed, the case record review team used the on-line program "MapQuest" to determine "shortest drive time distance" between the address of the child's placement and the address of the home from which the child was removed. This is the default option in "MapQuest" and is generally used by the placement facilitators and case managers to determine the placement distance.

Outcome 21 language refers to "*appropriate visitation*"¹⁵² between children and parents "*to progress toward reunification*"¹⁵³ where the goal is reunification. The issues with this language include 1) who has a permanency goal of reunification; 2) with whom is reunification intended; and 3) what is appropriate visitation to make progress toward reunification.

¹⁵² See p. 36, Outcome 21, of the Consent Decree.

¹⁵³ Ibid.

Permanency goals are established by court order with consideration of DFCS recommendation. During the first 12 months, before the first permanency hearing, the presumed goal is reunification or a concurrent goal of reunification and another goal such as adoption or custody to a relative. This outcome is measured using a case record review of a sample of children in foster care during the period and children with a presumed goal of reunification (in care less than 12 months) are included in the analysis. Exceptions would be instances where the Department is clearly not working toward reunification given case circumstances such as abandonment. Children with concurrent goals, presumed or court ordered, are also included in the analysis unless it is clear in the case documentation that the Department is working toward achieving the alternate permanency goal.

In some cases, the child has the goal of reunification, but the parent is not always available to visit regularly or take advantage of the visiting opportunities. Missed visits are often supporting evidence to change the goal from reunification in order to proceed with another permanency plan. Reunification may not be the appropriate goal and the department is working to change it.

Although the Consent Decree specifies visitation between parent(s) and children, in some cases the child was removed from a relative and that relative is the reunification resource. In these cases, the record review considered the reunification resource equivalent to the parent(s).

DFCS policy and practice provides a frame of reference for determining “appropriate” as it establishes several requirements with regard to parental-child visitation. First, “if possible” a child should have a family visit in the first week after removal.¹⁵⁴ Second, a plan for parental visitation should be a part of every Case Plan.¹⁵⁵ Third, “when agency resources allow, visitation shall be scheduled at two-week intervals unless the court has specified another visitation arrangement.”¹⁵⁶ Finally, established practice in the field requires a minimum of monthly visits when “agency resources do not allow” and the court does not dictate otherwise. Given these policy requirements, the case record review was designed to gather information on both the planned schedule for visitation and the actual visitation. In the absence of a schedule dictating otherwise the performance of the state was assessed according to the minimum monthly visitation standard. In addition, the Accountability Agents reviewed the cases to further assess the appropriateness of the visitation given the individual case circumstances. For example, a monthly visit might be missed due to a parent’s incarceration, but the parent re-establishes contact after exiting jail and begins again to work toward reunification.

¹⁵⁴Social Services Manual, Section 1009.3 Georgia Department of Human Services.

¹⁵⁵Social Services Manual, Section 1009.4 Georgia Department of Human Services.

¹⁵⁶Social Services Manual Section 1009.5, Georgia Department of Human Services.

Measurement issues included the limitations of case documentation, how to address those children living with relatives and those children who were reunified during the reporting period but whose records contained little or no documentation relating to parent child visits. Case documentation often does not include precise dates of visits because case managers are not always present for the visits. The visits may be supervised by other DFCS staff or private agencies or foster parents. Visits may also be unsupervised as the case progresses toward reunification. However, case managers may record what they learn from foster parents, parents and children about the visits. As a result, in a portion of the cases the reviewers can often determine “regular” visitation is occurring because of the information shared, but cannot match the pattern of visits to the schedule established in the case plan or Family Team Meetings. That is, there may not be a reference to an exact date of the visit, but a reference to the visit occurring within a span of time, such as “last week.” Or, another example of notation may be “children have unsupervised visits every weekend.” Such cases were counted toward the achievement of the outcome.

A portion of children in the sample live with relatives. These circumstances may allow for frequent visitation between parents and children.¹⁵⁷ Again, however, the dates and frequency may not always be reported to the case manager and, therefore, documented. These children were included in the denominator for measurement of the outcome, but not the numerator unless there was documentation of a visitation pattern.

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

Outcome 23 was measured in Periods 2 through 9 using information collected directly from the documentation in children’s records through a case record review. In November, 2010 the parties reached agreement on a revised standard for sibling visits. Starting with Period 10, the standard requires at least 90 percent of the total minimum number of required monthly sibling-group visits occur each reporting period. This requirement applies to children who have one or more siblings in custody with whom they are not placed. At a minimum, they are to have monthly visits unless the visit is harmful to one or more of the siblings, the sibling is placed out of state in compliance with ICPC, or the distance between the children’s placement is more than 50 miles and the child is placed with a relative. As a result of this modification, the

¹⁵⁷ Annie E. Casey Foundation, Elders as Resources Fact Sheet, *Basic Data: Kinship Care*, 2005, found at <http://www.aecf.org/upload/PublicationFiles/FactSheet.pdf>.

measurement of Outcome 23 is based on all sibling groups in foster care at any time during the reporting period as reported by the State. County Quality Assurance staff review the quality of the documentation and maintain a data base of all required and completed sibling visits. The State report is generated from this data base. The Accountability Agents verified the State report by randomly sampling 10 percent of the children in custody each month during the review period and collected information from the on-line case files in SHINES about all applicable visits (sibling, parental, and case manager.) Information for each of the children sampled was compared with the information in the county system and discussed with the county representatives. The Accountability Agents are satisfied that the State report on sibling visits is accurate.

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

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

3. Well- Being

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

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

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

- Day or summer camps
- Trial home visits
- Runaway episodes (CWPM)

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

In regard to institutions with several cottages on their campus, the State is not to count a move from one cottage to another. Only count if the site is at a different address.”¹⁵⁸

In addition for purposes of IV-E Reimbursement, locked-detention facilities and psychiatric hospitals are considered “out of the scope” of foster care and are not placement settings eligible for IV-E reimbursement.¹⁵⁹

Outcome 18 performance measurement is based on data drawn from SHINES for children in DeKalb and Fulton Counties’ custody on a point in time during the period and updated by the counties as to the reasons for case manager changes in the previous 12 months. Exemptions noted were case manager changes that resulted from 1) transfers to a Specialized Case Manager or Adoptions Case Manager, 2) case manager deaths, terminations, and transfers to another county or, 3) temporary assignments to cover cases during a maternity or sick leave.¹⁶⁰

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

State performance on this outcome does not reflect staff turnover rates. Children may still experience more than two case managers in a 12-month period if they are assigned to a series of case managers who leave as a result of terminations or transfers. This Outcome does encourage

¹⁵⁸ Adoption and Foster Care Reporting System Element #24, November 2010.

¹⁵⁹ Retrieve from

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

¹⁶⁰ See p. 35, paragraph 18, of the Consent Decree.

the counties to minimize reassignment of children among case managers for other reasons. The county data was reviewed by the Accountability Agents for consistency with the appropriate reasons and compared to monthly caseload data to verify resignations, terminations, transfers, and promotions.

Outcome 20 was measured through the case record review in Periods 2 through 9. In November 2010 the parties reached agreement on a revised standard for case manager visits with children. Starting with Period 10, Outcome 20 has two parts. Outcome 20a requires at least 96.25 percent of the total minimum number of twice monthly case manager visits to children in custody required during the period to occur. Outcome 20b requires at least 96.25 percent of the total number of monthly private visits to children in custody required during the period to occur.¹⁶¹

This modification changed several aspects of the original stipulation. Previously, in Periods 2 through 9, the unit of analysis for Outcome 20 was the child and the stipulation required 95 percent of the children have visits by their case managers twice a month, each and every month in the 12 months preceding the end of the reporting period. Furthermore, one of the two visits had to be a private visit in the child's placement setting. To measure performance in previous periods, the Accountability Agents had to use a case file review of a sample of the children in care. Starting with Period 10, under the new stipulation, the unit of analysis is the case manager visit with the child. Case managers are still required to visit children twice every month and one of the visits is still to be in private, but the private visit does not have to occur in the placement setting. As indicated, the stipulation now has a standard for the percentage of completed twice monthly visits and a standard for monthly private visits.

For several years, County Quality Assurance staff have been assessing the quality of the visit documentation monthly and maintaining a data base of all required and completed case manager-child visits. This tracking system has enabled the counties to calculate the percentage of required visits that were completed by individual case managers, supervisory units, and program administrator. In Period 11, the State generated a report from the county data bases for all children in custody during Period 11. Thus, the Accountability Agents no longer have to rely on a case file review of a sample of children in foster care. The Accountability Agents verified the State report by randomly sampling 10 percent of the children in custody each month during the reporting period and collected information about all applicable visits (sibling, parental, and case manager.) This information was compared with the information in the county system and discussed with county representatives. The Accountability Agents are satisfied that the State report on case manager visits with children is accurate.

¹⁶¹See *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

Outcome 22 was measured using a case record review of a sample of children in foster care during the period in Periods 2 through 9. In November 2010 the parties reached agreement on a revised standard for case manager visits with substitute caregivers. Starting with Period 11, Outcome 22 requires at least 95 percent of the total minimum number of monthly case manager visits to substitute caregivers required during the period occur.¹⁶²

Similar to the changes made to Outcome 20, the new stipulation changes the unit of analysis for Outcome 22 from the caregiver to visits and the time frame for performance is limited to the required visits in the period. Starting with Period 10, as indicated, the standard is a percentage of completed monthly visits to caregivers in the reporting period.

Using the visit data base maintained by County Quality Assurance staff previously described in Outcome 20, the State generated a performance report for the period. The Accountability Agents verified the State report by randomly sampling 10 percent of the children in custody each month during the reporting period and collected information about all applicable visits (sibling, parental, and case manager.) This information was compared with the information in the county system and discussed with the county representatives. The Accountability Agents are satisfied that the State report on case manager visits with caregivers is accurate.

Outcome 24, educational attainment, uses county records of diplomas and GED certificates as well as the records of the educational attainment of Georgia residents maintained by the Georgia Departments of Education (DOE) and the Technical College System of Georgia (formerly the Department of Technical and Adult Education). The baseline year was October 27, 2004 to October 26, 2005. The first measurement year was October 27, 2005 to December 31, 2006 in order to place subsequent measurement on a calendar-year basis. The second measurement year was January 1 to December 31, 2007. The third measurement year was January 1 to December 31, 2008. The fourth measurement year was January 1 to December 31, 2009. The fifth measurement year was January 1 to December 31, 2010. The sixth measurement year was January 1 to December 31, 2011.

Outcome 30 uses the current case plan format used by DFCS is part of the Case Plan Reporting System (CPRS.) Complete DFCS case plans contain a series of standard goals. One such standard goal is *"DFCS will ensure that the medical, dental, educational, and psychological needs of the child are met."* This format allows case managers to include routine goals and responsibilities for DFCS and others for parents when reunification is the goal. Although DFCS pre-service

¹⁶² See *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

training provides guidance on tailoring the case plan and the initial case plan should be a product of a Family Team Meeting, multi-disciplinary meeting and the insights from the Comprehensive Child and Family Assessment, the CPRS format does not appear to be conducive to tailored plans without a good deal of modification. Child-specific need and treatment information therefore is often limited in the plans.

This outcome is measured using a case record review of a sample of children in foster care during the period. For purposes of determining whether needs identified in the most recent case plans were being met, children are excluded if they are in custody less than 30 days and would not be expected to have a case plan and if no plan is found in their case records.

To better align the case record review with the CPRS format, for several periods reviewers were asked to categorize the needs found in the plan as being “routine” or “child-specific.” Routine needs included regular medical appointments and indicated follow-up, school enrollment, educational progress or grade completion. These routine needs are likely to be standard for every child. Child-specific needs included information about chronic conditions, placement requirements, and special education or academic assistance. Both types of needs were combined in the analysis for Outcome 30.

Over time, the record review instrument was simplified to combine the “routine” and “child specific” into one category because complete DFCS case plans contain a series of standard goals. One such standard goal is “*DFCS will ensure that the medical, dental, educational, and psychological needs of the child are met.*” Part of ensuring that this goal is achieved requires a child specific as well as routine care to be delivered.

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

3. Strengthening Infrastructure

Outcome 25 was modified in October 2010 to facilitate more timely completion of the Accountability Agents’ reports. The Parties agreed to replace the previous Outcome 25 measure with a revised measure that uses *the placement* as the unit of analysis and which can be extracted

from a single, automated data source – SHINES.¹⁶³ Outcome 25, as revised, stipulates that “By the end of the tenth reporting period, at least 98% of all foster placements serving class member children shall be in full approval and/or licensure status. In computing this percentage, each placement shall be weighted by the approved and/or licensed capacity of that placement.”¹⁶⁴

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

Outcome 26 data was collected from the case records of the sample of children in foster care. The Outcome 26 analysis is applicable to those children who had entered DFCS custody after the Consent Decree was entered on October 27, 2005. Permanency Court Orders with the appropriate language are counted toward meeting the outcome even if the Permanency Hearings were not timely. The Office of Revenue Maximization made available its paper files of court orders and eligibility determination to supplement what was recorded in SHINES and in the paper files maintained by case managers. The case record review team also made additional efforts to obtain court order documentation to ensure an accurate assessment could be made. For those children in the sample who entered before October 27, 2005, only the annual permanency review orders were included in the analysis.

Outcome 29 data was collected from the case records of the sample of children in foster care. The outcome 29 analysis is applicable to children who had been in custody 12 months or more and were still in the temporary custody of the Department.

Outcome 31 was modified in October 2010 to facilitate more timely completion of the Accountability Agents’ reports. The Parties agreed to replace the previous Outcome 31 measure with a revised measure that uses *the placement* as the unit of analysis and which can be extracted

¹⁶³ The original Outcome 25 measure used *the child* as the unit of analysis, and therefore required the use of multiple data sources (some of which were manual) to link individual children to the approval status of the placements in which they resided.

¹⁶⁴ See p. 4, *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

from a single, automated data source – SHINES.¹⁶⁵ Outcome 31, as revised, stipulates that “By the end of the tenth reporting period and continuing thereafter, no more than ten percent of all foster family home placements serving class member children at any time during the reporting period shall exceed the capacity limits referenced in Section 5.C.4.e. of this Consent Decree...”^{166,167}

The revised Outcome 31 language contains the phrase “*By the end of the tenth reporting period...*” this establishes that it is intended as a point-in-time measure to be taken at the end of the reporting period. The revised measure also states: “*....all foster family home placements serving class member children at any time during the reporting period...*” which indicates that the universe of placements to be considered consists of any family foster home in which a class member child resided at any time during the reporting period. To operationalize this language, the Outcome 31 measurement first identifies the universe of family foster homes in which a class member child resided at any point during the reporting period, and then considers for outcome measurement the point-in-time child census of those family foster homes that had a class member child in care on the last day of the reporting period.

C. Methodology for Verifying Caseload Data

SHINES is able to produce reports on individual case manager caseloads and the Accountability Agents started using SHINES-produced reports in Period 6 for assessing State progress in meeting the Consent Decree’s caseload requirement reported in Section VI. As with the previous reports produced by IDS, the Accountability Agents take several steps to ensure the accuracy and completeness of these reports. Training, certification, and leave data are all maintained in separate data systems. All of this data are cross-referenced or reconciled with the SHINES caseload data. This allows the Accountability Agents to determine the caseload sizes of those on leave, separated from the Agency, and provisionally certified. Discrepancies were discussed and resolved with the counties. Finally, a sample of case managers are interviewed at least once a reporting period and asked about their caseload size during the period. In many instances, the case managers are asked to produce supporting documentation. As a result of

¹⁶⁵ The original Outcome 31 measure used *the child* as the unit of analysis, and therefore required the use of multiple data sources (some of which were manual) to link individual children to the point-in-time census of the foster homes in which they were placed.

¹⁶⁶ See p. 4, *Kenny A. v Perdue*, Stipulated Modification of Consent Decree, 1:02-CV-01686-MHS, effective November 22, 2010.

¹⁶⁷ The Section 5.c.4.e capacity limits provide that “No child shall be placed in a foster home if that placement will result in more than three (3) foster children in that foster home, or a total of six (6) children in the home, including the foster family’s biological and/or adopted children.... The only exception to these limits shall be circumstances in which the placement of a sibling group in a foster home with no other children in the home would exceed one or more of these limits.” See p. 16 of the Consent Decree.

gaining direct access to SHINES, the Accountability Agents also have the ability to generate caseload reports at any time for review and follow-up with the State and counties.

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

Section 20 G of the Consent Decree requires DHS to provide the Accountability Agents data and information sufficient to enable the verification of data reported by the State on the number of children in DeKalb and Fulton counties during the reporting period (other than those in foster care) that experience repeat maltreatment or substantiated maltreatment within 11-365 days after being referred to DHS's diversion program. Following is a discussion of the approach the Accountability Agents used.

The validity of the State statistics on repeat maltreatment and substantiated maltreatment subsequent to diversion rest on the accuracy of the data coding and data input associated with maltreatment investigations and diversion cases, and the validity and rigor of the file matching algorithm. These are considered separately below.

1. Data Capture and Input

Data fields that are quantitative or less complex (e.g., whether or not an allegation was substantiated) are less prone to coding errors and produce data with a higher degree of reliability. Data fields that are more complex, qualitative, or ambiguous are more error prone and demonstrate greater problems of reliability. Data on the results of maltreatment investigations and on whether or not a CPS report is "diverted" fall into the former category.

When a report of maltreatment is received, it is reviewed by CPS intake staff, logged into the County's tracking system, and if it meets the criteria to be investigated, an investigation is initiated. Pertinent data about the report are entered into the SHINES intake "stage." A casework supervisor reviews the completed SHINES intake stage and when they are satisfied with the quality of the intake information, they approve it in SHINES and close the intake stage. If the report meets the criteria for an investigation, the investigation "stage" is opened in SHINES and a casework supervisor uses SHINES to assign it to an investigator and to indicate the required response time.

If the report does not meet the criteria for a CPS investigation and it manifests issues that are primarily economic in nature, it may be considered for “diversion,” also called Family Support Services. Diversion cases are not opened as CPS investigations, but the family is usually connected with community-based resources that can help meet the family’s economic or other needs with the intent of helping the family keep their children safely in their own home.

Based on interviews with county investigations staff and the experience of reviewing 100 percent of the investigations of maltreatment-in-care, the Accountability Agents have confidence that SHINES captures virtually 100 percent of the investigations that are conducted.¹⁶⁸

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

2. File Matching Algorithms

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

- Data for DeKalb and Fulton counties were extracted from SHINES and from the state Protective Services Data System (PSDS), a component of IDS, depending on the date the report was logged (reports logged on or after May 28, 2008 were extracted from SHINES; reports prior to May 28, 2008 were extracted from PSDS);
- Children with substantiated maltreated were selected from two timeframes -- the reporting period and the preceding 12 months;
- Foster children were deleted from the files;
- Children from the reporting period were matched with children from the preceding 12

¹⁶⁸ An issue was identified in Period VII that involved the undercounting of maltreatment in care reports. This problem was a function of the erroneous creation of duplicate person identification numbers for some children in care. This problem did NOT affect the accurate counting of maltreatment reports, only the linking of those reports to foster care records so reports of maltreatment **in care** can be identified.

months using a search routine that cast a “wide net” to capture all potential matches; and

- Resulting matches were manually reviewed to affirm correct matches. Children that had a matched substantiation of maltreatment from the two time frames were deemed to have experienced repeat maltreatment.

Similarly, to produce the data on substantiated maltreatment subsequent to diversion, the DFCS Data Analysis and Reporting Unit used the following algorithm:

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

Appendix C

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

This appendix provides some additional information about the 1205 children in the custody of DeKalb and Fulton counties on December 31, 2014. The information is reported by the State and has not been independently verified by the Accountability Agents.

Table C-1
Gender of Children Remaining in Custody on December 31, 2014
N=1205

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

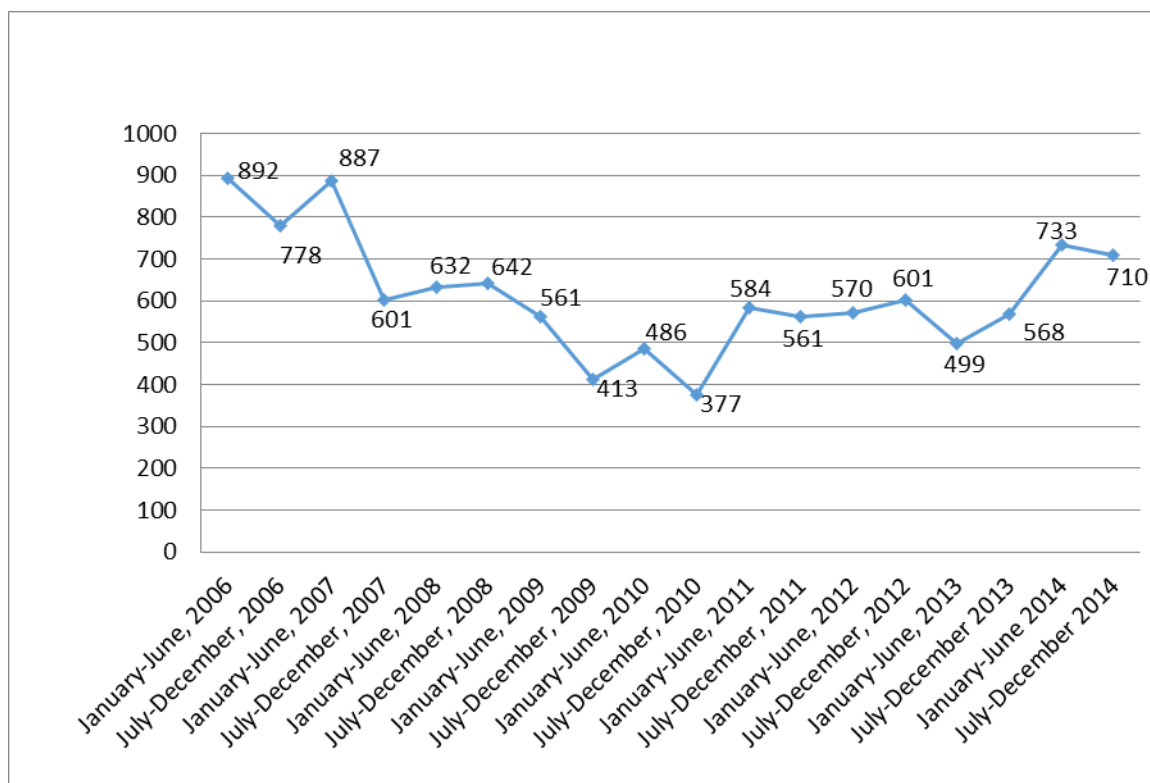
Source: Georgia SHINES

Table C-2
Age of Children Remaining in Custody on December 31, 2014
N=1205

Age Group	Percent of Children
Ages 0 to age 3 years	26%
Ages 3 to 6 years	16%
Ages 6 to 10 years	16%
Ages 10 to 13 years	10%
Ages 13 to 16 years	18%
Ages 16 to 17 years	13%
Total	100%

Source: Georgia SHINES; User Defined Report.

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



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

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