

AN OVERVIEW
GEORGIA PROGRAM IMPROVEMENT PLAN
October 2002 - November 2004

Georgia's Program Improvement Plan (PIP) was officially approved by ACF in October 2002. The first PIP was submitted in January 2003 and followed by seven quarterly progress reports. Starting with the July 2003 quarterly reporting, Georgia also produced and submitted a "Documentation Appendix" to support and substantiate Action Step and Benchmark achievements.

MAJOR MILESTONES

1. As a result of the PIP, in October 2003 Georgia instituted a statewide quarterly Qualitative Review Process (QCR) process, which replicates the federal on-site qualitative review process. The Georgia QCR replaces the state's Social Services Review process, which patterned itself after the old federal 427 reviews that formally assessed state child welfare programs. To date, 113 cases have been reviewed in 41 county DFCS offices. Fulton County, the state's largest county is included in each review.

2. The state also instituted and made mandatory statewide the Child and Family Comprehensive Assessment known in Georgia as First Placement Best Placement (FP/BP). This initiative provides structured assessments for all children entering foster care as well as their families. The assessment focuses on early and continuous assessment of the strengths and needs of children and families and case plan development with the family. FP/BP includes multidisciplinary team staffing and family team conferencing/family team meetings. The FP/BP approach provides greater collaboration with child welfare stakeholders, families, and providers; it also makes available information from which sound case management decisions can be made. The FP/BP assessment calls for a pre-evaluation to be conducted by the case manager and then given to the provider vendor, who conducts the comprehensive assessment. The pre-evaluation includes: referral questions that are general or specific (i.e. general: we are seeking a child's cognitive ability level and an emotional profile and specific: is this child mentally challenged?), background information, previously obtained reports/information, medications, and other relevant factors or disabilities (cultural or language). The comprehensive assessment, conducted by the provider vendor includes: developmental screening/assessment (ages 0-3 years), psychological (ages 4-12), adolescent assessment (ages 14-18), family assessment (ages 0-18), education assessment (ages 4-18), medical assessment (ages 0-18), dental assessment (ages 3-18), MDT report (ages 0-18), family team meetings (ages 0-18).

Since SFY 1999 approximately 23,000 children have received FP/BP assessments. In SFY 2004 \$11.5 million was expended on FP/BP assessments and \$16 million was expended on Wrap Around services to support FP/BP recommendations. The FP/BP Manual and the Georgia Family Conferencing Manual are a part of the 8th quarterly report in the Documentation Appendix.

3. Georgia far exceeded its goal of developing five visitation centers throughout the state. Currently, there are 25 Promoting Safe and Stable Families (PSSF) funded visitation centers in Georgia. Additionally, the state supports the Georgia Presbytery efforts to establish visitation centers in their churches throughout the state. These centers, called "Safe Havens for Children" have identified coordinators in respective Presbyteries who provide information and help to get the local church visitation center established. Mr. Billy Payne, who spearheaded the 1996 Centennial Olympic Games in Atlanta, is co-sponsoring this effort via the Georgia Presbytery.

4. To help improve the state's outcomes for child safety, permanence and well-being, significant policy and training revisions have occurred since the federal on-site review in July 2001. Social Services Manual Transmittal No. 03-01 was developed and released in April 2003 to specifically address "areas needing improvement" as outlined in the Federal Final Report to Georgia. The policy includes instructions and good practice issues regarding family assessments; clarity on permanency planning options and the criteria for their appropriate selection; expansion on the need for a closer working relationship with the parent of a child whose permanency plan (or concurrent plan) is reunification; new monthly contact standards in the least restrictive environment to expedite permanency for children whose plan is TPR and place for adoption. A Termination Packet was developed and released to the county departments and SAAGS. The policy incorporates the packet as an Addendum to the manual's Legal Services Section and provides required time frames for completion and submission to the SAAG. Social Services Manual Transmittal No. 03-01 is a part of the 8th quarterly reporting Documentation Appendix for Item 7, action step D6.

5. Foster parents play a vital role in Georgia's efforts to care for children. Central to these efforts is the partnership between the Division of Family and Children Services and foster parents. The Foster Parent Bill of Rights, which was signed into law by Governor Sonny Perdue on May 5, 2004 during Georgia's recognition of National Foster Care Month, strengthens this partnership and supports the work of foster parents. Georgia's bill is a trailblazer; Georgia is one of only nine states with a codified Bill of Rights for its foster parents. Georgia's Bill of Rights officially became law on July 1, 2004. The twenty-three rights include issues such as non-discrimination, distribution and disclosure of information, financial reimbursement and the right to have input into case planning for children. The Bill also provided that a new grievance procedure be established to address any violations. The three-step process begins at the county level and proceeds if necessary to a state mediation committee consisting of representatives from DFCS, the Adoptive and Foster Parent Association of Georgia and the Office of the Child Advocate.

KEY PIP RESULTS RELATING TO SAFETY, PERMANENCY, AND WELL BEING

Safety Outcome 1, Children are First and Foremost Protected from Abuse and Neglect

Georgia:

Georgia's Program Improvement Plan, Safety # 1, **Item 2**, addressed reducing the incidence of child abuse, neglect, or both of children in foster care from Georgia's 1999 incidence of maltreatment in foster care rate of 1.08% to less than or equal to 0.94%. While reporting data indicates that Georgia has fallen short of achieving the National Standard of maltreatment (.057%) in foster care, Georgia has achieved Georgia's goal of 0.94% or less during FFY 2002 and in the first two reporting quarters in FFY 2004. Georgia attained 0.79% in FFY 2002, and in FFY 2004 Georgia achieved 0.80% in the first quarter and 0.94% in the second quarter. Conversely, the QCR rated this indicator as a strength in 94 of the 102 applicable cases reviewed (92.16%). Eight of the 33 substantiated referrals identified involved the same alleged perpetrator and six involved the same general complaint. To reduce the maltreatment of children in foster care Georgia has achieved the following outcomes:

- Georgia's data collection system has been enhanced to allow for:
 - Tracking of maltreatment in private agency foster homes and of non-child welfare children abused in institutional settings,
 - Descriptive statistics of foster care victims which permit the comparison of foster care victims to non-victim foster children,
 - The proportion of reports by placement setting, and
 - A profile of foster families involved in maltreatment investigations.

These data enhancements have been used for social services policy development and as an indicator for social service staff training. We can now sort data by provider groups. We can target training wherever it is needed to DFCS foster parents, private agency foster parents, or for employees at a childcare institution.

- Policy and training for Georgia's social services staff, foster parents, and institutional staff have been critiqued, new policy and curriculum has been developed, and training begun.
 - The Education and Research Section has developed new curriculum for social services staff training.
 - A new curriculum has been developed for social services staff and foster and institutional staff titled IMPACT. Training on IMPACT Leader Certification is concluded. Training of Georgia's Social Service staff on Leader Certification was completed in October 2004. Training of private agency staff began immediately thereafter. Private agency staff can select training from any of the nationally recognized trainings or may choose Georgia's IMPACT.

The quarterly rates of incidence of child abuse in foster care warrant serious further study by the state; Georgia is committed to such a follow-up and to reducing the maltreatment of children in foster care.

Safety 2, Children are Safely maintained in Their Homes Whenever Possible:

Georgia's Program Improvement Plan, Safety, #2 addressed the finding that 77.5% of case outcomes in **Items 3 & 4** were rated substantially met. It was Georgia's goal to improve this outcome by 2%. In Item 3 (Services to Families in Home to Prevent Removal), 90% of the records reviewed by QCR were rated a strength. In Item 4 (Risk of Harm to Children), the indicator was rated a strength in 83.33% of the cases reviewed.

In spite of severe budget cuts, the Division was able to survive cuts in PUP, Homestead and Early Intervention services. The Community Partnerships for Protecting Children (CPPC) pilot project in the nine designated counties has been maintained. The Division also developed a Child Protection Certification Program (CPCP), which involves the certification of frontline workers and supervisors (new hires and incumbents) to ensure that standards of competency are met. Certification is tied to a career path program that encourages and rewards professional growth.

Permanency 1, Children will have Permanency and Stability in Their Living Arrangements:

Item 6, Stability of Foster Care Placement has been an anomaly for the state. The study conducted for action step C5, which compared the AFCARS reporting system with the state's accounting system verified that workers are not entering all placement moves. As the official reporting system AFCARS looks good in terms of the number of moves, but the accounting system from which the foster caretakers are paid paints a different picture. The state has intensified training and has included AFCARS reporting in new worker training. The Division plan to assure that all placement moves are in the AFCARS system is to provide a method for linking the payment of foster care resource providers to the IDS/AFCARS system.

Additionally, the study conducted for Item 6 action step C16 regarding characteristics of children and resource families where placement disruption occurs, provided valuable insight on the key characteristics of children and resource families that may lead to disruptions. The severity of problems and issues that children bring with them into foster care may often require a skill level much greater than the capacity of the foster parent. Therefore, other avenues for these children must be explored.

Item 7. In order to achieve timely, expeditious permanency goals for children in care, Georgia has achieved the following:

- Accurate documentation of every placement of a child in foster care is now possible through IDS Placement Central. It is fully operational, as are the tools to evaluate consistency and accuracy in linking a child to his/her current placement. The following review methods and guides are used in sampling cases and identifying any discrepancies:
 - Evaluation and Reporting Review Guide
 - Supervisory Review Guide
 - Qualitative Case Reviews (QCR)

- The AFCARS data for this indicator has fluctuated from a high of 80.68% (FFY 2004, Q2) to a low of 66.20% (FFY 2004, Q4). The state continues to reinforce the significance of this indicator with counties and regional oversight administrators. The high rate of staff turnover (40%) may be negatively influencing this indicator. The most recent QCR (October 2003 – September 2004) reveals that in 71.43% of the cases read, the rate of permanency achievement was rated as a strength. The state's original PIP goal was 76%. In the 7th quarter the state requested to renegotiate this indicator to 73.82%, which is the federal sampling error that is used by most states. ACF agreed to the request provided that Georgia corrected some AFCARS data concerns. Those corrections have been made.
- The Case Plan Reporting System (CPRS) is designed so that entering the permanency goal is a required field.
- Two cross-training events (the Child Placement Conference held November 12-14, 2003, and a second held November 17 – 19, 2004), were training opportunities to bring together judges, case managers, SAAGs, GALs, parent attorneys, CASAs, and Citizen Panel Review volunteers to learn about the Permanency Hearing requirements.
- As of September 2002, the Foster Parent Manual was revised and includes services available to support the foster parent role. Upon the completion of training, all foster parents receive the FP Manual on disk. Accessibility to the most current information in the Foster Parent Manual is made possible by posting the manual on the DHR website (December 2003).
- Data indicates that progress is being made to recruit and maintain more minority foster and adoptive home resources for children in care. When comparing two reporting periods of the AFCARS Data Frequency Reports, (4/03 – 9/03 with 10/03 – 3/04), there is an 8.1 % increase in the number of Black foster parents and a 39.5% increase in Hispanic caretakers. The private provider community also reports significant recruitment increases for minority foster and adoptive resources.

The following needs in achieving permanency goals for children in care have been identified:

- While the Court Improvement Program (CIP) conducted two studies to evaluate whether permanency hearings were being conducted in a timely manner, there were “mixed” findings. Court files were not always clear about the hearing being labeled as a “permanency” hearing. The CIP sought other strategies to alternately evaluate this measure, including additional sampling of court files, court-hearing observation, follow-up interviews, the development of a model order for judges to adopt, and a self-report instrument posted on a website for judges to access and complete. In a sample of nine (9) judges surveyed during the most current reporting quarter, we determined that permanency hearings are being conducted as required by ASFA. Continued training at bi-annual Georgia judicial conferences will emphasize this requirement. Monitoring through the CIP needs to continue, as does that of the Evaluation and Reporting Unit through its Review Guide.
- To verify that all children in care have case plans entered in CPRS, caseload reports in IDS were compared to caseloads in CPRS. While the numbers are still too inconsistent to report valid results, there are strategies in place to delete the duplicate plans in the system and make it possible to report on this measure with more reliability. The strategies are documented in the body of the PIP report and the Documentation Appendix. This effort is about 75% complete.

Item 9, Adoption:

Georgia's Program Improvement Plan identified 27 action steps to be taken in an effort to achieve the goal of 19.1% of children being adopted in 24 months or less from their last foster care entry. For FFY 2004, quarter 4 the percentage was 19.67. Although this is the first time the rate has reached its goal level, there are other indicators related to length of time to achieve adoption finalization that look promising. We are also pleased to note that the number of finalized adoptions for SFY 2004 increased by 24% from the previous year and represents an all time high (1,246) for Georgia. The QCR rated this indicator as 65.69% compliant.

There are two other measures the state was reviewing:

- Reduce time from TPR to registration of child's life history from average (FFY 2000) of 10.17 months to six months by June 2004. The FFY 2004 average was 5.77 months.
- Reduce time from child's adoptive placement to finalization from the average of 7.56 months to six months by June 2004. The FFY 2004 average was 4.42 months.

We established the following goals to increase the percent of children adopted within 24 months of their last entry into care:

1. Reduce lengthy time period to file TPR (Termination of Parental Rights).
2. Reduce lengthy time periods to finalize adoptions.
3. Expedite movement of children from foster care to adoption finalization.
4. Determine if court delays are impacting length of time to achieve adoption.
5. Inform foster parents of service options available to them if they adopt.

GOAL: REDUCE LENGTHY TIME PERIOD TO FILE TPR (Action Steps E-1 to E-8)

According to the Trend Analysis Report for SFY 2003, in 71% of the cases reviewed, the agency filed timely to terminate parental rights or documented compelling reasons why TPR was not in the best interest of the child. The quarterly Qualitative Case Reviews have identified an area that continues to need improvement--delays in filing the petition to terminate rights. Other areas needing improvement are court hearings being continued and issues related to case managers (staff vacancies and changes/turnover.).

The following strategies were developed and implemented to improve accountability and compliance with policies and procedures related to the filing of TPR:

- Developed standards of measurement for county compliance in filing for TPR
- Incorporated developed standards into County Director's Performance Management Plan
- Expanded utilization of the Case Plan Reporting System (CPRS) to assist counties in identifying cases appropriate for TPR and non-reunification
- Developed capacity within CPRS to produce an exception report when TPR and non-reunification are not filed timely
- Developed a referral packet for counties to use in order to properly prepare a legal referral when referring a case to the SAAG for TPR
- Developed a protocol for counties to report overdue petitions and court orders to DFCS Legal Services so these might be addressed with Law Department
- Law Department appointed six new SAAGs
- Provided new SAAG training and manuals on specialized legal issues and procedures associated with TPR; plan is in place to provide on-going training

GOAL: REDUCE LENGTHY TIME PERIODS TO FINALIZE ADOPTIONS (Action Steps E-9 to E-16)

The state has made gradual progress in reducing the time from 1st TPR to finalized adoption. (FFY2000: 21.88 months; FFY2004: 20.16 months). Some of these action steps required statutory changes (one only became law 5/04). An enhancement was made in April 2004, which makes the adoption checklist on the CPRS more visible, easier to find, and user friendly. Although enhancements to CPRS system have been made, we have found that staff and judges under-utilize this feature.

The following strategies have been developed and implemented to reduce the lengthy time period to finalize adoptions:

- Recommended change to Chapter 19-8 of the O.C.G.A. to allow state and agency Adoptions to be heard as soon as possible after the petition is filed (rather than the previous minimum 60 day waiting period). SB192 was passed and became effective July 1, 2003. We have already seen positive results as the time from filing of a petition to finalization has been reduced from an average in 2003 of 2.04 months to a current average of 1.63 months for FFY2004.
- Recommended change to section 15-11-103(d) of the O.C.G.A. to require post termination reviews every six months rather than annually. HB1322 was passed in the 2004 legislative session and signed by the governor on May 13, 2004.
- Developed a prototype of CPRS that includes specific elements of adoption policy and piloted in Dekalb County in order for the reviews to be provided to the judges at time of post termination review.
- Made changes to adoption policy regarding reducing the length of supervision for uncomplicated state adoptions.
- Changed Office of Adoption's requirement regarding contracting a child's life history to allow the request to a contractor be made at time of legal service referral instead of the child's first free date.

GOAL: TO EXPEDITE MOVEMENT OF CHILDREN FROM FOSTER CARE TO ADOPTION FINALIZATION (Action Steps E-17 to E-21)

These action steps addressed strategies to move children to adoption finalization once TPR had occurred. The state has achieved some success in expediting placements to adoption finalization as reflected in two measurements: the length of time from 1st TPR to registration of the child's life history has been reduced from 8.07 months (1st qtr FFY 2003) to 5.77 months (FFY 2004).

- The Court Order Tracking System became operational last year and serves to notify the Office of Adoptions (OA) when a termination of parental rights occurs. It also provides a tracking system for the OA and DFCS. This system is an interim system until SACWIS can be implemented. The OA notifies County DFCS, DFCS Field Policy Specialist and the Regional Adoption Coordinator. This system allows for a double check on children who are free so the OA can assure that adoption policy regarding notification and registration of the child is being followed by County DFCS.
- Standards of compliance with policy regarding registration of child life histories is included as an element in the staff's Performance Management Plan (PMP)
- Reports of overdue child life histories are shared with OA, DFCS Directors, Managers of Field Operations and the DHR Commissioner. We have noted a 65% decrease in overdue life histories since our first report in January 2003.

The average time between first free date and adoption finalization has dropped from an average of 22.26 months (FFY2003) to 20.16 months (FFY 2004).

GOAL: DETERMINE IF COURT DELAYS ARE IMPACTING LENGTH OF TIME TO ACHIEVE ADOPTION (Action Steps E-22 to E-25)

The Court Improvement Project has identified barriers that impact the length of time to achieve adoption. This has primarily been in the time leading up to TPR. The state feels the statutory change that became effective 7/03 has positively impacted delays in finalizing an adoption from the time the petition is filed to finalization (2.04 months in 2003 to 1.63 months in FFY 2004).

The following strategies have been developed and implemented to determine if court delays are impacting the length of time to achieve adoption:

- Through surveys and interviews of judges and case file reviews the Court Improvement Project (CIP) has completed an assessment of juvenile court processes to identify specific barriers.
- We have enhanced existing Adoptions A-file system to evaluate and identify whether delays are occurring between filing for adoption and finalization. Current data indicates the average time from filing the adoption petition and finalization is less than a month
- We have monitored the pilot project that is taking place in Fulton County where the Superior Court Judges have delegated adoption jurisdiction to Juvenile Court Judges for those adoption cases in which the deprivation petition originated in the juvenile court. We have noted a reduction in the length of time to finalize adoptions in Fulton County.

GOAL: INFORM FOSTER PARENTS OF SERVICE OPTIONS AVAILABLE TO THEM IF THEY ADOPT (Action Steps E-26 to E-27)

These action steps were included as a result of stakeholder comments during the Child and Family Services Federal Review. There are three junctures that information regarding service options is presented to foster parents if they decide to adopt. This information is now included in the scripted orientation and Impact training.

- Policy now requires that the Adoption Assistance Handbook and information regarding accessing Post Adoption Services be provided to all foster care and adoption IMPACT participants.
- At time of signing of the Form 33/37 Placement Agreement, the family is provided a packet of information from the Georgia Center for Adoption Resources and Support groups, community resources and events relating to adoption. Packets include copies of the Adoption Assistance Handbook

DATA ISSUES:

In an effort to address the federal office's expressed concern regarding discrepancies between the foster care and adoption systems due to adoption, beginning with October 2003 data, the Division is completing a monthly comparison of the data produced by the two systems to reconcile them.

Item 10. In order to more appropriately select and use the permanency goal of Another Planned Permanent Living Arrangement (APPLA), The Division has taken the following actions:

- The various permanency options (including APPLA) and the criteria for their selection have been addressed in revised policy (January 2003). In addition, the state's Foster Parent training curriculum, including the new IMPACT training, incorporates content on permanency planning and is also one of the "Bill of Rights" to include foster parents in permanency planning. Annual Foster Parent Training Institutes ensure that in-service training opportunities also offer topics on permanency. Additionally, foster parents are invited to participate in the Multidisciplinary team (MDT) meetings and can be given a total of five training credit hours per year for attending MDT meetings.
- The following measures/steps have been taken to address the higher level of documentation required whenever APPLA is selected as a permanency goal, that is, documenting compelling reasons: revisions to Georgia statute, program policy, New Worker and Supervisory training curriculums, and the design of the Case Plan Reporting System (CPRS).
- The most recent QCR Report for October 2003 – September 2004 rated cases with APPLA as the goal as being compliant 87.91%. The report indicated that the goal had been appropriately selected given the individual circumstances of the child's situation in 81.81% of the cases read.

- Monitoring for compliance is ongoing via the E & R Reviews and the QCR process. The appropriateness of the plan's selection, as well as the documentation of compelling reasons in both the court order and the child's case plan is monitored.
- The CPRS requires the documentation of compelling reasons in a mandated field whenever APPLA is selected.
- The Barton Clinic examined Georgia's laws regarding guardianship to determine if any changes needed to be made for greater compliance with the permanency goals established by ASFA. As a result of the 2003 Legislative Session, Senate Bill 236 was enacted to strengthen permanency options for children in care. One provision allows the court to grant a permanent guardianship following the termination of parental rights. It was the conclusion of the Barton Clinic in its written report that the appointment of a legal guardian is more in line with the permanency goals established under ASFA. Further, there is another provision in Senate Bill 236 that allows the court, following an order of non-reunification, to enter an order that does not expire and remains in effect until age 18. (Such arrangement also provides a subsidy payment when a relative is granted extended custody.) The Barton Clinic reached the conclusion with respect to this permanency arrangement that it was not technically "legal guardianship" and probably would be more aptly categorized as APPLA. Regardless, this option for permanency is still considered viable for certain children in deprivation cases.

Permanency Outcome 2, The Continuity of Family Relationships and Connections Will Be Preserved for Children

Item 12, Placement with Siblings: The continuity of family relationships and connections will be preserved for children in care by increasing the number of children placed with their siblings. At the initial review Georgia was 72.2% compliant with sibling placements. The most recent QCR (10/2003 - 09/2004) rated this indicator as a strength in 68 of the relevant cases (89.71%) reviewed. Areas as needing improvement pertinent to "placements with siblings" include:

- Enhanced efforts toward other permanent placement options (custody to age 18, guardianship, emancipation, etc.).
- Enhanced use of relative care resources to preserve the continuity of family ties.
- Improved documentation of efforts to place siblings together.
- Broader efforts to recruit and better train foster parents, especially with regard to special needs populations, including sibling groups.

To bring Georgia's sibling placements into substantial conformity, Georgia took the following actions:

- Formed a workgroup, whose specific task was to address changes needed to improve the Supervisory Review Form and implementation process. The group's directive was to assure that supervisory reviews included staff efforts to place siblings together, and to adequately document this information in the case record.

- Used the results obtained from the Child Placement Services Evaluation and Reporting (E & R) Social Services Reviews, thereby achieving the PIP requirement for documenting efforts to place siblings together.
- Assured that all Basic and Advanced Case Plan Reporting System (CPRS) Training was provided to staff in all 159 counties and that it include specific references to placing siblings together. In SFY 2003, 1,200 supervisors and case managers attended either Basic or Advanced CPRS training. In SFY 2004, an additional 377 staff were trained. Staff was trained on how to input and retrieve data. As a result of these efforts, Georgia achieved this goal.
- Documented efforts to place siblings together in 91.30% of cases reviewed for the quarter, January 2004-March 2004. Of 37 cases reviewed, 23 were relevant to sibling placements.
- Provided training opportunities for foster parents to learn skills in managing sibling groups. Foster parents chose whether they preferred to receive the training locally, at the Annual Staff and Foster Parent Institutes or during the Adoptive and Foster Parent Association of Georgia's Annual Conference. The importance of placing siblings together was emphasized at all training programs.
- Increased the number of recruited foster homes willing to accept sibling groups. The most recent available data (from the Foster Care and Adoption Recruitment Quarterly Reports for April 2004-June 2004) shows that 1,284 of 3,020 approved and active foster homes indicated a willingness to accept sibling placements. This data shows a stable correlation with the first two QCR data in that 1,289 of 2,382 approved foster homes in the 2nd quarter and 1,440 of 2,693 approved and active homes in the 1st quarter were documented as willing to accept siblings. This represents 54% of the total population for each of these quarters. Georgia continues to develop strategies to identify the number of new homes committed to accepting sibling groups. NOTE: The system we currently use to collect data does not have a field, which separates out newly approved homes. Also, it should be noted that during many of the reporting periods, some of the counties had not yet reported, which would adversely affect the totals shown. The state is committed to working on both of these limitations.
- Committed to develop a significant number of homes accepting sibling placements. As a means to measure progress towards fulfilling this commitment, Georgia developed and implemented a survey of all 159 county departments to determine the number of new foster homes recruited during the past year, and of those new homes, the number willing to accept sibling placements. All of the counties responded to the survey. The results of the survey indicated that 1,251 new homes were approved during the period. Of that total, 919 homes were willing to accept sibling placements. This represents 73.46% of the newly approved homes.
- Initiated a survey of caregivers to determine the impact of respite care services provided on behalf of children/youth in foster care. The survey required contacting the foster care resource families directly. The survey was designed to evaluate the effectiveness of respite care services as a strategy to prevent placement disruptions. Three Georgia counties, Bartow, Fulton and Harris, were chosen as the sites to interview twenty (20) foster parents about respite care services. The interviews included families that both had and had not used respite care services. The study findings indicated that 70% of the total sample had used respite services in the past. In Bartow County, 100% of those sampled had used respite, whereas 60% of those sampled in Harris had never used respite. A total of 57% of those sampled in Fulton had used respite care services. Participants cited various reasons they chose to use respite care services including, illness, vacation, attending a conference, family/personal or business obligation or the need for a break/relief. Participants were asked how they thought respite care services could be improved. Their feedback indicated four primary areas of concern: (1) more respite care time; (2) more respite care providers; (3) more ease in making arrangements; and (4) more timely payments. Georgia will continue to consider ways respite care services can be used to enhance services to children and their caregivers.

- Increased the number of children placed in the long-term custody (until age 18) of relatives. These placements are supported with Relative Care Subsidy (RCS) funds, as long as the child remains eligible. Georgia was initially approved to place 1,000 children using RCS resources. There are now more than 2,030 children and youth who have achieved permanency through this program.

Item 13: Visiting with Parents and Siblings in Foster Care. The continuity of family relationships and connections will be preserved for children in care by increasing the number of visits they have with their parents and siblings. At the initial federal on-site review, Georgia was 66.6% compliant with visitation requirements. In the 1st quarter QCR report, Georgia was 95% compliant with this indicator. This is a significant increase over our federal final review report. Georgia targeted specific problem areas as needing improvement pertinent to visitation with parents and siblings. Among them were:

- Improved documentation of visits in the case plan
- On-going training and professional development strategies focused on the importance of visitation
- Creation of a “How To” manual to assist staff and volunteers in enhancing the visiting experience for children and their visitors (parents, siblings, and others)

To accomplish these goals, Georgia took the following steps:

- Formulated a workgroup, whose specific task was to address changes needed to improve the Supervisory Review Form and implementation process. The group’s directive was to assure that supervisory reviews included staff efforts to document visitations between the child, parent(s) and sibling(s).
- Decided to use the results obtained from the Child Placement Services Evaluation and Reporting (E & R) Social Services Reviews, thereby achieving the PIP requirement for documenting visits. Visitation is a required field on the Case Plan form.
- Assured that all Basic and Advanced Case Plan Reporting System (CPRS) Training was provided to staff in all 159 counties and that it includes specific references to visitations with parents and siblings.
- Provided training opportunities for supervisors and case managers to learn the importance of visitations and the significance of documenting each visit in the CPRS. Staff was trained on CPRS at either the Placement Conference and/or the Annual Staff and Foster Parent Institute. The importance of visitation with parents and siblings was emphasized in all training programs.
- Increased the number of visitation centers to twenty-five statewide and supported private ventures as established by the Georgia Presbyteries, and provided improved approaches for enhancing the visits between children with their parents and/or their siblings. A “How To” manual was developed for this purpose and is available online.

- Established more flexible hours and locations to accommodate scheduling of visits.

Item 17, Needs and Services of Child, Parents, Foster Parents

There were originally 14 action steps on “Needs and Services of Child, Parents, Foster Parents”. All were achieved except two. Item 17 is largely dependent upon the completion of Qualitative Case Reviews conducted by the Evaluation and Reporting Section. This indicator was applied to 106 records. Eighty-one received a strength rating (76.42%). Ninety-nine of the cases received an FP/BP assessment and Wrap Around and other services were identified and provided to address the needs in the case plan. There were 25 cases in which areas needing improvement were identified; and in all 25 cases the issue was inadequate service provision.

Issues: While CPRS was enhanced to include the FP/BP assessment, the reporting function has not been developed to help identify gaps in service. The effort to produce reports is still underway.

Item 18: Child and Family Involvement in Case Planning

The QCR (Cumulative Report for October 2003 – September 2004) reveals that family involvement in case planning is a strength in 65% of the cases reviewed. While a majority of records indicated that the agency actively involved the family in the case planning process, a significant percent (35%) were not in compliance with this requirement.

The following steps related to family involvement in case planning have been taken in order enhance a family’s capacity to provide for the needs of its children:

- Both Georgia statute and DFCS policy require that the parents be provided written notice of the case-planning meeting so that they can participate. Such notice is required at least five calendar days in advance of the meeting and includes not only the logistics of the meeting, but also critical information concerning how the plan will be considered by the court for incorporation into an order.
- Training to reinforce the involvement of the child and family in case planning has targeted three “key players” who are responsible for ensuring family involvement:
 1. DFCS staff: A training curriculum based on CWLA core competencies of family-centered practice was developed. As of April 2004, a revised New Worker Training curriculum, which is considered more relevant to the learning needs of case management staff, was implemented.
 2. Judges: Judges have been surveyed twice about the inclusion of parents and children in planning. The PIP findings regarding this measure have been presented at conferences to improve their understanding and awareness. A judge’s list serv has also been set up for accessing information about this measure.

3. Special Assistant Attorneys General (SAAG): Training events have occurred in 1999, 2002 and 2004 to highlight the need for family involvement.

- By the end of January 2003, the Case Plan Reporting System (CPRS) was implemented in all 159 counties. Policy mandates that all counties use the CPRS for developing case plans with families. By design, the CPRS provides critical fields for data collection concerning participation of the parent and child. A report function was built which could document the number of case plans in the system and the number of families who participated in case planning. Two such reports have been run and are on a website so counties can access statistics related to CPRS data fields.

The following needs have been identified to achieve compliance with child and family involvement in case planning:

- In April 2004, a revised New Worker curriculum was developed to better prepare staff to learn the requisite skills of casework and be “job ready” in their performance. Completion of the training will hopefully result in certification of staff. The State has been able to achieve the benchmark of “sampling” the understanding of staff with respect to family-centered practice via a pretest and post-test modality.
- *Practice application needs more monitoring. Case managers test well on this indicator and seem to have a good understanding of the concept on the pre and post-test. The practice is not being applied.*
- Use the newly developed report function in CPRS to measure family involvement.

Item 19: Worker Visits with Child

The following steps were taken to develop visitation opportunities in the least restrictive setting and in compliance with ASFA guidelines:

- Contact standards between the case manager and the child were revised January 2003 with the intent of strengthening the number of face-to-face visits. Especially lacking in policy had been the contact expectations of the DFCS case manager when the child is placed in a private agency home or facility. Since the DFCS case manager is still responsible for the child’s care and well-being, the frequency of contact (face-to-face, phone, mail, etc.,) was increased. Monitoring and supervision of children in private settings also requires greater documentation efforts in that the DFCS case manager is required to obtain a copy of progress reports/notes from the private agency/facility to review and ensure that a copy is always filed in the case record.
- The State exceeded its expectation in developing child friendly visitation centers throughout Georgia. To date, over 25 centers are operational. The objective was to decrease the use of the agency office as a visitation site and offer other alternatives. In order to use the least restrictive setting as often as possible, the contact standards in

policy require that the case manager's visits with children occur in the home. When children are in family foster homes or relative home placements, contacts with the child must occur in the home at least every other month.

- To ensure ongoing monitoring, reviewers using the E & R Review Guide sample county department records and track a 3-month period to determine if and where contacts occur.
- ICPC approved placements are tracked to better assure that quarterly reports have been submitted. Such tracking occurs on two levels: (1) State level via the ICPC Automated Reporting and Tracking System, which generates an exceptions report ("Unfulfilled Requests"); and (2) County level via supervisory tracking and review responsibilities as set forth in the Social Services Supervisor's Handbook.

The following need has been identified with respect to Social Services Case Managers – Child contacts:

- The QCR (Cumulative Report for October 2003 –September 2004) revealed that in 79.61% of the cases reviewed, the agency was maintaining meaningful face-to-face contacts with the child. Where this was not happening, the child was either not being seen monthly or the child was seen at school and not in the home and there was no documentation of interaction between the child and the case manager. The policy is in place to set forth expectations, as is the ongoing monitoring piece via E & R Reviews.

Item 20: Worker Visits with Parents

The following steps were taken to have meaningful and purposeful visits between parents and case managers:

- Contact standards were established in policy, which was revised January 2003. Specifically, contact with the parent (when reunification is the goal) is no less frequent than once each month. Otherwise, contacts occur as needed to provide services to the parent. Other related policy requirements are:
 1. Every other month, the contact with the parent must take place in the residence of the parent.
 2. Documentation requirements are strengthened so that the contact is recorded in sufficient detail to reflect when and where the contact occurred, who was there and what happened (purpose in relation to case plan goals/steps).
 3. Quality of visits is enhanced by policy that outlines "activities" which may occur as part of a purposeful visit between the case manager and the parent.

4. The E & R Review Guide was revised to monitor that worker visits with the parents are occurring as set forth in policy. Cases are sampled in county departments and the file is reviewed for a 3-month period to determine compliance.
5. Both New Worker Training and ongoing training reinforce the core competency of effective and meaningful casework with parents.

The following need has been identified in maintaining frequent and purposeful contacts with parents:

- The QCR (Cumulative Report for October 2003 – September 2004) examined a total of 81 cases. Of these, 62.96% revealed that meaningful contacts with parents were being made in accordance with policy. Where this standard was not met, the case manager was meeting with parents at court or at case panel reviews, rather than in the home. The policy is in place to set the expectation (frequency and location) as well as documentation standards, when visits do occur. The revised E & R Review Guide will continue to be a means of monitoring compliance.

Item 22 – Physical Health of Children in Foster Care

Unfortunately, the PIP action steps do not reflect the full scope of activities that have been implemented to address the health care needs of children in foster care. However, in this closing summary these activities are worthy of mention. A collaborative made up of representatives from the Division of Family and Children Services (DFCS), The Division of Public Health (DCH), The American Association of Pediatrics (AAP), and The Department of Community Health (DCH) was formed to address the health care needs of children in foster care. The following strategies were developed at the state level to ensure children in foster care receive appropriate health care and have access to medical providers within their community:

- Training of staff within the Division of Public Health on indicators of abuse and neglect and mandated reporting.
- Recommendation for incorporating of pertinent medical information into foster care forms to share with foster parents and the child's medical provider.
- Training initiative for DFCS and DPH staff to promote the development of partnerships at the local level.
- Initiative to refer all children under the age of five to Children 1st for monitoring and tracking.
- Initiative to monitor and track periodic health check (EPSDT) screens for all children 0-18 in foster care.
- Policy and Practice development to ensure implementation of the amendment to the Child Abuse and Prevention Act (CAPTA) for the referral of children to early intervention.

- Training initiative for DFCS and DPH local and regional staff on policy and practice issues related to Babies Can't Wait, Children 1st and Health Check services.

The QCR rated this indicator as a strength in 86.27% of the applicable cases reviewed. In the cases needing improvement, all lacked evidence of appropriate medical and dental care.

FP/BP “Back to Basics” Training: During FFY 2003, revisions and modifications were made to FP/BP policies and procedures to assure providers, staff, courts and other stakeholders consistently utilize the FP/BP assessment process in case planning and service delivery. In July 2002, Foster Care Staff began training DFCS staff and providers on the revised FP/BP Assessment and Wrap-Around policies and standards. Foster Parents, judges, and court appointed special advocates (CASA) also received FP/BP training.

The training provided information on how to translate and integrate the assessment information into clear case plan goals and how to conduct family conferences. DFCS staff and providers together were instructed on when and how to use wrap around services for children and families and how to conduct and approve relative care placements and subsidies.

More than 2,141 staff and providers received training delivered in 17 sessions across the state. Additional Advanced Skills Training and technical assistance was provided in FFY2003 to over 2,900 providers, county and state office staff and other stakeholders. This training was designed to increase the level of consistency in FP/BP implementation for all providers statewide. Statewide training concluded for County Staff in February 2003, and has now been incorporated into new worker training.

Back to Basics and Advanced Skills Training is provided on an ongoing basis to individuals interested in becoming approved FP/BP Providers. Approximately 180 individuals attended six sessions in 2003 and 2004 in Macon and Atlanta.

First Placement/Best Placement Re-enrollment Process for providers: Before the re-enrollment of FP/BP providers, there were 110 approved providers delivering a full-continuum of First Placement/Best Placement services. Provider re-enrollment procedures were established in 2003 to include an assessment of experience, a qualitative review of assessments, and a thorough review of credentialing information for employees providing assessment and therapeutic services. Re-enrollment was initiated in March 2003 and concluded June 30, 2003. There were approximately 71 applications received from Private Providers across the state. At the conclusion of the process, there were approximately 73 Private Provider agencies approved to deliver a full continuum of FP/BP services.

With the new enrollment/re-enrollment process the quality of the assessment information has improved. To date there are ninety-eight (98) approved providers to support FP/BP service delivery.

The CPRS has been enhanced to capture data reported from the Multi-Disciplinary Team Meeting. Approved FP/BP assessment providers access the CPRS system and enter the MDT date and service recommendations for the child and family. The reporting functionality has not been realized.

Item 23 Mental Health of Child:

A work group was established that included representation from the Division of Mental Health, Mental Retardation and Substance Abuse (MHDDAD), the Office of the Child Advocate, the Douglas County Juvenile Court, the Devereux Treatment Network, DFCS Evaluation and Reporting Section, DFCS Information Technology Section, and the DFCS Social Services Section. The QCR rated this indicator a strength in 90% of the applicable records.

Item O is composed of three goals. Of the twelve action steps, eleven are achieved.

The first goal, *Identify or develop a uniform process to ensure that children have access to a statewide mental health assessment that is timely and comprehensive*, consists of five action steps. All five steps were achieved. The accomplishments for each action step are as follows:

1. The use of the First Placement Best Placement (FPBP) Assessment was expanded to include the gathering and tracking of information on mental health assessments.
2. Fields were added to the Case Plan Reporting System (CPRS) to track dates of mental health assessments. The Qualitative Case Review (QCR) process added an additional level of oversight to tracking the completion of mental health assessments.
3. A multi-agency work sub-group (Mental Health, Physical Health, and DFCS) was established and selected appropriate assessment instruments.
4. The development and implementation of a protocol to share mental health information. Health Insurance Portability and Accountability Act (HIPAA) regulations were developed and disseminated to the field.
5. Supervisory tool in CPRS was developed and made available on line to assist in ensuring that mental health assessment findings are followed.

The second goal, *Case managers have the capacity to work closely with children and families in order to ensure sustained access to needed treatment resources*, consists of one action step. This step was achieved.

1. Both the case manager's and the supervisor's Performance Management Plan (PMP) were revised to include focus on the mental health needs of the child and family as noted in the FPBP assessment. This Performance Management Plan (PMP) is in effect for State FY 2005, 7/04 – 6/05.

*The third goal, **Development of a statewide vision for coordinated service delivery system to children and families**, consists of six action steps. Five action steps have been achieved.*

2. *Resource lists and web sites for services across the state have been identified.*
3. *CPRS has been amended to allow provider and juvenile court web entry of assessment information. Pilot sites for this function have been selected and trained. Information is being entered beginning in 8/04.*

4. *In addition to the information being gathered from the LOC system regarding both service gaps and geographical needs, efforts are underway in several other arenas to concentrate on the identification of service gaps. The Office of the Child Advocate has completed a study on counties “most in need”. MHDDAD has completed a services mapping project regarding services for children/adolescents and families. A vendor is being selected to complete a services gap analysis from this information. DFCS is collecting data on the use of wraparound and family preservation services. CPRS has been mandated; training is complete.*
 1. *Required field of “date of last psychological assessment” has been added to the CPRS.*
 2. *Level of Care (LOC) system has been implemented.*

Overall summary of accomplishments for Item 23:

1. *CPRS is in place with multiple enhancements to assist in ensuring that mental health services are tracked.*
2. *Additional tracking of the quality of mental health services is provided through the QCR process.*
3. *Case managers and supervisors PMP include responsibilities regarding mental health services to children and families.*
4. *LOC system implemented across the state.*

Items 35 – 37 State has in place an array of services that assess the strengths and needs of children and families and determine other service needs, address the needs of families in addition to individual children in order to create a safe environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency.

In order to effect such an array and to improve the collaboration with providers, stakeholders and consumers, we took the following actions:

- The Division conducted a web-based survey to explore a preliminary assessment of existing state and federally supported services provided by or outsourced through the following Departmental Agencies and Divisions (DHR):
 - **DHR Division of Mental Health, Developmental Disabilities and Addictive Diseases (MHDDAD)** - State funded services are delivered through eight regional hospitals, 26 community service agencies and a network of private providers.
 - **DHR-DFCS Domestic Violence Program** - Domestic Violence shelters funded by the state include 41 certified family violence programs, operated by private, non-profit organizations. They provide 24-hour crisis lines, legal and social service

advocacy, children's programs, parenting support and education. Thirty-eight (38) of these programs also offer emergency safe shelters.

- **DHR-DFCS: First Placement Best Placement (Foster Care Assessments and Wrap Around Services)**
 - **DHR-DFCS Promoting Safe and Stable Families Program** - Intensive In-Home Services funded by DHR-DFCS' Promoting Safe and Stable Families Program (Title IV-B, 2 - PSSF) includes 134 private, non-profit agencies. Agencies provide home and center-based child abuse prevention, early intervention, and family preservation, reunification and / or adoption promotion services. Services are currently available to families in 143 counties statewide. Services are delivered in a variety of community-based settings including: Family Resource Centers, Schools, Domestic Violence Shelters, Residential and Day Substance Abuse Treatment Facilities, Hospitals, Therapeutic Treatment Facilities, Courts (CASAs), Schools of Social Work, church-based organizations and community-based Family Visitation centers throughout the state.
- The Division issued a statewide **Request for Proposal** in FFY 2003, 2004 and 2005 to raise public awareness of the service needs of children and families served by the states child welfare continuum, as well as to solicit proposals from private and public non-profit entities with capacity to deliver community-based services. Proposals are solicited from agencies to deliver Title IV-B, subpart 2 funded services including: family support, family preservation, time-limited reunification and adoption promotion and post adoption services. The RFP is distributed annually to over 1000 agencies statewide and is accessible on-line at www.pssfnet.com This statewide PSSF RFP is the primary mechanism utilized by the state to develop and expand the array of community-based service resources for children and families.
- The Division hosted a **Statewide Bidders Conference** in the 1st, 4th and 7th PIP Reporting Quarters to provide information and technical assistance to public and private non-profit entities and county departments interested in delivering Title IV-B-2 services. Average attendance at this annual conference was 250 to 300 service providers, stakeholders and agency staff. Information was provided on Title IV-B Programs and services (Family Support, Family Preservation, Time Limited Reunification, Adoption Promotion), federal and state service objectives and desired/expected outcomes for children and families served by the state of Georgia. Relevant information was shared on the CFSR process, findings and recommendations for program improvement. Maps, which clearly identify the current statewide array of PSSF funded services, as well as any gaps, are reviewed in detail. Emphasis is placed on the development of supports and services to fill gaps in under-resourced or un-served counties
- During the eight quarters covered by the PIP, the Division has hosted three series of **Regional PSSF Training and Networking Sessions**. More than 500 county department directors, services supervisors, cps/placement staff and community-based providers have attended each series of regional sessions. The sessions provide an opportunity for regional staff and providers to assess the current array of supports and services funded by the PSSF program, identify geographical gaps in service accessibility, and begin resource development planning discussions to assure that a full continuum of services are accessible statewide.

- **Stakeholder Input in the Analysis of Service Gaps and Needs: PSSF Stakeholder Survey** - In preparation for the FY 2005-2009 Child and Family Services Plan, the Division of Family and Children Services, through the PSSF Program, sought the input of community-based and county department stakeholders statewide. In March 2004, all current PSSF Network Providers were notified by mail or email and encouraged to participate in an on-line survey. In accordance with ACF guidance, survey topics included perceptions of the state’s CFSP vision for child welfare, its current relevance and attainability; PSSF’s perceived effectiveness in helping the state realize the vision; obstacles faced by the state in improving the welfare of children and families; community impact of funded programs and services, barriers to family access, family needs and the effectiveness of training and technical assistance to child and family service agencies. Participation in the survey was voluntary. In all, 169 stakeholders representing 52 counties completed the online survey. Most of the respondents were executive directors or program coordinators (64%). The balance included, DFCS county directors, caseworkers, services supervisors other agency administrators, and direct service workers (therapists, case managers, advocates, etc.). Respondents were given an opportunity to share their input during an open forum held as a pre-conference session at the 7th Annual Safe Families Symposium. Results of this survey are discussed in detail in the CFSP for 2005-2009, attachment: “Let Your Voice Be Heard”, PSSF Stakeholder Survey 2004

- Staff and Provider Assessment Training offered at the 2004 Symposium included:
 - **Child Abuse and Neglect**, delivered by Sheila Lewis. This workshop examined the signs and symptoms of child abuse and neglect and its implications for mandated reporting.
 - **Infant and Toddler Assessment** developed and delivered by Laura Johns, Ph.D. This training was designed to facilitate early identification of developmental delays in young children.
 - **High Risk Indicators of Serious Child Injury or Child Deaths: Special Investigations Unit Trend Analysis**, developed and delivered by Darrell Green, Special Investigations Unit. This provided an in-depth analysis of documented trends in cases of child deaths and serious injuries. Developed in conjunction with the State Office Child Fatality and Serious Injury Review Team, this workshop focused on current CPS policy, investigative strategies and assessment tools to ensure the safety of children residing in the home.
 - **Special Needs of Children in Substance Abusing Families**, developed and presented by E. Douglas Pratt, D.S.W., LMSW of the Child Welfare Practice and Policy Group, Montgomery, Alabama. This training provided an opportunity to enhance professional interventions for families in substance abuse recovery. This workshop focused on the impact of adult Alcohol and other Drug (AOD) abuse on children. Its content included the thirteen psychosocial traits of children from families with AOD problems, identification of underlying needs that drive child behaviors and development of family teams to balance positive discipline with strategies to meet underlying needs and family coaching strategies.
 - **When Home is not a Safe Haven**, delivered by Claudia Fedarko, MSW and Lisa Ellis, MSW. This workshop explored the dynamics of child sexual abuse. Participants learned practical strategies for assessing risk, boundaries and family hierarchies, and identified the clear risk factors associated with sexual abuse and family dynamics where caretaker abuse has occurred.
 - **The Challenging Behaviors of Children in Care**, delivered by Wendy Hanevold, Ph.D. This workshop included training on the assessment and dynamics of grief and loss for children in foster care. Participants examined how to discriminate between attention deficit disorders and grief and

loss/trauma reactions. Content included strategies for managing disruptive behaviors before attachments are formed and managing challenging behaviors connected with parent visits with children in care.

- **Strength-based Assessment: Part One & Two– Family Assessment Skills – E. Douglas Pratt, D.S.W., LMSW.** Georgia has been developing a model of family-centered practice for over five years. This model enhances systems of care and individualized multi-agency family support networks. While most child and family practitioners in Georgia have practical knowledge about controlling risks, effective practitioners share common skill-sets for assessment and planning that actively involve family and other supports in ways that leave more families safely in charge of their own teams. This two-part workshop provided participants with concrete skills and strategies to improve their assessment so they might more positively impact family outcomes and skills in family centered assessment and the development of service plans responsive to individual and family needs.
- **Substance Abuse: Reading the Signs, Recognizing the Symptoms,** delivered by Karen Terry, NCAC and Candee Winfield, LPC. Participants were able to identify the relational dynamics present within the family of an addicted person. Content included discussion of the disease concept of addiction, identification of the symptoms associated with a diagnosis of chemical dependency and components of the alcohol and drug assessment instrument and process.
- **When Mental Health Issues Impair Parental and Family Functioning,** delivered by Judy Plecko, Licensed Clinical Social Worker. This workshop was designed to focus on the impact of mental illness on parenting capacity and to present tools and interventions to restore balance to the family system. Participants learned how to identify issues and challenges for children when a parent has a mental illness, how to recognize specific mental health disorders, (their risks and potential severity) and learned effective interventions for helping parents and children cope with the effect of mental illness on the family system.

Items 42. The standards are applied to all licensed or approved foster family homes or childcare institutions receiving title IV-E or IV-B funds.

Because the standards for family foster homes licensure in the state’s public and private sectors are different, primary components of the state’s plan to bring uniformity included: 1) researching procedures used by other states to bring public and private agencies under common licensure; 2) Recommend DFCS policy regarding waivers for minimum standards requirements for foster homes facing unusual situations and 3) recommend additional policy changes, if needed. The work group determined that waivers are granted regarding required standards for both public and private agency foster homes. No waivers are allowed for standards established by local or state governing bodies or established safety and health codes.

Item 44. State has in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the racial and cultural diversity of children in the state for whom foster and adoptive homes are needed.

The stakeholder interviews held during the CFSR on-site review indicated that the state did not have an adequate pool of placement resources to meet the needs of children coming into care.

To improve in this finding the state has completed the following actions:

- At the Regional level, the Community Resource Specialists (in lieu of Regional Resource Development Staff) have assumed responsibility for the public relations and community outreach to include recruitment activities.
- An additional \$800,000.00 was allocated for foster care recruitment during the 2003 legislative session.
- We increased the per diem for private agency foster homes.
- We implemented a statewide foster parent support poster campaign. We developed draft desk reference to assist staff in everyday retention/support activities.
- We automated the Foster Care and Adoption Recruitment and Reporting System. At the end of SFY 2005 the state will use this data to publish statewide recruitment and retention outcomes for resource families who foster and adopt. The publication will also provide profiles of regional needs, accomplishments and outcomes for families who inquire to adopt. Additionally, the report will provide information regarding placement needs and available resources.

In conclusion, Georgia has made substantial, significant progress in addressing deficiencies identified in its first Child and Family Services Review. The lives of children will continue to improve for years to come as a result of this outcome focus on improving the child welfare system.

Table of Contents

Work Plan Detail A -- Item 2, Repeat Maltreatment (Maltreatment of Children in Foster Care)

Work Plan Detail B -- Item 3, Services to Families to Protect Child(ren) in Home and Prevent Removal and Item 4, Risk of Harm to Child

Work Plan Detail C -- Item 6, Stability of Foster Care Placement

Work Plan Detail D -- Item 7, Permanency Goal for Child

Work Plan Detail E -- Item 9, Adoption

Work Plan Detail F -- Item 10, Permanency Goal of Other Planned Permanent Living Arrangement

Work Plan Detail G -- Item 12, Placement with Siblings

Work Plan Detail H -- Item 13, Visiting with Parents and Siblings in Foster Care

Work Plan Detail I -- Item 17, Needs and Services of Child, Parents, Foster Parents

Work Plan Detail J -- Item 18, Child and Family Involvement in Case Planning

Work Plan Detail K -- Item 19, Worker Visits with Child

Work Plan Detail L -- Item 20, Worker Visits with Parents

Work Plan Detail M -- Item 21, Educational Needs of the Child

Work Plan Detail N -- Item 22, Physical Health of the Child

Work Plan Detail O -- Item 23, Mental Health of the Child

Work Plan Detail P -- Item 24, Statewide Information System

Work Plan Detail Q -- Items 35-37, State has in place an array of services that assess the strengths and needs of children and families and determine other service needs, address the needs of families in addition to individual children in order to create a safe environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency.

Work Plan Detail R -- Item 42, The standards are applied to all licensed or approved foster family homes or childcare institutions receiving title IV-E or IV-B funds.

Work Plan Detail S -- Item 44, State has in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed.

Work Plan Detail A -- Item 2, Repeat Maltreatment (Maltreatment of Children in Foster Care)

Goal: To improve the incidence of maltreatment in foster care

A1 ACTION STEPS:		Finalize CPS policy clarification distinguishing discipline violations handled by foster care from maltreatment reports to be handled by CPS (Form 431). Publish CPS policy clarification to county staff.	
START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
Nov. 2001	Dec. 2001	Rebecca Jarvis	Transmittal to counties

ACCOMPLISHMENTS:

This benchmark was achieved. Social Services Manual Transmittal 01-13 was released on 12/17/01. This transmittal revised the Special Investigations Section of the CPS manual, which includes CPS investigations and private agency foster homes. CPS policy requirements clearly state, and reference applicable foster care policies, on the screening of reports to determine if the allegations warrant a CPS investigations or an assessment of foster care staff. Eight training sessions were conducted statewide on this policy.

8th Quarter Report: Achieved. Per ACF 7th quarter request: Social Services Manual Transmittal 01-13 was released statewide on December 17, 2001. This transmittal detailed child protective services policy relating to reports of child abuse and neglect in DFCS foster, foster/adoptive, and adoptive homes; reports of child abuse and neglect in Private Agency foster, foster/adoptive, and adoptive homes; and reports of child abuse and neglect in residential facilities. Policy requirements describe in detail the CPS intake procedures, CPS standards for conducting the investigations, and case documentation requirements for reports in each setting. The importance of thoroughly screening reports of maltreatment was clarified and stressed to assist supervisors in determining the most appropriate response by the agency. Based on the allegations, the response could be an immediate CPS investigation or an assessment by foster care staff if only foster care policy violations are alleged. Eight statewide training sessions on the new policy were conducted for state and county staff.

8th Quarter Documentation: Social Services Manual Transmittal 01-13, Section 2106.4 through 2106.38, which is the policy documentation requested by ACF.

BARRIERS TO ACHIEVEMENT:



A2 ACTION STEPS:		Inquire at ORS regarding their collection of data from maltreatment investigations in institutional settings.	
START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
June 2002	Sept. 2002	Shirley Vassy	<p>Memo to team</p> <p>1st Quarter Federal Response: WHICH TEAM-CLARIFY; FOR EXAMPLE, HOW DATA COLLECTION WILL BE USED TO MEASURE REPEAT MALTREATMENT TO REDUCE THE INCIDENCE OF MALTREATMENT IN FOSTER CARE.</p> <p>3rd Quarter Georgia Reply: Memo to workgroup comprised of Georgia DFCS Social Services Unit Managers, Evaluation and Reporting Unit Manager and Human Resource and Development Director.</p> <p>NOTE THAT BENCHMARKS ARE THE INTERIM AND MEASURABLE INDICATORS THAT WILL BE ASSESSED TO DETERMINE IF PROGRESS IS BEING MADE TOWARD ACHIEVING THE ESTABLISHED GOAL-FOR EXAMPLE, WHAT THE STATE EXPECTS TO ACHIEVE WITH REGARD TO THE GOAL DURING EACH QUARTER</p>

ACCOMPLISHMENTS:

1st Quarter Report: This benchmark was achieved. Inquiry was made with Office of Regulatory Services (ORS) regarding data collections of maltreatment in institutional settings. If the agency could use ORS data collections to determine the number of non-child welfare children abused by foster parents in the institutions, a determination could be made as to a part of the discrepancy in the data. ORS uses a system Aspen Central Office (ACO) to collect data, which would show any alleged complaints of child abuse that occurs in a residential care home or a foster placing agency. The system does not list the legal custodian of the child. Therefore, this data would not aide the agency in determining non-child welfare children included in measures for maltreatment in foster care.

1st Quarter Federal Response: (MOVE TO BARRIERS TO ACHIEVEMENT COLUMN AND EXPLAIN HOW YOU INTEND TO RESOLVE THE ABOVE UNDERLINED STATEMENT)

A memo was written to convey this information to the team members.
Completion Date: September 2002

What needs to be accomplished:

Written memo will be shared with team members who were not present at the last committee meeting. This was completed February 2003.

1st Quarter Federal Response: (THE UNDERLINED SHOULD BE MOVED TO THE ACTION STEPS SECTION)

3rd Quarter Report: This benchmark was achieved, therefore there are no barriers to achievement. The action step of an inquiry to ORS being made was accomplished and information gained regarding its data source.

8th Quarter Report: Achieved. Per ACF 7th quarter request, the Office of Regulatory Services (ORS), the agency regulating the licensure of child caring institutions, was contacted to determine if their data system had provisions for tracking abuse of non-child welfare children in institutional settings. The attached email and summary report confirm that this data was not available in the ORS system. (See attachments 2-A2a and 2-A2b.) The Protective Services Data System (PSDS) was enhanced in January 2003, to allow GA to capture this information. Therefore, we now have access to this data.

8th Quarter DOCUMENTATION: Per ACF 7th quarter request: (1) Email dialogue between DFCS and ORS confirming that this data was not available through the ORS system. (2) PIP Quarterly Report - December 2002 (Report by one of the team members working on PIP Item 2. The title may be misleading as the report should not be confused with official PIP reporting but rather a report produced and by the Item 2 work group).

BARRIERS TO ACHIEVEMENT:

1st Quarter Federal Response: (PARTIALLY COMPLETED-BASED ON THE INFORMATION OBTAINED FROM THE ACCOMPLISHMENTS SECTION). YOU MENTIONED THAT 'THIS DATA WOULD NOT AIDE THE AGENCY IN DETERMINING NON-CHILD WELFARE CHILDREN INCLUDED IN MEASURES FOR MALTREATMENT IN FOSTER CARE. DON'T YOU THINK THAT THIS MAY HAVE AN IMPACT ON YOUR INTENDED EFFECTS OF ACTION STEPS?' WHEN BENCHMARKS AND GOALS ARE NOT MET, YOU CAN PROVIDE A NARRATIVE EXPLANTATION IN THIS COLUMN.

3rd Quarter, Georgia's Reply: See 3rd Quarter Report Accomplishment.

A3 ACTION STEPS:	Produce descriptive statistics on foster care victims
-------------------------	---

START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
July 2002	Sept. 2002	Shirley Vassy	Report to Team 1st Quarter Federal Response: (WHICH TEAM-CLARIFY) 3rd Quarter Georgia's Reply: Report to workgroup comprised of Georgia DFCS Social Services Unit Managers, Evaluation and Reporting Unit Manager and Human Resource and Development Director.

ACCOMPLISHMENTS:

1st Quarter Report: This benchmark was achieved. Using information on the substantiated maltreatment to foster care children by foster parents or residential/facility staff for the period of January 2001 -- December 2001, a profile of the victims was produced.

Completion Date:

Work began with approval of the PIP, final completion of the report occurred December 2002

Next steps: The information gathered on the foster care victims will be used to guide policy and training changes. 1st Quarter Federal Response: (THE UNDERLINED SHOULD BE MOVED TO THE ACTION STEPS SECTION-DETERMINE COMPLETION DATE FOR THIS ACTION)

In January 2003, changes were made in the data collection system to improve the capacity of collecting more specific data of children abused in foster care. Information from the new enhanced system will be used in monitoring described in step 13.

3rd Quarter Report: Georgia believes this action step to be achieved. We inadvertently put information under the barrier column during the first report quarter that should have been under the accomplishment column.

8th Quarter Report: Achieved. Per ACF 7th quarter request: between January and December 2001, a total of 22,202 cases and 39,493 incidents of substantiated maltreatment were reported in GA. [Of these, substantiated maltreatment of child welfare children accounted for 109 cases and 219 incidents of maltreatment.] The incidence of maltreatment in foster homes was 89 cases, or .4% of all substantiated cases during this period. The attached Report on the Maltreatment of Foster Children and its companion Summary Report, provides a profile of the foster care victim, compares the foster care victim to non-victim foster children, and gives a profile of foster families involved in maltreatment investigations.

Neglect was determined to be the most prevalent type of substantiated maltreatment and accounted for 67% of the incidents in foster care. Lack of supervision was the most common type of neglect and accounted for 74% of substantiated neglect cases. Emotional and physical abuse each accounted for 12% of the substantiated incidents. Sexual abuse followed and accounted for 6% of the total incidents with other abuse, described as exposure to drugs, comprising the remaining 3%.

A comparison of the foster care victims to non-victim foster care children produced very similar profiles. The mean age of the foster care victim was 8.5 years compared to 8.6 years in the non-foster care victim. The foster care victim is most likely female, (58%), compared to 51% female in non-victim foster children. The ethnicity of the foster care victim is reportedly Black, (72%). While non-victim foster children are reportedly 54% Black. Georgia's largest counties accounted for 52% of foster care victims and 46% of non-foster care victims.

Foster families involved in maltreatment investigations are 52% single parent and 48% two-parent families. The mean age of the single foster parent was 51 years and the majority of that group (92%) is female. Two-parent foster families have a mean age of 49 years for both foster mother and father. Sixty-two percent of foster mothers and 57% of foster fathers are identified as Black. Thirty-eight percent of foster mothers and 36% of foster fathers were identified as White. Single parent foster families were more likely to be associated with neglect investigations than two-parent families. Two-parent families were more likely to be associated with emotional, physical, and sexual abuse than single-parent families.

See attachments 2-A3, A4, and A6 a and b for further details.

8th Quarter DOCUMENTATION: Per ACF 7th quarter request: (1) Profile Report on the Maltreatment of Children in Foster Care (Victim Data Profile), and (2) Profile Summary Report - The Maltreatment of Foster Children

BARRIERS TO ACHIEVEMENT:

1st Quarter Report: Currently the data collection instrument (Form 431) is completed for all assessments of abuse or neglect in foster homes or institutions. The children in the foster homes/institutions are not separated in groups of children in agency custody vs. children in parental custody. In producing the report a mechanism to monitor data collection of children included a paper copy of investigations to better identify and describe foster care victims. **1st Quarter Federal Response:** (DESCRIBE ACTION YOU WILL TAKE DURING THE NEXT PIP QUARTER TO MEET THE PROJECTED BENCHMARKS AND/OR GOALS).

3rd Quarter Georgia Reply: This benchmark was achieved therefore there are no barriers.

A4 ACTION STEPS:		Compare foster care victims to non-victim foster care children	
START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
July 2002	Sept. 2002	Shirley Vassy	Report to team

ACCOMPLISHMENTS:

This benchmark was achieved. A report was prepared using data for the period January 2001- December 2001. The report was shared with the team after the approval of the PIP in November 2002.

8th Quarter Report: Achieved. Same as A3

8th Quarter DOCUMENTATION: (1) Profile Report on the Maltreatment of Children in Foster Care, (2) Profile Summary Report - The Maltreatment of Foster Children

BARRIERS TO ACHIEVEMENT:

A6 ACTION STEPS:		Produce a profile of foster families involved in maltreatment investigations	
START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
July 2002	Sept. 2002	Shirley Vassy	Report to workgroup comprised of Georgia DFCS Social Services Unit Managers, Evaluation and Reporting Unit Manager and Human Resource and Development Director.

ACCOMPLISHMENTS:

1st Quarter Report: This benchmark was achieved. This information will be further analyzed to determine if there is an association between demands placed on foster parents and the incidence of maltreatment in foster care. Completion date September 2002. The report to the team was shared after the approval of the PIP in November 2002.

1st Quarter Federal Response: (PLEASE INDICATE WHETHER YOU WERE ABLE TO PRODUCE A PROFILE OF FOSTER FAMILIES INVOLVED IN MALTREATMENT INVESTIGATIONS)

3rd Quarter Report/Reply: A profile of foster families was produced in September 2002. The enhancements added to the data collection system should increase the capacity to determine any similar descriptive elements of the foster parents involved in maltreatment. This benchmark is achieved.

8th Quarter DOCUMENTATION: Achieved. Same as A3 and A4.

BARRIERS TO ACHIEVEMENT:

1st Quarter Report: In January 2003 several enhancements were added to the data collection system, which should increase the capacity to profile foster families involved in maltreatment. **1st Quarter Federal Response:** (MOVE TO ACCOMPLISHMENT IF THE INTENDED EFFECT OF YOUR ACTION STEPS WERE ACCOMPLISHED).

3rd Quarter Report/ Georgia's Reply: See 3rd Quarter Report. Statement moved to accomplishment column.

3rd Quarter Report: This benchmark was accomplished therefore there are no barriers to achievement.

A7 ACTION STEPS:		Examine the policy and training of institutional staff	
START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
May. 2002	Mar. 2002	Normer Adams	Report to team

ACCOMPLISHMENTS:

This benchmark was achieved. The training policy of institutional staff was reviewed. A report was made to the team on the requirements for all staff by regulation. The report also compared the training of institutional staff with the agency's training of foster parents. Completion date: May 2002, this item was completed prior to PIP approval.

8th Quarter Report: Achieved. Per ACF 7th quarter request: Child Caring Institutions are licensed by ORS and required to follow the Rules and Regulations for Child Caring Institutions. The Rules and Regulations require new staff in institutional settings to undergo orientation training and to complete 24 hours of ongoing training per year. Recommendations for staff training support a coordinated training effort involving both the public and private sector. Maximization of IV-E funding for training of the private sector was also recommended as well as the certification of professional staff. The attached documentation 2 - A7 and A8 a and b contain an excerpt

from the Rules and Regulations governing Child Caring Institutions, (290-2-5-.08) and other recommendations. Please note the error in Start Date and Completion Date. The Start Date was March 2002 and Completion Date was May 2003.

8th Quarter DOCUMENTATION: (1) Training Policy of Institutional Staff, and (2) Normer Adams' Report, Implementation of Training Policies.

BARRIERS TO ACHIEVEMENT:

A8 ACTION STEPS:		Recommend policy and training changes for institutional staff	
START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
May. 2002	May 2002	Normer Adams	Report to team

ACCOMPLISHMENTS:

This benchmark was achieved. A report was made to the team for changes or additions to policy. The recommendations included: Training of the public and private sectors would benefit through coordinated planning, implementation and cross training. Cross training of the public and private sectors would serve as a common platform for both sectors and the children that they serve. Certification of professional staff that includes fundamental training requirements should be incentives through favorable regulation and reimbursements.

Completion date: May 2002 and ongoing.

Next steps will include discussion of the recommendations in conjunction with policy changes.

8th Quarter Report: Achieved. Same as A7 above.

8th Quarter DOCUMENTATION: Same as A7 above.

BARRIERS TO ACHIEVEMENT:

Work Plan Detail B -- Item 3, Services to Families to Protect Child(ren) in Home and Prevent Removal and Item 4, Risk of Harm to Child

Goal: To improve this outcome by January 2004

<p>B2 ACTION STEPS:</p>	<p>Develop and implement Community Partnerships for the Protection of Children (CPPC) in representative counties.</p> <p>Core strategies developed by CPPC and Annie Casey, are:</p> <ol style="list-style-type: none"> 1). An individualized course of action for each child and family identified by community members as being at substantial risk of child abuse and neglect. 2). A network of neighborhood and community supports. 3). New policies, practices, roles and responsibilities within the public CPS agency. 4). A collaborative decision-making capacity to guide and sustain the partnership. <p>Steps for fulfilling these strategies continue and include:</p> <p>Identify community partners. (Achieved)</p> <p>Strategy development, resource development, partnership building and outcome and planning. (Achieved in the 9 counties)</p> <p>Provide support (Achieved)</p> <p>Help hub coordinators identify and apply for available grant money for CPPC hub resource development. (Achieved)</p> <p>Determine how best to incorporate an annual qualitative case review on a representative sample of case records. Achieved</p>		
START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
June 2002	Jan. 2004	Representatives of DFCS and Family Connections, Children's Trust, Prevent Child Abuse in Georgia and allied agencies, CPPC community partners.	Partners identified and committed to development of strategies. Nine county implementation of phase I that includes coordinated and functioning hub neighborhoods.

			Data from these counties of the number of both CPS and non-CPS families living in the hub communities and receiving CPS and/or ICA services. Data is anticipated to indicate effectiveness of CPPC intervention by measuring whether a new CPS case is opened within a year of closure of CPS/ICA services on either similar allegations or on different allegations.
--	--	--	---

ACCOMPLISHMENTS:

1st Quarter Report: The framework for change, based on the core strategies for community partnership, is in place with a Steering Team, Design and Implementation Team and designated Work Teams meeting and working to fully implement the core strategies in the nine CPPC counties.

2nd Quarter Report: All nine counties have a community hub coordinator in place and involved in identifying community resources and needs. Coordinators are responsible for additional resource development, within the identified hub communities, that will meet needs of ICA families. Hub coordinators are participating with CPPC community support teams and continue to build their community partnership groups.

Funding for the hubs was identified through Safe and Stable Families. The nine pilot counties received from \$20,000 -\$30,000 each.

The Family Connection Partnership eMagazine Connected is a source of information about funding opportunities, training opportunities (e.g. Family Connection Partnership Finance Learning Institutes are scheduled throughout the state in April -- May 2003) and other topics important to CPPC communities. It is available to CPPC hub coordinators, community partners and others involved with developing community partnerships. The E&R section researched what information can be pulled from its current review guides and how to include as many families and service issues as possible in the guide. Review guides have been updated.

3rd Quarter Report: All nine CPPC counties were trained (3-day training), between October 2002 and January 2003. This training was through The Child Welfare and Policy Group. A Family Connection trainer began in April 2003 providing additional training for hub coordinators, community partners and DFCS staff.

DOCUMENTATION PROVIDED 3RD Quarter:

(See attachment B2 - # 2 -- November calendar training schedule).

Funding for expansion of this program to additional counties is unlikely for the next fiscal year. Because counties have just

recently begun to work with family assessments and family team meetings in their hub communities, there is no database for measuring the effectiveness of FTM. A measure for outcomes, planning and evaluation is nearing implementation. Because progress is based on number of families coming back into the system after case closure, it will probably be two to three years before there is a good database to work from.

The first quarterly reporting by the nine hub counties was due in April 2003. This is the first of data collection on families served through this initiative and will provide data for comparison of how many of these families later come into the CPS system as compared with non-hub families with new reports of CPS within a year of closure. Data will also include data on families living outside the hub community who had a family assessment and family team meeting.

DOCUMENTATION PROVIDED 3RD Quarter:

(See attachment: CPPC -- Outcomes, Planning and Evaluation).

3rd Quarter Federal Response: [\(The underlined statement appears to belong in the Barriers to Achievement column.](#)

3rd Quarter Federal Response: [\(WHICH ITEM ARE YOU REFERRING TO IN THE ATTACHMENT\)?](#)

4th Quarter Georgia Reply: Underlined statements added to Barrier to Achievement per ACF response.

4th Quarter Federal Response: [The State indicates that funding to expand this project to additional counties is unlikely. However, the PIP goal is 9 counties. How many counties implemented so far? If it is 9 counties, then it appears that the State has met their goal.](#)

5th Quarter Report: Achieved. The action for "strategy development, resource development, partnership building and outcome planning" in the 9 counties has been accomplished. State office and the hub counties are working on ways to identify local support to help maintain CPPC activities in the current hub counties.

8th Quarter Report: Achieved. Per ACF 7th quarter request: attached is the "Highlight of Findings" regarding Georgia's 9 CPPC counties. Georgia's Department of Human Resources retained Metis Associates, Inc, an independent research and evaluation consulting firm, to conduct an evaluation of the CPPC initiative in State Fiscal Year 2003. CPPC is continued in the nine pilot sites (see B4, 7th report). Data from the Metis report, which was derived from stakeholder surveys included:

- 62% of respondents agreed that CPPC is well coordinated with Child Protective Services policy and practice.
- 54% of respondents indicated agreement that the presence of CPPC decreases the need for CPS intervention .

- 79% of respondents agreed communities are empowered by CPPC to deal more directly with issues affecting child and family well-being.
- 74% of respondents addressing this issue agreed that service providers' effectiveness is enhanced by CPPC.
- 65% of respondents addressing this issue agreed that CPPC leads to more positive perceptions of DFCS within the communities served.
- 85% of respondents addressing this issue agreed the presence of CPPC increases awareness of child abuse.

8th Quarter DOCUMENTATION: (1) Georgia Community Partnerships for Protecting Children, Statewide Evaluation Report (this report is reflective of the 9 CPPC counties), and (2) Email communication regarding draft report of “CPPC Outcomes in Georgia”.

BARRIERS TO ACHIEVEMENT:

B3 ACTION STEPS:		Develop and provide for CPS and foster care training to handle requests for case-related information through the open record act. Request Statewide CPS Advisory Panel to provide recommendations. Achieved	
START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
Sept. 2002	Jan 2004 January 2003 (actual completion date) The January 2003 was reported in error. Please disregard.	State Protective Services Unit	Protective Services Unit has incorporated material in state CPS policy training that was provided to every CPS and FC worker in 2002 and is scheduled throughout the state every year. Number of CPS staff trained will be available.

ACCOMPLISHMENTS:

1st Quarter Report: State CPS staff is including an expanded segment in CPS policy training in 2003 that focuses on requirements of open records and staff responsibility. Three policy-training sessions of 2 1/2 days each are planned for each quarter of 2003. These are

scheduled in all regions of the state and began in February.

1st Quarter Federal Response: (YEAR),

Georgia's Reply 3rd Quarter: 2003

2nd Quarter Report: Other skills training sessions being developed for 2003 are 'Finding Words' and 'Advanced Investigations Training'.

3rd Quarter Report: The first session of 'Finding Words' was in January 2003, and a week of 'Advanced Investigations Training' was held May 2003. The department has provided initial interpretation of HIPAA requirements, and CPS policy and procedures will be updated to comply with requirements and HIPAA. Procedures for HIPAA will be incorporated into CPS policy training. This could not be done by July, as anticipated, because interpretations for CPS use have just become available

This information should be in policy and procedure form by the end of the third quarter.

3rd Quarter Federal Response: The underlined statement appears to belong in the Barriers to Achievement column.

4th Quarter Georgia Reply: Underlined statement added to Barriers to Achievement per ACF response.

4th Quarter Federal Response: The State indicates that they could not complete this step in July. However, the completion date in the PIP is January 2004. Will it be done by then?

5th Quarter Report: Achieved. Counties received directions for handling protected information (all programs). A HIPAA compliant release form has been added to program forms.

8th Quarter Report: Achieved. Per ACF 7th quarter request: page 2 of the attached Memorandum provides instructions to state, regional and county offices on the handling of open records requests.

8th Quarter DOCUMENTATION: (1) Memorandum from Acting Division Director, dated September 22, 2004 regarding Constituent Services (including Note to Staff about open records requests on page 2 of the memo and supporting documentation developed by DFCS Legal Services); and (2) CPS policy reference 2109.3 and 2109.4 regarding Open Records Request.

BARRIERS TO ACHIEVEMENT:

1st Quarter Report: Statewide CPS Panel has not fulfilled its initial plans to participate in this project. This project was taken over and completed by the state office Protective Services Unit.

Federal HIPAA requirements limit what information can be shared and how it can be shared. This will require changes in sharing information in services' cases. HIPAA requirements will also effect how information is shared and protected within team meetings and other CPS / CPPC hub activities.

Added 4th Quarter per ACF Response: This could not be done by July, as anticipated, because interpretations for CPS use have just become available.

The department's legal officer has shared HIPAA procedures with county offices.

5th Quarter Report: This is no longer a barrier.

<p>B4 ACTION STEPS:</p>	<p>Strengthen prevention and early intervention strategies to prevent child abuse and support families. Develop and implement voluntary support for medically fragile children at high risk of abuse. (Achieved) Expand capacity for parent aide and early intervention. (Achieved - programs have not been reduced in difficult budget times.) Enhance access and use of UW 211 for screened out CPS calls to voluntary community assistance. (Achieved) Develop with Budget Office recommendations to adequately fund early intervention, parent aide, PUP and Homestead. (Achieved – programs have not been reduced in difficult budget times) Develop a more thorough assessment of family strengths and needs, particularly regarding the presence of substance abuse and domestic violence. (Achieved) Complete an annual Qualitative Case Review (QCR), similar to the CFSR, on a representative sampling of case records. (Partially Achieved. Two quarterly QCRs have been completed. The first QCR was submitted as documentation in the 5th report. The second QCR report is attached as documentation). 7th Report: Partially Achieved. The third QCR was a cumulative report from October 2003 – June 2004. An annual has not been completed. 8th Quarter Report: Achieved. The annual QCR has been completed. The report is attached as documentation. Complete a comparison to the results of Georgia's 2001 CFSR and the level of compliance after additional policy clarification, training and program implementation is operational. (Achieved)</p>		
<p>START DATE</p>	<p>COMPLETION DATE</p>	<p>RESPONSIBLE PERSON(S)</p>	<p>MEASURABLE BENCHMARKS</p>
<p>Sept. 2002</p>	<p>Jan. 2004</p>	<p>Protective Services state and county staff,</p>	<p>Partnership with Dekalb and Fulton DFCS and Grady</p>

	<p>5th Quarter Report: Per PIP Annual Evaluation/Renegotiations requested to extend date to July 2004 to allow for accumulative QCR data.</p>	<p>Grady Hospital, United Way 211 staff, DHR MHDDAD Staff.</p>	<p>Hospital for early intervention of children at high risk. Partnership with United Way 211 to provide dedicated, formalized information and referral outbound calling services to CPS screened out reports. Number of CPS cases in CPPC hub communities with in-depth family assessment and family team meeting. Number of families served through early intervention, PUP, Parent Aide and Homestead programs.</p>
--	--	--	---

ACCOMPLISHMENTS:

1st Quarter Report: The success of the current partnership with Grady Hospital is incentive to extend this model to other state hospitals. Approximately fifty families were referred to this program in 2002. There have been no reports of serious injury or child death of any of the fragile infants whose families receive services through the high-risk program. Parent aide and early intervention funding remains at the same level. For the quarter ended October 2002, there were a total of 151 referrals for screened out reports made to UW 211. A total of 62 families were available for resource referral, with a total of 355 referrals provided. Researching a way to measure outcomes for families that receive referrals through UW 211 was begun during the quarter.

2nd Quarter Report: Exploration has begun with the DHR Division of Mental Health, Developmental Disabilities and Addictive Diseases (MHDDAD), to explore using addiction specialists to participate in family team meetings. There are various Medicaid-reimbursable services that might be needed as a result of a family team meeting where it is determined that identified family members need assistance with substance abuse or mental health problems.

DOCUMENTATION PROVIDED 3RD Quarter:

[See attachment - United Way 211 April 2003 Monthly Report for additional information on this preventive service.]

4th Quarter Federal Response: [The State did not document any progress made in the fourth quarter. The completion date is January 2004, and there appears to be no indication that the funding issue would be resolved. The QCR report would shed light on the progress of this action step.](#)

5th Quarter Report The UW 211 project is now expanded to include Region V, the twelve counties that are part of the pilot for centralized intake in Georgia. This should address some of the federal concerns discussed in the "Barriers to Achievement".

5th Quarter DOCUMENTATION: See attached QCR Report. This report has also been forwarded to ACF Regional Office via email.

6th Quarter Report: Funding for the CPPC pilot was not continued; however, counties that piloted this project are maintaining community involvement. Much was learned from the CPS component that piloted use of an expanded family assessment and the family team meeting. This knowledge will be useful in the development of future policies and procedures.

6th Quarter Federal Response: B4: One of the Action Steps is to develop 'a more thorough assessment of family strengths and needs, particularly regarding the presence of substance abuse and domestic violence.' The State has reported this as achieved -- please provide ACF with a copy of the assessment to document completion. Additionally, has the State determined the 'number of CPS cases in CPPC hub communities with in-depth family assessments and family team meetings' - one of the Benchmark items.

7th Report: B2 Action Step was to develop family assessment, which includes policy for the assessment of mental health, substance abuse and domestic violence needs and prevents premature case closure. This **assessment was developed** and was part of the pilot in the CPPC hub communities in nine counties. Funds were not available to expand this assessment process to additional counties. To help support the plan, vendors were used to complete the expanded assessment and the family team meeting that followed. Currently CPPC is being reestablished in the nine pilot counties. Although, the expanded assessment is not in use statewide, it was developed prior to the projected completion date. The mission, values and beliefs supporting this policy has been incorporated in the "Authority to Intervene" training which was provided statewide and also in the redesign of the new worker training. The impact of this policy will be measured in part by changes in the Key Indicators in Performance (KIP), which is monitored monthly.

8th Quarter Report: Achieved. Per ACF 6th and 7th quarter requests see the documentation outlined below in the Documentation Appendix. The cumulative (10/2003 - 09/2004) QCR outcome for Safety Outcome #2 was 84.31%, which is 6.81 points better than the CFSR results of 77.5% in substantial conformity.

8th Quarter DOCUMENTATION:

- (1) Georgia's Qualitative Care Review Report, October 2003 – September 2004
- (2) Family assessment outline, including family team meetings
- (3) CPS Policy (2105.6 - 2105.20) developed for and used by the 9 CPPC pilot sites which includes: Family Assessment and Family Team Meeting, Case Plan Development incorporating strength and needs, Drug Screening/Relapse Issues, Service Provision, Case Contacts, Case Reassessment, Case Closure
- (4) Domestic abuse policy incorporating interview guides

BARRIERS TO ACHIEVEMENT:

Expansion of UW 211 to other counties where this service is available will involve finding additional funding. Maintenance of this resource is hoped for at the current level for the next fiscal year. United Way is also reducing service.

3rd Quarter: Expansion of UW 211 is also dependent upon United Way's capacity to expand their resource to other parts of the state. Anticipated effects on intervention strategies, based on state budget cuts, are not yet known. Efforts are being made to maintain these strategies at the current funding levels.

2nd Quarter Federal Response: [How does the agency plan to accomplish these action steps? Is this achievable by the due date?](#)

Georgia's Reply 3rd Quarter: Maintaining what's already in place in this time of budget cuts is viewed as an achievement.

2nd Quarter Federal Response: [These action steps are essential in keeping track of progress. Will these activities just not be accomplished if the funding is not achieved? What is the State's contingency plan \(if any\)?](#)

Georgia's Reply 3rd Quarter: Continued improvements and expansion will be made when/if opportunity permits. Full completion of most of these action steps, as written, involves expanding each step throughout the state and is dependent upon increased funding. At present, it is more realistic to try to maintain what is in place, while being alert to and acting on any expansion opportunities that may occur.

Georgia's Reply 6th Quarter: Georgia remains in a severe budget crisis. As state agencies are required to continue cutting programs, this department is fortunate that funding for key programs serving children has not been cut.

Work Plan Detail C -- Item 6, Stability of Foster Care Placement

C1 ACTION STEPS:		Clarify the current AFCARS policy regarding Georgia's definition of a placement move and how to count periodic temporary 'placement', i.e. where it is known in advance that the placement is temporary for the purpose of respite, hospitalizations, mental health treatment stabilizations and also the plan is to return the child to the same foster home this placement should not be counted in the number of placement moves in the foster care episode.	
START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
Jan. 2002	Apr. 2002	Kathy Herren	Provide definition to Feds and obtain approval.

ACCOMPLISHMENTS:

Achieved. After further examination of existing policy, it is noted that Georgia's definition of a placement move is in line with the Child Welfare Policy Manual Section 1.2B.7 and 1.3 appendices and section 479;45CFR1355.40 appendices of the Social Security Act. Completion date: April 2002 (this was accomplished prior to PIP approval and is on going). Continuous emphasis with case management staff should be placed on meeting the goal of the child having no more than two moves while in the foster care system. This will be accomplished by including this as a part of all training related to foster care.

8th Quarter Report: Achieved. Per ACF 7th quarter request for documentation: The Social Services Manual, Chapter 60, Appendix A, pages. 13 and 14, items 32, 34, and 35 provide instructions on how to enter removal dates and date of placement(s) in the Internal Data System (IDS), which is the State's official AFCARS reporting system. Instructions for Item 35 state: "this field is to be updated every time the child moves. It is not considered a move if it is planned for the child to return to the placement (i.e., summer camp, hospital stay for planned operation etc.)". (See Action Step C4)

8th Quarter DOCUMENTATION: Social Services Policy, Chapter 60, Appendix A, pages 13 and 14 (instructions on how to enter placement moves in IDS for AFCARS reporting).

BARRIERS TO ACHIEVEMENT:

C2 ACTION STEPS:	Examine the methodology used to extract the data from the system in order to address the discrepancy in the
-------------------------	---

	data reported from the system and the on site review.		
START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
May 2002	May 2003	Shirley Vassey, Kathy Herren	Provide report of findings to team.

ACCOMPLISHMENTS:

1st Quarter Report This benchmark was partially achieved. In examining the methodology for collection of this data, the procedures for calculation of this data was correct. The findings in the onsite review differed from the calculations of the data due to incomplete data fields in the data files. Further examination revealed the case managers were not reporting a change in the AFCARS data with each move of the child. To alleviate this problem a validation has been placed in the database to force the case manager to input the date of placement in the current foster care setting each time a change is made in any AFCARS field. A second check and balance to this item is the change in the data collection to include the name of the foster home/institutional placement as well as the names of the children in the home. A report generated from these two items will provide a history of placements from this time forward. Another step in evaluating the data involves how Georgia's placement changes are calculated for the AFCARS submission in comparison with other states. This comparison indicated variation in the ways the child's placement moves are calculated as well as diversity in the child welfare population in AFCARS. Since placement stability in foster care is such an important factor, Georgia will continue to be aware of any concerns or directives on data comparability issues in conjunction with meeting the national standard.

2nd Quarter Report - A change in the completion was approved. No report due for this quarter.

3rd Quarter Report: Achieved. The methodology was examined and the data discrepancy was resolved. See 1st quarter report.

8th Quarter Report: Achieved. Per ACF 7th quarter request to clarify what was done: A pop-up box was added as an edit check to ask "did the child's placement change". This appears with any change in the child's data in the system. The 1st quarterly PIP report for this Action Step provided a report to the work team for this action step and accomplished the benchmark.

BARRIERS TO ACHIEVEMENT:

C4 ACTION STEPS:	Revise and distribute policy definition of how to count a placement move for AFCARS.
-------------------------	--

START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
Apr. 2002	July 2002	Linda Doster	Rewrite policy as to the approved definition.

ACCOMPLISHMENTS:

This benchmark was achieved. The AFCARS definition of how to count a placement move was clarified with Region IV staff. DFCS policy was reviewed to assure compliance with the AFCARS definition. It was determined that DFCS policy is in compliance with the AFCARS definition, which counts the initial placement as the first placement even if this placement is to assess the child/family to determine the most appropriate placement for the child. **Completion Date: 12-02.** DFCS staff at the state and county level needs to continue to assure that staff accurately reports each placement move per DFCS policy requirement and AFCARS definition.

8th Quarter Report: Achieved. Per ACF 7th quarter request to clarify what was done: As reported in the 1st quarterly report, the DFCS policy definition of how to count placement moves is in compliance with the AFCARS definition. There was no need to rewrite policy. The IDS system counts the first placement, regardless of the type of placement. On-going training continues for IDS and is incorporated in the New Worker Training curriculum as "Companion to Foundations of Child Welfare Curriculum".

8th Quarter DOCUMENTATION: Social Services Policy, Chapter 60, Appendix A, pages 13 and 14 (instructions on how to enter placement moves in IDS for AFCARS reporting).

BARRIERS TO ACHIEVEMENT:



C5 ACTION STEPS:	Analyze data at the county and worker level to identify issues of stability on a certain caseload or in a certain county. The following was added per ACF review of 1 st Quarter Report: To address the data discrepancy, DFCS must complete several assessments of moves in the financial reporting system (COSTAR) to the number of moves reported in the Internal Data System/AFCARS (IDS). When the computer system upgrade is completed, DFCS will compare the number of placement moves in the data system
-------------------------	---

to the number of placement moves in an on-site review of case records for children in non-related family foster homes in Toombs, Fulton and Carroll counties. The Evaluating and Reporting Section (E&R) will generate a sample of cases similar to the Child and Family.

START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
May 2002	July 2003 3rd Quarter: Requesting approval to extend the date to November 2003 in order to gather more data for the analysis. 5th Quarter: Per Annual Evaluation/Renegotiation the State requested an extension to July 2004 in order to collect data and initiate data analysis in the newly added COSTAR data fields.	Andy Barclay, Joe Wassell, Jill Andrews, TA: Shirley Vassey, Andy Barclay	Provide report of the findings to the team and each county department.

ACCOMPLISHMENTS:

1st Quarter Report: This benchmark was partially achieved. The Work Group developed a process to analyze data at the county and worker level. DFCS must complete several computer system upgrades prior to implementing this action step. The upgrades should be completed by June 2003. **What needs to be accomplished:** During the 2001 on-site case record review portion of the CFSR, a discrepancy in the accuracy of data reported for this indicator was identified. The number of placement moves identified during the on-site record reviews was 70% while the AFCARS data was 92% for the same reporting period. Due to this discrepancy, the PIP addresses the need to improve the accuracy of the reporting data and the stability of children in foster care (actual number of placement moves).

2nd Quarter Report - A change in the completion date was approved. No report is due this quarter.

2nd Quarter Federal Response: [What is the status/update of this action steps? We need to be able to know your progress in this area.](#)

3rd Quarter Report Georgia's Reply: We have analyzed the 1st quarter in FFY 2003, which was the first time that a comparison of the two systems could be made. We are requesting an extension to the completion date in order to gather more data and perform a more thorough analysis.

3rd Quarter Federal Response: Extension granted with the expectation that by the fourth Qtr. Of the PIP, the State will identify any accomplishments in this action step.

4th Quarter Report: The CoStar System, used for reporting financial information, incorporated some changes at the beginning of FFY 2003. Changes included adding fields with limited biographical information on the children in a placement setting with a required per diem. This information can be used to identify foster children included in CoStar and AFCARS allowing a comparison for the stability of foster care placements. The comparisons for the first and second quarters cannot be valid until identifying information for AFCARS children is in the system and all financial data in the CoStar System is complete.

4th Quarter Federal Response: Why has there been a delay in collecting all the information? When does the State anticipate that the information for all necessary fields in 'CoStar' will be collected? Following the collection of information, when will the comparative analysis be ready?

6th Quarter Report: All of the data fields have been added to CoStar. The state is now in the process of analyzing the data.

6th Quarter Federal Response: C5: The State has apparently missed one of the steps which was to have been accomplished prior to COSTAR modifications – DFCS was to complete several assessments comparing the number of moves shown in COSTAR with those shown in IDS. Has this comparison been completed and what were the results? What data source did the State use to report Placement stability in the PIP Annual Evaluation/Renegotiation Report? In the 6th Quarterly Report the State reports being “in the process of analyzing the data.” ACF looks forward to the results of the analysis in the next quarterly report which will also include a comparison of COSTAR placement stability with case records of children in 3 counties. ACF approved the collapse of five additional Action Steps (C12, C13, C14, and C15) into Action Step C5 increasing the importance of the completion of timely and accurate work. Furthermore, this step is foundational to the completion of Action Step C18.

7th Quarter Report: To address the data discrepancy, DFCS has completed a comparison of moves recorded in the financial reporting system (COSTAR, County Statistical Reporting System) to the number of moves reported in the Internal Data System/AFCARS for children in foster care in Toombs, Carroll and Fulton County DFCS. The Evaluation and Reporting Section has examined placement moves in conjunction with an on-site review in Toombs, Carroll and Fulton County DFCS. The following is the process used for the comparison as well as a summary of suggested follow up to address with county DFCS staff issues surrounding stability of foster care placements. The Report below is also made a part of the documentation attachments for this report.

Examination of the Correlation Between COSTAR Payees

and AFCARS Number of Previous Placements

Introduction

Much attention has been given to the validity of the number of previous placements as tracked in the NUMPREVPLC field in the AFCARS data system. In the interest of improving the quality of data collection practices within the counties, a brief examination of data extracted from the COSTAR data system was utilized as a method of comparison and verification. AFCARS (Adoption and Foster Care Analysis Reporting System) is the federal information system used to collect and process the data for children in foster care. COSTAR (County Statistical Reporting System) is Georgia's DFCS system used to track purchases of services and Title IV-E expenditures for all social services programs for budgetary purposes.

Scope

The study consisted of three counties: Carroll, Fulton, and Toombs. The time span that was selected was FFY 2003 (October 1, 2002 – September 30, 2003). The data was evaluated for each quarter within the FFY. COSTAR data was selected from both IVE and Non-IVE Children who had been serviced during FFY 2003. In addition, children were selected from the AFCARS database who had also been in foster care during FFY 2003. The logic of the comparison was to count the number of payees within the COSTAR data system to deduce the number of movements for the client/child who had received services. In AFCARS, whenever a child is placed with a differing valid placement setting, the number of previous placements is incremented to reflect the movement.

Data analysis/examination

The steps that were involved in conducting this analysis were as follows:

1. Universal selection of children from AFCARS who were in foster care for each Quarter of FFY 2003 and all COSTAR children who received services during the same time spans.
2. Establish a matching process between both systems to determine the population of children who are common to both data systems.
3. Track and count the number of payees in the COSTAR system alongside the number of recorded placements in AFCARS.
4. Compare the number of payees (equivalent to a move) in the COSTAR system with the number of moves in the AFCARS data system.

Selecting the Universal Population of Children

In AFCARS, constraints were placed on the latest removal date and placement discharge dates. Children who entered care (latest removal) prior to the end of each quarter (December 31, 2002, March 31, 2003, June 30, 2003, and September 30, 2003) and who were discharged (PLCDISCH) on or after the beginning of each quarter (October 1, 2002, January 1, 2003, April 1, 2003, and July 1, 2003) were considered to be "in-care" during the respective time spans. Social security numbers were then extracted from IDS online database utilizing the county, case numbers, and client numbers for the children.

COSTAR children were selected from two different data tables. IVE Children were extracted for respective quarterly service dates as the AFCARS children along with corresponding payee names, payee amounts, and UAS codes (codes used in COSTAR to denote type and source of payment). Non-IVE children were extracted for respective quarterly service dates along with corresponding payee names, payee amounts, and UAS codes by social security numbers. Payee amounts are per diem expenditures for both IVE and Non-IVE children.

Comparing the Number of Moves in COSTAR to the Moves in AFCARS

The table below lists the resulting comparison of the previous step. The analysis included only children that could be matched (using demographic data fields) between the two systems. Table I indicates the total number of differences of moves between the IDS/AFCARS system and the COSTAR system.

TABLE I

COSTAR vs AFCARS MOVES

Matching Unique Children and No. of Differences

		COUNTY		
Quarter of FFY 2003		CARROLL	FULTON	TOOMBS
Quarter 1	No. of Unique Children	99	709	39
	# of Differences	35	124	11
	% of Children With Differences	35%	17%	28%
Quarter 2	No. of Unique Children	98	760	40
	# of Differences	32	115	13
	% of Children With Differences	33%	15%	33%
Quarter 3	No. of Unique Children	102	807	24

	# of Differences	29	73	9
	% of Children With Differences	28%	9%	38%
Quarter 4	No. of Unique Children	108	866	32
	# of Differences	31	134	11
	% of Children With Differences	29%	15%	34%

Table II gives the instances of the number of moves in COSTAR that were greater than AFCARS.

Table II

COSTAR GREATER THAN AFCARS

Quarter of FFY 2003		COUNTY		
		CARROLL	FULTON	TOOMBS
Quarter 1	# of Differences	35	124	11
	COSTAR Moves > AFCARS	25	95	9
Quarter 2	# of Differences	32	100	13
	COSTAR Moves > AFCARS	15	66	10
Quarter 3	# of Differences	29	71	9
	COSTAR Moves > AFCARS	1	57	5

Quarter 4	# of Differences	31	134	11
	COSTAR Moves > AFCARS	17	122	7

Unique Children in Care 12 Months or Less

In order to make comparisons with the federal measure on stability the three county study of children population from COSTAR and AFCARS was further refined selecting only those children with 2 or less placement moves and in care 12 months or less. The total number of children in FFY 2003 in Carroll, Fulton, and Toombs counties who had been in care less than 12 months with 2 or less placements was 625 unique children.

Carroll County produced 52 matches with the COSTAR database. Thirty-one (60%) children had the same number of moves in both data systems. In 13 (25%) cases, the number of COSTAR moves exceeded the number of AFCARS moves.

Fulton County produced 544 matches with the COSTAR database. Four hundred five (74%) of these children had the same number of moves in both data systems. In 117 cases (22%), the number of COSTAR moves exceeded the number of AFCARS moves.

Finally, Toombs County had only 29 matches between the COSTAR and AFCARS databases. Sixteen of the children (55%) were the same in both systems. In 8 cases (28%), the number of COSTAR moves exceeded the number of AFCARS moves.

The total number of children with equivalent moves was 452 (72%). The number of children who had more moves in COSTAR than AFCARS was 138 (22%).

There were 35 children (6%) who had more moves recorded in AFCARS than COSTAR.

Analysis of the AFCARS moves are greater than COSTAR moves can be explained to some degree by procedures inherent to federal definitions of a move and the data captured in the COSTAR system. In AFCARS, a move is added when a child is transferred to any non per diem relative placement. This move would not be recorded in COSTAR. AFCARS current functionality indicates a move when a child's placement setting changes to Pre-Adoptive. However, this change should be counted only when the child's physical setting changes, not if the child's foster home becomes the pre-adoptive placement. There is a possibility that placement change is recorded in AFCARS for respite care. Federal AFCARS regulations exclude respite care from the count of placements.

SUMMARY OF COMPARISON RELATED TO ISSUES OF STABILITY

Comparison of data related to Stability of foster care placements points to the need to clarify with county DFCS staff policies and procedures regarding placement moves. Emphasis should be placed on consistency of the data entered into the AFCARS and COSTAR systems and updating all data with every placement in AFCARS. A change in the AFCARS query from the IDS system should be made so as to exclude counting a move when a child's placement type is changed to Pre-Adoptive home yet the child remains in the same physical placement.

Qualitative Review of Fulton, Carroll and Toombs County DFCS

Results of the on site reviews in these counties are included in the report for Qualitative Reviews.

7th Quarter DOCUMENTATION:

- (1) Examination of the Correlation Between COSTAR Payees and AFCARS Number of Previous Placements
- (2) Social Services Report, Qualitative Case Reviews – October 2003 – June 2004 (cumulative)

8th Quarter Report: Achieved. Per ACF 7th quarter request to discuss what the state plans to do regarding the placement move discrepancy between the IDS system and the COSTAR systems: As reported in the 7th quarterly report an analysis was conducted. The Division's plan to assure that all moves are in the system is to provide a method of linking the payment of foster care resources (COSTAR) to the IDS/AFCARS system. By linking the two systems we will verify the accuracy of the data regarding placement moves.

BARRIERS TO ACHIEVEMENT:

4th Quarter: The collection of the additional fields in CoStar has not been completed for all children in foster care (AFCARS) for FFY 2003 quarters one and two.

C7 ACTION STEPS:	<p>Georgia will provide technical assistance (TA) to DFCS staff and private providers as to how to use FP/BP assessment information to make the most appropriate permanency decisions and implementation of wraparound services at the beginning of the child's stay in care. The FP/BP information will be used to develop more effective case plans for the child and family.</p> <p>Incorporate FP/BP Summary and Recommendation Reports in the CPRS. The inclusion of the FP/BP information in the CPRS will assist staff in developing case plans for children and their families. A pilot of the CPRS is underway in Dekalb DFCS and Juvenile Court to assure that the FP/BP Summary Reports meet the needs of families, judges and DFCS staff. For the phase two CPRS development, we will expand to include FP/BP data collection. Generally, plans are to include the ability to collect the recommendations from the FP/BP comprehensive assessment. It will also collect data about the services actually provided to the child. Because of a mandate on Public Health to assure that our Foster Children have all the services available, we will add a section to the CPRS to track the child's Health Check Schedule and assure that any required treatment or follow up is provided.</p>		
START	COMPLETION	RESPONSIBLE	MEASURABLE

DATE	DATE	PERSON(S)	BENCHMARKS
July 2002	February 2004 5th Quarter: Per Annual Evaluation/Renegotiation the State requested an extension to July 2004 to allow for the build of the CPRS report and accumulative QCR data.	Joe Wassell, Betty Wrights, Millicent Houston, Dianne Yearby, Alice Marie Hutchison, Leslie Cofield, Stakeholders	Provide 11 county site trainings to staff and providers beginning 7/2002 and review cases in selected counties during the annual on-site review beginning 10/2002. 5th Quarter: Per Annual evaluation/Renegotiation the State requested to change benchmark to say 'Provide 11 county site trainings to staff and providers beginning 7/2002. Cases reviewed in selected counties'.

ACCOMPLISHMENTS:

1st Quarter Report: This benchmark was partially achieved. All current DFCS staff and providers have been trained on FP/BP wrap around policies and procedures. All foster care staff have been trained on the Case Plan Reporting System (CPRS). The PIP states that this will be completed on July '03. The new target date for completion will be February '04. Business process analysis will begin in early March '03. Implementation will begin in March 2004.

2nd Quarter Report - A change in the completion date was approved. No report due this quarter.

2nd Quarter Federal Response: [What is the status/update of this action steps? We need to be able to know your progress in this area.](#)

3rd Quarter Report Georgia's Reply: The Case Plan Reporting System (CPRS) has been trained on and implemented in all 159 Georgia counties. DFCS policy mandates its use. Functionality to capture data about First Placement Best Placement is being added to CPRS by 12/03. Reporting will assist in data collection about recommendations made during the comprehensive assessment and the state's ability to provide the recommended resources. This information will be available by county, region, and state.

4th Quarter Report: The build of the report has been requested. It is anticipated that the state will renegotiate this item.

5th Quarter Report: The First Placement Best Placement has been added to CPRS but not trained on. Tracking the child's Health Check Schedule has not been added. Work is in process.

6th Quarter Report: The training for the pilot of the enhancements to the CPRS has experienced a delay. Training will begin in May 2004.

6th Quarter Federal Response: [C7: When does the State anticipate completion of the Health Check Schedule in CPRS to be complete? How will this delay impact the renegotiated completion date of 7/04?](#)

C7: Has the Health Check Schedule been implemented in CPRS? Is the State on track to complete this step by 7/04?

7th Quarter Report: The Health Check is complete.

8th Quarter Report: Achieved. As reported in the 7th quarter the Health Check/Status is completed. The First Placement Best Placement data component has been incorporated into CPRS and the pilot that allows providers the ability to enter First Placement Best Placement assessment information continues. The eleven counties mentioned in the benchmark of this action step should not be confused with the current FP/BP pilot/enhancements to CPRS. The eleven counties mentioned in the benchmark, refer to the 1st paragraph of this Action Step. The 2nd paragraph of this action step was originally a part of the state's PIP reporting on accomplishments (see the January 2003 and the April 2003 quarterly reports) but was inadvertently added as part of the action step in the 3rd quarter report (July 2003). The original CPRS pilot (mentioned in the 2nd paragraph of this action step) was completed and CPRS was instituted statewide in July 2002 (see PIP Documentation Appendix July 2003, Tab 12). Statewide CPRS training was concluded in July 2003 (see PIP Documentation July 2003, Tab 6). First Placement Best Placement technical assistance to staff and providers is an on-going assigned work activity. All 159 counties have been trained and are continually provided technical assistance as needed and upon request. First Placement Best Placement and CPRS have been integrated in all training for new workers and veteran staff.

Additionally, the state has implemented the CAPTA requirements for the referral of children under the age of 3, who are involved in a substantiated case of child maltreatment to early intervention services, which in Georgia is the Babies Can't Wait system. Also, the procedure and practice requires the referral of all children in foster care ages birth to five to the Division of Public Health's Children 1st Program.

8th Quarter DOCUMENTATION:

- (1) CPRS Health Care Status Screen.
- (2) CPRS Results 10/28/2004, page 3, #8 Physical Health, #9 Mental Health.
- (3) Social Services Manual Transmittal No. 2004-08 (P.L. 108--36, Keeping Children and Families Safe Act of 2003)
- (4) CAPTA Babies Can't Wait Training Agenda, training power point presentation, DFCS and Public Health foster care referral process, and the DFCS child abuse and neglect referral process
- (5) First Placement Best Placement Section VIII, Assessment Medical Standards & Reports

BARRIERS TO ACHIEVEMENT:

C16 ACTION STEPS:		Analyze a sample of cases to identify characteristics of children and resource families that might lead to disruptions.	
START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
Jan. 2003	<p>July 2003</p> <p>3rd Quarter: Requesting a change in date to November 2003. Action Step 15 will need to be completed before sample cases can be identified.</p> <p>3rd Quarter Federal Response: We anticipate to measure your progress in this area by the end of 4th Qtr.</p> <p>5th Quarter: Per Annual Evaluation/Renegotiation the State requested an extension to July 2004.</p>	Shirley Vassey	Complete a report to the team.

ACCOMPLISHMENTS:

2nd Quarter Report: The Work Group on Stability clarified this action step in order to capture variables that impact this outcome.

2nd Quarter Federal Response: **DOES CLARIFICATION OF THIS ACTION STEP INDICATE ACCOMPLISHMENTS? Will the State be on target to complete this by the July due date?**

3rd Quarter Georgia's Reply: No report at this time. See request for change of completion date.

4th Quarter Report: No report at this time. See request in change for completion date. It is expected that the state will renegotiate this time

4th Quarter Federal Response: *The State has not addressed RO's question regarding how the effectiveness of policy and training is being examined. No update is given on these steps.*

5th Quarter Report: See Action Step 12 for response to RO's question. For Federal Fiscal year 2003 an analysis is underway to extrapolate from the total population of children in foster care those with special needs. The measurements of placement moves will be taken and comparisons made to determine the characteristics of children that might lead to placement moves.

6th Quarter Report: The two Qualitative Case Review Reports indicate the following reasons for foster placement disruptions: (1) requested by foster parents due to child's behavior or changes in the foster parent's living arrangement; (2) child did not adjust to the placement; (3) foster parent could not effectively handle the child's mental health issues; (4) health issues expressed by the foster parents; (5) several of the moves involved initial moves into foster care until relative placements could be explored and approved (once relative were approved, children were placed with relatives); (6) requests made by foster parent due to complaints from the parent about the foster parent; and (7) temporary placements until a more stable placement was located.

6th Quarter DOCUMENTATION: Social Services Quarterly Report, Qualitative Case Reviews, January 2004 - March 2004.

6th Quarter Federal Response: *C16: Information provided in the 6th Quarterly Report lists reasons for disruptions, it is not an analysis which identifies "characteristics of children and resource families that might lead to disruptions." The State may want to consider engaging the help of an NRC to assist them with conducting such an analysis using data obtained from the QCR's.*

7th Quarter Report: The State will consider soliciting the help of NRC for a true analysis. It is doubtful that this action step will be completed by the end of the Pip reporting period.

8th Quarter Report: Achieved. *The following is an analysis to identify characteristics of children and resource families that might lead to placement disruption. (Completed with the assistance of an in-house researcher who was not available prior to the initiation of this action step).*

Executive Summary

Child and Family Services Review

Item 6: Stability of Foster Care Placements

October 2004

Purpose and Design

The purpose of this study was to analyze a sample of foster care cases to identify characteristics of children and resource families that might lead to placement disruptions. The sample was drawn from the cases of foster children in three (3) Georgia counties, each located in a different region, who have been in care less than twelve (12) months from the time of the latest removal and who have experienced more than two (2) moves during this time. The analysis was based upon information on 23 foster children and 17 resource families.

Sample

Bartow, Fulton and Harris Counties were selected as the three (3) research sites.

Harris and Bartow Counties were selected because the percentage of children in foster care for less than twelve (12) months from the time of the latest removal that have no more than two (2) placement moves was lower than the national standard of 86.70%. Fulton County was selected because it is a large urban area in which diverse and multiple issues related to child welfare are present. The Georgia Department of Human Resources (DHR), Division of Family and Children Services (DFCS) utilizes a data tracking system to monitor key performance indicators related to child welfare. Results are reported monthly. The August 2004 report shows the stability of foster care placements for Bartow County at 75%. The stability of foster care placements for Harris County was reported at 78% in the August 2004 report. The stability of foster care placements for Fulton County was reported as 96%. Table 1 is a representation of ethnicity, gender, and age of the sample of children by site.

Table 1

Representation in the study by site, ethnicity, gender, and age

County	Ethnicity	Gender	Age	Count
Bartow	11 Caucasian	5 Females	0-4 years	5
		6 Males	5-9 years	5
			14 years	1
Fulton	1 Caucasian	2 Females	11 years	1

County	Ethnicity	Gender	Age	Count
	2 African-American	1 Male	13 years	1
			17 years	1
Harris	4 Caucasian	8 Females	6 months	1
	4 African-American	1 Male	5 years	1
	1 Asian		11-12 years	3
			13-14 years	2
			15-16 years	2

Overall 16 (70%) Caucasian, 6 (26%) African-American, and 1 (4%) Asian children are represented in the sample. The sample is comprised of 15 (65%) females and 8 (35%) males. The youngest child is 6 months old. The oldest is 17 years old. Overall, the average age is 9 years.

Methodology

An in-depth review and analysis was conducted on twenty-three (23) foster children and seventeen (17) resource families. Data collection began with a review of foster children’s records. The DFCS Evaluation and Reporting Section, identified the sample foster care children as having been in care for less than twelve (12) months from the time of the latest removal and having more than two placement moves during the reporting period.

The researcher identified resource families by reading case records of the sample foster children. Data was collected by reviewing resource family records and by using interviews. A phone interview was conducted with seven (7) resource parents; two (2) families from each of the three (3) counties were interviewed. In one family, both the mother and father were interviewed resulting in the interview of seven (7) individuals.

Additionally, data was collected on both foster children and resource families, through face-to-face interviews with case managers, program directors, social services administrators, social service supervisors, and county directors. Consultations were held with state office experts in the areas of therapeutic foster care, level of care, resource families, foster home assessment, and kinship care. Relevant literature about placement stability was used to structure the study as well as support the findings.

Summary of Findings on Children

The researcher first analyzed characteristics displayed by children who encountered disruptions in each county separately. Then an overall analysis, which included characteristics common to children in all three (3) counties, was completed. The characteristics shared by children encountering disruptions in all three (3) counties are:

- Emotional/psychological problems related to abandonment, rejection, and separation.
- Behavior problems in general, as well as while attending school.
- Involvement in delinquent activities.
- Physically or sexually abused.
- Enrolled in Special Education classes.
- Exhibited emotional and psychological disorders.
- One or both biological parents abused drugs/alcohol.
- One or both biological parents incarcerated or involved in criminal behavior.

A list of the characteristics of children that may lead to disruption is displayed in Table 2. Percentages are shown for each county and are also combined. In addition to the characteristics shown in Table 2, forty-five percent (45%) of children in **Bartow** County suffered from neglect. In addition to the characteristics shown in Table 2, sixty-seven percent (67%) of children in **Fulton** County ran away during placement. In addition to the characteristics shown in Table 2, other characteristics displayed by **Harris** County children were (a) forty-four percent (44%) of the children were in situations where domestic violence occurred; (b) fifty-six percent (56%) were categorized as developmentally delayed, working below grade level, mentally retarded, or with low intellectual functioning; and (c) twenty-two percent (22%) exhibited sexual acting out.

Table 2

Characteristics of children that might lead to disruptions

Characteristic	Percent Bartow	Percent Fulton	Percent Harris	Percent Combined
-----------------------	---------------------------	---------------------------	---------------------------	-----------------------------

Characteristic	Percent Bartow	Percent Fulton	Percent Harris	Percent Combined
	Children (n=11)	Children (n=3)	Children (n=9)	Children (n=23)
Abandonment, rejection, and separation issues	36%	100%	56%	52%
Behavior problems (general or school)	45%	100%	44%	52%
Delinquent activity	9%	100%	11%	22%
Physically or sexually abused	36%	67%	67%	52%
Enrolled in Special Education class	18%	67%	33%	35%
Emotional/psychological disorder	55%	67%	44%	52%
Substance abuse by biological parent(s)	64%	67%	33%	52%
Parent(s) incarcerated/criminal activity	73%	67%	44%	61%

Characteristic	Percent	Percent	Percent	Percent
	Bartow	Fulton	Harris	Combined

The researcher conducted an in-depth review of six (6) children in Fulton County. Although the children were shown as having more than two (2) moves, upon review, three (3) of the children actually had two moves. Additionally, four (4) other case records, requested for review, were unavailable because of being used in a pending lawsuit.

The large discrepancy between Fulton and Bartow/Harris on the characteristic “Delinquent activity” may be due to the large difference in age of the sample in these counties. Ten (10) of the eleven (11) children in Bartow County are under 9 years of age whereas all of the children in Fulton are well above nine (9) years of age. Harris is a very small county and the type and frequency of delinquent activity may be different than in a large metropolitan area such as Fulton.

Summary of Findings on Resource Families

A total of seventeen (17) resource families were studied. A breakdown of the number of families by county includes: Bartow ten (10), Fulton three (3), and Harris four (4). Resource families were identified by reading case records of foster children discussed in the previous section of this report. The researcher collected data by (a) reading resource family records; (b) conducting phone interviews with (6) resource families; and (c) through face-to-face interviews with case managers, social service supervisors, and social service administrators.

Bartow County

- The sample of resource families in Bartow County consists of nine (9) married couples ranging in age from early thirties to early sixties. Two (2) single females also provide foster care in this county. All of the resource families had other children in the home at the time the disruption occurred; Table 3 represents the families and total number of children in the home at the time of the disruption.

Table 3

Total children in home during disruption

Number of Families	<i>Total children</i>
---------------------------	-----------------------

Number of Families	<i>Total children</i>
2	2
2	3
3	4
2	5
1	6
1	7

- Twenty seven percent (27%) of the resource families were not able to provide adequate care or housing, were undergoing financial stress, or had a weak support system.
- Thirty-six percent (36%) of resource placements only accept children on a short-term, temporary, or emergency basis.

Fulton County

- The sample resource families in Fulton County consist of three single females. The youngest is thirty-six (36) and the oldest is forty-four (44) years old. One experiences health problems resulting from hypertension and rheumatoid arthritis.
- The foster children studied in Fulton County were seriously troubled, yet the three (3) resource families studied were only approved for basic level of care.
- The resource families were approved for five (5), seven (7), and eight (8) children. In addition, two of the families had biological or adopted children living in the home. Due to the high level of need displayed by the foster children included in this sample, the resource families appear to be unable to meet the needs of the foster children due to the number of other children in the home. Additionally, the resource families do not have the training to deal with these children, some of whom are severely emotionally disturbed.

Harris County

- Mr. and Mrs. Marshall (pseudonym) is a Caucasian couple in their mid-forties. Mr. Marshall is an architect and Mrs. Marshall is a teacher. They adopted a set of very young twins, one of which became critically ill and was in the hospital for six (6) weeks. During this family crisis, they requested that an eleven (11) year old foster child be removed from their home.
- A fourteen-year-old female foster child who is severely emotionally and behaviorally disturbed exhibited behavior that two (2) therapeutic families were unable to tolerate. Examples of the behavior included significant problems with personal hygiene, especially during menses, and soiling herself.
- Mr. And Mrs. Smith (pseudonym) are a couple in their fifties. Mr. Smith works fulltime and Mrs. Smith does not work. At the time of the disruption, one 16-year-old biological daughter was living in the home. The disruption occurred when a 15-year-old female foster child and another female foster child who was eleven (11) years of age had been living with the Smith's for several months. Mrs. Smith reported that although she had stipulated accepting children who were no older than twelve (12) years of age, she was assured that the 15-year old would be removed from her home within two (2) weeks. However, the older child was not removed within the two (2) weeks and Mrs. Smith reported that the older foster child influenced the eleven (11) year old to the point of disruption.
- Seven (7) of the nine (9) foster children studied in Harris County were placed in one or more group homes or residential facilities rather than with a resource family. With at least two of the foster children, the disruption at the group home was due to the children running away.

In each of the three (3) counties studied, disruptions occurred at group homes and residential facilities rather than in the home of resource families. This leads the researcher to believe there is a need for more intensive programs to serve those children whose placements could not be maintained.

BARRIERS TO ACHIEVEMENT:

C18 ACTION STEPS:		If the stability as measured by the data systems and file reviews has not improved significantly within 2 quarters, then the following additional actions will be taken: Recommend additional training and policy changes. Identify additional factors that may contribute to the stability of children in foster care.	
START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS

January 2003	<p>April. 2003</p> <p>3rd Quarter: Georgia is requesting an extension to September 2003.</p> <p>2nd Quarter Federal Response: Provide reason(s) for requesting extension</p> <p>3rd Quarter Georgia Reply: Georgia request to extend this date to November 2003 to coincided with the activities of action steps 15, 16, 17.</p> <p>3rd Quarter Federal Response: We anticipate to measure your progress in this area by the end of 4th Qtr.</p> <p>5th Quarter: Per Annual Evaluation/Renegotiation the State requested an extension to July 2004...</p>	Joe Wassell, Betty Wrights, Millicent Houston, Dianne Yearby, Alice Marie Hutchison, Leslie Cofield	Complete a report to the team.
--------------	--	---	--------------------------------

ACCOMPLISHMENTS:

2nd Quarter Report : Georgia is requesting an extension for this Action Step. Due to preparation for the Inspector General EPSDT Review; a 25% increase in the number of Interstate Compact case request and a complete review of 120 First Placement/Best Placement providers, the four Foster Care Consultants have not had sufficient time to initiate the case reviews.

2nd Quarter Federal Response: 2nd Quarter Federal Response: Indicate your up to date progress.

3rd Quarter Report Georgia's Reply: This action is contingent upon the previous three action steps.

4th Quarter Report: This action is contingent upon the previous three action steps.

4th Quarter Federal Response: The State has not addressed RO's question regarding how the effectiveness of policy and training is being examined. No update is given on these steps.

5th Quarter Report: See Action C12 regarding training and policy. Action Step C1 and C5 enumerate the strategies by which data will be collected and analyzed. An analysis of this data will then provide information regarding any needed training and policy changes as well as additional factors contributing to the stability of children in foster care.

6th Quarter Federal Report: C18: Given the foundational nature of Step C5 and the delays associated with it, does the State believe that the renegotiated date for this step is reasonable since it is contingent upon the completion of C5. Both C5 and C18 have renegotiated goal completion dates of 7/04.

NO progress reported in the 6th Quarter report

7th Quarter Report: The report from C5 is complete. See report. The obvious conclusions are to recommend additional training, and solicit the help of NRC to conduct an analysis.

8th Quarter Report: Achieved. Georgia did not seek assistance from NRC as in-house staff became available to conduct the analysis in Action Step C5 and C16.

BARRIERS TO ACHIEVEMENT:

Work Plan Detail D -- Item 7, Permanency Goal for Child

D2 ACTION STEPS:		Maintain accurate documentation of every placement of a child in foster care	
START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
Jan. 2002	<p>May 2003 2nd Quarter Request: Georgia is requesting to change the completion date to July 2003 2nd Quarter Federal Response: Provide reason(s) for requesting extension. 3rd Quarter Georgia Reply: The online supervisory review application experienced technical hardware difficulties. The Qualitative Review process is scheduled to begin in October 2003. The first report to the state and federal partners is scheduled for January 2004. Therefore, we are requesting approval to change this date to July 2004.</p>	County Supervisors, County Directors, Field Directors	<p>Have developed staff performance standards with DFCS county staff, Field Directors, and social service staff to assure that case files are accurately documented to reflect every placement of a child in foster care. Evaluation: Spot checks of files will be performed by the E & R group to make sure this documentation is occurring. Evaluation: All needed information about placements will be available for next Federal Review.</p>

ACCOMPLISHMENTS:

1st and 2nd Quarter Reports: Supervisory tools are under development and the information system is being enhanced to account for the placement of every child in custody.

3rd Quarter Report: Based on the increased data needs to support IDS Online with the proposed enhancement projects, there was a need to re-distribute our data to new servers to accommodate our growing data needs. The server that will support the site was not available in July 2003 and it is our plan to have the site available and operational by September 2003. The Qualitative Reviews are scheduled to begin in October 2003. The first report to state and federal partners is due January 2004 and every quarter thereafter.

3rd Quarter Federal Response: [Are you maintaining accurate documentation of every placement of a child in foster care?](#)

4th Quarter Report: IDS Placement Central database has been built and is in place. Linking of children to their placement locations has begun and is an on-going process.

DOCUMENTATION PROVIDED 4TH Quarter:

See Placement Central News

4th Quarter Federal Response: [One of the measurable benchmarks is development of staff performance standards. 1st and 2nd quarter reports note that 'supervisory tools' are under development. Are the supervisory tools a product of the staff performance standards and if yes, have they been developed? This, along with the evaluation piece, would mark a successful completion of this action step.](#)

5th Quarter Report: The Supervisory Tools are complete. The performance standards are a product of the supervisory tools. The online version of the Supervisory Review Form is complete. The first wave of QCRs is complete. The IDS Online is complete.

5th Quarter DOCUMENTATION:

1. Child Placement Services Review Guide
2. Social Services Quarterly Report, Qualitative Case Reviews, October 2003 - December 2003.

6th Quarter Report: IDS Placement Central is fully implemented, as are the tools to evaluate consistency and accuracy in linking children to current placements. Request a change in the completion date to July 2004. This would allow E & R to conduct its spot check of files (mentioned in the benchmark) and for the results to be reported next quarter.

6th Quarter Federal Response: [D2: The State has submitted its third request for a change in goal completion to 7/04.](#)

7th Quarter Report: The State has made two requests to extend the completion date in an effort to achieve this action step within this PIP implementation period. E & R does spot check files during reviews to determine if the child's placement is correctly captured in IDS. This is the State's ongoing way to monitor accuracy when reviewing the individual case file. Documentations below are report examples generated from the IDS Placement Central System (identifying information has been removed).

7th Quarter DOCUMENTATION: (1) Current Placements Report, (2) Foster Adoptive Home Report, and (3) Provider List Report, (4) Provider's Current Placements; (5) Child Placement History

8th Quarter Report: Achieved. An ongoing method of monitoring the accuracy of the child's current placement in relation to Placement Central is through the E & R Social Services Reviews, which were conducted statewide throughout the year. These reviews are much more comprehensive than "spot checks". A result of these reviews was the Trend Analysis Report of July 2002 through June 2003. Ninety-five county offices were visited and case record reviews conducted using a standardized review instrument. (For this same period, a total of 1,806 cases were reviewed.) The 2004 schedule was interrupted due to special review requests that involved the two largest urban counties. Cases were selected based on a "randomly valid sample" made available through IDS. The number of actual cases reviewed was based on the caseload volume. The county is presented with results of the review as well as trends. Recommendations for improvement are made and a corrective action plan is required. The corrective action plan is monitored by the Field Manager and the Program Consultant for the county to ensure improvement. The Trend Analysis Report was submitted in the 5th quarter Documentation Appendix but is also a part of 8th quarter reporting under Action Step E2. Included in the Documentation Appendix is an example of a county Trend Report. The county name is not identifiable. The Annual Qualitative Case Review Report will replace the Trend Analysis Report. The same process of selecting a sample, presenting counties with results of the review, trends and recommendations for improvements, and requiring corrective action plans is incorporated in the QCR process. A new review schedule is posted for November 2004 – September 2005 involving 25 counties (all with hefty caseloads).

ACF requested the state to explain the 40 additional cases: The average number of placement moves for the 106 applicable cases reviewed during the six month reporting period was 1.24 for a total of 85 moves. An additional 40 cases were reviewed in DeKalb and Fulton counties related to Item 6, Placement Stability. Of the 40 cases reviewed, 29 had two moves or less. Eleven cases had more than two moves. The combined results showed that of 146 applicable cases, there were 170 moves for an average of 1.16 placement moves.

The benchmark is achieved. Electronic and desk review systems have been implemented to monitor the accuracy of child placements. The Division acknowledges via Action Step C5 that different systems reflect different information on placement moves. As indicated in Action Step C5, the Division's plan to assure that all moves are in the system is to provide a method of linking the payment of foster care resources (COSTAR) to the IDS/AFCARS system. By linking the two systems we will verify the accuracy of the data regarding placement moves.

8th Quarter DOCUMENTATION: (1) Social Services Qualitative Case Review Report October 2003 – September 2004, and (2) County Trend Analysis Report based on Social Services E & R Reviews (county name not identified)

BARRIERS TO ACHIEVEMENT:

1st and 2nd Quarter Report: The statewide database has been completed for the placements of all children in custody. Phase 2 will be complete in the spring of '03 and will account for each child in care. Developing the statewide database was labor intensive and required additional support and checking for accuracy.

3rd Quarter: The above statements are not barriers and were inappropriately stated under this column.

D4 ACTION STEPS:		Require that permanency goals be documented as part of the on-line Case Plan Reporting System, CPRS Evaluation: A report will be developed quarterly from the CPRS about documented permanency goals from around the state.	
START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
May 2002	May 2003 INDICATE THE DATE YOU PLAN TO ACCOMPLISH THIS GOAL. 5th Quarter: the State request an extension to July 2004 Reason: to fully address the ACF concerns expressed in their 4th Quarter response. Had the State known of the ACF concern prior to	Kelli Stone, Field Directors, County Directors, Supervisors, Consultation & Support Unit, Mentor Unit	Every child coming into care will have a case plan in the CPRS. 6th Quarter: The state is requesting to change the benchmark to say “Permanency goals will be documented 90% of the case plans.” Reason: to more specifically measure the achievement of the PIP Item and Action Step. New request: Your subsequent quarterly report should be able to demonstrate progress made in documenting permanency goals.

	renegotiations, this request would have been made during that time.		
--	---	--	--

ACCOMPLISHMENTS:

Partially achieved. There is an ongoing implementation plan for CPRS that will eventually include all 159 counties. Currently, 104 of the 159 counties have been trained to use the new system. After the implementation plan is complete at the end of January 2003, the quarterly reports about permanency goals will begin

2nd Quarter Report - No report is due for this quarter.

2nd Quarter Federal Response: Due date was May 2003, why is this only partially achieved?

3rd Quarter Report Georgia's Reply: ACHIEVED. CPRS requires the documentation of the Permanency Goal in all case plans. Implementation and training is complete in all 159 counties. Documentation of training by county and by date is also supplied.

The attached screen print (Permanency 1 Item 7) is taken from the Case Plan Reporting System (CPRS) Case Tracking and Legal Screen. CPRS is required, supported by policy, and implemented in all 159 GA counties. In all cases, the user must document the type of Permanency Plan selected for the child. The system requires any user who selects a type other than adoption, living with fit and willing relatives, guardianship, or reunification to document a compelling reason why this type is in the child's best interest.

CPRS is on the Internet at www.gacaseplan.org. A demo that does not require an ID or password is available.

4th Quarter Federal Response: This step is noted to be achieved, based on completed trainings. However, based on the measurable benchmark, it sounds like it will be achieved when every child coming into care has a case plan in the CPRS. How does completion of training show that each child has a case plan and that the permanency goal (PG) is documented in the CPRS? How does the CPRS 'require' the documentation of the PG? The action step also calls for a statewide quarterly report from the CPRS that will show that the PGs are documented.

5th Quarter Report: As of December 2003, CPRS is in use in 157 counties. Still 2 counties are not using the system and that is being addressed administratively. The state needed full adoption before a meaningful report could be produced. The first statewide report on permanency goals is attached. Of the more than 16,000 case plans in the system, 55% record reunification as the permanency goal. Quarterly reports will be produced from this point on and the plan is to automate these reports by June '04. In the 3rd Quarter Report documentation was submitted which addressed how CPRS 'require' the documentation of the PG.

5th Quarter DOCUMENTATION:

PIP Results 02/18/2004 From CPRS... Permanency Goal for Children

6th Quarter Report: The last CPRS quarterly report “Permanency Goal for Children” was run in February 2004. It is too early to report another quarter. The next CPRS report will be reflected in the next PIP reporting period.

6th Quarter Federal Response: D4: The State is requesting another modification -- to change the Benchmark from 'Every child coming into care will have a case plan in CPRS' to 'Permanency goals will be documented in 90% of the case plans.' The State has previously reported that the permanency goal is a 'required field' in CPRS. If that is the case, then permanency goals would, by virtue of the requirement, be documented in 100% of the case plans. The original benchmark has more meaning for Item 7 than the requested change.

7TH Quarter Report: The intent of the request to change the benchmark was to quantify the measurement as it relates to the evaluation statement in the Action Step. However, in complying with ACF 6th Report comments, the State will provide information on the number of children having case plans in CPRS. There are 20,730 case plans in CPRS. The AFCARS Data Frequency Report for October 1, 2003 through March 31, 2004 reports a total number of 19,426 children in foster care for that time period, with 14, 410 children remaining in foster care on March 31, 2004. The number of plans in CPRS is higher due to several factors. During the migration of plans from the original CPRS to CPRSv2, duplicate cases were created. The counties were not aware that they needed to close the original plan, so the duplicate plans remain. Other plans should have been closed when their case was closed. The Division is now providing training to supervisors on how to identify plans that need to be closed and how to close them. Additionally, supervisors and workers are receiving training on how to create a new plan and review existing plans. The developer for the system will review the system for “junk plans” and delete as appropriate. Even without the duplication, it will be difficult to have two different data systems to exactly match. However, the State is striving to get as close as possible to

7TH Quarter DOCUMENTATION: CPRS Case Plan Report by Plan Types

8th Quarter Report: Achieved. Per ACF request 7th quarter regarding CPRS Case Plan Data Clean up: On October 22, State DFCS received the list of cases in CPRS that do not match an open case in IDS. After reviewing the list, the project administrator was able to determine several causes for the unmatched cases, which include: 1. Child's name is entered one way in CPRS and a different way in IDS. 2. Case number is either missing from CPRS or is a different format from IDS. 2. Cases where there is more than one draft plan for each child, because the worker had a problem and started over without completing the first plan. 3. Cases where there is more than one draft plan for each child, because the worker was not aware that they should use the original plan to edit for a case review. 4. Cases where all children have exited care and there are no aftercare services being provided. 5. Cases where the worker created a plan group for the father and a plan group for the mother. The case plan is the child's plan, and there should be one plan. 6.

Cases where the last updater is "100". This indicates a plan that was migrated from Version 1. When the worker reviewed the migrated case, a new version of the plan group was created. Situations as in 2 and 6 are considered "Junk" plans.

A clean-up effort by the developer earlier this fall cleared approximately 75% of "junk" plans out of the database. The remaining "junk" plans, other duplicates and unmatched plans must be reviewed by the counties that created the plans. State DFCS wants to be very sure no legitimate plans are closed during this cleanup effort. A skilled IDS and CPRS user must thoroughly search and compare both databases before making the decision to close a plan. Therefore, the search and comparison must be conducted by county and state employees.

A memo was sent to the Managers of Field Operations on October 29 with a list of case plans that must be reviewed by each of their county offices. The counties were instructed to correct the child name and case number, close duplicate plans, and close plans where the cases are no longer active. Counties were instructed to note the date and action taken on the list and return it to the State Project Administrator. The deadline for this cleanup is November 16, 2004. The memo is made a part of 8th quarter reporting.

The latest IDS "Placement Count" report of September 2004 indicates a total of 15,854 children in various placements types. The CPRS reports 14,816 permanency types. This is a significant improvement from the previous reporting quarter. Approximately 640 of these children are in placement types that do not require a case plan in CPRS i.e. ICPC children coming from other states, children on runaway status for longer than 6 months, and children committed and custody transferred to Youth Detention Centers.

Inherent in case plan development via CPRS is the identification of the permanency goal, which is a required field in CPRS.

8th Quarter DOCUMENTATION:

- (1) October 28, 2004 Memo regarding Case Plans in CPRS that do not Match an Active Case in IDS
- (2) April 15, 2004 Memo regarding IDS/CPRS Data-Sharing
- (3) CPRS Reports 10/28/2004, see #2 Permanency Goal for Child, which gives the percentage of cases by permanency type

BARRIERS TO ACHIEVEMENT:

1st Quarter Report: The training of all 159 counties (1,200 caseworkers) and juvenile court judges and staff (approximately 100 judges) has taken longer than planned but will be complete January 2003.

2nd Quarter Federal Response: [Is the training completed?](#)

3rd Quarter Georgia Reply: Yes.

D6 ACTION STEPS:		Conduct annual training for judges, case managers, SAAGs, GALs, parent attorneys, CASAs, and Citizen Panel volunteers on the Permanency Hearing requirements.	
START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
Mar. 2002	November of every year: Two cross cultural trainings will be completed by Nov. 2004	Michelle Barclay, Geraldine Jackson White	Permanency hearings will take place in juvenile court for every child in state care no later than 12 months after a child has entered foster care and periodically no later than 12 months thereafter if the child remains in care. Evaluation: Georgia's Court Improvement Project (CIP) will evaluate a sample of court case files annually to see if permanency hearings are occurring for every child.

ACCOMPLISHMENTS:

1st and 2nd Quarterly Report: Partially Achieved. The 3rd Annual Child Placement Conference Cross-Training Conference took place November 2002. Judges, case managers, Saags, GALs, parent attorneys, CASAs, and Citizen Panel volunteers attended. Workshops were taught on the requirement that permanency hearings occur on every case. The 4th Annual Child Placement Conference is being planned for Atlanta at this time for November 12-14, 2003. During the summer of 2002, the Court Improvement Project (CIP) reviewed random court case file reviews of 9 counties across Georgia. The judges and staff of those courts were either interviewed or surveyed regarding caseload and resource allocation. In addition, 70 court-hearing observations were performed. This work was collected in a database and shared with the National Council of Juvenile and Family Court Judges Permanency Planning Department. From the initial report and the sample of data it does not appear that permanency hearings are occurring in every case. Further interviews reveal that while permanency issues are being addressed in court hearings, but are not being properly documented. A report has been written from this data and has been distributed to DHR and is posted on the CIP website:

<http://www.state.ga.us/courts/supreme/cppp/>

A second CIP study is being planned for the summer of 2003 and the National Council of Juvenile and Family Court judges has again agreed to do the data analysis.

3rd Quarter Report: Achieved. The first GA CIP study was done in preparation of the CP Conference. Many courts were found NOT to be doing permanency hearings timely or the courts were NOT doing proper documentation of permanency hearings (i.e. addressing

permanency issues, but not labeling such hearing as a permanency hearing). Recent judicial training emphasized that permanency hearings must be done and documented. A follow up study being conducted this summer and will look for improvement. The 4th Child Placement Conference is scheduled for November 2003.

4th Quarter Federal Response: This step is noted to be achieved based on completed trainings again. However, the measurable benchmark is that timely permanency hearings (PHs) will occur for each child. 3rd QR (where the action step is noted as being achieved) shows that courts are not conducting PHs on a timely basis nor are they properly documenting these hearings. The step cannot be achieved unless each child has timely PHs...according to the action step and benchmark. The State needs to continue to monitor this action step.

5th Quarter Report: The Court Improvement Project (CIP) has done another review and is preparing another report based on that data which includes whether and when permanency hearings are done. CIP will have the report completed by the next quarter. A draft document is attached, but it is not ready for public distribution. CIP also has the capacity built within the CPRS to mark when the permanency hearing is occurring, however that field is rarely completed, so we cannot produce a good report. We will seek better ways to collect data on this action step and benchmark by next quarter's report.

5th Quarter DOCUMENTATION:

Draft - Summer Assessment Review 2003 - A Snapshot of Juvenile Court Performance in Child Deprivation Cases and Recommendations for Continued Improvement.

6th Quarter Report: Efforts continued in monitoring the achievement of this benchmark. However, as reported in the 3rd Quarter, documentation of a “permanency hearing” per se, is not always present in the court file and/or is not clearly labeled as such. When the Court Improvement Project (CIP) conducted its 2003 case file review, the file documents did not clarify whether the hearing was just a review (extension of custody at 12 months) or when held, if the hearing also reflected a “permanency hearing” phase. It was estimated that only ½ of the cases had a distinct hearing that was referred to in the court file as a “permanency hearing.” Since there appears to be an issue with how such hearings are documented as “permanency hearings,” it is our next step to recommend that judges adopt the permanency hearing model order. It is specifically labeled and provides findings for the hearing. Thus, when the court case files are sampled, the measurement will more accurately reflect the timeliness and occurrence of permanency hearings.

6th Quarter Federal Response: D6: It is concerning that the State does not yet have the ability to accurately assess whether or not permanency hearings are occurring for children as mandated by ASFA.

7th Quarter Report: The State shares the federal concern that permanency hearings are not being accurately tracked and monitored via court files reviewed by the Court Improvement Project (CIP). Efforts continue to randomly review court files. An instrument has been developed for courts to self-report @ <http://www.objectresourcegroup.com/cpp/cpp.html>. The CIP is also conducting interviews of judges around the state regarding permanency hearings. Also, a model order for a permanency hearing (developed by a group of

Georgia Juvenile Court Judges) is available for downloading via the CPRS website. The model order was also distributed statewide by email to the Georgia Juvenile Court Judges list serv. The State believes that these efforts along with continued training at the bi-annual Georgia judicial conferences will influence that permanency hearings will take place in every court and be meaningful. The State recognizes that even if the court files do not contain accurate documentation that “permanency hearings” (see terminology issue with respect to “motions to extend” hearings), the E & R Review does require this item in its standard desk review of case records.

8th Quarter Report: Achieved. Per ACF 7th quarter request: The action step has been achieved based on the fact that the annual cross trainings have occurred and are documented. At the time of the on-site CFSR, it was found that permanency hearings were held in 71.4 % of the cases and that the permanency goal was cited as strength. Based on quantitative desk reviews of counties for the period of October 2003 through September 2004, 76.58% of case files had timely permanency hearings.

While the state is not meeting the 100% standard of conducting timely permanency hearings, the reasons can be identified; e.g., frequent continuances by the court, inadequate tracking systems for counties to determine when to file, heavy court dockets which delay the scheduling of timely hearings, etc. There are a number of on-going activities in place for improving results including continued education, creating a standard court file, continued monitoring through the CIP, etc.

During the summer of 2004, the CIP did another file review of 10 selected juvenile court judges and had 15 courts do court file self reporting. The CIP used the same court file review instrument that has been in place for the past two years and made a part of the 5th quarter documentation. This past summer review of court files showed improvement in the recording of permanency hearing orders. Nearly all the court orders reviewed were labeled "motion to extend/permanency" hearing. There continues to be room for improvement on a few older orders and cases. We would also prefer that hearings no be called "motion to extend", but simply permanency hearings. The dual labeled orders did show that permanency issues for the children were being addressed. The CIP is currently working with the National Council of Juvenile and Family Court Judges to write a report of the 2004 findings. Telephone surveys of judges completed this past summer revealed that they know about the legal requirement to hold permanency hearings. The judges self reported that they are holding permanency hearings for every child. The CIP also released updated model court orders and the Juvenile Court leadership has been urging judges to use these orders during educational seminars. Finally, the CIP has met with the leadership of the juvenile court clerks to present the findings of the past summer reviews and ask for their help in creating a standard court file. The CIP staff are scheduled to do a presentation for the Annual Child Placement Conference on November 19th which will include a request for suggestions on improving court files for children.

Responsibility for assuring that permanency hearings are indeed taking place for every child rests squarely with the state courts. While CIP has no direct authority to make state courts comply with this requirement, the CIP will continue to press for improvement and education on this and other ASFA requirements. The attached Power Point document "Planning for Permanency Through Effective Case Plans" is an example of the continued CIP and juvenile court judges training collaboration on permanency planning.

Based on the findings from the OCA Report, it was concluded that more frequent reviews did not necessarily lead to expedited permanency.

8th Quarter DOCUMENTATION:

- (1) Motions for Extension of Temporary Custody and Permanency Hearings by Melanie B. Cross, Special Assistant Attorney General; see bottom of page 2 and pages 7-9 Permanency. This information was presented at the August 2002 Training for New Special Assistants. Training Agenda included as part of this documentation.
- (2) Planning for Permanency Through Effective Case Plans, a power point presentation
- (3) Child Placement Services E & R Social Services Review Guide, page 3, Permanency Planning and Case Review, #12.
- (4) CPRS Supervisory Review Guide

BARRIERS TO ACHIEVEMENT:

2nd Quarter Federal Response: Identify the reason/s for partial achievement.

3rd Quarter Georgia Reply: See 3rd Quarter Report.

D7 ACTION STEPS:		Examine the present review system for children in care to determine the optimum frequency of reviews needed for expediting permanency.	
START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
Jan. 2002	Nov. 2002	Linda Doster, TA; Michelle Barclay	A decision will be made whether to change if necessary to ensure a review occurs every 3 months. Evaluation: Georgia's CIP will evaluate a sample of court case files annually to see if more frequent hearings lead to faster permanency.

ACCOMPLISHMENTS:

1st and 2nd Quarter Reports: Achieved. During the summer of 2002, court case file reviews were done of nine counties across Georgia. The judges and staff of those courts were either interviewed or surveyed regarding caseload and resource allocation. In

addition, 70 court-hearing observations were done. The data from this work was collected in a database and shared with the National Council of Juvenile and Family Court Judges Permanency Planning Department. From the initial report and the sample of data, reviews are occurring more often than every six months. From the snapshot of information collected, having more frequent reviews did not appear to effect time to permanency. More data will need to be collected in order to draw firm conclusions.

3rd Quarter Report: Achieved.

3rd Quarter Federal Response: [Did you conduct a review this summer? Have you made a determination? When do you plan to collect more data?](#)

4th Quarter Georgia Reply: A subsequent review was conducted during the summer of 2003. The data collected from that study is presently being analyzed by the National Council of Juvenile and Family Court Judges; however, preliminary indications suggest that although hearings are occurring more frequently, the increased frequency does not appear to increase time to permanency.

4th Quarter Federal Response: [This step is also noted as achieved but the State does not provide any information regarding the frequency of reviews. From the 4th QR narrative, it does not appear that this step will be achieved until the data analysis is completed and the State can determine why the frequency of reviews does not impact permanency.](#)

5th Quarter Report: There is the capacity within the CPRS to mark the frequency of reviews, however the field is not completed regularly and therefore, a good report cannot be produced. We will seek better ways to collect data on this action step and benchmark by next quarter's report.

Judicial reviews are only required every 6 months. When we saw reviews being conducted more frequently during our CIP review, it usually meant it was a complex case (meaning it was going to take a lot of time anyway) and the judge holding more reviews to push the case along. Yet, in our sample, it was still taking more than 2 years for the children to get to permanency. See attached draft for summer assessment report.

What really seems to matter regarding which children get to permanency faster is the activist state of the local DFCS and the local court. If the court and the DFCS office are both activist and if the caseload is not too high for either group, then the cases move to permanency quicker. Thus, just doing more frequent reviews may not make permanency happen faster, but lots of problems get resolved at review time so it is still helpful.

The most helpful reports that the CIP has seen, describing which counties are most effective at permanency efforts, are at the end of the Office of the Child Advocate's annual report, entitled 'Time from Removal to Finalized Adoption' and 'Time from Removal to Reunification'. See: www.gachildadvocate.org/pdf/2002ar.pdf

5th Quarter DOCUMENTATION: The Supreme Court of Georgia, Administrative Office of the Courts, Child Placement Project, Model Courts Project, **DRAFT**, Summer Assessment Review 2003 - A Snapshot of Juvenile Court Performance in Child Deprivation Cases and Recommendations for Continued Improvement, February 2004

6th Quarter Report: Achieved. See 5th Quarter response concerning the analysis of the data indicating that the frequency of reviews does not necessarily appear to increase time to permanency. Individual case nuances may require more frequent review. However, the current standard of review continues, with policy encouraging more frequent reviews as needed.

6th Quarter DOCUMENTATION: <http://www.state.ga.us/courts/supreme/cpp><http://www.state.ga.us/courts/supreme/cpp/>

6th Quarter Federal Response: D7: Need to review documentation (CIP Report) provided which the State uses to assess step as achieved. The report from the Office of the Child Advocate referenced as documentation is 2 years old and is a scathing report on DFCS.

7th Quarter Report: The State has evaluated a sample of court case files annually to see if more frequent hearings lead to faster permanency. It was the conclusion reached that more frequent hearings did not necessarily lead to expedited permanency. As stated earlier, the “activist state of the local DFCS and the local court, coupled with the size of the caseload, impacted the swiftness at which permanency was achieved. With this conclusion reached, the State will not amend its review periodicity, which is within 90 days of the entering of the dispositional order incorporating the 30-day case plan (but no later than 6 months following removal), and then at least every six months thereafter. The Office of the Child Advocate Report reference in the 5th reporting quarter may have been a "scathing" report on DFCS. As for this Action Step, the reference in the 5th report was at end of the Office of the Child Advocate's annual report, entitled 'Time from Removal to Finalized Adoption' and 'Time from Removal to Reunification'.

8th Quarter Report: Achieved. The CFSR addressed the percent of children achieving timely permanency and found that percentage to be 71.4%. For Georgia to document improvement, ACF agreed (7th quarter) to allow the state to amend the benchmark for evaluating this action step to the annual report produced by the Office of Child Advocate. The Office of Child Advocate Report, (reference Appendix G) referred to in Quarter 5 provides a baseline measure to address the achievement of timely permanency under the current system of review. From April 2000 through March 2002, 77% of children removed from their homes were reunified within 12 months. The national standard is 76%. More recent data from the state's Key Performance Indicators (KPI), rates the achievement of permanency for children reunified within 12 months. The KPI percentage rates of timely reunification during the period September 2003 - August 2004 ranges from 74% to as high as 84.97%. The average rate is 78.61%. Based on the review of findings from the OCA Report it was concluded that more frequent reviews did not necessarily lead to expedited permanency.

8th Quarter DOCUMENTATION:

(1) Appendix G of the Office of Child Advocate Annual Report "Time from Removal to Reunification with Parent, Caretaker or Relative April 2000 through March 2002".

(2) Key Performance Indicators and Results September 2004 "Length of Time to Achieve Reunification".

BARRIERS TO ACHIEVEMENT:

D8 ACTION STEPS:		Provide foster parents with a copy of the foster parent manual upon their completion of MAPP. Include information on services that might be available to foster parents in the foster parent manual and in MAPP groups.	
START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
Mar. 2002	Sept. 2002	Liz Bryant	Every foster parent will have a manual. The foster parent manual and policy manual will be reviewed and revised as needed to incorporate the services available to foster parents. Evaluation: Spot checks will be done at random by calling foster parents and making sure they have a manual.

ACCOMPLISHMENTS:

Achieved. Manual revisions are complete and have been made available to foster parents on disk.

8th Quarter Report: Achieved: Per ACF 7th quarter request regarding spot checks to make sure foster parents have manuals: It is the state's responsibility to ensure that our resource families have the services knowledge and tools to do the most effective job of parenting our children. To this end, every foster parent has access to an updated manual; i.e., either an online version or hard copy. In an evaluation of the effectiveness of respite care for Item 12, which involved 20 foster parents, all but one stated that they had a manual. Further, in a survey of five Resource Development staff, all confirmed that in practice, all foster parents were given manuals at the last MAPP/IMPACT meeting (4) or at the time approval (1).

8th Quarter DOCUMENTATION: (1) Five email responses regarding how and when foster parents receive the Foster Parent manual.

BARRIERS TO ACHIEVEMENT:

D11 ACTION STEPS:		Recruit and maintain more minority foster and adoptive resources giving special attention to placements for minority children.	
START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
Nov. 2001	Sept. 2004	Resource Development Unit Foster Care Unit	A campaign will be launched to focus on recruiting minority foster and adoptive parents for minority children. Increase the numbers of minority parents by 15% in 2002; by 25% in 2003; and by 25% in 2004. Evaluation: The results of the campaign will be measured to see if it results in an increase of minority placement recruitment and which tactics were most effective. 3rd Quarter Federal Response: Do you have available data for 2002 and 2003? 4th Quarter Report: See Documentation

ACCOMPLISHMENTS:

1st Quarter Report: Partially achieved. Materials have been completed and mailed to county DFCS offices for support of the recruitment campaign beginning February 2003.

2nd Quarter Report: A change in completion date was approved. No report is due for this quarter.

3rd Quarter Report: In collaboration with DFCS county offices, One Church One Child of Georgia and private child-placing agencies, the state has launched recruitment initiatives that target minority families. These include roundtable meetings with local clergy and presentations to ministerial alliances, public service announcements for minority recruitment, adoption fairs at various churches, gospel fests, recruitment activities with neighborhood advocacy groups, support of foster parent support groups and shopping mall exhibits, among other activities.

Closure of foster homes, which offsets the number of new homes developed, continues to be an issue. We are addressing this concern by stepping up retention efforts (implementation of foster parent poster campaign, development of a respite program, revising policy that supports parenting while concurrently protecting children, developing a support desk reference for staff, etc.).

DOCUMENTATION PROVIDED 3RD Quarter:

Service Delivery/Payment Schedule Oct. 1 -- Nov., 9, 2002; Round Table Discussion Foster Care and Adoption Crisis; and FFY 2003 Service Delivery/payment Schedule.

4th Quarter Report: DFCS continues in its efforts to recruit minority families and engage in on-going general recruitment for families of all races/ethnicities. The state continues its contract with One Church One Child to assist with this effort and is launching a Comprehensive Resource development Plan to address specific county placement needs relative to the maintenance of a pool of families that reflect the placement needs of children within specific counties/areas.

DOCUMENTATION PROVIDED 4TH Quarter:

See draft of revised Comprehensive Resource Development Plan.
Primary Foster Parent Ethnicity SFY 2003

4th Quarter Federal Response: [Does the supplemental documentation the State provides reflect the targeted increases in the numbers of minority parents per year?](#)

5th Quarter Report: Increase in minority families has been renegotiated to a 10% increase by September 2004. So as not to be in conflict with the new federal initiative, elements from the Comprehensive Resource Development Plan will be used in the implementation of this new recruitment initiative (by DHHS/ACF) 'Recruitment Response Team Planning' involving a national recruitment and follow-up strategy for resource families for foster care and adoption. Based on the attached table of data from E&R there has only been a slight increase (2%) in minority families from SFY 2001 TO SFY 2003. See table Primary foster parent ethnicity. Also, there is an additional 200-300 private agency foster homes that we have not included in our overall count, because a breakdown by ethnicity is not currently available.

5th Quarter DOCUMENTATION:

Primary Foster Parent Ethnicity

6th Quarter Report: Next month (May) is when a major recruitment effort for both foster and adoptive homes will occur and will coincide with national, state and regional campaigns. A goal of 500 new families by the end of 2004 has been set. Already, some 8,000 telephone calls have been made to follow-up with earlier inquirers. With the restructuring of DFCS and the organizational placement of the Office of Adoptions within DFCS (April 2004), recruitment efforts for resource families can be better focused. An automated report highlighting recruitment activities (successes and barriers) as well as data reflecting each step of the process from orientation to home approval will enhance efforts to recruit and maintain homes. Currently, private agency foster homes (which have

not been included in the overall count) are being polled for their recruitment data. By the next reporting period, the targeted increases will be provided.

6th Quarter DOCUMENTATION: See Quarterly Recruitment and Statistical Report (new)

6th Quarter Federal Response: [Progress should be documented in the next quarterly report.](#)

[D11: What is the baseline? The State needs to provide information in the next report regarding the rate of increase of minority foster homes.](#)

7TH Quarter Report: When comparing the State's AFCARS Data Frequency Reports of April 1, 2003 –September 30, 2003 against the October 1, 2003 – March 31, 2004 there is an 8.1% increase in the number of First Foster Caretaker identified as Black and an 39.5% increase in the Hispanic Origin Caretaker (see attached reports). There is an AFCARS reporting field of “Unable to Determine Caretaker Ethnicity” that also showed an increase of 41.1%. Some of the caretakers in this number may be of minority ethnicity.

7th Quarter DOCUMENTATION: First Foster Caretaker Ethnicity Increase Table; AFCARS Data Frequency Report for Foster Children April 1, 2003 THROUGH September 30, 2003; and AFCARS Data Frequency Report for Foster Children October 1, 2003 THROUGH March 31, 2004

AFCARS Data Frequency Report for Foster Children October 1, 2002 THROUGH March 31, 2003

8th Quarter Report: Achieved. Per ACF 7th quarter request to include adoption resources: The state's renegotiated benchmark was to realize a 10% increase in the recruitment of foster and adoptive resources. As demonstrated in the "AFCARS Data Frequency Reports"(submitted as documentation in the 7th report) and the "Survey of Private Family Based Foster Care Providers" (attached as documentation in this 8th report), the state exceeded this percentage. Given the population of Georgia and the characteristics of children in care, the most significant increases were seen in the number of families of African American and Hispanic ethnicity. The attached Private Provider report indicates increases in new minority foster and adoptive resources from SFY 2001 through June 2004. For example, in the 2nd year (10/2001 - 09/2002), there were 60 new minority foster homes and 73 minority adoptive homes. In the 3rd year (10/2002 - 09/2003) there were 88 new minority foster homes and 94 adoptive resources. This represents an increase of 47% for minority foster family resources and a 29% increase in minority adoptive resources. In the 4th year (10/2003 - 06/2004) there was also an increase in minority foster home resources but there was a decrease in minority adoptive home resources. In December 2003 the Division developed and implemented a Foster Care and Adoption Services Recruitment database. The database is designed to capture recruitment data on foster and adoption resources; however, it is still too soon to make year-end comparisons.

Given the 7th and 8th quarter reports, the state has surpassed the 10% increase in minority foster homes and adoptive resources. There was an 8.1 increase in Black foster families and a 39% increase in foster families of Hispanic origin. As for the increase in minority

adoptive families, there was an increase of 29% in the 2003. In 2004 there was a decrease in the number of minority adoptive families (from 94 minority adoptive resources in 2003 to 58 minority adoptive families in 2004).

8th Quarter DOCUMENTATION: Survey of Private Family Based Foster Care Providers (also includes adoption resources) regarding minority resource recruitment.

BARRIERS TO ACHIEVEMENT:

Work Plan Detail E -- Item 9, Adoption

Goal: Reduce lengthy time period to file TPR (Termination of Parental Rights)

E2 ACTION STEPS:		Improve accountability for ensuring existing policies and procedures related to filing of TPR are adhered to: B. Incorporate developed standards into County Directors' Performance Management Plan.	
START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
July 2003	June 2004	Field Directors, Professional and Administrative Development Section, Evaluation & Reporting Section, Vivian Egan	30% of counties will be in compliance with developed standards. 8th Quarter: ACF approved at 7th quarter review: 70% of cases statewide will be in compliance with developed standards

ACCOMPLISHMENTS:

1st 2nd 3rd Quarter Reports: Standards have not been developed

4th Quarter Report: E&R Unit is reviewing cases to determine if TPR is being filed timely. We will continue to work with Field Directors to include standards in PMF.

4th Quarter Federal Response: [What has the E&R unit found in their case reviews so far?](#)

5th Quarter Report: Achieved. Refer to E-1. An additional performance expectation has been added to the Performance Management Plans (PMPs) for all DFCS County Directors to ensure the Division's compliance with the PIP. The following statement was added to the Goal 1 Section of the County Director's PMP effective January 1, 2004: 'Ensure staff compliance with policies/law related to timeliness of requests for TPR petitions being filed for children in the placement system.'

The E&R Trend Analysis Report for SFY 2003 indicates 71% of the cases reviewed are filed timely or documented compelling reasons why TPR was not in the child's best interest.

5th Quarter DOCUMENTATION:

Memo dated December 22, 2003 from Janet R Oliva, PhD., Division Director; Subject: Addition to FY04 Performance Management Plans (PMP)

8th Quarter Report: Achieved 5th Quarter. The Evaluation and Reporting Section conducted Social Services reviews in 95 county DFCS offices from July 2002 through June 2003. Statewide trends were identified from the reviews and were summarized in a Trend Analysis Report. The Trend Analysis Report for SFY 2003 indicates 71 % of the cases reviewed are filed timely or documented compelling reasons why TPR was not in the child’s best interest. The Trend Analysis Report was submitted as documentation in the 5th quarter in support of Action Step E1. The Trend Analysis Report is made part of the 8th quarterly reporting for this action step. The QCR for 10/2003 – 09/2004 indicated that three of the 17 applicable cases reviewed were delays in filing the petition to terminate parental rights.

8th Quarter Documentation: October 14, 2003 Trend Analysis Report for July 2002 – June 2003

BARRIERS TO ACHIEVEMENT:

E4 ACTION STEPS:		Develop measures to determine that TPR is filed according to ASFA and policy (this action step was previously attached to the above strategy in the 1st quarter report): Develop capacity within CPRS or another reporting system to produce an exception report when TPR and non-reunification are not filed timely.	
START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
Dec. 2002	June 2004	Michelle Barclay, Kelli Stone, Evaluation & Reporting Section	Timely filing of TPR 5th Quarter: State request to revise benchmark to "Production of Exception Report: Reason: measurement more related to action step.

ACCOMPLISHMENTS:

1st Quarter Report: Same as above.

Work committee to review current data systems to determine if this data is available in either CPRS or AFCARS and if not, to establish data elements needed for exception report. A meeting will be scheduled within the next quarter after work group is established.

2nd Quarter Report: Partially Achieved. No report is due for this quarter.

A work committee reviewed the CPRS and proposed a way to capture this information in the CPRS as a data element and as a report.

3rd Quarter Report: No report. See 2nd Quarter Response

4th Quarter Report: System reporting feature to be available upon completion of the CPRS by 12-31-03. Reporting system to produce an exception report should be in place by the 5th quarter report.

4th Quarter Federal Response: [The measurable benchmark for this action step is 'timely filing of TPR.' Does the State have a baseline?](#)

5th Quarter Report: Getting a baseline for timely filing of TPRs has proved most difficult. The counties can currently produce reports from CPRS that identify children that have case plans that are over one year old and beyond. Both the courts and the DFCS offices can produce these reports. Looking at case plans of children over a year old is a starting point for measuring which cases need to be heading toward TPR and which ones are served best by other permanency options. The state will continue to strive to measure this baseline.

6th Quarter Report: The CPRS produces an exception report that lists all the children's cases by name when the child's case plan has been in the system for over a year. This report is broken down by county and is quite extensive and difficult to effectively manage for purposes of measuring the timely filings of TPRs. At a meeting on April 2, 2004 with participants who included the CPRS developer and CPRS managers from the court and DFCS, it was determined that a new exception report would be developed from CPRS. This exception report will list all children who have a blank "TPR file date" when those children fall under the ASFA regulations of actual time in excess of 15 months of last entry in foster care, abandoned infant, murder or aided murder of another child or serious bodily injury of another child and the child is not excluded by an exception category from appearing on the list. (Exceptions such as living with a relative, no provision of services and compelling reasons are excluded)

A second exception report, broken down by county, will be produced and will list all the children who have a non-reunification plan. These reports will be posted on a protected website requiring user ID and password, but will be available to all DFCS and the courts to determine whether TPRs are filed timely.

A contract will be signed for the work on the development of these reports. The report feature will be completed by the June deadline as stated in the PIP.

6th Quarter Federal Response: E4: The State requested revision of the benchmark from 'timely filing of TPRs' to 'production of an exception report.' It appears that the request is based upon the State's inability to produce a baseline. Has the State sought and obtained appropriate TA (NRCITCW) before abandoning the effort?

E4: There appear to be some flaws in the extraction rules: 1) is entry into care or duration of case plan used for the initial select, 2) does CPRS have data fields for all of the exceptions identified, and 3) if the second exception report limits the select to children with a non-reunification plan, it will bypass those children who have had a goal of reunification for extended periods of time.

7th Quarter Report: Partially Achieved E4: The request from the State to change the benchmark from “Timely Filing of TPRs” to “Production of Exception Report” is based on the fact that the action step of E4 is to develop measures to determine that TPR is filed according to ASFA and policy. In addition, the action step is to develop capacity within CPRS or another reporting system to produce an exception report when TPR and non-reunification are not filed timely. Therefore the measurable benchmark should be the development of reporting measures.

The Case Plan Reporting System has been enhanced and effective July 2004, the Date TPR filed is a new field that county staff will be able to use to record the filing date. Counties will receive written instructions on completing the field prior to the update to the system. An exception report can then be produced which will use four data elements to determine cases where TPR filing has not been timely. The four data elements will include (1) Date Child Entered Care (Removal Date) where they have been in care 15 months or longer, (2) the ASFA screen has a “yes” selected for any of the other circumstances requiring TPR, (3) no exceptions to filing are noted on the ASFA Regulations screen, and (4) TPR filed date field blank. The report will not be restricted to a certain plan type because, as noted in the ACF 6th quarter response, some children could be overlooked.

8th Quarter Report: Achieved. The state now has the capacity to produce the exception report that identifies children where TPR does not appear to have been filed timely. The report will serve as a tickler system by providing each county a list of children where the system does not indicate timely filing of TPR. Attached is a screen print and a sample county report to verify the completion of this action step.

8th Quarter DOCUMENTATION: (1) Case Plan Reporting System, screen print with added field of "Date TPR filed". (2) Sample Exceptions Report.

BARRIERS TO ACHIEVEMENT:

Current data is not available. Contract needs to be put in place to develop this new feature in the CPRS for DHR.

4th Quarter: No barrier

E6 ACTION STEPS:		Develop strategies in partnership with the law department that will urge the SAAGS to file TPR within 30 days of receipt of complete legal services referral and prepare court orders within 15 days of termination hearing: Develop a protocol for counties to report overdue petitions and court orders to DFCS Legal Services to address with law department. Problems in complying with this requirement will be reported to the Commissioner.	
START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
Sept. 2002	July 2004	Vivian Egan, Linda Doster, DFCS Social Services Section	Decrease in length of time to file TPR. 5th Quarter Report: Requesting to revise benchmark to "Creation of the reporting document". Reason: to place more emphasis on the action step.

ACCOMPLISHMENTS:

Goal achieved and ongoing.

As of August 2002, reports of delayed court orders are received from county departments on existing forms used to monitor Title IV-E compliance. Delays are reported to the Law Department by the Legal services Office. A form to be used by counties to report delayed terminations will be prepared and included in the Foster Care manual distributed to county departments.

4th Quarter Federal Response: This step is noted as achieved based on development of policy and protocol packets. However, there is also a measurable benchmark of decreasing length of time to file TPR. Was this benchmark (also the goal for this work plan) placed in this step in error? If not, State must show progress on this benchmark as well, before this step is noted as achieved.

5th Quarter Report: The benchmark 'Decrease in length of time to file TPR' was placed in this step in error. The appropriate benchmark should be: 'Creation of the Reporting Document.'

This step was reported as achieved and documentation of the SSMT dated 4-21-03 that included protocol packets was included in the documentation submitted in the 3rd Quarter Progress Report. However, we have found the counties are not complying with the request to report overdue petitions and court orders to DFCS Legal Services. A new mandatory reporting form has been developed and will be sent to the county DFCS Directors and Field Directors in February 2004. Memo to DFCS Directors and Field Directors will be attached in the 6th quarter report.

5th Quarter DCOUMENTATION:

Reporting Form - Monthly Termination Legal Progress Report

6th Quarter Report: The Monthly Termination Legal Progress Report was transmitted to Field Directors and County Directors on February 19, 2004. The first reports were received in mid-March to document/track issues with completion of TPR petitions, hearings and court orders. A system to compile the data will need to be completed in order to assess patterns and issues. However, this has not delayed the goal of reporting issues that have caused delays with the Law Department.

6th Quarter DOCUMENTATION:

Reporting Form-Monthly Termination Legal Progress Report and Instructions

E Mail to the Field Managers from Janet Oliva, Division Director

6th Quarter Federal Response: [Will you be able to compile the data needed to assess patterns and issues by July 2004?](#)

[E6: The State will need to continue to report progress until the system is fully implemented, particularly as this work is also referenced in E22.](#)

7th Quarter Report: The state considers this action step achieved. County DFCS staff are submitting the new mandatory reporting forms. The 1st quarter documentation provided the protocol developed and the 5th quarter documentation provided a copy of the Monthly Termination Legal Progress Report form.

The reports for March, April and May have been received and reviewed by our Legal Services Office. It has been noted that delays in filing petitions after DFCS referral to the SAAG is primarily concentrated in specific areas represented by a small percentage of the SAAGs. Referrals have been made by our Legal Services Section to the Law Department to address these issues with the identified SAAGs. The Law Department has been cooperative in addressing the concerns with the appropriate SAAGs and working with individual SAAGs in corrective action or termination. In three counties action was taken to replace the SAAG or add new ones.

This action step, developed to enable the DFCS Legal Services Section to identify the SAAGs who were not timely in filing petitions and preparing court orders in order to bring these issues to the attention of the Law Department, has been accomplished. This accomplishment was made possible by the development of protocol and a system for the counties to report legal milestones to the State DFCS Legal Service Section. The Division does not have an automated method to calculate the length of time from the SAAG receiving the Legal Services Referral to filing of TPR; however, manual review of the form has enabled the state to identify areas of concern. The state recognizes the advantages of an automated version of this system to more broadly assess pattern and trends.

8th Quarter Report: Achieved. Per ACF 7th quarter request to explain the process of reporting to the Commissioner: A manual review of the Monthly Termination Legal Progress Report has enabled the Legal Services Officer to identify areas of concern and report these to the Law Department. If a problem should exist that needs reporting, the Legal Services Officer will submit a written report to the Commissioner. The report will detail issues and concerns that have not been resolved by the Law Department.

BARRIERS TO ACHIEVEMENT:

Goal: Reduce lengthy time periods to finalize adoptions.

E12 ACTION STEPS:		Include post termination requirements in CPRS review: Pilot in Dekalb County.	
START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
Mar. 2002	July 2002 5th Quarter: The State Request an extension to July 2004. Reason: to further examine training and data quality issues.	Michelle Barclay, Kelli Stone, Office of Adoptions	Measure of success of utilization in pilot area for improved outcomes. Measure the effectiveness of the new information provided by CPRS for judicial decision making by qualitative interviews with judges.

ACCOMPLISHMENTS:

1st Quarter Report: The prototype, including adoption policy, was piloted in Dekalb County. It is now being implemented statewide. Both panel and court reviews can now be completed on line within the CPRS system for all staff with access to view. An adoption checklist has been added for children who are post-termination and awaiting adoption. A users group of the CPRS made up of judges and caseworkers is being established. The first phone conference/meeting for the group will occur in January 2003.

2nd Quarter Report: Goal Achieved. The prototype, including adoption policy, was piloted in Dekalb County. It is now implemented

statewide. Both panel and court reviews can now be completed on line within the CPRS system for all staff with access to view. An adoption checklist has been added for children who are post-termination and awaiting adoption. A users group of the CPRS made up of judges and caseworkers is being established. The first phone conference/meeting for the group occurred in January 2003.

2nd Quarter Federal Response: [What can the State give us to show completion?](#)

Georgia Reply 3rd Quarter: See DOCUMENTATION

3rd Quarter Report: Achieved. The prototype, including adoption policy, was piloted in DeKalb County. It is now implemented statewide. Both panel and court reviews can now be completed on line within the CPRS system for all staff with access to view. An adoption checklist has been added for children who are post-termination and awaiting adoption. A users group of the CPRS made up of judges and caseworkers is being established. The first phone conference/meeting for the group occurred in January 2003.

DOCUMENTATION PROVIDED 3RD Quarter: Attached screen print of prototype

4th Quarter Federal Response: [For this step, E12 and E13, progress narratives for all 3 quarters are exactly the same despite the fact that progress is noted as 'partially achieved' and 'achieved.' Noted as achieved but no information is given regarding impact of this system in pilot county \(measurable benchmark\). For this step to be achieved, State has to provide some information regarding effectiveness of this CPRS enhancement in improving outcomes.](#)

5th Quarter Report: The report from the CPRS shows that of the over 16,000 case plans in the CPRS, 2555 record Adoption as the Permanency goal (attached). However only 76 case plans include the Adoption checklist that records the steps taken toward adoption within the CPRS. The State will explore training and data quality issues by next quarter.

5th Quarter DOCUMENTATION:

PIP Results 2/18/2004 - Adoption

PIP Results 2/18/2004 -- Permanency Goal for Child

6th Quarter Report: The CIP staff interviewed Judge Robin Nash of Dekalb County Juvenile Court, the pilot site for the CPRS. Judge Nash reported that the adoption checklist looked promising when used during the pilot phase last year. However, Judge Nash observes that the checklists are no longer being completed and the ones previously completed are not being updated. Upon further review of the checklist, he agrees that it would be a useful tool in measuring if the plan is on track and the checklist is correctly used. We have data from last quarter's report which documents only 76 checklists have been completed although there are 2555 children who have the permanency goal of adoption checked within the CPRS.

Refer to E-13 for the proposed solution.

6th Quarter Federal Response: The relevance of the number of permanency goals by type is unclear. Either the State is including permanency goals for children in closed cases or there is some other explanation as to the significant difference between the State's AFCARS reporting (see below) and the 16 000 case plans.

Children in care on the first day of the year:

2002: 12, 812

2003: 12, 986 (preliminary)

7th Quarter Report: Achieved - The adoption checklist is a part of CPRS. Effective April 2004, the adoption checklist now has a link in the main navigational toolbar, which makes it much easier to find. Workers are introduced to the checklist during New Worker Training. Supervisors are receiving instruction in regional supervisors meetings statewide - on the importance of using the checklist to improve outcomes for children through timely finalization of adoption. The courts have agreed that the tool is helpful, and the judges have been encouraged to request workers to utilize the checklist for any case with a TPR.

The ACF 6th quarter response points out a discrepancy of the numbers between CPRS and IDS. IDS is the official reporting system for AFCARS information. The number of plans in CPRS is higher due to several factors. During the migration of plans from the original CPRS to CPRSv2, duplicate cases were created. The counties were not aware that they needed to close the original plan, so the duplicate plans remain. Other plans should have been closed when their case was closed. The Division is now providing training to supervisors on how to identify plans that need to be closed and how to close them. Additionally, supervisors and workers are receiving training on how to create a new plan and review existing plans. The developer for the system will review the system for “junk plans” and delete as appropriate.

8th Quarter Report: Achieved. In every training opportunity, including new worker training, veteran worker training, regional supervisory training and statewide conferences, the CPRS adoption checklist has been introduced, reviewed, and staff are encouraged to use this feature when TPR or voluntary surrender is realized. The “Prompt” is functioning as designed. The usage should increase as workers achieved TPR or VS on new children. For many of the children who are free for adoption and have been in the system for some time, case managers are not required to use the checklist because the older cases were “grandfathered” into the system. As mentioned in the 3rd quarter report, the prototype was piloted in DeKalb County and was implemented statewide.

To address the data discrepancy discussed in the 7th quarterly report, on October 22, State DFCS received the list of cases in CPRS that do not match an open case in IDS. After reviewing the list, the project administrator was able to determine several causes for the unmatched cases, which include: 1. Child's name is entered one way in CPRS and a different way in IDS. 2. Case number is either missing from CPRS or is a different format from IDS. 3. Cases where there is more than one draft plan for each child, because the worker had a problem and started over without completing the first plan. 4. Cases where there is more than one draft plan for each

child, because the worker was not aware that they should use the original plan to edit for a case review. 4. Cases where all children have exited care and there are no aftercare services being provided. 5. Cases where the worker created a plan group for the father and a plan group for the mother. The case plan is the child's plan, and there should be one plan. 6. Cases where the last updater is "100". This indicates a plan that was migrated from Version 1. When the worker reviewed the migrated case, a new version of the plan group was created. Situations as in 2 and 6 are considered "Junk" plans.

A clean-up effort by the developer earlier this fall cleared approximately 75% of "junk" plans out of the database. The remaining "junk" plans, other duplicates and unmatched plans must be reviewed by the counties that created the plans. State DFCS wants to be very sure no legitimate plans are closed during this cleanup effort. A skilled IDS and CPRS user must thoroughly search and compare both databases before making the decision to close a plan. Therefore, the search and comparison must be conducted by county and state employees.

A memo was sent to the Managers of Field Operations on October 28, 2004 (see Documentation Appendix, Item 7) with a list of case plans that must be reviewed by each of their county offices. The counties were instructed to correct the child name and case number, close duplicate plans, and close plans where the cases are no longer active. Counties were instructed to note the date and action taken on the list and return it to the State Project Administrator. The deadline for this cleanup is November 16, 2004. The memo is made a part of 8th quarter reporting.

The latest IDS "Placement Count" report of September 2004 indicates a total of 15,854 children in various placements types. The CPRS reports 14,816 permanency types. This is a significant improvement from the previous reporting quarter. Approximately 640 of these children are in placement types that do not require a case plan in CPRS i.e. ICPC children coming from other states, children on runaway status for longer than 6 months, and children committed and custody transferred to Youth Detention Centers.

BARRIERS TO ACHIEVEMENT:

E13 ACTION STEPS:		Include post termination requirements in CPRS review:	
		Reviews should be completed by agency staff and provided to judges at time of post termination reviews.	
START	COMPLETION	RESPONSIBLE	MEASURABLE

DATE	DATE	PERSON(S)	BENCHMARKS
July 2002	June 2004	Michelle Barclay, Kelli Stone, Office of Adoptions	Measure the effectiveness of the new information provided by CPRS for judicial decision making by qualitative interviews with judges.

ACCOMPLISHMENTS:

1st Quarter Report: Partially Achieved. Qualitative interviewing of usage and functionality of the judges began in February 2003.

2nd Quarter Report: Usage of the system has increased monthly. Feedback has come forth and has produced one report of requests for changes to better serve their business process. A second focus group feedback session for the CPRS is scheduled for Friday, April 18, 2003 and a 2nd report will be produced from that session.

3rd Quarter Update: Surveys from the judges indicate they are not yet using the aftercare information as a part of their case management business process. CPRS is in the early adoption phase by the courts and therefore the primary use and training of the system is on active case plans for non-terminated cases. More focused training and use of the aftercare plan feature is needed in order to assess its effectiveness. That initiative will be forthcoming in 2004. It is anticipated that more work will need to be done in CPRS to accommodate the business process of the courts regarding aftercare plans. For example, the ability to print aftercare plans in a formal report will likely be required.

4th Quarter Report: Training on use of the post termination requirements is ongoing. A Juvenile Court Judge has joined the staff's training efforts thus helping tremendously. Better printing functionality needs to be put in place to help the users. Plans are to address this need once the CPRS is completed 12-31-03.

4th Quarter Federal Response: For this step, E12 and E13, progress narratives for all 3 quarters are exactly the same despite the fact that progress is noted as 'partially achieved' and 'achieved.'

5th Quarter Report: The report from the CPRS shows that of the over 16,000 case plans in the CPRS, 2555 record Adoption as the Permanency goal. However only 76 case plans include the Adoption checklist that records the steps taken toward adoption within the CPRS. The State will explore training and data quality issues by next quarter. Qualitative interviews with judges have not been done since it has taken longer than anticipated to get enough adoption of the usage of CPRS in order to get quality information. Interviewing will be done by next quarter.

5th Quarter DOCUMENTATION: Same as E12

6th Quarter Report: Staff of the CIP conducted interviews with ten judges. Findings were similar to the report from Judge Nash who participated in the pilot in Dekalb County (refer to E-12).

Question 1. Are you seeing the adoption checklist used in your work? Answer: No

(Only one reported seeing a checklist).

After reviewing the checklist with the judge the following was asked:

Question 2. Do you think this checklist would be helpful in your making a judicial decision regarding a case? Answer: Yes, if it is filled out and kept current.

A meeting on April 2, 2004 was held with participants who included the CPRS developer and CPRS managers from the court and DFCS to discuss the non-utilization of the checklist by staff. Three decisions were made as a result of this discussion.

1. The adoption checklist will be placed in a more prominent position within the CPRS. (Currently may be too hard to find)
2. Technology will be added to prompt caseworkers to use the adoption checklist when indicated.
3. We will emphasize the use of the adoption checklist with new worker and ongoing training of caseworkers.

6th Quarter Federal Response: [Report on progress in the next quarter.](#)

[E13: When does the State expect to complete the location change of the checklist in CPRS and when will the prompt to workers be implemented?](#)

7th Quarter Report: In April 2004, the adoption checklist now has a link in the main navigational toolbar, which makes it much more visible. Workers are introduced to the checklist during New Worker Training. Supervisors are receiving instruction in regional supervisors meetings statewide - on the importance of using the checklist to improve outcomes for children through timely finalization of adoption. The courts are being introduced to the checklist and are encouraged to ask the workers to complete the checklist once the first TPR is granted.

Criteria for the prompt to remind workers to use the adoption checklist when indicated have been defined and the prompt is under development.

8th Quarter Report: Achieved. In every training opportunity, including new worker training, veteran worker training, regional supervisory training and statewide conferences, the CPRS adoption checklist has been introduced, reviewed, and staff are encouraged to use this feature when TPR or voluntary surrender is realized. The “Prompt” is functioning as designed. The usage should increase as workers achieved TPR or VS on new children. For many of the children who are free for adoption and have been in the system for some time, case managers are not required to use the checklist because the older cases were “grandfathered” into the system.

BARRIERS TO ACHIEVEMENT:

E16 ACTION STEPS:		Examine foster care and adoption policy requirements for impact on length of time to achieve adoption: Make addition to six month CPRS instrument to require agency to report steps taken to achieve permanency goal.	
START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
Mar. 2002	Mar. 2003 5th Quarter: The State requests an extension to July 2004. Reason: to explore training and data quality issues.	Michelle Barclay, Kelli Stone	Measure the effectiveness of the new information in the CPRS for judicial and agency decision making for permanency by qualitative interviews.

ACCOMPLISHMENTS:

Goal Achieved. The CPRS has been amended to include functionality allowing the agency to document steps toward achieving the permanency goal. This information is located in the Aftercare section of CPRS.

4th Quarter Federal Response: [Noted as achieved based on amendment of CPRS. However, the State will need to report on the effectiveness of this information in decision-making for permanency.](#)

5th Quarter Report: The report from the CPRS shows that of the over 16,000 case plans in the CPRS, 2555 record Adoption as the Permanency goal. However only 76 case plans include the Adoption checklist that records the steps taken toward adoption within the CPRS. The State will explore training and data quality issues that will be addressed by next quarter.

5th Quarter Documentation: Same as E12

6th Quarter Report: Refer to E-13

6th Quarter Federal Response: [6th Quarter Report: Refer to E-13](#)

7th Quarter Report: In April 2004, the adoption checklist now has a link in the main navigational toolbar, which makes it much more visible. Workers are introduced to the checklist during New Worker Training. Supervisors are receiving instruction in regional supervisors meetings statewide - on the importance of using the checklist to improve outcomes for children through timely finalization of adoption. The courts are being introduced to the checklist and are encouraged to ask the workers to complete the checklist once the first TPR is granted.

Criteria for the prompt to remind workers to use the adoption checklist when indicated have been defined and the prompt is under development.

8th Quarter Report: Achieved. The prompt is functional in CPRS and the evaluation has been completed (see E-13).

Goal: Determine if court delays are impacting length of time to achieve adoption.

E22 ACTION STEPS:		Court Improvement Project (CIP) will complete assessment of juvenile court processes through surveys and interviews of judges and case file review to identify specific barriers. What are you going to do about the barriers identified in this report?	
START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
June 2002	Sept. 2002 5th Quarter: The State requests an extension to July 2004. Reason: to explore specific causes of delay for adoption permanency.	Michelle Barclay, Doris Walker	Identification of barriers and needs. Report of findings and recommendations.

ACCOMPLISHMENTS:

Goal Achieved.

A report was completed in January 2003 and is posted on the CIP website:

<http://www.state.ga.us/courts/supreme/cpp/>

4th Quarter Federal Response: Noted as achieved but State did not respond to RO's question about what they will do about the barriers identified in the CIP report. The goal for this and subsequent steps is: 'Determine if court delays are impacting length of time to achieve adoption.'

5th Quarter Report: At this time, the CIP does not have definitive knowledge of whether court delays alone are impacting length of time to achieve adoption. There are of course courts that do cause delays, but there are also delays because of appeals, delays in getting orders done, delays in attorneys and caseworkers filing paperwork and high caseloads. The CIP staff will continue to strive to find specific performance measures to discover what causes delays for children whose permanency goal is adoption.

6th Quarter Report: We have begun some collection of information that will help identify cases in which delays are occurring after filing of TPR. Refer to E-6 and to the Monthly Termination Legal Progress Report. If we determine from these reports that there are delays between filing of petition and hearing/disposition date, we will begin conducting interviews with the judges and court staff to determine causes of the delays and court's perception of the problem. These interviews will begin in May 2004.

In addition we have been successful in the passage of statute changes that will impact the court's involvement with adoption timeliness. HB 1322, passed in the 2004 legislative session, requires a judicial review every six months after TPR to review the agency's progress in adoption planning for a child. Prior to the passage of this bill, the court review was on an annual basis. (Refer to E-10). In the 2003 legislative session, we were successful in the passage of a bill which allows an agency adoption hearing be conducted immediately after filing the adoption petition. Prior to the passage of that law it was required that the hearing had to be held at least 60 days after the filing of the petitions. (Refer to E-9).

6th Quarter Federal Response: E22: see comments on E6 and E10

7th Quarter Report: In reviewing ACF response, we don't understand the reference to E-10 in this action step. E-10 refers to the review of cases after TPR to determine progress in the agency placing the child for adoption.

Further clarity is needed in order to address the relationship between E-10 and E-22.

The measurable benchmark in this action step is to identify barriers and needs and to complete a report of findings and recommendations. The report has been completed and referenced in 4th quarter report that provided the web site for the report. We are attaching a copy of the report. On Page 7 of the report there is key information in terms of findings and recommendations. Below each finding are recommendations

for the barrier identified. These recommendations in the report should address the ACF question “what are you going to do about the barriers identified in the report?” The implementation of the reported recommendations is on going. The CIP is currently addressing and working with the Carl Vinson Institute of Government to research and write a report on Juvenile Court Improvement by Accountability; the CIP has received a Strengthening Abuse and Neglect Courts of America grant and is working with OJJDP and the Center for Children on the Law to institute court performance measures to better information about timeliness and permanency status on children.

The state contends that we have met this action step as we have completed the stated benchmark.

8th Quarter Report: Achieved. Per ACF 7th quarter request "how is DFCS working with CIP to improve the barriers?": DFCS is working with the CIP to improve the barriers by:

1. DFCS is providing AFCARS data to the Office of Child Advocate who in turn is developing reports by county, DHR region, judicial circuit, and judicial district.
2. DFCS is working with the CIP both programmatically and financially to improve the CPRS to capture more information regarding timelines, relative search documentation, and model order updates. DFCS and the CIP are also exploring a proposal to store court orders (a document management system) so all parties could access court orders on-line in a protected, confidential database. Storing this information would help both entities document problems and non-uniformity issues which causes barriers for children.
3. DFCS participates in the CIP's Model Courts project, which meets quarterly. The Model Courts project is driving the SANCA project.
4. DFCS participates both programmatically and financially in a project to create a visitation protocol for the courts and DFCS. The research driving this project states that increased visitation allows reunification to occur more quickly where that is the probable case resolution. Alternatively increased visitation also allows the issues in a case to become clearer more quickly where reunification is unlikely, which in turn better supports DFCS when proposing a new permanency plan for a child. Estimated date for a visitation protocol is May 2005.
5. The CIP continues to review court case files in randomly selected counties to look for time line adherence, proper order filing and proper documentation for representing parents and children. DFCS supports the CIP by providing the sample list of cases from their AFCARS data system so the CIP can look at children's cases that are over one year old.

BARRIERS TO ACHIEVEMENT:

Goal: Determine if court delays are impacting length of time to achieve adoption.

E23 ACTION STEPS:		Enhance existing Adoptions A-file system to evaluate and identify whether delays are occurring between filing for adoption and finalization.	
START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
March 2002	June 2003 Requesting approval to change this completion date to October 2003 <i>If extension is granted, is it sure to be done by October?</i> Georgia's Reply: We are on target for completion in Oct. 2003. 5th Quarter: The State request to Renegotiate Completion Date to February 2004	Office of Adoptions, IT Section, Contractor (would require funding)	Addition of needed data elements. Evaluate data to determine significance of court delays in finalization.

ACCOMPLISHMENTS:

2nd Quarter Report: Partially Achieved. Project on track for October completion.

3rd Quarter Report/Status: The Adoptions Documentation and Analysis project is 64% complete. The project was projected to be finished on September 26, 2003. However, the project has fallen behind due to the gathering of business rules taking longer than expected, key personnel working on AFCARS reporting, and key personnel working on management reports. The business rules were due to be complete on 12/19/2002, but due to the unavailability of staff (vacations, meetings, etc.), this task was not complete until February. Also, some processes had to be re-evaluated two or three times. We also fell behind during the documentation of the base

reports. The AFCARS reporting and management reports were of a higher priority and needed to be completed. During these delays, we performed other tasks that were not dependent on the staff of the Office of Adoptions. The business rule task gave us the biggest hit in which we have not yet recovered. We are making every effort to finish this project on target. There were some tasks that did not take as long to complete as estimated. Some time was recovered during those tasks. We hope to gain more ground while completing future tasks. We also hope to minimize any further delays.

4th Quarter Report: Goal Achieved. The enhancements to the A-File system have been completed. This will enable the Office of Adoptions to run reports to evaluate and identify whether delays are occurring between filing for adoption and finalization. Target date for first report is January 2004 for period of October through December 2003.

DOCUMENTATION PROVIDED 4th Quarter:

Attached screen print of A-File Database to show addition of 'Filing Date' field.

4th Quarter Federal Response: Enhancements to the A-File system completed. Target date for first report, that evaluates whether delays are occurring between filing for adoption and finalization, is January 2004. This step is noted as achieved by State but until the report is received, ACF cannot note it as achieved.

5th Quarter Report: Goal is achieved as of February 2004. The State had marked this action step as achieved in error. Although the enhancements to the A-file system was made, the first quarterly report (October, November, December) to evaluate data and identify delays was not available until January 2004. Our first report (2-13-04) indicates an average of 1.64 months between filing of adoption and final hearing. We will continue to evaluate and monitor with quarterly reports. With the passing of SB 192 (effective July 1, 2003) our hope is to reduce the average time. We already see progress as the first report indicates an average below 60 days, which would not have been possible prior to passing of this legislation.

5th Quarter DOCUMENTATION: Report 'Average Time to Final Disposition of Adoption'

8th Quarter Report: Achieved. Per ACF 7th quarter request to discuss evaluation of data and what is the state doing: Prior to the beginning of the PIP, the state had no way to evaluate whether delays were occurring between filing for adoption and finalization. Law at that time required a 60-day period between filing and finalization of the adoption petition. As a result of the PIP, the state has achieved enhancement of the A file system to enable us to measure the length of time between filing and finalization of the adoption. The state has also achieved a change in the law effective July 1, 2003, which was reported under action step E-9, which removes the mandatory 60-day period, thus allowing immediate hearings. Evaluation of the data shows a decrease from the beginning of the PIP (+ 2 months) to the current average of 1.63 months for FFY 2004.

8th Quarter DOCUMENTATION: Adoption Statistics Report, Average Length of Time in Months FFY 2000-2004

BARRIERS TO ACHIEVEMENT:

E25 ACTION STEPS:		Monitor new pilot project taking place in Fulton County where Superior Court Judges have delegated adoption jurisdiction to Juvenile Court Judges for adoption cases where the deprivation petition originated in the juvenile court.	
START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
May 2002	December 2002	Michelle Barclay	A qualitative report will assess the impact of the pilot to determine if the delegation is beneficial for adoptions and any other impact on the child welfare system. Recommendation for statewide implementation will follow if appropriate.

ACCOMPLISHMENTS:

3rd Quarter Report: Goal Achieved. The pilot project in Fulton has been monitored. Only 30 adoptions have been done this past year. Since so few adoptions have been done, delegation of jurisdiction appears to have made very little change in the time from TPR to adoption. This monitoring will continue and we hope to examine this jurisdiction delegation in another county this year.

4th Quarter Federal Response: [State should provide a copy of the qualitative report, and if possible, continue to monitor effectiveness of pilot in another county.](#)

5th Quarter Report: Interview Report of Adoption worker, juvenile court judge and attorney child advocate is attached. Another pilot is difficult since it involves convincing another county's superior court to delegate adoption jurisdiction. However, CIP staff and the Office of the Child Advocate approached the Governor's office asking for assistance on selecting a county and asking for another pilot. The request was well received and CIP staff promised to follow up in a few months.

5th Quarter DOCUMENTATION: Fulton County Juvenile Court Adoption Day Report.

8th Quarter Report: Prior to the beginning of the PIP, the state had no way to evaluate whether delays were occurring between filing for adoption and finalization. Law at that time required a 60-day period between filing and finalization of the adoption petition. As a result of the PIP, the state has achieved enhancement of the A file system to enable us to measure the length of time between filing of and finalization of the adoption petition. The state has also achieved a change in the law effective July 1, 2003 (reported under action step E-9), which removes the mandatory 60-day period, thus allowing for immediate hearings. Evaluation of the data shows a decrease from the beginning of the PIP (+2 months) to the current state average of 1.63 months for FFY2004. The average time for cases finalized in Fulton County is .76 or $\frac{3}{4}$ of one month. (Refer to attached report: Average time to Final Disposition of Adoption from Filing date by Adoption Date between 10-1-03 to 9-30-04 for Fulton County).

Due to the change in law, which allows immediate timely hearings, a recommendation for statewide implementation of this pilot is not appropriate.

8th Quarter DOCUMENTATION: Attached is a copy of the CIP Qualitative Survey Report submitted in the 5th quarter.

BARRIERS TO ACHIEVEMENT:

5th Quarter: The superior court judges have told CIP staff that adoptions are a favorite task and they do not wish to delegate this work.

Goal: Inform foster parents of service options available to them if they adopt.

E26 ACTION STEPS:		Provide Adoption Assistance Handbook and information regarding accessing Post Adoption Services to all foster care and adoption MAPP participants.	
START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
Mar. 2002	June 2003	Gail Greer, Adoption Support and Resource Center	All prospective adoptive parents will have information regarding post adoption services available to them.

ACCOMPLISHMENTS:

Achieved. See below

4th Quarter Federal Response: [How many families received this packet and how will the State continue to ensure that informational packets are provided?](#)

5th Quarter Report: The Office of Adoptions has a contract with the Georgia Center for Adoption Resources and Support. This contract requires the Regional Advisors to distribute brochures on the Center's services to every County DFCS office. This information includes a post adoption services listing and an adoption assistance handbook. In addition, the advisors ask to attend the 9th session of MAPP so they may discuss the resources available to families. Each prospective foster and adoptive parent is given a Resource and Adoption Assistance Directory at MAPP, when the Form 150 is signed or when the Placement Agreement is signed. The county, by policy, is to have the family sign a Form 399 identifying they have received this material and forward the form to the Office of Adoptions. To date we have received 324 forms. Enforcement of this policy continues to be a training issue that will be emphasized by the Regional Adoption Coordinators with the County DFCS offices.

8th Quarter Report: Achieved. The state has recently (7/2004) developed and implemented a new curriculum (IMPACT: Initial Interest, Mutual Selection, Pre service Training, Assessment, Continuing Development, Teamwork) to provide orientation and training to all potential foster and adoptive parents. This curriculum includes a scripted presentation both in Orientation and Training regarding Adoption Assistance and post adoption services. The state has trained all staff persons who provides orientation and training on this curriculum. The training is ongoing. We are attaching the scripted modules and a resource packet provided to all participants during IMPACT training. Resource families sign a form stating they have been given the resource packet.

The Office of Adoptions has a contract with the Georgia Center for Resource and Support: Serving Adoptive and Foster Families to provide support services. According to the recent SFY 2004 contract annual report from the Center, they disseminated the following information:

- Attended 48 MAPP training groups to distribute Adoption Assistance Handbooks and Resource Packets
- Distributed 5,413 Resource packets
- Distributed 10,313 brochures to County DFCS Offices regarding Services of the Resource Center. These brochures will also be distributed to potential resource parents.

8th Quarter DOCUMENTATION:

- (1) IMPACT scripted module on Adoption Assistance and adoption services
- (2) Resource Packet for DHR Resource families. The Packet includes a 16 page easy-to-read handbook "Adoption Assistance in Georgia".
- (3) Adoption Assistance Training, slide presentation

BARRIERS TO ACHIEVEMENT:

E27 ACTION STEPS:		At time of signing of the Form 33/37 Placement Agreement, provide a packet of information from the Georgia Center for Adoption Resources and Support that will assist families in identifying post adopt services, support groups, community resources and events relating to adoption. Packets will include copies of the Adoption Assistance Handbook.	
START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
Feb. 2002	June 2003	Gail Greer	Information packets provided.

ACCOMPLISHMENTS:

1st 2nd and 3rd Quarter Reports: Achieved. Each region in the state has been provided with the number of packages they requested to satisfy accomplishing this step. They signed for the packets and the signed copies were given to the Regional Advisors for the Center for Adoption Resources and Support. A letter was sent to each county in August 2002 regarding distribution to all prospective foster and adoptive parents at: MAPP; the signing of the form 150; or at the time of the signing of the adoptive placement agreement. Verification that the family received this information is required. Each packet is to be signed by the recipient and the form sent to the Office of Adoptions.

DOCUMENTATION PROVIDED 3RD Quarter:

Refer to Office of Adoptions Policy Manual Transmittal No. 03-01 distributed to the county DFCS on 3-27-03.

4th Quarter Federal Response: [How many families received this packet and how will the State continue to ensure that informational packets are provided?](#)

5th Quarter Report: The Office of Adoptions has a contract with the Georgia Center for Adoption Resources and Support. This contract requires the Regional Advisors to distribute brochures on the Center's services to every County DFCS office. This information includes a post adoption services listing and an adoption assistance handbook. In addition, the advisors ask to attend the 9th session of MAPP so they may discuss the resources available to families. Each prospective foster and adoptive parent is given a Resource and Adoption Assistance Directory at MAPP, when the Form 150 is signed or when the Placement Agreement is signed. The

county, by policy, is to have the family sign a Form 399 identifying they have received this material and forward the form to the Office of Adoptions. To date we have received 324 forms.

Enforcement of this policy continues to be a training issue that will be emphasized by the Regional Adoption Coordinators with the County DFCS offices.

8th Quarter Report: Achieved. Refer to action step E26, which addresses the provision of information during Orientation and IMPACT training.

BARRIERS TO ACHIEVEMENT:

Work Plan Detail F -- Item 10, Permanency Goal of Other Planned Permanent Living Arrangement

F1 ACTION STEPS:		Enhance the content of MAPP training and annual training at the Foster Parent Institutes to include other roles for foster parents to assist children in developing permanency living arrangements. Evaluation: Survey sampling will reveal if training is successful.	
START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
Mar. 2002	Dec. 2002	Placement Resource Development Unit, Jayne Bachman, Resource Development Workers, TA: Ed Fuller	Foster parents will understand the difference between the various permanency goals and all of their potential roles in child's life (such as long-term foster care by agreement).

ACCOMPLISHMENTS:

This action step is achieved. Multiple focus groups and training workshops have supported the need for ongoing training to foster parents to discuss permanency plans. Emphasis on 'other planned living arrangement' has yielded an awareness and willingness to explore this alternative for children. This will be an ongoing training workshop at future Foster Parent Development Institutes.

4th Quarter Federal Response: *The State reports that 'multiple focus groups and training workshops have supported the need for ongoing training to foster parents to discuss permanency plans.'* However, the actual goal of F1 is to 'enhance the content of MAPP training and annual training at the Foster Parent Institute....' We need to know if State has actually enhanced the training, and if so, in what ways.

5th Quarter Report: When the State discusses enhancing MAPP Training it means that at the Foster Parent Institutes, and other State sponsored training/conferences emphasis is placed on the 12 basic steps of MAPP knowing the developmental needs of children, working in partnerships, etc. More importantly, in response to the changing complexities of fostering, the Foster Parent Institutes, the Child Placement Conference, also emphasize supports available from the agency, clear understanding of the State's discipline policy, HIPAA, ASFA, MEPA, IEPA, supervision and safety issues, explanation of cultural, ethnic and religious issues faced by the child as well as the resource family to name a few.

8th Quarter Report: Achieved. Per ACF 7th quarter request to explain the change from MAPP to IMPACT: In July 2004 Georgia implemented its new pre-service training called IMPACT. IMPACT was developed using the recommendations from a work-group, which consisted of agency staff, community partners, private agencies and foster parents. The group identified pre-service training needs for foster parents follows:

- *The Fostering/Adoption Process* – including supervision and safety issues for children in care; communication with the agency and other foster care partners; the judicial/legal process; discipline policy requirements and behavior management; cultural, ethnic and

religious issues; supports for the resource family; an awareness of personal and family strengths/limitations, and resources needed to successfully foster/adopt; and understanding the role of the resource family in concurrent planning.

- *Emotional/Cognitive/Behavioral Implications in Fostering/Adopting* – Loss and attachment issues and techniques for intervention; the impact of placement on the cognitive functioning of children; family’s role in working with professionals in meeting the medical/psychological/educational, etc. needs of child; supporting the agency in moving a child into the appropriate level of care; the immediate and long term effects of placement on the resource family; the agency’s role in supporting collaboration between partners; recognizing and responding to Attention Deficit Hyperactive and other emotional, psychological and bio-chemical disorders.
- *Sexuality and Sexual Orientation* – sexuality as it relates to different age groups; recognizing and supporting children who have been victims of sexual abuse; supporting and responding to children who express sexual identity and sexual orientation issues; learning to recognize and avoid personal vulnerability to sexual maltreatment accusations and alleged overtures for sexual intimacy; expecting, and recognizing and coping with exaggerated sexualized behaviors.
- *Communication and Partnership* – Defining the basics of communication patterns and the dynamics involved in communicating with partners; role responsibilities in initiating various types of communication; procedures to follow when communication is problematic; defining partnership and the various partners (resource families, agency staff, community agencies, faith based groups, biological/extended family members, professional resources, other resource families) involved in communication.
- *Identity and Cultural Issues* – an examination of cultural, religious, ethnic and trans-racial factors impacting the placement and care of children, including the importance of cultural and ethnic identity; diversity; and practical cultural and identity issues for resource families, including grooming, hygiene, customs, manners, social interaction, and dietary considerations.

The result is a 20-hour training divided into 20 modules, which was submitted as documentation in the 7th quarter report. By September 30, 2004 approximately 375 staff and private agency providers were certified as facilitators of IMPACT. As county staff are trained, they are implementing IMPACT as the State’s official pre-service training. The entire changeover from the GPS:MAPP training process to IMPACT should be completed by December 2004.

BARRIERS TO ACHIEVEMENT:

Work Plan Detail G -- Item 12, Placement with Siblings

G3 ACTION STEPS:		Goal #2 Step 2: Supervisors are trained to include efforts to place siblings together in their reviews.	
START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
Feb 2003	June 2004	Consultation and Support, Nancy Bruce and Education and Research	All placement supervisors will be trained on the revised Supervisory Review form and standards to document efforts to place siblings together. Efforts to place siblings in the same home will be documented in at least 90% of cases by June 2004.

ACCOMPLISHMENTS:

1st Quarter Report: Goal 2, Steps 1 - 4: A workgroup is being formed to address changes needed to improve the Supervisory Review Form and implementation process. The committee is aware of PIP requirements to place siblings together, if possible or feasible. They expect to revise the Supervisory Review Form to document efforts to place siblings together.

2nd Quarter Report: Achieved. The requirements for exhaustive efforts to place sibling groups together were emphasized in CPRS training sessions completed in February 2003 for staff statewide. All staff are required to document efforts to place siblings together.

2nd Quarter Federal Response: [What can the State give us to show this has been achieved?](#)

Georgia's Reply 3rd Quarter: The state respectfully requests to change the 2nd Quarter Report from 'Achieved' to reflect, 'Partially Achieved'. This request is being made because, while all supervisors were trained to document efforts to place siblings together on the CPRS, the actual Supervisory Review form (stipulated under the Measurable Benchmarks) is still in process of revision.

3rd Quarter Federal Response: [OK.](#)

3rd Quarter Report: Partially Achieved. Efforts to revise the Supervisory Review Form continue as indicated above, under Goal # 2, Step # 1.

4th Quarter Report: Partially Achieved. Efforts to revise the Supervisory Review Form continue, as indicated above under Goal # 2, Step # 1.

DOCUMENTATION:

Please see attachment CPRS Screen printout, Permanency 2, Item 12, which confirms efforts to place siblings together are properly documented in case files. Also, see attachments, CPRS v2, Trained by County & Region -- Detail and PRS v2, Trained by Training Date -- Detail, which show that staff from all 159 Georgia counties have been trained to include efforts to place siblings together in the case plan.

5th Quarter Report: Partially Achieved. The state has made the decision to discontinue using the Supervisory Review Guide and replaces it with the Child Placement Services E & R Social Services Review Guide, developed by the Evaluation and Reporting (E & R) office. This instrument is already developed and available to the staff. Also, it incorporates PIP requirements for Georgia. It encompasses the same information contained in the previous Supervisory Review Guide, and includes a reference to efforts to place siblings together (under Item 28). The E & R Review Guide is already available to staff and requires no additional training. According to the first round of QCRs efforts to place siblings together was documented in 10 of the 13 applicable cases. See the attached Qualitative Review Report for October 2003 -- December 2003.

6th Quarter Report: The most recent Qualitative Case Review for January 2004 – March 2004 indicates an increase in the number of siblings placed together. Of 37 cases examined, 23 were relevant to the placement of siblings together. Documentation of efforts to place siblings together was indicated in 21 cases (91.30%).

7th Quarter Report: ACHIEVED. This item was achieved with the previous report. Our failure to indicate it was an oversight. Supervisors have been trained to include efforts to place siblings together in their reviews. Training will continue to be extended to supervisors as needed or when updates/improvements to the system are made.

7th Quarter DOCUMENTATION: A cumulative Qualitative Case Review for the 10 month period 10/03 – 06/04 shows that in 45 relevant cases, 38 cases (84.44%) were rated as a “strength”. This item was rated “needs improvement” in seven cases (15.56%). Forty cases involved siblings where, if appropriate, the agency should have made attempts to keep siblings together. The report indicates that the agency made diligent attempts to keep siblings together in 34 of the 40 cases (85.00%).

8th Quarter Report: Achieved. As reported in the 6th quarter report, Georgia’s Quality Case Review (QCR) indicates that efforts to place siblings together were documented in 91.30% of the cases reviewed. The federal final CFSR report indicates that 72.2% of cases document efforts to place siblings together. The QCR for 10/2003 – 09/2004 implies that in 92.6% of the applicable cases, diligent efforts were made to place siblings together.

8th Quarter DOCUMENTATION: Georgia Qualitative Case Report, October 2003 – September 2004

BARRIERS TO ACHIEVEMENT:

G6 ACTION STEPS:		<p>Goal #3</p> <p>Step 1: Research Hull House (IL, FL) and other states' statutory initiatives developed to maintain siblings together, including legislation, literature, participant interviews, and national resources. Research summary report prepared.</p> <p>Step 2: Evaluate Step 1 models for pilot in Georgia and prepare for implementation. 5th Quarter: Per Annual Evaluation/Renegotiations the State requested to change 'Evaluation' terminology to 'Review'. Reason: Evaluate implies a much more formal investigation and analysis than was intended or completed. Georgia simply wanted to review what other states or organizations had tried for consideration of replicating a similar program in Georgia.</p> <p>Step 3: Enhanced utilization of new Relative Caregiver Subsidy (RCS) through training and awareness.</p> <p>Step 4: Implement targeted recruitment of foster homes willing to accept sibling groups. Include importance of keeping siblings together in education of prospective foster parents.</p> <p>Evaluation: If model evaluated successfully, at least one pilot site will be implemented in Georgia and an evaluation of that pilot will take place.</p>	
START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
Mar 2002	June 2004	Sarah Brownlee, Education and Research, Foster Care Unit	Step 3 -- On-going monitoring of RCS cases approved Step 4 -- On-going efforts to increase the number of homes which accept sibling groups

ACCOMPLISHMENTS:

1ST Quarter Report: Relative Care Subsidy (RCS) training has been offered statewide to Foster Care Placements and CPS staff, along with many of our private providers. Training will be complete in February 2003. The importance of keeping siblings together is emphasized in all our training and communication initiatives. This is particularly evident in our recent initiatives focused on recruitment of placement resources. Foster homes are sought to serve sibling groups across the state.

2nd Quarter Report: Achieved. Step 1 -- Jan. 2003 completed research on initiatives developed in other states to maintain siblings

together. Relative Care Subsidy (RCS) training was completed in Feb. 2003. E & R statistics documents a steady increase in the number of children achieving permanency with support from RCS funding. On-going reports. First Placement Best Placement (FPBP) training was completed in Feb. 2003 for all staff and many private providers. The importance of keeping siblings together is emphasized in all our training and communication initiatives. This is particularly evident in our recent initiatives focused on recruitment of placement resources. Foster homes are sought to serve sibling groups across the state. On-going.

2nd Quarter Federal Response: You've made a lot of progress in this area but still have more work to do. What can the State give us to show this has been achieved for those steps you have accomplished?

Georgia's Reply 3rd Quarter: Please see attached literature on the Jane Addams Hull House and reports on other states' efforts to maintain siblings together. Please refer to attached RCS fiscal report. There has been a significant increase in the number of children achieving permanency with the support of RCS payments. Also see the First Placement, Best Placement (FPBP) training schedules. Georgia provided 17 training sessions for 2,900 staff on FPBP, which included a component on Relative Care Subsidy (RCS). The training emphasized the importance of exerting and documenting efforts to place siblings together.

On-going staff efforts are exerted towards achieving appropriate placements leading to permanency for children in foster care, including homes accepting sibling groups. Also see attached Community Supervised Visitation Centers.

3rd Quarter Report: Achieved. Step 2 -- Under the auspices of the Promoting Safe and Stable Families Program, Georgia has several visitation sites in operation.

Step 3 -- Achieved. Monitoring of approved RCS cases is a continuous process. The number of approved placements has risen to 1,070 as compared with 416 a year ago. See RCS data report in Appendix.

Step 4 -- Achieved. Recruitment campaigns continue to include efforts to attract and approve homes willing to accept sibling groups. See Recruitment flyers in the Appendix.

5th Quarter Report: Georgia considers this Action Step Achieved.

8th Quarter Report: Achieved. Per ACF 7th quarter request to clarify Step 2: Georgia wanted to review the literature regarding the visitation initiatives in other states/organizations. Under the auspices of the PSSF, Georgia has 25 visitation centers operating throughout the state. Additionally, the state is supporting the faith-based efforts of the Presbyterian Churches of the Presbyterian Church USA (PCUSA) in Georgia for the purpose of opening their buildings as visitation centers. The churches will recruit volunteers from their congregations who will be trained to supervise and document visits. These centers are called "Safe Haven Visitation Centers".

8th Quarter DOCUMENTATION: (1) Updated supervised visitation sites referenced in the pages from the DHR Promoting Safe and Stable Families Program Service Provider Resource Guide FFY 2005 and (2) August 25, 2004 Memorandum to all levels of DFCS staff in support of the Safe Haven Visitation Centers sponsored by the Georgia Presbyteries.

BARRIERS TO ACHIEVEMENT:

2nd Quarter Report: The primary barrier in increasing the placement of sibling groups together is having enough families, who are willing to care for siblings, to come forward to begin the approval process. Heightened emphasis on this need is being made in an effort to remedy this problem. On-going.

2nd Quarter Federal Response: **HOW DID YOU PLAN TO OVERCOME THIS BARRIER?**

3rd Quarter Report/Georgia's Reply: This goal is considered Achieved. There is no one-time remedy or solution to this problem. For this reason, there will always be a challenge to expeditiously identify and approve relatives, willing, able and eligible to be a placement resource. However, counties can assess recruitment efforts based on needs and patterns over the past two years. This data may be used to project future placement needs based on age, gender, sibling groups, special needs, etc. Georgia will continue to assertively seek and pursue extended family resources first, for all children entering agency custody. Georgia will, also, continue its outreach efforts to identify and recruit homes for children entering foster care by informing citizens of their placement needs and available services to support their placement. Heightened emphasis will be placed on placements pertaining to sibling groups.

<p>G7 ACTION STEPS:</p>	<p>Goal #4 Step 1: Develop foster parent training to include specialized segments on managing sibling groups. Step 2: Evaluate effectiveness of respite care funding as a strategy to prevent placement disruptions. Step 3: Develop resource homes to support foster parents and children in placement. Evaluation: Determine the number of foster parents who will accept sibling groups and establish a percentage of the additional homes needed. 5th Quarter Report: Per Annual Evaluation/re negotiations, the State requested to change the evaluation statement to 'As a result of improved recruitment strategies, 5% of all new foster homes will accept sibling groups'. Reason: The original language was vague, as it did not specify how the State would measure success with this initiative. Providing a percentage of the total population recruited for a specific time period allows the State to determine whether or not the goal is met.</p>
--------------------------------	---

START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
Mar 2002	June 2004	Foster Care Unit, Placement Resource Development Unit	Documentation of efforts to develop resource homes accepting sibling groups, ongoing through June 2004 By June 2004, a significant number of homes accepting sibling groups will be developed.

ACCOMPLISHMENTS:

1st Quarter Report: Adequate emphasis is being made in all aspects of our program to carefully assess and address the needs of sibling groups. This includes our efforts to develop and provide training focused on improving the caregiver's skills in managing sibling groups. Currently, foster parents may complete their annual training requirements locally and/or by attending the Annual Staff and Foster Parent Institutes and the Adoptive and Foster Parent Association of Georgia's Annual Conference.

2nd Quarter Report: Achieved.

Added emphasis is being made in all aspects of our program to carefully assess and address the needs of sibling groups. This includes our efforts to develop and provide training focused on improving the caregiver's skills in managing sibling groups. Currently, foster parents may complete their annual training requirements locally and/or by attending the Annual Staff and Foster Parent Development Institutes and the Adoptive and Foster Parent Association of Georgia's Annual Conference. On-going.

2nd Quarter Federal Response: [What can the State give us to show this has been achieved?](#)

3rd Quarter Report/Georgia's Reply: This goal is Achieved.

Please refer to the attached Staff and foster Parent Development Institutes, and the Adoptive and Foster Parent Association of Georgia's Annual Conference material. All included components on the importance of placing siblings together.

4th Quarter Federal Response: [The State indicates that this step has been achieved. The State has completed activities to recruit and train foster homes for sibling groups, but has there been an actual increase in homes available for siblings? The State's evaluation method in the PIP is to 'Determine the number of foster parents who will accept sibling groups and establish a percentage of additional homes needed.' Has this been done?](#)

5th Quarter Report/Georgia's Reply to Federal Response: Yes, there has been an increase in the number of recruited homes that commit to accepting sibling groups. Almost all newly recruited homes are willing to accept sibling groups. The State does not consider the availability of a foster home willing to accept a sibling group in isolation. It should be noted that when siblings cannot be placed together, it is most often not because a home willing to accept siblings was not available. Instead, the decision to place or not place siblings together is also impacted by other issues, pertaining to their overall well-being and functioning, (such as their medical,

social-emotional (behavioral), educational needs, along with the proximity of an available foster home to their parents, etc.). The psycho-social/sexual behavior of some children is so provocative that placing their siblings with them compromises their safety and well-being.

Documenting the number of newly recruited homes willing to accept sibling groups is an on-going process. While Georgia directs considerable attention to its foster home recruitment efforts, the percentage and types of homes needed statewide is very difficult to accurately establish and track. This is partly due to the fact that children in need of care are a fluid population, meaning that it is unpredictable how many children will come into care at a given time; how many of them are part of a sibling group; how many have issues or circumstances requiring separate and/or specialized placements, etc. Georgia recognizes that as many children requiring placements into approved foster homes with their siblings are entering care, still others are exiting care, returning to their birth families, thus freeing up foster homes. Simultaneously, Georgia gives priority to placing children with their family members first, which means that relative resources cannot be identified until the child/children come into care.

5th Quarter DOCUMENTATION:

Foster Care and Adoption Services Recruitment Statistics -- Fulton and Appling County DFCS

6th Quarter Report: The state considers this item achieved. The curriculum for training foster parents is being revised and will include a specialized segment on managing sibling groups. The revisions are scheduled to be completed by June 30, 2004. Monitoring our progress in this regard will be on-going as new homes are recruited and approved.

6th Quarter Federal Response: [State should continue to monitor the progress in this area in the subsequent quarterly reports.](#)

[G7: As per the State's request to renegotiate an evaluation method for the benchmark, the State must produce information verifying that '5% of all new foster homes will accept sibling groups.' A baseline will need to be established.](#)

7th Quarter Report: The recruitment of placement resources is an on-going activity within the Division. Therefore, our efforts and accomplishments continue to be monitored. The most recent data from the Foster Care and Adoption Recruitment Quarterly Reports for April 2004 – June 2004 indicates that of 3,020 approved and active foster homes, 1,284 were identified as accepting of sibling placements. This represents fifty-four (54) per cent of the total population. During the second quarter, of 2,382 approved and active homes, 1,289 (54%) were willing to accept siblings. During the first quarter 2, 693 approved and active homes were identified, of which 1,440 (54%) were willing to accept sibling groups.

In an effort to establish a baseline, as requested by the federal agency, we reviewed the totals for the first three quarters and determined that an average of fifty-three (53) per cent of all approved and active homes are willing to accept sibling groups. We

continue to assess our data sources to resolve issues pertaining to duplicate counts and any other data or documentation issues in an effort to arrive at a baseline for this item.

8th Quarter Report: Achieved. Per ACF 7th quarter request regarding percent of foster homes accepting sibling groups: Georgia developed and implemented a survey of all 159 county departments to determine the number of new foster homes recruited during the past year, and of those new homes, the number willing to accept sibling placements. All of the counties responded to the survey. The results of the survey indicated that 1,251 new homes were approved during the period. Of that total, 919 homes were willing to accept sibling placements. This represents 73.46% of the newly approved homes. A copy of the survey and results are attached in the documentation appendix. Survey responses were returned to the state via email or fax. Examples of the returned survey are also attached in the documentation appendix.

G-7 Step 2: Per ACF 7th quarter request regarding respite care: Georgia has conducted a survey of caregivers to determine the impact of respite care services provided on behalf of children/youth in foster care. CoStar was not the appropriate source of documentation for this action strategy. The survey required contacting the foster care resource families directly and was designed to evaluate the effectiveness of respite care services as a strategy to prevent placement disruptions. The following report is a summary of findings from the respite care survey. The report below is also made a part of the documentation attachments for this eight report.

**Summary Findings from an Evaluation of the Effectiveness
of Respite Care Services for Preventing Disruption
Georgia Division of Family and Children Services (DFCS)**

November 2004

Purpose and Design

The purpose of this study was to evaluate the effectiveness of respite care services as a strategy to prevent placement disruptions. Twenty (20) foster parents from three (3) Georgia counties were interviewed about respite care services. Both resource families who had used respite care services and those who had not used respite care were interviewed.

Sample

In a previous study on stability of foster care placements, researcher worked with administrators from Bartow, Fulton, and Harris County to collect information about foster children and resource families. Consequently, it seemed reasonable to draw our sample from the same three (3) counties for this study. Population size, total budget, and total staff are used as criteria to categorize Georgia counties into six (6) classes. Bartow is a small class four (4) county. The county seat is Cartersville, which is an expanding and growing area. Fulton is a metropolitan county with a diverse population,

and is the only class six (6). Harris is a class two (2) county and located in a semi-rural area near a scenic and popular recreation site. Table 1 shows the number of resource families that were interviewed from each of the three (3) counties.

Table 1

Research site and the number of resource families interviewed

County	Number of Resource Families Interviewed
Bartow	8
Fulton	7
Harris	5
Total	20

Table 2 displays, by county, how long the participants were foster parents.

Number of years experience by county

Length of time as a foster parent	# From Bartow	# From Fulton	# From Harris
6 months	1		
1 year	3		
2 years	1	1	1
3 years	1		3
4 years		1	
5 years	1	1	
8 years		1	1

Length of time as a foster parent	# From Bartow	# From Fulton	# From Harris
9 years	1		
10 years		1	
14 years		1	
23 years		1	

Methodology

A planning session with DFCS subject matter experts was held to discuss the purpose and design of the evaluation. The researcher crafted the interview guide with input from DFCS subject matter experts and administrators. The Division Director contacted the county director at each of the three (3) research sites to let them know that resource families from their area would be interviewed. The interviews were conducted by phone and all of the resource families contacted were willing to participate in the interview. The responses from the interviews were analyzed and a summary of the major findings is presented below.

Major Findings

The resource families interviewed understand respite as a service to be used when a foster parent is “sick, going on a vacation, when an emergency arises or if a break is needed”. Although none of the participants explicitly stated that respite care is a service to prevent disruptions, several described respite as a service that would lead to enhanced quality of care for the foster child. For example, a resource parent stated, “Children are often exposed to difficult conditions. Respite care helps the foster parent to get centered again”, relieve frustration, and help prevent a sense of being overwhelmed. Another participant stated, “It allows me to rejuvenate and refresh which makes me more patient.”

When I described respite care as a service to prevent disruption, reactions varied. For example, one participant stated, “It’s never been put that way, if it had then I would have used it. I teach MAPP and it’s never been explained that way.” One participant responded by saying, “Yes, it is something I have given a lot of thought to and requested.” Other participants reacted quite differently. For example, one participant stated, “I didn’t figure we were in this for that purpose.” Another participant said, “I don’t believe in it.” Yet another stated, “I treat children like my own and have not needed respite services.”

Seventy percent (70%) of the total sample had used respite care services in the past. All eight (8) participants or one hundred percent (100%) of those sampled in Bartow County had used respite care. Three (3) of the five (5) participants or sixty percent (60%) of those sampled in Harris County had

never used respite care, leaving forty percent (40%) who had used respite care. In Fulton County, fifty seven percent (57%) of the sample had used respite care, leaving forty three percent (43%) who had never used respite care services.

Table 3 displays the reasons that resource families used respite care. The number of participants who stated the reason is also shown.

Table 3

Tally, by reason, for the use of respite care

Reason for respite	Number of participants who used respite
Resource parent was sick	1
Vacation/out of town trip	9
Foster parent conference/seminar	3
Family, personal, or business obligation	5
Break/relief	2

When asked about the benefits of respite care services, several participants talked about “peace of mind” in knowing that their children were being cared for while they were away. Others were thankful to be able to meet family or business obligations and not have to worry about the children. One participant talked about a trip in which respite care was provided for her baby. She stated, “My daughter (older) was able to take a friend. We were able to participate in activities with the older children that we could not have if the baby had gone.” Another resource parent found someone to trade off childcare responsibilities with. These two parents now provide respite care for each other.

Several of the parents stated there was no negative effect related to respite care services. Four (4) of the participants found it difficult and stressful to make arrangements for respite care. They talked about the difficulty of locating a provider and not knowing until the last minute whether they would find a provider.

Nine (9) participants or forty-five percent (45%) of the sample have never requested that a foster child be removed from their home. Eleven (11) or fifty-five percent (55%) of the resource parents had experienced a placement disruption in their home. Table 4, 5, and 6 show a breakdown of participants by county and whether the participant had encountered a placement disruption or not. The tables also indicate whether the participant has used respite care services in the past.

Table 4*Disruptions and use of respite in Bartow County*

Parent	Had a Placement Disruption	Respite Care Services Used
1	Yes	Yes
2	No	Yes
3	No	Yes
4	Yes	Yes
5	Yes	Yes
6	Yes	Yes
7	Yes	Yes
8	No	Yes

Table 5*Disruptions and use of respite in Fulton County*

Parent	Had a Placement Disruption	Respite Care Services Used
9	No	Yes
10	No	No
11	Yes	Yes
12	No	No

Parent	Had a Placement Disruption	Respite Care Services Used
13	Yes	Yes
14	Yes	Yes
15	No	No

Table 6

Disruptions and use of respite in Harris County

Parent	Had a Placement Disruption	Respite Care Services Used
16	Yes	No
17	Yes	Yes
18	No	No
19	No	Yes
20	Yes	No

When asked if they felt that respite care services could prevent placement disruption, eleven (11) participants or fifty-five percent (55%) said yes. Nine (9) participants or forty-five percent (45%) of the sample do not think that respite care is an effective strategy for preventing disruption. One participant stated, “The nature of the problems were such that respite would not have addressed them.” Another participant explained, “I don’t see it as having to do with how much care they require but how emotionally invested you are.” In reference to a disruption, one participant said, “The child began acting out and became violent, this was not a temporary thing that would have been resolved in a short period of time.”

When asked for ideas on how respite care services might be improved, suggestions fell into four (4) major categories:

1. More respite care time

2. More respite care providers
3. Easier to make arrangements
4. Timely payment

1. **More time:** Six (6) participants requested that more days be allotted for respite. It was also suggested that the length and time allotted for respite care services be based upon: the number of children being fostered, the medical condition of the child(ren), and the nature or extent of behavior problems displayed by the child(ren).
2. **More providers:** Five (5) participants said there is a need for more respite care providers. More providers are especially needed to care for children with special needs. Participants would like the opportunity to network with other foster parents and trade off services. As one participant stated, “It would make me more comfortable to leave the children with someone I know.”
3. **Easier to make arrangements:** Some participants stated that the foster parent was responsible for making arrangements and finding a respite provider. This can be difficult because the foster parent does not always have access to information that can facilitate the arrangements. One parent stated that the service was, “Not worth the hassle for a day or two.”
4. **Timely payment:** Four (4) participants would like to see improvements in the timeliness with which respite providers get reimbursed for expenses. One parent said that she has been a provider in the past but “won’t do it again because it took 3 months to be paid and she was a provider in July and still has not been paid.”

8th Quarter DOCUMENTATION:

- (1) Results of Georgia's Survey on Newly Approved Foster Homes/Accepting Sibling Groups (with examples of returned survey).
- (2) Summary Findings from an Evaluation of the Effectiveness of Respite Care Services for Preventing Disruptions

BARRIERS TO ACHIEVEMENT:

2nd Quarter Report: The primary barrier with this goal is identifying enough resources that are willing to take multiple children, particularly, sibling groups. As many homes are lost due to becoming a permanent home for a child. Replenishing homes continues to be an on-going challenge for the state.

2nd Quarter Federal Response: **HOW DID YOU INTEND TO OVERCOME THIS BARRIER?**

Georgia's Reply 3rd Quarter: The goal is **Achieved**.

There is no one-time remedy or solution to this problem. For this reason, there will always be a challenge to expeditiously identify and approve relatives, willing, able and eligible to be a placement resource. However, Georgia will continue to assertively seek and pursue extended family resources first, for all children entering agency custody. Georgia will, also, continue its outreach efforts to identify and recruit homes for children entering foster care by informing citizens of their placement needs and available services to support their placement. Heightened emphasis will be placed on placements pertaining to sibling groups.

Work Plan Detail H -- Item 13, Visiting with Parents and Siblings in Foster Care

H5 ACTION STEPS:		Goal #2 Step 4: Caseworkers are trained to include documentation of visits in case plan. Evaluation : Visits between parents and children and location of visits will be documented in at least 90% of cases by June 2004.	
START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
June 2002	June 2004	Consultation and Support, Nancy Bruce and Education and Research	Step 4: Caseworkers trained to document child and parent visitations.

ACCOMPLISHMENTS:

1st Quarter Report: See Step 1 above

2nd Quarter Report: No report due this quarter.

3rd Quarter Report: Partially Achieved. All caseworkers were trained to document parent and child visitation efforts in the CPRS. However, as policy changes occur and/or new staff are hired, the training will have to be repeated.

Please see attached CPRS Screen printout, Permanency 2, Item 13, which confirms that parent child visitation is properly documented in the Case Plan. Also, see attachments, CPRS v2, Trained by County & Region -- Detail and CPRS v2, Trained by Training date -- Detail, which show that staff from all 159 Georgia counties have been trained to include parent and child visitation arrangements in the case plan.

4th Quarter Report: ACHIEVED. This item is considered achieved, because the goal/measurable benchmark has been met. Please see the documentation referenced above under 3rd Quarter Report, in the 2nd paragraph. .The CPRS training will be repeated as policy changes occur, or new staff are hired.

4th Quarter Federal Response: [It appears the State has not completed the evaluation aspect of this action step. Were 100% of the staff trained? How many staff were trained?](#)

5th Quarter Report: Yes, all staff was trained. Additionally, as new staff is hired, this component is also included in their training curriculum.

6th Quarter Report: The CPRS Basic Training and the CPRS advanced training both have a Visitation screen that is designed to document the visitation plan for children with their parents. In SFY 2003, 1200 workers and their supervisors were trained in either Basic or Advanced training. In SFY2004, 377 additional workers and supervisors were trained in Basic, Advanced or Supervisory training. In each session, visitation of parents and children was stressed and staff were instructed on how to document the visitation plan in the Case Plan Reporting System. New Worker Training includes training on documenting the visitation plan in the CPRS.

6th Quarter Federal Response: [Are you going to evaluate visits between parents and children and the location of visits by June 2004?](#)

[H5: Continue to report progress](#)

7th Quarter Reply: The Action Step and benchmark speaks to documenting the occurrence and location of visits in the case plan. A cumulative Qualitative Case Review for the 10 month period 10/03 – 06/04 shows that in 60 relevant cases, 51 cases (85.0%) indicated that visitation took place. These visits took place in a variety of venues that included agency offices, the parents' home and were supervised by agency staff or relatives. Other visits took place in restaurants or treatment facilities. The State recognizes that we are currently 5% behind in goal achievement of this action step. However, the baseline from the ACF Final Report was 66.6%, the 85.0% indicates a significant increase. Training efforts will continue to reinforce the importance of preserving family connections and emphasize documentation as the appropriate measure of success.

AFCARS Data Frequency Report for Foster Children (10/01/2003 - 03/31/2004) reports a total number of 19, 426 children receiving foster care service during this time period. There are a total of 12,378 visitation plans documented in CPRS. The number of case plans in CPRS is exaggerated due to several factors. During the migration of plans from the original CPRS to CPRSv2, duplicate cases were created. The counties were not aware that they needed to close the original plan, so the duplicate plans remain. Other plans should have been closed when their case was closed. The division is now providing training to supervisors on how to identify plans that need to be closed and how to close them. Additionally, supervisors and workers are receiving training on how to create a new plan and review existing plans. The developer for the system will review the system for “junk plans” and delete as appropriate. In addition, even though the State has mandated CPRS usage it is questionable that data input is occurring, as it should. To date the State has been not been able to fund the additional staff resources needed to monitor staff input. Another factor impacting Georgia’s challenge with capturing and evaluating this information via CPRS is that even though the case plans may document the requirement for visitation, all the cases may not adequately document each time and location a visit occurred, nor whether the occurrence and quality of visits is in compliance with the court order. Thus far, the QCRs seem to be the better approach to measure whether the visits are occurring and evaluating the quality of the visits.

The CPRS Basic Training and the CPRS Advanced Training both have a component that discusses visitation. Woven throughout the training documents are references to and instructions on how to input and retrieve information pertaining to children in placement. This content includes specific references to efforts to assure sibling visitation and documentation of the visits.

7th Quarter DOCUMENTATION:

Please refer to the following attachments pertaining to this item:

- Case Planning and Review for Placement Services to Children (PLC) pages 6 & 9;
- Case Plan Reporting System “Supervisory Training Agenda” page 2;
- Case Plan Reporting System “Advanced Training Agenda” page 2;
- Conducting Supervisory Review of CPRS Case Plan page 2;
- Social Services Data and Technology Issues—Agenda, page 2; and
- www.gacaseplan.org, which describes the function and purpose of various topics incorporated into the case plan. Visitation is among the requirements documented in the case plan.
- Also attached is a copy of the relevant pages from the Georgia Child and Family Service Plan, Annual Progress and Services Final Report for FFY 2000-2004. It captures Georgia’s Time Limited Reunification Services, which includes various approaches to facilitate, support and monitor visitation.

8th Quarter Report: Achieved. The federal final CFSR Report to Georgia indicated that in 66.6% of the cases, visits between parents and children were rated as strength. The 1st quarter QCR rated this indicator as a strength in 95.65% of the applicable cases.

8th Quarter DOCUMENTATION: Georgia PIP Qualitative Review Summary Table

BARRIERS TO ACHIEVEMENT:

Work Plan Detail I -- Item 17, Needs and Services of Child, Parents, Foster Parents

II ACTION STEPS:		Georgia will continue to require all providers to complete a Multi Discipline Team Meeting for each Comprehensive Child and Family Assessment to determine the appropriate needs and services of all children and families entering foster care program within the first 30 to 60 days of the child entering care.	
START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
April 2002	Jan. 2004	Alice Marie Hutchison, Joe Wassell, Betty Wrights, Millicent Houston, Gloria Patterson, Linda Ladd, Leslie Cofield, Dianne Yearby	Review at each annual on-site review.

ACCOMPLISHMENTS:

1st Quarter Reports: This Benchmark was achieved. In April 2002 all FP/BP policies and standards were revised to more clearly define the expectations and requirements for completing all aspects of FP/BP Assessments and Wrap Around Services.

Completion Date: June 2002

2nd Quarter Report: This Benchmark was achieved. In April 2002 all FP/BP policies and standard were revised to more clearly define the expectations and requirements for completing all aspects of FP/BP Assessments and Wrap Around Services

Four Foster Care Consultants were assigned to work with county staff and other stakeholders on foster care (permanency) indicators. These staff will began working on this assignment in February 2003. They will receive training on how to conduct annual on-site qualitative reviews. Completion Date December 2002.

2nd Quarter Federal Response: [What can the State give us to show this has been achieved?](#)

Georgia's Reply 3rd Quarter Report: This goal is Achieved. A copy of the revised Form #65, The First Placement/Best Placement Bluebook Standards was given to the Georgia ACF Regional Consultant at the 'Back to Basics' First Placement/Best Placement Training in Macon, Georgia.

The Four Foster Care Consultants will not conduct qualitative case reviews. The DFCS Evaluation and Reporting and the Consultation and Support Sections will conduct the qualitative reviews. See Action Step 6.

DOCUMENTATION PROVIDED 3RD Quarter:

(See attached copy of Memorandum from Deputy Division Director of Programs dated February 3, 2003 regarding implementation of PIP Monitoring).

8th Quarter Report: Achieved. Per ACF 7th quarter request: First Placement Best Placement policy states that Multi-Disciplinary Team Meetings (MDT) are a required part of the Comprehensive Child and Family Assessment process. A model MOU is attached. This model MOU is also a part of the First Placement Best Placement Manual, which is incorporated in the DFCS Social Services Manual, thereby making it official policy. Please refer to 3rd Quarter Reply/Report to ACF for functional change of QCR from the four foster care consultants to Evaluation and Reporting and the Consultation and Support Sections. Refer to Action Step I-6 for QCR findings.

8th Quarter DOCUMENTATION: Model MOU (see page 7, County Department Payment to Contractor, which requires full participation in MDT staffing).

BARRIERS TO ACHIEVEMENT:

12 ACTION STEPS:		Georgia will complete technical assistance to DFCS staff and private providers as to how to complete a comprehensive assessment and how to use the collected information to make the most appropriate permanency decision at the beginning of the child's stay in foster care. The FP/BP information will also be used to develop more effective case plans for the child and family.	
START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
July 2002	Dec. 2002 and ongoing	Marita Roberts, Joe Wassell, Betty Wrights, Millicent Houston, Gloria Patterson, Linda Ladd, Leslie Cofield, Patricia Nealy, Dianne Yearby, Alice Marie Hutchison	Provide 11 county site training to staff and providers beginning in 7/2002.

ACCOMPLISHMENTS:

This benchmark was achieved. In July 2002, Foster Care staff began training DFCS staff and providers on the revised FP/BP Assessment and Wrap Around policies and standards. Foster parents, judges and court appointed special advocates (CASA'S) also received FP/BP training. More than 3600 staff, providers and other stakeholders received training in 17 sessions across the state.

Foster Care staff also provided training to DFCS staff on the Case Plan Reporting System (CPRS) to help staff use the information collected in the comprehensive assessment to make more appropriate permanency decisions. Over 900 DFCS placement staff received this training.

A pilot is being conducted in Dekalb with the DFCS office and the Juvenile Court to determine if additional training is needed.

Completion Date: December 2002 and ongoing.

8th Quarter Report: Achieved. Per ACF 7th quarter request to provide training agendas: Training agendas and training rosters are attached as it relates to First Placement Best Placement Training. By the time Georgia's original PIP was approved in October 2002, the benchmark of 11 county site trainings was completed. As a result of the original CPRS pilot, the system was institutionalized statewide and has been thoroughly documented throughout Georgia's quarterly PIP reporting.

8th Quarter DOCUMENTATION:

- (1) First Placement Best Placement Back to Basics Policy Training July 2003, Agenda
- (2) Back to Basics Policy Training, First Placement Best Placement Training Agendas 2002 (day 1 and day 2)
- (3) First Placement Best Placement Evaluation Summary Report October 2002 - August 2003 (this report summarizes the statewide training attendance by Agency (DFCS/private) and by type of training (basic/advanced) and provides date and place of training)

BARRIERS TO ACHIEVEMENT:

I3 ACTION STEPS:		Georgia will complete technical assistance to DFCS staff and private providers of the content of the comprehensive assessment and how to use the collected information to meet the health, mental health, dental and educational needs of the child and family.	
START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS

July 2002	Dec. 2002 and ongoing	Marita Roberts, Joe Wassell, Betty Wrights, Millicent Houston, Linda Ladd, Leslie Cofield, Dianne Yearby, Patricia Nealy, Alice Marie Hutchison	Provide 11 county site training to staff and providers beginning in 7/2002.
-----------	-----------------------	---	---

ACCOMPLISHMENTS:

This Benchmark was achieved. This action step was included in the Foster Care Policy Training described in # 2 above.
Completion Date: See # 2 above.

8th Quarter Report: Achieved. Per ACF 7th quarter request to provide training documentation: During the First Placement Best Placement technical assistance training, trainees were taught how to access the many services provided under Wrap-Around. Additionally, The Child and Family Comprehensive Assessment (First Placement Best Placement) is a part of the state's Social Services Training for all new workers.

8th Quarter DOCUMENTATION: Same as Action Step I-2.

BARRIERS TO ACHIEVEMENT:

I4 ACTION STEPS:		Georgia will complete technical assistance to DFCS staff and private providers as to how to use the collected information to meet the child and family needs as it related to post substance abuse counseling, monitoring and support as a part of the early intervention process and/or in -- home intensive treatment services.	
START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
July 2002	Dec. 2002 and ongoing	Marita Roberts, Joe Wassell, Betty Wrights, Millicent Houston, Gloria Patterson, Linda Ladd, Dianne Yearby, Patricia Nealy, Alice Marie Hutchison, Leslie Cofield	Provide 11 county site training to staff and providers beginning in 7/2002.

ACCOMPLISHMENTS:

This benchmark was achieved. This action step was included in the Foster Care Policy Training described in # 2 above.

8th Quarter Report: Achieved. Per ACF 7th quarter request to provide training documentation: During the First Placement Best Placement technical assistance training, trainees were taught how to access the many services provided under Wrap-Around. Additionally, there is in the new worker training curriculum, the Child and Family Comprehensive Assessment (First Placement Best Placement) training component, which thoroughly discusses how to use and access Wrap Around services, including accessing post substance abuse counseling.

8th Quarter DOCUMENTATION: same as Action Steps I-2 and I-3

BARRIERS TO ACHIEVEMENT:

15 ACTION STEPS:		Georgia will complete technical assistance to DFCS staff and private providers as to how to complete a comprehensive assessment and how to use the collected information to make the most appropriate permanency decision at the beginning of the child's stay in foster care. The FP/BP information will also be used to develop more effective case plans for the child and family.	
START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
July 2002	Dec. 2002 and ongoing	Marita Roberts, Joe Wassell, Betty Wrights, Millicent Houston, Gloria Patterson, Linda Ladd, Leslie Cofield, Patricia Nealy, Dianne Yearby, Alice Marie Hutchison	Provide 11 county site training to staff and providers beginning in 7/2002.

ACCOMPLISHMENTS:

This benchmark was achieved. In July 2002, Foster Care staff began training DFCS staff and providers on the revised FP/BP Assessment and Wrap Around policies and standards. Foster parents, judges and court appointed special advocates (CASA'S) also received FP/BP training. More than 3600 staff, providers and other stakeholders received training in 17 sessions across the state.

Foster Care staff also provided training to DFCS staff on the Case Plan Reporting System (CPRS) to help staff use the information collected in the comprehensive assessment to make more appropriate permanency decisions. Over 900 DFCS placement staff received this training.

A pilot is being conducted in Dekalb with the DFCS office and the Juvenile Court to determine if additional training is needed.

8th Quarter Report: Achieved. Per ACF 7th quarter request to provide training documentation. During the First Placement Best Placement technical assistance training, trainees were taught how to access the many services provided under Wrap-Around. Additionally, there is in the new worker training curriculum, the Child and Family Comprehensive Assessment (First Placement Best Placement) training component, which thoroughly discusses how to use and access Wrap Around services.

The cumulative QCR for the 10/2003 – 09/2004 rated the permanency indicator a strength in 71.43% of the applicable cases. In 86.67% of the cases reviewed, the case plan goal accurately identified the needs of the child. Most agencies reported the court and the agency identified the same needs, strengths and goals and felt the services provided were consistent with the agreed upon case plans. Further, the “needs and services” indicator was applied to 106 cases in the QCR. Ninety-nine of the cases received a First Placement Best Placement Child and Family Comprehensive Assessment and Wrap Around services. Other services were identified and provided to address the needs in the case plan.

8th Quarter DOCUMENTATION: (1) same as Action Step I-2, and (2) The Georgia Qualitative Case Review Report, October 2003 – September 2004

BARRIERS TO ACHIEVEMENT:

I6 ACTION STEPS:			
Four Foster Care consultants and other stakeholders will receive training on how to complete the qualitative review process that is similar to the CFSR. <u>NEW ACTION BASED ON ACF SUGGESTION/APPROVAL OF 1ST QUARTER REPORT</u>			
3rd Quarter Report: Requesting ACF approval to change this action step to: Qualitative Case Review's similar to CFSF will be conducted on a representative sample of approximately 180 cases by the end of September 2004.			
5th Quarter Report: Based upon Annual Evaluation / Renegotiation Report action step to read: Qualitative Case Reviews will be conducted on a representative sample of cases.			
START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS

<p>July 2003 3rd Quarter: Requesting a start date change to October 2003 The State will not be outsourcing to conduct the reviews. The DFCS Evaluation and Reporting and the Consultation and Support Sections will conduct the qualitative reviews for Georgia. More preparation and planning time is needed to initiate the reviews. O.K.</p>	<p>December 2003 3rd Quarter: Requesting a change in the completion date to September 2004 3rd Quarter Federal Response: We anticipate to measure your progress in this area by the end of 4th Qtr. 5th Quarter: Per Annual Evaluation/Renegotiation Report: Completion date is changed to July 2004.</p>	<p>Alice Marie Hutchison, Leslie Cofield, Dianne Yearby, 3rd Quarter: (With ACF approval, these four names above to be deleted), and replaced with E & R and Consultation and Support Sections, 5th Quarter: Per Annual Evaluation/Renegotiation Report:, Responsible Persons: Evaluation & Reporting Section and Consultation and Support Unit</p>	<p>Provide training to consultants and stakeholders by July 2003. 3rd Quarter: With ACF approval new benchmark: Quarterly Qualitative Review Reports to State and Federal Teams. (The first report will be made available January 2004 and quarterly reports will follow through the end of this PIP period.)</p>
---	--	--	---

ACCOMPLISHMENTS:

2nd Quarter Report: No report due for this quarter.

2nd Quarter Federal Response: [Identify any progress made so far.](#)

3rd Quarter Report: [The Division of Family and Children Services Evaluation & Reporting and Consultation & Support Sections are planning and developing their approach to the Qualitative Reviews. Plans remain on target to begin the reviews October 2003.](#)

4th Quarter Response: Plans remain on target and the Qualitative Reviews began in October 2003, conducted by the Evaluation and Reporting Section. Three counties, Lowndes, Franklin and Clayton have been identified as initial counties to go through the review process. Four records will be pulled from both Clayton and Lowndes and one record from Franklin. The Consultation and Support Section will complete the stakeholder interviews. This is an ongoing action, and the first report will be made available January '04.

4th Quarter Federal Response: [This has not been achieved yet. One concern is the low #s of cases that the State is proposing to review as part of its QA process \(only 9 cases\). It's not clear if the State is just piloting its QA process -- or if it's QA process only includes review of 9 cases in 3 counties.](#)

5th Quarter Report: At least 100 cases will undergo Qualitative Review by the end of September 2004. The initial counties identified in the 4th quarter report only represent the first wave of the process. In the first wave of reviews, 25 cases were selected from 12 counties. The first report has been forwarded to the ACF Regional office. Based upon these initial reviews, the Qualitative Review instrument has undergone a few revisions.

5th Quarter DOCUMENTATION: Social Services Quarterly Report, Qualitative Case Reviews, October 2003 -- December 2003

6th Quarter Report: The Evaluation and Reporting Section continues to perform Qualitative Reviews. From January-March 2003, sixteen county departments and a total of 37 cases were reviewed. A total of 62 cases have been reviewed by Evaluation and Reporting since the process began.

6th Quarter DOCUMENTATION: January- March 2003 Social Services Quarterly report (QCR) is attached.

6th Quarter Federal Response: [Continue to report on progress until completion of this item.](#)

[I6: Please provide the Regional Office a copy of the revised instrument.](#)

7th Quarter Report: The Evaluation and Reporting Section continues to perform quarterly Qualitative Reviews. A cumulative Qualitative Case Review for the 10 month period 10/03 - 06/04 applied the needs and services indicator to 67 records. Fifty-eight cases (86.57%) received a strength rating. The State notes that the second QCR reported a 10% decrease from the first QCR (90.48% down to 80.00%). The largest county was included in the second QCR and this may have attributed to the decreased percentage.

7th Quarter Documentation: (1) Social Services Report - Cumulative Qualitative Case Reviews, October 2003 - June 2004 and (2) the Revised Qualitative Reviewer Handbook (this is the review instrument)

8th Quarter Report: Achieved. The Administrative Services Section, formerly the Evaluation and Reporting Section, began case reviews in October 2003. They have reviewed 113 randomly selected cases from October 2003 through September 2004 (25 cases Oct-Dec 03; 37 cases Jan-Mar 04; 10 cases Apr-Jun 04; and 41 cases Jul-Sep 04). These reviews were similar to the Federal Child and Family Services review and assessed the quality of services provided to children and families. Ratings were based upon case record documentation and interviews with staff, children, birth and foster parents, service providers, and stakeholders. The QCR Summary Report indicates the needs and services indicator has fluctuated each quarter. While the 3rd quarter QCR had a 100% strength rating, the fourth and final quarter had a strength rating of 70.73%. The cumulative (10/2003 - 09/2004) strength rating for this indicator is 76.42%. To some degree, the fact that different counties are reviewed each quarter will impact data results. However, the state is committed to examining extreme data fluctuations.

Georgia's QCR's has become an institutionalized method of review in Georgia will continue post-PIP (see September 30, 2004 memo in documentation appendix

8th Quarter DOCUMENTATION:

- (0) September 30, 2004 Memorandum regarding County Social Services Review Schedule through September 2005 and institutionalizing the Qualitative Review process in Georgia
- (1) September 16, 2003 Memorandum initializing the Qualitative Review process in Georgia.
- (2) Georgia Social Services Qualitative Case Review Report, October 2003 – September 2004

BARRIERS TO ACHIEVEMENT:

I7 ACTION STEPS:		Complete a monthly county-by-county report as it relates to the initial assessment of the First Placement/ Best Placement Comprehensive Assessment and the identified types of placements needed and available and permanency plans of children. 5th Quarter: Per Annual Evaluation/Renegotiation: Requested to change Action step to: Complete a quarterly county by county report as it relates to the initial assessment component of the Comprehensive Child and Family Assessment (First Placement/Best Placement) and the identified types of placements needed and availability and permanency plans for the child.	
START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
June 2002	October 2003 5th Quarter: Per Annual Evaluation/Renegotiations , requested to extend completion date to July	Alice Marie Hutchison , Leslie Cofield, Dianne Yearby, Betty Wrights	Complete a report as to findings.

ACCOMPLISHMENTS:

1st Quarter Response: This was partially achieved. A study of the initial seven pilot FP/BP counties was completed in September 2002. A report of the findings will be available in February 2003. This study compares the seven pilot counties to non-participating FP/BP counties. The study was conducted from January 1, 1998 through October 31, 2001 prior to the statewide implementation of FB/BP assessments for all children entering foster care. Completion date December 2002.

In February 2001 counties were required to complete a comprehensive FP/BP assessment on all children entering care. A contractor needs to be selected to conduct will be selected to conduct a study on the efficacy of FP/BP using data from all 159 counties.

2nd Quarter Report: No report is due this quarter. Due to limited funds for contracts, this work group will meet to develop a survey to capture types of placements needed and available and permanency plans of children based on FP/BP assessments.

2nd Quarter Federal Response: [How will this impact implementation?](#)

3rd Quarter Report: The Foster Care Unit is moving towards developing an access database to assist in identifying placement resource gaps. The Division's implementation of the Assessment component of First Placement/Best Placement will continue to provide information on needs and services of children, parents and foster parents for reporting.

4th Quarter Report: A monthly-by-monthly report has not been implemented. An Access database has not been developed to assist in identifying placement resource gaps, however with CPRS, tracking the types of placements recommended from the MDT will be available in 12/03. Consideration will also be given to capturing the actual placement recommended and the actual type of placement available for the child. Also through CPRS, information on permanency recommendations will be captured along with all information recommended from the MDT meeting. Once, CPRS is updated with these features, a quarterly report will be feasible for the department instead of a monthly report.

The department is moving toward a leveling system of all children when they enter foster care. This will entail an assessment of the child's emotional and physical needs to determine an appropriate placement. The child will have a comprehensive child and family assessment within thirty days of placement in foster care, which will reinforce the initial placement recommendation, or support the need for an alternative placement.

4th Quarter Federal Response: [This has not been achieved. The completion date was December 2003. State requested for a change in completion date to September 2004. RO would consider July 2004.](#)

5th Quarter Report: CPRS will be available for inclusion of the required information by December 2003 (data fields will be available). Reports will then be automatically generated. Quarterly reports will be established. Some refinements in reporting requirements are still necessary. However, reporting should begin in January 2004.

6th Quarter Report: CPRS does have the necessary fields added to address this action step. However, training to the county staff must be implemented so that the fields will be utilized. Currently, county staff are not using the fields and thus, no reports are available. Additionally, CPRS planning meetings have been held to ensure that permanency planning for non-reunification and adoption goals and planning for aftercare are updated in CPRS.

6th Quarter Federal Response: I7: *Subsequent to the provision of training, the State will have to allow time for usage and then build a report. Is the renegotiated goal date reasonable? Given extensive delays in beginning the work for I6 and I7, it is possible that these steps will not be completed prior to the close of the PIP implementation period.*

7th Quarter Report: Dekalb County DFCS and Troop County DFCS were selected to participate in the pilot of the Child and Family Comprehensive Assessment (First Placement/Best Placement) CPRS enhancements. In June, Georgia's Court Improvement Project (CIP) provided pilot training to seventeen (17) approved provider agencies on entering the assessment information into the CPRS system. After this training, fourteen (14) provider agencies agreed to partake in the execution of the pilot, which will extend through August 30, 2004.

Implementation of the pilot will provide an opportunity to determine if the MDTs are occurring and if the post substance abuse counseling, monitoring and support are being identified in CPRS. The quality of service provision remains with the QCR reporting. The pilot will also examine the effect if any on the judicial process once the Juvenile Court Judge reviews the assessment information from the CPRS system.

Technical Assistance will be provided to staff and approved FP/BP providers participating in the pilot. At the conclusion of the pilot, reports will be developed and generated from CPRS and an evaluation of the service needs of children and families will begin to determine the TA needed by county staff and private providers. Also, the QCR reviews will assist in monitoring the coordination of services for children and families as recommended in the FP/BP Comprehensive Child and Family Assessment.

Once the pilot is complete, the state will assess from the reports the recommended placements for children and the permanency recommendations. The gaps in services will be determined by examining the recommended placement to the actual placement of the child after the assessment is complete.

It is unlikely that this action step will be completed prior to the close of the PIP implementation period. The State will not abandon the efforts of the action step should completion not occur.

8th Quarter Report: Partially Achieved: As a result of this action step, the State’s Case Plan Reporting System underwent major revisions to capture information from the Child and Family Comprehensive Assessment (First Placement Best Placement). The ultimate goal was to produce a county-by-county report of placement needed and available and the corresponding permanency plans. These reports would show service gaps and also add an additional evaluation of the FPBP assessment.

First Placement Best Placement upgrades to CPRS were completed in December 2003; however a pilot was not initiated until June 2004. Fourteen Troop and DeKalb County FPBP providers are participating in the pilot. Thus far only logistical concerns have been identified: for example, (1) the FPBP provider was unable to locate a child in the CPRS system; because the case manager had not yet entered the 30 day case plan (this is not to imply the case manager was not entering the case plan timely, but rather a is matter of synchronization for the provider and case manager); and (2) consideration of reducing access of the FPBP provider to fewer fields (fields which were thought to be pertinent to the assessment, but are not being utilized by the providers.) Thus far, approximately 20 FPBP assessments have been entered into CPRS. Thus, the original termination date of the pilot, August 30, 2004, has been extended.

Therefore, county-by-county reports have not been produced. Even though this action step will not be fully completed by the end of the PIP reporting period, the State will continue its efforts to accomplish this goal.

8th Quarter DOCUMENTATION: CPRS First Placement Best Placement Application Summary including provider user screens

BARRIERS TO ACHIEVEMENT:

I9 ACTION STEPS:		Complete a monthly county-by-county report as it relates to the First Placement/ Best Placement Wrap Around Services used for each child in foster care.	
START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
June 2002	October 2003 Per Renegotiation, completion date is July 2004.	DFCS through contractors	Complete a report as to the findings from December 2001 - March 2002. 5th Quarter Report: Per Annual Evaluation / Renegotiation Report Benchmark to read: Complete a report as to the findings.

ACCOMPLISHMENTS:

1st Quarter Report: This was partially achieved. FP/BP Wrap Around policies and standards were revised. DFCS staff, providers, judges and CASA's received training on the new FP/BP Assessment and Wrap Around policies and standards.

2nd Quarter Report: No report is due for this quarter.

2nd Quarter Federal Response: [Identify progress made so far.](#)

3rd Quarter Report: The Foster Care Unit continues to provide technical assistance to counties with regards to the appropriate use of funds to provide identified Wrap-Around services for children, families and foster parents. Local county offices continue to provide monthly reports on a quarterly basis to the Foster Care Unit identifying monthly therapeutic services ordered and paid for on behalf of individual children, parents or foster parents. The Foster Care Unit continues to receive monthly Grant -In-Aid Budget Vs. Expense Reports which detail by county, the current service provision pattern and totals for each Wrap-Around service provided. The Division's implementation of the Wrap-Around services component along with the First Placement/Best Placement Assessment process will continue to provide information on which we will base reporting.

The Foster Care Unit is moving towards developing an access database to assist in identifying placement resource gaps. The Division's implementation of the Assessment component of First Placement/Best Placement will continue to provide information on needs and services of children, parents and foster parents.

4th Quarter Response: A monthly report has been generated. This report identifies by county the number of clients served each month with the specific type of wrap-around service.

DOCUMENTATION PROVIDED 4TH Quarter:

See UAS: First Placement /Best Placement Assessment Services

4th Quarter Federal Response: [The State's 4th quarter response is 'A monthly report has been generated' \(which was the goal\). However, under 'barriers' the State indicates that they believe they can develop an in-house method for measurement. Have you completed a report as to the findings from December 2001-March 2002?](#)

5th Quarter Report: Achieved. The County Statistical Reporting System (COSTAR) generates monthly reports on the First Placement Best /Placement services utilized. See 4th Quarter Documentation. Therefore, the barrier as described during the 3rd Quarter is no longer applicable.

8th Quarter Report: Achieved. [Per ACF 7th quarter request to clarify the intent of the report: Georgia's original intent was to provide a monthly county-by-county report as it related to each child in foster care. Counties were required to send a monthly report to the](#)

state office on the number of assessments and wraparounds requested, completed and paid. At the same time the budget office prepared monthly expenditure reports, which captured essentially the same information. It became apparent that the budget office report provided the information needed, and thus the monthly county reports were discontinued. Attached is the FY 05 UAS 518 report, which details by county the expenditures, used in wraparound services and the number of clients served. Based upon the UAS 518 Monthly Expenditures by Service/Treatment, In-Home Case Management is the most widely used service under Wrap-Around followed by In-Home Intensive Treatment. In-Home Case Management provides case management assistance to families in completing the defined goals and steps of the Case Plan. In-Home Intensive Treatment provides therapeutic and/or clinical services for a family in preparation for the safe return of a child and/or to maintain and stabilize a child's current placement. Aggregate data is used to determine the use of First Placement Best Placement Wrap Around services.

8th Quarter DOCUMENTATION: (1) UAS 518 Monthly Expenditures by Service/Treatment Graph, and (2) SFY 2004 UAS 518 First Placement/Best Placement WrapAround report.

BARRIERS TO ACHIEVEMENT:

2nd Quarter Report: Funds must be identified for a contractor.

2nd Quarter Federal Response: [How will this impact implementation?](#)

Georgia's Reply 3rd Quarter: We believe alternative in-house methods for measuring the benchmark can be successful.

I15 ACTION STEPS:		Recommend additional training and policy changes. 3rd Quarter: ACF Approval requests same as above to delete this Action Step. 3rd Quarter Federal Response: Refer to above statement. 5th Quarter Report: Per Annual Evaluation / Renegotiation Report Action Step is changed to: Recommend additional training and policy changes as a result of QCRs in action step I-6.	
START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
Nov. 2003	June 2004 and on-going	Joe Wassell, Betty Wrights, Gloria Patterson, Millicent Houston, Linda Ladd, Linda Doster, Alice Marie Hutchison, Dianne Yearby, Leslie Cofield	Within 60 days of completing additional on-site case reviews, provide a written report, if appropriate. 5th Quarter: Per Annual Evaluation / Renegotiation Report, requested to change Measurable Benchmark to:

			Within 60 days of receiving the Qualitative Case Review Report, a written report will be provided, if appropriate, on future training needs and policy changes.
--	--	--	---

ACCOMPLISHMENTS:

4th Quarter Federal Response: [The State indicates a plan to remove this from the PIP. Why?](#)

5th Quarter Report: This step has not been removed. The State's first QCR report has been forwarded to the ACF Regional Office and is documented as a part of the 5th Quarter Progress Report.

6th Quarter Report: The Evaluation and Reporting Section continues to perform Qualitative Reviews. From January-March 2003, sixteen county departments and a total of 37 cases were reviewed. A total of 62 cases have been reviewed by Evaluation and Reporting since the process began.

6th Quarter DOCUMENTATION: Social Services Quarterly Report Qualitative Case Reviews January 2004 - March 2004

6th Quarter Federal Response: [I15: State has agreed to, and requested a number of changes from quarter to quarter.](#)

[6th Quarterly Reporting is inconsistent with the benchmark.](#)

7th Quarter Report: The Social Services Quarterly Reports to date were reviewed/compared and implication for additional training is evident. It was noted that areas in Child and Family Well-Being and Permanency saw a decline in compliance. As the QCR process continues, unchanged and declining areas will be targeted for training (and policy changes if applicable).

There has been a steady increase in the number of children entering the foster care system, which also increases the case manager to client ratio. This may have a negative impact on the needs and services indicator. Additionally, the State has an abundance of new case managers and supervisors. The Division is working with all nine urban counties of the State to identify solution focused plans to help decrease the number of children who may needlessly be coming into the foster care system rather than receiving in-home services. It is anticipated that the plans will help the Division to know what works and what doesn't work before moving into any statewide implementation of change.

The Division's restructure created Regional Specialists positions (former State Office employees) to assist in local case consultation and training. Results of the QCRs will be shared with the Regional Specialist to reinforce policy, new worker training and other state training initiatives. A vendor has been contracted to review, assess and evaluate all of the States' child welfare policy. The first draft of that evaluation has been disseminated and is under review by the newly formed Program Planning and Policy Development Unit of

the Division. The review should be complete prior to the close of this PIP reporting period. An outcome of the States' review should help in determining the need to change policy as it relates to improved outcomes for needs and services.

8th Quarter Report: Achieved. As the QCR process continues, areas with significant declines or lack of improvement will be targeted for new worker and on-going training and applicable policy changes. A memorandum outlining these areas was developed to support the Education and Training Services Section in planning didactic offerings as well as for the regions to assist them in planning remedial supportive efforts. The memo addressed case planning deficiencies, lack of understanding of permanency options/planning, need for cross training of CPS and placement case managers, and training in the early identification of relative resources.

The entire foster parent policy was revised and released in September 2004. This section focuses on the training and evaluation of foster parents. The policy and the companion pre-service training, IMPACT, is expected to positively impact Item 06: Stability of Foster Care Placement (emphasis in pre-service training), Item 17: Needs and Services to (Child, Parents and) Foster Parents (pre-service and on-going training), and Item 02: Repeat Maltreatment (strengthen assessment and pre-service training). Additionally, updated foster care policy on provisions and procedures for referral of a child under the age of 3 who is involved in a substantiated case of child abuse or neglect to early intervention services has been released. The IMPACT curriculum and Social Services Policy 1014 has been previously submitted as documentation 7th Quarter Item 2.

8th Quarter DOCUMENTATION: November 4, 2004 Memorandum from the State Social Services Section Director to Education and Training Services Section and Managers of Field Operations regarding QCR findings and training recommendations.

BARRIERS TO ACHIEVEMENT:

I16 ACTION STEPS:		Test whether needs and services to children and families changes after training and policy changes. 5th Quarter Report: Per Annual Evaluation / Renegotiation Report request to change Action Step to read: 'Determine' whether needs and services to children and families changes after training and policy changes. Reason: The word 'test' implies a more formal research effort than was intended.	
START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS

Jan 2003	June 2004	Alice Marie Hutchison, Joe Wassell, Betty Wrights, Gloria Patterson, Millicent Houston, Linda Ladd, Stakeholders, Leslie Cofield, Dianne Yearby	Complete additional case reviews, if appropriate.
----------	-----------	---	---

ACCOMPLISHMENTS:

2nd Quarter Report: Foster Care Consultants have started to visit counties within their assigned area(s), to monitor progress on permanency issues and provide training and technical assistance.

3rd Quarter Report: Monitoring continues.

4th Quarter Report: We will utilize the information gleaned from the Qualitative Reviews to assess whether the needs and services to children and families improve following training and policy changes. Information from Qualitative Review report findings will help determine future training and policy needs.

4th Quarter Federal Response: [See same comments under Step I6 related to QA.](#)

5th Quarter Report: At least 100 cases will undergo Qualitative Review by the end of September 2004. Reports from the reviews will be available beginning January 2004.

5th Quarter DOCUMENTATION: Social Services Quarterly Report, Qualitative Case Reviews, October 2003 -- December 2003.

6th Quarter Report: The Evaluation and Reporting Section continues to perform Qualitative Reviews. From January-March 2003, sixteen county departments and a total of 37 cases were reviewed. A total of 62 cases have been reviewed by Evaluation and Reporting since the process began.

6th Quarter DOCUMENTATION: Social Services Quarterly Report Qualitative Case Reviews January 2004 - March 2004

6th Quarter Federal Response: [I16: State has changed the benchmark! 5th Quarterly reporting is inconsistent with the benchmark the state modified and also with the States to delete/ collapse several of the goals listed above.](#)

[I16: When will the State provide the written report referred to?](#)

7th Quarter Report: The State **did not** change the benchmark. The Action Step was revised and approved by ACF during the Annual Evaluation/Renegotiations process. ACF also approved collapsing Action Steps I-13 and I-14 into Action Step I-6.

The report referred to in the Benchmark was contingent upon there actually being training and policy changes based upon QCR results. To date the QCRs have not lead to training or policy changes, thus the State has not provided a report.

8th Quarter Report: Achieved. Completion of this step is contingent upon actions in I-15. Training and policy referenced in Item I-15 was released to the field in September, as was the memo regarding QCR results. Thus, no conclusions can be drawn yet as to its effectiveness. Georgia's turnover rate is at 40%. Until workforce stability is achieved, a true measure of this action step may not be fully realized. However, the state will continue to inform management staff on all levels of potential training needs and policy changes as identified via the QCR.

BARRIERS TO ACHIEVEMENT:

I17 ACTION STEPS:		Identify if appropriate, other factors that may contribute to the needs and/services of children and families not being met while in foster care. Evaluation: Please see Evaluation for Items 3 & 4, page B-2.	
START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
Jan. 2003	June 2004 5th Quarter: Per Annual Evaluation / Renegotiation Report, requested to extend completion date to July 2004.	Alice Marie Hutchison, Joe Wassell, Betty Wrights, Gloria Patterson, Millicent Houston, Linda Ladd, Stakeholder, Leslie Cofield, Dianne Yearby	Complete a report to the team.

ACCOMPLISHMENTS:

2nd Quarter Report: No report due this quarter.

2nd Quarter Federal Response: [Identify progress made so far.](#)

3rd Quarter Response: Qualitative Case Review reporting will assist in meeting this goal. First qualitative review report is due January 2004. In addition, the CPRS will help to identify factors that may contribute to needs and services of children and families not being met while in foster care.

4th Quarter Report: We will be better able to determine this information after several of the Qualitative Review reports are received. The first report is scheduled for January 2004.

4th Quarter Federal Response: [See comments under Step I6 related to QA.](#)

5th Quarter Report: At least 100 cases will undergo Qualitative Review by the end of September 2004. Reports from the reviews will be available beginning January 2004. See documentation under Action Step I-16.

6th Quarter Report: The Evaluation and Reporting Section continues to perform Qualitative Reviews. From January-March 2003, sixteen county departments and a total of 37 cases were reviewed. A total of 62 cases have been reviewed by Evaluation and Reporting since the process began.

6th Quarter DOCUMENTATION: Social Services Quarterly Report Qualitative Case Reviews January 2004 - March 2004

6th Quarter Federal Response: [I17: Reporting is inconsistent with the goal.](#)

7th Quarter Report: The Social Services Quarterly Qualitative Case Review is referenced in this item because it is used to determine compliance with standards/policy/quality. As a result, factors that contribute to needs of families and children not being met can be identified.

The implication for additional training is evident. As the QCR process continues, unchanged and declining areas will be targeted for training (and policy changes if applicable).

There has been a steady increase in the number of children entering the foster care system, which also increases the case manager to client ratio. This may have a negative impact on the needs and services indicator. Additionally, the State has an abundance of new case managers and supervisors. The Division is working with all nine urban counties of the State to identify solution focused plans to help decrease the number of children who may needlessly be coming into the foster care system rather than receiving in-home services. It is anticipated that the plans will help the Division to know what works and what doesn't work before moving into any statewide implementation of change.

The Division's restructure created Regional Specialists positions (former State Office employees) to assist in local case consultation and training. Results of the QCRs will be shared with the Regional Specialist to reinforce policy, new worker training and other state training initiatives. A vendor has been contracted to review, assess and evaluate all of the States' child welfare policy. The first draft

of that evaluation has been disseminated and is under review by the newly formed Program Planning and Policy Development Unit of the Division. The review should be complete prior to the close of this PIP reporting period. An outcome of the States' review may help in determining the need to change policy as it relates to improved outcomes for needs and services.

8th Quarter Report: Achieved. Memorandum from the State Social Services Director to the Education and Training Services Section and Managers of Field Operations (as documented under I-15) includes factors other than findings from the QCR which may inhibit DFCS' ability to meet the needs of children and families. Additionally the state is undergoing a review of its policy, which it calls "Policy Simplification." Confusing, duplicative, or incongruent policies could result in the needs of children and families not being met. A vendor has been contracted to review, assess and evaluate all of the State's child welfare policy. The state's review and the vendor's report will determine the need to change policy as related to meeting the needs of children and families.

8th Quarter DOCUMENTATION: (same as I-15)

BARRIERS TO ACHIEVEMENT:

Work Plan Detail J -- Item 18, Child and Family Involvement in Case Planning

Goal: Families will have enhanced capacity to provide for their children's needs

J1 ACTION STEPS:		Training curriculum for caseworkers will include provision to specifically address child and family involvement in case planning. Special attention will be paid to involving fathers and older children. The committee and selected contractors will revise, field test and implement the Social Services New Worker curriculum. The revised curriculum will place additional emphasis on family centered practice. Completion Date: In November 2002 competencies were identified for New Worker Training. The Advisory Committee reviewed the first draft of the revised curriculum based on CWLA competencies. Georgia is on schedule to have the new curriculum completed by October 2003.	
START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
April 2002	Sept. 2002 3rd Quarter: Because of delays imposed through the contracting and RFP process we request ACF Approval to change date to July 2004 3rd Quarter Federal Response: <i>We anticipate to measure your progress in this area by the end of 4th Qtr.</i> 5th Quarter: Per Annual Evaluation/Renegotiation the State requested to extend to July 2004 to allow for training implementation and the evaluation.	Education and Research TA: Ed Fuller	All curricula will include those provisions Evaluation: Survey sampling of caseworkers and supervisors will be done to measure understanding. 6th Quarter: The State request to change benchmark to read "The Qualitative Case Reviews will be used as an ongoing measure to evaluate whether case managers are practicing the involvement of families in case planning.

ACCOMPLISHMENTS:

1st and 2nd Quarter Reports: Achieved. The DFCS Professional Development Section (PDS) established a Social Service Curriculum Advisory Committee to address the training needs of Social Services staff. Committee members include state and county staff, and other community stakeholders. Completion Date: In November 2002 competencies were identified for New Worker Training. The Advisory Committee reviewed the first draft of the revised curriculum based on CWLA competencies. Georgia is on schedule to have the new curriculum completed by October 2003.

2nd Quarter Federal Response: [ACTION STEPS NEED TO BE ADDRESSED IN ORDER TO INDICATE ACCOMPLISHMENTS.](#) What can the State give us to show this has been achieved?

3rd Quarter Georgia Report: The state incorrectly reported this action step as achieved. A draft of the competencies were reviewed and received input from the Advisory Committee in November 2002. The DFCS Professional Development Section in consultation with an external consultation group combined the feedback from the Advisory Committee and providing their input developed the Georgia specific competencies based upon the CWLA competencies. The final listing of Georgia specific competencies for new worker curriculum was completed in the spring quarter 2003. The Professional Development Section currently has the Curriculum Plan for Competency Based Core Curriculum for Child Welfare Case Managers. This Plan represents the content and the process for the final curriculum. The current Curriculum Plan does not specify family centered practice. We will incorporate specific content regarding involvement of fathers and older children.

DOCUMENTATION PROVIDED 3RD Quarter: Please see the attached Competency Based Core Curriculum for Child Welfare Case Managers Trainer's Manual I, II, III, and IV.

4th Quarter Federal Response: [The status of this action step is not clear. The State references an attachment related to competency based curriculum. Does this mean that the curriculum has been completed and the action step completed? It appears the evaluation piece of this action step has not been completed.](#)

5th Quarter Report: The State considers this action achieved. Yes, the training curriculum does include provisions that address child and family involvement in case planning. The reference is week 4, day 3, Section 4 of the New Worker Training Curriculum. The first round of QCRs indicates that of the 23 cases to which this indicator applied, 18 (78.26%) were rated as strengths. For more details please see the attached QCR Report.

5th Quarter DOCUMENTATION:

Social Services Quarterly Report, Qualitative Case Reviews, October 2003 -- December 2003

6th Quarter Report: The second QCR indicates that of the 36 cases to which this indicator applied, 23 (63.89%) were rated as a strength. For more details please see the attached QCR report.

6th Quarter DOCUMENTATION: Social Services Quarterly Report, Qualitative Case Reviews, January 2004 - March 2004

6th Quarter Federal Response: J1: The State reports as achieved in Q5 based upon QCR results which are inconsistent with the benchmark. Q5 reporting is also inconsistent with the request to renegotiate completion date to 7/04.

J1: State is requesting another renegotiation to change the benchmark to 'use QCR's...as an ongoing measure.' It appears as if the State consistently requests changes until it finds something achievable. They have gotten far away from the sound initial goal of 'surveying staff to measure understanding' which would provide the basis of practice change.

7th Quarter Report: In the 6th Quarter, the State had requested a change in the benchmark for this action step. It appears that the federal response was to continue using the benchmark of “surveying staff” about family centered practice as a more effective way of measuring understanding. Beginning April 2004, the State’s training curriculum again underwent a major revision. While based on family-centered practices, it is too early to “measure” staff understanding of family involvement. The first certification class had not completed the 16 weeks of our new worker training process. Again, the State asserts that the Qualitative Case Review (QCR) measures the understanding of staff **through direct practice**; i.e., the actual involvement of families as measured by case record reading and child and family interviews. The cumulative results of the QCR dated October 2003 - June 2004, indicates that 48 cases (70.59%) out of 68 cases read rated involvement of the family as strength. Improvement has been demonstrated from the last QCR reporting period. The QCR is an on-going measure of this action step. The second QCR included the States’ largest county. This may attribute to the decreased percentage. The State recognizes the decline in Well-being outcome 1 and will continue to emphasize the good practice of child and family involvement in case planning.

There has been a steady increase in the number of children entering the foster care system, which increases the case manager to client ratio. This too may have a negative impact on the involvement of child and family in case planning indicator. Additionally, the State has an abundance of new case managers and supervisors. The Division’s restructure, relocated former State Office staff to Regions as Specialists, to assist in case consultation and training. These positions became effective July 1, 2004. Results of the QCRs will be shared with the Regional Specialist to reinforce policy, new worker training and other state training initiatives.

7th Quarter DOCUMENTATION: See *Social Service Report, Qualitative Case Reviews* (October 2003 – June 2004).

8th Quarter Report: Achieved. The state's training curriculum Module 4 Case Planning is designed to include child and family involvement in case planning. A revised training curriculum (see 7th Quarter Report) is now being implemented and is comprised of two methods of training: an Internet application and a core program. Both incorporate family-centered practices, and include training content regarding the mutuality of case plan development. Included are questions, which are designed to measure the trainees’

understanding of this content on a weekly basis as well as a final assessment. Georgia’s Certification Program is still too new to provide performance results for the questions in the Core program, which cluster around the family-centered practice skills. However, the Internet application results are immediately available as tracked by the Institute for Online Training and Instructional Systems. Below is DOCUMENTATION of results indicating participants understanding and mastery of the training content (family centered practice) by participants.

While the action step and benchmark is achieved, the most recent QCR results for child and family involvement in case planning clearly indicates the lack of family involvement in case planning. The cumulative results for the 10/2003 - 09/2004 point out that only 65% of children and families are involved in case planning. The information has been passed on to the state training section for further examination.

DFCS Online Training

Average Scores on Module Test Questions Related to Family Centered Practice and the Inclusion of Families in Service Planning and Provision

Course	Module	Content of question	Average Score
Intro to Child Welfare	Roles of the SSCM	<p>Question: How might a SSCM intervene on behalf of a family when acting in the role of a planner</p> <p>Answer: Ensure case plans are detailed and address the problems pertinent to the family's involvement with the agency; Encourage the family to take an active part in developing and implementing their own case plan.</p> <p>Feedback: Planning should always be done with the family, and not for the family. Case plans should include specific goals and describe how these goals will be met.</p>	84%

Course	Module	Content of question	Average Score
Intro to Child Welfare	Georgia's Approach to CW	<p>Question: Which of the following statements describe Family-Centered Practice?</p> <p>Answer: An approach or framework for the work DFCS does with families; A way of working with families that is focused on the family unit; The intervention is guided by the needs of the family; Seeing the entire family as the client, not just the individual</p> <p>Feedback: As you begin your career in child welfare and with DFCS, we challenge you to learn and apply a family-centered approach to your work with families and children.</p>	93%
Intro to Child Welfare	Georgia's Approach to CW	<p>Question: Family-Centered child welfare practice can and should be incorporated in which of the following?</p> <p>Answer: Throughout all Social Service programs</p> <p>Feedback: Family-Centered child welfare practice can and should be incorporated throughout all of our social service programs.</p>	96%

Course	Module	Content of question	Average Score
Intro to Child Welfare	Georgia's Approach to CW	<p>Question: Which of the statements below describes how the Family-Centered Practice approach to child welfare works to meet both the goals of strengthening families and protecting children?</p> <p>Answers:</p> <p>Family-Centered Practice acknowledges there are times when families have so many stressors they may not respond enough to ensure safety and permanence for their children.</p> <p>Family-Centered Practice acknowledges that some families may need long term help, which would leave their children without the safety and permanence they deserve.</p> <p>Research indicates the Family-Centered Practice approach to child welfare practice results in the best outcomes for families and children.</p> <p>Feedback: As a new SSCM, you are encouraged to study and adopt the principles of Family-Centered Practice in your work with children and families.</p>	86%
Intro to Child Welfare	Georgia's Approach to CW	<p>Question: Partnering with both traditional and non-traditional services in order to link families with a comprehensive network of supports is an essential component of which of the following?</p>	83%

Course	Module	Content of question	Average Score
		<p>Answers: The Community Partnership approach to child welfare practice Family-Centered child welfare practice</p> <p>Feedback: The belief that linking families with a wide network of supports plays a significant role in keeping children safe and supporting families is an essential component of both the Family-Centered and Community Partnership approaches to child welfare practice.</p>	
CPS Intake	Overview	<p>Question: DFCS accomplishes its goal of protecting children from abuse and neglect by applying what principles?</p> <p>Answer: Family Centered Practice</p> <p>Feedback: DFCS applies the principles of Family Centered Practice in order to protect children and build on the family's strengths.</p>	90%

Course	Module	Content of question	Average Score
CPS Investigations	Introduction	<p>Question: What should the case manager be doing from the time of initial contact through the end of the investigation?</p> <p>Answers: Discussing the investigation with the parents</p>	91%

Course	Module	Content of question	Average Score
		<p>Assessing the safety of the children</p> <p>Feedback: In light of Family-Centered Practice principles, the case manager should be discussing the investigation with the parents. Also, the case manager should be assessing the safety of the children at every contact throughout the investigation and life of a case. Protection of children is the agency's number one priority.</p>	
CPS Investigations	Concluding the Investigation	<p>Question: Why is the Safety Plan developed with the parents?</p> <p>Answer: Because the parents must agree with and be willing to follow through with the plan</p> <p>Feedback: A Safety Plan should be developed with the parents because the parents must agree with and agree to follow the steps outlined in the plan</p>	78%

Course	Module	Content of question	Average Score
CPS ongoing	Strengths and Needs Assessment	<p>Question: Why is identifying a family's strengths important?</p> <p>Answers: Because our goal is to help the family solve its own problems Because we may identify strengths the family itself is unaware of To encourage and motivate the family toward positive change To help establish a positive relationship between the family and the case manager</p> <p>Feedback: The strengths of the family are the building blocks for the change we want to foster and encourage.</p>	92%
CPS ongoing	Strengths and Needs Assessment	<p>Which statement best describes how a family's strengths should be prioritized in the List all Strengths section of Form 458</p> <p>Answer: The top priorities should reflect the strengths that we hope can be used to address the family's needs.</p> <p>Feedback: Strengths should be prioritized according to those that we hope can be used to address the family's needs. Our goal is to nurture these strengths to overcome the family's problems</p>	83%
Course	Module	Content of question	Average Score

Course	Module	Content of question	Average Score
CPS ongoing	Case Planning	<p>Question: Which people always sign the case plan?</p> <p>Answer: Caretaker and Case Manager</p> <p>Feedback: The Case Plan will always be signed by at least the Caretaker and the Case Manager. If a child is a participant in the plan and old enough to understand what he is signing, the child may also sign, but a child is not required to sign the Case Plan.</p>	95%
CPS Ongoing	Case Planning	<p>Question: Can someone outside of the immediate family be asked to sign the case plan?</p> <p>Answer: Yes</p> <p>Feedback: Yes, there can be people who are involved in the Case Plan who are not in the immediate family. For example, a relative who is not in the home, but who provides after school care for a child as part of the Case Plan may be asked to sign the plan.</p>	88%
CPS Ongoing	Case Closure	<p>How is the family notified of the case closure?</p> <p>Answer: The case manager meets face-to-face with the family.</p> <p>Feedback: The case manager meets face-to-face with the family to inform it of the case closure. This occasion should be used to delineate the achievements of the family in meeting the case</p>	90%

Course	Module	Content of question	Average Score
		plan goals and to advise them of what to do in the future if they experience difficulties	
CPS Ongoing	Case Closure	<p>Question: Why is it important to meet face-to-face with the family at case closure?</p> <p>Answer: To review the family's achievements To discuss what must be done to avoid future maltreatment To notify the family of steps to take if future difficulties arise</p> <p>Feedback: Meeting with the family face-to-face is an important part of case closure for all of the reasons listed. The case manager should also use this meeting to emphasize the family's achievements, to encourage the family to continue its efforts, and to inform the family of how to handle future problems should they arise.</p>	96%

Course	Module	Content of question	Average Score
Foster Care	Preplacement and Visitation	<p>How should you react to a parent's reluctance to visit with the child in care?</p> <p>Answer: Offer encouragement and support to the parents regarding exercising their visitation rights</p> <p>Feedback: Parents may require strong</p>	100%

Course	Module	Content of question	Average Score
		encouragement and support to exercise their visitation rights. Parents who miss or who show up late for visits may be having a hard time facing the reality of the child's removal from their home. Apparent lack of interest in visitation may really be an avoidance tactic. For these parents, it may be helpful to stress the importance of visitation in helping their child cope with separation and maintaining a meaningful parent-child relationship.	
Foster Care	Preplacement and Visitation	<p>Question: True or False. If a parent objects to the child visiting with another family member or friend, the visitation should not be allowed.</p> <p>Answer: False</p> <p>Feedback: This statement is false. A parent may not have the best interest of the child in mind when objecting to some visitations. Your job, in this situation, is to determine why the parents object and then determine if the contact would indeed be contrary to the well-being of the child. Should you decide to allow visits despite parental objections, document clearly in the Case Plan the reasons for the parents' objections and why the visits were allowed. Also, the approval of the court must be obtained for such visits made over the objection of the parents.</p>	91%
Foster Care	Assessment and	Question: Who is most likely to remain	95%

Course	Module	Content of question	Average Score
	Permanency	<p>motivated and engaged in achieving the case plan goals?</p> <p>Answer: Parents who have the most contact with their case manager</p> <p>Feedback: In most cases, parents who have the most contact with their case manager are more likely to remain motivated and engaged in achieving the case plan goals.</p>	

Course	Module	Content of question	Average Score
Foster Care	Case Plan	<p>Question: Regardless of whether the Case Plan is for reunification or non-reunification, what action should you take first in developing the plan?</p> <p>Answer: Notify the parents of the case plan meeting</p> <p>Feedback: The Case Plan is developed by DFCS and the child's parents during the case plan meeting. So, the first step in developing the plan must be to notify the parents of the case plan meeting.</p>	91%
Foster Care	Case Plan	<p>Question: When may someone other than the parent, present caregiver, child, or CASA/GAL be given a copy of the Case</p>	90%

Course	Module	Content of question	Average Score
		<p>Plan?</p> <p>Answer: Upon written consent of the parent</p> <p>Feedback:</p> <p>Other persons significant to the Case Plan may be provided with a copy of the Case Plan upon written consent of the parent.</p>	
Foster Care	Case Review 2	<p>Question: How long before a Panel Case Review must the birth parent and child be notified?</p> <p>Answer: 2 weeks</p> <p>Feedback: The birth parent and the child, if of appropriate age and functioning, should be provided with two weeks written notice of the date, time and place of the Panel Case Review meeting and of the right to bring a representative of his or her own choosing to the meeting.</p>	87%

NOTE: The scores listed are the average scores obtained for each specific question out of a possible 100% (many of the questions allow for partial credit). These averages reflect each time the specific question has been answered since the curriculum was made available to the staff. This information is current up to the date and time that this report was generated (10/2004). The scores represent the average score obtained on the questions and counts each time the question has been answered since the training went up. There is no means for identifying/categorizing groups of people. For example, it cannot say how many of these were new workers verses how many were veteran workers, etc.

While the action step and benchmark is achieved, the most recent QCR results for the child and family involvement in case planning clearly indicates the lack of family involvement in case planning. The cumulative results for the 10/2003 – 12/2004 QCR point out that only 65% of children and families are involved in case planning. It is apparent from the pre and post-test above that case managers understand the concept of family involvement in case planning, however, the practice is not occurring. This information has been shared with the State Training and Education Section. In addition, the appropriate county staff has also been informed as a part of the QCR county debriefing. The expectation is that counties will develop corrective action plans to more positively influence this indicator.

8th Quarter DOCUMENTATION: (1) Training Module on Family Centered Child Welfare Practice, and (2) Training Module 4, Developing a Case Plan

BARRIERS TO ACHIEVEMENT:

J2 ACTION STEPS:		Judicial training will highlight the findings of the federal review on this item and the need for making sure that families and children are involved in their case planning. Evaluation: Survey sampling of judges will be done to measure compliance. A class on the federal PIP will be scheduled for the Spring 2003 Council of Juvenile Court Judges conference, May 4-6.	
START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
April 2002	Nov. 2003	Eric John, TA: Michelle Barclay	Annual training will include session on the federal review.

ACCOMPLISHMENTS:

1st and 2nd Quarter Report: The federal PIP was presented at the judge's conference during the pre-conference meetings. It has also been distributed via the web on the Georgia juvenile court judge's list serv. A class on the federal PIP was conducted during the Child Placement Conference in the fall of 2002, which was attended, by judges, caseworkers, attorneys and CASAs. A class on the federal PIP was conducted during the Child Placement Conference in the fall of 2002, which was attended, by judges, caseworkers, attorneys and CASAs.

3rd Quarter Report: The survey regarding judge's knowledge of the PIP will be completed by the end of the summer.

4th Quarter Report: A survey assessing judges' knowledge of the PIP is presently being created. It will be distributed to judges by the end of November 2003.

4th Quarter Federal Response: [The completion date in the PIP is November 2003. Has the State now completed this? We need more clarification on the evaluation piece.](#)

5th Quarter Report: Survey sampling was conducted which revealed that judges involvement in the PIP varies widely. A few judges were very involved but most others were not very familiar with the PIP. Surveying has not been done to measure whether judges are making sure that children and families are involved in their case planning. The last six months have been spent working on adoption of the CPRS statewide by both judges and caseworkers. The first report from the CPRS, on this data point, shows that of 16,080 case plans in the system, 11,690 documented that families participated in the development of the case plan.

5th Quarter DOCUMENTATION:

Program Improvement Plan-Random Survey of 10 GA Juvenile Court Judges
PIP Results 2/18/2004 from the CPRS -- Child and Family Involvement in Case Planning

6th Quarter Report: Achieved. The survey results were submitted last quarter. The judges were again presented with federal findings and information regarding the PIP at their November 2003 Conference. Reinforcement training is a continuous need. The survey results were extremely poor. (Only two of the judges surveyed were familiar with the PIP.) Other strategies employed have been to send out information on the judge's list serve. Since state efforts continue, the state requests an extension to July 2004.

6th Quarter Federal Response: [J2: State assesses as achieved, but also requests a new goal completion date of 7/04. Please clarify.](#)

7th Quarter Report: The State assesses that the item is Achieved. It was not necessary to request a new goal completion date of 7/04. Please disregard. (The intent here had been to continue state efforts to improve understanding of the judges via various strategies, including Internet postings and training events.)

8th Quarter Report: Achieved. Per ACF 7th quarter requests for documentation: Attached in the Documentation Appendix are the Agendas from the Annual Child Placement Conference, and the "Planning for Permanency Through Effective Case Plans" document that was presented at the spring 2002 Council of Juvenile Court Judges (CJ CJ) and subsequently presented at other CJ CJ conferences.

Training has taken place for the judges on CFSR review findings relevant to courts and on PIP items, specifically on involving families and children in case planning. At the 2002 Spring Council of Juvenile Court Judges Seminar, a session titled "Training on DFCS Automated Forms" was held. However, the session's content exceeded the limited title. Michelle Barclay, CIP Director, Judge Robin Nash and Judge Michael Key taught a class on how to review case plans, specifically addressing the inclusion of parents and children in case planning. At the end of the session, there was an overview of how to review a case plan within the Case Plan

reporting System (hence the title automated forms). Woven into the discussion were other issues of ASFA/PIP compliance such as meeting the hearing time frames, requiring a diligent search for relatives early in the process, and making certain all parties had proper representation. Included as part of the 8th report documentation is the presentation "Planning for Permanency Through Effective Case Plans", which was used to address the ASFA/PIP compliances. The agenda item for the 2003 Spring Council of Juvenile Court Judges Seminar, is labeled "Conflicts and Continuances", which addressed ASFA/PIP. While the panel specifically discussed how to lower the number of continuances and attorney conflicts in order to better meet the ASFA time frames, several judges discussed PIP improvement items, including good practice around case planning and permanency hearings. Judge Peggy Walker, 2003 Council President, reported to the CIP that she attended several PIP meetings and reported back to the Council during their business meeting. Finally, the following website was sent out several times on the judge's list serve to provide updates:
<http://www.childwelfare.net/cfsreview>

8th Quarter DOCUMENTATION:

- (1) Agenda Juvenile Court Judges 2003 Spring Seminar (Past Presidents Panel: Conflicts & Continuances),
- (2) Planning for Permanency Through Effective Case Plans.
- (3) The 2nd Annual Child Placement Conference November 2001, workshop B12 - Georgia's Child and Family Services Review: Where Do We Go From Here. The 1st Annual Child Placement Conference, workshop B9 – Child and Family Services Review Process and Penalties

BARRIERS TO ACHIEVEMENT:

J3 ACTION STEPS:		SAAG training will highlight the findings of the federal review on this item and the need for making sure that families and children are involved in their case planning. Evaluation: Survey sampling of judges will be done to measure compliance.	
START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS

April 2002	Aug. 2002 5th Quarter: Per Evaluation/Renegotiation Report, the State requested an extension to July 2004 to allow for monitoring via a survey sampling of SAAGs	Vivian Egan, TA: Michelle Barclay	Annual training will include session on the federal review.
------------	--	-----------------------------------	---

ACCOMPLISHMENTS:

Achieved. SAAG's received training regarding the findings of the Federal Review.

4th Quarter Federal Response: The State articulates that this has been achieved, but provides no information. When was the training done? How many SAAGs were trained? We need more clarification on the evaluation piece.

5th Quarter Report: It was decided that a measure of just basic SAAG performance should be done first and that the local DFCS offices would be a better source of information than the judges. After getting 100% response rate from the DFCS counties, it was discovered that just a small core of SAAGS were not meeting with their own clients. The results are posted on the website:

<http://www.gachildadvocate.org/gasurveyresults.html>

6th Quarter Report: **Achieved.** The evaluation process was modified to yield more useful results. See results posted at the above website.

6th Quarter Federal Response: J3: Information reported in Q5 and Q6 is inconsistent between the two and with the benchmark. Furthermore, the survey which the State cites was developed to assess DFCS' satisfaction with SAAG representation on behalf of the agency. It has nothing to do with child and family involvement in case planning.

7th Quarter Report: The State has **Achieved** this action by the following means:

(1) SAAG training has been conducted to review the findings of the federal review, including this item on family involvement in case planning. The plans for annual SAAG training could not be met due to budgetary constraints. The next training event is planned for July 26, 29, and 30, 2004. Documentation of the States Legal...is attached

(2) A sample of judges has been surveyed to measure compliance. The Court Improvement Project staff conducted the most recent survey of judges. Of the ten judges interviewed, most were aware that families and children should be involved in the case planning. However, most said that they just assume that the SAAGs and caseworkers are involving families and children in their case planning.

One judge reported that in order to ensure involvement, he holds a case plan hearing one month after the case plan is signed to make sure that there is mutual understanding about the case plan expectations. See survey results below.

7th Quarter DOCUMENTATION:

1. Meeting the Requirements of Title IV-E of the Social Security ACT, page 10... Presented at SAAG training conference 2003
2. SAAG Conference - Seminar Agenda 2002
3. SAAG Conference – Seminar Agenda 1999
4. Survey of Ten (10) Judges

8th Quarter Report: Achieved: The Annual SAAG Training did not include sessions specifically on the federal review. There were sessions on permanency in general. The survey of judges did occur as documented under D6. This Action Step and Action Step D6 are essentially the same. The state contends that most if not all of the participants are the same at both conferences whereby permanency is of discussion. While the SAAG conference did not specifically have topics on CFSR, permanency was certainly trained on.

BARRIERS TO ACHIEVEMENT:

J4 ACTION STEPS:		The CPRS will be mandated to make sure that documentation of parental involvement be collected statewide. Evaluation: A report documenting parental involvement will be generated from the CPRS and distributed monthly to supervisors and county directors. A quarterly report will be presented to the Regional IV staff after review and approval by Division, SOA and Commissioner.	
START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
April 2002	July 2003 5th Quarter: Per Evaluation/Renegotiation Report, the State	Kelli Stone, TA: Michelle Barclay	All case plans will be entered into the CPRS.

	requested an extension to July 2004		
--	--	--	--

ACCOMPLISHMENTS:

1st Quarter Report: Response as of 12/13/2002: There is an ongoing implementation plan for CPRS that will eventually include all 159 counties. Currently, 104 of 159 counties have been trained to use the new system. After the implementation plan is complete at the end of January 2003, the monthly reports will begin.

2nd Quarter Report: Response as of 4/16/2003: All 159 counties have been trained. All the judges have been trained. The courts have hired a manager full time to serve the judge's needs for the system. For the month of March 2003, there were 2154 successful logins to the system. As of 4/16/2003 there are 11, 884 case plans in various states of revision in the system. A monthly report of parental involvement has NOT been created as of yet, due to other functionality needs of the system, which had to be addressed first.

3rd Quarter Report: The Case Plan Reporting System has been trained and implemented in all 159 Georgia Counties. Use of CPRS is now required by DFCS policy. The system is available on the Internet at www.gacaseplan.org. There is also a link on this website that allows the user with no ID or password to access a demo version of CPRS. The system collects documentation about the participation of the parent and child in the development of the case plan. See attached the documentation CPRS 'Participation' screen print.

3rd Quarter Federal Response: [Action Steps have not been fully addressed.](#)

4th Quarter Report: The build of the report function has been requested.

4th Quarter Federal Response: [The State articulates that completion of the report function is delayed due to CPRS staff involvement in other projects. The due date was June 2003. What is the new due date that the State is requesting?](#)

5th Quarter Report: July 2004 is the new due date. The first report from the CPRS on this data point (see documentation referenced in J4) shows that of the 16,080 case plans in the system 11,690 documented that families participated in the development of the case plan.

6th Quarter Report: The last CPRS Report was run in February. The next report will not be run in time for an update on this measure. Results will be documented in the next PIP reporting period.

6th Quarter Federal Response: [J4: Requests extension of completion date to 7/04.](#)

[J4: Why weren't statistics provided from the 2/04 report run? The PIP Annual Evaluation/Renegotiation Report informs ACF that 'additional time for the reporting function to be built into the system is necessary.' Is the required functionality build complete?](#)

7TH Quarter Report: In response to the above federal request for information, the State now has a reporting function that has been built into the CPRS Report. Data is collected for the following characteristics: “at least one parent and at least one child participated”; “at least one parent participated”; “at least one child participated”; and “no parental or child participation”. The 5th Quarter Report did provide the first statistics (See documentation of Child and Family Involvement in Case Planning, dated February 18, 2004). The report has been run again and now appears on a website designed for counties to pull up statistics related to CPRS data fields. The new website and postings, however, contain duplications due to several factors. Specifically, during the migration of plans from the original CPRS to CPRSv2, duplicate cases were created. The counties were not aware that they needed to close the original plan, so the duplicate plans remain. The division is now providing training to supervisors on how to identify plans that need to be closed and how to close them. Additionally, supervisors and workers are receiving training on how to create a new plan and review existing plans. The developer of the system will review the system for “junk plans” and delete as appropriate. These strategies will assist the division in “cleaning up” the data. For reporting purposes, see documentation of printouts that the new CPRS Report will provide counties.

7th Quarter DOCUMENTATION: See CPRS reports, Child and Family Involvement in Case Planning, designed to generate to capture family involvement in case planning.

8th Quarter Report: Achieved. Per ACF 7th quarter request to provide status on the CPRS data cleanup: On October 22, State DFCS received the list of cases in CPRS that do not match an open case in IDS. After reviewing the list, the project administrator was able to determine several causes for the unmatched cases, which include: 1. Child's name is entered one way in CPRS and a different way in IDS. 2. Case number is either missing from CPRS or is a different format from IDS. 3. Cases where there is more than one draft plan for each child, because the worker had a problem and started over without completing the first plan. 4. Cases where there is more than one draft plan for each child, because the worker was not aware that they should use the original plan to edit for a case review. 5. Cases where all children have exited care and there are no aftercare services being provided. 6. Cases where the worker created a plan group for the father and a plan group for the mother. The case plan is the child's plan, and there should be one plan. 7. Cases where the last updater is "100". This indicates a plan that was migrated from Version 1. When the worker reviewed the migrated case, a new version of the plan group was created. Situations as in 2 and 6 are considered "Junk" plans.

A clean-up effort by the developer earlier this fall cleared approximately 75% of "junk" plans out of the database. The remaining "junk" plans and other duplicates and unmatched plans must be reviewed by the counties that created the plans. State DFCS wants to be very sure no legitimate plans are closed during this cleanup effort. A skilled IDS and CPRS user must thoroughly search and compare both databases before making the decision to close a plan. Therefore, the clean up must be conducted by county and state employees.

A memo was sent to the Managers of Field Operations on October 29, 2004 with a list of case plans that must be reviewed by each of their county offices. The counties were instructed to correct the child name and case number, close duplicate plans, and close plans

where the cases are no longer active. Counties were instructed to note the date and action taken on the list and return it to the State Project Administrator. The deadline for this cleanup is November 16, 2004.

The CPRS report is developed and attached in the documentation appendix (see report #6 Child and Family Involvement in Case Planning). The report indicates a total of 9,284 plan groups (a plan group is based on the children in the sibling group whether in care or not, caretakers at the time of removal, relatives, and caseworkers). However, there is one plan for each child. The report shows the following:

Count Description	Number
At least one parent and one child participated	1,688
At least one parent participated	5,364
At least one child participated	2,774
No parental or child involvement	2,834

8th Quarter DOCUMENTATION: October 28, 2004 memo regarding Case Plans in CPRS that do not Match an Active Case in IDS

BARRIERS TO ACHIEVEMENT:

4th Quarter Report: Completion of the report function is delayed due to CPRS staff involved in other projects.

J5 ACTION STEPS:		Family group conferencing must be done at the 30-day case plan with multi-disciplinary staffing to ensure parental involvement in case planning. Evaluation: Sample spot checks with counties will occur to see if counties are in compliance.	
START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
July 2002	June 2004	County Supervisors	Family group conferencing will take place with all foster care cases.

ACCOMPLISHMENTS:

1st and 2nd Quarter Reports: Achieved. All DFCS staff and FP/BP providers have received training on Family Team Conferencing and Multi-Disciplinary Team Meetings (MDT). Additional training will be offered to DFCS staff and FP/BP providers in January 2003, June 2003 and September 2003.

2nd Quarter Federal Response: [What can the State give us to show this has been achieved?](#)

DOCUMENTATION: See attached PIP Items 7,9,12,18,21,23

3rd Quarter Federal Response: [Progress needs to be addressed.](#)

4th Quarter Report: Beginning the spring of 2004 additional training will be provided to county case manager and supervisor staff on MDT and Family Conferencing.

4th Quarter Federal Response: [The State indicates that this step has been achieved. They have provided training. However, the goal is to ensure that family group conferencing is done at the 30-day case plan and that parental involvement met. The State plans to evaluate by conducting spot checks for compliance. We need more information. How does the State know that parental involvement has increased and that family group conferencing is done at the 30-day case plan? Have they done reviews? If so, what are the results?](#)

5th Quarter Report: The State is requesting to delete this action step. Reason: Limited resources do not allow the State to conduct the family group conferencing. The overall goal is being met. The State believes that deleting this action step will not adversely impact the goal.

6th Quarter Report: Request is to delete this as an action step. Although the state recognizes the value of the family team conferencing process as an aid in the development of a comprehensive case plan, there are in place in the state other methods by which this is achieved. The multi-disciplinary team meetings (at which agency and other professional staff involve family members in case planning and decision making) is widely used by providers and agency staff at the culmination of the comprehensive assessment. Family members also have an opportunity to provide input and participate in the planning process during the development of the initial 30-day case plan.

6th Quarter Federal Response: [J5: State requests deletion of the action step 'due to limited resources' and also asserts that the 'overall goal is being met.'](#)

[Q6 reporting disputes the above as evidenced in the most recent QCR data.](#)

7th Quarter Report: In response to the federal comment above, the State still requests the deletion of this item. As pointed out, the QCR for the last reporting period, in addition to the most recent QCR (a cumulative report ending June 2004), does demonstrate an increasing involvement of the child and family in the case planning process. (See documentation below regarding the review of 68 cases, of which 70.59% indicated this item as a strength). In addition, Item 17 of this same document reveals that out of 67 cases read, 66 cases received a Child and Family Comprehensive Assessment (First Placement Best Placement). The Multi-Disciplinary Team staffing is part of the process and is very similar to the “concept” of family group conferencing, except that a team of professionals also participates in the staffing with the family. Either strategy involves families in planning. The State’s earlier strategy of a “family group conference” is duplicative.

7th Quarter DOCUMENTATION: QCR, October 2003 – June 2004 (Cumulative Report)

8th Quarter Report: The state's latest QCR results are not favorable regarding child and family involvement in case planning and indicates a significant decrease in the child and family involvement in case planning. The states cumulative rating (10/2003 - 09/2004) was 65% in compliance. It appears that while case managers comprehend the concept of family centered practice (see action step J1) good practice is occurring in 65% of the cases reviewed. This information has been passed on to the State's Training Section and to Deputy Administrators over the Regional/Field Directors.

8th Quarter DOCUMENTATION: (1) November 8, 2004 memo to Education and Training Services Section and cc to Deputy Directors regarding Training Needs Indicators based upon QCR. (2) Georgia PIP Qualitative Review Summary Table.

BARRIERS TO ACHIEVEMENT:

J6 ACTION STEPS:		Family Group Conferencing and First Placement/Best Placement projects will get sufficient support, leadership and project management to ensure successful implementation and maintenance. Evaluation: Feedback will be sought quarterly from the project managers on progress and needs for continued successful implementation.	
START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS

Jan. 2002	July 2002	Juanita Blount-Clark, Social Services Section Director	A project manager will be assigned to both programs with full support for implementation.
-----------	-----------	---	---

ACCOMPLISHMENTS:

1st Quarter Report: Achieved. Four Foster Care staff has been assigned to work with providers, county staff and other state office consultants to manage, monitor and provide technical assistance to counties and providers on Family Team Meetings and FP/BP services.

Completion date: December 2002.

2nd Quarter Federal Response: [Were you able to obtain feedback in the last quarter from the project managers on progress and needs for continued successful implementation.](#)

3rd Quarter Report/Georgia's Reply: Yes, the four foster care staff provides regular reporting regarding the progress and needs for successful Family Group Conferencing and FP/BP activities.

4th Quarter Federal Response: [The State indicates that this step has been achieved. However, we need more information regarding the evaluation piece of the action step.](#)

5th Quarter Report: The State is requesting to delete this action step. Reason: Limited resources do not allow the State to conduct the family group conferencing. The overall goal is being met. The State believes that deleting this action step will not adversely impact the goal.

6th Quarter Report—Please see action Step J5.

6th Quarter Federal Response: J6: [State requests deletion of the action step 'due to limited resources' and also asserts that the 'overall goal is being met.'](#)

[J6: Same as J5.](#)

7th Quarter Report: See J5 above for response. The State requested that this action step be deleted. Earlier in the PIP reporting, the benchmark was met with the assignment of (4) project managers around the state to provide leadership and support. This strategy is no longer possible due to staff resources being needed elsewhere. The State maintains that deleting this step for the reasons cited earlier will not negatively impact the overall achievement of support for family group conferencing and the child and family comprehensive assessment model (First Placement Best Placement) as evidenced by the results of the QCR concerning First Placement Best Placement utility which includes MDT.

7th Quarter DOCUMENTATION: (Same as J5)

8th Quarter Report: (same as J5)

BARRIERS TO ACHIEVEMENT:

Work Plan Detail K -- Item 19, Worker Visits with Child

K5 ACTION STEPS:		Develop training components to support visitation with child and family. Evaluation: Please see evaluation for Items 3 & 4, page B-3.	
START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
April 2002	Sept 2002	Geraldine Jackson White	Development of curriculum for new worker training and veteran staff.

ACCOMPLISHMENTS:

Achieved. The DFCS Professional Development Section (PDS) established a Social Service Curriculum Advisory Committee to address the training needs of Social Services staff. Committee members include state and county staff, and other community stakeholders. The committee and selected contractors will revise, field test and implement the Social Services New Worker curriculum. The revised curriculum will place additional emphasis on family centered practice.

Completion Date: In November 2002 competencies were identified for New Worker Training. The Advisory Committee reviewed the first draft of the revised curriculum based on CWLA competencies. Georgia is on schedule to have the new curriculum completed by October 2003.

8th Quarter Report: Achieved. Per ACF request 7th quarter request to provide documentation: Attached training Module 3 on Visitation.

8th Quarter DOCUMENTATION:

- (1) Social Service Training Module 3 Visitation
- (2) Foster Care Policy 1006.10 Contact Standards for Parents of Children in Care With a Plan of Reunification
- (3) Training Module 4 Developing a Case Plan and
- (4) Training Module 5 Case Contacts

BARRIERS TO ACHIEVEMENT:

Work Plan Detail L -- Item 20, Worker Visits with Parents

Goal: To have meaningful and purposeful visits between parents and case managers

L5 ACTION STEPS:		Develop training components to support work with the parents through 'New Worker Training' and as on-going skills training course for veteran staff. Evaluation: Please see Evaluation for Items 3 & 4, page B-2.	
START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
Mar. 2002	Sept 2002	Geraldine Jackson White	Development of curriculum for new worker training and veteran staff.

ACCOMPLISHMENTS:

Achieved. The DFCS Professional Development Section (PDS) established a Social Service Curriculum Advisory Committee to address the training needs of Social Services staff. Committee members include state and county staff, and other community stakeholders. The committee and selected contractors will revise, field test and implement the Social Services New Worker curriculum. The revised curriculum will place additional emphasis on family centered practice.

Completion Date: In November 2002 competencies were identified for New Worker Training. The Advisory Committee reviewed the first draft of the revised curriculum based on CWLA competencies. Georgia is on schedule to have the new curriculum completed by October 2003.

8th Quarter Report: Achieved. Per ACF request 7th quarter request to provide documentation: Attached is training Module 3 on Visitation.

8th Quarter DOCUMENTATION

- (1) Social Service Training Module 3 Visitation
- (2) Training Module 4 Developing a Case Plan,
- (3) Training Module 5 Case Contacts

BARRIERS TO ACHIEVEMENT:

Work Plan Detail M -- Item 21, Educational Needs of the Child (6th QUARTER REPORT: WORK PLAN ACHIEVED)

Work Plan Detail N -- Item 22, Physical Health of the Child

N2 ACTION STEPS:	Georgia will continue to require all providers to complete a Multi Discipline Team Meeting for each Comprehensive Child and Family Assessment to determine the appropriate health needs and services of all children entering foster care program within the first 30 to 60 days of the child entering care.
-------------------------	--

START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
April 2002	Dec. 2002 and on-going 5th Quarter: Per Annual Evaluation/Renegotiation the State requested to extend the completion date to July 2004 to allow for CPRS enhancements	Joe Wassell, Betty Wrights, Millicent Houston, Leslie Cofield, Dianne Yearby, Patricia Nealy, Alice-Marie Hutchison, Linda Ladd	Review at each annual on-site review. 5th Quarter: Per Annual Evaluation/Renegotiations the State requested to change to: 'Review Statistical Data Quarterly as provided through the CPRS system'. (See PIP Annual Evaluation/Renegotiation Report)

ACCOMPLISHMENTS:

Achieved: As Part of the First Placement/Best Placement initiative in February 2001 policy was implemented that requires every child that enters foster care in Georgia and remains in foster care after 72 hour hearing to have a First Placement, Best Placement Assessment. With the assessment it is also required that a MDT meeting is held to determine the service needs of the child and family. The MDT meeting is held within the first 30 to 60 days of a child's placement in foster care. To monitor the effectiveness of the FPBP assessment as well as the MDT, four foster care consultants have been assigned to the 12 regions. These consultants will conduct onsite reviews, which are scheduled to begin in February 2003. CPRS will also provide a monitoring mechanism in which case manager are required to enter the date the FPBP assessment was initiated and the date the MDT meeting was held and any service needs and recommendations of the child and family. The four consultants will conduct onsite reviews of randomly selected cases with various counties along with Fulton County to assess if the private providers are meeting the standards for the FPBP assessment and if the county staff is implementing the service recommendations indicated for the child and family at the MDT team meeting with the use of wrap around funds. The reviews will aide in determining if the county staff is initiating assessments on every child that enters and remains in foster care after the 72-hour hearing. **Actions for next quarter:** The onsite reviews are not scheduled to begin until February 2003 after training of DFCS staff and private providers. Once the reviews are conducted, compilation of data collected is

needed to determine if Multi Disciplinary teams are being conducted after the completion of the First Placement Best Placement Assessment. The field in CPRS to report the service needs and recommendations of the child from the Multi Disciplinary Team is needed to adequately measure the benchmark.

5th Quarter Report: The enhancements for CPRS were added in 12/03. The system now has the capability to capture data reported from the Multi-Disciplinary Team Meeting such as the service needs and recommendations of the child. A pilot of county staff is projected for April 2004 after which the reporting capability will be introduced statewide. The reporting mechanism for CPRS is expected to be available in April 2004 with the projected reports the system will be able to provide with the addition of the enhancements to capture specific data from the comprehensive child and family assessment.

6th Quarter Federal Response: **State is required to continue reporting on the progress of this action step.**

7th Quarter Report: Dekalb County DFCS and Troop County DFCS were selected to participate in the pilot of the Child and Family Comprehensive Assessment (First Placement/Best Placement) MDT component of CPRS enhancements. The enhancement allows the assessment providers to access and key the MDT date and make service recommendations. In June, Georgia's Court Improvement Project (CIP) provided pilot training to seventeen (17) approved assessment provider agencies on entering the assessment information into the CPRS system. After this training, fourteen (14) provider agencies agreed to partake in the execution of the pilot, which will extend through August 30, 2004.

Implementation of the pilot will provide an opportunity to determine if the MDT meetings are occurring and if the health needs and services are being identified for children in foster care. The QCR's will address the appropriateness of the identified services.

8th Quarter Report: Achieved: The Multi-Disciplinary Team meeting is one of the most important concepts of the Comprehensive Child and Family Assessment process. The family assessor coordinates this meeting to assure that at least one other professional (referred to as a discipline) is present at this meeting to discuss the needs and strengths of the family. The family and foster parents are also part of this team. The meeting is held at the conclusion of the assessment process. After the Family Assessor has gathered or compiled all of the information on the child and family this information is presented at this meeting. This provides an opportunity for the parent/family and others represented to participate in planning outcomes and goals for the child and family. At the conclusion of the MDT meeting, a case plan for the family is developed. If the initial (30 day) case plan is submitted prior to the MDT meeting because of time restraints, the case manager is asked to make amendments to the plan as needed and submit to the court for approval. If there are services identified for the child and family that may be provided using wrap-around services or community partners, this is outlined at the meeting. At the conclusion of the MDT meeting, the family assessor may submit the completed assessment along with the invoice for billing.

MDT meetings are:

- ✓ Held within 30 – 60 days of a child entering foster care,
- ✓ Comprised of professionals from diverse disciplines (assessment provider, mental health, public health, school counselors, CASA, physicians, psychologist, psychiatrist, resource parents, and DFCS staff),
- ✓ Considered as one of the foundations of the FP/BP process,
- ✓ Considered the ultimate in public/private collaboration.

The team comes together at the conclusion of the Comprehensive Child and Family Assessment process to:

- ✓ Review information from the assessment,
- ✓ Provide consultation,
- ✓ Promote coordination between agencies.

The team will make the best and most appropriate recommendations for:

- ✓ Services
- ✓ Placements that meet the needs of the child and family.

Possible outcomes of the MDT meeting:

- ✓ Provide a checks and balances mechanism to ensure that the child and families strengths and needs are addressed appropriately,
- ✓ Identify service gaps and breakdowns in coordination or communication between agencies or individuals.

The birth parents and relatives are invited to attend the MDT meeting. However they do not count as a discipline.

An appropriate MDT meeting must have at a minimum three (3) disciplines represented.

The enhancements to the CPRS system provide the state with the capability to use the data entered by the FP/BP provider to determine if MDT meetings are held and to identify the recommendations regarding health care needs and services for children in foster care.

8th Quarter DOCUMENTATION:

- (1) First Placement Best Placement Handbook specifically page 1, 2nd paragraph from bottom, and pages 74-79, Section X, MDT Standards & Reports.
- (2) Georgia Family Conferencing Handbook, Appendix W of the Social Services Foster Care Manual

BARRIERS TO ACHIEVEMENT:

N5 ACTION STEPS:		<p>Georgia will complete technical assistance to DFCS staff and private providers as to how to use the collected information to meet the child's needs as it related to post substance abuse counseling, monitoring and support as a part of the early intervention process and/or in -- home intensive treatment services. The team will need to determine the accuracy of information in the CPRS system regarding the service needs of children and families indicated at the MDT meeting. During the next quarter, the team will monitor the data collection from CPRS and the selected contractor. This information will steer the efforts of the FPBP consultants assigned to regions to begin training, consulting, and supporting the needs of county DFCS staff and private providers.</p> <p>5th Quarter Report: Per Annual Evaluation/Renegotiation, the State requested to change part (2) of the Action Step to read 'Once CPRS has the capability to capture data, the state office team will determine accuracy of information in the CPRS system regarding the service needs of children and families indicated at the MDT meeting'. Reason: Changes in management at the Division and Unit levels have resulted in the reassignment of the four consultants responsible for managing the Child and Family Comprehensive Assessment (First Placement/Best Placement).</p>	
START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
July 2002	February 2003 3rd Quarter: Requesting a date change to December 2003 to allow for the	Leslie Cofield	Provide 11 county site training to staff and providers beginning in 7/2002.

	<p>enhancements of the CPRS system.</p> <p>3rd Quarter Federal Response: We anticipate to measure your progress in this area by the end of 4th Qtr.</p> <p>5th Quarter: Per Annual Evaluation/Renegotiation the State requested to extend the date to July 2004 to allow for CPRS enhancements</p>		
--	--	--	--

ACCOMPLISHMENTS:

1st Quarter Report: Partially Achieved: The CPRS System will have features added to allow the collection of data on the number of assessments completed within a county and the service recommendations for the family and child from the MDT meeting. The compilation of this information will allow the team to determine the counties that may require consultation, support or training. The collection of the monthly county reports and the dissemination of the monthly invoices by the selected contractor will assist the four foster care consultants in identifying if the Assessment information is used by the counties to begin providing post substance abuse counseling and support. The data collection from the onsite reviews will also give concrete results on the counties ability to utilize the assessment information to determine if early intervention is necessary for post- substance abuse counseling, monitoring or support.

2nd Quarter Report: First Placement/Best Placement Program Consultants assigned to monitor the PIP are providing ongoing technical assistance, training, and support to county staff at the request of the County Director, Field Director, supervisors, C & S consultants and placement and resource development staff.

2nd Quarter Federal Response: [EXPLAIN WHY THIS GOAL HAS NOT BEEN FULLY ACHIEVED](#)

3rd Quarter Report: The enhancements to the CPRS system are 33% complete. In December 2003, the system will have the capacity to capture and report on the number of children and families recommended to receive post substance abuse counseling and intervention.

4th Quarter Report: As reported in the 3rd quarter report the enhancements to the CPRS system are pending completion in December 2003. The Foster Care Unit has developed a training plan for 2004. Foster Care Consultants will train DFCS staff, private providers and other community partners in representative areas of the state. Networking sessions will also be planned to allow for sharing of information about intervention and preventive services to children and families involved in the foster care system in Georgia. In these sessions, post substance abuse counseling, monitoring and support will be discussed.

The Department of Family and Children Services and the Public Health Collaborative effort has expanded to include private physicians and a representative of the Department of Community Health. Through this collaboration, public health will begin to track and monitor the health care services of children in foster care. The Collaborative will determine an electronic tracking mechanism for recording health care services, recommendations, and diagnosis for children in foster care. This information will be available to Medicaid approved health care providers in the state. Public Health and DFCS will team up to provide training to DFCS and Public Health employees. A Collaborative session with representatives from County DFCS offices and Public Health Districts was held on August 19, 2003. This endeavor will focus on meeting the overall health needs of children in foster care in Georgia.

DOCUMENTATION PROVIDED 4TH Quarter:

See 'Children in Foster Care An Emerging Partnership between Public Health and DFCS'.

4th Quarter Federal Response: [The enhancements to the CPRS system are incomplete.](#)

5th Quarter Report: The enhancements for CPRS were added in 12/03. The system now has the capability to capture data reported from the Multi-Disciplinary Team Meeting such as the service needs and recommendations of the child. A pilot of county staff is projected for April 2004 after which the capability will be introduced statewide. The reporting capabilities for CPRS is expected to be available in April 2004 with the projected reports the system will generate as a result of the addition of the enhancements which allow for the collection of specific data from the comprehensive child and family assessment.

The Department of Public Health, Department of Community Health (DCH) and the private physicians collaborative with DFCS will begin training initiatives for state staff to include identifying and reporting abuse for Public Health staff and health care services available through the local public health department for DFCS staff. Also, training will focus on the importance of collecting medical history from the family at the first point of contact with the family.

5th Quarter DOCUMENTATION: Letter Dated January 15, 2004 to Janet Oliva, Director, Division of Family and Children Services, from Kathleen E. Toomey, M.D. M.P.H., Director, Georgia Division of Public Health

6th Quarter Report: The introduction to the field and pilot of the features added to CPRS to capture the recommendations from the MDT meeting and the service recommendations for children in foster care has been delayed. It is anticipated that training for select county staff will occur in May followed by statewide training and employability in June.

The Department of Public Health, The Department of Community Health (DCH), and the private physician collaborative recommended to the Division's policy simplification task force the need for collection of pertinent medical information when a child enters foster care and the need to share the information with community partners i.e. (physicians and local health departments). Information such as if a child has allergies, medications, and medical equipment is critical to the ongoing care of a child and will assist in equipping the foster parents and other childcare providers in meeting the needs of the child. The recommendations are being considered in a new process for obtaining information on children beginning at the initial intake process.

6th Quarter Federal Response: N5: State requested extension of the completion date and revision of the benchmark in its Annual Evaluation/Renegotiation Report. The reason given for the benchmark revision was 'reassignment of the four consultants,' but the original benchmark did not specify consultants. Has ACF approved the request?

N5: Does the training discussed in the Q6 Report include TA specified in the Action Step or is it limited to usage of CPSR? Q6 reporting does not adequately address the entire action step. Furthermore, if 'employability' of CPRS will not occur until 6/04, the State will be unable to complete the action step by the renegotiated date of 7/04. Please step out your plan for full completion.

7th Quarter Report: ACF approved the extension of the completion date and the revisions to what the State called "part 2" of the Action Step during the Annual Evaluation/Renegotiation Report. Part 2 was changed from "The team will need to determine the accuracy of information in the CPRS system regarding the service needs of children and families indicated at the MDT meeting..." to the ACF approved statement of "Once CPRS has the capability to capture data, the state office team will determine accuracy of information in the CPRS system regarding the service needs of children and families indicated at the MDT meeting". The intent of the Action Step is to focus on how to use collected information (CPRS) regarding post substance abuse counseling and how to apply service recommendations as indicated from the MDT meeting. The "team" as identified in the original PIP no longer existed as a result of reassignments. The benchmark was not changed from the originally approved PIP for this Action Step. The benchmark remained the same because the 11 county site trainings did occur. Technical assistance continues to date regarding the MTD meetings, the Comprehensive Assessment and for CPRS. The "team" concept as originally designed was disbanded. The first part of the Action Step did not change.

Dekalb County DFCS and Troop County DFCS were selected to participate in the pilot of the Child and Family Comprehensive Assessment (First Placement/Best Placement) CPRS MDT enhancements. In June, Georgia's Court Improvement Project (CIP) provided pilot training to seventeen (17) approved provider agencies on entering the assessment information into the CPRS system.

After this training, fourteen (14) provider agencies agreed to partake in the execution of the pilot, which will extend through August 30, 2004.

Implementation of the pilot will provide an opportunity to determine if the MDTs are occurring and if the post substance abuse counseling, monitoring and support are being identified in CPRS. The quality of service provision remains with the QCR reporting. The pilot will also examine the effect if any on the judicial process once the Juvenile Court Judge reviews the assessment information from the CPRS system.

Technical Assistance will be provided to staff and approved FP/BP providers participating in the pilot. At the conclusion of the pilot, reports will be developed and generated from CPRS and an evaluation of the service needs of children and families will begin to determine the TA needed by county staff and private providers. Also, the QCR reviews will assist in monitoring the coordination of services for children and families as recommended in the FP/BP Comprehensive Child and Family Assessment.

The DFCS/Department of Public Health (DPH)/Department of Community Health (DCH) collaboration continues regarding the coordination of health care services for children in foster care. DCH encountered technical difficulties with their electronic systems and therefore was delayed in providing the roster of Medicaid eligible children in foster care to DPH. Now that the roster is available, efforts will begin to assure that there is appropriate follow-up and sharing of communication between DFCS and DPH. A training session has been scheduled on 7/28/04 in Forsyth County with DPH staff to discuss the next steps for DPH and DFCS collaboration.

7th Quarter DOCUMENTATION:

First Placement Best Placement Trainer's Guide (for the CPRS enhancement regarding assessment provider usage)

Agenda – Child Health/Health Check Workshop (July 28, 2004)

8th Quarter Report: Partially Achieved. During the statewide training of First Placement Best Placement in 2002 and 2003, instruction was given to county and regional staff in the application of information collected during the assessment process. This same training is provided in Back to Basics Training for all FP/BP providers. The use of In-Home Intensive Treatment services through Wrap-Around services to support the parent/and or child in the treatment of substance abuse is also examined.

Features were added in December 2003 to the Case Plan Reporting System (CPRS), which enabled First Placement/Best Placement Providers to enter information from the Comprehensive Child and Family Assessment and the MDT meeting into the system. DeKalb and Troop County were selected to participate in a pilot using approved providers and placement case managers to implement the process. The First Placement/Best Placement Providers were trained on accessing the system and entering the information from the assessment by the court improvement project. Staff from the state office trained DFCS placement workers in Troop and DeKalb County. There are currently fifteen cases on which providers have entered information from the assessment into CPRS. The First

Placement/Best Placement Providers are unable to enter information into the system until a DFCS CM provides access for the agency to log onto the system and enter information for a specific case. This has created logistical delays in the timeliness of information being entered as CM's do not provide access until they begin working on the initial case plan which may be within days of the 30 day submission of the plan to the court.

There are no reports available from the pilot. As the pilot counties continue to utilize the system, the state will work with the CIP in developing reports and data to assist in support of a statewide application of CPRS enhancements.

8th Quarter DOCUMENTATION: First Placement Best Placement Power Point presentation from Back To Basics Training.

BARRIERS TO ACHIEVEMENT:

<p>N6 ACTION STEPS:</p>	<p>Complete a monthly county-by-county report as it relates to the initial assessment of the First Placement/ Best Placement Comprehensive Assessment and the identified types of placements needed and available and permanency plans of children. 5th Quarter Report: Per Annual Evaluation/Renegotiation the State requested to change this action step to read: 'Complete a quarterly county-by county report as it relates to the initial assessment of the comprehensive assessment and the identified types of placements needed and available and permanency plans of children'. Reason: The source reports are designed to be generated on a quarterly basis.</p> <p>8th Quarter Report: This action step does not address the health care needs of children in foster care. A cut and paste error probably occurred because it is exactly the same as Item 17, Needs and Services, Action Step I-7. The step as it reads is inappropriate for this item, which should address physical health needs of children. Therefore, The action step should read: Complete a quarterly county-by county report as it relates to the initial assessment of the First Placement Best Placement Comprehensive Assessment and health care services available and the identified health needs of children.</p>		
<p>START DATE</p>	<p>COMPLETION DATE</p>	<p>RESPONSIBLE PERSON(S)</p>	<p>MEASURABLE BENCHMARKS</p>

<p>June 2002</p>	<p>February 2003 3rd Quarter: Requesting a date change to October 2003 to complete work activity on the survey discussed in the 3rd Quarter Report. 3rd Quarter Federal Response: We anticipate to measure your progress in this area by the end of 4th Qtr. 4th Quarter Report: It is anticipated that Georgia will be requesting to renegotiate this item. 5th Quarter: Per Annual Evaluation/Renegotiation the State requested to extend completion date to July 2004 to allow for CPRS enhancements.</p>	<p>Leslie Cofield, Dianne Yearby, Patricia Alice-Marie Hutchison</p>	<p>3rd Quarter: Complete a report as to findings.</p>
------------------	---	--	---

ACCOMPLISHMENTS:

1st Quarter Report: Partially achieved. The initial focus of this action step was to conduct a study of the seven pilot FP/BP counties, a review of the FP/BP Comprehensive Assessment process to assure that the physical health needs of children were addressed in the assessments and to assure that the placements were appropriate to meet the child's needs. However, further and careful review of this action step indicates that a completed SACWIS supported by random case record reviews is necessary in order to monitor the benchmark. In the absence of the SACWIS system at this time, the four foster care consultants will randomly select cases to review

this benchmark with county supervisors in their assigned areas to monitor benchmarks. Consultants are providing ongoing support, training, and technical assistance at the request of the County Director, Field Director, Supervisor, and Placement and Resource Development Staff.

2nd Quarter Report: The four foster care consultants assigned to monitor the PIP will receive training in the qualitative review process by previously trained staff. After which, the Consultants will train County Supervisors on the process and assist with the review of cases.

2nd Quarter Federal Response: [EXPLAIN WHY THIS GOAL HAS NOT BEEN FULLY ACHIEVED](#)

3rd Quarter Report: The Foster Care Unit is moving towards developing an Access database to assist in identifying placement resource gaps. The Division's implementation of the Assessment component of First Placement/Best Placement will continue to provide information on placement needs and services of children, parents and foster parents for reporting. The CPRS System has been enhanced to require documentation about the dates of the last medical, dental and psychological assessments. If any of these fields are missing an explanation is required. Additionally, CPRS allows for a free form field to record other relevant medical and psychological information.

3rd Quarter Federal Response: [Have you completed monthly-by-monthly county report?](#)

4th Quarter Report: A monthly-by-monthly report has not been implemented. An Access database has not been developed to assist in identifying placement resource gaps, however with CPRS, tracking the types of placements recommended from the MDT will be available in 12/03. Consideration will also be given to capturing the actual placement recommended and the actual type of placement available for the child. Also through CPRS, information on permanency recommendations will be captured along with all information recommended from the MDT meeting. Once, CPRS is updated with these features, a quarterly report will be feasible for the department instead of a monthly report.

The department is moving toward a leveling system of all children when they enter foster care. This will entail an assessment of the child's emotional and physical needs to determine an appropriate placement. The child will have a comprehensive child and family assessment within thirty days of placement in foster care, which will reinforce the initial placement recommendation, or support the need for an alternative placement.

4th Quarter Federal Response: [State is behind in the original projected completion date of this action step. A monthly-by-monthly report has not been implemented.](#)

5th Quarter Report: The enhancements for CPRS were added in 12/03. The system now has the capability to capture data reported from the Multi-Disciplinary Team Meeting such as the service needs and recommendations of the child. A pilot of county staff is

projected for April 2004 after which the capability will be introduced statewide. The reporting mechanism for CPRS is expected to be available in April 2004 with the projected reports the system will be able to provide with the addition of the enhancements to capture specific data from the comprehensive child and family assessment.

6th Quarter Report: The introduction to the field and pilot of the features added to CPRS to capture the recommendations from the MDT meeting and the service recommendations for children in foster care has been delayed. It is anticipated that training for select county staff will occur in May followed by statewide training and employability in June.

6th Quarter Federal Response: N6: N2: State requested extension of completion date and revision of the benchmark in its Annual Evaluation/Renegotiation Report.

N5: See comments for N5. Additionally, in the Q5 revision request the reason given was 'the source reports are designed to be generated on a quarterly basis.' Can't the programming code parameters be simply modified to generate monthly reports? The State may want request TA to explore this issue.

7th Quarter Report: ACF approved the extension of the completion date and revision of the Action Step in the Annual Evaluation/Renegotiation. The benchmark was not changed.

The State will explore the feasibility of reports being generated monthly. However, the pilot discussed in Action Step N5 will help the State to determine the feasibility of monthly vs. quarterly reporting.

Once the pilot is complete, the state will assess from the reports the recommended placements for children and the permanency recommendations. The gaps in services will be determined by examining the recommended placement to the actual placement of the child after the assessment is complete.

8th Quarter Report: Partially Achieved: The First Placement Best Placement data enhancements have been added to CPRS. However, there are no reports available from the pilot. As the counties continue to utilize the system, the state will work with the Court Improvement Project in developing reports and data to assist in the support of identifying health care services available and the health care needs of the child via CPRS. The Child and Family Comprehensive Assessment (First Placement Best Placement) require extensive identification of health background and current health needs. The cumulative QCR results (10/2003 - 11/2004) indicate compliance in 86.27% of the cases read. With the exception of the 2nd QCR (78.38%), the Child Physical Health indicator was stable/consistent (91.67%, 88.89%, and 90.24%).

8th Quarter DOCUMENTATION: (1) Georgia PIP Qualitative Review Summary Table, and (2) First Placement Best Placement Medical Standards, pages 64-73 First Placement Best Placement Manual.

BARRIERS TO ACHIEVEMENT:

N7 ACTION STEPS:		Complete a monthly county-by-county report as it relates to the First Placement/ Best Placement Wraparound Services used for each child in foster care.	
START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
June 2002	October 2003 5th Quarter: Per Annual Evaluation/Renegotiation the State requested to extend to July 2004	Leslie Cofield, Dianne Yearby, Alice-Marie Hutchison	3rd Quarter: Complete a report as to the findings.

ACCOMPLISHMENTS:

1st Quarter Report: The same as above

2nd Quarter Report: The same as above

3rd Quarter Report: The Foster Care Unit continues to provide technical assistance to counties with regards to the appropriate use of funds to provide identified Wrap-Around services for children, families and foster parents. Local county offices continue to provide monthly reports on a quarterly basis to the Foster Care Unit identifying monthly therapeutic services ordered and paid for on behalf of individual children, parents or foster parents. The Foster Care Unit continues to receive monthly Grant -In-Aid Budget Vs. Expense Reports which detail by county, the current service provision pattern and totals for each Wrap-Around service provided. The Division's implementation of the Wrap-Around services component along with the First Placement/Best Placement Assessment process will continue to provide information on which we will base reporting.

The Foster Care Unit is moving towards developing an access database to assist in identifying placement resource gaps. The Division's implementation of the Assessment component of First Placement/Best Placement will continue to provide information on needs and services of children, parents and foster parents.

3rd Quarter Federal Response: [Have you completed monthly county-by-county report?](#)

4th Quarter Report: A monthly report has been generated. This report identifies by county the number of clients served each month with the specific type of wrap-around service.

DOCUMENTATION PROVIDED 4TH Quarter

See UAS: First Placement Best Placement Assessment Services

6th Quarter Report: The State considers this action step achieved. See 4th Quarter Report and documentation.

6th Quarter Federal Response: [N7: N2: State requested extension of completion date and revision of the benchmark in its Annual Evaluation/Renegotiation Report. Did ACF approve?](#)

[N7: Now the State rates the step as achieved despite what is in Q5 Report. Please explain.](#)

7th Quarter Report: The State did not request any changes to this Action Step or benchmark. The request to extend the completion date was approved by ACF during the Annual Evaluation/Renegotiation. The state did not report in the 5th quarter as it determined the action step was achieved. As indicated in the 4th quarter report, The Administrative Services Section generates a monthly report, which details the use of Child and Family Comprehensive Assessment (First Placement/Best Placement) provider services and Wrap-Around services throughout the state. The monthly reporting in this Action Step is different than in Action Step N6. The N7 Action step refers to reporting Wrap-Around services. The N6 Action Step refers to reporting placement types and permanency recommendations. The Wrap-Around received services are obtained from a different data source and not CPRS.

It is approximated that between SSFY 1999 and 2004 twenty three thousand (23,000) children have had a Child and Family Comprehensive Assessment (First Placement/Best Placement) completed.

7th Quarter DOCUMENTATION: UAS First Placement Best Placement 511 and 518 Report (May 2004)

8th Quarter Report: Achieved. Georgia's original intent was to provide a monthly county-by-county report as it related to each child in foster care. Counties were required to send a monthly report to the state office on the number of assessments and wraparounds requested, completed and paid. At the same time the budget office prepared monthly expenditure reports, which captured essentially the same information. It became apparent that the budget office report provided the information needed, and thus the monthly county

reports were discontinued. The Georgia Department of Human Resources, Division of Family and Children Services, Administrative Services Section provides monthly the Uniformed Accounting System (UAS) report detailing the expenditures in the First Placement/Best Placement Comprehensive Child and Family Assessment (UAS 511) and Wrap-Around (UAS 518) services. Attached is the FY 05 UAS 518 report, which details by county the expenditures, used in wraparound services and the number of clients served. Based upon the UAS 518 Monthly Expenditures by Service/Treatment, In-Home Case Management is the most widely used service under Wrap-Around followed by In-Home Intensive Treatment. In-Home Case Management provides case management assistance to families in completing the defined goals and steps of the Case Plan. In-Home Intensive Treatment provides therapeutic and/or clinical services for a family in preparation for the safe return of a child and/or to maintain and stabilize a child's current placement.

Approximately sixteen million was expended in 2003 to provide Wrap-Around services to children and families in Georgia.

8th Quarter DOCUMENTATION:

- (1) UAS 518 Monthly Expenditures by Service/Treatment
- (2) SFY 2004 UAS 518 First Placement/Best Placement WrapAround Report.

BARRIERS TO ACHIEVEMENT:

N8 ACTION STEPS:	<p>Georgia will complete an annual statewide review of the First Placement/Best Placement Program to include on site case reviews of 50 randomly selected cases. This review will be similar to the federal on site review. Children, caregivers/families and other stakeholders will be interviewed. Fulton will be included at each annual review. 2nd Quarter addition per ACF request: The qualitative review process will allow the team to determine the following: the effectiveness of the First Placement, Best Placement assessment in reducing the number of moves a child experiences while in foster care; the percent of children who re-enter foster care, the length of time to achieve permanency; the percentage of children in foster care who are abused and neglected; and the success of case managers implementing the service recommendations for children and families indicated in the FP/BP assessment. Georgia will continue to assess the effectiveness and impact of the First</p>
-------------------------	--

Placement/Best Placement Program and Wraparound Services Program. The plan for Qualitative Reviews will be in place by June 2003. The reviews will begin by October 2003.

3rd Quarter Request to Change this Action Step to: Qualitative Case Review's similar to CFSF will be conducted on a representative sample of approximately 180 cases by the end of September 2004.

5th Quarter Report: Per Annual Evaluation/Renegotiation the State requested to change this action step to read 'Qualitative Case Reviews similar to CFSR will be conducted on a representative sample of cases'. Reason: The original plan to outsource this effort and utilize the First Placement Best Placement Consultants to conduct QCRs has changed due to budget restraints and changes in leadership management. Therefore the Evaluation and Reporting and the Consultation and Support Sections will be conducting the QCRs. It should be noted that QCRs will not focus on analyzing the Comprehensive Child and Family Assessment (First Placement/Best Placement) model but rather how well the State is addressing health care services to the targeted population.

START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
<p>2nd Quarter Request: Oct. 2003 Requesting a change in start date</p> <p>2nd Quarter Federal Response: Explain the reason(s) for this request.</p> <p>3rd Quarter Report: The State will not be out-sourcing to conduct the reviews. The DFCS Evaluation and Reporting and the Consultation and Support Sections will conduct the qualitative reviews for Georgia. More preparation and planning time is needed</p>	<p>October 2003</p> <p>2nd Quarter Request: Requesting a date change to Sept. 2004</p> <p>2nd Quarter Federal Response: EXPLAIN WHY YOU ARE REQUESTING A GOAL CHANGE AGAIN IN THE BARRIERS TO ACHIEVEMENT COLUMN</p> <p>3rd Quarter Report Georgia's Reply: No Barriers to report but rather a change in approach to the reviews.</p> <p>5th Quarter: Per</p>	<p>3rd Quarter: (With ACF approval, these four names to be deleted), Leslie Cofield, Dianne Yearby Alice-Marie Hutchison,</p> <p>3rd Quarter Federal Response: Indicate the supplemental names instead of deleting the other names.</p> <p>4th Quarter Georgia Reply: E & R Staff, C & S staff</p>	<p>Complete at least 50 case reviews beginning 1/2003.</p> <p>3rd Quarter: Quarterly Qualitative Review Reports to State and Federal Teams. (The first report will be made available January 2004 and quarterly reports will follow through the end of this PIP period.)</p> <p>5th Quarter: Per Annual Evaluation/Renegotiation the State requested to change to 'Quarterly Qualitative Review Reports will be made available to State and Federal teams'.</p>

<p>to initiate the reviews. 5th Quarter: Per Annual Evaluation/renegotiation the State requested to change the date to Oct. 2003 as this is when the QCRs began.</p>	<p>Annual evaluation/Renegotiation the State requested to extend the completion date to July 2004.</p>		
--	--	--	--

ACCOMPLISHMENTS:

1st Quarter Report: Partially Achieved. The FPBP team will need to send out the re-enrollment applications to the private providers and the surveys to the county DFCS offices. Once the information is received

2nd Quarter Report: The re-enrollment applications were sent out with the return date of 4/30/03. The FP/BP team will begin review of the enrollment contents in May 2003.

2nd Quarter Federal Response: Concerns that the State is asking for an extension to September 2004. We agreed to it, but this is close to the end of the PIP. Will the State start the reviews in October 2003 and then have a report by 2004?

Georgia's Reply 3rd Quarter: Yes, see 3rd Quarter Report below.

3rd Quarter Report: The enrollment process concluded as of June 30, 2003. Seventy-One applications were received from Private Providers across the state. A report on the findings and conclusions of the re-enrollment process will be complete in October 2004 after phase II of the process is complete. In addition, we believe that the attached report 'First Placement/Best Placement Evaluation Final Conclusions' dated February 1, 2003, completed by Rollins School of Public Health, Emory University, addresses the review of the First Placement/Best Placement Assessment Model. Descriptive statistics were completed to assess the following primary program evaluation measures: 1). Whether or not children received the placement recommended by the multi-disciplinary team after the assessment. 2). The stability of placements. 3). The length of time children spend 'in care' from time of removal. Additionally, the qualitative case review process will indirectly tell us about our assessment practice in Georgia.

Qualitative Reviews similar to CFSR will be conducted on a representative sample of approximately 180 cases by the end of September 2004. Reviews will begin October 2003 and the first report will be available January 2004.

4th Quarter Report: There were approximately sixty six (66) Private Providers approved to continue as First Placement/Best Placement providers for the state. Phase II of the re-enrollment process (field visits) has been postponed until February 2004. An

information and technical assistance session was held for approximately eight (8) providers who were not approved as they did not meet the standards and or requirements. As a result of this technical assistance session, at least six of the providers were approved following this session. Reviewing the applications and assessments from the Private providers assisted the state in determining if the providers are following the standards and guidelines for completing comprehensive assessments and providing wrap-around services.

The E & R unit has selected three counties to begin qualitative reviews (Clayton, Franklin, and Lowndes). Four (4) cases will be selected from Lowndes and Four cases from Clayton County. One case will be selected from Franklin County. The Consultation and Support unit will provide assistance in this process by interviewing the stakeholders. A report will be available in January 04. Reviews will continue until approximately 180 cases are selected from across the state by September 2004.

4th Quarter Federal Response: [State is behind in completion date of this action step.](#)

5th Quarter Report: The QCRs will continue until all counties have been reviewed. The first report was available in January 2004 see attached. Twelve County Departments were reviewed during the reporting period.

5th Quarter DOCUMENTATION: Social Services Quarterly Report, Qualitative Case Reviews, October 2003 -- December 2003.

6th Quarter Report: The Social Services qualitative case reviews were conducted in sixteen (16) county department offices during January through March 2004. Fulton County DFCS was included in this review. A report on the Qualitative Review is attached. Evident in the reviews is that children in foster care have a comprehensive child and family assessment. An identified strength from the reviews is the array of services provided to parents to support their case plan goals such as, alcohol/drug assessments and treatment. In 29 of the 37 cases reviewed, the indicator was rated as a strength. Children received routine medical and dental care and follow-up as required. The eight cases identified as needing improvement-lacked evidence of appropriate medical and dental care for children.

6th Quarter DOCUMENTATION: Social Services Quarterly Report, Qualitative Case Reviews, January 2004 - March 2004

6th Quarter Federal Response: [N8: N2: State requested extension of completion date and revision of the benchmark in its Annual Evaluation/Renegotiation Report. Did ACF approve? State reports that 'twelve County Departments were reviewed' -- see General Comment #7.](#)

[N8: The QCR data cited in the Q6 report indicates a 13 percentage point decline from the previous QCR!](#)

7th Quarter Report: ACF approved the requested changes during Annual Evaluation/Renegotiations. In the 6th report above, the State reported that 16 county offices (thirty-seven cases) were reviewed and not 13 as indicated in the ACF response. For clarity, during the Oct. – December 2003 QCR 12 county offices (twenty-five cases) were reviewed and reported on. During the January –

March 2004 QCR 16 county offices (thirty-seven cases) were reviewed and reported on. The second review indicated a 13-percentage point decline for those counties in the review as noted by ACF. The second review included the largest county and this may have been a contributing factor to the decline during the January - March reporting period. The State will continue to monitor this outcome via QCR. The State has agreed with our ACF Regional Oversight staff to include the largest county in all subsequent QCR. This agreement came at the close of the third QCR.

A cumulative Qualitative Case Review for the 10 month period 10/03 - 06/04 rated meeting the child's physical health needs as a strength in 59 cases (85.50%).

7th Quarter DOCUMENTATION: Social Services Report, Qualitative Case Reviews - October 2003 - June 2004

8th Quarter Report: Achieved. The state's 4th quarter QCR (07/2004 - 09/2004) was concluded for FFY 2004. The 4th report examined 41 cases and 90.24% of the applicable cases were rated strength for the health of child indicator. The cumulative (10/2003 - 09/2004) strength rating for this indicator was 86.27%.

8th Quarter DOCUMENTATION: Georgia Qualitative Case Review Report, October 2003 – September 2004

BARRIERS TO ACHIEVEMENT:

N12 ACTION STEPS:		Examine policy and training effectiveness for DFCS staff and private providers. 5th Quarter Report: Per Annual Evaluation/Renegotiation the State requested to change this action step to 'Determine policy and training effectiveness for DFCS staff and private providers, if necessary'.	
START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
Nov. 2003	June 2004 and on-going	Leslie Cofield, Patricia Nealy, Dianne Yearby, Alice-Marie Hutchison	Within 60 days of completing additional on-site case reviews, provide a written report, if appropriate. 5th Quarter: Per Annual Evaluation/Renegotiation the state requested to change to 'A Report from the Qualitative Reviews will be available at least sixty days (60) days following the completion of reviews'.

ACCOMPLISHMENTS:

Achieved: The four consultants, county, and other stakeholders will monitor this action step and provide case consultation, and training assessments as part of their county assignments. This is considered an ongoing task.

4th Quarter Federal Response: [How do you plan to examine policy and training effectiveness for DFCS staff and private providers?](#)

5th Quarter Report: After analysis of accumulative reports from the QCR reviews, the state will determine the training and policy needs of the county staff. With the part II of the reenrollment process, the state will determine the training needs of private providers. The first QCR Report is attached as a part of the 5th Quarterly progress report

6th Quarter Report: A review of the trends from the Qualitative Case Reviews completed during January and March will be completed to assist with determining training needs of county staff.

Training of First Placement/Best Placement providers has continued ongoing. Revisions in the Comprehensive Child and Family Assessment standards were completed in December 2003 and approved for circulation to county staff and private providers in January 2004. Training incorporated the policy revisions and integrated deficiencies noted in assessments reviewed by the State Provider Review Committee during the re-enrollment in 2003.

6th Quarter Federal Response: [N12: State requested extension of completion date and revision of the benchmark in its Annual Evaluation/Renegotiation Report.](#)

[N12: When will the 'review of the trends' be completed? The original action step is sound and should be maintained if ACF has not already approved the Q5 request.](#)

7th Quarter Report: ACF approved the extension of completion date and revisions to the Action Step and benchmark in the Annual Evaluation/Renegotiations.

A review of trends has not occurred. The report referred to in the Benchmark was contingent upon there actually being training and policy changes based upon the QCR. To date the QCRs have not lead to training or policy changes, thus the State has not provided a report. The State believes that the Child and Family Comprehensive Assessment (First Placement Best Placement) training that occurred statewide in July 2002 and again in February 2003 had a positive impact on the provision of health care services. The training was provided for case manager staff and providers of services. The State will not abandon a review of the trends to determine additional training needs. It is not likely that a trends review report (from the QCR data) will occur during this PIP implementation period. In October 2003 a Trend Analysis Report was produced via the States' regular case record desk reviews. A copy of that report is attached.

A cumulative Qualitative Case Review for the 10 month period 10/03 - 06/04 rated meeting the child's physical health needs as a strength in 59 cases (85.50%).

7th Quarter DOCUMENTATION: Social Services Report, Qualitative Case Reviews - October 2003 - June 2004

Trend Analysis Report State Fiscal Year 2003

8th Quarter Report: Achieved. The First Placement/Best Placement Provider Review Process is the best means available to the state to determine the effectiveness of training for the provider. The provider assessment process has three phases. Phase I is training which is offered on an ongoing basis to persons who are interested in becoming approved providers for First Placement/Best Placement Assessments and Wrap-Around services.

Phase I

Back To Basics - This one-day presentation includes an introduction to and review of the Comprehensive Child and Family Assessment Standards and Wrap-Around requirements. It also includes an overview of the partnership and collaboration that must exist between a private provider and the county DFCS office. Information on how to access funds appropriately is included as well as information on provider enrollment requirements is discussed.

Advanced Skills Training - This one-day presentation reviews the Comprehensive Child and Family Assessment standards, tools and goals with a clinical emphasis. Model Assessments are provided. This session covers the Infant and Toddler Developmental Assessment, Psychological Assessment, Adolescent and Young Adult Assessment, and Family Assessment.

Phase II – Provisional Provider Approval is granted to a provider if the enrollment application meets the minimum standards. The provider is assigned to a county department to complete two (2) comprehensive child and family assessments.

Phase III – Assessment Review – The provider review committee is comprised of state office staff, a licensed psychologist, and a community partner. The team reviews the assessments completed by the provider during Phase II. If the assessments meet clinical and policy standards, the provider receives Full Approval Status. If the clinical standards are not met, then additional assessment may be required or the provider is not approved.

Re-enrollment – Approval status is granted for a period of two (2) years. Three months before the approval expires, the provider must submit two (2) comprehensive assessments, along with a reenrollment application for review by the Provider Review Committee.

A contracted licensed clinical psychologist reviews assessments that are submitted by the providers for training effectiveness. The Advanced Skills Training for the providers is modified, as needed based on reviews of the assessments.

As for the training needs of staff, and based upon data from the cumulative QCRs (10/2004 - 09/2004) a memorandum has been forwarded to the Education and Training Section emphasizing "needs improvement" areas which have implications for additional staff training.

8th Quarter DOCUMENTATION: November 8, 2004 Memorandum from the DFCS Social Services Director to the Director of Education and Training regarding training needs indicators based on Qualitative Case Reviews

BARRIERS TO ACHIEVEMENT:

N13 ACTION STEPS:		Recommend additional training and policy changes. 5th Quarter: Per Annual Evaluation/Renegotiation Report the State requested to change this action step to read: 'If necessary, recommend additional training and policy changes as a result of QCRs completed'.	
START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
Nov. 2002	June 2004 and on-going 5th Quarter: Per Annual Evaluation/Renegotiation Report the State requested to extend date to July 2004.	Joe Wassell, Betty Wrights, Millicent Houston, Linda Ladd, Linda Doster, Leslie Cofield, Alice-Marie Hutchison, Dianne Yearby, Patricia Nealy	Within 60 days of completing additional on-site case reviews, provide a written report, if appropriate. 5th Quarter: Per Annual Evaluation/Renegotiation Report the State requested to change to 'If appropriate, within sixty (60) days of receiving the Qualitative Reviews Report from the E & R Section, a written report will be provided with recommended training needs and policy changes.

ACCOMPLISHMENTS:

Achieved: Same as above

4th Quarter Federal Response: Action step and measurable benchmarks are not addressed

5th Quarter Report: Since, the QCRs will continue as an ongoing process for evaluating and monitoring the state's child welfare system, the effectiveness of training will be measured in the comparison of the first reports from the reviews and the reports from the second set of reviews. The reports from the reviews will be analyzed and compared to determine the training needs of staff. These training needs will be recommended to the newly established Education and Research Section to develop and implement training for county staff.

6th Quarter Report: A review of the trends from the Qualitative Case Reviews completed during January and March will be completed to assist with determining training needs of county staff.

6th Quarter Federal Response: [N13: State requested extension of completion date and revision of the benchmark in its Annual Evaluation/Renegotiation Report.](#)

[N13: When will the 'review of the trends' be completed? The original action step is sound and should be maintained if ACF has not already approved the Q5 request.](#)

7th Quarter Report: ACF approved the extension of completion date, revision of the Action Step and benchmark during the Annual Evaluation/Renegotiation.

A review of trends has not occurred. The report referred to in the Benchmark was contingent upon there actually being training and policy changes based upon the QCR. To date the QCRs have not lead to training or policy changes, thus the State has not provided a report. The State believes that the Child and Family Comprehensive Assessment (First Placement Best Placement) training that occurred statewide in July 2002 and again in February 2003 has had a positive impact on the provision of health care services. The training was provided for case manager staff and providers of services. The State will not abandon a review of the trends to determine additional training needs. However, it is not likely that a trends review will occur during this PIP implementation period.

A cumulative Qualitative Case Review for the 10 month period 10/03 - 06/04 rated meeting the child's physical health needs as a strength in 59 cases (85.50%).

8th Quarter Report: Achieved: In the CFSR final report, the health indicators (physical health and mental health) indicated 63.3% substantial conformity. The Georgia QCRs completed to date show a significant improvement in the health indicator ranging from 78.38% (2nd QCR) to a high of 91.67% (1st QCR). The cumulative for the physical health indicator showed 86.27% strength. At this time there are no additional training or policy recommendations.

8th Quarter DOCUMENTATION: (1) Georgia PIP Qualitative Review Summary Table

BARRIERS TO ACHIEVEMENT:

N14 ACTION STEPS:		Test whether needs and services to children and families changes after training and policy changes. 5th Quarter: Per Annual Evaluation/Renegotiation Report the State requested to change this action step to read: 'If necessary, determine whether needs and services to children and families changes after training and policy changes'. 8th Quarter Report: This action step should read as follows: If necessary, determine if there are any changes in the health care needs and services provided to children and families after training and policy changes. A cut and paste error probably occurred as this action step is very similar to Item 17 Action Step I-16.	
START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
Jan. 2003	June 2004 and on-going 5th Quarter: Per Annual Evaluation/Renegotiation Report the State requested an extension to July 2004	Joe Wassell, Betty Wrights, Millicent Houston, Linda Ladd, stakeholders, Leslie Cofield, Alice-Marie Hutchison, Dianne Yearby, Patricia Nealy	Complete additional case reviews, if appropriate by 12/2002. 5th Quarter: Per Annual Evaluation/Renegotiation Report the State requested to change to 'complete additional case reviews'.

ACCOMPLISHMENTS:

Achieved: Same as above

4th Quarter Federal Response: [Action step and benchmarks needs further clarification regarding progress to date.](#)

5th Quarter Report: Since, the QCR reviews will continue as the ongoing process for evaluating and monitoring the state's child welfare system. The effectiveness of training will be measured in the comparison of the first reports from the reviews and the reports from the second set of reviews. The reports from the reviews will be analyzed and compared to determine the training needs of staff. These training needs will be recommended to the newly established Education and Research Section to develop and implement training for county staff.

6th Quarter Report: A review of the trends from the Qualitative Case Reviews completed during January and March will be completed to assist with determining training needs of county staff.

6th Quarter Federal Response: N14: State requested extension of completion date and revision of the benchmark in its Annual Evaluation/Renegotiation Report.

N14: The State will be unable to achieve this step within the PIP implementation period given the significant delays/modifications in previous foundational steps. Further discussion is needed.

7th Quarter Report: The State believes that the Child and Family Comprehensive Assessment (First Placement Best Placement) training that occurred statewide in July 2002 and again in February 2003 has had a positive impact on the provision of health care services. The training was provided for case manager staff and providers of services. The Benchmark was contingent upon there actually being training and policy changes based upon the QCR. To date the QCRs have not lead to training or policy changes. The State will not abandon the intent of this action step.

8th Quarter Report: Achieved. The concluding QCR for the 10/2003 - 10/2004 indicates that the state has made significant improvements in providing health care services to children and families (86.27% compliant). Additionally the state is undergoing a review of its policy, which it calls "Policy Simplification." Confusing, duplicative, or incongruent policies could result in the health needs of children and families not being met. A vendor has been contracted to review, assess and evaluate all of the State's child welfare policy. The outcome of findings of the state's review and the vendor's report will determine the need to change policy related to meeting the health needs of children and families. At this time, the state believes that First Placement Best Placement statewide implementation and training has had a positive impact on the provision of health care services.

BARRIERS TO ACHIEVEMENT:



N15 ACTION STEPS:	Identify if appropriate, other factors that may contribute to the needs and/services of children and families not being met while in foster care. 8th Quarter Report: As in the previous step, a cut and paste error probably occurred as this action step is the same as Item 17, action step I-17. The action step should read: Identify if appropriate, other factors that may contribute to the health care needs and services of children and families not
--------------------------	---

being met while in foster care.

START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
Jan. 2003	June 2004 and on-going 5th Quarter: Per Annual Evaluation/Renegotiation Report the State requested to extend to July 2004.	Joe Wassell, Betty Wrights, Millicent Houston, Linda Ladd, stakeholders, Leslie Cofield, Alice-Marie Hutchison, Dianne Yearby, Patricia Nealy	Complete a report to the team. Evaluation: Please see Evaluation for Items 3 & 4 on page B-2. 5th Quarter: Per Annual Evaluation/Renegotiation Report the State requested to change to read 'Reports from the first round of qualitative reviews will be made available in January 2004 and each quarter thereafter to the State and Federal partners'.

ACCOMPLISHMENTS:

Achieved: Same as above

4th Quarter Federal Response: [Action step and benchmarks needs further clarification regarding progress to date.](#)

5th Quarter Report: In the analysis of the QCR reports, 2 cases of the 24 read indicated areas of needing improvement. There may be identified health needs and services of children that are not being met while in foster care.

6th Quarter Report: It appears from the Social Services Quarterly Report on Qualitative Case Reviews conducted in January through March, that there were no identifiable factors that contributed to the needs and services of children and families not being met while in foster care. The report concluded from the sample of case reviewed in this report that parents were provided with an array of services to meet their case plan goals and children were referred for services and appropriately follow-up occurred to assure service implementation when needed in all but seven cases rated as needing improvements.

6th Quarter Federal Response: [N15: State requested extension of completion date and revision of the benchmark in its Annual Evaluation/Renegotiation Report. Did ACF approve?](#)

[N15: Q6 reporting is inconsistent with the action step.](#)

7th Quarter Report: ACF approved the extension of completion date and revision of the benchmark in the Annual Evaluation/Renegotiation.

There has been a steady increase in the number of children entering the foster care system, which also increases the case manager to client ratio. This may have a negative impact on the provision of health needs being met. Additionally, the State has an abundance of new case managers and supervisors. The Division is working with all nine urban counties of the State to identify solution focused plans to help decrease the number of children who may needlessly be coming into the foster care system rather than receiving in-home services. It is anticipated that the plans will help the Division to know what works and what doesn't work before moving into any statewide implementation of change.

The Division's restructure created Regional Specialists positions (former State Office employees) to assist in local case consultation and training. Results of the QCRs will be shared with the Regional Specialist to reinforce policy, new worker training and other state training initiatives. A vendor has been contracted to review, assess and evaluate all of the States' child welfare policy. The first draft of that evaluation has been disseminated and is under review by the newly formed Program Planning and Policy Development Unit of the Division. The review should be complete prior to the close of this PIP reporting period. An outcome of the States' review may help in determining the need to change policy as it relates to improved outcomes for the provision of health services.

8th Quarter Report: Achieved. Memorandum from the State Social Services Director to Education and Training Services Section and Managers of Field Operations regarding findings from the QCRs includes factors other than findings from the QCR. In as much as the state has made significant improvement in providing health services to children and families, the state considers this action step achieved. The state will continue to monitor and inform training section and field staff about any factors that may negatively impact the provision of health care services to children and families.

8th Quarter DOCUMENTATION: November 8, 2004 Memorandum from the DFCS Social Services Director to the Director of Education and Training regarding training needs indicators based on Qualitative Case Reviews

BARRIERS TO ACHIEVEMENT:

Work Plan Detail O -- Item 23, Mental Health of the Child

Goal: Identify or develop a uniform process to ensure that children have access to a statewide mental health assessment that is timely and comprehensive.

4TH QUARTER REPORT: IT IS EXPECTED THAT GEORGIA WILL RE-NEGOTIATE THE ENTIRETY OF ITEM 23

5th Quarter Report: The work plans below represent Georgia's requests for re-negotiations.

O2 ACTION STEPS:		1. Using the CPRS, develop a process to evaluate completion of assessments for all children entering foster care. 2. Assess and report current percentage of completed and timely assessments of children entering care. 8th Quarter Report: Based on agreement with ACF, the State will use the QCR in both the Action Steps and the Benchmarks. The State requests the Action Step to read: Using the QCR, develop a process to evaluate completion of assessments for all children entering foster care.	
START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
Mar. 2002	Feb. 2004 5th Quarter: The State requests an extension to July 2004. Reason: allow for accumulative QCR data and more user utility of CPRS.	Betty Wrights, Dawne Morgan, Nancy Bruce	Utilizing the same reporting procedure, the percentage of timely assessments completed will increase to at least 80%. 5th Quarter: The State request to change to the following: Utilizing the QCR data, evaluate the completion of mental health assessments. Report completed and timely assessments of children entering care via CPRS. Increased completed and timely assessments to at least 80%. 8th Quarter Report: Based on agreement with ACF, the State will use the QCR in both the Action Steps and the Benchmarks. The State requests the Benchmark to read: Utilizing QCR data, evaluate the completion of mental health assessments. Increase completed and timely assessments to at least 80%.

ACCOMPLISHMENTS:

1st Quarter Report: The Case Plan Reporting System (CPRS) presently does not have the capability to collect information regarding the timely completion of First Placement/Best Placement (FP/BP) Assessments. Timely completion is defined as assessments completed in thirty days with initiation of assessment beginning no sooner than the completion of the 72-hour Juvenile Court hearing.

1st Quarter Federal Response: **MOVE UNDERLINED TO BARRIERS COLUMN.**

An entire section devoted to FP/BP statistics is being developed for CPRS. FP/BP fields to be added to CPRS include: Date of Removal; Date of Referral; Date of Completion; Date of MDT Meeting; DSM Iv Diagnosis; Mental Health Recommendations; Date of Referral to Mental Health; Date of Mental Health Report; Date of Closure of Mental Health Service. The addition of these fields will ensure that CPRS is able to capture and report information about Mental Health assessments of children entering foster care.

Method for measuring achievement: Information needed to evaluate the timely completion of FP/BP assessments is available in the FP/BP monthly report. Until the fields are added to the CPRS a hand count will be used to review the FP/BP assessments completed each month by county offices. The FP/BP monthly reporting process requires that each county office report to their assigned foster care consultants the number of assessments ordered and paid including a copy of the invoice. The invoice includes the date of referral, date of removal and date of completion of assessments. A hand count of these figures will be compared to the Internal Data System (IDS) which tracks total number of children in care. The CPRS needs additional fields to capture the statistical data of this goal. Actions to be taken next quarter: CPRS is in the process of design regarding FP/BP. The work schedule is set to begin March 2003 and conclude in December in December (delete underline) 2003. 1. Team Meetings will begin with the CPRS developer in March 2003 to discuss changes to the system. 2. A final plan of all improvements to CPRS will be finalized by April 2003.

2nd Quarter Report: Two meetings were held with the CPRS consultant and developer during this reporting period. The work plan should be finalized by May 2003. An entire section devoted to FP/BP statistics is being developed for CPRS. FP/BP fields to be added to CPRS include: Date of Removal; Date of Referral; Date of Completion; Date of MDT Meeting; DSM Iv Diagnosis; Mental Health Recommendations; Date of Referral to Mental Health; Date of Mental Health Report; Date of Closure of Mental Health Service. The addition of these fields will ensure that CPRS is able to capture and report information about Mental Health assessments of children entering foster care. Method for measuring achievement: Information needed to evaluate the timely completion of FP/BP assessments is available in the FP/BP monthly report. Until the fields are added to the CPRS a hand count will be used to review the FP/BP assessments completed each month by county offices. The FP/BP quarterly reporting process requires that each county office report to their assigned foster care consultants the number of assessments ordered and paid including a copy of the invoice. The invoice includes the date of referral, date of removal and date of completion of assessments. A hand count of these figures will be compared to the Internal Data System (IDS) which tracks total number of children in care. The CPRS needs additional fields to capture the statistical data of this goal.

3rd Quarter Report: The Case Plan Reporting System (CPRS) has been trained on and implemented in all 159 Georgia counties. DFCS policy mandates its use. Functionality to capture data about First Placement Best Placement is being added to CPRS by 12/03. Reporting will assist in data collection about recommendations made during the comprehensive assessment and the state's ability to

provide the recommended resources. This information will be available by county, region, and state. Currently, the system has been enhanced to capture dates that children receive health, psychological, and dental exams.

DOCUMENTATION PROVIDED 3RD Quarter:

Screen Print - Child and Family Well-Being 3 -- Item 23

5th Quarter Report: Partially Achieved. The CPRS is capable of reporting the number of case plans with a 'Date of Last Psychological Evaluation'. To date, CPRS reports that 8,598 case plans indicated a date in the field 'Date of Last Psychological Evaluation'. There were 8,063 case plans where date was not indicated. The State believes that the QCR process is a better method for evaluating the completeness of assessments for children entering care. The first round of QCRs were favorable, in that of the 21 cases reviewed, 80.95% were rated as strength.

6th Quarter Report: Partially Achieved. To date, CPRS reports that 9323 case plans (51.67%) indicated a date in the field 'Date of Last Psychological Evaluation'. There were 8721 case plans where a date was not indicated. The State believes that the QCR process is a better method for evaluating the completeness of assessments for children entering care. The second round of QCRs continues to be favorable, in that of the 37 cases reviewed, 85.71% were rated as strength.

6th Quarter Federal Response: O2: State requested extension of completion date and revision of the benchmark in its Annual Evaluation/Renegotiation Report. Additionally, the State has included an evaluation method of 'increased completed and timely assessments to at least 80%.' What baseline is the State using? Did ACF approve -- the request seems inconsistent with the goal?

O2: Q6 reporting refers to a seemingly arbitrary CPRS data field. Further discussion with the State is needed.

7th Quarter Report: Continues as partially achieved. From the Final Report of the July 2001 CSFR on-site review, a benchmark of 63.2% of children having received adequate services to meet their physical and mental health needs was established. The State set the goal to increase the timeliness and completion of mental health assessments to 80%, which did not change from the originally approved PIP.

The data element in the CPRS of 'Date of Last Psychological Evaluation' is the one that most closely measures the action step of 'completion of assessments for all children entering foster care'. The State's request to add the QCR data as a measurable benchmark reflects the State's belief that the internal quality case review process reflects a more thorough method of evaluating the mental health assessment process. The QCR process will assist with data collection on recommendations made during the Child and Family Comprehensive Assessment (First Placement Best Placement) and the State's ability to provide the recommended resources.

To date CPRS reports that 10,274 case plans (51.92%) indicated a date in the field 'Date of Last Psychological'. There were 9,511 case plans where a date was not indicated. The State believes that the QCR process is a better method for evaluating the comprehensiveness of mental health assessments for children entering care.

A cumulative QCR report for the 10 month period 10/03 – 6/04, continues to show a favorable trend, in that of the 72 cases reviewed, 88.89% were rated as a strength. One QCR review period included the States' largest agency and another also included a large urban county.

8th Quarter Report: Achieved. The QCR was initiated in Georgia in 10/03 and was introduced as the process for evaluating the completion of mental health assessments in the State's 5th Quarter Report. In the 5th report, 80.95% were rated as strength (10/2003 - 12/2003). As noted in the 7th Quarter Report, the cumulative QCR report for the period 10/03 – 6/04 showed 88.89% rated as strength.

The QCR report for the period 7/04 – 9/04 shows 93.94% rated as strength. This continues the positive trend noted in the completion and timely assessments from the 10/2003 - 12/2003 QCR of 80.95% rated as strength; the 01/04 - 03/2004 QCR of 85.71% rated as strength, and the 04/2004 - 06/2004 QCR of 85.71% rated as strength. The cumulative for the 10/2003 - 09/2004 was 90.00% rated as strength.

8th Quarter DOCUMENTATION: Georgia PIP Qualitative Review Summary Table

BARRIERS TO ACHIEVEMENT:

2nd Quarter Report per ACF Request: The Case Plan Reporting System (CPRS) presently does not have the capability to collect information regarding the timely completion of First Placement/Best Placement (FP/BP) Assessments. Timely completion is defined as assessments completed in thirty days with initiation of assessment beginning no sooner than the completion of the 72-hour Juvenile Court hearing. Plans presented to the developer must be determined to be feasible and then actualized.

2nd Quarter Federal Response: [HOW DO YOU INTEND TO OVERCOME THIS BARRIER IN OTHER TO ACHIEVE ACTION STEPS/MEASURABLE BENCHMARKS](#)

3rd Quarter Georgia Reply: We expect to accomplish the capability to collect information regarding timely completions of assessments by our target completion date and do not currently foresee any barriers.

O4 ACTION STEPS:		Develop and enforce statewide multi-agency protocol for assessment, including necessary confidentiality safeguards. Determine utilization by all counties of approved instruments pursuant to protocol. 5th Quarter: The State request to change this action step to: "Development and implement statewide multi-agency protocol for assessment, including necessary safeguards". Reason: Major leadership changes at multiple levels and across agencies will require redrafting and renegotiations of a protocol.	
START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
Mar. 2002	June 2004	Betty Wrights, Dawne Morgan, Juanita Blount-Clark, Governor's Action Group, 5th Quarter: Social Services Director, DFCS Division Director, MHDDAD Division Director, FPBP Assessment Coordinator	Development and enforcement of formal agreements between agencies to use common assessment protocol. 5th Quarter: The State request Develop and implement protocol for sharing information. 6th Quarter: To better clarify the 5 th Quarter request, the State request to change the benchmark to read "Develop and implement protocol for sharing information".

ACCOMPLISHMENTS:

1st Quarter Report: In January 2002, Georgia Governor Roy Barnes named 32 individuals from the public and private sector to form The Governor's Action Group for Safe Children. The final report was published December 30, 2002. One of their charges was to develop a unified state vision regarding children's services including creating a system of data and information sharing among agencies, providers, advocacy groups and the courts. This Interagency Agreement was the first step in bringing together all Georgia agencies that provide programs and services to children and their families, with the express purpose of providing an enforceable road map for coordinated service delivery. The intent is to formalize the State's commitment to break down real and perceived barriers to this coordination. This Agreement laid out outcomes, timelines, and specific deliverables related to achieving this goal. This has resulted in tentative (unsigned) agreements between the Department of Human Resources, Department of Juvenile Justice, Department of Community Health, Department of Education, Georgia Technology Authority, Council of Juvenile Court Judges, Family Connection and the Office of the Child Advocate. If the assessment protocol is developed, it will need to be determined how to ensure that all counties are utilizing the tool. . A common assessment protocol is needed in order to have a seamless, effective and efficient system of service provision. **Actions** for next reporting quarter: The agreement between the different agencies has not been ratified. A common assessment protocol has been discussed but is yet to be developed including necessary confidentiality safeguards. A copy of the final report has been provided to incoming Governor Perdue and his transition team. Governor Perdue's plans to address this need is under consideration at this time.

2nd Quarter Report: Accomplishing this goal is contingent upon selecting validated instruments for risk assessment as well as more comprehensive diagnostic assessments for mental health, mental retardation and substance abuse, which is in progress. Representatives from DFCS, MHDDAD, DPH and DJJ are meeting regularly this reporting period. Once the screening/assessment efforts have concluded and recommendations formulated, a draft protocol will be presented to the appropriate commissioners. The protocol will encourage partnership with other agencies in accepting their screening / assessment tools.

3rd Quarter Report: Same as Action Step 3.

5th Quarter Report:

6th Quarter Report: Standards for the First Placement Best Placement Comprehensive Child and Family Assessment have been updated and sent to the field. A copy is attached. HIPPA issues have been resolved. A HIPPA compliant release form has been added to program forms.

6th Quarter DCOUMENTATION: Social Services Manual Transmittal No.2004-02

6th Quarter Federal Response: [O4: State requested extension of completion date and revision of the benchmark in its Annual Evaluation/Renegotiation Report.](#)

7th Quarter Report: Achieved as noted in the 6th Quarter report. The State **did not** request an extension of the completion date. The State requested a revision to the action step and the benchmark.

8th Quarter Report: Achieved. As noted in the 1st Quarter Report, former Governor Barnes charged a public/private sector group, the Governor's Action Group for Safe Children, with the task of developing a unified state vision for children's services. This vision included a plan for coordinated service delivery by creating a system of data and information sharing among agencies, providers, advocacy groups and the courts.

Incoming Governor Perdue did not include this initiative in his agenda. Therefore the Interagency Agreement between the Department of Human Resources, Department of Juvenile Justice, Department of Community Health, Department of Education, Georgia Technology Authority, Council of Juvenile Court Judges, Family Connection and the Office of the Child Advocate was never operationalized. Without the leadership of the Action Group, the constraints of Federal and State mandates for each of the different agencies relegate the effort to develop a statewide multi-agency assessment protocol to the status of a long-term goal yet to be achieved.

However in lieu of that new protocol, the State has had a process in place to assess the needs of children with serious mental health issues that included multi-agency participation. Initially in the late 1970's, Troubled Children's Committees were established in Fulton and DeKalb counties to meet the requirements of the J.L. and J.R. versus Ledbetter Federal Court case in securing non-acute

care mental health treatment options. These Committees had representation from DFCS, DMHDDAD, DJJ, and DOE. These local initiatives were enlarged to incorporate a State Committee in the early 1980's and then replicated in additional counties across the State. In 1990, the names changed to Multi-Agency Teams for Children (MATCH). Currently in addition to the State Team, (now known as the State Level of Care Committee) there are more than 120 local interagency teams across Georgia. The purpose of these interagency committees from inception to the present day is to assess the needs of children with serious mental health needs and identify appropriate treatment resources. Continuing interagency collaboration was ensured through the Georgia General Assembly's passage of HB 560 in 1990. Section 49-5-220 (a) (6) states the General Assembly's intent to: "Develop a coordinated system of care so that children and adolescents with a severe emotional disturbance and their families will receive appropriate educational, nonresidential and residential mental health services and support services as prescribed in an individualized plan". Section 49-5-221 (7) defines local interagency teams as "committees with multi-agency representation that are established at the local level to staff cases and review decisions about appropriate treatment or placement of children or adolescents experiencing severe emotional disturbance. Existing troubled children's committees may serve as local interagency committees". DFCS policy on the use of multi-agency teams to assist in the assessment of children's mental health needs can be found in the Foster Care Manual, Section 1005. (This Section is currently being rewritten to reflect the new LOC policy and procedure.)

Another multi-agency initiative can be found in the FPBP process. As noted in the 6th Quarter Report, Standards for the First Placement Best Placement Comprehensive Child and Family Assessment were updated and sent to the field. (Social Services Manual Transmittal No.2004-02, Dated 1/25/04.) In that policy material, Section X outlines Standards for the Multi-Disciplinary Team and describes participants to be included from the disciplines of Education, Medical/Psychological, Court, and Mental Health.

Taking into consideration the local and state interagency teams designed to review treatment decisions for children and adolescents and the multi-disciplinary teams to review FPBP assessment recommendations, the State believes it has met the benchmark of the development and implementation of a protocol for sharing information.

8th Quarter DOCUMENTATION: House Bill 560

BARRIERS TO ACHIEVEMENT:

The legal and HIPAA implications of sharing information across agencies needs to be explored. Issues of confidentiality, releases of information and similar matters is being discussed with the legal teams of each agency.

HOW DO YOU PLAN TO OVERCOME THIS BARRIER, OR RESOVLED THIS BARRIER?

3rd Quarter Federal Response: Respond to above question.

5th Quarter Report: HIPPA issues have been resolved. A HIPPA compliant release form has been added to program forms.

Goal: *The statewide multi-agency protocol will include a formal communication process for dissemination of assessment findings for case plan development.*

05 ACTION STEPS:		Develop a CPRS supervision tool to ensure comprehensive assessment findings are followed in the case plan and training. Determine percent of staff case plans that reflect strengths and needs identified in the comprehensive assessment. 5th Quarter: The State request to change this action step to read 'Develop a supervision tool to ensure comprehensive assessment findings are followed in the case plan.'	
START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
Mar. 2002	June 2004	Betty Wrights, Field Directors, County Directors, County Supervisors, Nancy Bruce	Actualize ability to gather data through CPRS. 5th Quarter: The State requests to change benchmark to 'Incorporation of assessment findings into Supervisory tool'.

ACCOMPLISHMENTS:

1st Quarter Report: Presently, CPRS does not have the capability to serve as a supervision tool. However, the system is being redesigned to include a First Placement/Best Placement component, which will include data fields that will ensure CPRS is capable to capture information about mental health assessments of children entering foster, care. Supervisors will be able to query for reports for those case managers under their supervision to ensure that recommendations listed are reflected in the case plan and that follow-up deadlines are met. The capability to quantify the percent of case plans which reflect findings from the assessment will be explored further with the CPRS developer. Method for measuring achievement: Additional fields must be added to the CPRS to meet this goal.
Actions to be taken next quarter: 1. Team meetings will begin with the CPRS developer to discuss changes to the system. 2. A final plan of all improvements to CPRS will be finalized in April 2003.

2nd Quarter Report: Supervisors will be able to query for reports for those case managers under their supervision to ensure that recommendations listed are reflected in the case plan and that follow-up deadlines are met. The capability to quantify the percent of case plans, which reflect findings from the assessment, is being explored with the CPRS developer.
Two meetings were held with the CPRS consultant and developer during this reporting period. CPRS presently does not have the capability to compare the FPBP Assessment to the actual case plan. These specifications have been shared with the CPRS programmer

to determine the feasibility. The work plan should be finalized by May 2003.

3rd Quarter Report: Functionality to capture data about First Placement Best Placement is being added to CPRS by 12/03. Reporting will assist in data collection about recommendations made during the comprehensive assessment and the state's ability to provide the recommended resources. This information will be available by county, region, and state.

5th Quarter Report: Achieved. The Supervisory Review Instrument is complete and is on-line. The instrument was fashioned after the federal review instrument. The State believes the Supervisory Review Instrument will guide supervisors to a more thorough review to assure that assessment findings are being followed to the extent possible. In addition, the first round of QCRs were favorable, in that of the 21 cases reviewed, 80.95% were rated as strengths.

8th Quarter Report: Achieved. The State has developed a supervision tool to ensure comprehensive assessment findings are followed in the case plan. The tool, which is available on-line, asks if the plan “reflects recommendations from the FPBP Comprehensive Assessment.” In addition, the mental health portion of the CPRS Health Care Status Screen includes:

- 1) description of psychological problems,
- 2) explanation of psychological records on file,
- 3) documentation of ongoing psychological treatment,
- 4) date of last psychological evaluation, and
- 5) other relevant psychological information.

The supervision tool also asks for review of these items.

8th Quarter DOCUMENTATION: (1) CPRS Supervisory Review Instrument of Case Plan, and (2) CPRS Health Care Status Screen

BARRIERS TO ACHIEVEMENT:

Presently, CPRS does not have the capability to serve as a supervision tool. The capability to quantify the percent of case plans which reflect findings from the assessment will be explored further with the CPRS developer.

Goal: Case managers have the capacity to work closely with children and families in order to ensure sustained access to needed treatment resources.

08 ACTION STEPS:		<p>1. Begin development of statewide database on children's mental health resources -- focusing on needs identified (in assessment process) for which no service is currently available</p> <p>2. CPRS will be amended to include data collection for recommendations made during the assessment process.</p> <p>5th Quarter: The State request to delete this action step. Reason: The State cannot support financially a statewide database on mental health resources. Additionally, it is believed that Action Step O9 will help to address this issue. The State believes that deleting this action step will not adversely impact the goals.</p> <p>6th Quarter: For clarity, the state wishes to delete number 1 of this action step.</p>	
START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
Sept. 2002	June 2004	<p>Jim Martin, Juanita Blount-Clark, Georgia Technology Ass. (GTA), Office of Planning and Budget, John Hurd</p> <p>6th Quarter: Change the above to: Nancy Bruce, Brad Pasto</p>	<p>Improved cross-agency data on children's mental health, mental retardation and substance abuse needs become available and is used by multiple agencies when budget planning.</p> <p>7th Quarter: To further clarify the 5th and 6th Quarter request for changes to the action steps, the State requests to change the benchmark to read "Improved agency data on children's mental health, mental retardation and substance abuse needs becomes available and is accessible to multiple agencies during budget planning." The state removed "cross-agency".</p>

ACCOMPLISHMENTS:

1st Quarter Report: The Georgia Association for Homes and Services for Children has established an online database at www.referralcentral.info, which is the logical starting point for this benchmark. Also, www.caresolutions.com carries the list of Safe and Stable Families resource guide, which is also a starting point. **Method for measuring achievement:** A comprehensive list of county-by-county resources compiled and distributed via internet and hardcopy. Provisions for continual updating to be included. Activities have been directed toward gathering information currently available. **Action for next quarter reporting:** 1. A listing of

resources both in hard copy and via Internet will be compiled. 2. A county-by-county survey of available resources to be initiated. 3. A meeting with the United Way, other database maintainers and stakeholders will be initiated to determine the most effective and efficient manner to meet this goal. 4. Determination will be made as to how to best disseminate information to case managers.

2nd Quarter Report: The following resources are social services resources are on-line: Referral Central hosted by the Georgia Association for Homes and Services for Children (www.referralcentral.net). This resource is a statewide database of First Placement Best Placement providers, Shelters, Family Preservation providers, counseling services, psychiatric hospitals, foster and group homes and other services. The complete Promoting Safe and Stable Families guide is available for on-line viewing at www.caresolutions.com . PSSF's service area covers the entire state with prevention, intervention, preservation, reunification and adoption services. Additionally, the Division of Mental Health, Developmental Disabilities and Addictive Diseases has a comprehensive listing of its community service boards, private providers and health departments. CPRS is in the process of being revised. Meetings have been held with the developer to discuss amending the system to collect recommendations from the First Placement Best Placement Assessment and to determine how the recommendations are ultimately reflected in the case plan.

3rd Quarter Report: Revisions to the CPRS are underway and expected completion date is 12/03

6th Quarter Report: CPRS has been amended to include First Placement Best Placement functionality. A pilot county will be selected April 2004.

6th Quarter Federal Response: O8: State requests deletion based upon 'limited resources.'

O8: Q6 reporting is inconsistent with Q5 reporting -- please clarify.

7th Quarter Report: The State requested deletion of #1 within Action Step O8 based on the fact that the cost of maintenance and continued development of the web sites noted could present a barrier. Further, since the web sites are hosted by contract (Care Solutions) and private providers Georgia Association of Homes and Services for Children (GAHSC) the control of the content, frequency of updates, security and other Internet issues are outside of DHR control. The Division no longer has contract relationship with either Care Solutions or GAHSC.

Even though number 1 in the Action Step has been deleted, the State believes that number 2 will enable the State to have data to bring to the table during Statewide planning in support of mental health resources.

CPRS has been amended to include the Comprehensive Child and Family (First Placement Best Placement) mental health assessment functionality. The pilot counties of DeKalb and Troup have been selected. Training is currently in process for these counties. The pilot will begin when training is completed.

8th Quarter Report: Achieved. The State has amended CPRS to include data collection for recommendations made during the assessment process. Improved agency data on children’s mental health, mental retardation and substance abuse needs is available and accessible to multiple agencies during budget planning.

The pilot to test the CPRS enhancements that capture FPBP assessment information has been implemented in DeKalb and Troup counties. Training was completed and data began to be entered 9/04. FPBP vendors are now able to go on line to add assessment information as that information becomes available, rather than waiting for the formal end of the assessment process. Likewise, county staff then can begin immediately to access necessary services. Logistical problems have been noted such as synchronizing when case managers enter the 30 day case plan which allows provider access.

To date, four case plans from Troup county and sixteen case plans from DeKalb county have been entered using the enhanced FPBP capability. Six FPBP providers have been able to access CPRS information for nine children. Decisions regarding the pilot expansion will be made when additional case plan and vendor information becomes available.

BARRIERS TO ACHIEVEMENT:

The cost of maintenance and continued development of the websites could present a barrier. Further, since the websites are hosted by contract (Care Solutions) and private providers (GAHSC) control of the content, frequency of updates, security and other Internet issues are outside of DHR control.

2nd Quarter Federal Response: **WILL THIS IMPACT THE ABILITY TO ACHIEVE YOUR INTENDED OUTCOME IN THIS AREA?**

5th Quarter Report: Yes, see request to withdraw this action step above.

<p>O9 ACTION STEPS:</p>	<p>Identify through database the areas most in need of resource development and begin development strategies to meet those needs. A listing of resources both in hard copy and via the internet will be started. A visual representation of available resources will be developed along with a paper analysis to determine service gaps and geographical areas in need of service. 5th Quarter: The State requests to change this action step to read 'Identify the areas most in need of resource development and initiate development strategies to meet those needs.'</p>		
<p>START</p>	<p>COMPLETION</p>	<p>RESPONSIBLE</p>	<p>MEASURABLE</p>

DATE	DATE	PERSON(S)	BENCHMARKS
Sept. 2002	June 2004	Jim Martin, Juanita Blount-Clark, John Hurd, 5th Quarter: Change the above to: Roger Smith, Amy Hale, Linda Ladd, Ann Dennard Smith	Agencies jointly identify critical systems gaps and recommend budget priorities as a system 5th Quarter: The requests to change to 'Identification of areas most in need of services and recommendation of budget priorities made'.

ACCOMPLISHMENTS:

1st Quarter Report: The database has not been developed. Thus, studies on gaps in available resources have not been determined. The internet and hard copy resources currently in use may be adequate to initiate a gap analysis. A comprehensive list of county-by-county resources needs to be compiled and distributed.

Actions for next quarter: 1. A listing of resources both in hard copy and via the internet will be started. 2. A visual representation of available resources will be developed along with a paper analysis to determine service gaps and geographical areas in need of service.

2nd Quarter Report: The following resources are social services resources are on-line: Referral Central hosted by the Georgia Association for Homes and Services for Children (www.referralcentral.net) This resource is a statewide database of First Placement Best Placement providers, Shelters, Family Preservation providers, counseling services, psychiatric hospitals, foster and group homes and other services. The complete Promoting Safe and Stable Families guide is available for on-line viewing at www.caresolutions.com. PSSF's service area covers the entire state with prevention, intervention, preservation, reunification and adoption services. Additionally, the Division of Mental Health, Developmental Disabilities and Addictive Diseases has a comprehensive listing of its community service boards, private providers and health departments. Since, there is not a singular database, the information from all sources needs to be merged with existing paper database information to determine service gaps and geographical areas in need of service.

3rd Quarter Federal Response: **3rd Quarter Report: ???**

5th Quarter Report: This new work team has not had an opportunity to meet. However, the State expects to meet its completion date.

6th Quarter Report: The Department of Human Resources (DHR) and the Department of Juvenile Justice (DJJ) worked with Georgia's providers of residential care to implement a Level of Care (LOC) system March 2004 that purchases placement services based upon a child's needs. There are six levels of care that cover the entire continuum of out-of-home care provided by the private sector, from basic Institutional Foster Care through Intensive Residential Treatment. The LOC system also approves levels of service delivery for providers that match the six specific levels of need. Requests for placement assistance have already shown the need for additional emergency or assessment level

resources as well as increased capacity at Level 4. In addition to resource development for specific levels of service, we are beginning to identify placement needs based on geographical data.

6th Quarter Federal Response: O9: State requested extension of completion date and revision of the benchmark in its Annual Evaluation/Renegotiation Report.

O9: Q6 reporting is inconsistent with the action step.

7th Quarter Report: The State did not request an extension of the completion date. The 6th Quarter Report supports the revision of the action step and the benchmark and demonstrates the State's efforts to work jointly with other Departments and private providers to identify the areas most in need of resource development and initiate development strategies to meet those needs.

The State believes that Q6 reporting is consistent with the revised action step. The LOC system is the State's strategy to identify both service gaps and geographical needs. Based on these identified areas of need, the State will be able to make recommendations for budget priorities.

The State continues to implement the LOC system and gather data on areas in need of resource development. The LOC system has just begun its 2nd quarter of operation. Data collection remains in the initial stages.

8th Quarter Report: Partially Achieved. The State is working to identify the areas most in need of resource development and to begin development strategies to meet those needs.

Referral Central (www.referralcentral.net) is an on-line resource hosted by the Georgia Association of Homes and Services for Children. Referral Central's database includes information on First Placement Best Placement providers, Shelters, Family Preservation providers, counseling services, psychiatric hospitals, foster and group homes and other services. This database is current. Efforts are underway to make Referral Central an active on-line placement service for county departments. In the next few months case managers will be able to enter a specific child's profile and desired type of placement resource and receive back a listing of providers able to meet the child's needs. A long-range goal is to link Referral Central with CPRS so that specific placement information will be available in CPRS. Another long-range goal of Referral Central is the development of a web based common provider application.

The Promoting Safe and Stable Families Program has developed a hard copy Resource Guide giving site information for Family Preservation, Family Support, and Time-Limited Reunification Services. The Guide includes a visual representation of sites across Georgia. The entire Resource Guide is also available on-line (www.caresolutions.com).

The State has compiled a list of providers by geographical service area approved to complete the FPBP comprehensive child and family assessment. This list is available on the DHR web site by following the link to the Division of Family and Children Services.

The State has implemented the Level of Care (LOC) system and has stated the intention to determine service gaps and geographical needs as that system moves forward. The State has compiled a list of LOC providers both by service area and level of service provision. This list is updated every other month. The plan is for this document to be posted on the DHR website.

The Office of MH/AD is conducting a gap analysis for adult and child and adolescent mental health services. A vendor, APS Healthcare, has been selected and has recently initiated the information gathering process. Local and state DFCS have been invited to forward survey information. The resulting information will be used to demonstrate service needs for individuals, compare that information with the service system capacity and usage, and ultimately determine the level of unmet needs. It is expected that there will be a preliminary report of findings available no later than 12/30/04.

The work remaining for this action step is the consolidation of the various provider resource listings. Development strategies and budget priorities will be designed once the master resource list is compiled.

8th Quarter DOCUMENTATION: Service Deliverables for APS Healthcare

BARRIERS TO ACHIEVEMENT:

All existing resources have not been accounted for. Efforts need to continue around data collection before a determination is made about service gaps. The database has not been developed. Thus studies on gaps in available resources have not been determined.

O10 ACTION STEPS:	Strengthen and make mandatory the Case Plan Reporting System to ensure that information about the child's mental health is documented to eliminate breaks in mental health services. Provide additional support and training so case managers can use the system effectively. (1) A tool to assess quality of the CPRS case plans needs to be developed. (2) Monthly comparisons of IDS entries with CPRS case plans initiated will be conducted. The information gathered in 1 and 2 will be used to determine the need for technical assistance to specific counties. 5th Quarter: The State requests to delete (1) and (2) above. Reason: The State currently does not have the manpower resources to develop a tool to assess the quality of CPRS case plans and/or make monthly comparisons of the two databases. However, the State has supported continued CPRS training efforts. The State believes these deletions will not adversely impact the goals. Additionally, the QCRs and the Supervisory
--------------------------	--

Review instruments address documentation of mental health services.

START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
Mar. 2002	October 2003 3rd Quarter: Requesting to extend the date to June 2004 to allow for comparisons and a structured assessment of the quality of case plans in CPRS. <i>We anticipate to measure your progress in this area by the end of 4th Qtr.</i>	Juanita Blount-Clark, Linda Doster, Kelli Stone, Consultation & Support Unit, Mentor Unit, County Directors, County Supervisors 6th Quarter: Change the above to: Nancy Bruce, Brad Pasto	Issue a policy statement requiring all new 30-day case plans to be completed in CPRS. Strengthen training and support of CPRS. Examine existing case plans to assure appropriate use of data fields by case managers. Evaluation: Compare current numbers of Case Plans completed per month in CPRS and compare with the number of children entering care that same month. Conduct a structured assessment of quality on case plans in CPRS. 5th Quarter: The State request to delete the 2 nd and 3 rd paragraphs above.

ACCOMPLISHMENTS:

1st Quarter Report: A memo was issued July 2002 to all county DFCS Directors and Field Directors mandating the use of the Case Plan Reporting System. Statewide training of case managers in use of CPRS will conclude in February 2003. **Method for measuring achievement:** 1. The Internal Data System (IDS) will be used to compare number of children entering care with the number of case plans initiated in CPRS. Additionally, the case plan will be individualized, measurable, and focused on the permanency objective. 2. A tool to assess the quality of CPRS case plans with previously documented case plans may need to be developed. **Actions to be taken next quarter:** 1. Complete CPRS training by February 2003. 2. Develop tool to assess quality of CPRS case plans. 3. Begin monthly comparisons of IDS entries with CPRS case plans initiated. Use information gathered to determine need for technical assistance to specific counties.

2nd Quarter Report: A memo was issued July 2002 to all county DFCS Directors and Field Directors mandating the use of the Case Plan Reporting System. Statewide training of case managers in use of CPRS concluded in February 2003. Once monthly on going comparisons of IDS entries with CPRS case plans is initiated, the information gathered can determine the need for additional technical assistance to counties.

3rd Quarter Report: The policy material is complete (see attached policy Foster Care Services: Case Plan PIP Items 7, 9, 12, 18, 21, 23)

5th Quarter Report: Achieved. See 2nd and 3rd Quarter Reports.

6th Quarter Report: Beginning May 2004 all new children entering care will have case plans entered into CPRS and will be tracked in IDS. As ongoing case plans are due, the updated plan will be entered into CPRS. All will be able to be tracked in the system by November 2004.

7th Quarter Report: The CPRS is able to import identifying information from the IDS data system to reduce data entry time and to reduce errors. This allows reports to be run on the IDS side and on the CPRS side so that comparisons of case plans completed with the number of children entering IDS can be made. Currently, the number of plans in CPRS is higher due to several factors. During the migration of plans from the original CPRS to CPRSv2, duplicate cases were created. The local county users were not aware that they needed to close the original plan, so the duplicate plans remain. Other plans should have been closed when the case was closed. The Division is now providing training to supervisors on how to identify plans that need to be closed and how to close plans that need to be closed. Additionally, supervisors and workers are receiving training on how to create a new plan and review existing plans. The CPRS developer for the system will review the system for “junk plans” and delete as appropriate so that the comparisons between the two data bases (IDS and CPRS) can be made as discussed in the benchmark evaluation statement. Even though the State has mandated the use of CPRS (see 2nd Quarter Report), it is questionable that data entry is occurring at the rate the State desires. The State believes that at best the comparison will never really exactly match because the level of usage is not what it should be. The State will continue to mandate the use of CPRS. As for the quality of the case plans, as it relates to mental health services for children in CPRS, that information can be ascertained from the QCRs and action is reported on in Action Step O-2.

8th Quarter Report: Achieved. The State has strengthened and made mandatory the Case Plan Reporting System to ensure that information about the child's mental health is documented to eliminate breaks in mental health services. The State has provided additional support and training so case managers can use the system effectively. The State has issued a policy statement requiring all new 30-day case plans to be completed in CPRS and has also strengthened training and support of CPRS.

The State mandated the use of the CPRS in 7/02. Statewide training was completed in 2/03. Beginning in 5/04 all new children entering the system were also entered in CPRS. The target date for all case plans to be in the system is 11/30/04.

Training for new case managers includes a module on CPRS that contains a computer lab component. Ongoing CPRS training is available across the state as needed. In the past year approximately 310 supervisors and/or veteran staff received training.

The online Supervisory Tool provides additional support for the use of CPRS in tracking mental health assessments (noted in O-5). The QCR process further reviews the utilization of mental health resources (noted in O-2).

A comprehensive effort to clean up CPRS data is currently underway. A clean-up effort by the developer earlier this fall cleared approximately 75% of "junk" plans out of the database. The remaining "junk" plans and other duplicates and unmatched plans (approximately 12,000) must be reviewed by the counties that created the plans. The State wants to be certain that no legitimate plans are closed during this cleanup effort. A skilled IDS and CPRS user will thoroughly search and compare both databases before making the decision to close a plan. A memo was sent to the Managers of Field Operations with a list of case plans that must be reviewed by each of their county offices. The county was instructed to correct the child's name and case number, close duplicate plans, and close plans where the cases are no longer active, noting the date and action taken on the list provided. The deadline for this clean-up is 11/16/04.

8th Quarter DOCUMENTATION: October 28, 2004 Memorandum from Social Services Section Director Regarding CPRS Case Plans that do not Match an Active Case in IDS

BARRIERS TO ACHIEVEMENT:

The Internal Data System (IDS) will be used to compare number of children entering care with the number of case plans initiated in CPRS. These are two separate, non-networked databases thus the number comparisons will have to be done manually. Thus, no automatic checks occur to ensure that entering children (IDS) are reflected in the number of new case plans in (CPRS).

2nd Quarter Federal Response: [HOW DID YOU INTEND TO ACHIEVE ALL THE ACTION STEPS, OR RESOVLED THIS?](#)

3rd Quarter Georgia Reply: Manual comparisons will be required.

5th Quarter Report: See requests in action step and benchmark.

6th Quarter Report: Currently data is being manually entered. Division restructuring has impacted the hiring of staff.

7th Quarter: The State is attempting to determine if the budget can accommodate hiring staff to assist in performing CPRS data quality issues as well as assessing usage.

Work Plan Detail P -- Item 24, Statewide Information System

Goal: Build reliability and consistency in IDSONLINE (8th Quarter Report: Achieved)

Goal: Increase competency skills of core user group (8th Quarter Report: Achieved)

Goal: Enhance existing system to meet on-going data needs (8th Quarter Report: Achieved)

Goal: Contingent upon SACWIS PAPD and IAPD approvals, to develop a Statewide Information System that is compliant with SACWIS requirements and supports the efficient, effective, timely and consistent provision of case management services. (8th Quarter Report: In August 2004, Georgia received ACF approval to remove SACWIS development and implementation from its' PIP)

Work Plan Detail Q -- Items 35-37, State has in place an array of services that assess the strengths and needs of children and families and determine other service needs, address the needs of families in addition to individual children in order to create a safe environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency.

Q2 ACTION STEPS:		Collaborate with providers, stakeholders and consumers to address gaps in the service array and develop a continuum of services accessible statewide.	
START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
Jan. 2003	<p>March 2003</p> <p>3rd Quarter: Requesting a date change to March 2004 to coincide with the work in Action Step 1.</p> <p>3rd Quarter Federal Response: Progress will be measured in the 4th. Qtr.</p>	Sarah Brownlee, Betty Wrights, Amy Hale, David Hellwig, Ann Dennard Smith	Funding and resource allocation plan to address identified gaps in service array and geographic accessibility.

ACCOMPLISHMENTS:

1st Quarter Report: The Division hosted the FFY 2003 PSSF Bidders Conference to provide information and technical assistance to public and private non-profit entities and county departments interested in developing or enhancing community service resources for children and families. More than 200 agency representatives in attendance were provided information on the PSSF Program and funding process, federal and state funding objectives and desired outcomes for children and families served by the state of Georgia. Relevant information was shared on the CFSR process, findings and recommendations for program improvement, with particular emphasis on the current array of services and the development of supports and services in under resourced counties.

Targeted funding for the FFY 03 cycle has effectively increased the number, quality and array of services for children and families at-risk and children confirmed as maltreated. PSSF Services are now accessible in 91% of the state with service delivery in 143 counties statewide.

A report of the findings and recommendations born out of the Governor's Action Group for Safe Children was released in January 2003. The report identified corrective systemic options and practices and recommendations.

2nd Quarter Report: The Division hosted a series of four **Regional PSSF Training and Networking Sessions** in March of 2003. More than 500 county department directors, supervisors, cps/placement staff and community based providers attended the regional sessions. Information was provided on the PSSF Program, federal and state funding objectives and desired outcomes for children and families served by the state of Georgia. Relevant information was shared on the CFSR process, findings and recommendations for program improvement, with particular emphasis on the current array of services and the development of supports and services in under resourced counties.

The sessions provided an opportunity for staff and providers to assess on a regional level the current array of supports and services funded by the PSSF program, identify geographical gaps in service accessibility and begin resource development planning discussions to assure that a full continuum of services are accessible statewide.

Targeted PSSF funding for the FFY 03 cycle has effectively increased the number, quality and array of services for children and families at-risk and children confirmed as maltreated. PSSF Services are accessible in 91% of the state with service delivery in 143 out of 159 counties statewide.

2nd Quarter Federal Response: [HAVE YOU ACHIEVED THIS TASK? DUE DATE WAS MARCH 2003.](#)
[What can the State give us to show this has been achieved?](#)

3rd Quarter Report/Georgia's Reply: Work in process.

3rd Quarter Federal Response: [3rd. Qtr progress?](#)

4th Quarter Report: The Division hosted the FFY 2004 PSSF Bidders Conference in March 2003 to provide information and technical assistance to public and private non-profit entities and county DFCS interested in developing or enhancing community service resources for children and families. More than 200 agency representatives in attendance were provided information on the PSSF Program and funding process, federal and state funding objectives and desired outcomes for children and families served by the state of Georgia. Relevant information was shared on the CFSR process, findings and recommendations for program improvement, with particular emphasis on the current array of services and the development of supports and services in under resourced counties. Counties currently un-served by PSSF Network Providers include Walton, Morgan, Jones, Wilkinson, Crawford, Peach, Marion, Early, Miller, Baker, Turner, Coffee, Bacon, Tattnall and Evans counties.

Funding and Resource Allocation to fill Gaps: The Division received two hundred sixty (260) proposals for the FFY 2004 funding cycle, a 38% increase over proposals received FFY 2003. Targeted funding for the FFY 04 cycle has effectively increased the number, quality and array of services for children and families at-risk and children confirmed as maltreated. One hundred and seventy (170) community based agencies were awarded funding for the FFY 04 cycle.

PSSF Network Services are now accessible in 95% of the state with service delivery in 145 of 159 counties statewide. Gaps in seven (7) of the counties identified as un-served by PSSF Network Providers have been filled. Services are now accessible in Wilkinson, Walton, Morgan, Putnam, Jones, and Peach counties. PSSF Resources are also available to all 159 county departments through Mini-Grants.

DOCUMENTATION PROVIDED 4TH Quarter:

PSSF Maps: Statewide Service Array and Accessibility

5th Quarter Accomplishments: 90% Achieved. Refer to <http://pssfnet.com/servicearray> for maps, which illustrate (1) PSSF statewide service array; (2) Service array by Service Category (Family Support, Family Preservation, Time-Limited Reunification and Adoption Promotion and Foster Care Transitional Support Services)

6th Quarter Federal Response: No documentation of progress achieved in 6th Quarter report.

8th Quarter Report: Achieved. The primary goal of PIP Action Step Q2 is to realize systemic improvement by developing a continuum of services, which are accessible to families statewide. One strategy employed to accomplish this goal is on-going collaboration with child and family service providers, stakeholders and DFCS county department staff to identify and address gaps in service array and accessibility. Resource Allocation Plans for Title IV-B, 2 funds are developed during the 4th quarter of every federal fiscal year. No additional information available for the 6th Quarter Reporting. One hundred and eighty-two (182) community-based agencies have been awarded funding to deliver services for the FFY 05 cycle. Targeted funding and resource allocation has effectively increased family and agency access to services statewide. This 8th quarter accomplishment represents a 73.6% increase in service resources statewide (see 1st quarter report). Geographic accessibility of these community-based resources remains constant and accessible to families in 145 counties statewide or 91.1% of the state. In addition, the full continuum of Title IV-B, Subpart 2 authorized services are also available to families served through CPS, Foster Care and Adoption programs in all 159 counties or 100% of the state through county administered PSSF Mini-Grants. There were 19,155 families served FFY 2003, a 48% increase in community/family and agency utilization of PSSF services over FFY 2002. There were 14,624 families served in the first six months of FFY 2004, a 16% increase over the same period FY 2003.

8th Quarter DOCUMENTATION: (1) PSSF Funded Programs/Resource Allocation Plans by service, by DFCS geographic regions and (2) four Promoting Safe and Stable Families Service Area Maps

BARRIERS TO ACHIEVEMENT:

Q4 ACTION STEPS:		Develop curriculum and deliver training to staff and providers to enhance capacity to assess underlying family needs that create safety concerns for children.	
START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
Nov. 2002	<p>October 2003 Requesting a date extension to July 2004 to allow for several reporting quarters of qualitative review reporting and implementation of the training curriculum. 3rd Quarter Federal Response: Progress will be measured in the 4th. Qtr. 5th Quarter: Per Annual Evaluation/Renegotiation the State requested an extension to July 2004 to allow sufficient time to evaluate improvement over several reporting quarters of the QCR.</p>	<p>Geraldine Jackson-White, Evaluation and Reporting Section, Consultation and Support Section, 5th Quarter: Research and Education; Evaluation and Reporting; and Social Services Sections</p>	<p>As a part of the Annual Qualitative Case Review, a representative sample of cases will be reviewed to determine if there is demonstrated improvement in case manager's ability to adequately assess underlying family needs as reflected in improved service coordination and outcomes for families.</p>

ACCOMPLISHMENTS:

1st Quarter Response: In May of 2002, the DHR Promoting Safe and Stable Families Program hosted the 5th Annual Safe Families Symposia. The fifth in a series of statewide training and technical assistance conferences, the Symposium provided an opportunity for 241 front line workers, supervisors and community based services providers to expand their practice skills in the areas of assessment driven, family centered practice. The Safe Families Symposium Series has been designed to enhance the practice, supervisory and management skills needed to improve the quality of community-based supports, services and outcomes for children and families. In direct response to **CFSR Systemic Factor -- Item 35 Service Array**, training offerings for the 2002 Symposium addressed the practice improvement recommendations of federal and state child welfare experts identified in Georgia's CFSR. **Improving Outcomes: Comprehensive Assessment and Individual Family Action Plans** was developed and delivered by the **Child Welfare Policy and Practice Group, Montgomery Alabama**. Designed to improve the practice skills of front line workers and direct service providers, the training offered an intensive overview of the interlocking steps necessary to assess and respond through service coordination, to the underlying family needs which create safety concerns for children. Topics covered included strengths-based assessment and solution focused interviewing techniques.

2nd Quarter Response: In May of 2003, the DHR Promoting Safe and Stable Families Program hosted the 6th Annual Safe Families Symposia. The sixth in a series of statewide training and technical assistance conferences, the Symposium provided an opportunity for 280 front line workers, supervisors and community based services providers to expand their practice skills in the areas of assessment driven, family centered practice. The Safe Families Symposium Series has been designed to improve the quality of community-based supports and services and outcomes for children and families.

□ In direct response to **CFSR Systemic Factor -- Item 35 Service Array**, training offerings for the 2003 Symposium addressed the assessment practice improvement recommendations of federal and state child welfare experts identified in Georgia's CFSR.

□ Workshop Offerings at the 2003 Symposium included:

Substance Abuse and Family Functioning developed and delivered by *OASIS Counseling Center*, was designed to explore behaviors, patterns and lifestyle habits typically seen in substance abusing families and presenting family issues. Additional workshop offerings included identification of the relational dynamics present in families affected by parental substance abuse, discussion of the disease concept of addiction, symptoms that make up the diagnosis of chemical dependency and the components of the alcohol and drug assessment.

Mental Health Issues and Families in Crisis delivered by Judy Plecko, Director of Family Support and Social Work at the *Marcus Institute of Emory University* trained participants on how to assess the major behavioral indicators of mental illness in a family system, specific mental/brain disorders and effective interventions for improving family resiliency;

Dynamics of Domestic Violence, delivered by Nancy Grigsby, Executive Director of the *Georgia Coalition Against Domestic Violence* focused on the child welfare implications of domestic violence, patterns of abuse and barriers to violence-free households, including victim and child socialization, effects of trauma and childhood abuse. The training provided valuable insight into working with families impacted by domestic violence from assessing the danger to coordinated intervention including, screening, risk assessment, child impact, safety and case planning and coordination of family resources.

Red Flags and Rainbows, delivered by *Dr. Wendy Hanevold*, licensed clinical psychologist focused on skill development in the areas of family dynamic observation, identification of underlying family issues and appropriate interventions.

Adolescent Assessment developed and delivered by Millicent Houston of *Georgia's Independent Living Program* enhanced understanding of the process for the evaluation of youth and the assessment tools used in the development of comprehensive case plan. Particular emphasis was placed in accurate identification of adolescent strengths and weaknesses in developing appropriate support and service plans.

Mandated Reporting delivered by Andy Kogerma, Training Manager for the *Georgia Academy for the Georgia Academy for Children and Youth Professionals* provided an extensive overview of the types of child abuse and neglect, the signs and symptoms of maltreatment and what family support service providers, as mandated reporters should do if abuse is suspected.

2nd Quarter Federal Response: [HAVE YOU ACHIEVED THIS TASK? IF NOT, WHAT IS LEFT TO DO AND WHEN WILL IT BE DONE?](#)

3rd Quarter Report: The goal is not achieved. Requesting a change in completion date to allow for reporting of the qualitative case reviews and implementation of the new training curriculum. The qualitative case reviews are scheduled to begin in October 2003 and the first report to state and federal partners is scheduled for January 2004 and each quarter thereafter.

3rd Quarter Federal Response: [3rd. Qtr progress?](#)

4th Quarter Report: Evaluation and Reporting Section: The Qualitative Case Review Instrument has been developed. The E&R social services reviewers began using the instrument in October 2003. The priority is to pull placement cases and review the life of the case, including the CPS record. E&R will interview case specific people and work closely with the Consultation & Support Unit as they are completing the stakeholder interviews. All information will be entered into a database. Evaluation and Reporting expects to complete 20-25 Quality Case Reviews by the end of this year. The goal for 2004 is to review approximately 135 QCR and in 2005, to review approximately 150 QCR's. Total of approximately 285 for a 2 year (2004-2005) cycle. These numbers are assuming staff will not be pulled off the schedule for any special type reviews.

Professional Development: Late July 2003 the contractor delivered a draft of a partially completed competency based core curriculum for child welfare professionals. Since the contract has ended, state office staff have: (1) analyzed the draft curriculum; (2) identified missing competencies and state specific policies and procedures; (3) refined subordinate skills; and (4) finalized a work plan to complete the curriculum. Additional training material is being developed to address safety and risk assessment as well as underlying family needs that create safety concerns. January 31, 2004 is the target date for final revisions and pilot.

4th Quarter Federal Response: [What is the status of staff training? It appears that completion of this action step is also contingent upon the completion of the QCR](#)

5th Quarter Report: The 1st through 4th Quarter reports do not reflect the full range of assessment training offered to departmental staff. 2900 CPS and Placement staff received training August through February of 2003 on the procedures and guidelines for the

conduct of the Comprehensive Child and Family Assessment (First Placement Best Placement) for children in care. All staff received a thorough overview of critical assessment components including child and family, psychological, physical, educational and adolescent components. Advanced skills training was offered to improve staff and provider skill in interpreting assessment data and coordinating services responsive to identified needs.

The first round of QCRs were completed and the report was sent to the ACF Regional oversight personnel and is made a part of 5th Quarter Progress Report.

6th Quarter Report: Staff and Provider Assessment Training

In February of 2004, the DHR Promoting Safe and Stable Families Program hosted the 7th Annual Safe Families Symposia. The seventh in a series of statewide training and technical assistance conferences, the Symposium provided an opportunity for 320 front line workers, supervisors and community based services providers to expand their practice skills in the areas of assessment driven, family centered practice. The Safe Families Symposium Series has been designed to improve the quality of community-based supports and services and outcomes for children and families.

In direct response to **CFSR Systemic Factor -- Item 35 Service Array**, training offerings for the 2004 Symposium addressed the assessment practice improvement recommendations of federal and state child welfare experts identified in Georgia's CFSR.

Evaluation: See Attached Session Evaluations

Assessment Workshop Offerings at the 2004 Symposium included:

- **Child Abuse and Neglect**, delivered by Sheila Lewis: This workshop examined the signs and symptoms of child abuse and neglect and its implications for mandated reporting.
- **Infant and Toddler Assessment**, developed and delivered by Dr. Laura Johns, was designed to facilitate early identification of developmental delays in young children.
- **High Risk Indicators of Serious Child Injury or Child Deaths: Special Investigations Unit Trend Analysis**, developed and delivered by Darrell Green, Special Investigations Unit provided an in-depth analysis of documented trends in cases of child deaths and serious injuries. Developed in conjunction with the State Office Child Fatality and Serious Injury Review Team, this workshop focused on current CPS policy, investigative strategies and assessment tools to ensure the safety of children residing in the home.

- **Special Needs of Children in Substance Abusing Families**, developed and presented by E. Douglas Pratt, D.S.W., LMSW of the Child Welfare Practice and Policy Group, Montgomery, Alabama provided opportunity to enhance professional interventions for families in substance abuse recovery. This workshop focused on the impact of adult Alcohol and other Drug (AOD) abuse on children. Content included the thirteen psychosocial traits of children from families with AOD problems and Identification of underlying needs that drive child behaviors; development of family teams to balance positive discipline with strategies to meet underlying needs and family coaching strategies.
- **When Home is not a Safe Haven**, delivered by Claudia Fedarko, MSW and Lisa Ellis, MSW explored the dynamics of child sexual abuse. Participants learned practical strategies for assessing risk, boundaries and family hierarchies, clear risk factors associated with sexual abuse and family dynamics where caretaker abuse has occurred.
- **The Challenging Behaviors of Children in Care**, delivered by Wendy Hanevold, Ph.D. trained on the assessment and dynamics of grief and loss for children in foster care. Participants examined how to discriminate between attention deficit disorders and grief and loss/trauma reactions. Content included strategies for managing disruptive behaviors before attachments are formed and managing challenging behaviors connected with parent visits for children in care.
- **Strength-based Assessment: Part One – Family Assessment Skills – E. Douglas Pratt, D.S.W., LMSW**; Georgia has been developing a model of family-centered practice for over five years. This model enhances systems of care and individualized multi-agency family support networks. While most child and family practitioners in Georgia have practical knowledge about controlling risks, effective practitioners share common skill-sets for assessment and planning that actively involve family and other supports in ways that leave more families safely in charge of their own teams. This two-part workshop provided participants with concrete skills and strategies to improve their assessment to positively impact family outcomes. Participants skills in family centered assessment and the development of service plans responsive to individual and family needs.
- **Substance Abuse: Reading the Signs, Recognizing the Symptoms**, delivered by Karen Terry, NCAC and Candee Winfield, LPC. Participants were able to identify the relational dynamics present within the family of an addicted person; Content included discussion of the disease concept of addiction, identification of the symptoms associated with a diagnosis of chemical dependency and components of the alcohol and drug assessment instrument and process.
- **When Mental Health Issues Impair Parental and Family Functioning**, delivered by Judy Plecko, Licensed Clinical Social Worker, was designed to focus on the impact of mental illness on parenting capacity, tools and interventions to restore balance to the family system. Participants learned how to identify issues and challenges for children when a parent has a mental illness, recognize specific mental health disorders, their risks and potential severity and effective interventions for helping parents and children cope with the effect of mental illness on the family system.

Seventy-five new workers were trained per month for January, February and March. Attached is a description of course content.

6th Quarter DOCUMENTATION: (1) Promoting Safe and Stable Families Program 2004 Safe Families Symposium. (2) DFCS Training Course Overview, Foundations of Child Welfare (10 1/2 days)

6th Quarter Federal Response: **State should continue to measure the improvement of this action step in the next subsequent quarterly reports.**

8th Quarter Report: Achieved: Instead of using the QCR to determine the case manager's ability to adequately assess underlying family needs, the new worker pre-test and post-test was used. Pre and post-test were administered to staff completing Core Training beginning August 04. The assessments used prior to that time were developed to: 1) determine the level of knowledge individuals had in the subject matter that was to be taught, and 2) to measure how well the workers absorbed the training information received. It was expected that the scores on the pre-assessments, would be lower on the post-assessments. The results confirmed that assumption. The post-assessment scores were higher than the pre-assessment scores. The difference in scores ranged from five to forty additional points higher post-assessment.

There were 225 new Social Services staff who received training in the 6th PIP reporting quarter on the Foundations of Child Welfare. Training curriculum included modules on Family Centered Child Welfare Practice, Cultural Responsiveness, Child Growth and Development, Interviewing Techniques, and Maltreatment Identification. Three modules specifically geared toward improved assessment, case management, and intervention skills include: Building Skills and Strategies for Effective Interviewing, and Family Assessment and Risk Assessment. There are 373 new Social Services staff who received training during the 8th PIP reporting quarter.

Effective July 04 a revised training sequence and curriculum were initiated. This new training for beginning case managers is a combination of training modalities: On-line policy training, Field Practice activities, and classroom instruction. Safety and risk assessment are covered in several ways: basic CPS policy and practice are covered in on-line training; this policy is reinforced with Field Practice activities and in the classroom training. Finally, trainees practice application of policy and good practice, safety and risk, as well as assessment of underlying factors contributing to maltreatment in a CPS Application course. In the Application course, trainees work a sample case and document the process including safety assessment, safety plans, strength and needs assessment and case and service planning.

8th Quarter DOCUMENTATION: Georgia Division of Family and Children Services Core Training Test

BARRIERS TO ACHIEVEMENT:

Work Plan Detail R -- Item 42, The standards are applied to all licensed or approved foster family homes or childcare institutions receiving title IV-E or IV-B funds. (6th Quarter Work Plan Achieved)

Work Plan Detail S -- Item 44, State has in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed.

Goal: Expand placement resource options.

S3 ACTION STEPS:		C. Increase per diem payments to private agencies that provide family foster care for DFCS.	
START DATE	COMPLETION DATE	RESPONSIBLE PERSON(S)	MEASURABLE BENCHMARKS
Oct. 2002	Sept. 2003	Juanita Blount-Clark, GAHSC (members and non-members), Foster Care Unit, DHR Budget Office, DFCS Social Services Section Director, Treatment Unit	Payments to private family foster care providers increased to \$33.30 per day. Effect re-negotiation with private agencies to increase daily rates by 9/2003.

ACCOMPLISHMENTS:

1st and 2nd Quarter Reports: 1) Achieved: Regular foster care per diem payments increased to \$33.30 per day for private providers in Oct. 2001. Negotiations in effect to increase per diem to private providers for the emergency 30 day placement of children.

2nd Quarter Federal Response: [HAS IT BEEN ACHIEVED?](#)

3rd Report/Reply: **Achieved:** Increased per diem for private agency foster homes to \$33.30 achieved. To be re-negotiated in the fall based on the new leveling system to be developed for all foster homes.

8th Quarter Report: Achieved. Per ACF 7th quarter request to provide documentation of the rate increase: See attached Memorandums regarding State Fiscal Year 2002 Approved Provider and Payment Rates.

BARRIERS TO ACHIEVEMENT:
