



Nathan Deal, Governor

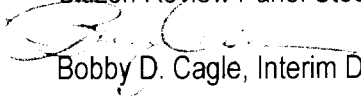
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June 30, 2014

MEMORANDUM

TO: Citizen Review Panel Steering Committee Chairs

FROM:  Bobby D. Cagle, Interim Director, Division of Family and Children Services

RE: CAPTA Citizen Review Panel FY2013 Annual Report and Panel Recommendations

The mission of Georgia's three Citizen Review Panels (CRPs) is to assure that children and families in the community are provided the best possible services within the framework of available resources and those children are protected from maltreatment. This mission, which is shared by DFCS, can only be achieved when the broader community has a better understanding of and voice in:

- Evaluating and assessing the child welfare system
- Promoting quality child protective services practice
- Advocating for the strengthening of resources
- Recommending and advocating for policies and procedures that promote the highest practice standards
- Engaging in cross-system problem solving that involves both formal and informal support agencies, groups and individuals

As the state's primary CPS agency, we appreciate the opportunity to collaborate with the CAPTA Citizen Review Panels as they examine the extent to which the state is fulfilling its child protection obligations. One component is the Panels involvement in review of policy, which has provided valuable insight from the perspective of those who work in the community at large. In addition, the recommendations provided by the Panels will be helpful to the agency as we seek to improve our communication to stakeholders on any new initiatives, and in particular the implementation of the Safety Response System.

Attached you will find the agency's response to the Panel's recommendations. I look forward to discussing these with the Panels and having future conversations around best practices and stakeholder engagement, as we work toward meeting the needs of our most vulnerable citizens.

Thank you for your diligence, dedication, and service.

cc: Tracy Fava, Region IV ACF Program Specialist
Colleen Mousinho, Director Federal Regulations
Deb Farrell, CRP Program Coordinator
Donna Pettigrew-Jackson

Georgia CAPTA Panel Recommendations and DFCS Responses

CAPTA Panels –Working With Georgia’s Child Welfare Agency

To ensure the successful implementation of the SRS and centralized intake process, CAPTA Panels recommend the development of a comprehensive communication plan to educate partners and communities on both new practices.

Please find the attached communication plan detailing information and strategies that will be implemented over the next 90 days to provide information and inform partners and communities on the SRS Model and the CPS Centralized Intake Center (CICC). The communication plan includes efforts to be made from the state office, regional and county levels.

Regarding SRS, CAPTA Panels also recommend that the agency ensure that regular communications regarding this significant practice change, including the rationale for practice change, its design and implementation and its expected impact on all stakeholders are adequately conveyed to its partners and the community at large, and that regular opportunities to provide feedback be made available. Regular progress reports on the phasing in of SRS, as it rolls out, should also be made available.

Please find the attached stakeholder communication strategy. The strategy is to be used in combination with the Formal Communication Plan. It prioritizes stakeholders and the most appropriate communication format (such as face-to-face vs. sending a memo) and the communication tools needed for each group.

Regarding the reporting of suspected child abuse and neglect, CAPTA Panels recommend that the DFCS website be enhanced to provide more comprehensive information on the central intake call center and reporting of suspected abuse and neglect, including, but not limited to:

- ***Why the change to centralized intake***
- ***When to report***
- ***Options for making a report***
- ***How to be prepared when making a report***
- ***What to expect after a report is made***

Work has begun to develop the content regarding the options for reporting child abuse via the electronic mandated reporter form or the CPS Centralized Intake Call Center (CICC) and calling 911 for emergency situations. The information will include an overview of the SRS Model and what information will be requested from a reporter in order to make a sound Intake assessment. This information will include what information can be shared with the reporter and how that information will be shared.

In the overview of the SRS Model, an explanation regarding why Georgia adopted the safety model and how it will be implemented (in phases) will be included.

Recognizing that professionals who are mandated reporters are not typically using the DFCS website as a source of information related to reporting abuse and neglect, efforts should be made to communicate directly with those groups who are the most frequent mandated reporters, such as the medical profession, schools, law enforcement, child care and service providers, on changes to the report and intake process. Steps should also be taken to ensure that local child abuse protocols are revised accordingly.

Since January the CICC Director Jeffery Brown has made approximately 4 presentations per month. He has presented information to a variety of mandated reporters including juvenile judges at the Judges Conference, school social workers at their last statewide meeting, several counselors of school systems, and law enforcement. There are multiple groups of mandated reporters who meet on a regular basis with whom DFCS has not met. Georgia continues to reach out to statewide groups and local partners to get on their calendars as well as respond to requests to present information regarding the CICC process and safety model.

CAPTA Panel Collaboration

CAPTA Panel members recommend that future policy updates:

- ***Identify specific changes.***
- ***Explain why the change was necessary and the expected results.***
- ***Describe if and how the change was vetted with the stakeholders most impacted by the change.***

DFCS is committed to maintaining an updated policy manual fully vetted with internal and external stakeholders and ensuring information is consistent with state and federal statutes while also infusing good practice principles. Over the past year, DFCS has been engaged in revising the entire policy manual to comply with federal statutes and the updated juvenile code and to incorporate the new safety practices. The development of this new Child Welfare Policy Manual incorporated policy reviews from both internal and external stakeholders, including the CAPTA Panel Members. These reviews provided DFCS with important feedback in improving policies and practice while also informing policy development plan for the future. As the Child Welfare Policy Manual is nearing release, DFCS is currently engaged in developing a policy development, maintenance and implementation plan to with the goal of maintaining and sustaining an updated policy manual moving forward. This plan will include the following:

1. A structured Policy Development Process which will incorporate guidelines for policy development workgroups as well as a policy review and comment process to include internal and external stakeholders.
 - a. Workgroups and reviewers will consist of members based on subject matter expertise and policy impact.
 - b. Policy review and comment requests will include the specified policy changes, the purpose for the change, impact on practice, etc.
2. A Policy Implementation Process to include coordination with Education and Training and Field Program Specialists for implementation of changes in the field and relevant stakeholders.

3. A Policy Maintenance Process timely based on practice changes as well as changes in federal and state law that impact child Process to ensure policies are updated welfare services.

CPSAC 2013 Activities & Recommendations

As every county has local resources that provide free training on the installation and use of car seats, the CPSAC recommends that:

1. ***Caseworkers and transporters be required to obtain instruction on the proper installation and use of car seats.***
2. ***Foster parents also be required to obtain this training.***

Currently, new Social Services Case Managers are directed to go to a website to access an online car seat informational brochure:

OCP 623 Car Seat Safety: A Guide for Families (one hour)

<http://www.healthychildren.org/English/safety-prevention/on-the-go/Pages/Car-Safety-Seats-Information-for-Families.aspx>

However, June 2, 2014, staff will be able to access a new webinar training developed and facilitated by the Georgia Department of Public Health entitled OCP 623 "Ask the Car Seat Expert: Our Precious Cargo." This course was developed and facilitated by Wende Parker, Program Manager, Injury Prevention Unit, Child Occupant Safety Project, Georgia Department of Public Health and Zeta Jones, Program Consultant, Injury Prevention Unit, Child Occupant Safety Project, Georgia Department of Public Health. The Department of Public Health Child Occupant Safety Project staff will review the four steps for securing children safely in the car. The project currently has car seats available in 154 counties across Georgia. The car seats are funded by the Governor's Office of Highway Safety. Knowing what resources are available in the community is a key component for collaboration and service. Staff will identify common misuse scenarios where DFCS staff and caregivers can learn what to look for with any age child. Motor vehicle crashes continue to be the number one cause of injury to children over age one year. By learning best practices, we can save lives together.

The Car Seat Safety Training will appear on the trainees' transcripts upon completion of the training.

Recommendation

It is recommended that the agency supplement these child death reports to include data on the ages of the children involved and include information on history with the child welfare agency to provide additional context for the quartile reports.

DFCS accepts this recommendation and has incorporated it into the latest annual report. We now provide a breakdown of the ages of the children at their deaths as well as basic information regarding the number of children with specific types of history of the children based upon cohorts.

Maltreatment Committee Recommendation

Enhance training for child fatality review teams to:

- 1. Improve identification of circumstances that indicate the preventability or possible preventability of child deaths.**
- 2. Improve identification of circumstances that suggest possible child abuse and neglect or child welfare history.**
- 3. Improve prevention recommendations, including specific actions, responsible individual or entity, time frames, accountability, and evaluation of prevention recommendation effectiveness.**

DFCS has collaborated with The Georgia Child Fatality Review Panel (CFR) and The Department of Public Health (DPH) to identify circumstances that indicate the preventability of child deaths. DFCS actively participates in developing strategies with CFR as members of The Georgia Infant Safe Sleeping Coalition. The Coalition provides education and awareness to state agencies including DFCS staff on Sudden Infant Death Syndrome and Sudden Unexpected Infant Death Syndrome, one of the leading causes of preventable deaths to infants. Additionally, CFR and DPH are active participants within the DFCS CDNFSI Prevention Committee and provide child abuse and neglect prevention recommendations to DFCS staff and strategies to improve DFCS policy and practice.

The Child Death Near Fatality Serious Injury committee (CDNFSI) also assists DFCS with identifying circumstances that suggest possible child abuse and neglect factors or child welfare history. By reviewing cases with a history of Family Support and Diversion within the past 3 years of the CDNFSI, the committee notes factors which may lead to a possible CDNFSI. DFCS also collaborates with CFR to create common definitions of child abuse and neglect to improve the identification of such circumstances.

Over the past 3 years, DFCS has trained CFR members statewide on methods to improve child abuse and neglect prevention. Action plans were given and discussed to include: recommendations on specific actions, identification of responsible individuals or entities locally and state timeframes needed, accountability assigned, and the evaluation of prevention recommendation effectiveness. DFCS will continue to engage with The Georgia Child Fatality Review Panel on additional training efforts for DFCS staff and state partners.

In 2014-2015, DFCS will work closely with the Office of the Child Advocate in partnership for enhancing training for child fatality review teams to improve identification of circumstances that indicate the preventability or possible preventability of child deaths; improve identification of circumstances that suggest possible child abuse and neglect or child welfare history; and improve prevention recommendations, including specific actions, responsible individual or entity, time frames, accountability, and evaluation of prevention recommendation effectiveness.

Maltreatment Committee Recommendations

- 1. Collaboration with and engagement of external stakeholders by the child welfare agency in the CDNFSI multidisciplinary review of individual child deaths.**

- 2. Reconciliation of the various data sources that document and/or report child deaths to identify collaborative opportunities to improve policy, practice or protocols.**
- 3. Inter-agency sharing of data and information on children and families to improve collaborative efforts in preventing maltreatment-related child deaths.**

DFCS has engaged with multiple external stakeholders in helping to enhance practice to recognize high child abuse and neglect risk factors which may result in a CDNFSI. Those partners include the Department of Public Health, The Office of the Child Advocate, Georgia Child Fatality Review Panel, The Georgia Bureau of Investigation and the Child Protection Center at Children's Health Care of Atlanta. One example of collaboration is through the DFCS CDNFSI Prevention Committee. The CDNFSI Prevention Committee meets monthly with external stakeholders to review CDNFSI cases of children with families known to the agency over the past 3 years and with a Family Support or Diversion history. After reviewing the cases, the committee then makes recommendations to the state and local offices on strategies to improve DFCS policy and practice. In 2014-2015, DFCS will expand the stakeholders to include members of the Citizens Review Panel. Another example of collaboration with external stakeholders is through a Memorandum of Agreement with the Children's Health Care of Atlanta to provide consultation and technical assistance to DFCS staff statewide on cases of physical abuse or medical neglect in addition to various factors that could result in a CDNFSI. DFCS recognizes the importance of creating consistent data tracking mechanisms with external partners who also document and/or report child deaths.

DFCS has begun to collaborate with The Department of Public Health to review and reconcile data to be more aligned with other state data resources. The Department of Public Health has also included an epidemiologist to help review this data. The next steps are for DFCS and Public Health to use this data to identify collaborative opportunities to improve policy, practice or protocols.

To do this effectively, DFCS and Public Health are sharing data and information, through interagency agreements, on children and families to improve collaborative efforts in preventing maltreatment-related child deaths. DFCS is also collaborating with the Barton Law Clinic to develop predictive analytics to help educate DFCS staff on the identification of child abuse and neglect risk factors that could lead to child maltreatment related deaths.

24/7 CPS Intake Communication Center and SRS
Communications Plan
June 2014

Introduction

The Georgia Department of Human Services (DHS), Division of Family and Children Services (DFCS), Child Protective Services (CPS) staff are responsible for investigating reports of child abuse or neglect and providing services to protect the child and strengthen the family. DFCS is in the process of establishing a 24/7 CPS Intake Communication Center to ensure that reports of child abuse and neglect are received, accessed and handled timely and efficiently. This effort is an element of division's Safety Response System, its focus is on unifying and strengthening Intake processes. The 24/7 CPS Intake Communication Center implementation was completed in May 2014.

The purpose of this communications plan is to create an effective and strategic plan to ensure all DHS staff and stakeholders, including mandated reporters, law enforcement and the general public are aware of the 24/7 CPS Intake Communication Center and when/how to report suspected instances of child abuse and neglect after DFCS offices are closed. This plan is a living document – ever changing to meet the needs of its audiences and serve as a guide to navigate through the implementation of the 24/7 CPS Intake Communication Center.

Background & Project Overview

Georgia began utilizing an after-hours call center in 2011, putting into effect widely accepted call center standards and methodologies providing a single toll free number (**855-GA CHILD or 855-422-4453**) for Georgia's citizens to report child abuse/neglect and cases of suspected child abuse/neglect. In 2012, Muscogee County DFCS adapted its call center processes into the current after-hours structure in essence creating a 24/7 CPS Intake Communication Center prototype through utilization of (855-GA CHILD or 855-422-4453)

The CPS Intake Communication Center will continue to be utilized for reporting child abuse and neglect 24 hours a day and 7 days a week. The following are issues that have been identified with reporting child abuse in Georgia are to be addressed through the establishment of the CPS Intake Communication Center:

- The main goal is to convey the benefits of the implementation of the 24/7 CPS Intake Communication Center, which includes the consistency of practice and the development of staff with a core skill-set around CPS intake policy and procedures. However, it is important to remember that system and process issues/enhancements will be identified/addressed for a period of time during and after implementation. DHS, DFCS, and CPS seek to ensure

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the safety of Georgia's children by providing the appropriate level of care through the assessing of confirmed incidents of child abuse/neglect and intervening when appropriate.

- A standardized system and methodology in place for reporting and assessing child abuse/neglect 24 hours a day, 7 days a week;
- Child abuse/neglect incidents entered timely and accurately into SHINES.

Goals

The key goals of this communications plan are to:

- **Increase Awareness** – To inform all DHS staff and stakeholders about the division's focus on Intake by creating awareness of SRS and the new 24/7 CPS Intake Communication Center
- **Establish An Understanding** – To ensure stakeholders understand the importance of when and how to report child abuse/neglect to the 24/7 CPS Intake Communication Center and their roles in contributing to its success
- **Create Acceptance** – To restore confidence in stakeholders and confirm that establishing the call center as well as implementation of SRS was a positive move to help ensure the safety of Georgia's children
- **Empower Engagement** – To encourage stakeholders to utilize the call center

Objective:

The key objective of this communications plan is to:

- Successfully implement a communications campaign that results in informed stakeholder populations, including DHS, media, mandated reporters, child advocacy groups/partners of the new 24/7 CPS Intake Communication Center and their role in its success.

Core Message

General Messages

- A 24/7 CPS Intake Communication Center (CICC) was established to strengthen Intake. This call center is part of the implementation of Phase I of Georgia's Safety Response System and is intended to ensure reports of abuse and neglect were received, accessed and handled timely and efficiently.
- The 24/7 CPS Intake Communication Center provides mandated reporters, law enforcement, health professionals, and child welfare stakeholders with easy, standardized and efficient means of reporting child abuse and neglect while DFCS offices are closed.

External Messages

- Upon implementation of the 24/7 CPS Intake Communication Center, a CPS Intake Case Manager is available to respond to calls – 24 hours a day, 7 days a week, 365 days per year. Effective July 1, 2014 Phone Agents will be added to the center to answer and forward calls to an intake specialist quickly. The addition of these agents will allow for faster response to calls and shorter hold times – hold times are not expected to exceed 10 minutes.
- The 24/7 CPS Intake Communication Center standardizes the receipt and processing of reported cases of child abuse/neglect, provides proper assessment of child maltreatment, and allows case managers to be quickly dispatched to investigate suspected reports of abuse and neglect after hours.
- CPS seeks to ensure the safety of Georgia's children by providing the appropriate level of care through the reporting of confirmed incidents of child abuse/neglect and suspected incidents of child abuse/neglect.

Strategies

Strategy 1: Pre-Call Center Implementation Education for Stakeholders

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A focused effort on making child welfare stakeholders and mandated reporters aware of the upcoming change, its context and impact on the reporting and handling of suspected instances of child abuse/neglect while DFCS offices are closed is critical. Outreach is a significant activity in implementing the 24/7 CPS Intake Communication Center.

County, regional and state leadership will work together – using the attached plan to engage priority groups - to ensure a variety of efforts are made to reach and educate various stakeholders. These efforts will use methods such as:

- Sending banner messages to mandated reporters through SHINES
- Developing a Web page for the 24/7 CPS Intake Communication Center on the DHS site
- Creation of a Website specifically focused on SRS concepts and linked to the DHS site
- Developing relationships with mandated reporters and stakeholder groups and leveraging their communication outlets (eg, meetings, bulletins, trainings, etc.) Use mandated reporter meetings as opportunity to review entire focus on Intake including SRS and 24/7 CPS Intake Communication Center.
- General public would be notified via an initial press release and ongoing via information on our website and through outreach efforts.

Communication Materials – Develop clear and consistent messaging for internal and external communications.

- Distribute brochure and fact sheet to stakeholders. (Create FAQ Sheet for SRS and CICC)
- E-mail inquiries being accepted via inbox (Create inbox to receive questions/concerns for SRS and CICC)
- Calling card created for law enforcement, partners to carry with promoting number
- Develop a press release announcing SRS Phase I implementation and rollout of 24/7 CPS Intake Communication Center – release once line is statewide
- Establish presence on social networking sites and link to CPS website
- Facebook, Twitter
- Identify regional and state level staff to conduct informational sessions, explaining the new 24/7 CPS Intake Communication Center and its impact on reporting child abuse/neglect

Strategy 2: Marketing and Media Campaign

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A marketing and media campaign reinforcing general messages should be utilized to make the public aware of the SRS Implementation and availability of the 24/7 CPS Intake Communication Center. The following tools have been identified for informing the public:

- 24/7 CPS Intake Communication Center Calling Card
- PSAs (DHS/OLAC)
- Securing coverage with media stakeholders (DHS/OLAC)

Execution & Tactics

Strategy 1: Pre-Call Center Implementation Education for Stakeholders			
Method	Timeline	Owner(s)	Status
Begin planning training sessions (includes all messaging, presentation materials, training session logistics, etc.)	August 2013- October 2013	CPS Center Project Leaders/Communications	DONE
Conduct Internal Web-x	September 2013	CPS Project Leaders	DONE
Banner message development to be sent through SHINES and communication tools to stakeholder groups	July 2014	DFCS Communications and SHINES Director	
Develop a 24/7 Central CPS	August 2013	SRS TEAM = SRS Website	

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Intake Center Web page on DHS site		content DFCS/OLAC Communications = CICC content Both will be linked/housed on the DHS website	
Create PowerPoint presentation detailing when and how to report incidents to 24/7 Central CPS Intake Center; PPT	Sept 2013/Oct 2013	CPS Center Project Leaders	DONE/Ongoing: multiple presentations have been made statewide and will continue
Develop (FAQs) for SRS and CICC for mandatory reporters, internal stakeholders and child welfare partners	July 2014	SRS Leadership CICC Leadership	
Develop relationships with mandatory reporters and leverage their communication outlets	August 2013 – Ongoing	CPS Call Center Leaders, Regional, State Staff	
Develop one pager that is able to be shared with legislators re: SRS Phase I: the operation and implementation of after-hours call center	December 2013 July 2014	DFCS/DHS Communications	Done in December, will be revised effective July 2014

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Strategy 2: Marketing and Media Campaign			
Method	Timeline	Owner(s)	Status
Develop talking points	September 2013	DFCS Communications, CPS Project Leaders	DONE
Identify total cost and timeline to do billboards and PSAs	January 2014	OLAC	Cost analysis of media campaign explored. No additional funds for FY14.
Create calling card to be utilized by stakeholders with the number for the 24/7 Central CPS Intake Center	September, 9, 2013	DFCS Communications	DONE
Distribute calling cards to stakeholders with the number for the 24/7 Central CPS Intake Center via email	September 2013	Region by Region,	DONE
Create materials that explain what to expect when a call is made, what information is collected and why via an information sheet	August 2014	SRS and CICC Leadership	

Internal Communications

The internal communication section of the 24/7 Central CPS Intake Center communications strategy outlines tactics to ensure that DFCS staff are properly engaged (frequency and information type) and informed about the progress of the 24/7 Central CPS Intake Center implementation.

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Stakeholder Communication Plan: See attached.

Plans to educate external stakeholders are based on their interest/involvement in our work as well as the level of influence they have on our work.

SRS Stakeholder Communication Plan

High Priority Group: Initiate a face to face meeting to review the concept, follow-up meetings as determined to continue to review the content – especially as Phase II and Phase III are implemented. Equip staff/presenters with Communication materials, PP presentation, brochure, SRS Fact Sheet

Provide access to SRS website, brochure and offer a resource to provide feedback and answer questions.

- DFCS Staff
- Juvenile Court Judges
- SAAGs
- Office of Child Advocate
- ACF
- C4JC
- Court Improvement Project
- Kenny A
- Local Community mandated reporters

2nd Level Priority Groups: Initiate at least an introductory face to face meeting to review SRS Concepts followed by targeted communications that inform, educate on specific information. Provide access to SRS website, brochure and offer a resource to provide feedback and answer questions.

- Legislators
- Elected Officials
- Media
- Law Enforcement
- District Attorney's Office/Staff
- RBWO
- Provider Associations

3rd Level Priority Groups: Send Stakeholder Letter from Leadership that points them to further resources, brochure, fact sheet, website, etc

- Families we are involved with
- CASA, GAL, Children's Attorney's
- Hospitals/Doctor's
- Caregivers – foster, adoptive, relative
- Service Providers
- State Child Fatality Review (division of OCA)
- State Citizen Review Panel

SRS Stakeholder Communication Plan

- Local Citizen Review Panel
- GCWA
- DBHDD
- DJJ
- DFCS Boards
- Empowerment
- Schools

4th Level Priority Group: Create website to answer questions/provide information around concepts of SRS. Respond to inquiries/questions as needed.

Families not involved with DFCS/General Public

- Superior Ct Judges
- Children’s Cabinet
- Child Advocacy Centers
- Domestic Violence Providers
- Churches
- Community Stakeholders: Family Connection, CPPC, Local Protocol)
- GOCF

Priority Groups were determined based on their interest/involvement in our work and their influence to our work.

SRS Communication Timeline:

SRS Stakeholder Communication Plan

