

State of Georgia 2020 – 2024 Child and Family Services Plan



Submitted by the
Georgia Division of Family and Children Services
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1. Collaboration and Vision

A. Agency Overview

The Georgia Division of Family and Children Services (DFCS) administers programs funded under Title IV-B of the Social Security Act. The Division provides a wide range of human services that are designed to promote self-sufficiency, independence, safety and well-being for all Georgians, including child welfare services and public assistance programs.

Through two primary functions: Social Services and the Office of Family Independence (OFI), DFCS assists and supports children and families. Social Services includes Child Protective Services (CPS), Foster Care and Adoptions. OFI administers Temporary Assistance to Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), Medicaid and other self-sufficiency and family support programs, such as energy assistance. Eligibility for all OFI programs is based upon financial criteria as well as program-specific criteria, such as age or disability.

Georgia's child welfare service delivery system is state-supervised and county-administered. Direct services to children and families are provided through 159 county departments of family and children services (DFCS county offices) in accordance with state policy, direction, law and regulations.

DFCS county offices and state offices transitioned into a new organizational structure July 1, 2015 to increase effectiveness of field operations. Regions were grouped into 14 areas rather than 15, with Henry County being moved to Region 4, Rockdale to Region 5, Clayton to Region 13 and Cherokee to Region 1. Regional directors report to one of three district directors who report to the DFCS director of field operations. The northern district includes Regions 1 – 5, southern district includes Regions 6 – 12, and the metro district is made up of five counties - Fulton, DeKalb, Cobb, Gwinnett, and Clayton.

The organizational changes were intended to:

- Coordinate state office sections and units that support the Blueprint for Change efforts
- Increase operational effectiveness in Field Operations
- Create cohesion and consistency between regions within districts
- Establish a structure in Field Operations that equalizes workloads and supports equal allocation and deployment of staff resources

Agency director, Tom Rawlings, was appointed by the State's newly elected governor, Brian Kemp, in January 2019. Shortly thereafter, Director Rawlings began considering structural changes to the agency, suggesting that the structure not be viewed as hierarchal but rather more lifelike, as an organism taking in air to breath out life; where all systems work together to efficiently flow currents through the system as water and minerals transfer from the roots of a tree to leaves to produce oxygen.¹ In the same manner, he would consider how public resources flow through the dynamic child welfare system to protect children and serve families.

¹ A. Bejan and S. Lorente, "The constructal law of design and evolution in nature" (2010) 365 Philos Trans R Soc Lond B Biol Sci. 1335, available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2871904/>

The director named a chief operating officer and assigned her the responsibility of studying and leading efforts to improve overall agency structure and functioning. He also added a new director of Employee Recruitment, Wellbeing and Retention. An organizational chart with these new revisions is appended to this report.

B. Collaborations

Plan Development

Stakeholders and community partners were involved in key aspects of the 2020-2024 CFSP development including reviewing performance data, assessing agency strengths and areas needing improvement, and selecting goals and objectives for improvement. The Division is committed to engaging partners throughout the next five-year period in the implementation of CFSP goals and objectives and in the monitoring and reporting of progress.

Stakeholder interviews are conducted as a routine part of the quality assurance (QA) case review process and their input are included in the QA trend reports. QA review results and trends are routinely shared with stakeholders in collaborative meetings such as the CAPTA citizen review panel steering committee meetings with leadership, annual stakeholder joint planning collaboration meetings, regional road shows and town hall meetings with regional and/or state leadership, and continuous quality improvement meetings (regional and state-level).

During roadshows, state leadership routinely seeks feedback from frontline staff, private providers, local agencies, educators, judicial and legislative personnel and other meeting attendees. Leadership provides an overview of the agency's priorities with respect to the Blueprint pillars, explaining why these are areas of focus.

During the annual statewide joint planning meeting and at regional stakeholder meetings, state and regional leaders make presentations to help local stakeholders understand their role in the overall child welfare system. At these meetings, performance data is presented, and then stakeholders are given an opportunity to assess the agency strengths and areas needing improvement, to discuss goals and objectives, and to make suggestions regarding interventions or practices that can be employed to improve areas of priority.

While there were numerous stakeholder meetings held within the 6th PIP quarter (July, August and September 2018), at least 24 of them were specifically held as regionwide meetings, primarily focused on gathering feedback for development of the CFSP. Nearly 700 stakeholders from varying areas of expertise and professions (school social workers, educators, judges, care management providers, mental health and other public health experts, non-profit agencies, substance abuse, suicide prevention, foster care youth, foster parents, birth parents, homeless student liaisons, court appointed special advocates (CASAs), child advocacy centers, Georgia State University collaborative partners, probation and other law enforcement officers, juvenile justice, community outreach agencies, family resource centers, Special Assistants Attorney General (SAAGs), Georgia senators and other legislators, faith-based specialists, Regional Education Service Agent (RESA), Family Connection, other service providers, DFCS board members and DFCS staff (case managers, supervisors, county directors, and regional directors), attended them. Although the core of the agenda for these meetings were fairly consistent from region to region, there was some flexibility in the delivery of the information and presentation. The location of the meetings varied as

well, with them being hosted at churches, community centers, training centers, recreation centers, DFCS offices and at a senior citizen center and a police department.

Most of the feedback collected on what the State should prioritize in the CFSP came from either pre or post meeting surveys or small breakout groups. C3 coordinators who favored breakout groups tended to have their county directors facilitate them with a conversational approach. The more seasoned coordinators were more likely to report that their stakeholders have become more comfortable with concepts like C3, CQI and CFSR outcomes. Some attributed this to stakeholder participation in quarterly service array stakeholder meetings. Some of the regular attendees of those meetings acted as presenters rather than a DFCS staff person, explaining how those concepts are strategically integrated.

As there was a tremendous amount of information captured in these meetings, C3 coordinators were tasked with compiling the feedback from external stakeholders while CQI facilitators and/or specialists were tasked with compiling the data from internal staff some of which was collected at local CQI meetings. Both groups reported their findings at an off-site, all-day meeting. Program leads joined the conversation to provide their perspective on stakeholder suggestions, helping to distinguish ideas that may be feasible, necessary or intriguingly innovative.

At the all-day meeting, topics were discussed by category: safety, permanency, well-being, prevention and systemic factors. Attendees reported what they were told by their regional staff and stakeholders was going well, were areas of concern, gaps that needed to be addressed and areas that should be prioritized. The findings from this meeting was documented in a report that was shared with meeting attendees and open for disbursement back into the field. A month later, a cohort of usual PACCC meeting attendees (program area leads, C3 coordinators, state office middle managers, program directors and a few external stakeholders) dissected the findings from the off-site meeting and worked to discern patterns and trends in the feedback in order to grasp what may need to be emphasized or included in the final plan.

A CFSP steering committee meeting was held with program area leads, to discuss the second plan development report. The leads were asked to use the findings that had been born out of the earlier meetings to propose specific goals and strategies to be included in the CFSP. They were charged with reviewing DFCS Organization and Priorities for Today and Tomorrow, a document authored by Division Director Rawlings, and assembling work groups with stakeholders who were most relevant to the work they would be considering for inclusion. Some of them worked with their partners to help formulate their proposed ideas. For example, the Prevention Unit worked with Prevent Child Abuse (PCA) Georgia and Strengthening Families Georgia on how existing primary and secondary prevention activities can support the Agency's continuum of services. Six work groups met between August 16 and September 11, 2018 to discuss ways to advance the Centers for Disease Control and Prevention's (CDC) Essentials for Childhood framework. These groups also helped to examine strengths and areas in need of improvement as it relates to primary and secondary prevention. Several of the Well-Being team members worked with outside groups to further assess possible strategies to address factors that were brought to their attention via stakeholder feedback that had been presented to them. Some worked with youth group organizations like the Multi-Agency Alliance for Children (MAAC); the early education unit worked with their education partners and the WPAC unit conferenced with their partners like the Department of Community Health (DCH), Amerigroup, Department of

Public Health (DPH) and Children 1st. The leads were asked to bring their proposed goals and strategies to a subsequent steering committee meeting where proposals would be shared with federal partners for additional feedback. Program leads requested more time to develop their proposals and the steering meeting was used as a vehicle for leadership staff to articulate their vision and how they would like to see the goals aligned with that vision. In March, a compression meeting was held with program area leads and agency deputy and assistant directors. Priorities were again established, and three overarching goals emerged from the process. Attendees voted on the strategies they most supported being a part of the plan. These ideas were forwarded to executive leadership for review prior to them being introduced to stakeholders at the state-level annual APSR Joint Collaboration (AJC) meeting on March 27. Like the statewide meetings, the AJC was attended by partners representing a wide range of professional and public sectors of expertise.

Over 130 stakeholders attended the meeting where a synopsis of the State's accomplishments and progress over the last five years was featured, including data presentations. A polished panel of youth articulately and definitively voiced their preferences for what they would like to see the agency and community address over the next five years. Attendees were given a written description of the goals and strategies being proposed, and toward the end of the meeting were given a quick, verbal summary of the ideas. Unfortunately, the overview was a bit rushed and perhaps may not have been enough time for the receivers to fully digest the information. The Agency reached back out to the meeting attendees, as well as those who had been invited but unable to be present, to ask via email for any follow up feedback. Also prior to the meeting close, mini-surveys and mini-APSR reports were given out; five reports and 42 surveys were returned. Details regarding the content of the feedback given by the stakeholders in the regional and state meetings, surveys and other formats are described in Section 3: Child and Family Services Plan of this report.

Subsequent to the AJC meeting, a CFSP Stakeholder Strategic Engagement Task Force conducted a thorough review of performance data, an assessment of agency strengths and areas needing improvement and provided feedback on the selection of goals and objectives for improvement in the 2020-2014 CFSP five-year strategic plan. Task force recommendations were thoughtfully reviewed and responded to in writing by the Division. The Division noted that several recommendations are being addressed in the CFSP draft. For example, the National Child Welfare Workforce Institute (NCWWI) Excellence project addresses workforce development and organizational culture. Another recommendation from the task force is to foster cross-sector and interagency relationships at the state and local level by increasing multidisciplinary training and routine stakeholder engagement. Although objectives are included in the plan to strengthen partnerships, the workgroup was given the opportunity to recommend specific objectives and/or action steps to increase focus on multidisciplinary training and routine stakeholder engagement. More information regarding this task force is documented in Section 3: Child and Family Services Plan of this report.

The collaboration between the Division and its federal partners was particularly beneficial during plan development and leading up to the AJC meeting. Georgia's federal partners provided aid and support throughout the CFSP planning process. Federal partner support included guidance with establishing agendas, reviewing drafts, participation in state performance data discussions and technical assistance and consultation support leading up to the AJC meeting. Similarly, collaboration with community stakeholders has been a priority. The strides the State

has made over the last few years to be more transparent, accessible and open to external critique and recommendations has been extensive. However, some challenges remain. While the Agency has numerous avenues for connecting with stakeholders (roadshows, regional and service array meetings, Communities of Hope and partnership development initiatives, citizen panels, advisory boards, and more), sometimes more direct involvement in assessing strengths and gaps and making feasible recommendations for improvements require a greater level of technical comprehension. Perhaps this is why stakeholders were significantly more involved with the development of the CFSP during the conceptualization stage rather than the finalization stage. Fortunately, many stakeholders, particularly at regional meetings which tend to have smaller group sessions, have stated that they have learned a great deal about the terminology of the strategic planning process and how the agency is structured which helps them to better understand how they can best support goal objectives and provide meaningful suggestions on how to achieve better outcomes. The State is committed to continuing its widespread engagement of stakeholders, educating and empowering them to provide informed assessments and recommendations.

Regardless of the level of understanding of the mechanics of child welfare, stakeholders often have valuable insight that help the Agency and the State consider ways for improving processes, policies and performance. The State has numerous streams for collecting this kind of feedback but needs to work to develop a more systematic way to consider and address what has been received. Over the coming years, the State will be working to create a more streamlined process for stakeholder engagement with comprehensive sharing of information.

Collaboration with the Courts

Over the last few years, the Division has made deliberate efforts to foster a partnership with the court system, to obtain feedback and ensure ongoing communication. This focused attention to strengthening a partnership with the court system will continue through the next strategic plan period. Specifically, the Division's work with the Court Improvement Project (CIP) will continue over the next five years. There is ongoing communication and joint participation with CIP staff via conferences, agency projects, plans, and strategic planning activities. CIP provides recommendations and follow up with county/regional/state office staff and executive leadership. CIP staff also work with the CAPTA Panels to address legal and court-related barriers such as untimely court actions. The CIP has initiated regular, joint meetings with individual judicial circuits where barriers have been identified. Recent meetings have included DFCS General Council, safety director, regional and county staff, CIP members, and SAAGs.

Judicial partners, Office of the Child Advocate (OCA), WellStar, Department of Behavioral Health and Developmental Disabilities (DBHDD), Department of Public Health (DPH), Court Improvement Project (CIP), regional/county staff, and CASA reviewed the State substance use protocol providing feedback and recommendations. The protocol was completed and provided to staff.

Also, the Division partnered with DBHDD, OCA, and DPH regarding Plans of Safe Care and ways to enhance practices and policy. The Division is working with the Douglas County Juvenile Court, OCA, WellStar, DBHDD, DPH, and CIP on prenatally exposed Plan of Safe Care Grant that involves working with substance exposed infants and the court system. This work will extend over a five-year period including regular meetings and opportunities for partners to provide verbal and written feedback to the agency.

The Division will move toward full implementation of multidisciplinary child abuse and neglect institutes (MDCANI). MDCANI are supported in part by the Division of Family and Children Services and the Georgia Administrative

Office of Courts. The multiagency faculty teaching these institutes provide in-depth trainings to court stakeholders including DFCS staff, agency attorneys, parent and child attorneys, guardians ad litem, court appointed special advocates, judges and their judicial staff, and many other constituencies.

The first phase of MDCANI's focused on an in-depth analysis and implementation of best practices from the time a child entered foster care until the initial judicial review hearing. Due to the success of this program, MDCANI is in the planning stages of implementing the second phase of this institute. The second phase will focus on the life of a dependency case from the judicial review hearing until achieving permanency.

The Division will pursue continued and increased utilization of Cold Case Project reviews. The Cold Case Project began in 2009. The goal of the project is to find a permanent home for each child in foster care. The Project reviews cases of children who have frequently been in foster care for an extended period and are predicted, by a computer model, to be most at risk of aging out of foster care without attaining permanency. Additional, other well-being measures are tackled and accomplished for these children.

The Cold Case Project is administered by the Supreme Court of Georgia's Committee on Justice for Children in partnership with Georgia DFCS and the Office of Child Advocate. Cold Case Fellows are attorneys representing a mix of agency, parent and child attorneys, and guardians ad litem. During a recent stakeholders meeting regarding the Cold Case Project an evaluation of the Project's effectiveness occurred and discussion regarding further implementation to assist a wider array of youth.

The Division seeks continued implementation of the Court Process Reporting System (CPRS). CPRS is a secure, web-based system that provides child-specific case plan information to juvenile court stakeholders. CPRS interfaces with SHINES, Georgia DFCS' child welfare data system, and downloads updated case plan data on a nightly basis. CPRS is administered by the Supreme Court of Georgia's Committee on Justice for Children (J4C) in collaboration with Georgia DFCS.

In 2014, J4C entered into an agreement with the Department of Juvenile Justice to also download DJJ data. In 2015, J4C fully integrated this data for stakeholder access, and continued to download educational data pursuant to an agreement with the Georgia Department of Education. Key users of the program include all dependency stakeholders including attorneys, CASAs, guardians ad litem, and the juvenile courts. DFCS, in collaboration with J4C, is continuing to encourage more jurisdictions to utilize CPRS and also identifying additional ways for the utilization of CPRS if a jurisdiction has not fully adopted the program.

Other Collaborations

The Division maintains strong relationships with Georgia's three CAPTA panels, their individual members and the organizations they represent. Co-chairs from each CAPTA panel serve on a joint steering committee that meets several times a year to promote inter-panel collaboration, coordination of panel activities, and joint planning with DFCS. CAPTA panel members have been instrumental in the development of the CFSR PIP, serving on the State's

policy advisory committee and the statewide CQI group and participating in development of the State's new CAPTA plan.

The Multi-Agency Alliance for Children (MAAC) Crisis Continuum is a collaboration developed in partnership with the State Placement Resource Office (PRO) designed to assist in locating appropriate placements with children who are otherwise hard to place or awaiting a long-term placement option. MAAC conducts internal quality assurance and performance management. This information is shared with the Division in a monthly summary and in an annual end of the year report. The data is monitored by MAAC's Performance and Quality Assurance team with the use of their database system. MAAC facilitates reviews with the placement agencies and the Division bi-annually to discuss program data. MAAC will continue to partner with Placement Resource Operations/Care Coordination Treatment Unit in reviewing and implementing the goals set. MAAC will make itself available to participate in necessary discussions to continue the monitoring of progress and will continue to provide annual performance data to its state partners to improve upon the goals set.

As part of a cooperative agreement among high-level agencies, an Interagency Directors Team (IDT) meeting is held monthly with representatives from Department of Behavioral Health and Developmental Disabilities (DBHDD), Department of Human Services (DHS), Department of Juvenile Justice (DJJ), Department of Community Health (DCH), Department of Public Health (DPH), Department of Education (DOE), Department of Early Care and Learning (DECAL), and Georgia Vocational Rehabilitation Agency (GVRA). The work of IDT informs policy and practice and allows for shared resources and funding. IDT currently consists of more than 20 representatives from state agencies and nongovernmental organizations to promote increased cooperation, coordination, and integration at the administrative and service delivery levels between the parties for the benefit of children and adolescents in need of or in receipt of behavioral health services, and their families. The IDT is responsible for the System of Care (SOC) three- year state plan, a strategic roadmap for improving the child and adolescent behavioral health system in the state. IDT partners and larger stakeholder feedback and input is solicited via an online form on the IDT webpage and is made public. Additionally, IDT hosts focus groups for children, youth and families to solicit real-time feedback for later incorporation. All feedback and performance data are synthesized and analyzed by the Center of Education at Georgia State University for purposes of integrating in the on-going discussions of the IDT.

The Division, on an ongoing basis, consistently engages with the provider community including reviewing performance data, providing opportunities for assessment of agency strengths and areas needing improvement and providing input on agency goals and objectives. For example, Together Georgia has approximately four specialized monthly meetings with Together Georgia member providers including CCI, CPA, Family Preservation/Behavioral Health and faith-based providers. Members from DFCS State Office participate in these meetings quarterly to address any needs/concerns being expressed by RBWO providers. It is a standard operating procedure for the Office of Provider Management (OPM) to engage with a variety of provider stakeholders each fiscal year. This formal process began FFY 17. Providers who participate in the workgroups vary per session to ensure that over time the vast majority will be included. OPM typically randomly selects two ILP providers, two congregate care providers, and two private foster home agencies to participate in each work group.

Together Georgia has an annual executive retreat in which Together Georgia member executives, senior leaders and DFCS leaders participate. In addition, Together Georgia sponsors a Georgia Conference on Children and Families, which was attended in 2016 by more than 500 public/private sector, child welfare providers and vendors. The Georgia Conference on Children and Families is the largest annual interdisciplinary event in Georgia designed

to bring together the community that serves children and families. The conference featured specialized tracks, plenary sessions and networking opportunities with the goal of improving outcomes for the children and families that we serve. This conference included a full spectrum of disciplines and organizations serving Georgia's children and families which includes child advocacy, juvenile justice, social service, education, legal counsel and the faith-based community. The conference provided a forum to improve competencies, learn from experts in the field and network with other professionals who have a wealth of experience. Also, the Office of Provider Management, Department of Juvenile Justice, Residential Child Care Licensing along with Together Georgia conduct a quarterly new provider orientation that provides introductory information each year to approximately 700 participants who are interested in becoming RBWO providers.

Another collaboration event with Together Georgia is Practice Matters which are quarterly meetings with DFCS and RBWO providers to discuss what's going well, address needs and develop strategies to address the identified needs. The State made a presentation at Practice Matters to discuss improving the quality assurance process regarding the implementation of safety policies and IV-E requirements for provider agencies. This goal was added to the CFSP in 2017 as a result of the IV-E audit.

The Policy and Regulations Unit recognizes the value of stakeholder engagement in the development and implementation of policies. Stakeholders are included in policy development from the initial stages of the policy development process through implementation. During the policy development process, stakeholders provide input through participation in policy workgroups and policy surveys. Stakeholders include DFCS staff, CAPTA panel members, youth from Empowerment, juvenile court judges, SAAGs, Georgia tribes, community providers, other state governmental agencies, parent and foster parent groups, etc. Stakeholders provide recommendations to improve policies and inform practice. Through stakeholder engagement in the policy development process stakeholders are more engaged and are better able to understand how and why policies are developed, which also supports implementation.

Policy staff worked on several projects designed to elicit feedback from external stakeholders and to improve safety, permanency and wellbeing outcomes. Policy staff members collaborate with DBHDD, opioid treatment providers, and substance use disorder treatment providers as a continuing partnership with Georgia PROUD to support the goals of the Plan of Safe Care in the PIP. Regular consultations are held with the Department of Juvenile Justice (DJJ) and the Office of General Counsel in DFCS to develop policy related to dual jurisdiction youth. Collaborative work is planned between the Office of General Counsel in DFCS and DJJ to develop a memorandum of understanding. The Policy unit coordinates with the CHINS collaborative to discuss the development of consistent practice for this population of youth, and work on developing a system of support for children in need of services and their families and to broaden the service array.

Additionally, policy staff provide policy clarifications and practice information to juvenile court judges, CASAs, children's attorneys, SAAGs, parent attorneys, and service providers during Multi-Disciplinary Child Abuse and Neglect Institute (MD-CANI) meetings. The Policy unit seeks input from stakeholders (e.g. DFCS staff, CAPTA panel members, youth from Empowerment, juvenile court judges, SAAGs, Georgia tribes, community providers,

other state governmental agencies, parent and foster parent groups, etc.) for policy development through participation in policy workgroups and policy surveys. Furthermore, the Policy unit partners with the regional field program specialists (FPS) through a formalized standard operating procedure for policy dissemination, including pre-release conference calls and meetings to discuss the policy and implications for practice.

The state of Georgia has had a steering committee of representatives from a variety of state agencies working on the Centers for Disease Control and Prevention's (CDC) Essentials for Childhood Initiative since 2013. That initiative is a collective impact framework aimed at decreasing child maltreatment in a state by promoting safe, stable, nurturing relationships and environments (SSNREs) for all children and families. In 2013 the Georgia Department of Public Health, along with key partners, applied for the CDC's first funding opportunity for Essentials. Although not successful in becoming one of only five funded states, the applicant group quickly decided that it would continue to move the work forward without funding after a proposal from the CDC to provide technical assistance and support to interested unfunded states. Since 2014, this steering committee has been meeting on a regular basis in addition to attending annual reverse site visits at the CDC, participating in monthly conference calls and webinars, and having frequent conversations with CDC Essentials staff. Reverse site visits are when states, funded and unfunded, participating in the CDC's Essentials for Childhood Initiative send a team of individuals to the CDC for information sharing, technical assistance and training. It is referred to as a reverse site visit because the sites visit the CDC, whereas in the typical site visit, the funder travels to visit the grantee.

The steering committee consists of representatives from the following agencies:

- Georgia Department of Public Health
- Georgia Division of Family and Children Services
- Georgia Department of Early Care and Learning
- Banyan Communications
- Georgia Center for Child Advocacy
- Strengthening Families Georgia
- Prevent Child Abuse Georgia
- Georgia Department of Public Health
- Georgia Department of Behavioral Health and Developmental Disabilities
- Georgia Early Education Alliance for Ready Students
- Voices for Georgia's Children

Since 2015 some funds were provided by the Georgia Division of Family and Children Services Prevention Section. This funding allowed the Director of Prevent Child Abuse Georgia to coordinate steering committee meetings and facilitate the project. Additional funds were set aside to contract with the Georgia Center for Non-Profits to conduct a Landscape Mapping of the agencies and programs that worked with children and families and determine how they aligned with the four goals of Essentials, which are:

1. Raise awareness and commitment to promote safe, stable, nurturing relationships and environments.
2. Use data to inform actions.
3. Create the context for healthy children and families through norms change and programs.
4. Create the context for healthy children and families through policies

The group also examined strengths and areas in need of improvement as it relates to primary and secondary prevention not only within the Division but within the entire state of Georgia. From this scan, the recommendations and priorities were developed. This process set up a framework for Essentials for Childhood Georgia to continue to assess agency and state strengths and areas needing improvement related to prevention services, provide information that can be used to modify goals and objectives based on data and information available to the Essentials workgroups and provide a multi-agency group to monitor progress.

The Prevention Section has developed a Parent Advisory Council for the Division. The first meeting will be held in June 2019. The Georgia Parent Advisory Council (GAPAC) was formed to work with the Division of Family and Children Services (DFCS) and, specifically, the Prevention and Community Support Section (PCS). The purpose of the GAPAC is to advise DFCS and PCS about making changes to child welfare services and systems, particularly prevention programming. The GAPAC is a sounding board for decisions, ideas and questions that shape the future of the Prevention and Community Support Section and the Division. Parental involvement in decision-making is the key to having policies and programs that support families' strengths and needs. DFCS and PCS are committed to partnering with the GAPAC to strengthen and support families, engage all community sectors in child maltreatment and adolescent pregnancy prevention strategies and activities and reduce the need for out-of-home placement of children. The Parent Advisory Council will:

- Advise the Prevention Section on what services and programming should be funded
- Participate on the Prevention Section's Statement of Need Review Teams
- Serve as parent liaisons for Prevent Child Abuse Georgia and Strengthening Families Georgia's Advisory Boards
- Participate in the Annual Progress and Services Report (APSR) Joint Collaboration Meetings
- Participate in Child and Family Services Plan (CFSP) external stakeholder meetings and groups
- Collect input and recommendations from peers in the community regarding state goals and objectives
- Review data on a periodical basis of the State's progress toward achieving our goals and outcomes and provide feedback

The feedback loop occurs at the Parent Advisory Council meetings every other month when they provide their feedback on the above tasks – what goes well, what doesn't go well, and what are some suggested improvements. In the early 1990's, several agency heads and stakeholders came together to create a Statewide Child Abuse Prevention Plan under the leadership and facilitation of Governor Zell Miller, the Children's Trust Fund and the Georgia Child Abuse Prevention Coalition. The purpose of the plan was to establish statewide models of collaboration that could be replicated at the local level to decrease duplication of efforts and increase efficiency in the delivery of prevention services – with the goal of decreasing the occurrence of child maltreatment in Georgia.

Prevent Child Abuse Georgia and DFCS' Prevention Section will be facilitating an update of this plan in SFY 2020. This plan will not be owned by any individual organization; instead, it will be developed and approved by all involved agencies. This process will be kicked off by inviting state agency commissioners and the executive directors of prevention organizations to participate in a facilitated discussion addressing why Georgia needs a comprehensive Child Abuse Prevention Plan; our proposed method and approach; and what needs to occur to ensure the plan meets the approval of all involved agencies.

The process will involve a workgroup that will determine the process, vision, survey and focus group locations. Workgroup participants include representatives from the following agencies:

- Georgia Department of Public Health
- Georgia Division of Family and Children Services
- Georgia Department of Early Care and Learning
- Georgia Department of Juvenile Justice
- Georgia Center for Child Advocacy
- Georgia Department of Education
- Prevent Child Abuse Georgia
- Georgia Bureau of Investigations
- Georgia Department of Behavioral Health and Developmental Disabilities
- Georgia Early Education Alliance for Ready Students
 - Voices for Georgia's Children
- The Office of the Child Advocate
- The Court Improvement Project
- Georgia Council of Juvenile Court Judges
- Georgia Chapter of the American Academy of Pediatrics
- Georgia Family Connection Partnership
- Georgia State University
- Child Fatality Review Board
- Children's Healthcare of Atlanta
- United Way of Greater Atlanta

The surveys and 14 community focus groups (with community stakeholders, business leaders, local human service organizations and parents/community members) will be utilized to solicit community input for the plan. Lastly, the workgroup will have a session to synthesize the information from the surveys and focus groups and develop the plan. Feedback will be provided through a five-year update in which progress towards goals will be measured and goals will be updated as needed.

Wellness Programming, Assessment and Consultation Services (WPAC) works in collaboration with Department of Community Health (DCH), Amerigroup, Department of Public Health (DPH) and Children 1st. WPAC's collaboration

with DCH/Amerigroup has been proven to be a great partnership. Some examples of the ongoing collaboration includes the Fulton County Court Clinic that is mainly utilized by Fulton County DFCS to provide medical/dental/trauma assessments to youth in the custody of Fulton County, (however the clinic is also open to all youth enrolled with Amerigroup) and the Mobile Assessment Unit (MAU) that is provided every other week to Dekalb DFCS so that medical/dental/trauma assessments can be arranged for youth in the custody of Dekalb DFCS. These two ongoing efforts have helped (Region 14) to decrease the number of overdue initial and ongoing medical/dental/trauma assessments. This is a continued collaboration from the previous year. This collaboration has proven to be impactful due to the consistency of this collaboration. In April 2018 Region 14 had a total of 420 overdue health checks but in April 2019, it had a total of 213.

In addition to the groups noted above, the State has a SHINES advisory group, a foster parent group and a DFCS advisory group. Leaders of all three Georgia tribes participate on the State's policy stakeholder group, and there is a representative from each region on the DFCS Advisory Board. Although these two stakeholder groups engage in discourse around most topics that affect child welfare systemwide, there is no singular group that serves as the primary stakeholder group. While the expansive nature with which the State works to reach the populace is ambitious, there is a recognition that some improved level of uniformity is needed to ensure the most effective use of input and resources. The State is looking to better streamline outreach activities and more efficiently engage stakeholders. It may be revealed that a long-term, ongoing primary stakeholder group helps with this. The stakeholder taskforce that was created for the CFSP was a good way to begin examining possibilities.

Partnerships

The Well-Being section's early childhood collaboration program partners with the Department of Early Care and Learning, Childcare and Parent Services (CAPS), the Georgia Head Start Collaboration Office, the GA Head Start Association, and the Adoptive and Foster Parent Association of Georgia. This engagement promotes positive permanency outcomes through stabilizing childcare services for children in foster care. Stabilization of these services help to avoid placement disruptions.

The early childhood collaboration program director meets with these partners several times a month to evaluate the effectiveness of services provided and make any necessary changes to practice and guidance. The number of children eligible for services as well as the number of children enrolled in various early childhood education programs are exchanged between agencies. Stakeholders and partners have provided valuable insight related to service provisions in various meetings and workgroups. This information is used to manage unit priorities and devise strategies to better support early childhood program goals.

In-Home and Support Services (SS) works closely with the Division's newly developed Contract Administration Unit on the availability of providers and the work they provide. They provide a training summary and feedback from the field gathered from trainings on challenges and barriers faced with working with contracted vendors who conduct support services. The SS team also provides recommendations and strategies on how to improve work by updating SHINES, adjusting policies, and/or revising the agency's COSTAR fiscal tool administered by the Contract

Administration Unit. The SS Team also understands that both parties (DFCS and the provider) play an important role to ensure families are receiving services in a timely manner and are receiving services that are beneficial to positive progression. In July 2018, a provider and field partnership survey were completed. The survey allowed the contracted vendors and DFCS field staff to share their experiences in utilizing in-home and support services.

Since 2015, the CPS Intake Communication Center (CICC) actively engages mandated reporters in each county/region of the state to ensure they have the necessary tools and understanding to provide quality information on intake reports. These meetings also provide a platform for mandated reporters to provide ongoing, valuable feedback on how CICC can improve customer service and intake procedures.

In 2016, CICC began having quarterly collaboration meetings with the DFCS Policy unit to clarify understanding of intake policy. These meetings have since been increased to monthly meetings. Representatives from CICC, Policy, Child Death, Near Fatality, Serious Injury (CD/NF/SI) team, and Field Operations county staff are present to collaborate and clarify the collective understanding of intake policy.

In 2017, CICC's CQI team began engaging county staff to participate in CICC's continuous quality improvement meetings on a regular basis. County partners who have participated have helped create interventions and strategies to improve performance around county notifications and quality information gathering. Georgia's Promoting Safe and Stable Families (PSSF) program currently collaborates with 148 community-based agencies to provide services throughout the state of Georgia. Input is gathered from a variety of staff and stakeholders. PSSF consults with DFCS leadership, unit and program managers to assess gaps and service needs as well as an online statewide survey for DFCS regional directors and county directors and supervisors. There are three regional meetings held statewide with all PSSF providers and representatives from local and regional DFCS staff. Additionally, focus groups are conducted with service providers and include representation by all PSSF program areas and service models. PSSF consults with community partners (substance abuse treatment providers), to expand the focus of a service model that is more family-focused. PSSF also consults regularly with Georgia CASA. Agency leadership and Georgia State University (training and technical assistance) are consulted in an effort to incorporate an evidence-based SafeCare home visiting model into the Family Preservation Placement Prevention services model. Feedback gathered from site visits and from alcohol treatment family support group participants is used to identify challenges and successes.

Stakeholders engaged through the Division's quality assurance (QA) process include but are not limited to:

- Legal stakeholders (judges, SAAGs (Special Assistants Attorney General), CASAs (Court Appointed Special Attorneys), GALs (Guardians Ad Litem), Citizen Panel Members, etc.)
- School personnel (teachers, counselors, principals, etc.)
- Law Enforcement
- Medical providers (doctors, dentist, hospitals)
- Mental health providers (therapists, counselors, hospitals)
- Homestead/Parent Aide providers

- Other service providers (substance abuse, domestic violence, and parenting services)
- DFCS case managers and supervisors

The Division’s Special Investigation Unit (SIU) continuously collaborates with the GBI to provide ongoing training for the team. The training is related to crime scene investigations and safety in the field. The team also had the opportunity to collaborate monthly with Children’s Healthcare of Atlanta (CHOA) partners to discuss medical findings regarding child abuse. The input from the external partners provides the team with knowledge and expertise to be able to conduct assessments at a high level.

C. Vision/Mission/Values

In July 2014, the former DFCS division director set out to develop the best child welfare agency in the world. He led the Agency in the adoption of a Blueprint for Change – a three-pillar approach to reforming Georgia’s social service system. Most of the strategic work that the Agency engages in serves to positively impact these pillars:

- Social services practice model
- Robust workforce
- Constituent engagement

The current director, Tom Rawlings, maintains a commitment to remain focused on executing the pillars of the Blueprint. There will be particular emphasis on workforce development over the next five years. “Workforce development has been one of the three pillars of our Blueprint, and for good reason,” noted Director Rawlings. “Without a strong workforce, we cannot keep children safe or implement consistently our practice model.” The State will prioritize the workforce by creating an organizational structure that empowers frontline staff while assuring accountability and quality; recruiting, hiring, retaining and mentoring good staff; and encouraging and rewarding innovation. The belief is that to “create an agency that can recruit, retain, and raise up the best possible child welfare workforce, we must support our front-line workers and supervisors, train them well, give them the freedom to make hard choices in uncertain environments, and help them learn from errors without blaming them solely on the basis of a bad outcome.” A large part of the Agency’s mission over the next few years will be to instill a “just culture.” This kind of culture is created, in part, by understanding and instilling the nine foundational principles as outlined in an article by Eileen Munro.² Essentially, there must be a shift in how good and bad performance is conceptualized, recognizing that human error is unavoidable, and having a shared understanding of how to reasonably manage risk and uncertainty.

The State also continues to journey to become a State of Hope. A State of Hope is a collaborative approach in which people from all walks of life share a vision of safety and success for every child, family and individual who lives in their community. It is a place where public and private organizations – nonprofits, philanthropies,

² Munro E. Decision-making under uncertainty in child protection: Creating a just and learning culture. *Child & Family Social Work*. 2018;1–8. <https://doi.org/10.1111/cfs.12589>

government, businesses and communities – collaborate closely to help achieve that vision. As a result, children are safer, families are stronger, and communities are more supportive places for all members to thrive.

State of Hope (SOH) is an intentional and creative initiative designed to engage a broad base of community stakeholders to transform the lives of Georgia’s most vulnerable residents. It is a shift in thinking for the system that serves families, taking reactive policies and programs and reshaping them into proactive efforts designed in partnership with families and communities. The goal is to have communities that support individuals, children and families in a way that reduces the risk of harm or abuse and allows them to thrive.

The SOH builds on the Communities of Hope concept started by Casey Family Programs, a national philanthropic foundation, and the work of the Northwest Georgia System of Care Advisory Council (SOC) and the Northwest Georgia Region of Hope. Georgia is the first state in the country to attempt a State of Hope – identifying and anchoring multiple Region of Hope sites across the state. While the original work of the Northwest Georgia Region of Hope focused solely on child welfare issues, the SOH will have a broader focus.

What separates the SOH from other collaborative initiatives is the use of human-centered design thinking and having the voices of youth at the center of the design process. Communities will be able to take the ideas that have been designed by youth to inform the strategies that they choose to implement with their collaborative partners. Human-centered design is an innovative approach for solving complex challenges in which people, and the needs of those people, are at the center of the design process. This process involves building to learn — and learning while building — through inspiration, ideation and implementation.

In 2018, the hope is to identify and anchor three additional Region of Hope collaborative sites across the state. While the Division does not solely “own” the SOH and the transformative work that can only happen within individual communities, the Division has committed to be the convener of this collective impact approach in partnership with several key stakeholders. No single group or organization alone can raise up strong, healthy, thriving communities. The biggest impact will be made through multiple organizations working together across systems in support of the same goal.

The anchor opportunities are the Division’s priority areas for the State of Hope. These areas are broad enough that the Division believes most communities can and will connect with them.

- Education – Improving the educational attainment of vulnerable youth, most importantly the graduation rates of youth in foster care
- Trauma – Increasing the awareness of trauma informed practices, the impact of trauma and how to mitigate its impact
- Quality Caregiving – Improving the quality of caregiving across a continuum including, but not limited to, birth parents, kin caregivers, foster/adoptive parents and the larger caregiver community
- Economic Self-Sufficiency – Strengthening and supporting individuals and families on their path toward independence

The State of Hope will encompass the entire state from border to border, transcending geographical communities and zip code boundaries. Every child in America deserves to live in a Community of Hope, and this statewide approach ensures that will be the case for every child in Georgia. This work cannot be done alone. It will take the partnership and collaboration of every sector of this state to be successful.

The Office of Family Independence endeavors to achieve the additional goal of self-sufficiency wherein families and individuals have sustainable financial independence, have voice and choice in services, and are self-directed.

In conjunction with the initial implementation of the Blueprint, the DFCS vision, mission and values were updated in 2015.

Vision

Safe Children. Strengthened Families. Stronger Georgia.

Mission

Prioritize the safety of Georgia's children in the decisions we make and the actions we take. We strengthen families toward independence and build stronger communities with caring, effective and responsive service.

Guiding Principles/Values

- Demonstrate commitment to the safety of children in the decisions made and the actions taken
- Empower, strengthen and support families on their path toward independence
- Serve with compassion
- Provide caring, responsive and effective service
- Engage, listen and respond to our participants, communities and each other
- Collaborate with our communities to create systems of support
- Develop a competent, professional and efficient workforce that never stops learning and growing

2. Assessment of Current Performance in Improving Outcomes

A. Safety

Safety Outcome 1- Children are first and foremost protected from abuse and neglect

Item 1-Timeliness of initiating investigations/family support assessments of child maltreatment rated 89% substantially achieved for October 1, 2018 through March 31, 2019. This was a decrease over the previous six-month period (April 2018 to September 2018), in which 93% of the reviewed cases were substantially achieved.

This Item was applicable in cases reviewed when a report of child maltreatment was received and screened in for assessment or investigation during the period under review. Timeliness of initiating investigations and assessments occurred when face to face contact was made with all alleged victim children identified in the intake report and age appropriate children were interviewed within the assigned response time.

The item was rated as an area needing improvement when diligent efforts were not made to initiate the assessment and have face to face contact and interviews (or observations of non-verbal children) with all alleged maltreated

children within the assigned response time. Issues which contributed to the Agency's failure to substantially achieve during this review period included the following:

- Failure to initiate the investigation or assessment in a timely manner (i.e. not initiating the case until just prior to expiration of response time)
- Failure to make concerted efforts to locate the alleged victim children (i.e. contacting the children at school when home visits were unsuccessful)
- Not interviewing all alleged victim children identified in intake report (i.e. contacting/interviewing the primary victim but not the siblings who were also alleged to be victims)

Upon review of the State's proposed CFSP goals and strategies, the State's stakeholder task force recommended that the State address the "lack of a consistent approach to holistic and recurring assessment of child's safety and needs." The Division continues to focus on the timeliness of initiating investigations/family support assessments through the monitoring of county, regional, and state reports and providing feedback and training as needed/required. When a timely assessment is not completed, the county with whom the time frame was missed will be responsible for establishing a report in the form of a SBAR (Situation Background Assessment Response) report including a timeline for the case actions. The SBAR will be submitted and reviewed by the regional director and regional field program specialist. Follow up with the county and additional recommendations will be provided to county staff as needed and/or required. Trends for untimely assessments will be monitored and reported to district managers. In addition, the Division has implemented a CFSP Impact Plan which is described in the Safety 2 section.

In preparation for the implementation of the provisions of the Family First Prevention Services Act (FFPSA), the Division has been reviewing data and talking with stakeholders regarding appropriate and timely services to families. Established work groups are considering PSSF funding to support service provision. The Division will continue to review practice trends and implement the necessary tools and changes to address assessment of risk/safety and timely appropriate services to families.

Safety Outcome 2- Children are safely maintained in their homes whenever possible and appropriate Safety Outcome 2 decreased from 31% substantially achieved during the previous review period (April 2018 to September 2018) to 27% substantially achieved for the most recent review period (October 1, 2018 to March 31,2019).

Permanency cases reviewed rated substantially higher with regards to Safety Outcome 2 versus performance in the Family Preservation and Family Support program areas. Safety Items 2 and 3 are both included in the State's remaining PIP Items.

Item 2- Services to family to protect children and prevent removal or re-entry into foster care was rated a strength when appropriate services were provided (or concerted efforts were made to provide services) when possible to mitigate safety concerns and ensure children could safely remain in their homes.

Permanency cases consistently rated higher for this item than In-Home cases with regards to Item 2. The substantial difference in ratings between Permanency and Child Protective Services (Family Support and Family Preservation) cases for Item 2 can be attributed to Permanency cases rating higher because immediate action was usually taken to protect the child (i.e., foster care), whereas in Child Protective Services (CPS) cases the children often remained in the home with noted safety concerns.

Item 2 was rated as an area needing improvement when the Agency failed to provide services when appropriate to address identified safety issues for children and ensure their safety. In the majority of cases, appropriate safety services were either not provided or there was a delay in service provision. Identified safety concerns were related to parental substance abuse, mental health issues of parents and/or children (i.e., children who were suicidal), domestic violence, physical abuse, inadequate parenting skills, and unsafe housing. In most cases rating an area needing improvement for this item the failure to appropriately identify safety concerns and provide needed services to address threats left the child(ren) in unsafe situations.

The Division has implemented the CFSP Impact Plan which is a guide to successful quality assessments of risk and safety, service provision to meet the needs of families, and quality visits with children and parents that are sufficient to assess safety, permanency and well-being. The CFSP Impact Plan focuses on CFSR Items 2, 3, 12, 14 and 15.

A Field Operations Standard Operating Procedure (SOP) 19-01 was issued for governance of monthly regional supervisor CFSR case reviews. It is critical that regional supervisor mentors regularly review cases. It increases their awareness of case practices, enables them to take steps to increase county performance and strengthens the supervisor-mentor relationship. This SOP creates consistency and helps the reviewer discover county and regional trends. It aims to target struggling case managers and supervisors to strengthen their capacities. In particular, it will help supervisors better support the development of their staff, teaching them to how to ensure successful service provision to protect children in the home and prevent removal or re-entry. It addresses risk and safety assessment management, needs and services of children, parents, and foster parents, and meaningful casework contacts with children and parents.

Long-term outcomes sought include the following:

- Improved service provision to protect children in the home and to prevent removal or re-entry (as demonstrated by CFSR-based, quality-assurance review findings).
- Improved risk and safety assessment management (as demonstrated by CFSR-based, quality-assurance review findings).
- Improved performance regarding needs and services of children, parents, and foster parents (as demonstrated by CFSR-based, quality-assurance review findings).
- Improved caseworker contacts with children and parents (as demonstrated by CFSR-based, quality-assurance review findings).
- Improved quality control and learning opportunities within county and regions.

As part of the case review process, regional supervisor mentors and mentees identify cases for review, complete a monthly CFSR PIP case review guide and share case review trends and associated practice steps at county, regional, and district meetings and on conference calls.

The following is a succession of steps for completing the process:

- A. The supervisor mentor completes a total of two case reviews, per month, using the new CFSR PIP case review guide. This expectation is consistent regardless of the number of mentees. Reviews should target Family Support, Family Preservation, and Foster Care cases, as appropriate. Additional cases can be assigned for review at the discretion of the mentor and/or regional director.
 - a. When the supervisor mentor has more than one assigned mentee, the mentor reads one case from two of the mentees each month or alternates reviews among the different mentees (for a total of two case reviews, per month).
 - b. Mentees who do not have a case read during a month will use the new CFSR PIP case review guide to complete a self-review of one of the cases assigned to them and/or their staff.
- B. The supervisor mentor shares and discusses the completed review guide with the assigned mentee and provides guidance regarding steps for improvement.
- C. The supervisor mentor reviews and discusses the mentee's self-review and provides guidance regarding steps for improvement.
- D. The supervisor mentor debriefs with the supervisor's administrator and/or county director each month, either in person or via phone, on the status of the mentoring assignment, progress / lack of progress, and next steps.
- E. Completed reviews for each month are submitted to the regional lead FPS no later than the 5th day of the following month.
- F. The regional lead FPS shares case review findings with the regional director no later than the 10th day of the following month.
- G. The regional director reviews and submits case review findings to the district director by the 15th of the following month (5 days after they are received by the regional director).
- H. Field program specialists, regional director, and district director share case review trends and associated practice steps at county, regional, and district meetings/conference calls.

Review verifications will be conducted to ensure case reviews are conducted as required. Regional directors are responsible for making certain that monthly CFSR PIP reviews are completed. The district directors are responsible for ensuring that monthly CFSR PIP reviews/self-reviews are completed in their regions. Verification expectations include the monthly collection and review of case review guides.

Additionally, the State will ensure the following to promote performance and conformity to achievement standards:

- Case managers understand the purpose of case plans.
 - Create and disseminate simplified, worker-focused case plan job aid(s).
 - Leverage and utilize the field program specialists (FPS) to uniformly and consistently focus on case plans – including providing training, reviewing for them in cases, and providing feedback and follow-up to help ensure they are completed appropriately and referenced during monthly contacts.
 - Leverage CQI teams and data integrity specialists (DIS) to highlight case planning and provide regular technical assistance and troubleshooting.
 - Create in-person or virtual opportunities for peer networking and information sharing to focus on case planning.
 - Utilize the weekly Café 212 call to focus on case planning.

- Case managers understand the purpose of case contacts.
 - Create and disseminate simplified, worker-focused case contact job aid(s).
 - Leverage and utilize the field program specialists (FPS) to uniformly and consistently focus on case contacts – including providing training, reviewing them in cases, and providing feedback and follow-up to help ensure they are completed and documented appropriately.
 - Create in-person or virtual opportunities for peer networking and information sharing to focus on case contacts.
 - Utilize the weekly Café 212 call to focus on case contacts

- Case managers engage children and families during visits to assess and manage both safety and behavioral changes through case planning.
 - Hold a series of purposeful contacts and documentation “train the trainer” sessions facilitated and conducted by metro district, with training participants to include (but not limited to) CQI coordinators, FPS staff, county directors, administrators, supervisors, and other staff (as identified by the regional directors).
 - Provide purposeful contacts and documentation training to case managers and supervisors within all regions and districts using CQI coordinators, FPS, and other trained staff.

- Case managers have clarity and guidance around expectations for case contacts and documentation. Create and disseminate simplified, worker-focused case contact documentation templates and best-practice documentation examples.
 - Regularly recognize and share successful examples of case contact documentation
 - Utilize weekly Café 212 calls to focus on case contact documentation.

- Supervisors have clarity and guidance – including templates and examples - around expectations for case staffings and documentation.
 - Create and disseminate simplified, CFSR-focused case staffing documentation templates and best-practice documentation examples.
 - Regularly recognize and share successful examples of CFSR-focused case staffing documentation.
 - Ensure every supervisor is connected to a practice mentor for support and guidance – utilizing field program specialists and others at the discretion of the regional director (including county directors and administrators).
 - Utilize the weekly Café 212 call to focus on the correlation of case staffing to improve case contact, case planning and case documentation.
- Supervisors demonstrate an understanding of the purpose of case staffing/coaching
 - Create and disseminate simplified, CFSR-focused case staffing job aid(s) that specifically focus on coaching to improve case planning, case contacts, service delivery and documentation.
 - Leverage and utilize the field program specialists (FPS) to uniformly and consistently focus on supervisory staffing and coaching – including observations, providing training, reviewing them in cases, and providing feedback and follow-up to help ensure they are effective, completed and documented appropriately.
 - Create in-person or virtual opportunities for peer networking and information sharing to focus on case contacts.
 - Ensure every supervisor is connected to a practice mentor for support and guidance – utilizing field program specialists and others at the discretion of the regional director (including county directors and administrators).
- County and regional teams (supervisors, administrators, deputy county directors, county directors, and field program specialists) provide consistent quality control and opportunities for learning.
 - Adopt a “Just Culture” practice framework.
 - Ensure every supervisor is “connected” to a practice mentor for support and guidance – utilizing field program specialists and others at the discretion of the regional director (including county directors and administrators)
 - Establish a standard operating procedure (SOP) review process with a monthly sample for regional mentors to utilize the CFSR PIP “review guide” to ensure consistent quality control and provide learning opportunities.
 - Target future “Dynamic Reviews” (for members not serving as mentors) to Items 14 and 15 and case planning to develop additional information to drive the creation of additional learning tools and opportunities.
 - Utilize the regional CQI coordinators and CQI team meetings to exclusively focus and strategize on visits with children and parents.

- Incorporate CFSP PIP focus areas – including Items 14 and 15 – on county, regional, and district leadership calls and meetings.
- Create in-person or virtual opportunities for peer networking and information sharing to focus on review findings and best practices.

While the CFSP Impact Plan provides mentoring, guidance and support, trends analysis will be conducted at all staffing levels and followed up with training as needed.

Café 212 is a fairly new concept for the Division whereas calls are held every Friday morning to discuss the proper application of practices that will lead to better outcomes. The café is a structured conversational approach to knowledge sharing. The concept is predicated on the “world café” concept in which people discuss a topic in a small group at a table. Periodically the people will switch to a different table and get introduced to a new topic by a “table host.” The title “212” stems from the fact that temperature boils at 212 degrees. Material presented on the calls applies to all listeners. Callers are expected to share what they have learned and apply it to their role, and to acknowledge that the responsibility of improvement belongs to everyone. The Cafe 212 calls are recorded and last about 30 minutes. Those unable to be on the calls can access the recordings at a more convenient time. Cafe 212 is a place for learning, practice improvement and change.

Pre and post service provision staffings are done to make sure services have been accurately identified and matched to the safety concern. By January 2020, a list of services identified for the family will be required to be included on the safety plan. The Division anticipates that by March 2020 timely transfer staffings will be conducted according to established policy. These will be documented in SHINES and monitored at the county level. A tracking report will be provided to the regional director monthly to demonstrate whether transfer staffings have occurred and whether the family’s needs and services have been documented in SHINES.

Item 3- Risk assessment and safety management

The regions who were more successful in achieving Item 3 conducted frequent visits in the home, addressed all reported allegations, had private conversations with the family members, assessed all household members and caretakers for the children, made meaningful and relevant collateral contacts, monitored visits between the parent(s) and child in care, and addressed safety concerns brought to the agency’s attention. Permanency cases rated highest of the program areas for Item 3.

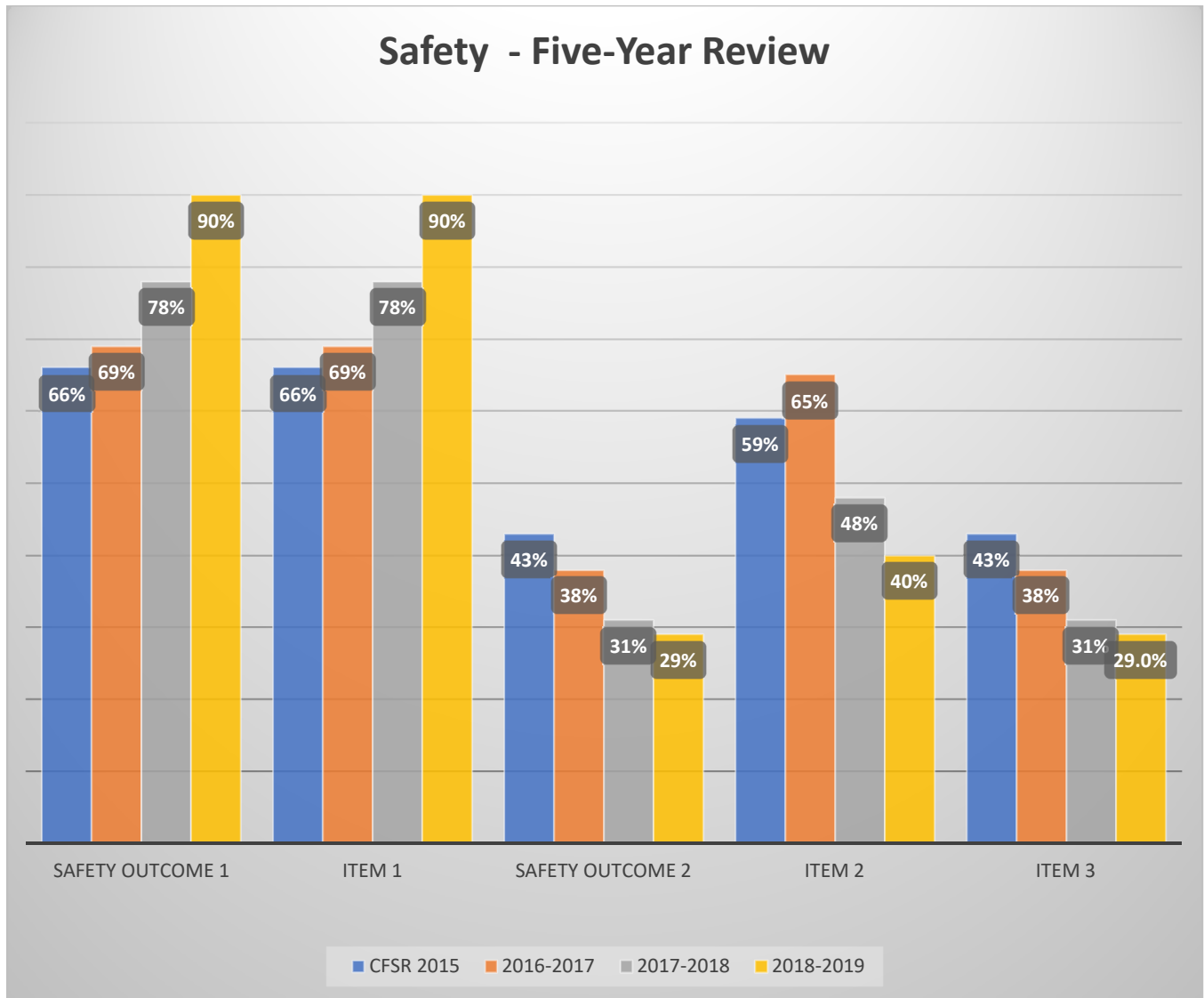
Some of the more frequently identified issues negatively impacting risk and safety assessment (Item 3) included:

- Failure to review and consider CPS history
- Insufficient contacts with relevant collaterals to assess safety
- Failure to address all reported allegations with the family
- Lack of formal assessments on safety resources and relatives providing placement for children in Foster Care
- Lack of adequate safety planning

- Insufficient frequency and/or quality of case manager contacts with children and parents, including a lack of home visits
- Lack of assessment/screenings for and contacts with other household members/caregivers
- Failure to make a formal CPS report or conduct a formal investigation or assessment when new allegations of maltreatment were received
- Failure to substantiate allegations of maltreatment despite evidence to support maltreatment occurred
- Failure to engage/assess stepparents/paramours living in the home.
- Insufficient supervisory oversight as indicated by lack of quality supervisory staffings and supervisory approval for closure in cases where all concerns had not been fully addressed

The below data is reflective of the progression of the State's performance with regards to safety outcomes/items during the 2015 CFSSR, then for 2016-2017, 2017-2018, and 2018 through March 2019. As evidenced by this data, since the 2015 CFSSR the State has maintained solid performance related to Safety Outcome 1, Item 1 with continuous improvement evident. However, the State has consistently demonstrated a decline in performance with regards to Safety Outcome 2, Items 2 and 3.

Figure 1: Safety - Five Year Review



More information about progress achieved on 2015-2019 CFSP goals and PIP goals can be found in the State's 2020 CFSP (section 2). A description of activities targeted at improving performance can be found in the State's 2020 CFSP and the 2020 APSR.

B. Permanency

Permanency Outcome 1- Children have permanency and stability in their living situations focused on the establishment and achievement of permanency goals for children in foster care as well as stability of foster care placements.

Permanency Outcome 1 includes evaluation of 3 items: Item 4- Stability of foster care placement; Item 5- Permanency goal for child; and Item 6- Achieving reunification, guardianship, adoption or other planned permanent living arrangement.

Permanency Outcome 1 was substantially achieved in 16% of the 90 cases reviewed from October 1, 2018 to March 31, 2019. This was a slight increase in performance compared to the previous review period (April 2018 to September 2018) in which this outcome was substantially achieved in 13% of cases reviewed, and a decrease from the October 2017 to March 2018 review, in which this outcome was substantially achieved in 19% of cases reviewed during that reporting period. Performance in this outcome has slightly increased when compared to rating from the 2015 CFPSR (April 2015 to September 2015) in which there was substantial achievement in 14% of cases reviewed.

Item 4- Stability of foster care placements was substantially achieved in 67% of the 90 applicable cases for the most recent review period (October 1, 2018-March 31, 2019). This was an increase in performance from 59% in the previous review period (April 2018 to September 2018) and a decrease from 74% during the October 2017-March 2018 review period. This item has also decreased in performance since the 2015 Federal CFPSR when substantial compliance for this item was achieved in 68% of cases reviewed.

Cases were rated a strength based on two elements:

- there were no moves during the period under review, or any moves made were planned to meet the child's best interests;
- the child's current or most recent placement was stable

The issue most often impacting placement stability was the lack of adequate assessment of foster parents and relative caregivers to meet the specific needs of the child. Children were placed with relatives without adequate assessment of the home environment or of the relative's capacity to meet the behavioral needs of the child (or siblings) as well as the relative's capacity to ensure adequate supervision of the child with parents. Children were placed in foster homes without providing sufficient information to the foster home regarding the child's behaviors and needs, as well as placing children in regular foster homes when assessments indicate that the child requires a higher level of care. The Agency utilized temporary placements in several cases, leading to multiple placement disruptions. The majority of placements disrupted mainly due to the child's behavior. However, in many of these, the Agency did not provide services to either address the child's behavioral/mental health needs (consistent counseling, behavioral intervention, specialized treatment) or failed to provide supportive services to the caregivers to assist in meeting the needs of the child (respite, in home behavioral intervention).

Data conveys that teenaged children experienced the least stability of placement.

Item 5- Permanency goal for child focused on the permanency goal for children in foster care: appropriateness of the identified permanency goal, timely establishment of the permanency goal, and in cases where the child has

been in care 15 out of the last 22 months, whether there was a Termination of Parental Rights (TPR) petition filed or a compelling reason documented for not filing TPR.

Item 5 had a 47% strength rating for the 90 applicable cases during the most recent review period (October 1, 2018-March 31, 2019). This was an increase from the previous review period (April 2018 to September 2018) in which the State substantially achieved in 39% of cases reviewed, as well as, an increase when compared to the 2015 Federal CFSR when this item was substantially achieved in 42% of cases reviewed.

Data supports that the PIP goal for Item 5 was met in January 2019, with a rating of 48.89% (PIP goal of 48.7%). Data supports that in the majority of cases (70% during the most recent six-month review period) permanency goals were established in a timely manner.

The majority of cases that rated as an area needing improvement for this item was due to permanency plans that were not appropriate based on the circumstances of the case. Most cases reflected solely reunification permanency plans that were appropriate when the child entered foster care, but then continued to remain reunification only despite lack of contact with parents for extended periods of time as well as failure of parents to make meaningful progress on case plans. In addition, the majority of cases with concurrent permanency plans of reunification/adoption previously established, reunification was no longer an appropriate goal given the length of time the children had been in care and the lack of progress being made on the parents' case plan. Another often cited concern related to performance in this area was the agency's failure to file for TPR in a timely fashion according to ASFA standards.

Item 6- Achieving reunification, guardianship, adoption or other planned permanent living arrangements determines whether concerted efforts were made, or are being made, during the period under review to achieve the established permanency goal. If concurrent goals are in place, both goals were assessed.

Item 6 has most often been cited as an area needing improvement in terms of meeting ASFA timeframes. Issues most frequently identified as negatively impacting achievement of permanency include delays or failure to provide needed services to families to achieve permanency timely, failure to file for TPR timely resulting in adoption not being achieved within 24 months, having concurrent permanency plans with only one plan being worked, and insufficient contacts with parents and/or service providers to facilitate and support progress on reunification cases.

The State has struggled with completing adoptions in a timely manner, particularly with regard to tasks such as filing for TPR, gathering records needed for the submission of child life history (CLH), making referrals, applying for adoption assistance, converting foster homes to adoptive placements, and initiating requests for sibling waivers timely.

The Division has implemented several strategies to address deficiencies. Case consultation has been embedded into practice throughout the permanency continuum as one of the methods. There is a requirement to complete a consultation within 25 days of a child's entry into care, at the six-month review period and again at the 12th month.

If the child remains in care at the 12th month, a level higher than a supervisor conducts the consultation to ensure exploration of every permanency option. Permanency roundtables have also been reinstated into practice for children who continue to have no viable permanency option. The Division has been selected as a pilot in the National Training Development Curriculum for Foster and Adoptive caregivers led by Spaulding for Children. This is a five-year pilot that will aid in the development of an evidence-based curriculum for prospective foster/adoptive/kin caregivers. This pilot commenced in 2019 and will reach completion in 2024. One of the projected outcomes of the pilot is to increase placement stability for children. The Division continues to conduct adoption think tanks, No Place Like Home (NPLH) calls, ICPC roadshows, targeted permanency reviews and weekly cadence calls to review data, identify and discuss trends, brainstorm solutions and celebrate bright spots throughout the state. The Agency adopted and implemented the home study model Structured Analysis Family Evaluation (SAFE) which was developed by the Consortium for Children. SAFE will enhance the Division's ability to effectively and systemically evaluate prospective families for foster and adoptive placement. The Division successfully piloted the model from May to September 2018. The private providers and division staff completed the training and have been certified to conduct the SAFE home study. The Division will begin full implementation October 2019.

Permanency Outcome 2- The continuity of family relationships and connections is preserved for children
Permanency Outcome 2 was measured by looking at:

- efforts to ensure siblings are placed together (Item 7);
- efforts to ensure adequate visitation between children in care and their parents and siblings in care but placed separately (Item 8);
- efforts to preserve the child's connections to his or her neighborhood, community, extended family, tribe, school and friends (Item 9);
- placement with relatives (Item 10); and
- efforts to promote, support or maintain a positive relationship between the child in care and his or her mother and father (Item 11).

Overall the State rated at 43% substantially achieved for Permanency Outcome 2 for this review period (October 1, 2018- March 31, 2019), which was an increase from the previous review period (April 2018 to September 2018) at 32%.

The State increased for the most recent review period (October 1, 2018-March 31, 2019) in four of the five items comprising Permanency Outcome 2. Item 7 (placement with siblings) had the highest rating of the Permanency Outcome 2 items at 72%, but it was a decrease from the previous review when item 7 rated 79%. The lowest rating for the outcome was related to Item 11 (relationship of child in care with parents) at 45%.

Issues which continue to negatively impact this outcome included the agency's failure to ensure parent-child visits and visits between siblings not placed together, lack of inquiry regarding the child's important connections, failure to identify potential relative resources, and lack of notifying and encouraging the parents to participate in all the child's medical appointments, educational meetings, or other extracurricular activities outside of visitation.

Item 7- Placement with siblings focused on whether concerted efforts were made during the period under review to ensure siblings in foster care were placed together unless a separation was necessary to meet the needs of one or more siblings.

Identified issues most frequently causing an area needing improvement rating included:

- Lack of foster homes able to take sibling groups
- Failure to consult with stakeholders and providers regarding children's behaviors and the need for sibling separation as well as lack of ongoing re-evaluation of child's treatment to determine if siblings can be placed together.
- When siblings entered care at different times there were fewer efforts to place them together

The cases in which siblings were separated without a valid reason was primarily due to lack of agency resources to provide for larger sibling groups and/or lack of ongoing diligent efforts to reunify separated siblings when there was no longer a valid reason for their separation. In a few cases it was reported the siblings were separated due to behavior issues, but they were not placed in specialized placements and there was no documentation to support the need for them to be separated.

A standard operating procedure was developed and implemented to address the challenges identified with practice challenges with siblings in care. The Division's goal is to ensure siblings are placed together upon entry into care and if this does not occur, there will be a plan developed to ensure the siblings are reunited as quickly as possible. All regions are adhering to the procedure and performance improvements are being tracked by the regions.

Item 8- Visiting with parents and siblings in foster care assessed whether efforts made during the period under review to ensure visitation between a child in foster care and the mother, father and siblings were sufficient (frequency and quality) to promote continuity in the child's relationship with family members. Based on federal guidance, QA reviewers considered the needs of the child to support frequency of the needed visitation between children and parents and/or siblings.

Identified issues most frequently causing an area needing improvement rating included:

- Lack of sibling visits, sibling visits occurring only during parent visits
- Lack of assessment of visits, or lack of home assessments prior to home visits being initiated
- Significant delays in initiating visits
- Visits less frequent than ordered by the court
- Lack of agency efforts to overcome identified barriers to frequent/quality visitation such as
 - Parent's work schedule
 - Lack of transportation for child or parent
 - Parent incarceration
 - Lack diligent efforts to locate/engage parents (primarily fathers) in visitation
 - Foster parent/relative caregiver resistance to or failure to follow through with visits, especially between siblings not placed together

Lack of *frequent* visits for child with parents and siblings in care was often more likely to negatively impact this item than lack of *quality* of visits between child and parents/siblings in care. Cases that rated a strength for this item reflected concrete visitation plans, agency provision of services to accomplish visitation (transportation, supervision), incarcerated parents being allowed visits, evidence of agency monitoring of the quality of the visitation and decision-making regarding increasing (or decreasing visitation) as case circumstances changed. The agency struggled the most with regards to ensuring frequent visitation between siblings in Foster Care.

Item 9- Preserving connections determined whether concerted efforts were made during the period under review to maintain the child's connection to his or her neighborhood, community, faith, extended family, tribe, school and friends.

Identified issues most frequently causing an area needing improvement rating included:

- Lack of assessment to identify the child's important connections
- Lack of assessment/investigation regarding Native American heritage
- Lack of agency efforts to contact, assess or maintain connections to named relatives
- Lack of efforts to maintain connections to siblings not in care

Cases rating a strength for Item 9 demonstrated efforts to identify the child's important connections (relatives, fictive kin, siblings not in foster care) and then efforts to maintain those relationships for the child. Cases demonstrating agency efforts to maintain the child in their home community, or their school also rated a strength for this item.

The Division continues to focus on strengthening relations with birth parents. A reunification manager was hired to assist regions with building employee capacity to work with families on timely reunification/permanency. Georgia's Kinship Continuum initiative (detailed in other sections of this report including within the CFSP) emphasizes early identification of and placement with kin, comprehensive assessment of kin caregivers and their support needs and the maintenance of established relationships with kin and fictive kin.

Item 10- Relative placement considered whether concerted efforts were made to place the child(ren) with relatives (maternal or paternal) when appropriate.

Most of the cases rating as an area needing improvement during the current review were due to either a lack of identification of maternal/paternal relatives, and a failure to adequately assess named relatives in a timely manner.

The agency often did not review prior history in SHINES and completed evaluations (CCFAs, substance abuse or psychological evaluations etc.) to identify relatives. Genograms in the CPS stage were not used to identify relatives. Genograms when uploaded were sometimes incomplete, listing only the parents and children, with no names of grandparents, aunts and uncles. The use of Gateway and Clear searches were not always utilized to identify and locate relatives. In interviews it was sometimes reported that a Clear or Accurint search was completed, but no information could be relayed about any relatives identified and no attempts were made to contact relatives. The agency did not make consistent efforts to talk with birth parents or children on an ongoing basis to inquire

about relatives. The search for relatives did not continue throughout the life of the case to ensure all possible maternal and/or paternal relatives had been identified and considered as a placement possibility.

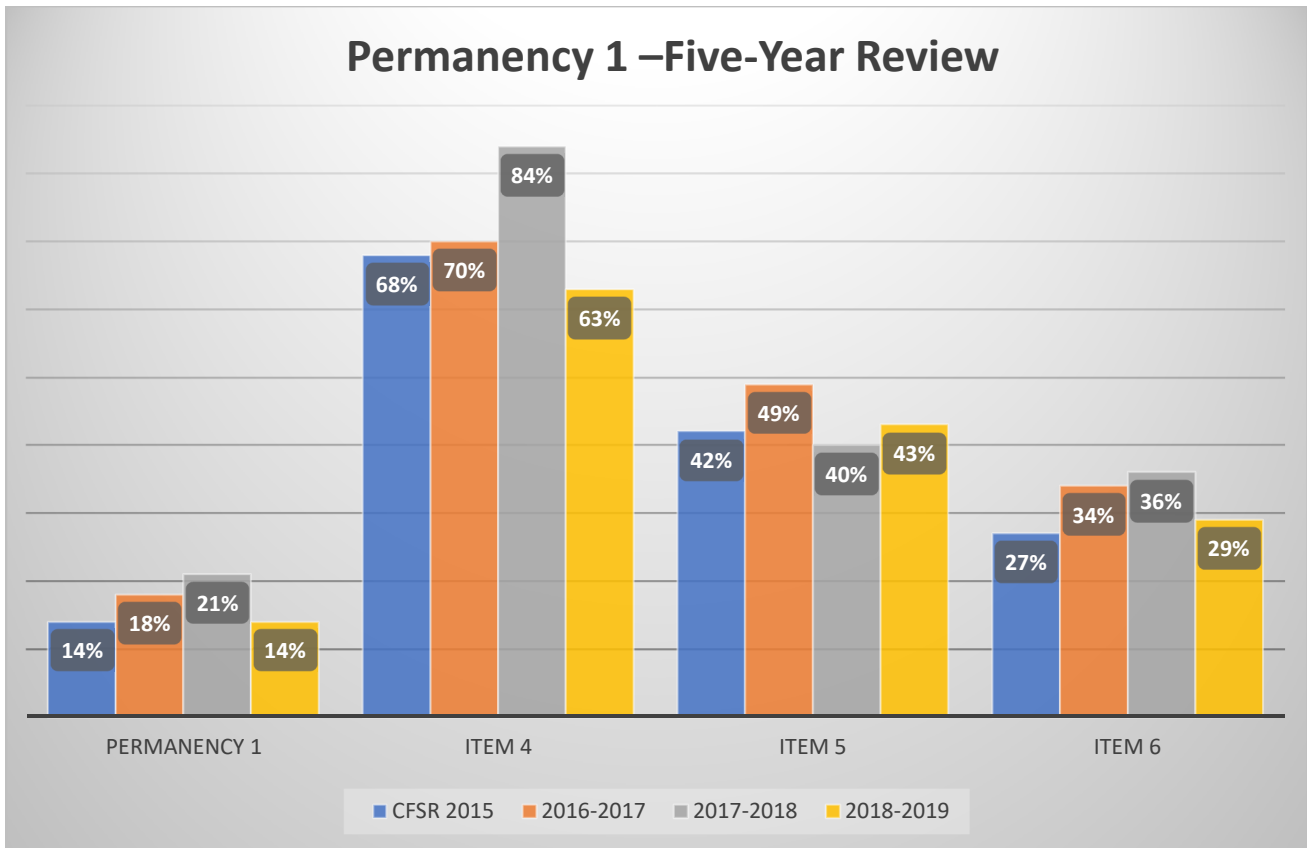
Item 11-Relationship of child in care with parents focused on concerted efforts during the period under review to promote, support and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregiver(s) from whom the child was removed (through activities other than just arranging visitation).

The Agency did not always inform or encourage the parents at the time of entry into care to continue involvement with their child(ren)'s education, activities, therapy and medical/ dental appointments. The Agency also failed to ensure that foster parents and relative caregivers were aware that parents could attend appointments and activities and that they were notifying either the parent or the case manager regarding upcoming opportunities for parental involvement. Even when there was regular contact between the parents and foster parents, the foster parents often told the parents about appointments and activities after the fact. In interviews it came out several times that the case managers were expecting the foster parents to notify the parents, and the foster parents were expecting the case managers to notify the parents. Fathers were less likely to be notified than the mothers.

It was noted that multiple cases had recommendations for family therapy as an effort to strengthen the child's bond with one or both parents as well as requests from the families themselves for family therapy that was not provided.

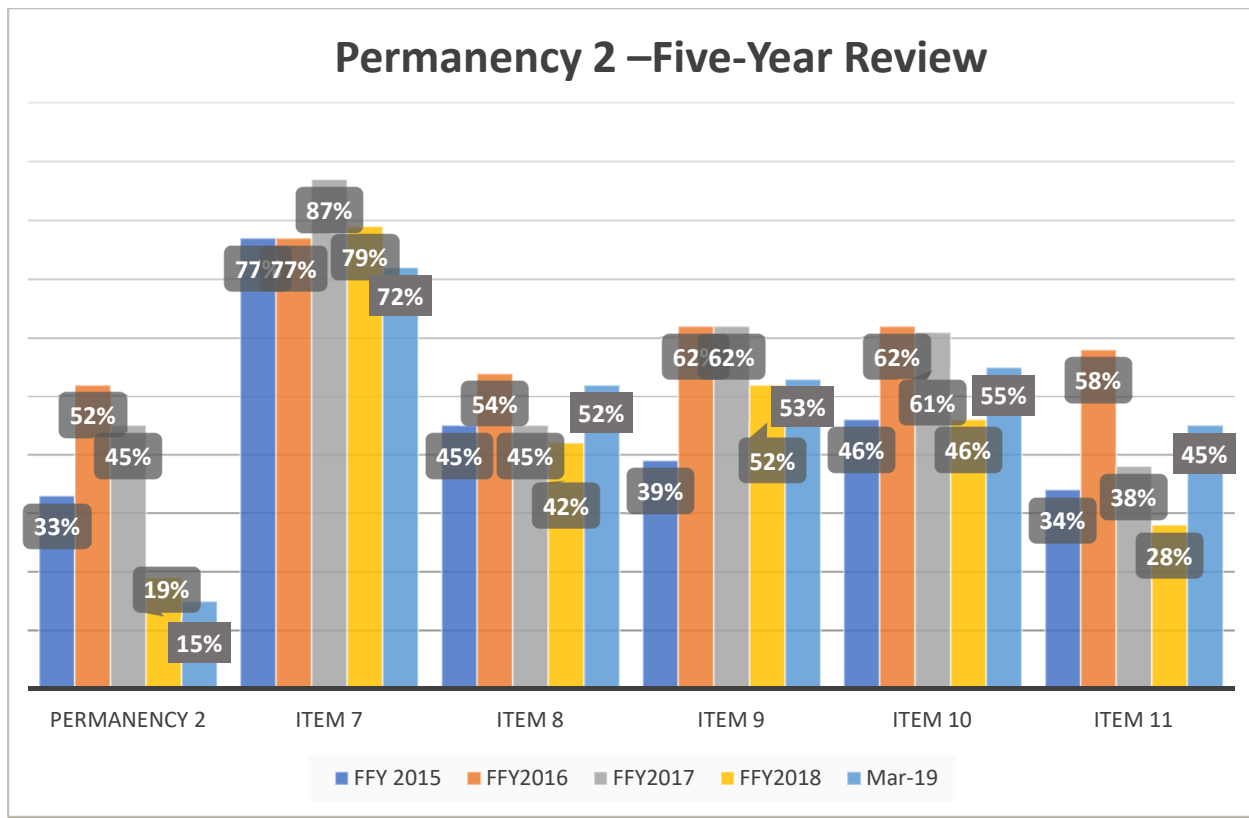
As evidenced below, there has been a demonstrated improvement with regards to Permanency 1 and three of the associated items (Items 9, 10, and 11) since the 2015 CFSR. The agency has declined slightly in performance related to two items (Items 7 and 8).

Figure 2: Permanency 1 - Five Year Review



More information about progress achieved on 2015-2019 CFSP goals and PIP goals can be found in the State's 2020 CFSP (section 2). A description of activities targeted at improving performance can be found in the State's 2020 CFSP and the 2020 APSR.

Figure 3: Permanency 2 - Five Year Review



C. Well-Being

Well-Being Outcome 1-Families have enhanced capacity to provide for their children’s needs

Well-Being Outcome 1 assessed services provided to children, parents and foster parents, engagement of children and families in the case planning process, and the frequency and quality of contacts with children and their parents.

The State’s overall rating for this outcome was 15% substantially achieved for the most recent review period of October 1, 2018-March 31, 2019. The State partially achieved in 56% of cases and did not achieve in 29% of cases reviewed. In comparison to the review findings from the previous review period (April 2018 to September 2018), this outcome decreased from 18% of cases substantially achieved to 15% substantially achieved.

For Well-Being Outcome 1, Family Support cases rated highest with 27% substantially achieved (a decrease from 33% in previous review period April 2018 to September 2018). Permanency cases rated at 17% substantially achieved (a decrease from 19%) and Family Preservation cases at 17% substantially achieved (an increase from 0% previously). As noted during current and previous reviews, insufficient quality of contacts with case participants (parents, children, foster parents and relevant collaterals) was a primary issue identified as negatively impacting Outcome Well-Being 1.

Three Well-Being 1 Items (Item 12, Item 14, and Item 15) remain as unachieved PIP items.

Item 12- Needs and services to children, parents and foster parents

This item was reviewed to determine whether, during the period under review, the agency (1) made concerted efforts to assess the needs of children, parents and foster parents (both initial, if the child entered care or the case was opened during the period under review, and on an ongoing basis) to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family, and (2) provided the appropriate services.

Item 12 is broken down into three sub-items: 12 A -- the assessment of needs and provision of services to meet identified needs for children; 12 B – the assessment of needs and provision of services to meet identified needs for parents; and 12 C – the assessment of needs and provision of services to meet identified needs for foster parents.

Ratings for this item reflect the Agency's level of achievement in conducting initial and ongoing comprehensive assessment of needs as well as provision of appropriate services in a timely manner to meet identified needs.

One issue negatively impacting Item 12 included formal assessments that were needed but not provided, including psychological evaluations, Comprehensive Child and Family Assessments (CCFAs), domestic violence assessments, substance abuse assessments, psychiatric evaluations, and parental fitness evaluations for parents as well as developmental evaluations and trauma assessments for children. It was noted in many cases that the Agency had arranged/paid for assessments and evaluations but never obtained them. Since the assessments had never been obtained, the recommendations were unknown, so the Agency had no way of knowing the services recommended.

In addition to formal assessments, reviewers evaluated for the utilization of informal assessments as well, such as case manager observations and information obtained through collateral contacts. The primary reason Item 12 was an area needing improvement was the lack of consistent contact and engagement with the children, parents, foster parents and relative caregivers to assess their needs and participation in services.

Delays in initiating formal assessments and needed services were noted to be an issue, as well as a lack of assessment of the parental participation and effectiveness of the services offered. Collateral contacts were rated to be sufficient in only 36% of the reviewed cases, and the lack of collateral contacts negatively impacted this item.

When analyzing Item 12 data, it is evident that the agency has consistently struggled the most with regard to service provision to parents.

Item 13- Child and family involvement in case planning

Ratings for this item were based on whether there were concerted efforts made to involve parents and children (if developmentally appropriate) in the case planning process on an ongoing basis.

For Item 13, Permanency cases continued to demonstrate highest strength rating. All program areas increased from the previous six-month review and are now back near ratings achieved in the October 2017 to March 2018 review period (Permanency rated 64% in that review, Family Preservation rated 40%, and Family Support rated 56%).

The PIP goal for Item 13 was met in October 2017 with a rating of 51% (PIP goal of 47%).

Cases achieving a strength rating in case planning with families demonstrated both initial and ongoing case planning activities with applicable participants, to include school aged children who are developmentally appropriate, in home parents, out of home parents, caregivers and adoptive parents. Evident case planning activities have included formal Family Team Meetings reflecting family input regarding strengths and needs, as well as ongoing discussions regarding service provision, barriers to case plan progress, and permanency planning. Cases rating a strength also reflected input from children not only for their needs, but also regarding their parent's needs and progress with services.

Insufficient contact with parents and children (in both frequency and quality) was most often cited as an underlying issue resulting in the failure to include parents and children in the case planning process. In many cases rated as area needing improvement, there was a lack of engagement with parents and children regarding case plan development (the family's strengths and needs), as well as, a lack of discussion about progress with services being provided such as substance abuse, domestic violence, parenting or mental health.

Item 14- Caseworker visits with child

Evaluation on performance related to this item focused on whether the frequency and quality of visits between case workers and children were sufficient to ensure safety, permanency and well-being.

For cases rated as a strength, contacts with children included private conversations and interactions with children; discussions relevant to allegations of maltreatment as well as ongoing assessment, monitoring and case planning; and observations of the home environment, household members' interactions with each other, and developmental levels/needs (particularly for younger children or children with developmental delays).

Missed and/or gaps in contacts and lack of visits with children in their home/placement settings have had a significant impact on this Item. This overwhelming trend of failing to contact children or ensure contact in their home environment significantly reduces the ability of the agency to assess safety and well-being of the children. Lack of contact in the home environment for extended periods of time prevented assessment of the home environment, additional household members, and prevents observation/assessment of child-caretaker interaction.

Additional issues negatively impacting this item included contacts with little or no meaningful engagement or discussion relevant to reasons for agency involvement, assessment, and case planning with children during visits.

Item 15- Caseworker visits with parents

Evaluation of performance related to this item focused on whether the frequency and quality of visits between caseworkers and the parents of the children were sufficient to ensure the safety, permanency and well-being of the children and promote achievement of case plan goals.

Lack of face to face contact with parents negatively impacted ratings in Item 15.

Another trend identified during the review was the lack of home visits with birth parents and/or their live-in paramours. Failure to contact parents in the home impacted findings in this item due to the lack of observation of the home environment and assessment of household members, as well as lack of observation of the child-parent interaction post-reunification.

Quality was often negatively impacted due to a lack of relevant discussions to address new or previously identified issues, to ensure services were in place, or to monitor progress and case planning.

Well-Being Outcome 2- Children receive appropriate services to meet their educational needs

Well-Being Outcome 2 Item 16 was evaluated to determine whether the Agency made concerted efforts to assess children's educational needs initially and ongoing, and whether the identified needs were appropriately addressed in case planning and case management activities.

Regions have varied widely with regard to their level of achievement related to Item 16.

Comparing the current six-month trend results (October 1, 2018- March 31, 2019) to the previous six-month trend report (April 2018 to September 2018), four of 14 regions (Regions 2, 6, 10 and 13) improved their rating for Item 16, while the remaining ten regions (Regions 1, 3, 4, 5, 7, 8, 9, 11, 12 and 14) had declined ratings from the previous report.

Regions who performed better in this area demonstrated thorough ongoing assessment of children's educational needs as well as timely provision of services to meet the identified needs.

In cases rated as needing improvement for Item 16 the most common factor was failure to follow up on identified issues or service provision for the child including special education, failing grades, tutoring, behavioral issues, and attendance issues. There was also a lack of contact with school professionals and other providers to gather information directly from the source. Delays in enrollment and failure to obtain school records were cited as areas needing improvement as well as the need for referrals to Children's First and Babies Can't Wait.

Overall, the Agency has been more effective at assessing educational needs than providing and monitoring services to ensure they were effectively meeting the identified need.

EPAC referrals were not always made, but more often, EPAC referrals were made yet there was no evidence the assessment was completed.

Well-Being Outcome 3-Children receive adequate services to meet their physical and mental health needs

This Outcome focused on whether, during the period under review, the agency assessed and addressed the physical, dental and mental health needs of children. It is comprised of two Items, Item 17- physical and dental needs, and Item 18- mental health needs.

The State substantially achieved Well-Being Outcome 3 in 15% of the 132 applicable cases for the period of October 1, 2018-March 31, 2019. This was a decline compared to the 27% rating in the prior six-month review (April 2018 to September 2018). The current rating shows a decrease from the federal CFSR conducted in 2015, at which time 25% of the applicable cases for Well-Being Outcome 3 rated substantially achieved.

Item 17-Physical health of the child evaluated the Agency's assessment of and provision of services to meet a child's physical and dental health needs.

Higher performing regions conducted adequate assessment (initially and ongoing) of children's medical needs as well as follow up to ensure that services were provided to meet identified needs (including agency oversight of prescribed medication for children).

Often, when assessment of physical health and dental needs was not sufficient, it was due to the lack of contact with medical and dental providers, either to assess the child's physical/dental needs or to ensure appropriate treatment for identified needs. Identified medical/dental needs included asthma, heart conditions, prenatal drug exposure, allergies and decayed teeth.

Documentation and case interviews indicated most information regarding the child's physical and dental needs was gathered from the caretaker, without confirmation from the provider. However, in many cases, there was also a failure to have conversations with the parent/caretaker and child about identified medical/dental issues.

Other trends that were noted in cases where physical and dental health needs were identified as an area needing improvement were the failure to ensure needed medical/dental services were followed up on in a timely manner and the Agency's lack of knowledge about all health issues.

Appropriate oversight of prescribed medication was rated a strength in only 34% of applicable cases during the most recent six-month rating period. Many cases were lacking basic medical records and the health/medication log in SHINES was not kept up to date. There was also information regarding the child's physical and dental health in the Georgia Health Information Network (GHIN) portal for which the Agency had no knowledge.

Item 18-Mental/Behavioral health of the child evaluated the Agency's assessment of and provision of services to meet a child's mental and behavioral health needs.

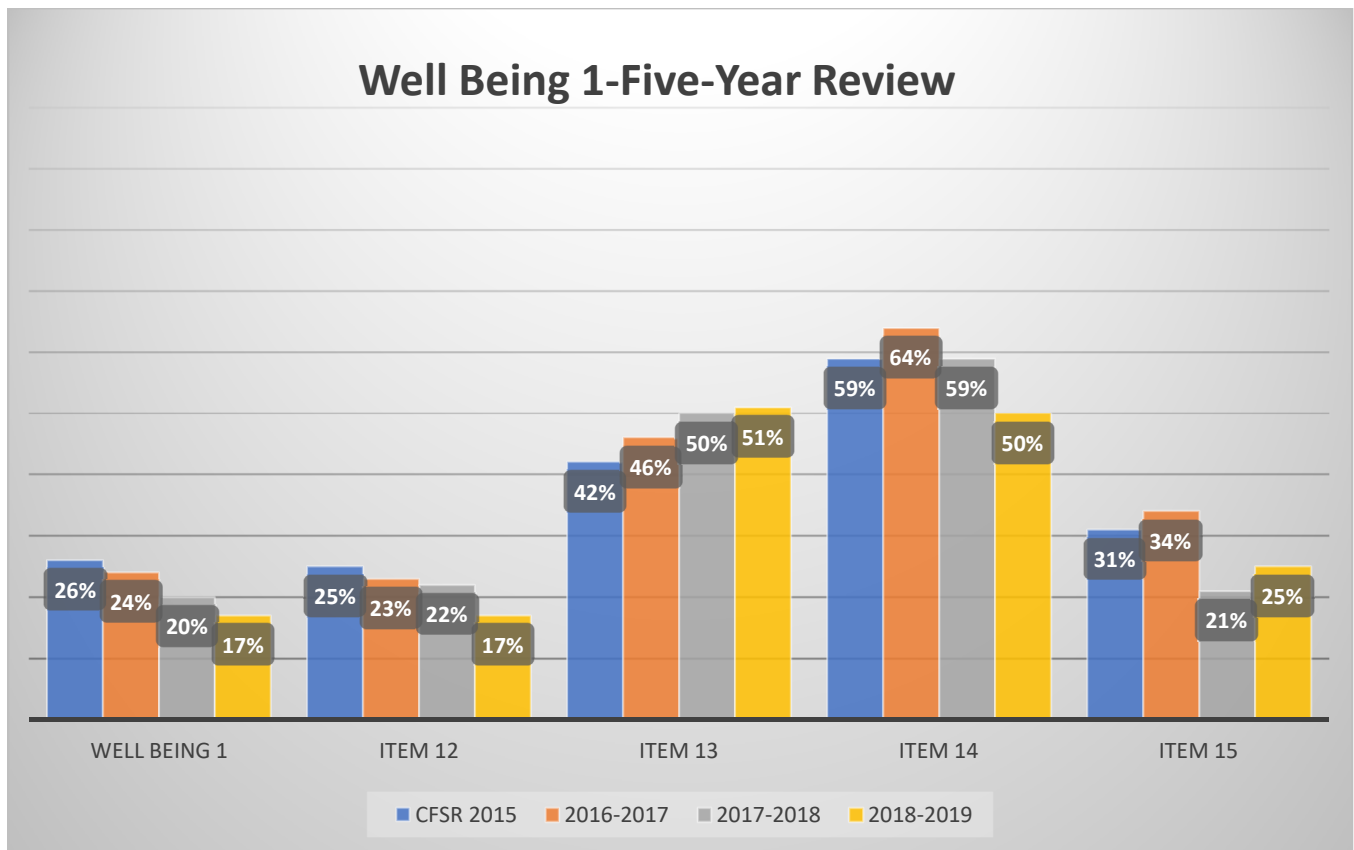
The most commonly identified (and likely the most easily remedied) issue negatively impacting Item 18 was the failure to follow agency protocol requiring oversight and monitoring of psychotropic medication prescribed for children in foster care. Only 5% of applicable cases reviewed within the most recent six-month rating period (October 2018-March 2019) were found to have appropriate oversight which would include authorization signed by the director, requests for and receipt of medication logs, and ongoing monitoring through discussion with children, caregivers and prescribing physicians.

Additional identified issues included lack of or delayed assessment of mental/behavioral needs when concerns were identified, failure to provide ongoing assessment and/or failure to complete further evaluations when recommended. In some cases, children had been exposed to domestic violence, sexual abuse, or other traumatic events which would have warranted a formal assessment, but it was not provided.

Failure to initiate recommended services, delays or gaps in service provision were issues frequently noted as well as lack of consistent contact with mental health providers to monitor and to verify participation, effectiveness and progress.

As evidenced below, the State has demonstrated overall decline with regards to Well-Being Outcome 1 performance. Improvement has been noted related to Item 13 on a continual annual basis since 2015. However, the remaining three Well-Being Outcome 1 Items (Items 12, 14, and 15) displayed significant performance declines.

Figure 4: Well-Being 1 - Five Year Review



More information about progress achieved on 2015-2019 CFSP goals and PIP goals can be found in the State's 2020 CFSP (section 2). A description of activities targeted at improving performance can be found in the State's 2020 CFSP and the 2020 APSR.

Steps have been taken to improve performance in well-being outcomes. Regarding education support referrals, case managers no longer have to make an official EPAC referral. Once a child enters into foster care a notice is sent to the education support monitor for the region where the child has entered into care. The case manager can readily begin to complete all applicable Person and Education Detail pages to initiate additional services and supports as needed. For meeting medical and health needs for children, the DHS medical director now provides medical consultation to case managers and other staff who need assistance in making the appropriate decisions for youth in care. Healthcare oversight reports are reviewed more frequently to track the health checks that are being conducted. Wellness program staff are tapped to provide direct support to DFCS field staff to ensure data is entered and health checks are completed timely.

D. Systemic Factors

Systemic Factor: Information System

For all children in foster care, the state's operational information system (statewide automated child welfare information system – SACWIS) captures data pertaining to the following:

- Status of a child – Legal Status page
- Demographic/characteristics – Person Detail page/Person Characteristics page
- Placement information – Placement Information page
- Child and parent/caregiver goals – Foster Care Family Plan Detail page/Foster Care Child Plan Detail page

The QA team routinely utilizes the statewide automated child welfare information system (SACWIS) or Georgia SHINES to review cases in all program areas for the purpose of quality assurance reviews. The team has not encountered any barriers to completing case reviews in the system. The QA team does not evaluate the SHINES system as a systemic factor as a part of the QA review process. It utilizes the federal on-line monitoring system (OMS) to record all case reviews and data associated with QA reviews. This is a user-friendly efficient system and no barriers have been encountered through the use of this database. The QA team uses an Access database for the purpose of recording case findings and data related to the quality collateral contacts and supervisory staffings for the cases reviewed.

Georgia SHINES serves as the state's case management tool – an end-to-end application system supporting all program areas from child protective services and foster/adoption services. Through Georgia SHINES, case managers can complete major functional areas of their work, including intakes, investigations, placements, foster case eligibility determinations, reunifications, adoptions, financial management, resource management, and reporting. Georgia SHINES improves integration across related social services programs through automated interfaces with the courts, Medicaid eligibility, financial processes and child support. It serves as the State's primary source for meeting federal reporting needs, specifically for AFCARS, NCANDS, and NYTD. Over the years, the data in Georgia SHINES has become more reliable in validating the status of cases. This has been achieved in part by the reporting applications (Georgia SHINES and LENSES) available to users.

Georgia SHINES supports child welfare practices and the collection of data. At the onset of a report of abuse and/or neglect and throughout the life, case managers have the ability to document all relevant case information including, but limited to:

- status of a child
- person demographic
- person characteristics
- placement information
- child and parent/caregiver goals

Status of a child

When it is determined that the best interest of a child is removal from his/her parent/caretaker, the case manager completes the Custody/Removal page. Case managers record information about the events leading to a child's

removal – bringing a child into DFCS custody. Case managers document if the removal was court ordered, voluntary, or short-term emergency. In addition to recording the type of removal, Georgia SHINES captures the reason for removal – if the removal was a caretaker issue or child-related issue.

Removal Date

* Removal Date: 7/26/2011 Age at Removal: 13 Years 3 Months

* Removal Type: Court Ordered Voluntary Surrender Voluntary Placement
 Short Term Emergency Care (Care up to 7 days)

Parent Notified of 72 Hour Hearing at Removal

Removal Reason

Caretaker-related

<input checked="" type="checkbox"/> Abandonment	<input type="checkbox"/> Incarcerated
<input type="checkbox"/> Alcohol Abuse	<input type="checkbox"/> Neglect 2
<input type="checkbox"/> Caretaker's Inability to Cope Due to Illness or Other Reason 2	<input type="checkbox"/> Physical Abuse
<input type="checkbox"/> Death	<input type="checkbox"/> Relinquishment 2
<input type="checkbox"/> Drug Abuse	<input type="checkbox"/> Sexual Abuse
<input type="checkbox"/> Inadequate Housing	

Child-related

<input type="checkbox"/> Alcohol Abuse	<input type="checkbox"/> Child's Disability
<input checked="" type="checkbox"/> Child's Behavioral Problem	<input type="checkbox"/> Drug Abuse

As cases progress from intake through to adoption, it is necessary for a case manager to record changes to a child's legal status following outcomes of court actions. The Legal Status Detail page allows the case manager to document who is legally responsible for a child. This includes DFCS, other state agencies, other states, or person (e. g. parent or relative). The Legal status Detail page also captures the effective date of the legal status and when it changes.

The status of children who enter and exit foster care is tracked via Georgia SHINES reports:

1. Foster Care Entry report provides a list of children who entered care during a specific reporting period. This report provides users with the legal status upon entry in foster care, reason for removal, and if there was a prior episode for the child. According to this report, between August 2013 and July 2014, there were nearly 5,000 children who entered foster care. This report allows users the ability to view the data statewide, regionally, and county. Users can view data across larger or smaller periods of time. For example, a user can view data across a six-month period or 12-month period.
2. Foster Care Discharge report provides a list of all children who exited foster care during a specified reporting period or youth who turned 18 and came back into care with a legal status of Temporary Voluntary. This report provides the date children entered care, discharged from care, and the reason for discharge. Like the Foster Care Entry report, users can view data statewide, regionally, and county. The report allows a user the ability to monitor discharge rates over a wide or small period of time. According to this report, there were almost 6,000 children who exited foster care between August 2013 and July 2014.
3. In addition to the aforementioned reports, there is also an Active Totals report. This report provides a summary of totals during a specific month, including a breakdown of children's placement type. Users can view how many cases were active the first/last day of the month, number of cases closed during the month, and the primary service opened during that reporting period.

Person Demographic

The Person Detail page is the gateway to capturing all demographic information on persons in Georgia SHINES. It is used to capture:

- Person Name
- Demographics – captures gender, marital status, DOE, religion, etc.
- Phone
- Other Relationship Information
- Person Identifiers
- Medication – allows the case manager to document medication name, frequency, reason, prescription duration, and allergy information
- Education
- Caregiver/Parental Relationship Information for Child – allows the case manager to indicate other persons in the case with specific relationships to the child
- Person Merge/Split
- Income and Resources
- Address
- Current Stage – captures whether the person is a principal or collateral
- Name History
- Race/Ethnicity
- Additional Information
- Tribal and Additional Information – captures American Indian heritage percent, tribal membership and registry information, physical characteristics
- Characteristics/Diagnosis – displays current observed/reported characteristics and diagnoses, historical characteristics and diagnoses, and child’s SSI eligibility (when applicable)

Person demographic information is monitored via AFCARS data quality reports. These reports include, among many other data elements, person demographic information such as name, date of birth, race, and ethnicity. The AFCARS quality reports are distributed to the data integrity specialists (DIS) on a monthly basis. The DIS work in partnership with county staff to ensure that person data captured in Georgia SHINES is accurate.

Characteristics

Characteristics of a child (or any person) are documented on the Person Characteristics page, which is accessible via the Characteristics/Diagnosis section of the Person Detail page. The Person Characteristics page is used to maintain individual characteristics for a person. These characteristics should be used to assist with placement or to document special needs of a child. Characteristics are captured for adults and children. The Person Characteristics page also captures whether or not the child was previously adopted, date of previous adoption, Title IVE eligibility prior to adoption, date of dissolution, along with other information regarding the adoption dissolution.

The Person Characteristics page is used to document physical/medical and/or behavioral issues either reported and/or observed. Any characteristic which has been diagnosed by a qualified professional must be entered on the Health Detail page. Observed or reported characteristics can be reported by a parent/caregiver, child, family member, a case worker, or any other person in contact with the child. This also includes the start and end dates of each diagnosis.

Child characteristics are monitored via AFCARS data quality reports. In addition to the AFCARS data quality reports, there is a Case Watch page associated with foster care cases. The Case Watch page provides case managers and supervisors with a central location to view the current status of Georgia SHINES data with a targeted set of documentation and outcomes standards. The Case Watch page provides direct access to AFCARS and NCANDS report data to allow for review and potential corrections throughout the year instead of during cyclical reporting cycles. There are navigational hyperlinks built into the page provided to help guide case managers in correcting issues affecting outcome measurement and data quality.

Placement Information

Upon entry in foster care, case managers must record the location of the child. This includes all placement types – DFCS foster homes, relative, group homes, hospitals, youth detention centers, etc. Case managers use the Placement Information page to record placements that actually occur and placement attempts. Aside from general information (start date, location, and resource) the Placement Information page also includes the following:

Placement Certification

Case Manager Signature

Certifications on child placements are required on new placements as of November 20, 2011. I acknowledge that I have accessed the Placement Log [via the Placement Log hyperlink] of this placement resource and reviewed this child's characteristics and the current characteristics of other children placed in the resource.

I have evaluated the appropriateness of the placement and considered the protective capacities of the caregiver for meeting the unique needs of this child.

If continuation in this placement is not in the best interests of the child, I acknowledge that I have a responsibility to seek a more appropriate placement as quickly as possible.

Name: _____ Date Signed: _____

Certification for: _____

Save and Submit Save

To improve safety prior to a child's placement with a resource, Georgia SHINES requires case managers to view the Placement Log of the resource and certify that placement is appropriate.

- Placement Log hyperlink – allows case managers to view children placed with a resource

- Case Manager Signature – requires case managers to check the checkbox indicating that he/she has access and viewed the Placement Log and evaluated the appropriateness of the placement. This serves as an electronic signature. NOTE: Supervisors are required to do the same when approving a placement.

Placement information, including types and moves, is tracked via reports in Georgia SHINES and AFCARS quality reports.

1. Exception report provides a statewide, regional, and county view of data elements missing/incomplete, such as missing placements, unapproved placements, no case plan, etc. As a manager, the user can view the percentage of cases that have missing and/or unapproved events. Users can view not only statistical performance, but also case detail information.
2. Placement List report provides current placement information of all children in foster care for a specific county. This report captures only those children in an approved placement regardless of whether the child is in DFCS custody. This allows users the ability track the removal date, placement type, placement name, placement start date, and months in placements. The report also provides a total of all placements.
3. LENSES, an Oracle Business Intelligence application, has a Placement Stability report that captures the number of children placed with child caring institutions, child placing agencies, and DFCS foster homes. Not only does this report capture the children placed by placement types, it also provides the number of placements moved in a selected reporting period. The Placement Stability report allows supervisors and above to monitor and track performance on key indicators. Like most LENSES reports, the Placement Stability report allows users to drill down to view regional, county, unit, and case manager level. It contains detailed reports that display resources, homes/facilities, and the average length of stay with each resource.

Child and Parent/Caregiver Goals

Goals (and steps) needed to achieve permanency are documented on the Foster Care Child Plan Detail and the Foster Care Family Plan Detail. Together, these two become the critical parts for identifying the plan for permanency. In addition to the Foster Care Child Plan and the Foster Care Family Plan, the case plan document contains other data that is gathered from various pages in Georgia SHINES. The Foster Care Case Plan is developed with the family within the first 30 days of removal. It is presented during the dispositional hearing and becomes a binding document between the family and agency. During the lifecycle of a case, the case plan should be updated to reflect the status of goals and steps.

The Foster Care Case Plan Child Detail page is used by foster care case managers to record case information specific to a child in a foster care case. It is divided into three sections: a Detail section for general information, the DFCS Standard Goals list, and the Child Case Plan Topics section. These sections allow case managers to document:

- DFCS goals and steps to support the child while in foster care
- DFCS reasonable efforts to prevent removal
- Whether the diligent search was completed in 90 days and when it was completed
- Whether the child is adjusting in care or explanation for why the child may not be adjusting in care
- ASFA regulations requirements
- Non-reunification conditions, if applicable

- Health information
- Education information (which also displays on the Person Detail page)

The Foster Care Case Plan Family Detail page is used by case managers to record details about the case that specify goals and steps for case participants involved in achieving permanency for a child(ren) and record aftercare plans. Case managers record:

- Permanency plan type to indicate if the case plan is a reunification, non-reunification, or concurrent plan
- The person(s) involved in the case plan
- Assigned juvenile court judge
- Family plan dates
- Justification for the permanency plan type and the reasons why the children cannot currently return home at this time, and the current expectation of the harm that would occur should the children be returned
- The overall target date for establishing permanency for all children covered by the plan
- Goals and steps necessary to achieve permanency (for parent, relative, non-relative)
- List of those who participated in the development of the plan

The above referenced components of the case plan that primarily captures permanency plan goals and steps are recorded as necessary to achieve permanency. However, the case plan document itself contains far more data. Information entered on the following pages in Georgia SHINES pre-populate to the case document:

- | | |
|--|--|
| • Adoption Information (if applicable) | • Custody |
| • Education Detail | • Health Information |
| • Legal Status | • Legal Actions and Outcomes |
| • Needs and Outcomes | • Placement Information |
| • Person Detail | • Relative Care Assessment (if applicable) |
| • Visitation Plan | • WTLP (for children 14 years and older) |
| • Team Meeting/Reviews (FTM/MDT) | |
| • Youth Detail for WTLP | |

Child and parent case plan goals are tracked via Georgia SHINES reports and AFCARS data quality reports. There are various reports (Exception, Overdue Foster Care Case Plan, and Cases with no Child/Parent Involvement) via the Reports page that can assist users with monitoring case plan development. This includes cases with no approved case plan, case plans with no parent/child participation, and cases with another planned permanent living arrangement (APPLA) goal. These reports can be accessed by all Georgia SHINES users.

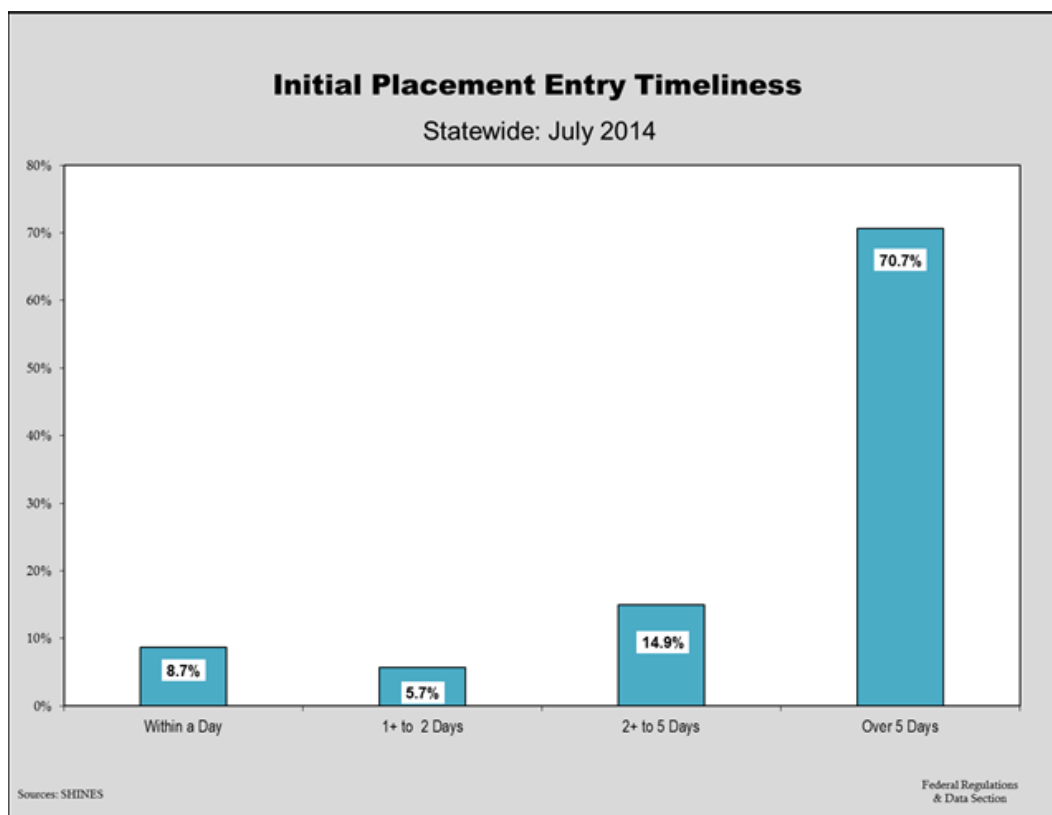
The APPLA report tracks children who have a permanency goal of APPLA and have not transitioned to independent living or without long-term foster care commitment from either a foster parent or caregiver. In July 2013, there were 294 children who had not met their APPLA goal. In comparison, in July 2014, there were 384 children who had not met their APPLA goal.

In addition to the Georgia SHINES reports, the Foster Care Status report in LENSES assists with monitoring children who have overdue case plans. On the detail level, users can view the permanency plan type and when the most

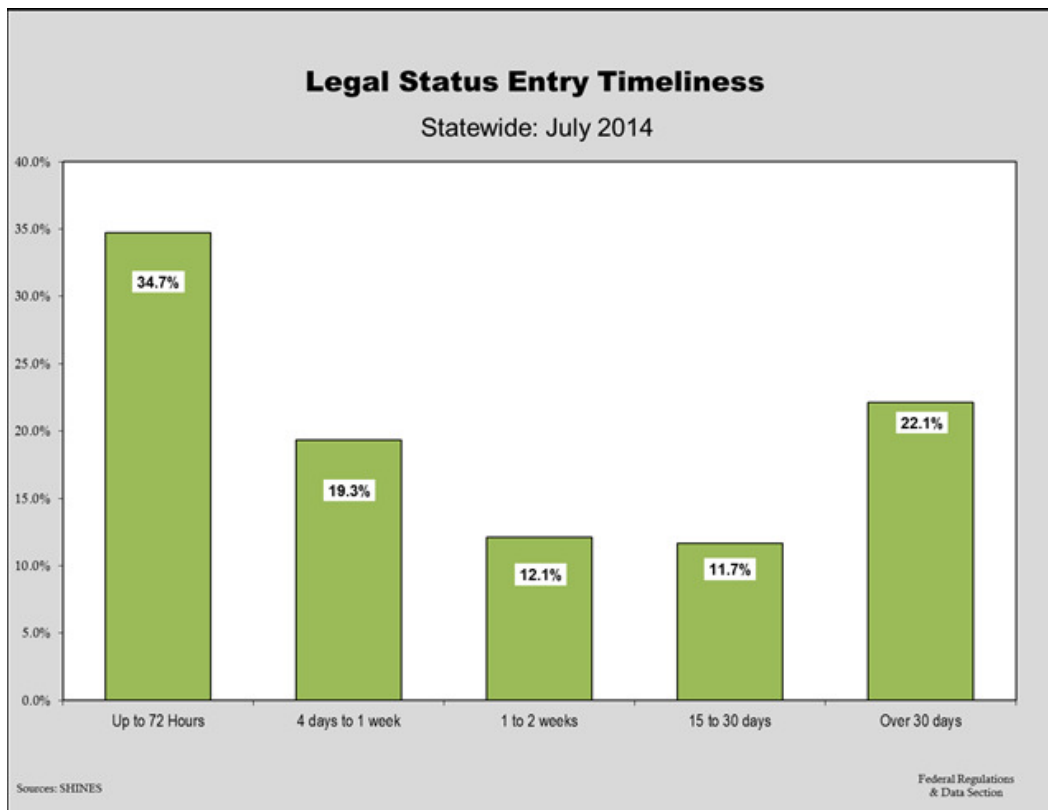
recent case plan review date is due. This report, unlike the other reports in LENSES provides a current status of a case. This report does not allow users to view data across a period of time.

Georgia SHINES and LENSES reports provide users the ability to monitor and track performance outcomes. There are some reports that provide timeliness of entry of data captured in Georgia SHINES. For example, the LENSES Intake Calls report provide the average length of time between call received and call entered in Georgia SHINES. The Data Unit, however, provides leadership with a series of report queries that address timeliness on a monthly basis. Among the timeliness reports provided are timeliness to placement entry, legal status entry, and case plan approval. Below are timeliness reports for July 2014. This provides a snapshot of performance on data entry of current open foster care cases.

Initial Placement Entry Timeliness report provides time between the date of event (child placed) and when the placement was entered in Georgia SHINES.



Legal Status Entry Timeliness report provides the time between the date of event (child’s legal status) and when the event was entered in Georgia SHINES.



As the State collected input from stakeholders during the initial stages of CFSP development, recommendations included adding alerts, pop-ups, or hovering messages to help track and ensure appropriate services are being identified, referrals to services are being made and that staff are diligently following up to make sure services were provided and provided timely. The State has incorporated a lot of these mechanisms over the years. Currently, Georgia SHINES generates system alerts, notices and messages notifying users when case documentation is incomplete. The state has, in the past, conducted focus group discussions regarding system alerts. Feedback received from those participants indicate that additional alerts would not be beneficial to end users, as users do not frequently refer to them.

Another suggestion was to insert hard stops that prohibit the user from moving forward in a case, or closing a case, unless they have inserted all required documentation (service authorization reports, genograms, etc.). Maybe link the case plan to service authorizations, but without the “hard stop” prohibiting a worker from being able to document. Throughout Georgia SHINES, there are system validation logic that requires users to complete case documentation/tasks before saving pages, closing stages, progressing cases from one program area to another. Required data is defined by the business, including process validation. For example, at stage closure of foster care cases, the case managers are required to update case plans, placements, and eligibility.

Some suggested the State build a prompt in SHINES that makes it likely that a user will seek out family or other

cost-free resources prior to referring families to services at cost. As part of the kinship initiative, additional changes are being implemented to improve diligent efforts to locate with relatives/fictive kin. System updates are scheduled to deploy November 2019.

Both internal and external stakeholders have requested that Amerigroup and SHINES database systems be more compatible with each other (particularly in regard to tracking children who have been diagnosed with psychotropic medicine). However, the SHINES system is unable to interface with a third-party system. The Department of Community Health/Amerigroup provides data regarding all of the youth in care that are on psychotropic medications which is used in the psychotropic medications report that is provided to staff. Using Medicaid IDs and information in the SHINES system, the DFCS Data Unit is able to match the child to the prescription and determine the case managers who are overseeing those cases. This information is provided back to each county to address any barriers around scheduling, services, and trends in show rates to the appointments.

DPH also provides data on the number of referrals received at Children 1st within the quarter (separated by county, age, sex), additional referrals that were made to other resources, percentage of referrals that were declined and why, and percentage of reason for deactivations of services. This data provides WPAC and DPH an idea of which areas have higher numbers of children under the age of 5, which resources are being referred out, types of services being provided, and if referrals are being submitted.

While developing the Significant Health reports, county leadership realized a need to be able to update the diagnosis in GA SHINES according to the DSM-V, and to create a more elaborate list of diagnosis (mental and physical) so that youth with severe mental, physical, and developmental disabilities can be easily identified. Because this was done, there is likely to be an improvement in treatment and long-term planning for the special needs youth if they remain with the DFCS past the age of 18. This enhancement has heightened awareness of which youth in care suffer significant health conditions however, there is more work to be done to improve documentation in GA SHINES to ensure the accuracy of the information. Georgia SHINES also developed the Child Passport, which supports House Bill 906 and notification to AmeriGroup. The form contains key information necessary to begin providing services for children in foster care.

Lastly, there was a recommendation to develop a tool in SHINES that creates a report of all the children who need a plan of safe care. This project will have to be considered after other projects that are already underway have been completed. What the state can take on right now is constrained by competing priorities, unfunded mandates, a decreasing or stagnant budget and technology limitations.

Georgia SHINES deployed statewide June 2008 and was developed with technology dated five plus years, at the time. Given this, there is a need to update Georgia SHINES architecture and implement new modernized technology solutions that will make the application more intuitive and user friendly. This is critically important to supporting a workforce that has high demand for meeting stringent timeframes. Ready access Outlook calendar, Google maps integration, and analytic insights (without generating reports) are a few examples of how technology upgrades can improve workload management, improve identification of safety/risk factors, etc.

Development of a comprehensive child welfare information system (CCWIS) Data Quality Plan is in the works. To accomplish this, the SHINES team is working in partnership with QA, Data Unit, and Office of Information Technology. The goal is to have the plan completed and ready for submission with the State's annual APDU

(Advance Planning Document Update). A technology roadmap has been developed by an existing vendor; however, implementation of the technology upgrade will be executed by OIT over the next four years.

Systemic Factor: Case Review System

The QA team evaluates the State's case review system routinely through ongoing QA reviews. Evaluation of the State's case review system is primarily captured when rating Item 13 (child and family involvement in case planning). The following findings have been made with regards to Item 13:

The state achieved an overall rating of 55% for Item 13 in the current review period (October 1, 2018-March 31, 2019). For Item 13, Permanency cases continued to have the highest strength rating at 60% (increase from 53% in previous review period April 2018 to September 2018), while Family Support cases rated at 50% (increase from 30% in prior review) and Family Preservation cases rated at 43% (increase from 27% previously). All program areas increased from the previous six-month review and are now back near ratings achieved in the October 2017 to March 2018 review period (Permanency rated 64% in that review, Family Preservation rated 40%, and Family Support rated 56%).

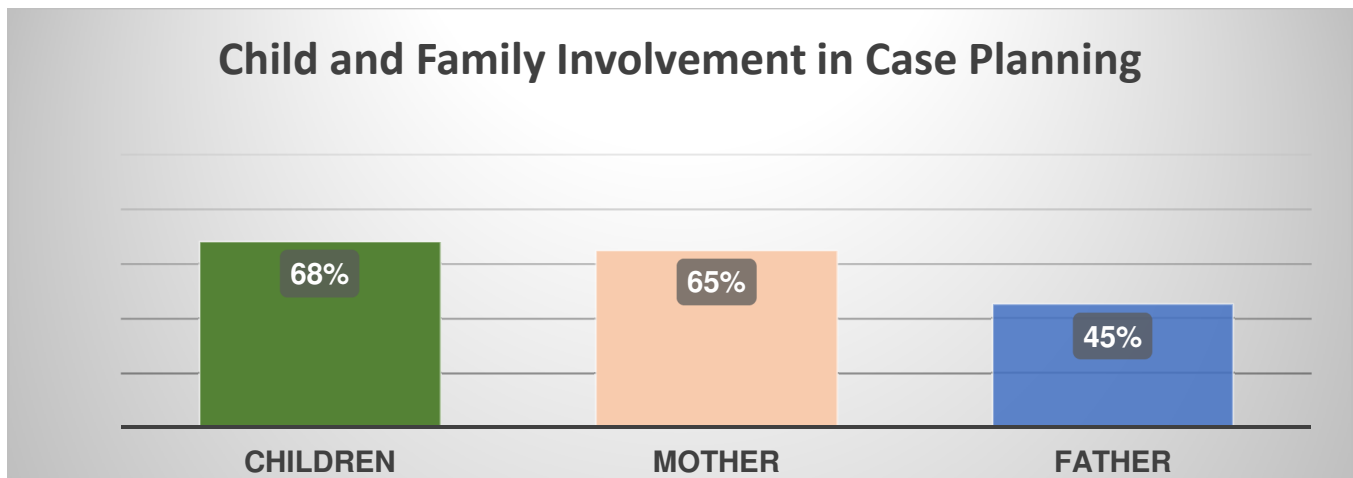
Cases achieving a strength rating in case planning with families demonstrated both initial and ongoing case planning activities with applicable participants, to include school aged children who are developmentally appropriate, in home parents, out of home parents, caregivers and adoptive parents. Case planning activities include formal Family Team Meetings reflecting family input regarding strengths and needs, as well as ongoing discussions regarding service provision, barriers to case plan progress, and permanency planning. Cases rating a strength also reflected input from children not only for their needs, but also regarding their parent's needs and progress with services.

Insufficient contact with parents and children (in both frequency and quality) was most often cited as an underlying issue resulting in the failure to include parents and children in the case planning process. In many cases rated as area needing improvement, there was a lack of engagement with parents and children regarding case plan development (the family's strengths and needs), as well as, a lack of discussion about progress with services being provided such as substance abuse, domestic violence, parenting or mental health.

The QA team has noted a continual decline with regards to case plans being created and/or created timely in Family Preservation Services cases.

As noted below, the agency made concerted efforts to actively involve the child(ren) in the case planning process in 68% of applicable during the October 1, 2018-March 31, 2019 review period (increasing from 64% from the previous review), mothers in 65% of applicable cases reviewed (an increase from 46% during the previous review), and fathers in 45% of applicable cases reviewed (decrease from 46% during the previous review).

Figure 5: Child and Family Involvement in Case Planning



Systemic Factor: Quality Assurance and CQI System

The State has demonstrated substantial compliance with regard to the Quality Assurance (QA) review system developed and utilized to evaluate performance related to CFSR outcomes and items. The case review system employed by the QA review team directly models the CFSR process in that cases are not only reviewed for compliance, but case specific interviews are conducted for each case to offer a thorough, comprehensive assessment of the state's true performance related to federal requirements related to our work with families.

Georgia operates an identifiable quality assurance system that is in place in the counties/regions where the services included in the CFSP are provided and the system evaluates the quality of services, identifies the strengths and needs of the service delivery system, provides relevant reports and evaluates implemented program improvement measures.

Georgia's Office of Quality Management (OQM) monitors safety standards and yields evaluative bi-annual and annual reports that document conformity with standards that secure children's safety. A quality assurance case review process was established and has been in place in Georgia since the 1990s. Since 2004, the results of the quality assurance monitoring (quality assurance case reviews) have been available via statewide and regional trend reports. In FFY 2003, the quality assurance case review process and review instrument were aligned with the federal Child and Family Services Review (CFSR) process and instrument. The quality assurance case review process is built upon a foundation of systematic processes and procedures that include:

- Structured interview guides
- Detailed protocol and procedure manual
- Training and mentoring for reviewers
- Inter-rater reliability process
- Statistically valid statewide sample

In FFY 2014, the QA case review process was modified to a primarily documentation review with selected regional interviews, causing case review results to drop on many of the rated CFSR items. Additionally, this modification did

not meet the federal criteria for a state's case review process for the CF SR Round 3. As a result, the state modified its process in FFY 2015 to again include case-related interviews.

A sample of cases in each program area receive secondary oversight by the Children's Bureau each month to ensure fidelity to CF SR ratings as well as to the QA review process.

Within the State there are 14 regional CQI teams, one state office CQI team and two additional teams, the intake unit and the special investigations unit. Each of these teams are regionally owned and are facilitated by one to two staff members within the region. Typically, C3 coordinators are the facilitators. They serve as the liaison between the state office and their region regarding any strategic plan, including the PIP and CFSP.

The state CQI team consists of six CQI specialists and one unit manager. Specialists are assigned two to three regional CQI teams where they serve as a consultant by guiding the team through the CQI process for regional strategies developed around deficit areas of the CF SR. All strategies must have the potential to positively impact PIP items. The CQI team works closely with the QA unit who conducts six-month regional reviews and have one QA Specialist assigned to each regional CQI team.

The state office CQI team consists of field operations staff, state level members and collaborative partners. Monthly meetings are utilized as a means of providing progress updates surrounding the PIP, CFSP and CF SR. In addition, topics of discussion include barriers, solutions and highlighting our star performers.

The CQI team also provides additional training opportunities during case manager and supervisor summits and other regional and/or state meetings. Recently, the CQI team trained regional and county directors, along with other field managers, so that they are better able to support the process within their region. These trainings were mandated by leadership. In addition, the CQI team holds quarterly CQI facilitator meetings where all CQI facilitators and co-facilitators attend to receive additional CQI training and discuss barriers/successes within their teams.

Due to staff turnover and high caseloads, some of the regional CQI teams are in an infancy stage and have struggled to fully execute on strategies. To offset this setback the CQI supervisor and QA manager have initiated a series of "reinvestment" activities that have included refresher training for all CQI teams across the state, regional team evaluations that were presented to the field operations director and frank discussions regarding the importance of CQI. These efforts have already harvested results such as increased partnerships, regional reliance upon CQI teams to address areas of concern, and a more robust assessment of CF SR QA review results on the local level. CQI staff also played a role in gathering input for consideration in the development of the upcoming CFSP.

C3 coordinators play a significant role in the CQI system, as many of them are the facilitators of their regional CQI teams. The coordinators submit monthly written reports to the state office to describe their region's progress on implementing strategies and achieving desired outcomes outlined in the State's improvement plan and CFSP. They act as liaisons between the region and state office as well as promulgate the reciprocity of information between the regional offices and stakeholders. Verbal reports of challenges and successes are discussed at monthly PACCC meetings (PIP, APSR, CFSP, CF SR, CQI).

Georgia developed a five-phase plan to develop the new 2020-2024 CFSP. Phase one included input gathering whereas the State determined at the onset that it would work collaboratively with stakeholders to develop effective strategies to strengthen the overall child welfare system. Input was collected by C3 coordinators from external partners at regional stakeholder meetings and/or via surveys. Input from internal staff was collected at local and state CQI meetings, in conference-style meetings, and via one-on-one face to face conversations. Input collected from internal and external stakeholders was presented at a C3 retreat where it was reviewed and analyzed by C3

coordinators, CQI specialists, program area leads and representatives from various areas of the Division (policy, training, EPAC, etc.).

Once selected, proposed goals and objectives were shared with over 140 stakeholders at the State Annual Joint Collaboration Meeting. Attendees included federal partners, court representatives, health professionals, youth, educators, providers, faith-based partners and others. Nearly 60 attendees responded to surveys regarding the meeting and state priorities. After the state adjusted the newly proposed CFSP based upon feedback, a group of committed stakeholders from the private sector worked as a task force to review the draft product. Their feedback was presented to agency executive leadership and CFSP steering committee members for consideration. (See Section 3. Child and Family Services Plan of this report for more information.)

Systemic Factor: Staff Training

Initial Training for Staff

DFCS implemented a new Child Welfare Training Academy in FFY 2018 to address concerns regarding initial training for child welfare case managers. The new curriculum rolled out in April 2018. The former Keys and Track training used prior to April 2018 was replaced by a new competency-based curriculum. The reason for this change was to improve the timeliness of the completion of certification for new hires before assuming a caseload.

Statewide, we were not meeting the 120-day time frame for new worker training. One of the major delays in meeting this requirement was the completion of field practice activities and the certification process at the conclusion of the designated CPS or Foster Care Track training. To improve in this outcome, Georgia rolled out a new Georgia Child Welfare Training Academy in April 2018. The new curriculum was a 15-week program consisting of a combination of online, field practice and in-classroom training. The Georgia Child Welfare Training Academy was comprised of Fundamentals (4 weeks), CPS Essentials (2 weeks), Foster Care (1.5 weeks) and Simulation (2 days).

Enhancements to the curriculum included an increased focus on trauma, safety, substance abuse, interviewing, child development, family functioning, commercial sexual exploitation of children (CSEC) and intimate partner violence. Case managers also completed the Legal and Mock Trial Training and the Child Welfare Simulation as a part of the Academy. Upon successful completion of the Academy classroom, online and field practice, staff are certified.

In the previous version, case managers were allowed to carry caseloads of no more than four cases after becoming provisionally certified. After full certification, staff were allowed to carry full caseloads. Initially, one of the challenges was that case managers were given caseloads before beginning and or completing new worker training.

A major requirement change with the new Georgia Child Welfare Training Academy is that staff are not allowed to carry a caseload while in new worker training and are cross trained in both CPS and Foster Care. While we continue to have a few instances where staff are assigned caseloads prior to becoming certified, it is overwhelmingly the exception and not the rule. Prior to implementing the new academy, having a caseload was the rule.

An evaluation was completed several months after the conclusion of the pilot to evaluate the effectiveness of the new academy. The evaluation was completed by Georgia State University. The evaluators interviewed supervisors who managed staff who completed the old training and the new academy. Excerpts from the supervisor focus group evaluations is below and were used to tweak communication and areas in curriculum.

EXTENT TO WHICH THE ACADEMY PREPARED THE NEW CASE MANAGERS

Overall, supervisors did not see many differences between Academy participants and participants who completed the previous (Keys and Track) training. When comparing the impact of the Academy to the impact of the previous training, supervisors often did not see the “bang for the buck” and it was difficult for them to pinpoint or tease out if the positive behaviors they were seeing in their case managers was related to the Academy or inherent in the case managers (for example their life experience, previous work experience, and education). The following are representative quotes from participants:

“I don't really feel like there's any difference between the two.... It was a really long overview, when I got the same thing out of the 10-week training... For the amount of time it took away from doing fieldwork, I feel like we did not get enough bang for our buck out of it.”

“She [referring to the worker who attended the Academy] has been here six months and I had an additional worker go through the [old] training, and they just about started within weeks of each other in the office with caseloads. So, the two of them, even though she [referring to the worker who attended the Academy] has been here longer, the two of them are neck and neck as far as experience and where they are with their cases. I would have to say that I don't see a huge difference between the two of them. I feel that the other worker is just as prepared... So overall, in my opinion, I have two workers that are just about the same competency and about the same skill level and one went to the Academy and one went to the traditional. I don't feel that there's a huge difference.”

Supervisors noted that Academy participants were more knowledgeable about policy than new case managers they've supervised who went through the previous training.

“She would come back and she can tell you policy. I do believe that a lot of the workers out of the old training didn't get a lot of policy and didn't understand how policy affected what we do and how policy enforcement is helping us make decisions about the process and where we're going to go. She was very familiar with that...I have one of the workers that just finished the old training, and I could see a difference. And how much the worker that went through the Academy -- how she approaches things looking at what policy says versus the other case manager who doesn't really know policy at all.”

“What I've seen, the workers [who went through the Academy] have a better understanding of policy and how the work of one unit affects other units than CPS workers who just go through CPS track...I think they have a greater knowledge of the work that we're doing and policy versus someone who has gone through the old program.”

Engagement and assessment skills:

Some supervisors noted that their new case manager who went through the Academy had better engagement and assessment skills.

"I saw more confidence in this case manager than other case managers and enhanced knowledge in terms of assessing a family and being confident in that."

"The worker has done amazing assessments – is very strong is assessing safety."

"I see with the new worker who went through the Academy, the ability to sit down and really have a conversation and dig deeper than just a superficial interview where you just go in, ask a couple questions, you're there five minutes and you're gone. The new worker spends more time with family. She asks more questions. She digs deeper. So that's definitely a positive of the new training versus the old...they are more engaging."

General knowledge and understanding of organizational structure and roles:

Some supervisors also noted that Academy trained participants seemed to have a greater sense of the organizational structure of the Division and the different program areas and roles within the agency. In addition, they were generally more knowledgeable.

"I can see that she has a lot of questions and she's more specific in terms of asking her questions. The difference with other case managers is that they didn't even know what to ask so I felt that as a supervisor I was always giving them that information not just showing them what needs to be done but also to some degree even given them the question. That has been a major difference between my case managers in the old way of training to the new way of training. She [The Academy trained participant] had a lot more knowledge because she was able to ask questions that came close to what she needed to ask versus someone that didn't even know to ask a certain question."

Within the focus groups, several themes emerged relative to the structure and implementation of the Academy. These were related to the Academy length, the balance between classroom time and field practice, the simulation, testing, and feedback from trainers.

Academy Length

Participants had mixed reactions to the overall length of time of the Academy. In keeping with the themes related to preparedness, most supervisors felt their workers should have been better prepared given the length of time they were in training:

"The 15 weeks, I'm not saying that's too long. I think it's too long for what we got. If things that we felt were missing were a part of the 15 weeks, it would be fine -- if someone came out with a more identifiable and usable job skill set."

Other supervisors could see the value of the extended time:

"I'm appreciative that it's [the training] long term even though it is a lot of training when you're in the county and you need a worker with their boots on the ground. I think it provides the opportunity for more absorption of the

information. And it's not so rushed...And in this type of field I don't think you should rush... I think you really have to have a good foundation for this job."

"The supervisors also expressed the difficulty of having a worker be in training for that length of time. Even if they could see the value of allowing case managers to focus on learning, that did not make it any less difficult or lessen the impact on the workload and the work unit:"

"I do think the length is a positive thing. I think it's helpful with the thoroughness of it, but it is frustrating because you need that person working."

"For me the most challenging thing was having a worker but not having a worker. And having my other workers carry cases that we knew were going to be hers [the new worker going through the Academy] and not being able to put her on even as secondary so she could meet the clients and get a feel for things. I think for her, it [training] was so encompassing and intense - she was here for quite a while and wasn't able to bond with coworkers, be a part of our department, she missed different activities that we did, missed unit meetings every month. So, our team was continuing to bond and move on without her. For the most part they were developing and getting their skills and growing and she was kind of at a standstill...she was in this holding pattern for such a long period of time."

Between the months of April 2018 and December 2018, 146 case managers completed the 16-week Georgia Child Welfare Training Academy. Of those staff, 123 (84%) completed the certification process.

In February 2019, the State rolled out a modified version of the new Georgia Child Welfare Training Academy from 15-week training to 6-8-week training. This change was made to reduce the length of time staff spend in initial training prior to being able to assist in case management duties. The change in curriculum provides staff with the basic training and certification required to assume case management duties. It also extends additional learning over the course of 15 months of a case managers employment. New case managers will complete a combination of online training, field practice and in-person training during their first 6-8 weeks of employment. Fundamentals (two weeks), Simulation (two days) and either CPS or Foster Care Essentials are required prior to assuming a caseload and initial certification. See flow chart below. Staff will return within the course of 15 months to complete additional course material that was modified from the initial academy. The courses are Legal/Mock Trial, CSEC, Intimate Partner Violence, Substance Abuse and either Foster Care or CPS (whichever they did not complete during initial certification). See chart below.



Overall, Georgia is better positioned to assure child welfare staff complete initial training in both timeliness and quality. The certification process has been built into the Academy, which greatly reduces communication gaps that led to staff having caseloads prior to becoming fully certified. Prior to the change in training, it was not uncommon for case managers to have gone six months or longer without having completed the certification process. If enrolled timely, child welfare staff should be certified within 60-90 days of employment barring delays in the availability of training.

Between February 2019-July 30, 2019, 512 staff have gone through the Academy (as compared to about 270 between April-November 2018). From the first day of classroom training to the end of the Academy, staff are able to complete certification within 6-8 weeks (45-60 days). However, due to the large volume of hiring activity, not all of those staff were able to be enrolled in the Academy immediately upon hire. This was also partially expected because there were no academies scheduled during the months of December and January. Therefore, when the revised version was rolled out February 2019, several staff had already been on board for about two months. The State conducted a survey to gather additional data from staff who completed the Academy between February and May. They reported the following:

- “How long did you wait between your hire date and the start date of the academy?”

Answer Choices	Responses
2 Weeks	8.00%
3 Weeks	8.00%
4 Weeks	17.33%
Between 1-2 months	48.00%
Longer than 2 months	18.67%

- “Were you assigned a caseload while you were in the academy?”

Answer Choices	Responses
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Yes	22.67%
No	77.33%

The goal is to have all staff start the classroom portion of the Academy within their first two-three weeks of hire. This will mean that staff should be certified within their first eight weeks of employment (60 days). The academy is three and a half weeks of classroom training and two and a half weeks of online/field practice. Therefore, staff may wait up to two months before beginning the classroom portion of the academy and still meet the 120-day threshold.

Although a small portion of staff exceeded the 120 days, about 22% of staff were assigned caseloads. This gives a good indication that strides are being made to reduce the probability of staff being assigned caseloads while enrolled in the academy. Surveys will continue to be administered and other data collected to monitor improvements in timeliness.

The Agency will still need to focus on efforts to strengthen the field practice coach program and improving participation in ongoing training requirements after certification. As an effort to improve, the State will upgrade a Learning Management System (LMS) system that has the capability to automate many tasks that are now done manually. The new LMS system will improve monitoring and tracking in areas the current LMS system lacks.

An ample amount of energy has been expended to educate leadership on the Field Practice Coach program. While this has been positive, many frontline case managers and supervisors continue to be unaware of the program and opportunities therein. Marketing materials have since been developed that will be directly distributed to case managers and supervisors by the practice model coaches. Since the last PIP report, 10 additional field practice coaches have been added to the program in the last 30 days with a goal of 250 by the end of CY 2019. Pre and post academy assignments are also in development that will require the validation of a field practice coach or supervisor as a part of the certification process for case managers.

Ongoing Training for Staff

Child welfare staff are provided ongoing training opportunities through multiple means. At the state level, the DFCS training and professional development team offers a variety of competency-based classroom, online and blended training options to improve the knowledge, skills and abilities of staff. The courses are developed and delivered by in-house child welfare staff and through a partnership with the Professional Excellence Program at Georgia State University. Courses are updated and added to the course catalog each year as well as the method of delivery of training. All courses can be accessed through the LMS.

At the county/regional level, case manager and supervisory summits are offered quarterly. These summits are often collaborative trainings that blend the knowledge of local subject matter experts, state office staff and external stakeholders to the needs of that specific county and region. These summits last anywhere from one-two days and cover a variety of topics and performance trends. Staff are able to receive credit for these summits through an approval process. The State also collaborates with a variety of internal and external partners that offer statewide conferences for staff development. The Georgia Department of Human Services also offers many leadership, personnel and other skill related courses for child welfare staff.

Beginning in the fall of 2019, foster parents and child placement agency staff will have the ability to access ongoing training through the DFCS LMS system.

The State has had difficulty meeting ongoing training requirements for the last several years and this continues to be a focus. While opportunities to increase the availability and diversity of training remain, many available courses are partially full or are cancelled due to no and/or low enrollment. Overall, less than 50% of child welfare staff have met the annual training requirements for the last several years. There are a number of factors influencing this outcome.

1) The agency has experienced an increase in staff turnover. While turnover is normal, the inability and/or pace in which those vacancies were filled has impacted the workload of the staff across the state. The number one reason for withdrawal from professional development training courses has been due to the need to manage assigned workloads.

2) Front line case managers do not have the ability to register themselves for training and are often unaware of training courses that could be beneficial to them. As a result, unless they are enrolled by their supervisor, they do not attend courses that could be beneficial to them. This is an issue with both marketing as well as access. The State will be implementing a new LMS in the fall of 2019 and staff will have the ability to enroll themselves in professional development courses only requiring supervisory approval. We believe this change will greatly increase access and attendance.

3) Accuracy of reporting. There may be a 7-10% margin of error in the data of staff who have not attained training hours. This is partially due to staff not being de-activated from the system timely once they leave the agency. In conducting a random review, many of these appear as employees with zero hours during the quarter. We also have staff development hours from regional and county summits that are not accurately reflected in the totals timely. Turnover and case management vacancies have impacted attendance in ongoing training due to the need to cover case management work. This issue is expected to be resolved with the implementation of the new LMS.

Planned activities targeted at improving performance include:

- Georgia will continue to utilize C3 coordinators to track training hours at the local and regional level.
- Georgia will implement a new LMS. The implementation of the new LMS will greatly improve the communication of training requirements. It will also improve the accuracy and functionality of these reports.
- The State will also improve the marketing of available courses at both the statewide and local level.
- Feedback loops at the regional and district level will occur to tailor training offerings and availability to county and regional needs.

The State plans to develop advanced course offerings for Foster Care, Child Protective Services Assessment and Family Preservation staff.

Provider Training

DFCS will implement a new LMS that will improve access to training and reporting for the foster parent and private provider community.

QA Team Member Training

A standardized training process is in place for new QA team members. The training sequence is detailed below: Once a new QA specialist is employed, they will participate in a training and will be assigned a mentor to complete certain activities. This training will be in line with the training received by veteran staff.

New employee/mentoring activities include, but are not limited to:

- Reviewing/rating same case as mentor
- Observing all case specific interviews by mentor
- Completing case guide and compare with mentor
- Mentor providing complete 2nd level review of documentation and provide feedback
- Observation case debriefings, county exits and regional exit of other reviewers
- Participation in writing the written summary reports

New employees receive regular evaluation feedback from the unit manager. The unit manager ensures all activities on the developed new employee checklist are completed. At the end of this process, the unit manager, mentor and QA specialist work together to develop a plan for growth and skill development.

The training curriculum centers on several topic areas:

- QA roles and responsibilities
- Review guide instructions, quality documentation and justification of case ratings
- Interviewing techniques review and discussion
- Communication with state, regional and county staff
- Practice standards for quality assurance (consistency/accuracy)
- Data analysis
- Quality assurance Review Team Procedures Manual

Four veteran members of the QA team were selected to participate in formal CFSR training in 2018 as a part of JBS agile staff training. All four members of the team were selected as agile staff through JBS, and three were selected to participate in CFSR reviews in other states. This offered the opportunity for hands on training and support from our federal partners to foster the continual growth and development of veteran team members.

CQI, in collaboration with GA State, participates in quarterly trainings for regional CQI teams. This helps in getting new team members trained so that untrained members are not a barrier to moving their strategies forward. In addition, the CQI team completed CQI Leadership Training in collaboration with the SBC and QA teams. The basis of this training was to address regional teams' barriers of leadership not fully supporting CQI because of insufficient knowledge of the CQI process.

Trainings the CQI team members have received include the following:

- 1) Online training that includes: Facilitation; CQI Training from GSU; Effective Consulting with Lead Strategies; The Why and How of CQI; CQI Academy; Engaging Senior Leadership with QI; CFSP Portal/OMS Training with DFCS; CQI Focused Services; Making CQI Happen; 21st Century Strategies; ISA Fidelity with DFCS; SBC with DFCS; Six Boxes Practitioner Workshop from Performance Thinking Network; Lead and Lag Measures.
- 2) The unit manager attended the California CQI conference where there were various training sessions regarding CQI.
- 3) The CQI unit manager trained the team on intentional growth and how to create an Intentional Growth Plan by John Maxwell.
- 4) The CQI unit manager and state office C3 coordinator liaison/CFSP manager completed and graduated from the State's Leadership Academy.
- 5) C3 coordinators received training in Four Disciplines of Execution (4DX) by senior 4DX consultants to assist them in setting intentional, meaningful and measurable goals for service array-focused stakeholder meetings. They additionally received SBC and trauma-informed trainings. The state office C3 coordinator liaison leads bi-weekly technical assistance conference calls and provides ongoing assistance to the coordinators.

During QA reviews, the quality of initial and ongoing training provided to case managers to effectively prepare them for performing their job responsibilities is evaluated through case manager and supervisor's responses to stakeholder surveys.

During the most recent review period (October 1, 2018-March 31, 2019), the following information was gathered through surveys with case managers and supervisors with regard to initial and ongoing training:

Figure 6: Surveys - Initial and Ongoing Training (CMs and Supervisors)

Case Managers:	Excellent	Good	Fair	Poor
Rate the effectiveness of initial training received and preparedness for your job responsibilities	21%	39%	32%	8%
Rate the effectiveness of ongoing training for your continued job responsibilities	20%	50%	20%	10%

Supervisors:	Excellent	Good	Fair	Poor
Rate the effectiveness of initial training provided to new case managers	15%	47%	31%	7%
Rate the effectiveness of ongoing training for case managers	5%	62%	26%	7%

During the prior review period (April 2018-September 2018), the following information was gathered through stakeholder surveys with regard to case manager preparedness for job responsibilities through training efforts:

Figure 7: Surveys - CM Preparedness for Job (CMs and Supervisors)

Case Managers:	Excellent	Good	Fair	Poor
Rate the effectiveness of initial training received and preparedness for your job responsibilities	11%	46%	26%	17%
Rate the effectiveness of ongoing training for your continued job responsibilities	21%	55%	19%	5%

Supervisors:	Excellent	Good	Fair	Poor
Rate the effectiveness of initial training provided to new case managers	8%	50%	37%	5%
Rate the effectiveness of ongoing training for case managers	8%	63%	26%	3%

Case managers and supervisors most often cited that initial training provided to new case managers did not provide “hands on” experiences needed to adequately prepare staff for job responsibilities. With regard to ongoing training opportunities it was often relayed that staff finding the time to attend sessions with their busy schedules/conflicting priorities was the greatest barrier to attending and absorbing information gained through ongoing training opportunities.

During QA interviews agency staff, to include case managers and supervisors, are asked to evaluate service array in their counties/regions.

During the most recent review period (October 1, 2018-March 31, 2019), the following information was gathered through surveys with case managers and supervisors with regard to services available to meet the needs of families served by the agency:

Figure 8: Surveys - Services Available to Meet the Needs of Families (CMs and Supervisors) – March 2019

Case Managers:	Excellent	Good	Fair	Poor
How effective is your county in meeting the needs of the children you serve both in foster care cases and CPS cases?	27%	54%	17%	2%
Rate the availability of services to meet the needs of children and families in your county/region	17%	30%	39%	14%

Supervisors:	Excellent	Good	Fair	Poor
How effective is your county in meeting the needs of the children you serve both in foster care cases and CPS cases?	22%	57%	20%	1%
Rate the availability of services to meet the needs of children and families in your county/region	11%	37%	42%	10%

During the previous review period (April 2018-September 2018), the following information was gathered through surveys with case managers and supervisors with regard to services available to meet the needs of families served by the agency:

Figure 9: Surveys - Services Available to Meet the Needs of Families (CMs and Supervisors) - September 2018

Case Managers:	Excellent	Good	Fair	Poor
How effective is your county in meeting the needs of the children you serve both in foster care cases and CPS cases?	23%	63%	14%	0%
Rate the availability of services to meet the needs of children and families in your county/region	15%	33%	42%	10%

Supervisors:	Excellent	Good	Fair	Poor
How effective is your county in meeting the needs of the children you serve both in foster care cases and CPS cases?	18%	73%	9%	0%
Rate the availability of services to meet the needs of children and families in your county/region	5%	35%	52%	8%

Staff in rural areas most often cited the lack of community based mental health services, low-income housing resources, public transportation systems, and intensive substance abuse treatment programs as barriers to effective comprehensive service provision for families.

Systemic Factor: Service Array

During QA interviews agency staff, to include case managers and supervisors, are asked to evaluate service array in their counties/regions. See figures 8 and 9 above

Staff in rural areas most often cited the lack of community based mental health services, low-income housing resources, public transportation systems, and intensive substance abuse treatment programs as barriers to effective comprehensive service provision for families.

Planned activities targeted at improving performance for service array are being addressed in the CFSR PIP (goal 2, strategy I, key activities 1,2 and 3) and in Section 2B of the APSR.

The Division will continue to assess the availability of service provision throughout the state, working with providers and stakeholders to evaluate service availability to counties. County directors will work within their individual communities with stakeholders, providers, community partners, family connections, and local interagency planning teams (LIPT) members to discuss the strengths and needs of services and ways to meet the identified service needs. Regional directors will ensure that county directors are actively involved with their communities addressing any gaps in services with community partners. The Division will continue to seek service providers through request for proposals in the provision of Promoting Safe and Stable Families.

Timely initiation of appropriate services will be monitored through the State's CFSP Impact Plan. The Division has implemented the CFSP Impact Plan which is a guide to success related to quality assessments of risk and safety, service provision to meet the needs of families, and quality visits with children and parents that are sufficient to assess safety, permanency and well-being. The CFSP Impact Plan focuses on Items 2, 3, 12, 14 and 15.

The Division is working on a pilot in preparation for the Family First Prevention Services Act that will address case practice in the identification and initiation of services, quality prevention plans for children and families, required monitoring of safety ongoing throughout the life of a case, and appropriate tracking of services. This will include a partnership with an investigator and family preservation case manager working jointly with the family to ensure a flow of information and prevent gaps in services for the families. This pilot will begin in October 2019 and continue through April 2020.

The quality of service provision will also be emphasized via tracking of voluntary kinship cases. As regions track these cases, they will be checking to make sure timely, appropriate services were initiated. The Division will ensure that service array to parents is assessed through key permanency activities to include case consultations, permanency roundtables and the work of the state level reunification manager.

Systemic Factor: Agency Responsiveness to the Community

The QA team rates the agency's responsiveness to the community by completing stakeholder surveys with external agency partners to include foster parents, legal representatives, and service providers during QA reviews. During the most recent review period (October 1, 2018-March 31, 2019) feedback from 327 stakeholders was gathered through QA reviews and the following ratings were generated related to agency partnerships and responsiveness to community/stakeholders:

Figure 10: Surveys - Agency Responsiveness to the Community – March 2019

General Information:	Excellent	Good	Fair	Poor
Rate DFCS staff accessibility to your organization (easy to locate, return telephone calls timely, etc.)	36%	43%	16%	5%
Rate DFCS effectiveness of partnership with my agency/organization	42%	43%	13%	2%
Rate DFCS staff effectiveness in identifying children at risk and providing emergency services or removal when placement is warranted	33%	48%	16%	3%
Rate the agency's effectiveness in providing appropriate services to meet the needs of families and children which they serve both through CPS and Permanency	29%	55%	15%	1%
Rate the agency's effectiveness in individualizing the needed services to meet specific needs for the families and children which they serve through CPS and Permanency	22%	63%	13%	2%
Rate the services provided by DFCS to ensure children are safe and protected from abuse and neglect	38%	53%	8%	1%

During the previous period (April 2018-Septmebr 2018) feedback from 301 stakeholders was gathered through QA reviews and the following ratings were generated related to the agency’s partnerships and responsiveness to the community/stakeholders:

Figure 11: Surveys - Agency Responsiveness to the Community - September 2018

General Information:	Excellent	Good	Fair	Poor
Rate DFCS staff accessibility to your organization (easy to locate, return telephone calls timely, etc.)	32%	44%	19%	5%
Rate DFCS effectiveness of partnership with my agency/organization	31%	46%	17%	6%
Rate DFCS staff effectiveness in identifying children at risk and providing emergency services or removal when placement is warranted	30%	57%	8%	5%
Rate the agency’s effectiveness in providing appropriate services to meet the needs of families and children which they serve both through CPS and Permanency	22%	58%	16%	4%
Rate the agency’s effectiveness in individualizing the needed services to meet specific needs for the families and children which they serve through CPS and Permanency	15%	66%	15%	4%
Rate the services provided by DFCS to ensure children are safe and protected from abuse and neglect	29%	60%	9%	2%

The State will continue to provide training and support to the field as they work with stakeholders, partners and families. Through the Child Abuse and Neglect Prevention State Plan development process occurring from May 2019 through November 2019, the Prevention Section, along with Prevent Child Abuse Georgia, will be soliciting input from various stakeholders including providers, professionals, community members and caregivers regarding needs in their region. The Prevention Section, along with Prevent Child Abuse Georgia, will facilitate planning meetings in all 14 regions with two sessions - one for professionals and providers and the other for caregivers and community members. During these meetings, the participants will use data to identify the most pressing needs they identify in their region, along with strategies to address them. The Prevention Section and Prevent Child Abuse Georgia will in turn, use the resulting regional reports and State Plan to help inform the Division and the State on the services and strategies identified by professionals, providers, community members and caregivers to address the needs they identified in their communities. This process should not only be responsive to the needs identified by local communities but should also help address the availability of services to meet the identified needs of children and families in local communities.

For four years, C3 coordinators have been hosting annual region-wide meetings, and for the last two years, quarterly stakeholder meetings that are specifically focused on enhancing service array in their respective regions. As per PIP requirement, coordinators established quarterly meetings in each region with agency staff (county and regional), pertinent stakeholders and service providers, to address service needs and availability of services to include: identifying needed services, determining and implementing method to develop or access identified services, monitoring to ensure that implemented services are effective. By the PIP 5th quarter, all 14 regions had established a specific area to target to make improvements related to service array and set well-defined lead and

lag measures to track progress. The focal areas were chosen based upon regional data including quality assurance reviews, CQI team analyses, surveys and discussions with stakeholders. Some regions used supplemental data provided to them from partner agencies. C3 cadence calls were held every other week to discuss progress on regional goals and to provide technical support to coordinators.

By 6th quarter, three regions had achieved their lag(s) (Regions 1, 8 and 9); four regions had mostly or partially achieved their lag(s) (Regions 4, 11, 13 and 14), two were on track and in progress (Regions 2, 5, 6 and 12) and three had not yet gotten on track (Regions 3, 7, and 10). Region 3 has since seen significant progress on their goals. However, Region 10 struggled due to the C3 coordinator position being vacant and Region 7 had to reassign duties for their coordinators to assist the region in managing other work. Even where goals were not met, regions were able to better pinpoint root causes or uncover other gaps that needed to be addressed.

During the last quarter of PIP implementation (January, February and March 2019) regions hosted 15 meetings and two roadshows with well over 400 attendees, collectively, in just 10 of those meetings. Topics addressed include kinship care, substance abuse assessments, early literacy, CFSR review progress, fatherhood initiative, new referral forms and referral process, incentives for foster parents, ILP/Chafee services, partnerships with law enforcement, educational supports for youth, provider resource directory, and the Family First Prevention Services Act. Region 4 did a walk through mock DFCS case with their stakeholders, helping them to get a better sense of how cases progress through the system. The subsequent quarter (April-May-June 2019), there were 18 stakeholder meetings hosted with well over 600 attendees. See the figure 12 below for a brief summary update of these latest meetings.

At the request of the Children’s Bureau, the Agency began to place more emphasis on ensuring provided services are effective. Several regions saw this as an opportunity to zero in on CFSR Item 12, an area that the State has had difficulty in making sustainable progress. Prior to implementing this PIP key activity, the state rated 11% in CFSR Item 12. After the stakeholder meetings were in progress, the state did not drop below a rating of 18% on Item 12 and achieved as high as 33% in December 2018. Nevertheless, other than Item 18 (8%), Item 12 is the area where the state scored the lowest (18%). The three regions that struggled the most to achieve their lead/lag measures were the only regions that scored 0% in Item 12. Moving forward, the regions will be tracking their progress in this area based upon three measures (see Section 3. Child and Family Services Plan of this report for more information):

- 1) State conducted quality assurance review ratings on CFSR Outcome Item 12A, B and C:
 - Needs and services to parents
 - Needs and services to children
 - Needs and services to foster parent.
- 2) Stakeholder response to surveys administered by the state’s quality assurance review team
- 3) Quarterly random sample case record reviews. Metro regions will review 15 applicable records and non-metro regions will review 10. The first set of results from case record reviews revealed that 50% of the cases reviewed demonstrated ongoing communication between the agency and service providers.

Below is a synopsis of targets set and progress made as a result of hosting these stakeholder meetings.

Figure 12: Regional Stakeholder Meeting Progress and Activities

Region	A sample of recent stakeholder engagement progress and activities
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1	<p>This region originally focused on the availability and effectiveness of mental health, substance abuse and education services. They created a desk reference guide for staff who make CCFA, parenting, counseling, supervised visitation and hoteling referrals. A paper and electronic guide was given to all 11 counties. It was accompanied by an electronic, interactive resource map. A subcommittee was established that is well-attended and meets regularly to focus exclusively on mental health concerns. Agenda topics discussed include substance abuse, suicide prevention, probation, school liaisons for the homeless, availability of non-profit services for youth and kinship care. The subcommittee created a repository of resources on a SharePoint site. The region also streamlined the Plan of Safe Care referral process, reducing the average time between making a referral and the receipt of recommendations from the provider by 14 days. The region also worked with the DBHDD to increase sober living resources. DBHDD helped to train and certify peer specialists to “walk” with parents who are in recovery. By September 2018, the region had achieved four of their six lead measures, partial achievement on one and another was in progress but on track for completion.</p> <p>The newly established measures are focused on CFSR Items 12 A, B and C, and on the quality of referrals. They are seeking to increase CFSR Item 12A from 78% to 85% (The region did achieve 85% but dropped to 46% in May 2019); 12B from 33% to 45%; and 12C from 80% to 88%. They would also like to increase the quality of referrals from 20% to 40%.</p> <p>There were 78 attendees at their March 1, 2019 meeting at the Gilmer County Courthouse. A lead FPS provided an overview of the PRE-Team process and how it is progressing. The kinship care navigator provided information about the kinship program and how it can be utilized by stakeholders. An Independent Living specialist discussed her role in DFCS and how stakeholders can work collaboratively with her with the youth they serve. The resource development administrator provided an overview of upcoming changes in home assessments and provided information about the number of children in foster care and the number of foster homes available. The C3 coordinator engaged stakeholders in a conversation about the State of Hope and how to apply for the upcoming grant opportunity. She also provided examples of other State of Hope sites throughout the region and gave context to the Hope Ecosystem. At their meeting at the Cherokee County Courthouse on May 3rd, 70 people attended and were briefed on trainings being offered by the Georgia State University training collaborative. Jerry Bruce of the Court Improvement Project discussed the Family First Prevention Services Act, the importance of maintaining family/parent ties and stable placements while a child is in custody. Partner agencies (Goshen Valley and North Georgia Angel House) also made presentations.</p>
R2	<p>This region originally focused on retaining and getting services to foster parents; conducting live learnings to educate staff and providers on how to initiate and document follow up actions; and improving CFSR Outcome Item 12 from 20% (November 2017) to 30% (November 2018). The region was successful in moving Item 12 to 43% by November 2018.</p> <p>The live learnings resulted in an increase in the number of collaterals that are being done and documented. The region moved from 9% in frequency of collaterals November 2017 to 43% in May 2018 and 50% November 2018. The region moved from 45% in quality of collaterals November 2017 to 63% November 2018. However, a recent review of 40 case records indicates</p>

	<p>that the progress made is not being sustained.</p> <p>They have found that some staff are coding case actions as collaterals when they are not actually collaterals, but rather actions such as sending referrals, receiving records, or attempting collaterals. Some were using caretakers for children as collaterals. Some of the documentation was too vague (“progressing well in treatment”) or didn’t address the issues of the case. Sometimes a relevant collateral such as a child’s therapist was not contacted.</p> <p>In their quest to support foster parents, the region has 13 churches that are working on having Family Advocacy Ministry's at their church. They have created 20 Care Communities with an additional six in progress of onboarding. Eight churches have signed up to be participants of the Care Portal, and they already have five churches within 10 active counties who have served 1,026 children with an economic impact of \$453,609.</p> <p>The following are testimonials from foster parents being served by a care community:</p> <p><i>We do love our Care Community! They help us out practically by bringing a meal every week. Two of the families went through the necessary steps to babysit for us, which is huge! Aside from fostering, it has been a hard year for our family and our CC has been faithful to check in on us and pray for us along the way. We count these people as our friends and are so blessed to have them in our lives!</i> <i>Thanks, Rachel</i></p> <p><i>...Also, after hurricane Irma headed toward Habersham County a tree from a vacant lot fell in our yard. I mentioned it once to our care community leader and the next thing I know there are 2 guys and a chainsaw removing the tree for safe access to our playground for our fosters.</i> <i>Thanks, Dave</i></p> <p><i>My stories above and beyond would be coming home from vacation/ministry this summer and all the yard work I wasn't looking forward to taking care of was done for us by the men of our care community. From taking care of some overgrowth to trimming all the hedges, it was a pleasant surprise.</i></p>
R3	<p>Region 3 has been working diligently with fathers, particularly unemployed fathers. They are working with the Department of Labor (DOL) mobile services to improve access to quality services. Mobile services were first offered in Polk County where at the time 20% of residents lived below the poverty line (national average was 14%). Quality review assessments revealed that only 33% of fathers in the region were getting needed services. It has been a challenge to get male participants of the mobile DOL services, and only a few have maintained employment. There were six attendees in April 2018 (one obtained employment); 11 attendees October 2019 (two obtained employment) and eight attendees January 2019.</p> <p>Although there are only about 20 attendees at the stakeholder meetings, they are consistent. The Department of Community Services has become an active member of the region’s CQI team and the region allows stakeholders to rate the agency each time they attend a stakeholder</p>

	<p>meeting. From these queries, the region learned (and addressed) improvements needed to be made in responding timely to phone calls and emails from the community.</p>
R4	<p>Region 4 worked to ensure substantial attendance at their provider fair. They had nine providers and 90 staff (of 120 eligible) attend their fair June 2018. The region also administered a survey to measure the effectiveness and quality of services. The survey is sent out monthly to a random set of social services supervisors. In their latest round of surveys, twelve providers were mentioned. Of these providers, 39% initiated contact with the family within 72 hours. A hundred percent of the service authorizations were completed and DFCS received 67% of the provider notes. Issues were identified and observations of behavior change were documented in 67% of the provider notes.</p> <p>Results from the surveys also revealed areas that providers and DFCS staff can work on. Staff requested that providers work on providing more detailed notes including providing recommendations, noting behavioral changes, observed concerns, and progress of the family. They should document the first contact with the family and assessment of the family, interaction with the children, what issues are being worked on, whether or not the parents accept the services, number of visits, next steps and did the family request any other type of assistance. They asked that providers improve timeliness of services and provide their notes before the end of the month. They also recommended providers refrain from cancelling visits without contacting DFCS.</p> <p>When given an opportunity to voice their concerns about DFCS at the face-to-face meetings, providers said they would like DFCS to share detailed notes of progress, make timely referrals, learn the correct service codes and help to ensure appropriate services are rendered to families. These concerns were included in the regional QIP and the region's CQI team is reviewing case records to see if there is any improvement in these areas.</p>
R5	<p>Region 5 is focused on improving in CFSR Item 12. They would like to move from 12% (February 2019) to 30% by February 2020. They would also like to see an increase from 40% to 68% in Item 2. The region adjusted their goals because they had originally sought to recruit more Amerigroup providers to the region. However, they were unable to successfully obtain a baseline or track this. They did facilitate an Amerigroup-led workshop at a supervisor summit and had the organization make a presentation at one of the quarterly stakeholder meetings.</p> <p>At a March 2019 stakeholder meeting the Plan of Safe Care policy was reviewed. Staff and providers worked collaboratively to identify a solution to obtaining assessments faster. The providers agree to complete assessments sooner if DFCS informed them that the assessment was related to a birth-exposed infant and if staff held a meeting with local mental health workers to review the plan of safe care policies. The meeting was held May 14, 2019 at the Advantage Behavioral Health Systems. Meeting attendees agreed that the C3 coordinator should be notified if problems arise with the process in the future and a standard operating procedure was created between Region 5 staff and Advantage partners.</p> <p>Although there is a disparity in the quality of stakeholder engagement in the region (some counties are extraordinary while others are lackluster), a lot of work has occurred within the</p>

	<p>region to reach out to the community. The Region has partnered with the University of Georgia School of Social Work for the IV-E program. It partners with the educational sector (EPAC monitors and local school systems) and with college bound youth through the Embark program, connecting them with peer mentors and a housing liaison.</p> <p>County directors host regular meetings with juvenile court judges to discuss agency performance and supports needed to be successful. Most counties have standing staffing dates with SAAGs in an effort to ensure that cases pending court action are reviewed prior to court to ensure quality court presentation. CASAs are routinely engaged throughout the region in case staffings. Case consultations are being completed in every county. Family Treatment Courts have been established in Clarke, Greene, and Morgan counties as a means to better serve and offer accountability for clients with substance abuse issues.</p> <p>In addition, foster parent engagement calls are held monthly to review updates and to hear from foster parents regarding needs. Amerigroup and the Region 5 well-being specialist frequently participate in these calls. There is continuous engagement with the established Home in 5 group of placement providers.</p>
R6	<p>Although Region 6 has a consistent group of meeting attendees, the group is small. The region has additionally struggled to establish lead and lag measures. However, when the C3 coordinator showed the meeting attendees data of the region rating 0% in CFSR Item 12, they agreed to work to come up with strategies for addressing the deficiency. They decided to focus their efforts primarily on services to parents since that was the area with the greatest deficit.</p> <p>Social services supervisors (SSS) and case managers (CM) will identify at least two cases each month that are stagnant (there is little to no progress in parents achieving case plan goals over a three to six-month period). The SSS/CM will schedule a staffing with the provider to determine:</p> <ul style="list-style-type: none"> •What behavioral changes need to occur? •Are current services appropriate? •If not, why? •What will most likely facilitate needed changes <p>SSS/CM will complete staffing form, noting any additions/changes (i.e. additional services to address area not being met by current services, discontinuation of any services that are not effective, etc....) and complete any required referrals. SSS or identified point of contact will provide C3 coordinator with the list of cases staffed with providers by the 5th of each month for the previous month. The C3 will follow up with each county on the status of cases staffed with providers on a quarterly basis.</p>
R7	<p>Region 7 initially planned to tackle hoteling issues. They had over 27 children hoteling in a 12-month period, paying over \$500,000 in fees for hotel supervision and provider services. However, the region went into crisis and their two C3 coordinators had to be assigned to counties within the region to address other work needs.</p> <p>The region has, however, taken measures to address hoteling issues. They work closely with EPAC specialists to coordinate educational transport as needed and/or work with providers to</p>

	<p>take the youth to and from school. They are careful to only transfer or suspend the child’s mental health services when absolutely necessary. They have weekly staffings to discuss planned, structured activities to include visitations with family and, if able, the county pays for activities as deemed appropriate. The region has improved communication with providers and receiving agencies to ensure children have all that they need. As needed, they help to provide clothes and an “ADVENTURE BAG” filled with overnight essentials for the child.</p>
R8	<p>Region 8 set their original lag measure to improve on Item 12 from 13% to 25% by September 2018. They focused primarily on ensuring services to fathers and eventually achieved their lag target. However, as both frontline and management staff turnover increased, the rating in this area began to decline again. To become successful again, case managers will identify cases where fatherhood engagement is needed. Supervisors will instruct staff during staffings to make appropriate referrals such as legitimation services. (The region saw an increase of 20 such referrals once this approach was determined.) County directors do their part as well by assessing for father engagement through second-level case reviews.</p> <p>In an effort to make meetings more efficient for stakeholders, the C3 facilitated stakeholder meetings were combined with Family Connections meetings. This led to an innovative decision to use the literacy initiatives in the region to help engage non-custodial parents.</p>
R9	<p>Region 9 successfully achieved their original lag of improving in Item 3 from 0% to 50%. Instead of changing to a new goal, they decided to keep up the momentum and go for 70%, and they were successful. This region, despite its geographical difficulties (very widespread region requiring meeting attendees to travel great distances) has very well attended meetings; around 25 – 80 participants and a good variety of representation (juvenile justice, mental health, schools, CQI teams, SAAGs, judges, CHINS, child support coordinators, treatment providers, birth fathers, parent accountability coordinators, WPAC representatives and Amerigroup representatives).</p> <p>The region assessed that case managers were not making meaningful contacts and were prone to sending letters to fathers rather than engaging them face-to-face. They assigned county clusters to review their visitation practices, quantity of parent contacts, and father engagement tendencies, and asked them to report out on their findings. They used case staffings and level-up reviews to track progress. Internal meetings were hosted to ensure buy-in from staff regarding support of the anticipated goals. They also had several staff attend PE 514 Partnering with DADS training.</p>
R10	<p>Due to a C3 coordinator vacancy, this region did not host many service-array focused meetings. As well, this region was hit by Hurricane Michael, requiring them to focus on disaster relief. However, they did host a roadshow in the area April 2019. On day one, a civic luncheon – FFPSA focused - was held to engage stakeholders who are impacted by FFPSA changes to share information and get feedback. An OFI Medicaid provider meeting was held with state, field and regional leadership. In addition, there was a tour of the Boys and Girls Club. A dinner was held to discuss the status or opportunity of creating a State of Hope collaborative to address specific gaps in serving the communities.</p> <p>On day two, a community breakfast was held at the Boys and Girls Club to engage with</p>

	<p>legislators, local judges, county commissioners, city council members, SAAGs, CASA, parent and child attorneys where Director Tom Rawlings, CIP representative Jerry Bruce and juvenile court Judge Herbie Solomon spoke. Meetings were also held with frontline staff, supervisors, and regional and county leadership of OFI and CW. Chris Hempfling, DFCS General Counsel and Region 10 directors met to discuss court-related issues/concerns. A youth town hall meeting was held with county directors, resource development and permanency staff and youth involved with Independent Living services.</p> <p>There were foster parent meetings on the third day with DFCS and private provider (CPA's and CCI's) staff, as well as a kinship caregiver/relative caregiver meeting. Concluding the week, a Family Connection/DFCS leadership meeting was held at Phoebe Primary Care to connect local and state DFCS and Family Connection leaders to discuss ideas for better partnering together.</p> <p>The C3 coordinator position is expected to be filled August 2019.</p>
R11	<p>There has been exceptional progress in Region 11 with their endeavor to improve on the quality of service referrals. They established very clear guidelines as to what constitutes a quality referral. For DBHDD referrals, staff will ensure the following information is provided: The person(s) being referred The reason the person is being referred The service(s) or assessment that is being requested (substance abuse/domestic violence/mental health) For BHS/Unison referrals, DFCS staff will be provided: The date/time a client had an appointment at the clinic within (x) days of the appointment The name and contact information of the therapist who will complete the intake.</p> <p>The region aimed to achieve at least 50% of quality referrals. They achieved 100% April 2019 and 89% in May and June 2019. The stakeholder meetings in this region are usually well attended and the attendees seem committed to working on this process. A lot of hurdles were eliminated by simply making sure the agencies exchanged contact lists on a frequent basis. The C3 coordinator noted that she has seen an increase in notices of appointments being sent to her, which makes it easier for her to track the progress of referrals being made. Field staff said they too have seen an improvement in promptly receiving notifications of appointments.</p>
R12	<p>Despite multiple changes in C3 coordinators, Region 12 has accomplished a few of their lead measures. In an effort to reduce overdue health logs, they sought to impose health data days in the counties whereas staff would set aside a designated time to review medical records. CASAs and case managers work side-by-side on these days to discuss case plan progress and updates. This is occurring in nearly all of the counties in the region. Although most counties have reduced their overdue health logs, the region has not been able to meet their goal of reducing overdue health logs by 15% because one of the counties has an unusually high number due to the scarcity of staff in that county.</p> <p>Another goal was to provide office space for CASAs in the DFCS buildings. There has been partial achievement here. Some counties have done this, but counties that have their health logs under control have not opted to do this. Some counties are so small that it was not necessary to</p>

	<p>allocate additional office space.</p> <p>Regional advocacy trainings were originally in the works for this region as well but did not occur as it was the brainchild of an earlier C3 coordinator who was working to develop a regional training guide.</p> <p>A full-time coordinator is anticipated to be hired in the region by August 2019.</p>
R13	<p>Although each of the three counties that make up Region 13 has chosen to focus on different types of services. They collectively are seeking to improve in Item 12 (by at least 10%) which rated 0% in September 2018. Stakeholder participation in meetings has been enthusiastic and strong in these counties. There is evidence that they are willing to grapple with issues of concern, but due to frequent changes in the C3 coordinator position there hasn't been a refinement of the strategies to be implemented to ensure the region moves the needle on their goal. The current coordinator anticipates getting these solidified within the next quarter.</p> <p>Three meetings were held in the region in March 2019.</p> <p>Clayton County - March 13: Law enforcement relationships This was an interactive meeting between 36 police officers, DFCS staff and school professionals. The meeting helped breakdown the various elements of reports submitted by police officers and school staff. Attendees left with greater clarity regarding what, from DFCS perspective, constitutes a safety concern. The focus was placed on these topics because of the high numbers of referrals that are received from the county. The meeting was held at the First Baptist Church of Jonesboro.</p> <p>Cobb County – March 15: Educational supports to youth. This well-attended meeting was held at the Cobb DFCS annex. Data was shared to demonstrate the barriers youth face in obtaining the education they need and deserve. The Agency learned of areas where it could improve such as better tracking and strengthening of partnerships with the community and maintaining meaningful relationships.</p> <p>Gwinnett County - March 7: FFPSA awareness Approximately 50 people attended this informative meeting at the DFCS office to educate stakeholders about the requirements of FFPSA and prepare them for the various initiatives to be rolled out beginning October 2019. Meeting was very productive and informative.</p>
R14	<p>Participation in stakeholder meetings in this metropolitan region has increased over the years. In fact, one of their lag goals was to provide effective and frequent communication with providers. The C3 coordinator discovered that she gets stronger attendance when she hosts smaller, shorter and more frequent meetings rather than just one large meeting per county per quarter. This enables her to align her agenda topics with the interests of the meeting attendees. Meetings often cater to specific audience types. For example, there have been meetings with Women's Treatment and Recovery Services (WTRS) Providers, Department of Behavioral Health and Developmental Disabilities (DBHDD), DeKalb County judges, law enforcement officers and others. The two counties in the region are geographically set in the busiest cities in the state where stakeholders are likely to already have extraordinarily busy schedules. The coordinator learned that providing opportunities for attendees to network is also paramount to a successful meeting. The increased participation may also partially be a result of the momentum of success.</p>

	<p>The region set out to decrease the number of “eligible children” within a cohort from 858 to 772 by December 2018. Although the challenges they faced required adjusting the target to decreasing the number of eligible children in the cohort by 15, they eventually achieved their goal.</p> <p>Eligible children = Children in care in Region 14 as of June 2018 who have a goal of reunification and a willing relative Decrease = Children are moved out of this cohort because they are able to be transitioned to Family Preservation and get services or because they have left the cohort for other positive permanency reasons</p> <p>One child was reunified with his parent in June, none in July or August. Four children were returned to their parents’ custody in September and in October, two children were placed with a relative and closed out guardianship, and one was reunified with their parent. The region reached the desired milestone by November 2018 when five child(ren) were reunified with their parent and one child was placed with a relative for purposes of adoption. (One child passed away.)</p>
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Systemic Factor: Foster and Adoptive Parent Licensing, Recruitment and Retention

The Division successfully implemented a resource development curriculum and certification process for workers. The Child Placing Agencies (CPAs) are also required to complete this training. Georgia continues to make substantial progress in training DFCS resource development case managers. The job descriptions that were developed for hiring and new positions is being utilized.

The twice per year joint meetings between DFCS and CPAs continue to be held regarding diligent recruitment. These strategies continue to work as intended. The division received some additional finances to hire staff to support prospective and existing caregivers. Weekly cadence calls were implemented along with quarterly meetings to assist with the practice improvements and review of data. The Division works very closely with placement and internal partners. There are ongoing practice meetings to ensure communication is open and transparent. There are monthly provider leadership meetings held to ensure sharing of information is ongoing regarding systemic improvement recommendations made by internal and external staff. Internal staff assess feedback monthly as part of the C3 process. There are other leadership forums i.e., roadshows and stakeholder meetings to review feedback on practice. More information about progress achieved and a description of activities targeted at improving performance can be found in the State’s Foster and Adoptive Parent Diligent Recruitment Plan.

The following chart is the State’s comprehensive list of outcome ratings as of March 2019, the first six months of the federal fiscal year, as per quality assurance case record review. The ratings are compared to the ratings from the latest statewide federal CFSR (Round 3).

Figure 13: CFSR Outcomes Rolling Trend Comparison Chart - March 2019

Rolling Trend Comparison Chart (October 2018-March 2019) All Zones/All Regions 90 Foster Care /30 Family Preservation/ 30 Family Support		
Safety	Statewide Federal CFSR Review 2015 (150 cases)	Statewide As of March 2019 (150 cases)
Outcome S1: Children are, first and foremost, protected from abuse and neglect.	66%	89%
Item 1: Timeliness of initiating investigations of reports of child maltreatment (77 of 87 cases)	66%	89%
Outcome S2: Children are safely maintained in their homes whenever possible and appropriate.	43%	27%
Item 2: Services to family to protect children in home and prevent removal or re-entry into foster care (22 of 55 cases)	59%	40%
Item 3: Risk assessment and safety management (42 of 150 cases)	43%	28%
Permanency	Statewide Federal CFSR Review 2015 (150 cases)	Statewide As of March 2019 (150 cases)
Outcome P1: Children have permanency and stability in their living situations.	14%	16%
Item 4: Stability of foster care placement (60 of 90 cases)	68%	67%
Item 5: Permanency goal for child (42 of 90 cases)	42%	47%
Item 6: Achieving reunification, guardianship, adoption, or other planned permanent living arrangement (24 of 90 cases)	27%	27%
Outcome P2: The continuity of family relationships and connections is preserved for children	32%	43%
Item 7: Placement with siblings (38 of 53 cases)	77%	72%
Item 8: Visiting with parents and siblings in foster care (41 of 79 cases)	45%	52%
Item 9: Preserving connections (48 of 90 cases)	39%	53%
Item 10: Relative placement (46 of 84 cases)	46%	55%
Item 11: Relationship of child in care with parents (31 of 69 cases)	34%	45%
Well Being	Statewide Federal CFSR Review 2015 (150 cases)	Statewide As of March 2019 (150 cases)
Outcome WB1: Families have enhanced capacity to provide for their children's needs. (Item 12 must be a strength for the Overall Rating to be Substantially Achieved)	26%	15%
Item 12: Needs and services of child, parents, foster parents (26 of 148 cases)	25%	18%
Item 13: Child and family involvement in case planning (78 of 143 cases)	42%	55%
Item 14: Caseworker visits with child (76 of 150 cases)	59%	51%
Item 15: Caseworker visits with parent(s) (32 of 134 cases)	31%	24%
Outcome WB2: Children receive appropriate services to meet their educational needs	54%	46%
Item 16: Educational needs of the child (51 of 111 cases)	54%	46%

Outcome WB3: Children receive adequate services to meet their physical and mental health needs	25%	15%
Item 17: Physical health of the child (40 of 114 cases)	49%	35%
Item 18: Mental/Behavioral health of the child (7 of 90 cases)	29%	8%

3. Child and Family Services Plan

Georgia developed a five-phase plan to develop a new 2020-2024 Child and Family Services Plan (CFSP). Following the basic cycle of the American Public Human Services Association (APHSA) CQI model: Define-Assess-Plan-Implement-Monitor (DAPIIM™), phase one was the foundation building and input gathering phase whereas the State determined at the onset that it would work collaboratively with stakeholders to develop effective strategies to strengthen the overall child welfare system. Data (the State’s most recent data profile, ratings on national standards, data related to systemic capacity, case record review data and other relevant data) were shared with stakeholders at state and regional stakeholder meetings to define strengths, weaknesses and priorities to be addressed over the next five years. There was a minimum of one meeting per region (24 total) in the fall of 2018 to gather input for plan development. As part of phase two, additional input was collected from frontline staff, middle managers and leadership in conference-style meetings, CQI meetings, PACCC meetings and via one-on-one, face-to-face conversations. Phase three included a compression planning meeting with state leaders; sharing drafts of the plan with federal partners, internal stakeholders and an external task force. Simultaneously there were several rewrites and consensus building. Phase four consisted of finalizing drafts and obtaining executive approvals. Phase five will commence July 2019 as the state begins preliminary implementation of strategies and execution of a communication plan to ensure agency-wide awareness, coordination and cooperation. Official kick-off of the plan will begin October 2019.

Initial input collected from internal and external stakeholders at the regional level was presented at the C3 retreat where it was reviewed and analyzed by C3 coordinators, CQI specialists, main program area leads and representatives from auxiliary areas of the Division like policy, training, SHINES and education and wellness support. To ponder possible plan objectives, the attendees examined the seven child and family outcomes and the seven systemic factors and looked for common themes emerging from the responses given at the stakeholder meetings to the following questions:

- What do you feel are the greatest needs for children and families in your community?
- What measures might decrease the likelihood that a family would become involved with child protective services?
- Where do you see gaps related to ensuring the safety of children in the home and in out-of-home care settings? What measures would help increase the safety of children in these settings?
- Where do you see barriers to permanency – whether reunification, guardianship or adoption – for children who are in state custody? What measures would help address these barriers and help these children achieve permanency?

- Where do you see gaps in well-being (physical health, mental health and education) of children and families in your community? What measures could improve their well-being?
- What are some systemic issues (training, policy, etc.) that need to be addressed so that the state is better able to strengthen families and keep children safe?

In one of the phase-two meetings, attendees identified patterns and trends and areas of emphasis emerging from the collected feedback. It was made clear that most favored the continuation of targeting improvements in practice, workforce development and constituent engagement, but they were also able to identify ways in which they would like to see this done:

- Add new SHINES enhancements
- Ensure fidelity to case practice and established processes
- Focus on organizational culture (leadership, accountability, efficiency, structure, morale and environment)
- Execute strategies to build a robust workforce
- Maximize stakeholder engagement
- Improve efficiency

The CFSP planning participants also worked to pinpoint specific recommendations made by stakeholders, particularly as they relate to program areas and systemic factors. Some of those recommendations were:

- Close the gap between intervention and execution
- Leverage opportunities to use SBC to improve practice
- Leverage opportunities to use CQI to improve practice
- Ensure training opportunities
- Ensure appropriate use of resources and tools
- Address court related issues
- Increase and enhance community services
- Ensure a robust workforce
 - Address human resources issues
 - Decrease the overlapping or assignment of multiple duties
 - Reform the organizational structure
 - Increase quantity of staff
 - Ensure supervisors do not carry caseloads
- Educate staff, educators, foster parents, CCIs and CPAs to be better educational advocates for children in foster care
- Stabilize education support workforce
- Combine education and well-being academies to increase efficiency
- Increase the quantity of the academies as well as attendance at them
- Ensure a quality recruitment and retention process to secure quality education support monitors
- Improve the State's ability to track youth who have been diagnosed with health issues and prescribed psychotropic medicine
- Ensure youth are being appropriately diagnosed
- Increase accessibility to services

- Address transportation issues
- Ensure purposeful visits
 - Make sure needs are being assessed
 - Make sure case plans are being developed
 - Make sure the correct services are in place
- Incorporate strategies to help prevent child fatalities
- Continue safe sleep initiatives
- Adopt and track Plans of Safe Care
- Prepare for the shift in the child welfare focus due to the Family First Prevention Services Act
- Acquire new tools and resources
- Promote leadership development
- Improve efficiency
 - Address overlapping roles
 - Decrease unnecessary duplication
 - Minimize competing priorities
 - Remove or reduce silos
 - Ensure manageable levels of work
 - Reduce the overabundance of priorities
- Increase court timeliness

After the brainstorming sessions, program area leads were tasked with presenting this information to stakeholder workgroups comprised of subject matter experts and determine SMART (specific, measurable, achievable, relevant and timebound) goals and strategies that may address some of the identified priorities. Subsequently, a CFSP steering committee of all program area leads, along with assistant division directors participated in a compression meeting to finalize goals and strategies to be proposed to stakeholders at the Annual APSR Joint Collaboration (AJC) meeting. The proposed goals and objectives were shared with over 140 stakeholders. Attendees included federal partners, court representatives, health professionals, youth, educators, providers, faith-based partners and others. Prior to the meeting a group of seven former foster youth held two sessions to discuss the proposed goals and to prepare responses and commentary on what they felt should be prioritized over the next five years to see improved outcomes for youth. The preparatory sessions were led by a University of Georgia, JW Fanning Institute specialist and the Youth EmpowerMENT Policy Council coordinator. The youth eloquently shared their observations at the AJC meeting.

Post meeting, 42 attendees responded to surveys regarding the meeting and state priorities. The high-level results were shared via email to the attendees. Thirty-two respondents said they were satisfied (22) or very satisfied (10) with the overall value of the meeting. Thirty-seven said they were satisfied (25) or very satisfied (12) with the overall meeting experience. People overwhelmingly enjoyed the youth panel (35) with their impressive professionalism and insightful and thought-provoking reflections. Similarly, there was great enthusiasm for a lively video produced by a pair of C3 coordinators that not only introduced the agency's new division director but also provided some perspective from frontline staff. Nevertheless, a number of stakeholders expressed disappointment with the level of engagement with them. The state offered an additional opportunity for them to voice their interests and concerns via survey and invited them to a follow-up meeting (unfortunately, the follow-up meeting had to be cancelled).

Court representatives were at the Children's Bureau Federal State Team Planning meeting in Washington, D.C. in April 2019 when the idea of developing a temporary taskforce of external stakeholders was generated during a CFSP planning session. It was determined that it would be a group made up of external stakeholders, led by stakeholders. A group of committed stakeholders from the private sector, with abundant knowledge about the intricacies of child welfare, worked as the task force to review the draft CFSP. The eight-member team include long-standing child advocates from:

- Supreme Court of Georgia Committee on Justice for Children
- Office of the Child Advocate
- Care Solutions, Inc.
- CAPTA Panel
- Together Georgia
- Prevent Child Abuse Georgia
- Georgia Court Appointed Special Advocates
- Barton Child Law and Policy Center (Emory University)

They were given copies of CFSR outcome data reports, Georgia CFSR3 data profile, C3 coordinator reports, CFSP plan development reports and some raw data from surveys administered at the regional level. Feedback from their thorough review was presented to agency executive leadership and CFSP steering committee members for consideration. This group included the DFCS deputy division director and general counsel; DFCS assistant division deputy director of the child welfare call center and Kenny A consent decree; DFCS assistant division directors over Employee Recruitment, Well-Being and Retention, Knowledge Management, and Practice and Program Guidance; director of Quality Management and the Child and Family Services Plan Manager.

Much of what the task force recommended aligned with the vision that was already taking shape within the agency. In 2014, the agency worked with the Casey Family Program to complete an assessment of the organization. The project revealed three overarching areas that, if given significant attention, would lead to positive reforms within the agency: workforce development, practice standards and stakeholder engagement. Those pillars were used as a foundation for the state's 2015 – 2019 CFSP. As a new CFSP cycle approached, and as a new director was onboarded, the Division worked to determine the best strategies for a new horizon. However, the overwhelming majority of input collected over the months of planning continued to lead right back to those three main thrusts. Interestingly, in nearly every opportunity to provide feedback, stakeholders' concerns included needs regarding the agency's workforce such as the need to stabilize positions with fewer vacancies, increase retention, assess the organizational structure, ensure manageable workloads and make work processes more efficient. By and large, there was overwhelming support for appraising the work culture.

February 2019, DFCS Director Rawlings distributed communication to staff confirming the belief that "the success of this organization depends on our creating and maintaining a strong, healthy, capable workforce." He points to three specific hypotheses that may need to be assessed and addressed:

- A complicated structure is preventing frontline staff from getting the support, information, and direction they need to effectively keep children safe and make good judgment calls regarding family needs
- Individual caseloads are limiting innovation and teamwork
- Outcomes are below expectations due to a lack of frontline staff empowerment

Georgia DFCS will have an opportunity to test these hypotheses as well as others as it was selected to participate in a four-year long Workforce Excellence project; one of only seven agencies nationwide to be chosen. The project will be guided by the National Child Welfare Workforce Institute (NCWWI) to strengthen key components of the State's child welfare workforce. Key components to be studied include organizational culture, work conditions, staff selection and retention, practice supports, community engagement, racial equity, workload, professional development, supervision and leadership. The first phase of the project kicked off in June 2019, and as part of a Comprehensive Organizational Health Assessment (COHA), a confidential online survey will be administered starting in July.

The State's upcoming five-year plan not only includes objectives related to the Workforce Excellence project, it includes key activities to address practice areas that have persisted as a challenge such as timely and quality safety assessments. There are goals and objectives related to the other overarching pillar, stakeholder engagement. Steps to strengthen partnerships are anticipated to improve agency/court relations; remove court barriers and increase the availability, effectiveness and array of services. Plans for a robust parent advisory committee will bolster foster parent leadership. State-led roadshows and C3-coordinated stakeholder meetings will help expand partnerships with philanthropic, civic and faith-based organizations. The frequent and continuous engagement may assist the state in ensuring effective primary prevention services in the community, ensuring that they are easily accessible and culturally responsive.

While primary prevention strategies may result in a reduction of children coming into care, Georgia supports the view that we "will always need a system that can provide a temporary safe-haven for a limited number of children and youth" (ACYF-CB-PI-19-02 Issuance Date: February 26, 2019). The Agency will continue to build up its kinship program to increase the number of kin families that become fully approved foster parents. The number of families serviced by the program will be tracked and an evaluation assessment will be done to determine efficacy.

Some objectives in the plan are continuations from work that began during the State's PIP, either because the work should naturally be an ongoing activity (i.e. there is some evidence that the action will produce positive outcomes); the implementation of the activity is not yet finished; or the results of the activity have not yet been realized.

Although the State successfully completed the trainings on Solution Based Casework, it is moving to the next phase of implementation which is anticipated to improve practice and drive better outcomes. A review of the 2015-2019 Final Report helped summarize past efforts and results and consider what the State could build upon and include in the 2020-2024 plan. See the full plan below.

GEORGIA 2020-2024 CHILD AND FAMILY SERVICES PLAN

NOTE: "PIP>CFSP" means the objective was originally in the State's Program Improvement Plan and is now being included in this plan.

A. GOAL A: A competent, satisfied, effective and ever-developing workforce

STRATEGIC FOCUS: Workforce Development

MEASURES OF PROGRESS

(as of March 31)

BASE - LINE 2019	Target 2020	Actual 2020	Target 2021	Actual 2021	Target 2022	Actual 2022	Target 2023	Actual 2023	Target 2024	Actual 2024

Measure(s) to be added during phase two of the NCWWI Workforce Excellence Project (see benchmarks)

OBJECTIVE

Participate in a four and a half year "Workforce Excellence" project- with the National Child Welfare Workforce Institute (sponsored by the Children's Bureau). Project period is May 2019-October 2024

Achieving desired CFSR-related performance outcomes related to safety, well-being and permanency is dependent upon a competent workforce. Georgia was one of seven jurisdictions selected by the National Child Welfare Workforce Institute (NCWWI) as a "Workforce Excellence Site." This provides an exceptional opportunity for the State, in partnership with the University of Georgia, Georgia State University and Albany State University, to transform Georgia's child welfare workforce. Using data-driven capacity building, education and technical assistance, NCWWI focuses on workforce systems development, organizational interventions and change leadership.

By leveraging NCWWI's Workforce Development Framework (WDF) and Leadership Model, the following workforce outcomes are expected:

1. Establishment of "just" organizational culture that promotes workforce well-being, job satisfaction and psychological safety
2. Robust community engagement
3. Inclusivity and racial equity
4. An effective recruitment and selection process

5. Expanded education and professional development opportunity
6. Quality supervision afforded to front line case managers
7. Strengthened leadership, particularly as it relates to establishing organizational health
8. Manageable workloads
9. Increased practice support capacity
10. Improved work conditions and benefits

ACTION STEPS

The following steps will be taken to achieve this objective.

1. Complete Comprehensive Organizational Health Assessment (COHA). The COHA, a requirement of the project is an approach to gathering both qualitative and quantitative data to assess the organizational health of our child welfare agency. It involves three main components: an on-line survey administered to all child welfare staff, focus groups conducted with child welfare staff and stakeholders and contextual assessment through review of key documents, reports and agency data. NCWWI has successfully conducted the COHA in many jurisdictions across the country. Findings will serve to identify workforce strengths and areas that warrant strategic development intervention.
2. Select student cohorts for first year (four to six students will be selected each year). These students will participate in specialized courses (more closely related to child protection than traditional IV-E education programs) and field placement innovations.
3. Adopt and implement workforce strategies (as informed by the COHA).
4. Develop a train-the-trainer course for the Leadership Academy. The Leadership Academy will be embedded as an ongoing training opportunity for supervisors, managers and administrators and will complement the State's Supervisor Academy.

BENCHMARKS

Phase 1: Exploration (April 2019-October 2019)

- Identify implementation team
- Plan and conduct COHA
- COHA findings will be shared upon completion and will serve in the adoption of workforce development strategies
- Convene in-person cross-site meetings for project leads, agency directors and university deans
- Selection of year one student cohort
- Complete train-the-trainers for Leadership Academy
- Introduce Workforce Development Framework

Phase 2: Planning (October 2019-September 2020)

- Identify workforce development strategies and associated outcome measures
- University and agency partners support student field placements and curriculum enhancements
- Establish action teams
- Develop CQI and evaluation plan

Phase 3: Implementation (January 2020-September 2020)

- Selection of second student cohort
- Begin delivering Leadership Academy
- Action teams meet regularly
- Utilization of Rapid Cycle Assessment and other CQI strategies to support implementation

FEEDBACK LOOPS, TRAINING, TECHNICAL ASSISTANCE AND EVALUATION

Families, partners and staff (all levels) will be included in feedback loops that will serve to inform progress related to NCCWI's WDF. NCCWI is anticipated to provide remote and on-site technical support through the duration of the project. Other technical assistance, if any, will be dependent upon workforce development strategies adopted.

IMPLEMENTATION SUPPORTS

Provision of workforce and performance data will be provided. Project management has been assigned.

B. GOAL B: Effective practice resulting in positive outcomes for families

STRATEGIC FOCUS A: Practice Standards

MEASURES OF PROGRESS

(as of March 31)

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.
Objective I

BASE - LINE 2019	Target 2020	Actual 2020	Target 2021	Actual 2021	Target 2022	Actual 2022	Target 2023	Actual 2023	Target 2024	Actual 2024
89%	90%		92%		93%		94%		95%	

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.
Objective I, II

BASE - LINE 2019	Target 2020	Actual 2020	Target 2021	Actual 2021	Target 2022	Actual 2022	Target 2023	Actual 2023	Target 2024	Actual 2024
27%	29%		33%		36%		38%		40%	

Permanency Outcome 1: Children have permanency and stability in their living situations
Objective I

BASE - LINE 2019	Target 2020	Actual 2020	Target 2021	Actual 2021	Target 2022	Actual 2022	Target 2023	Actual 2023	Target 2024	Actual 2024
16%	17%		18%		19%		20%		20%	

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.
Objective I

BASE - LINE 2019	Target 2020	Actual 2020	Target 2021	Actual 2021	Target 2022	Actual 2022	Target 2023	Actual 2023	Target 2024	Actual 2024

43%	44%		46%		48%		49%		50%	
Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs. Objective I, IV										
BASE - LINE 2019	Target 2020	Actual 2020	Target 2021	Actual 2021	Target 2022	Actual 2022	Target 2023	Actual 2023	Target 2024	Actual 2024
15%	18%		20%		22%		24%		26%	
Well-Being Outcome 2: Children receive appropriate services to meet their educational needs. Objective I, IV, VI, VII										
BASE - LINE 2019	Target 2020	Actual 2020	Target 2021	Actual 2021	Target 2022	Actual 2022	Target 2023	Actual 2023	Target 2024	Actual 2024
46%	49%		52%		55%		58%		60%	
Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs. Objective IV										
BASE - LINE 2019	Target 2020	Actual 2020	Target 2021	Actual 2021	Target 2022	Actual 2022	Target 2023	Actual 2023	Target 2024	Actual 2024
15%	18%		20%		22%		24%		25%	
Timely case transfers between Investigations and Family Preservation Objective II										
BASE - LINE 2019	Target 2020	Actual 2020	Target 2021	Actual 2021	Target 2022	Actual 2022	Target 2023	Actual 2023	Target 2024	Actual 2024
	35%		45%		55%		65%		75%	
Percent of kin families who are approved as foster parents Objective III										
BASE - LINE 2019	Target 2020	Actual 2020	Target 2021	Actual 2021	Target 2022	Actual 2022	Target 2023	Actual 2023	Target 2024	Actual 2024
0.5%	8%		16%		22%		28%		34%	
Permanency 1 - Item 5: Permanency goal for the child Objective V										

BASE - LINE 2019	Target 2020	Actual 2020	Target 2021	Actual 2021	Target 2022	Actual 2022	Target 2023	Actual 2023	Target 2024	Actual 2024
47%	50%		54%		58%		62%		65%	

Permanency 1 - Item 6: Achieving reunification, guardianship, adoption, or other planned permanent living Objective V

BASE - LINE 2019	Target 2020	Actual 2020	Target 2021	Actual 2021	Target 2022	Actual 2022	Target 2023	Actual 2023	Target 2024	Actual 2024
27%	30%		35%		40%		45%		50%	

Well-Being Outcome 1: Item 12 Needs and services of child, parents foster parents Objective V

BASE - LINE 2019	Target 2020	Actual 2020	Target 2021	Actual 2021	Target 2022	Actual 2022	Target 2023	Actual 2023	Target 2024	Actual 2024
18%	23%		28%		33%		38%		40%	

Data Source: Georgia Quality Assurance Case Record Reviews

OBJECTIVE I

Execute Solution Based Casework Implementation - Phase Two

Solution Based Casework (SBC) is a family-centered practice framework which can be utilized from assessment through case closure by organizing complex issues and multiple partners into workable family and individual plans and objectives. SBC provides front-line staff with a consistent basis for decision making and clear expectations and values for their interactions with families, children, communities and providers.

The Division adopted Solution Based Casework (SBC) as a component of Georgia's Comprehensive Practice Model with the goal of utilizing it to positively impact outcomes across the child welfare continuum, but most prominently with safety, permanency and well-being. During Phase 1 implementation, Georgia concentrated primarily on introducing SBC skill building through three stages: training stage, case consultation stage and certification stage.

Recognition that implementation is not a series of singular events, but instead an ongoing process that sets into motion purposeful activities which create sustaining momentum and receptivity is crucial to moving Georgia forward. To achieve positive outcomes for families through effective implementation of SBC practices, the Division must now work in Phase 2

to shift the organizational conversation beyond SBC tasks such as certification and work products to seamless application of SBC tenants into practice.

During a recent evaluation of Georgia's progress towards SBC implementation, Dr. Dana Christensen, SBC model creator, recommended the state convene a committee "to re-build consensus, identify targets for change, establish an order of priority for that change to occur, and then establish sub-teams to be responsible for developing and managing component parts." Therefore, to increase Georgia's success in continued implementation of SBC over the next five years, a statewide practice model steering committee will be convened to assess, evaluate, identify and develop strategies needed in Phase 2 to include, but not limited to the following:

- Post certification focus on competency building
- Heightened accountability related to utilization through annual performance plans
- Provider utilization and partnership through contracted deliverables

ACTION STEPS

Georgia will convene a Practice Model Steering Committee to identify, evaluate and prioritize activities needed for Phase 2 SBC implementation. The selection process will utilize a teaming structure inclusive of internal and external stakeholders with representation across various systems serving families in Georgia including parent representation.

To overcome the transfer of learning barrier of SBC in Phase 2, a series of purposeful activities will be used to create the momentum necessary to move Georgia forward. Although fidelity review will continue to be utilized as a measure of progress towards accomplishing this goal, Georgia commits to seizing opportunities to increase receptivity of SBC for frontline staff, supervisors and leadership through various venues.

Organizational highlights:

Café 212—a weekly call designed for frontline practitioners as well as leadership devoted to practice improvement. These calls are hosted by different regions weekly and often include parent and youth participation. These calls are grounded in sharing strategies for improving our engagement of families instead of focusing on quantifying our work with families. Calls are recorded for those who cannot join live.

Regional, district and statewide summits for frontline staff and supervisors designed to enhance skillsets around the tenants of SBC.

The Division will also explore designing the next level training needed for supervisors in order to further their application of SBC tenants and ability to develop those within their staff.

The Practice Model Steering Committee will develop sub-committees to address, develop and manage Phase 2 implementation activities prioritized by the committee. Youth representation will be an excellent addition to the committee. Recommendations from the Independent Living Unit will be solicited to identify youth ages 18-21 interested in participating on the committee. Target date will be the same as the target date for the establishment of the committee. Proposed target date—June or Sept 2020

BENCHMARKS

CFSR—Safety Outcomes 1 and 2, Permanency Outcomes 1 and 2, and Well-Being Outcomes 1 and 2 will serve as a barometer for successful implementation of SBC Phase 2.

By March 2024, the state hopes to improve:

Safety 1: from 89% to 95%
Safety 2: 27% to 40%
Permanency 1: 16% - 20%
Permanency 2: 43% - 50%
Well-Being 1: 15% - 26%
Well-Being 2: From 46% to 60%

FEEDBACK LOOPS, TRAINING, TECHNICAL ASSISTANCE AND EVALUATION

The practice model steering committee and sub-committees will utilize feedback loops from internal and external stakeholders to identify, evaluate and prioritize activities in Phase 2 using surveys, focus groups, road shows and other means of communication.

Fidelity review team results will continue to be utilized to evaluate our fidelity to the SBC model and overall practice to inform implementation decision making. Georgia has recently developed a CFSR Impact Plan which identifies several PIP focused strategies specifically designed to target case managers and supervisors. One intervention remains the utilization of Dynamic Reviews to create practice change. The feedback loop created for the Dynamic Review process will be further supported by the development of the Regional Supervisor Mentor process. This process connects regional mentors to supervisors for the purpose of increasing county performance through a strong mentoring partnership. Mentors will utilize targeted reviews to increase awareness of CFSR practices and related county and regional specific trends. Dynamic Review results will also be available for use in this process.

Dr. Dana Christensen will provide feedback guidance as contractual relationship allows.

Practice model coaches (PMC) provide training and support to the field in the implementation of Solution Based Casework. We have 17 full-time practice model coaches (one per region and 2 in Region 14). The PMCs will continue to assist with training and over the shoulder support. Currently all PMC positions are filled.

IMPLEMENTATION SUPPORTS

Various sections of Knowledge Management work towards implementing Phase 2 activities as identified through the practice model steering committee—Education & Training, CWQA, Data Unit, practice model coaches, and fidelity review teams.

OBJECTIVE II

Address performance gaps related to the assessment of safety

The Division will address the performance gaps identified with the proper assessment of safety and present and/or impending dangers in relation to child safety in CPS program areas. It will focus on multiple objectives that include addressing process factors, causal factors, and systemic factors that will promote high quality standards for Child Protective Services. This can best be achieved when case managers strive to use the highest quality standards in their work.

The foundation of quality investigations is based on the education, development, and support of staff. To assist staff in completing high quality investigations, the Division will provide tools to allow staff to better serve families that include technological resources, trainings, supervision support, reporting systems, policies, and practice guidance. These tools will

assist case managers by continuing to develop skills which will improve the quality of their casework and assessments. In addition, continuing a family-centered approach, the Division is focused on maintaining collaborations with outside agencies that will provide feedback on how to continue to improve the quality of investigations and assessments of safety.

The Child and Family Services Reviews (CFSR) have identified the need to improve outcomes relating to safety and well-being in the Child Protective Services (CPS) stages as well as the need to improve safety outcomes overall in all stages of service.

When a child is seriously injured or dies due to maltreatment, the factors identified in some of these situations are related to the ability of the case manager to correctly identify safety factors. The Division's objective over the next five years is to increase the skills of our child welfare staff with respect to these critical aspects.

Child safety should be the central focus of our investigative practice and CPS work. This can only be achieved when case managers strive to use the highest quality standards in their work. The foundation of quality investigations and assessments is based on the education, development, and support of staff.

Over the past several years, the Division implemented Solution Based Casework, Initial Safety Assessment and the Family Functioning Assessment. The Division has not demonstrated a consistent process or adoption of these practices and/or policies. As the Division assesses the Family Preservation practice in preparations for FFPSA, it has observed a gap in practice regarding case transfers between investigation and family preservation. This is a critical decision-making point requiring a seamless continuation of safety intervention between investigation's initial assessment and the onset of family preservation services. Family preservation activities and the identification of services do not always link the protective capacities to safety threats.

ACTION STEPS

1. By May 2020, conduct an internal review of the practice and identified gaps in CPS Investigations, Family Support services, and Family Preservation services to determine if there is a need for a more structured, clearer safety assessment and/or decision-making protocol in all stages of service. A review of data from case reviews will be conducted to establish the root cause of gaps. A focus group will be involved with reviewing the outcomes of data and practice that includes front line staff. Additional strategies will be developed to address the results of the data / case review information received.
2. By July 2020 the Division will conduct extended focus groups that include the review of data/ outcomes and recommendations from previous assessments. The Division will make the necessary adjustments, establishing goals toward the overarching practice framework to provide a unifying vision and practice among the work force at all levels that will improve outcomes including timely and accurate assessments of risk and safety throughout the life of a case.
3. By August 2020 the Division will have completed all focus groups, reviews of data/ and outcomes, established goals and implemented necessary practice change to ensure that staff have the training and proper tools for the completion of comprehensive and accurate assessments. This will include initial and ongoing assessment of risk and safety at all levels and program areas.
4. By August 2020 the Division will update policy clarifying the guidance and best practice along with the procedures.
5. The case review tool of CPS cases will be enhanced to assess the quality and decision process of casework practice with an anticipated completion date of August 2020.
6. By June 2020, revise the process for the High Priority Review Team (HPRT) and complete reviews on cases that data show are at a higher risk of serious recidivism. Conduct real-time case reads relatively early in a case using a

structured case reading tool to identify critical safety issues, communicating, and address concerns. By July 2020, revision of the HPRT real-time case reads will be fully implemented statewide. In fiscal year 2021, HPRT will continue to provide real-time feedback on safety issues, including assessment of safety using a structured investigations case reading guide.

7. By May 2020 complete an internal review of the practice and identified gaps in the transfer of cases between Investigations and Family Preservation recognizing that this is a critical decision-making point and requires a seamless continuation of safety intervention for positive outcomes for families.
8. By July 2020, revise the current practice, tool, and guidance developing a seamless continuation of safety intervention between Investigation's initial assessment and the onset of Family Preservation Services.
9. By January 2020 the Division will review the results of the CFSP Impact Plan and provide ongoing training for CPS staff specific to the identification of impending/present danger, improving skills for the overall assessment of safety, and how to properly document assessments and observations. The CFSP Impact Plan mentor process will continue to ensure that supervisors have a clear understanding of what is needed in a comprehensive and accurate risk and safety assessment and that they are able to present that information to their staff in a way that is understood and applied.
10. By May 2020, develop staff competencies around investigations and safety decision making so that caseworkers have the knowledge and skill to effectively identify risk and safety concerns with the ability to determine steps needed to create safety for children now and in the future. Provide ongoing training, guidance, and support for case managers and supervisors regarding any new changes in tools, practice, and policy. Continue the monthly review of records with ongoing feedback loops to include supervisors and front-line staff.

Currently the Division provides required initial training to all new workers and ongoing training is assessable. The Division will need to develop on ongoing process of mandatory refresher training and evaluation to ensure staff competency in all areas of practice.

Supervisory staffings will include an ongoing assessment of the competencies of staff. The monthly staffings between the supervisor and case manager provide the opportunity for the supervisor to assess if the case manager understands how to properly assess safety and risk and then the ability to carry out the necessary task working with individual families with an ongoing assessment of their progress and needs. County directors will ensure that their staff receive the necessary training to develop skills and knowledge needed for proper assessments of risk, safety, and needs of families.

County leadership will shadow workers on a random basis to see if the work in the field is on target and to ensure the accuracy of what is documented in the case record. This will also allow for observation of the case manager to gauge their understand and ability to assess risk and safety. After each observation the case manager will be provided with direct feedback.

Through the CFSP Impact Plan, cases are reviewed, and the findings are reviewed with front line staff in an effort to develop an understanding of what is good practice and as a learning tool for both mistakes and work that was conducted well.

The SimLab is a pilot scheduled through October 2019. Currently there is not an identified funding source that will support the lab to continue after the pilot is completed.

BENCHMARKS

Children involved in child protective services programs will have increased safety and expanded protection.

The anticipated outcomes from successful objective attainment:

1. Enhanced skills for identification of safety factors, impending danger, and present danger, for children and improved safety decisions to ensure there is not a reoccurrence of maltreatment. Increased ability to identify when children are safe vs. unsafe.
2. Increased identification and development of protective factors in families to reduce maltreatment.
3. Enhanced understanding of the family changes that must occur to keep children safe, resulting in improved matching of appropriate services to children and families.
4. Strengthened connections between child welfare and other organizations involved in improving protective factors related to child abuse (domestic violence, mental health, substance abuse, education).
5. Staff and provider trainings that support skill development in areas of emphasis, particularly identification of safety threats, pending and/or impending danger.
6. After completion of agency assessment, a decision to determine if a more simplified/intuitive safety assessment to better inform decision-making, service delivery that includes reduction in duplicative efforts, management, and use of information to have a positive impact on case completion, thus impacting performance measures.
7. Case managers will be equipped with a strong foundation in understanding and applying when working cases. Case managers will utilize available tools and resources that help increase productivity and time efficiency when working CPS cases. In addition, case managers will exhibit the necessary high-level critical thinking skills with an ability to detect child abuse and neglect to effectively intervene with families to assure child safety. Case managers will be aware of support services available through the agency and will utilize these services when needed to help with the high stress nature of the job.

Assess viability of safety assessment in CPS by March 2020. If the decision is made to revise or change to a new safety assessment process, the Division will complete the required research and identify the new process by July 2020.

- Statewide implementation of the new safety assessment process will be completed by January 2021. The case review tool for CPS cases will be enhanced to assess the quality and decision process of casework practice with an anticipated completion date of June 2020. County directors and/or regional FPS staff will conduct reviews. They will occur monthly and feedback will be provided directly to the front-line case manager and supervisor of both work completed well and work with additional recommendations or corrections. There will be at least one record reviewed for each case manager monthly.
- By June 2020, the High Priority Review Team (HPRT) process will be revised to complete reviews on cases that data show is at a higher risk of serious recidivism.
- By July 2020, revision of the HPRT real-time case reads will be fully implemented statewide. In fiscal year 2021, HPRT will continue to provide real-time feedback on safety issues, including assessment of safety using a structured investigations case reading guide.
- By March 2020 the Division will complete an internal review of the practice and identified gaps in the transfer of cases between investigations and Family Preservation Services.
- Revisions to the current practice, tool, and guidance for the transfer of cases will be implemented by July 2020.
- By May 2020, the Division will develop staff competencies around investigations and safety decisions, ensuring that case managers have the knowledge and skill to effectively identify safety concerns and determine steps needed to create safety for children now and in the future. Ongoing training will be provided throughout the state continuing through 2025.

MEASURES

The CFSR Outcomes for Safety 2 will be used as measures for the overall goals, moving from 27% to 40% by March 2024.

The state will complete timely case transfers between Investigations and Family Preservation and strive to meet the following targets:

- 35% by March 2020
- 45% by March 2021
- 55% by March 2022
- 65% by March 2023
- 75% by March 2024
- 85% by March 2025

FEEDBACK LOOPS, TRAINING, TECHNICAL ASSISTANCE AND EVALUATION

Assessments on our current practice and identified gaps will involve multiple teams including but not limited to the Data Unit, SHINES, CFSR review team, Knowledge Management, Safety Services, Field Operations including county and regional staff. Depending on the outcome of the assessments there may be the need for SHINES and policy changes.

The implementation of feedback loops will be critical to continued success. There will be ongoing feedback loops from state office to front line staff in an effort to learn from what is going well and already established to learning from mistakes and what could be done differently. The Division will continue to work with judicial partners, CAPTA panels, state agency partners, and extended providers who work directly with families.

IMPLEMENTATION SUPPORTS

Supports will be provided for field staff through ongoing, training, coaching, and potential policy and/or SHINES changes.

OBJECTIVE III

Strengthen the Kinship Continuum Program

When safety cannot be assured in the home, the agency must provide a temporary out-of-home placement for children. The Division seeks to ensure that this transition is seamless and will reduce trauma to the child. Kinship care refers to a temporary or permanent arrangement in which a relative or any non-relative adult who has a long-standing relationship or bond with the child and/or family has taken over the full-time, substitute care of a child whose parents/caretakers are unable or unwilling to do so. Kinship care includes relationships established through an informal arrangement, legal custody, guardianship order, a relative foster care placement or kinship adoption.

The Division launched a kinship continuum pilot in July 2018. Feedback from frontline staff, kinship navigators and kin caregivers helped pinpoint key challenges such as the need for timely financial support, confusion in navigating the system and working with families who cannot meet all foster home standards. As a result, there was increased monitoring of the voluntary kinship arrangement and an extension of the CPS time period. The new time parameter of 120 days to have a kinship foster home approved appeared to have an influence on the ability to increase the number of foster homes.

After testing of a new timely referral process, adjustments were made to help kin caregivers navigate the system more easily. Changes were made to the full disclosure statement and other forms and monitoring tools, ensuring appropriate

information is captured and deadlines are met. Programs and processes were adjusted and further structured to overcome identified challenges.

A reunification manager was hired in September 2018 to address the lack of timeliness to permanency and to help develop strategies to address permanency challenges. The Division's focus on reunification as the primary goal for families is a renewed one with emphasis on concurrent planning and assessing all possibilities for permanency for the child.

Statewide implementation of the Kinship Continuum will have a positive impact on the timeliness of relative care assessments and secure a smooth transition from a voluntary kinship placement (non-DFCS custody child residing with relative) to a kinship placement (custody with DFCS, child remains in the home of relative). The Continuum will be fully executed statewide by the end of September 2019.

Part of the intent of the comprehensive Kinship Care Continuum is to serve children, kin and parents at all levels of system involvement and provide a seamless treatment and services process for parent, child, and kinship caregiver. By providing comprehensive services to kin Georgia will ultimately strengthen entire communities.

Research and outcomes in states with stronger kinship programs demonstrate that full foster parent approval provides kin with a much stronger support network. Strengthening the state's kinship care practice will likely lead to the following positive outcomes:

- Increased community and agency support for kin
- Streamlined kinship system statewide
- Successfully develop an evidenced based kinship navigator program

ACTION STEPS

The state will consistently track the number of families serviced by the Kinship Navigator Program and increase the number of kin families that are fully approved foster parents. An evaluation assessment of Georgia's Navigator Program will be done by September 2020. As cases are referred to the kinship staff, they will be assuring that all necessary initial safety requirements were completed. Any missing items noted will be followed up on by kinship staff until completed. As kin caregivers move into the process of becoming fully approved foster parents additional staff in the regional resource development teams will again review the cases for safety requirements. SHINES enhancements set to occur in 2019 and 2020 will automatically track safety requirement completion for all kin caregiver cases.

Georgia will develop policies and practices and provide technical support to field staff by December 2020. The Kinship Continuum will be in effect statewide at the end of October 2019. State and region level kinship staff will assess the effectiveness of each region's implementation of the Continuum. They will provide ongoing technical assistance in 2020 to include data analysis, identification of trends and barriers, additional regional training, on-site support to regions to overcome barriers and additional education for community partners.

The policies and practice will be specifically designed to address the needs of kin. Several components of the Kinship Continuum address improved timeliness of services to kin caregivers. Pre-removal staffings will identify the potential needs of kin caregivers prior to children being placed in the home. The Continuum requires a referral to kinship staff within 48 hours of placement so that navigators can reach out to caregivers, begin assessing their needs and secure services. A team staffing is required within 45 days of a voluntary kinship placement, at which time caregiver feedback

regarding the timeliness and effectiveness of services will be assessed. Kin caregivers for children in the custody of the Division will move directly into the foster home approval process at placement of children, where multiple opportunities for service delivery will occur throughout the assessment and approval. As the State increases its evidence-based prevention services it is anticipated that kin caregivers will be a primary recipient of front-end services toward preventing removals to foster care. In working with the Annie E. Casey Foundation and Second Chance Inc., Georgia recognized the need for this approach as opposed to serving kin through the traditional case work practices.

Georgia will additionally conduct an evaluation assessment of Georgia's Kinship Navigator Program to pinpoint strengths, weakness, or necessary program improvements. Not only will this provide an opportunity to maximize the successful component of the current program while creating greater resources for families, it may also help to increase IV-E funding support.

The state is set to receive the evaluation assessment in October 2019. Results of the assessment will be shared widely with kinship staff, field staff, kin caregivers, service providers and executive leadership. In late 2019 through early 2020 the Division will create an action plan for implementing the recommendations of the evaluation assessment. The final plan will also be shared widely as noted above. It is anticipated that implementation of the action plan will occur throughout 2020 and potentially into 2021, depending on the scope of the recommendations which are accepted by the State for implementation.

BENCHMARKS

Increase the number of kin families who are approved as foster parents from 0.5% to 34% by March 2024

The state will strive to meet the following targets:

- 8% by March 2020
- 16% by March 2021
- 22% by March 2022
- 28% by March 2023
- 34% by March 2024

FEEDBACK LOOPS, TRAINING, TECHNICAL ASSISTANCE AND EVALUATION

Ongoing collaborative partners will include kin caregivers, DFCS field staff, Division of Aging, and Department of Education. Monitoring will be completed by the Kinship Navigator Program. The Division will continually engage kin caregivers to ensure activities address families' true needs. Ongoing technical assistance will be provided through quality assurance webinars. SHINES support is being developed to help with additional tracking.

IMPLEMENTATION SUPPORTS

Statewide training will be ongoing through December 2020. Yearly kinship summits will be held for kin caregivers to ensure they are educated on available services.

OBJECTIVE IV

Implement Connected By 21 to provide supports to young adults age 18 - 21

Successful implementation of Connected By 21 will inevitably result in an expanded and strengthened range of existing services and will allow the State to reach additional youth in need of services. In July 2018, Georgia passed House Bill 972 (Connected By 21), a law that gives youth the option to receive extended foster care services until age 21, three years longer than the prior cutoff age of 18. Through Connected By 21, the Division will launch the *Connections Unit* in July

2020. In addition to the order to receive services through the Connections Unit, young adults, ages 18–21, must sign a Voluntary Placement Agreement (VPA) for services to be rendered. Additional participation requirements will be publicized later in a formal communication launch.

Youth will have access to supports in the following areas:

- Housing
- Employment
- Health
- Education

They will have the opportunity to receive stipends (the stipend amounts have not yet been finalized). The official DFCS policy is being updated to include new and updated extended youth service policy. (Section: DFCS Policy 21.1 – 21.12)

Communication about the Connections Unit will start during Celebration of Excellence 2019 (a formal celebration of graduates) and will continue throughout the year. There will be **District Youth Listening Sessions** to obtain feedback from youth on the services they need after age 18 and how best the Division can serve them through partnerships in the community beginning June 2019. The Division will continue to support young adults in becoming more confident, productive individuals in society and will commit to helping them achieve lifelong success.

Through the connections program, the Division will inspire youth to:

- Prepare for their future through educational and employment training opportunities
- Find and secure consistent and safe housing
- Build permanent connections with caring adults, including relatives, mentors and community members
- Acquire vital life skills through training and leadership opportunities to live independently

Data is used to support decisions focused on youth age 18 and over: if they still receive services, if they are in college/post-secondary opportunities, if they have children and where they live.

Research has shown that if foster youth are safe, connected, educated and healthy when they exit foster care, they are more likely to transition into a more successful young adulthood.

ACTION STEPS

1. Create implementation plan – this is a new unit and will create new work and new staff positions for the Division. There must be a written, documented plan in place to guide the timeline of implementation and launch activities.
2. District Youth Listening Sessions – There will be three District Youth Listening Sessions to receive information from young people in care on what they need to thrive and the current gaps in services to them.
3. Focus Area Workgroups – There will be four workgroups to help build out what services will look like for youth. The workgroups will be in the focus areas of: housing, education, health and employment.

BENCHMARKS

Connections Unit Launch Date: July 2020

Workgroup Meeting Commence: July 2019

Begin On-boarding new staff: October 2019

The determination of anticipated outcomes, data indicators and a tracking system are in development. These elements will commence May 2020 in partnership with the DFCS Data Unit, SHINES and the Well-Being data and systems manager.

Measures of Progress will be:

Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs. (15% to 26%)

Well-Being Outcome 2: Children receive appropriate services to meet their educational needs. (46% to 60%)

Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs. (15% to 25%)

FEEDBACK LOOPS, TRAINING, TECHNICAL ASSISTANCE AND EVALUATION

There will be launch activities throughout the state that will include information sessions. Additional technical assistance activities have not been identified.

There will be workgroups for each of the areas of focus to provide feedback and insight as services and programs are developed. The state is amassing new partners for this effort as the Well-Being Services Section leadership team works to execute on the Connections Unit development and implementation plan.

IMPLEMENTATION SUPPORTS

The following supports will be needed to achieve the objectives.

- Staffing – Estimated number of staff needed within the Well-Being Unit range between 40 to 70. Seventy would be necessary to achieve all the components of the plan.
- Updates will be needed to the SHINES data system.
- Physical space to house new staff – cubicles/offices throughout the state.
- MOUs with housing and employment entities.
- Estimated budget is \$14 million; the budget needs to be approved by October 2019.
- Updated DFCS policy for practice guidance (complete as of June 2019).

NOTE: Recent budgetary constraints may preclude full or partial implementation of these activities.

OBJECTIVE V

Ensure children are appropriately placed in settings that meet individualized needs and preserve family and community connections.

(PIP>CFSP) Goal III, Strategy I, Key Activity 7, 8 and 9

In February 2019, the Division relaunched the use of permanency roundtables. A roundtable is an intervention designed to facilitate the permanency planning process by identifying realistic solutions to permanency obstacles for youth. Georgia relaunched this practice due to the significant success the state had using this process in the past to help children achieve permanency timely. The roundtables will be used to develop a pathway to permanency for children who have reached 13 months in care and do not have an actionable permanency path. This objective further aligns with the permanency section of the CFSP and APSR reports. Child welfare stakeholders have stated that there is a concern that permanency strategies are limited in their emphasis on termination of parental rights rather than consideration of the broader spectrum of permanency goals.

The state anticipates additional residual benefits of roundtables will be an increase in timely permanency, reduction in the rates of children re-entering care, reduction in the number of children in care and a reduction in the number of children who remain in care for more than 24 months.

PIP > CFSP (original wording of PIP activities below)

Key Activity 7 - The State CQI team will analyze permanency case consultation outcome data to determine the future scope of a permanency roundtable process focusing on those cases involving children without any actionable permanency plan. The team will generate a written strategy including parameters for identifying cases in need of full permanency roundtables rather than permanency case consultations.

Key Activity 8

A minimum of two (2) consultation staff per region will be trained in the full permanency roundtable model.

Key Activity 9

Full permanency roundtables including follow up as specified in the permanency roundtable model will occur for cases where the children have reached the 13th month in care and there is no clear permanency path identified. Cases will be identified by the supervisor or permanency FPS. Permanency case consultations will continue for cases not in need of a full permanency roundtable.

ACTION STEPS

The Permanency section will develop roundtable training utilizing the Casey Roundtable Model as the framework. The training was developed February 2019 and delivered statewide beginning March 19, 2019. The permanency roundtable is part of the permanency planning continuum. The Case Consultation process is a strategy in the PIP and the roundtables are required for the population of youth who do not have an actionable plan after receiving a consultation. The case consultations occur for every child reaching 12 months in care and a roundtable will be held at the 13th month for the population of youth with no plan.

The permanency field program specialist (FPS) staff in the regions are responsible for ensuring cases requiring a roundtable receives one, and the follow up occurs as recommended. Regions have been charged with developing an internal plan to ensure follow up on the identified action items. The master practitioner is responsible for ensuring that the regional plans are followed. The state reunification manager conducts random reviews on cases to ensure the plans are being followed. In addition, there is a SharePoint available for all regions to report roundtables progress.

For children who remain in care after a 12-month case consultation and do not have an actionable permanency plan, a roundtable will be recommended at the 13th month. A minimum of two consultation staff per region will be trained in the full permanency roundtable model. Each region selected a master practitioner (consultation staff) to be trained. Many of the regions selected more than the minimum required to ensure there are appropriate resources for continuity in practice in the event there is turnover in the regions.

The cases are identified and facilitated by an FPS or, at a level higher than a supervisor. Cases will be identified on the case consultation log and submitted to the state office monthly. After the roundtable is completed, the cases will be reported to state office and follow up will be managed by the regions.

Build and execute a robust, sustainable system for the achievement of timely permanency. The strategy includes practice model case consultation methods, mentoring of field staff, ongoing tracking of outcomes and full permanency roundtables for cases without viable permanency options.

BENCHMARKS

The Permanency Section completed the rollout of the required trainings to the regions. The initial training was held in March 2019 and the final training was completed in April 2019. The roundtables will now be embedded in the practice and utilized as a tool to strategize on permanency options for the Division's most challenging children. The training will be available to the field every six months to sustain practice and ensure new staff is aware of this expectation.

As part of the permanency continuum, the case consultation practice is an essential part of practice. The initial consultation is held 25 days after a child's entry into care, again at the 6-month period, ensuring an appropriate permanency plan and wellbeing needs for the child. If the child remains in care at the 12th month, an additional case consultation is held and is facilitated by an employee that is higher than a supervisor. This strategy is included in the PIP and will address the timely permanency for children. In addition to the case consultation, the roundtable was relaunched to ensure children who continue in care will be assessed again at the 13th month roundtable.

The state anticipates this strategic objective will positively impact CFSR Outcomes:
Permanency 1, Item 5; Permanency 2, Item 6 and Well-Being 1, Item 12.

The desired targets for March 2024 are:

Item 5: from 47% to 65%

The state will strive to meet the following targets:

- 50% by March 2020
- 54% by March 2021
- 58% by March 2022
- 62% by March 2023
- 65% by March 2024

Item 6: from 27% to 50%

The state will strive to meet the following targets:

- 30% by March 2020
- 35% by March 2021
- 40% by March 2022
- 45% by March 2023
- 50% by March 2024

Item 12: from 18% to 40%

The state will strive to meet the following targets:

- 23% by March 2020
- 28% by March 2021
- 33% by March 2022
- 38% by March 2023
- 40% by March 2024

FEEDBACK LOOPS, TRAINING, TECHNICAL ASSISTANCE AND EVALUATION

The Permanency Section will provide over-the-shoulder support to the regions, as needed, and will roll out training to all regions beginning February 2019. This training will be ongoing upon request and every six months as a standard practice. The SHINES system currently has the capability of capturing completed roundtables. Enhancements are needed and will

be completed by January 2021. Currently, the regions are manually reporting roundtable compliance. The state is projecting to move away from the manual reporting by January 2021.

IMPLEMENTATION SUPPORTS

The regions are experiencing resource challenges that require the reallocation of staff responsible for facilitating and tracking roundtables. Designated staff who can follow up on all action plans and recommendations would be ideal for ensuring success with the roundtable process.

OBJECTIVE VI

Increase the Division's ability to support youth who need additional educational assistance.

(PIP>CFSP) Goal II, Strategy II, Key Activities 1, 2 and 3

This objective was rolled over to the CFSP from the PIP:

The Educational Programming, Assessment and Consultation (EPAC) team will conduct quarterly Education Academies that provide information to staff and external partners (stakeholders and caregivers) regarding educational entitlements, local educational processes, and advocacy. Additionally, Education Academies will provide information and best practices for case managers and supervisors as they engage with the local school system and academic centers for youth on their caseload.

This education, targeted to case managers, will expand their ability to effectively support youth with their educational needs. It also allows the state to reach more youth than those who would be assisted by education support monitors (ESM) alone.

The state will increase stakeholder and case manager awareness of services provided by EPAC and improve advocacy for the youth in educational settings. By improving case manager awareness, it enables collaborative efforts to improve graduation rates, grade promotions, retention and support to youth who require additional and efficient supportive services.

In September 2018 the SHINES system was enhanced with updated education detail pages for the Educational Stability Plan (ESP) for youth entering and in foster care to be created electronically. This enhancement also removed the need for youth to be referred to EPAC through a manual referral system. The ESM provides educational academies specific to the counties' needs such as SHINES enhancement, completion of educational stability plan, school discipline and EPAC overview. As of June 2019, the EPAC team conducted 19 education academies. EPAC increased its training to field staff, and through these training enhancements EPAC expanded the subject matter provided during training and implemented different methods of training.

PIP>CFSP (original wording of PIP activities below)

Key Activity 1

EPAC will implement one web-based Education Academy each quarter designed to support and enhance case manager, supervisor, and other direct service child welfare staff's understanding of educational support to youth in foster care. The regional and/or county will be identified in part by the following criteria:

- Large number of children/youths in foster care enrolled in the school district.
- High percentage of suspensions/expulsions of children and youth in foster care.
- Judicial partners support and prioritize educational outcomes.
- School districts with a high or low graduation rates of foster youth.

- Low rates of EPAC Referral.

Key Activity 2

EPAC will implement two onsite Education Academies per quarter designed to support and enhance the case manager, supervisor, and other direct service child welfare staff's understanding of educational support to youth in foster care.

Key Activity 3

EPAC will implement three annual onsite Education Academies specifically for foster parents and caregivers to provide additional guidance, clarification and best practices in supporting the academic needs of youth in their care.

ACTION STEPS

The State will provide educational academies to increase stakeholder and case manager awareness of educational services that advocate for youth in educational settings.

In-person trainings will be hosted along with online virtual training through the WebEx training platform. The curriculum will educate stakeholders and case managers on EPAC's purpose and services provided and keep case managers abreast of the latest educational trends and information. The trainings will equip case managers with the knowledge to effectively advocate for the educational needs of the youth served.

BENCHMARKS AND TIMETABLE

All state office academies are to be completed by July 30, 2019 and at least one academy is scheduled every other month across the state. More academies may be incorporated for counties by education support monitors depending on county needs.

Successful implementation of this strategy will be measured by the completion of all scheduled academies, as outlined in the education academy action plan.

By March 2020, the education team will provide at least two (2) statewide academies and twenty-five (25) county-level Education Academies to enhance state and local staff's knowledge of EPAC services to improve communication, collaboration and advocacy regarding foster youths' educational needs; provide at least two (2) statewide academies and twenty-five (25) county-level Education Academies to enhance state and local staff's knowledge of special education laws and school discipline to ensure appropriate services are in place for foster youth; provide at least two (2) Education Academies to enhance child-caring institutions, private agencies and foster parents' knowledge of EPAC services to improve communication, collaboration and advocacy regarding foster youths' educational needs; and provide at least two (2) Education Academies to enhance child-caring institutions, private agencies and foster parents' knowledge of special education laws and school discipline to ensure appropriate services are in place for foster youth.

By March 2021, the education team will provide at least three (3) statewide academies and thirty-five (35) county-level Education Academies and two (2) online webinars to enhance state and local staff's knowledge of EPAC services to improve communication, collaboration and advocacy regarding foster youths' educational needs; provide at least three (3) statewide academies and thirty-five (35) county-level Education Academies and two (2) online webinars to enhance state and local staff's knowledge of special education laws and school discipline to ensure appropriate services are in place for foster youth; provide at least five (5) Education Academies to enhance child-caring institutions, private agencies and foster

parents' knowledge of EPAC services to improve communication, collaboration and advocacy regarding foster youths' educational needs; and provide at least five (5) Education Academies to enhance child-caring institutions, private agencies and foster parents' knowledge of special education laws and school discipline to ensure appropriate services are in place for foster youth.

By March 2022, the education team will provide at least three (3) statewide academies and fifty (50) county-level Education Academies and two (2) online webinars to enhance state and local staff's knowledge of EPAC services to improve communication, collaboration and advocacy regarding foster youths' educational needs; provide at least three (3) statewide academies and thirty-five (35) county-level Education Academies and two (2) online webinars to enhance state and local staff's knowledge of special education laws and school discipline to ensure appropriate services are in place for foster youth; provide at least seven (7) Education Academies and one (1) online webinar to enhance child-caring institutions, private agencies and foster parents' knowledge of EPAC services to improve communication, collaboration and advocacy regarding foster youths' educational needs; and provide at least seven (7) Education Academies and one (1) online webinar to enhance child-caring institutions, private agencies and foster parents' knowledge of special education laws and school discipline to ensure appropriate services are in place for foster youth.

By March 2023, the Education team will provide at least four (4) statewide academies and fifty (50) county-level Education Academies and two (2) online webinars to enhance state and local staff's knowledge of EPAC services to improve communication, collaboration and advocacy regarding foster youths' educational needs; provide at least four (4) statewide academies and thirty-five (35) county-level Education Academies and two (2) online webinars to enhance state and local staff's knowledge of special education laws and school discipline to ensure appropriate services are in place for foster youth; provide at least seven (7) Education Academies and one (1) online webinar to enhance child-caring institutions, private agencies and foster parents' knowledge of EPAC services to improve communication, collaboration and advocacy regarding foster youths' educational needs; and provide at least seven (7) Education Academies and one (1) online webinar to enhance child-caring institutions, private agencies and foster parents' knowledge of special education laws and school discipline to ensure appropriate services are in place for foster youth.

By March 2024, provide:

- At least four statewide academies and 50 county-level Education Academies and two online webinars to enhance state and local staff's knowledge of EPAC services to **improve communication, collaboration and advocacy** regarding foster youths' educational needs
- At least four statewide academies and 35 county-level Education Academies and two online webinars to enhance state and local staff's **knowledge of special education laws and school discipline** to ensure appropriate services are in place for foster youth
- At least seven Education Academies and one online webinar to enhance child-caring institutions, private agencies and foster parents' knowledge of EPAC services to **improve communication, collaboration and advocacy** regarding foster youths' educational needs;
- At least seven Education Academies and one online webinar to enhance child-caring institutions, private agencies and foster parents' **knowledge of special education laws and school discipline** to ensure appropriate services are in place for foster youth.

Participation of case managers in online Education Academies milestones for strategy completion:

25% by 2020

30% by 2021

35% by 2022
45% by 2023
50% by 2024

Benchmark measures for progress is moving from 46% to 60% by 2024 in Well-Being 2.

FEEDBACK LOOPS, TRAINING, TECHNICAL ASSISTANCE AND EVALUATION

ESMs provide assistance during data days in the counties and when a case manager requests additional support. EPAC will continually consult with case managers, county directors and stakeholders.

IMPLEMENTATION SUPPORTS

Education support monitors will provide staffing, training and coaching to case managers.

OBJECTIVE VII

Individualized Education Plans

(PIP>CFSP) Goal II, Strategy III, Key Activity 1

To ensure foster youth with IEPs are provided adequate accommodations and the IEPs are current.

ACTION STEPS

When warranted foster youth will have current and accurate IEPs. Reviews will be conducted for youth, ages 5 -17, who have an identified IEP (as noted in GA SHINES). They will receive accommodations needed for their educational setting. Education support monitors will pull random IEPs from their respective regions.

Reviews will occur on a monthly basis and 5% of the cases will be reviewed each month. Cases will be identified based on SHINES data retrieval.

The IEPs will be provided to the certified teachers (education specialist contractors) for review for compliance. A template will be used to review the IEP and will be submitted to the education support monitor once the review is completed with the recommendations. The ESMs will then submit the recommendations to the case managers asking that the recommendations be completed within 10 days. If the recommendations have not been completed, the district managers will contact the county directors to ensure the appropriate actions have been taken.

PIP>CFSP (original wording of the PIP)

Monitor the Individualized Education Plans (IEP) for children/youth who have been referred to EPAC and ensure the IEPs are current and are monitored through a coordinated team that includes the EPAC education specialists (contractors), DFCS case manager, ESM, appropriate school system personnel and other key student support team members.

Key Activity 1

EPAC education specialists (contractors) will conduct quarterly sample reviews of IEPs for youth who have been referred to EPAC and have IEPs to ensure the IEP is current/up-to-date and reflects the actual supports and services needed.

BENCHMARKS

Progress will be measured by Well-Being Outcome 2: Children receive appropriate services to meet their educational needs. The State goal is to move from 46% to 60% by March 2024.

EPAC unit will conduct at least fifteen (15) Education Academies, on special education to enhance the state and local staff, child caring institutions (CCIs), private agencies and foster parents' knowledge on special education and individualized education plans (IEPs), ensuring the appropriate services foster youths need to meet their educational needs by March 2024.

By March 2020, three hundred IEPs reviewed, if applicable, recommendations provided to case managers and/or supervisors, and at least, 50% of the recommendations will have been implemented to ensure 49% of the youth are receiving the appropriate services to meet their educational needs.

By March 2021, five hundred IEPs reviewed, if applicable, recommendations provided to case managers and/or supervisors, and at least, 50% of the recommendations will have been implemented to ensure 52% of the youth are receiving the appropriate services to meet their educational needs.

By March 2022, seven hundred IEPs reviewed, if applicable, recommendations provided to case managers and/or supervisors, and at least, 70% of the recommendations will have been implemented to ensure 55% of the youth are receiving the appropriate services to meet their educational needs.

By March 2023, seven hundred IEPs reviewed, if applicable, recommendations provided to case managers and/or supervisors, and at least, 70% of the recommendations will have been implemented to ensure 58% of the youth are receiving the appropriate services to meet their educational needs.

By March 2024, eight hundred IEPs will be reviewed, if applicable, recommendations provided to case managers and/or supervisors, and at least, 80% of the recommendations will have been implemented to ensure 60% of the youth are receiving the appropriate services to meet their educational needs.

Targets for percentage of youth receiving the appropriate services to meet their educational needs:

49% - 2020

52% - 2021

55% - 2022

58% - 2023

60% - 2024

FEEDBACK LOOPS, TRAINING, TECHNICAL ASSISTANCE AND EVALUATION

Education support monitors support case managers via IEP meetings and assist them in understanding the IEP recommendations and/or accommodations. ESMs also train the case managers on special population (i.e. IEP, SST) through the educational academies. Case managers, county directors and stakeholders will be continuously consulted.

IMPLEMENTATION SUPPORTS

Education Support Monitors will provide staffing, training and coaching to case managers.

STRATEGIC FOCUS B: Service Array

MEASURES OF PROGRESS

Percent of Parent Advisory Council members who attend all trainings and meetings each year¹
Objective I

BASE - LINE 2019	Target 2020	Actual 2020	Target 2021	Actual 2021	Target 2022	Actual 2022	Target 2023	Actual 2023	Target 2024	Actual 2024
0%	35%		45%		55%		65%		75%	

Well-Being Outcome 2: Children receive appropriate services to meet their educational needs²
Objective II, III

BASE - LINE 2019	Target 2020	Actual 2020	Target 2021	Actual 2021	Target 2022	Actual 2022	Target 2023	Actual 2023	Target 2024	Actual 2024
46%	49%		52%		55%		58%		60%	

Percent of children ages 0 – 5 who are in an early childhood education setting³
Objective II

BASE - LINE 2019	Target 2020	Actual 2020	Target 2021	Actual 2021	Target 2022	Actual 2022	Target 2023	Actual 2023	Target 2024	Actual 2024
64%	67%		69%		71%		73%		75%	

Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs²
Objective III

BASE - LINE 2019	Target 2020	Actual 2020	Target 2021	Actual 2021	Target 2022	Actual 2022	Target 2023	Actual 2023	Target 2024	Actual 2024
15%	18%		20%		22%		24%		25%	

Well-Being Outcome 1: Item 12⁴
Objective IV

BASE - LINE 2019	Target 2020	Actual 2020	Target 2021	Actual 2021	Target 2022	Actual 2022	Target 2023	Actual 2023	Target 2024	Actual 2024

18%	23		28		33		38		40%	
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Respondent Rating = Excellent or Good
 Agency effectiveness in providing appropriate services to meet the needs of families and children which they serve through both CPS and Permanency⁵
 Objective IV

BASE - LINE 2019	Target 2020	Actual 2020	Target 2021	Actual 2021	Target 2022	Actual 2022	Target 2023	Actual 2023	Target 2024	Actual 2024
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84%	86		87		88		89		90%	
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Respondent Rating = Excellent or Good
 Services provided by DFCS to ensure children are safe and protected from abuse and neglect⁵
 Objective IV

BASE - LINE 2019	Target 2020	Actual 2020	Target 2021	Actual 2021	Target 2022	Actual 2022	Target 2023	Actual 2023	Target 2024	Actual 2024
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91%	92		93		94		95		95%	
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Percent of cases that demonstrate ongoing communication between the agency and the service provider⁶
 Objective IV

BASE - LINE 2019	Target 2020	Actual 2020	Target 2021	Actual 2021	Target 2022	Actual 2022	Target 2023	Actual 2023	Target 2024	Actual 2024
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50%	53		56		59		62		65%	
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1. Data Source: Georgia Prevention Unit
2. Data Source: Georgia Quality Assurance case record reviews
3. Data Source: Georgia Well-Being Unit
4. Data Source: Georgia Quality Assurance case record reviews
5. Data Source: Georgia Quality Assurance case record review interviews – respondents include case managers, supervisors, community partners, foster parents, service providers, court personnel, attorneys, and school personnel.
6. Data Source: C3 coordinator quarterly case record reviews

OBJECTIVE I

Maintain a Parent Advisory Council to enhance primary and secondary community-based prevention and to increase parent leadership and engagement within the Division.

The State will expand and strengthen the range of existing primary and secondary services by gathering input and guidance from the Parent Advisory Council on types of services that are most helpful to families in the community, and by

providing necessary support and resources. Services funded by the Prevention Section will be more responsive to the needs of families in communities.

The members of the Parent Advisory Council include birth parents and foster parents. The Prevention Section is still recruiting for kin caregivers for the Parent Advisory Council. Some birth parents have been involved with the agency, while the majority of them have not. The birth parents whom have not been involved with the agency have accessed prevention services in the community, such as a family resource center or a parenting support group. The Prevention Section has structured the Parent Advisory Council to be comprised of members with diverse backgrounds so they will be able to provide their varying viewpoints of the types of community-based prevention and family support services needed to support families in their communities, both prior to and in conjunction with any involvement with the agency.

There is one Parent Advisory Council for the state. The goal was to have one parent advisory council member from each region, for a total of 14 Parent Advisory Council members. The Council currently has nine council members and the Prevention Section is currently recruiting for parents to represent Regions 5, 6, 7, 8 and 9. However, given there are two council members from Region 14, one region may not be represented.

The Parent Advisory Council will be available to participate in the review of data, assessment of strengths and needs and the selection of goals in future CFSP. Additionally, the Parent Advisory Council will be available to participate in the ongoing implementation of goals and monitoring of progress of the 2020-2024 CFSP through the subsequent APSRs.

The Division will foster parent leadership development. Parent Advisory Council members will advocate on behalf of parents and other caregivers to promote improvements to the child welfare system, particularly about prevention services. The partnership between the Parent Advisory Council and the Division will model the value of partnerships between parents and staff.

ACTION STEPS

- The Prevention Section will provide information to the Parent Advisory Council on different evidence-based primary and secondary prevention programs.
- The Parent Advisory Council will recommend to the Prevention Section which services are most helpful to families in their communities.
- Parent Advisory Council members will participate in the proposal review teams for Prevention Section funding opportunities.
- The Parent Advisory Council will develop projects and activities to work on with the Division.
- Training on parent advocacy, engagement, and leadership will be provided to parents.
- The Parent Advisory Council will have full membership (14 members).

BENCHMARKS AND TIMETABLE

- Beginning in FFY 2020, and each year thereafter, the Parent Advisory Council will receive relevant trainings on parent advocacy, engagement, and leadership
- By the end of FFY 2020, the Parent Advisory Council will choose projects and activities to work on with the Division.
- By the end of FFY 2021 the Prevention Section will provide information to the Parent Advisory Council on different evidence-based primary and secondary prevention programs.
- By then end of FFY 2022 the Parent Advisory Council will begin recommending services that are most helpful to families in their communities to the Prevention Section.

- By the end of FFY 2022, the Prevention Section will develop a statement of need for a new evidence-based primary or secondary prevention service as recommended by the Parent Advisory Council.
- By the end on FFY 2023, there will be at least one Parent Advisory Council member on the review team for primary and secondary prevention services proposals.
- By the end of FFY 2024, the Parent Advisory Council will have full membership comprised of 14 members.

The measure of progress will be:

75% of Parent Advisory Council members will attend all trainings and meetings by FFY 2024.

The state will strive to meet the following targets:

- 35% by March 2020
- 45% by March 2021
- 55% by March 2022
- 65% by March 2023
- 75% by March 2024

FEEDBACK LOOPS, TRAINING, TECHNICAL ASSISTANCE AND EVALUATION

The Parent Advisory Council will meet every other month to provide feedback on the process. The Prevention Section has participants complete self-reported satisfaction surveys for prevention funded services to determine their satisfaction with the services and if the services met their needs.

Technical assistance from the National Alliance of Children’s Trust and Prevention Funds has been secured to develop the Council. FRIENDS, the CBCAP technical assistance entity, also provides training for Parent Advisory Councils in which the Prevention Section has expressed interest. The Parent Advisory Council will meet every other month to provide feedback on processes and the work of the Council. The Prevention Section will monitor and track their feedback and adjust the processes and work of the Council as necessary.

IMPLEMENTATION SUPPORTS

The Prevention Section has set aside funding dedicated to the Parent Advisory Council – for stipends for their participation in activities and for training.

OBJECTIVE II

Target 0-5 early childhood education opportunity

During the 2015 CFSR review (Round 3), Georgia was rated as 54% substantially achieved for Well-Being Outcome 2, Item 16 - Children receive appropriate services to meet their educational needs. As of March 2019, the state was rated at 46%.

Research in the neurosciences has established that approximately 80% of brain development takes place by the time a child is five years old, with the first three years seeing the maximum growth. Care and education in these early years give children a head start on skill development, school readiness, and future educational success. Children in this age group are particularly vulnerable to the negative effects of foster care placement. Due to the increasing foster care population of children in this age group in Georgia and the vast evolution of the early childhood landscape, it is essential to have a structure in place within the Division that supports the early learning and development of these children. Ensuring children

in care ages 0-5 have access to early childhood education opportunities will expand and strengthen the range of existing services.

- Increase the number of children (ages 0 -5) who are enrolled in: Early Head Start, Head Start, Pre-K or any other quality rated childcare funding program.
- Enhance the knowledge of case managers and their ability to make proper decisions regarding the best available early childhood setting.

ACTION STEPS

1. Provide statewide early childhood education training to case managers, social service supervisors and foster parents two times a quarter.
2. Create and disseminate an early childhood toolkit to case managers and other appropriate DFCS staff who support the needs of children in foster care, ages 0 – 5.
3. An early childhood collaboration workgroup will convene once per quarter. Invited participants will include:
 - DFCS Staff (state office and field)
 - State Agency Partners
 - Non-profit Organizations
 - Foster Parents

Other community partners such as Georgia Early Education Alliance for Ready Students (GEEARS), Voices for Children, Department of Early Care and Learning (DECAL), and Bright from the Start may be invited at varying junctures to participate as well.

BENCHMARKS AND TIMETABLE

Early childhood education trainings will be conducted in every region at least three times by June 2023. Early childhood toolkits will be completed and disseminated by June 2020.

Increase the percent of children from ages 0 – 5 who are in an early childhood education setting from 64% to 75% by 2024, as documented in GA SHINES.

Settings Include:

- Early Head Start
- Head Start
- Pre-K
- Childcare
- Other childcare settings

Well-Being Outcome 2: Children receive appropriate services to meet their educational needs; going from 46% to 50% by March 2024:

49% - March 2020

52% - March 2021

55% - March 2022

58% - March 2023

60% - March 2024

FEEDBACK LOOPS, TRAINING, TECHNICAL ASSISTANCE AND EVALUATION

Early childhood education training will be provided to case managers, social service supervisors and foster parents two times a quarter.

DECAL, Head Start, CAPS, and caregivers will be consulted for feedback and will be ongoing collaborative partners. The early childhood collaboration will be responsible for monitoring, tracking and/or implementation.

IMPLEMENTATION SUPPORTS

Support from field leadership will be needed to ensure prioritization and participation of trainings offered to case managers and supervisory staff.

OBJECTIVE III

Train and market available youth services to supervisors and front-line staff

(PIP>CFSP) Goal II, Strategy IV, Key Activity 1

Note: The state will be sponsoring a wellness series in lieu of WPAC academies, therefore this PIP item has been adjusted accordingly.

The Well-Being Services Section partners with the following organizations to implement trainings across the state:

Multi-Agency Alliance for Children

- ILP Life Skills Workshops (for ILP youth and young adults)
- Financial Literacy Workshops (for ILP youth and young adults)

GUIDE Inc.

- Youth Development Workshop (for youth service providers)
- Youth STEAM Exhibition (for youth)

Amerigroup

- Health Oversight Training (for DFCS case managers and supervisors)

Training for DFCS Staff

Training is implemented to improve the knowledge of case managers and supervisors when making best interest placement and education decisions for youth.

Training for Providers

Training is implemented to ensure quality services are provided to youth and community population to be served.

PIP > APSR or CFSP (original wording of the PIP)

Key Activity 1

The Wellness Programming, Assessment, and Consultation (WPAC) team will implement four quarterly, web-based academies annually that will be designed to support and enhance case manager, supervisor, and other direct service child welfare staff's understanding of appropriate and timely health screening.

Note: The state will be sponsoring a wellness series in lieu of WPAC academies, therefore this PIP item has been adjusted accordingly.

ACTION STEPS

Evaluations will be incorporated into trainings and workshops. Well-being has a dedicated data and systems manager who analyzes the data and uses it to inform section leadership on the effectiveness of the trainings and the impact of those trainings.

Overall Support

The Well-Being Services Section will create a well-being toolkit for children, youth and young adults. This toolkit will be specifically for case managers and those who work within Georgia's child welfare system. The creation of the toolkit will begin in August 2019 and will be finalized for production by July 2020.

Medical Support

WPAC has finalized a Medicaid navigation guide for youth that are preparing to exit care or that are currently former foster youth. The Medicaid guide provides guidance to youth on how to maintain their Medicaid eligibility to prevent any lapse in coverage. A staff guide has been developed as well for DFCS staff to provide guidance on how to ensure youth maintain their Medicaid eligibility. These guides will be distributed at various events to community partners, staff, youth, and service providers that work with this population.

WPAC will implement quarterly web-based academies (series) annually that will be designed to support and enhance case manager, supervisor, and other direct service child welfare staff in understanding of appropriate and timely health screenings. (beginning November 2019)

BENCHMARKS

The state will partner with providers and stakeholders for joint training experiences.

Timetable for completion: Over the next two years programs will be working with current partners to enhance training experience by putting training modules on the Learning Management System (LMS). Facilitation of trainings on LMS will commence January 2020.

FEEDBACK LOOPS, TRAINING, TECHNICAL ASSISTANCE AND EVALUATION

To ensure a more competent workforce through training, well-being staff listen to the feedback of DFCS field staff and state office insight to learn about the challenges and barriers staff are experiencing. The team uses the feedback to create the most appropriate training for staff. This feedback also comes through consultations, leadership meetings and direct communication during case staffings.

IMPLEMENTATION SUPPORTS

- Office of Communication engagement and support – graphic designer
- DHS Communications Office website support
- Knowledge Management Section partnership

OBJECTIVE IV

Leverage regional stakeholder meetings to address service array, and monitor to ensure implemented services are effective

(PIP>CFSP) Goal II, Strategy I, Key Activity 1

C3 coordinators will host quarterly meetings in each region with pertinent stakeholders to address service needs and the availability of services. These meetings will be used, in part, to have a two-way dialogue about the efficacy of services provided in the regions. When the state completed CFSR Round 3 in 2015, Item 12 - Needs and services of child, parents, and foster parents - was rated at 25% strength. Well-Being Outcome 3 - Children receive adequate services to meet their physical and mental health needs - was rated as 25% substantially achieved. Both items 29 (Array of Services) and 30 (Individualizing Services) were also identified as areas needing improvement.

In response, the state included goals and interventions in its PIP to help address deficiencies. In the statewide assessment, Georgia provided information indicating a need for basic services (food, shelter, clothing, income), service support (transportation, childcare, education), mental/emotional/behavioral health services, and substance abuse services. During interviews, stakeholders confirmed gaps in services across the state, including supervised visitation, post-permanency services, psychological evaluations, sexual trauma services, services for Latino families (long waitlists), specialized services for special needs children, autism services, and LGBTQ services. Stakeholders also expressed concerns about long waiting lists and the quality of some of the services.

Information provided in the statewide assessment and interviews with stakeholders described significant concerns about the inability to individualize services based on the quality of Comprehensive Child and Family Assessments, insurance coverage issues with Amerigroup, lack of translation services, the inability to tailor services to meet the cultural needs of the diverse population, and the inconsistent engagement of community providers across the state.

PIP Goal II, Strategy 1, Key Activity 1 required states to establish quarterly meetings in each region with pertinent stakeholders to address service needs and the availability of services. Using the principles of the FranklinCovey Four Disciplines of Execution (4DX), C3 coordinators ensured the regional meetings were focused on matters that help to address the availability, quality and accessibility of services to children, parents/caregivers and/or foster parents. In adherence to those principles, the regions developed measures to track regional progress.

Regions will continue to host stakeholder meetings and use 4DX and CQI processes to help determine root causes for service gaps, establish strategies and measures to make improvements, and enable the state to better meet the assessment and individualized needs of children, youth and families through an enhanced and broadened array of services.

Over the course of the period that C3 coordinators conducted stakeholder meetings focused on service array, the state's Item 12 rating moved from 13% up to 33%. The rating never fell back to 13%, nor dropped below 18%. See the table in the Assessment of Performance section of the CFSP report (Systemic Factor: Service Array) for more details regarding the impact the meetings had on the regions in terms of improving CFSR outcomes, enhancing partnerships and collaboratives, and improving practice. Results include an increase in quality of referrals and the quality and frequency of collaterals; recruitment of churches and faith-based entities to care communities and partners to the Care Portal (increasing services to foster parents); development of new protocols for working with providers and speeding up the

assessment process; creation of feedback loops; development of a desk reference guide; provision of mobile employment services to unemployed fathers and other improvements with regard to engaging fathers; improvement of the quality of staffings around service provision; reduction in overdue health logs; moving children who have a goal of reunification and a willing relative to permanency among other benefits.

When polled and asked to rank their region's level of stakeholder engagement from a scale of 1 to 10, 10 of the coordinators rated their region as a 7 or 8. The region that rated itself the lowest has not had a full-time C3 coordinator in over a year. One C3 rated her region as a 5 because their county directors have had to cover multiple counties due to staffing shortages and have not been able to be a presence at many of the meetings. Also, their stakeholders complained that they did not have a point of contact for Medicaid providers for an extended period of time. The regions that ranked themselves somewhere in the middle said they did so because there is a large disparity between the counties that engage well and those that do not. Several of the regional directors and C3 coordinators noted that they would have rated themselves very low years ago, but have worked very hard to improve relations, establish a rapport, influence the perceived image of the agency, and build a foundation for working together. Region 1 said they would have rated themselves as a 1 in 2014, but now they are at an 8 because there has been a culture shift, a recognition that community collaboration is imperative to achieve positive outcomes for families.

PIP > CFSP (original wording of PIP)

Key Activity 1

Establish quarterly meetings in each Region with Agency Staff (County and Regional), pertinent stakeholders and service providers, to address service needs and availability of services to include: identifying needed services, determining and implementing method to develop or access identified services, monitoring to ensure that implemented services are effective.

ACTION STEPS

1. Ongoing, a stakeholder meeting will be hosted in each region, each quarter. The meeting agenda will include a focus on the effectiveness of one or more of the following services that:
 - a. Assess the strengths and needs of children and families and determine other service needs;
 - b. Address the needs of families in addition to individual children in order to create a safe home environment;
 - c. Enable children to remain safely with their parents when reasonable;
 - d. Help children in foster and adoptive placements achieve permanency;
 - e. Are individualized to meet the unique needs of children and families served by the agency.
2. Ongoing, regions will establish, track and monitor lead measures (benchmarks) and lag measures (X to Y by when) to address service gaps. As objectives are met, regions will establish new leads and lags.
3. Quarterly, C3 coordinators will submit reports regarding the outcomes of the meetings and service improvement objectives.

BENCHMARKS

The state hosted 89 stakeholder meetings in 15 months (January 2018 – March 2019), 71 of them were held in 2018. The quantity of meetings may decrease over the next five years due to a decrease in funding, therefore, the state intends to host at least one per region, per quarter; 55 or more a year, statewide.

- FFY 2019 – 55+
- FFY 2020 – 55+
- FFY 2021 – 55+

- FFY 2022 – 55+
- FFY 2023 – 55+

Measure 1 - The overarching measure of progress will be improvement in CFSR Outcome 12.

Each region will work to improve their percentage rating in Item 12. The baseline will be determined by each region’s rating from the quality assurance case review findings in March of each year.

The state will seek to improve the state overall rating on CFSR Outcome WB 12: Needs and services of child, parents, and foster parents from 18% to 40% by March 2024.

Measure 2 – The state will review ratings based on stakeholder responses to surveys administered by the state’s quality assurance review team. The survey questions are rated as excellent, good, fair or poor (based on a “rolling” six months). The state will seek to improve the survey response rating on the following questions:

a. Agency effectiveness in providing appropriate services to meet the needs of families and children which they serve through both CPS and Permanency.

The goal is to move from 84% of respondents rating the agency as good or excellent to 90% by March 2024

b. Services provided by DFCS to ensure children are safe and protected from abuse and neglect

The goal is to move from 85% of respondents rating the agency as good or excellent to 90% by March 2024

Measure 3 – Random sample case record reviews will be done each quarter. Metro regions will sample 15 applicable records and non-metro regions will sample 10. Reviewers will seek to determine if there has been ongoing communication between the Division and the service provider for the duration of the services (throughout a three-month review period). Baseline: 50% of cases read demonstrated ongoing communication between the Division and the service provider (68 out of 136 cases read)

March 2024 Target: 65%

The data source for measures 1 and 2 will be the Georgia Quality Assurance CFSR Case Record Reviews. The data source for measure 3 will be Georgia SHINES case documentation.

FEEDBACK LOOPS, TRAINING, TECHNICAL ASSISTANCE AND EVALUATION

Regional lead and lag measures related to service array provision, quality, availability, and/or accessibility will be established based on the findings of the case reviews as well as feedback from stakeholders and staff. Areas of concern will be discussed in CQI and PACCC meetings for analysis and troubleshooting.

A state-level liaison will provide technical assistance to the regional C3 coordinators to ensure they are trained on how to host and facilitate meaningful, relevant and productive stakeholder meetings. The meetings will be used as an opportunity to have substantial, ongoing and meaningful collaboration with stakeholders and partners (internal and external), courts (legal and judicial community) and tribes; to collect input; assess agency strengths and areas needing improvement; modify goals, objectives, strategies and/or interventions; and monitor progress.

C3 coordinators will be trained in CQI and serve as facilitators and/or members of their regional CQI teams.

IMPLEMENTATION SUPPORTS

For consistent and accurate tracking, C3 coordinators will need to receive data reports from the Quality Assurance team. The ability to host quarterly meetings will be partly dependent on the resources available at the regional level as there is no longer state-level funding for this operation. Coordinators will need to work closely with regional directors to ensure cooperation of regional staff and stakeholders and to ensure lead/lag measures are consistent with the needs and priorities of the region.

C. GOAL C: An engaged and diverse community that serves to promote partnership and holistically support families

STRATEGIC FOCUS: Community partnerships, family engagement, inclusion and equity

MEASURES OF PROGRESS

(As of March 31)

Number of State of Hope Sites¹
Objective I

BASE -LINE 2019	Target 2020	Actual 2020	Target 2021	Actual 2021	Target 2022	Actual 2022	Target 2023	Actual 2023	Target 2024	Actual 2024
54	64		84		114		154		204	

Number of Civic and Philanthropic Partnerships¹
Objective I

BASE -LINE 2019	Target 2020	Actual 2020	Target 2021	Actual 2021	Target 2022	Actual 2022	Target 2023	Actual 2023	Target 2024	Actual 2024
5	10		15		20		25		30	

Percent of the total population of Georgia residents included in the penetration rate for MDCANI training jurisdictions
Objective II

BASE -LINE 2019	Target 2020	Actual 2020	Target 2021	Actual 2021	Target 2022	Actual 2022	Target 2023	Actual 2023	Target 2024	Actual 2024
50%	55%		60%		65%		70%		75%	

Percent of the 159 counties with regular activity of the Court Process Reporting System Objective II										
BASE -LINE 2019	Target 2020	Actual 2020	Target 2021	Actual 2021	Target 2022	Actual 2022	Target 2023	Actual 2023	Target 2024	Actual 2024
50%	55%		60%		65%		70%		75%	
Number of cold case fellows recruited Objective II										
BASE -LINE 2019	Target 2020	Actual 2020	Target 2021	Actual 2021	Target 2022	Actual 2022	Target 2023	Actual 2023	Target 2024	Actual 2024
8	10		12		14		16		18	
Permanency Outcome 1: Children have permanency and stability in their living situations Objective II ²										
BASE -LINE 2019	Target 2020	Actual 2020	Target 2021	Actual 2021	Target 2022	Actual 2022	Target 2023	Actual 2023	Target 2024	Actual 2024
16%	17%		18%		19%		20%		20%	
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children. Objective II ²										
BASE -LINE 2019	Target 2020	Actual 2020	Target 2021	Actual 2021	Target 2022	Actual 2022	Target 2023	Actual 2023	Target 2024	Actual 2024
43%	44%		46%		48%		49%		50%	
<p>The state anticipates the objectives identified below will have a positive impact on the following systemic areas as well:</p> <p>Systemic Factor Item 29: Service Array (CFSR Round 3 Area Needing Improvement)</p> <p>Systemic Factor Item 30: Resource Development (CFSR Round 3 Area Needing Improvement)</p> <p>Systemic Factor Item 31: Ongoing Consultation (CFSR Round 3 rated as a Strength)</p> <p>Systemic Factor Item 32: Coordination of Services (CFSR Round 3 rated as a Strength)</p>										
<p>1. Data Source: Office of Strategy, Innovation and Engagement – This is not a percentage (%)</p> <p>2. Data Source: Georgia Quality Assurance Case Record Reviews</p>										

OBJECTIVE I

Leverage and invest in communities to provide adequate and effective service capacity statewide.

According to Georgia's Round 3 CFSR findings, Item 12 (Needs and services of child, parents, and foster parents) was found to be an area needing improvement.

Partnerships with philanthropic, civic and faith-based organizations will support the expansion and strengthening of the range of existing services, the development of new service types, and will reach additional children in need of services. The rationale for this activity is that the child welfare system needs a variety of partners in order to meet the complex needs of families and communities. This requires both traditional and non-traditional partners across multiple sectors.

Philanthropic, civic and faith-based partnerships provide opportunities for expanded connections, new collaborations and innovative initiatives. Engagement with these sectors also allow for the child welfare system to have expanded reach and influence. Partnerships with philanthropic and civic organizations can also support innovative solutions that may not be covered through traditional sources of funding. Partnerships with faith-based organizations allow for local community actors to have a greater awareness of the needs of vulnerable children and families within their communities, as well as entry points to act in meeting identified needs. Faith-based partners also provide opportunities for broader recruitment of foster and adoptive parents and increased efforts to retain them. Additionally, engagement with a diverse array of faith-based organizations may also contribute to an enhanced ability of the child welfare system to have more culturally responsive service delivery.

The DFCS regional roadshows (also known as *Destination Hope events*) allow for consistent and ongoing engagement with multiple stakeholder groups in each region of the state. These events focus on locally led engagement of traditional and new stakeholders -- as well as community groups -- for the purposes of identifying and addressing specific issues impacting the safety and permanency of children, and the overall well-being of families.

Prior to the roadshow events taking place, the Office of Strategy, Innovation and Engagement (OSIE) team works with the regional and county division leadership to assess the current status of their community relationships to identify gaps, areas of strength, as well as where there are needs for improvements. Results of these assessments are used to develop and inform the meetings that take place during the roadshow within a specific region. Often the information from these assessments is gleaned from feedback provided to the C3 coordinators during local stakeholder meetings.

During roadshow events division staff and leadership receive a good amount of feedback from the various stakeholder groups that attend each meeting. The feedback received is compiled, reviewed and then individuals are assigned to complete specific follow-up activities. The goal is to follow up on each action item presented by a stakeholder. Any additional or general feedback received is compiled and shared locally after the roadshow.

In addition to the feedback received during the roadshow events, the OSIE team also solicit feedback on the process for planning and implementing these events. The goal is to continually evolve the roadshows each round, (one complete round throughout the state takes a few fiscal years), so that regional and county DFCS staff, stakeholders and local communities attend the meetings because they add value to what is already happening on the local level and are not duplicative or have little impact. Regular feedback on the process is received from state and local DFCS staff, community stakeholders and other relevant groups.

While this action is still in development, the plan is to eventually evaluate the outcomes that result from the roadshow events – particularly the key connections made and partnerships that are developed in support of addressing community needs, barriers and gaps across the state.

The State of Hope (SOH) is an initiative – launched in May 2017 -- which seeks to activate nonprofits, philanthropies, government, businesses and other community members to collaborate closely to build local safety nets that will prevent conditions that contribute to disparities in education, threaten a family's self-sufficiency and could lead to child abuse and neglect. Since the official launch, there has been a yearly application and selection process which allows for new SOH sites to become a part of the Hope Ecosystem. The Hope Ecosystem is a network for all SOH sites to connect with each other, obtain technical assistance, build capacity and collaborate to create family-centered support systems. Each year, there are specific SOH sites which are provided one-time funding to support project implementation. Additional activities include division engagement with an advisory council made up of over 30 partners across multiple agencies and disciplines, as well as engagement with a core implementation team (also made up of partner agencies) that guides the ongoing design and implementation of the initiative.

The following are outcomes that are expected as a result of consistently building partnerships and engaging partners

- Increased multidisciplinary, cross-sector and interagency relationships at the state and local level
- Increased and improved engagement with local communities
- Increased involvement of national, state and local actors within the child welfare system
- Increased number and quality of local services and supports
- Increased awareness among community members of the needs of vulnerable children and families
- Increased number of foster and adoptive resources and supports
- Expanded foster care recruitment and retention efforts
- An improved and sustainable process for routine engagement with system partners, community stakeholders, families (kin and foster) and youth in foster care
- Increased multidisciplinary, cross-sector and interagency relationships at the state and local level
- Increased and improved engagement with staff
- Increased involvement of local community actors within the child welfare system
- An improved perception of the child welfare system

ACTION STEPS

1. Develop and execute a plan for ongoing engagement with national, state and local philanthropic and civic organizations.

2. Host Destination Hope roadshow events- regional stakeholder and community engagement meetings - across the state.
 - a. Region-led stakeholder engagement to include a pre-assessment that measures current vs. desired relationships in the region and how the development of partnerships and engagement could promote better outcomes for families and children (in support of Item 12).
 - b. Meetings and consultation with local DFCS leadership and community partners within the identified region to discuss the roadshow schedule and logistics.
 - c. Collaboration with local media outlets as well as legislative and judicial stakeholders to prepare for specific engagements.
 - d. Distribution of invitations for roadshow meetings to DFCS staff, community partners, clientele, the general public and key stakeholders within the identified region.
 - e. Focused engagement with media and targeted community leaders to create rapport and awareness of the Division’s priorities and opportunities for community involvement.
 - f. Town hall meetings with youth in foster care that focus on specific issues that have been identified by a core team during pre-planning sessions.
 - g. Meetings with various levels of staff focusing on creating a “Just Culture” as well as allowing opportunities to interface with DFCS senior leadership.
 - h. A judicial and community leader’s meeting that engages with judges, legislators, local elected officials, SAAGs, CASA, and parent and child attorneys.
 - i. A meeting with foster parents and other private providers to share information, solicit feedback and address identified concerns.

3. Increase the number of State of Hope project sites to activate nonprofits, philanthropies, government, businesses and other community members to collaborate closely to build local safety nets that will prevent conditions contributing to disparities in education, threaten a family’s self-sufficiency and potentially lead to child abuse and neglect.
 - a. Release of the application and tool kit which begins the annual selection process for new potential project sites.
 - b. Regional community-led review teams which review the submitted applications that come from their region. The review teams are made up of stakeholders and community members.
 - c. Applications selected for funding consideration are reviewed by a state level team made up of division staff, core partner organizations.
 - d. All applicants are notified of their status via an official letter. Applicants selected for funding are designated as State of Hope Supported Sites while all other applicants are designated as State of Hope Sites and Emerging Sites.
 - e. All applicants, regardless of designation, are invited to become members of the Hope Ecosystem – a network which connects sites to each other, offers learning opportunities and works to help sites access funding opportunities.

BENCHMARKS

A plan for ongoing engagement with national, state and local philanthropic and civic organizations will be developed by July 1, 2020, and full implementation of the plan is expected by June 30, 2024.

At least four division regional roadshows (also known as Destination Hope events) will be held each federal fiscal year to support consistent and ongoing engagement with communities, stakeholder groups and division staff in each region of the state. These events focus on locally-led engagement of traditional and new community stakeholders for the purposes of identifying and addressing specific issues impacting the safety and permanency of children, and the overall well-being of families. Each roadshow lasts between three to four days and typically occur in April, June, August and October. While the number of roadshows will likely not increase each year, the events are designed to evolve and be tailored to the needs of each region as identified by local regional and county division leadership (in partnership with their local stakeholders). While this action is still in development, the plan is to eventually evaluate the outcomes that result from the roadshow events – particularly the key connections made and partnerships that are developed in support of addressing community needs, barriers and gaps across the state.

Development of at least five new partnerships with civic and philanthropic organizations each year. This includes culturally specific or interfaith organizations. The goal is to have at least 30 active partnerships solidified by March 2024.

State of Hope Sites

2020 - 64

2021 - 84

2022 - 114

2023 - 154

2024 – 204

Division Civic and Philanthropic Partnerships

2020 – 10

2021 – 15

2022 – 20

2023 – 25

2024 – 30

FEEDBACK LOOPS, TRAINING, TECHNICAL ASSISTANCE AND EVALUATION

Part of the ongoing feedback loop for this objective will be regular communication and engagement with division leadership about the needs and priorities of the organization, as well as the needs within local communities. This regular communication will help the Office of Strategy, Innovation and Engagement (OSIE) team remain cognizant of changing priorities and able to intentionally seek out partnerships that will meet identified needs.

The OSIE team will annually review the plan -- that will be developed to engage philanthropic and civic groups – to determine if impact is being made and desired outcomes are being achieved. The plan will be adjusted as needed and appropriate.

OBJECTIVE II

Strengthen the Division's partnership with the court system

In Georgia, like many other states, families are surrounded with a myriad of resources charged with ensuring the safety and well-being of children. In the context of child welfare, this security net is often most evident at the time a family has judicial involvement. A dependency proceeding is often the most outward symbol of a child welfare system working for the protection and well-being of children and families.

In order to be successful in all dependency proceedings, the difficult work is often done well before a family enters a courtroom in order to ensure the system is ever mindful of the challenging nature of supporting families as they experience situations surrounding abuse and neglect. To strengthen the child welfare system regarding judicial stakeholder collaboration, all involved must work intentionally before such involvement in order to ensure the utilization of best practices. This key activity is aimed at accomplishing the goal of a robust child-welfare system and will strengthen the system to ensure those families who are involved are adequately and appropriately protected.

Previously the Division faced multiple court system barriers. These included: delay in filing of petitions, delay in scheduling court hearings, court date continuances, communication between the Division and SAAGs. The Division has worked hard to overcome these barriers through an ongoing partnership with CIP. The Division will continue to provide CIP with identified court barriers and court concerns. CIP has committed to their continued work the agency in addressing barriers and a willingness to have individual meetings with SAAGs, DFCS staff, General Counsel, and juvenile court judges as needed. The division director has initiated calls with juvenile court judges in an effort to open the lines of communication and provide needed information to the judges.

In addition to CIP partnership, General Counsel is working with CASA and OCA to observe and address concerns with courts and practice.

There are currently several projects where Georgia's child welfare system collaborates, and there are more opportunities that can occur. These concerted efforts will expand and strengthen the range of existing services, develop a new type of service, and reach additional children in need.

The continued implementation of strengthening partnerships with the court system and all stakeholders involved in the judicial process will lead to numerous benefits for Georgia's child welfare system. The continued efforts to incorporate dependency best practices increases the likeliness of timely permanency for any child who has an open dependency proceeding. The strengthening of partnerships also lends itself to ensuring all interventions are done appropriately, effectively, and efficiently. Lastly, this objective will aid the child welfare system to ensure that the involvement of child-welfare professionals with a family heightens the family's engagement in the process, treats all participants equally, and promotes inclusivity.

Specific outcomes from the implementation of this activity are:

- Increased utilization of best practices in all dependency proceedings;

- Development of a robust collaborative child welfare system tasked with the protection of children and achieving timely permanency;
- Effective and appropriate parent and child representation at all stages of dependency proceedings;
- The growth of opportunities for child welfare system participants to assist in the further development, strengthening of partnerships, and compliance with all federal and state laws regarding families involved with the judicial system;
- Leveraging the newly available IV-E funding for parent and child representation through collaboration with Georgia DFCS, the Administrative Office of Courts, and the Office of the Child Advocate.

Various available actions steps will be improved, and new steps will be implemented in order to achieve the identified goal. Through the strengthening of current opportunities and the implementation of additional programs each of the identified outcomes will be achieved. The actions steps are:

- Full implementation of the Multidisciplinary Child Abuse and Neglect Institutes (MDCANI). These multiday training institutions are supported in part by the Division of Family and Children Services and the Georgia Administrative Office of Courts. The multiagency faculty teaching these institutes provide in-depth trainings to court stakeholders including DFCS staff, agency attorneys, parent and child attorneys, guardian ad litem, court appointed special advocates, judges and their judicial staff, and several other constituencies. The first phase of MDCANI's focused on an in-depth analysis and implementation of best practices from the time a child entered foster care until the initial judicial review hearing. Due to the success of this program, MDCANI is in the planning stages of implementing the second phase of this institute. The second phase will focus on the life of a dependency case from the judicial review hearing until achieving permanency.

This program was selected due to the success it received from the inception and its success in helping to educate the child-welfare system on minimum requirements and best practices. The method used to determine the success of this program will focus primarily on self-evaluations completed following each training and the number of jurisdictions that participated in this training along with the correlating populations those jurisdictions serve.

- Continued utilization of and increased utilization of Cold Case Project reviews. The Cold Case Project began in 2009. The goal of the project is to achieve permanency for each child in foster care by identifying and removing barriers for permanency. The Project reviews cases of children who have been in foster care for an extended period and are predicted, by a computer model, to be most at risk of aging out of foster care without attaining permanency. Additionally, other well-being measures are tackled and accomplished for these children. The Cold Case Project is administered by the Supreme Court of Georgia's Committee on Justice for Children in partnership with DFCS and the Office of Child Advocate. Cold Case Fellows are attorneys representing a mix of agency, parent and child attorneys, and guardians ad litem.

In a recent report it was indicated that for children with Cold Case reviews, in 25% of the cases the youth achieved permanency within one year's time from the beginning of the Cold Case involvement. One area youth achieved significant success in is the attainment of adoption.

This program was selected due to its impact on the reduction of time in care and achieving permanency for youth who have been in care for extended periods of time. During a recent stakeholders meeting regarding the Cold Case Project an evaluation of the Project's effectiveness occurred along with discussions regarding further implementation to assist a wider array of youth.

- Continued implementation of the Court Process Reporting System (CPRS). CPRS is a secure, web-based system that provides child-specific case plan information to juvenile court stakeholders. CPRS interfaces with SHINES, Georgia DFCS' child welfare data system, and downloads updated case plan data on a nightly basis. CPRS is administered by the Supreme Court of Georgia's Committee on Justice for Children (J4C) in collaboration with Georgia DFCS. In 2014, J4C entered into an agreement with the Department of Juvenile Justice to also download DJJ data. In 2015, J4C fully integrated this data for stakeholder access, and continued to download educational data pursuant to an agreement with the Georgia Department of Education.

Key users of the program include all dependency stakeholders including attorneys, CASAs, guardian ad litem, and juvenile courts. DFCS, in collaboration with J4C, is continuing to encourage more jurisdictions to use CPRS, and is also identifying additional ways for the CPRS to be used if a jurisdiction has not fully adopted the program.

This program was selected due to the importance of ensuring all judicial stakeholders have the most up to date relevant information regarding a child's dependency proceeding. Because of the ability of the CPRS system to communicate with the SHINES system this program aids all stakeholders in knowing the current status of the child and the dependency proceeding, allowing all participants a heightened level of engagement.

ACTION STEPS

- Full implementation of the second phase of the Multidisciplinary Child Abuse and Neglect Institute
- Continued utilization of Cold Case Project reviews
- Continued implementation of the Court Process Reporting System

BENCHMARKS

- A. Full implementation of the second phase of the Multidisciplinary Child Abuse and Neglect Institute
- The next Court Improvement Project (CIP) meeting is being held in August 2019. During this meeting the initial rollout will occur and the MDCANI team will receive feedback and alter the final agenda as deemed appropriate. Following the CIP meeting, the MDCANI agenda will be finalized. Once the agenda has been finalized, J4C will then begin to schedule MDCANI trainings in jurisdictions.
 - 2019 – Finalization and roll out of the newest phase of MDCANI which includes implementation of judicial reviews to permanency training.
 - 2020 – Full rollout of MDCANI to jurisdictions with newest phase and continued implementation of first phase. Also, during this time period the MDCANI team will develop and include stand-alone modules such as placement stability training.
 - 2021 - 2024 – Continuing to offer phase one and two and further development of stand-alone modules.

Indicators of Progress - Inclusion of data and improvements of various data elements such as removal rates, placement stability, placement changes towards permanency, and total referrals.

Increased penetration of MDCANI within jurisdictions throughout Georgia.

Measures of Progress:

In the fall of 2019, the penetration rate for MDCANI training jurisdictions will include over 50% of the total population of Georgia residents. In five years, the goal is to increase this rate to 75%.

B. Continued Utilization of Cold Case Project Reviews

- Transition from Administrative Office of the Courts to the Office of Child Advocate in 2020. This task requires legislative changes which are expected to occur in 2020.
- Continue to compare data sources with DFCS, J4C and AOC, to ensure a robust algorithm in order to ensure fidelity of data. The benchmark standard is to compare data sources to ensure accuracy of reports of federal and state data.
- Recruit additional Cold Case Fellows. In 2019, there are approximately eight fellows.
- Ensure continuity of program structure and leadership.

Measure of Progress: The project has a goal of recruiting 15 to 20 fellows for optimal program functionality.

C. Continued Implementation of the Court Process Reporting System

Prior to August 2018, CPRS was receiving regular activity from 80 of the State's 159 counties. Since implementation of policy change in fall of 2018, an increase of activity has occurred.

Successful implementation of this strategy includes:

- Identification of current order availability percentages and increased order availability for jurisdictions throughout Georgia.
- Aids in the further compliance with court orders due to access and availability.

Measure of Progress: Within five years the system's goal is activity in 75% percent of all Georgia jurisdictions. Move from 50% (80 counties) to 75% (119 counties).

In addition, there will be ongoing CASA involvement regarding the organization's ability to draft and upload CASA reports.

Additional Measures of Progress: Permanency 1 and 2; and reduce the length of time in care in comparison to children who have not received CCP involvement.

FEEDBACK LOOPS, TRAINING, TECHNICAL ASSISTANCE AND EVALUATION

TECHNICAL ASSISTANCE

Key Activity – Full implementation of Multidisciplinary Child Abuse and Neglect Institutes

Technical Assistance – MDCANI is entirely a technical assistance program aimed at providing local jurisdictions with education and resources to effectively comply with Georgia and federal law while ensuring the implementation of best practices. Through the partnership with all stakeholders the program allows for all participants to receive the same training and have the same standards for a successful dependency proceeding.

Key Activity – Continued Utilization of Cold Case Project Reviews

Technical Assistance – The Cold Case Project offers significant technical assistance to the child in the Division’s custody as well as the team surrounding the child. Through the incorporation of a variety of expert practitioners, Cold Case reviews allow for the utilization of knowledge beyond what is normally available to the child in order to achieve timely permanency.

Key Activity – Continued Implementation of the Court Process Reporting System

Technical Assistance – J4C provides technical assistance to the jurisdictions that wish to implement and utilize the CPRS program. A primary component involved in the technical assistance is training for jurisdictions on the proper use of the CPRS program.

FEEDBACK LOOPS

Key Activity – Full implementation of Multidisciplinary Child Abuse and Neglect Institutes

Feedback Loops – The program manager will consult with MDCANI faculty and organizers to continuously monitor and track the continued implementation of the MDCANI. Involved in the monitoring and tracking, our ongoing partners of the program will include DFCS, the Administrative Office of the Courts, the Office of the Child Advocate, and other judicial stakeholders.

Key Activity – Continued Utilization of Cold Case Project Reviews

Feedback Loops – The program manager will consult with the Cold Case Project administrative staff to continuously monitor and track the continued use and further implementation of the Cold Case Project. Involved in the monitoring and tracking, our ongoing partners of the program include DFCS, the Administrative Office of the Courts, and the Office of the Child Advocate.

Key Activity – Continued Implementation of the Court Process Reporting System

Feedback Loops - The program manager will consult with the CPRS administrative staff to continuously monitor and track the continued use and further implementation of the CPRS. Involved in the monitoring and tracking, our ongoing partners of the program include DFCS, the Administrative Office of the Courts, the Office of the Child Advocate, judges, agency attorneys, and the State’s CASA program.

IMPLEMENTATION SUPPORTS

Key Activity – Full implementation of Multidisciplinary Child Abuse and Neglect Institutes

Implementation supports are already established and in place in order to further this initiative. A collaborative effort with a variety of judicial stakeholders provides for in-depth training to achieve the desired outcome.

Key Activity – Continued Utilization of Cold Case Project Reviews

Implementation supports are already established, but the organization aims to increase the number of supports in order to achieve greater success. Within the program, Cold Case Fellows provide in-depth staffing to evaluate the case in its entirety and develop mutually agreed upon strategies for vertical case movement.

Key Activity – Continued Implementation of the Court Process Reporting System

Implementation Supports – J4C provides significant implementation supports for jurisdictions to implement and utilize CPRS. These supports include furnishing Wi-Fi hotspots, scanners, printers, computers, and training for the jurisdiction.

4. Services

Stephanie Tubbs Jones Child Welfare Services Program (title IV-B, subpart 1)

A. Service Coordination

The Division plans to use IV-E funding available for evidence-based prevention services under the Family First Prevention Services Act (FFPSA) and to build needed service capacity statewide with contracted providers, other state agencies, and community-based organizations. While there is a need for capacity of evidence-based prevention services, the Division also recognizes that the families it serves will often need additional supports that may not be eligible for IV-E reimbursement under FFPSA.

The Prevention Section is the Community-Based Child Abuse Prevention (CBCAP) state lead for the state of Georgia. As a result, the Prevention Section funds primary and secondary prevention services, activities and trainings. Georgia, among a few other states, is in the unique position of having the CBCAP lead within the child welfare agency. As a result of this structure, service coordination and integration readily occur in the child and family services continuum provided by the child welfare agency. In Georgia, the Prevention Section is housed within Practice and Program Guidance along with the Safety, Well-Being and Permanency Sections. This arrangement allows the respective section directors to communicate and collaborate for the provision of services within the Division. For example, as family support services are integral to safety and prevention, CBCAP funds have been allocated by the Prevention Section to fund several evidence-based family support services.

In consideration of FFPSA, the Safety and Prevention Sections have been working together to determine the family support services to be funded with prevention funds (rather than other state sources) for families prior to involvement with the Division. Additionally, the Well-Being and Prevention sections are completing an inventory of services available in the state and the FFPSA implementation team is working to design a needs assessment. These two tools will be used as the basis for conversations with stakeholders to develop a plan to maximize coordination with existing resources and efficiently build service capacity to best match the needs of families and children in communities. The State is working collaboratively to determine the number of children and families that can be served by family support programs, and which programs are most effective in servicing the target population.

Additionally, the Promoting Safe and Stable Families (PSSF) grant program within the Prevention Section supports secondary prevention services. PSSF family support funds provide secondary prevention services that contribute to the continuum of child welfare services. For example, SafeCare home visiting programs are now funded exclusively through PSSF. The Prevention Section utilizes TANF funding to support two other models of home visiting services. The Department of Public Health contributes most of the funds for home visiting services through the federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) grant. This braiding of federal funding programs builds capacity statewide for evidence-based home visiting. Additionally, to further support this continuum of services, the Prevention Section uses CBCAP funds to support First Steps, a program that refers families that need intensive parenting skills and education services to Georgia's home visiting programs. The Prevention Section, PSSF and the Department of Public Health work collaboratively to support Georgia's home visiting programs to ensure seamless service coordination, consistent technical assistance and evaluation is provided by the Center for Family Research at the University of Georgia. This partnership is significantly effective in supporting the mutual goals of increasing child safety, reducing the occurrence of child abuse and neglect and increasing child and family well-being.

The establishment of the CBCAP-funded Georgia Family Support Program created a network for family support services and family resource centers to strengthen services provided to children and families. The family support and resource centers and programs are available to anyone in the community. There are several centers in Georgia that provide the entire continuum of child welfare services. For example, a center can provide primary prevention services, such as parenting education classes, enhanced specialized counseling services for families with risk factors and visitation centers for children in care. The Georgia Family Support Network will promote standards of quality for family strengthening and support services which may bolster best practices and service provision nationwide. This network supports critical primary prevention services offered by family resource centers like the example in Alleghany County Pennsylvania, illustrated in ACYF-CB-IM-18-05, but it will also improve critical safety and well-being services for children and families involved with the Division, ultimately supporting and leading to family stability and permanency.

As it moves forward, the Division is actively working on a FFPSA implementation plan and is committed to receiving input from all stakeholders, including children and families with lived experience. The Agency plans to conduct focus groups with key stakeholder groups and is developing strategies to engage partners in key decisions.

B. Prevention Services

Primary

Primary prevention includes services available to anyone in the general population. This can include, for example, child abuse prevention campaigns and family resource centers. Our primary prevention campaign has statewide reach in every county, while other services are offered in different locations throughout the state. Primary Prevention Services funded throughout the state by the Prevention Section last year and over the last five years include the following:

- **First Steps Georgia** – Program to provide educational materials pertaining to the healthy development of babies at or shortly after the time of birth to parents.

The mission of First Steps is to provide universal support services for all expectant parents and children birth to five and their families.

First Steps services include providing families with a localized community resource guide, referrals to relevant resources and age-appropriate information in at least the following categories:

- Maternal Health
- Newborn/Child Health
- Home and Child Safety
- Community and Family Safety
- School Readiness
- Family Economic Self-sufficiency

First Steps was implemented in 18 sites in 2018, one new and 17 continuing. The 18 sites serve the following counties:

1. Bartow, Floyd, Paulding, Gordon, Polk
2. Morgan, Green, Putnam, Barrow, Jasper
3. Gwinnett
4. Stephens, Franklin, Banks, Habersham, Rabun, Hart

5. Whitfield, Murray
6. Houston, Baldwin, Bleckley, Crawford, Peach, Pulaski, Twiggs, Washington and Wilkinson
7. Jefferson, Glascock, Burke
8. McDuffie
9. Newton, Butts, Henry, Jasper, Morgan, Putnam, Rockdale, Walton
10. Jackson, Madison, Oconee, Oglethorpe
11. Gordon
12. Habersham, White, Rabun, Stephens, Banks
13. Rockdale, Newton, Henry, Walton, DeKalb
14. Houston, Peach, Macon-Bibb, Taylor, Dooly, Bleckley, Pulaski
15. Chatham, Liberty
16. Henry, Clayton, Butts, Spalding, Fayette
17. Bibb, Baldwin, Twiggs, Crawford, Jones, Houston, Monroe, Peach
18. Troup, Meriwether, Harris, Heard

The projected number of families served was 7,875; however, the actual number served was 8,062. All sites met or exceeded the following annual performance and outcome measures:

- At least 95% of projected participants served.
- At least 25% of target families served will have completed a family satisfaction survey.
- At least 90% of target families served will have health insurance coverage or will have received referrals and/or additional information pertaining to health insurance programs.
- At least 90% of target families served will have a primary care medical provider or will have received referrals and/or additional information pertaining to primary care providers.

The projected number of families to be served through Frist Steps Georgia in FFY 2020 is 7,775.

• **Second Step** – Child Protection and Bullying Prevention Curriculum provided to Pre-K through middle school children

The Second Step Social Emotional Learning (SEL) curriculum, developed by the Committee for Children (CfC), is a universal, classroom-based curriculum designed to promote children’s social and academic success by decreasing problem behaviors, increasing students’ school success, and promoting social-emotional competence and self-regulation. The curriculum aims to reduce impulsive and aggressive behaviors and increase protective factors and social-emotional competence. Organized by grade level, the program teaches children empathy, problem-solving skills, risk assessment, decision-making, and goal-setting skills. The Second Step SEL curriculum is classified as a universal intervention, meaning that it is appropriate for whole classrooms of children and not just those at risk. Second Step is an excellent resource that complements the work of Positive Behavioral Interventions and Supports (PBIS) and school climate in Georgia and is NOT a replacement or substitute for PBIS.

Second Step lessons are organized into skill-building units. Lessons are sequential, developmentally appropriate, and provide opportunities for modeling, practice, and skills reinforcement. The curriculum includes discussion, teacher modeling, coaching skills, and role-plays. Stories are used to demonstrate important peer-relations skills and to teach affective (emotional), cognitive, and behavioral social skills. Lessons can be incorporated into health, science, social studies, language arts, and other subjects.

The Child Protection Unit (CPU) is designed to address the multiple influences of parent, family, child, community, and environmental characteristics that can contribute to child abuse and neglect. The curriculum includes four

elements of school-based child protection: policies/procedures, staff training, student lessons, and family education. The unit focuses on relatable, real-life scenarios and teaches students the “Three R’s:” Recognize, Respond, and Report.

The Bullying Prevention Unit (BPU) is designed to prevent bullying by changing multiple levels of the school ecology through intervention components that affect schools and classrooms, peer norms and behavior, and individual attitudes and skills. The unit builds upon the social-emotional skills taught through the Second Step SEL curriculum to decrease physical bullying, malicious gossip, and major fighting. The “Three R’s:” Recognize, Report and Refuse, are used to teach students, staff, and teachers to better prevent bullying in the school environment.

In all the sites in FY18, 94% free from in-school suspension, 93% free from out-of-school suspension, 97% free from child maltreatment, and 94% were promoted. This exceeds the following annual performance measures:

- At least 75% of children Pre-K-8 will be free of in-school suspensions.
- At least 90% of children in grades Pre-K-8 will be free of out-of-school suspensions and expulsions.
- At least 97% of children Pre-K-5 will be free of child maltreatment

The projected number of children to be served by the Second Step Program in FY20 is 39,738. The sites include the following schools and or districts:

- Boys & Girls Club of Southeast Georgia
- Cobb County School District
- Easter Seals North Georgia
- Henry County Schools
- Houston County Board of Education
- International Community School (Decatur, Georgia)
- Thomasville City Schools
- Union County Board of Education
- Fulton County Board of Education

Prevent Child Abuse Georgia Helpline – Resource linkages provided through a 1-800 helpline for parents and professionals across the state.

PCA Georgia operates the 1-800-CHILDREN Helpline, a statewide information and referral resource for parents, caregivers and professionals that work with families. The helpline receives approximately 2,000 calls a year and provides a wide range of resources that support the healthy development of children and include resources such as parent education, counseling services, home visiting programs, and grandparent raising grandchildren supports. More than 1,800 resources have been added to the resource database. On-going efforts include increasing call volume by actively marketing the helpline, as well as continuing to build the resource database, verify existing resources, assessing service and geographic gaps, as well as providing on-going training to the organization. PCA Georgia has contracted with Healthy Mothers Healthy Babies of Georgia to answer Helpline calls.

Reach Out and Read (ROR) – Program providing books to children and agencies across the state to promote reading in families and among young children.

ROR GA’s mission is to prepare Georgia’s youngest children to succeed in school by partnering with doctors to prescribe books and encourage families to read together. Our goal is to help ensure that every young child in Georgia – regardless of household income, parents’ education levels, or other socioeconomic factors – arrives at kindergarten healthy and with the basic language skills necessary to learn to read as a result of this early brain

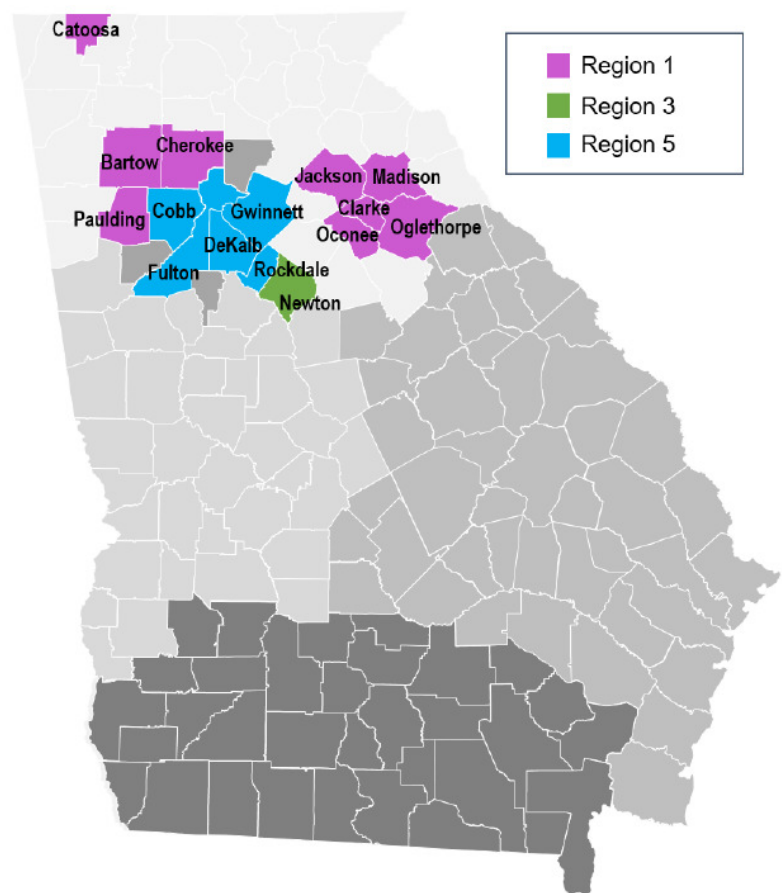
development research-based intervention. To many impoverished families these are often unfamiliar messages and why reaching them early is of paramount importance. ROR's primary emphasis is to work with economically disadvantaged children, English Language Learner families, and children with developmental disabilities age birth to five years (our supplemental waiting room literacy program reaches children of all ages) and their families. Of the children served, the overwhelming majority are high need--77% are uninsured or rely on public insurance (primarily Medicaid), 41% are African American, 33% Caucasian, 18% Hispanic, 4% more than one race, 3% other, 2% Asian, and 1% American Indian. 14% of children served by ROR intervention speak Spanish as their primary language. The vision is that one day all of Georgia's children are served by a ROR GA medical provider.

Through the funding provided by the Prevention Section, each year, ROR is able to

- Provide 13,636 new culturally and developmentally appropriate books to children birth through 5 years of age at select sites during their well-child checkups.
- Provide 4,000 new culturally and developmentally appropriate books to children birth through 5 years of age at select military sites during their well-child checkups.
- Provide support to select sites and strategic oversight to enhance delivery and fidelity of the ROR model to improve outcomes for children 6 months through 5 years of age during their well-child checkups.

In FY18, ROR purchased and distributed 18,659 books and served 24,125 families and children in 23 counties.

In FY20, ROR projects to provide 13,636 new culturally and developmentally appropriate books to children birth through 5 years of age at select sites during their well-child checkups and an additional 4,000 new culturally and developmentally appropriate books to children birth through 5 years of age at select military sites during their well-child checkups. The following counties were served by ROR: Augusta-Richmond, Bacon, Bartow, Ben Hill, Bibb, Bryan, Camden, Carroll, Catoosa, Columbus-Muscogee, Dougherty, Forsyth, Glynn, Gwinnett, Hall, Houston, Liberty, Lowndes, Madison, McIntosh, Richmond, Tift, Union, Ware & Whitfield.



Secondary

Secondary prevention, or prevention for families with risk factors for child abuse and neglect prior to any suspected or substantiated reports of abuse or neglect. Secondary Prevention Services funded throughout the state by the Prevention Section last year and over the last five years include home visiting (through Healthy Families Georgia and/or Parents as Teachers), Triple P and Incredible Years. The

locations of the secondary prevention services regions (different regional design than DFCS social services regions) are illustrated through the following map.

Home Visiting offers support and comprehensive services to at-risk families through home visits and group socialization experiences. At-risk pregnant women, children age birth to five and their families are linked to resources and opportunities to improve well-being. Extensive research has shown the effectiveness of evidence-based home visiting (EBHV) in improving outcomes for maternal/child health, home and child safety, school readiness, family safety, family economic self-sufficiency and referrals and linkages to community resources.

Triple P- Positive Parenting Program is a parenting and family support system designed to prevent behavioral and emotional problems in children and teenagers. It aims to prevent problems in the family, school and community before they arise and to create family environments that encourage children to realize their potential.

Incredible Years (IY) is a comprehensive training program for parents, teachers, and children that targets key developmental stages for children 3-12 years of age. The focus is on three parenting programs, specifically: School Age Basic, School Age Advance, and School Readiness. The overarching goals of the IY program are to promote academic success and reduce school drop-out, delinquent behaviors, and child abuse and neglect.

Highlights of evaluation findings for these secondary prevention programs in July 1, 2017 – September 30, 2018 include 535 families served, 70 individuals trained, and 645 hours of training provided:

Outcomes:

- 100% of sites reporting data for “percentage of participants without a substantiated case of child abuse or neglect” met or exceeded the target goal of 97%.
- Participants completed 439 exit surveys during the current evaluation period.
- Across all sites, at least:
 - 98% of the respondents “strongly agree” or “agree” with the statement, “Overall, I am satisfied with the services that I received.”
 - 97% of respondents “strongly agree” or “agree” with the statement, “The services I received were helpful.”
 - 98% of respondents “strongly agree” or “agree” with the statement, “I would recommend services/programming to others.”

For both primary and secondary prevention, the total number of children and families served are as follows:

	FY15	FY16	FY17	FY18	FY19
Number of Children	7,779	77,963	49,562	52,184	not yet available
Number of Families	9,834	15,224	17,038	24,125	

Tertiary

The Prevention Section does not fund tertiary prevention activities, the Prevention Section only funds primary and secondary prevention or prevention activities that occur prior to involvement with the Division and prior to reports of suspected abuse and neglect.

C. Intake Communications Center

Georgia has a CPS Intake Communications Center (CICC or call center) that is operational 24 hours a day, 365 days a year to receive and assign intake referrals statewide. CICC provides statewide intake coverage to report abuse and neglect using three methods:

- A toll-free phone number: 1-855-GA-CHILD (1-855-422-4453).
- Email: Mandated reporters may email reports to a centralized email box at cpsintake@dhs.ga.gov.
- Web: A web-based reporting system activated this year allows mandated reporters to send reports 24/7 via the CICC website <http://dfcs.dhs.georgia.gov/child-abuse-neglect>.

The Division is in the process of reviewing the intake process to determine possible gaps in service provision. CICC serves the entire population of Georgia. Specifically, CICC is available to receive reports of abuse or neglect for every citizen in the state of Georgia. CICC is available to every county in Georgia.

In FFY 2018, CICC received 186,593 calls, webforms, or e-mailed reports which resulted in 117,461 reports regarding families in Georgia. Since FFY 2016, CICC received 702,388 calls, webforms, or e-mailed reports which resulted in 402,750 reports regarding families in Georgia. Given the yearly increases in the number of reports received in Georgia, CICC expects to receive between 125,000 and 135,000 calls/webforms/e-mails during the upcoming year.

Since 2014, CICC has provided access to report allegations of abuse and neglect 24 hours a day, 7 days a week for all the citizens and mandated reporters in Georgia. CICC brings a consistent framework for decision making for all of Georgia's 159 counties. On some reports where risk is identified but there is no identified maltreatment, CICC will refer families to preventive services to be administered in their local county. CICC also provides options for callers to connect with services through Prevent Child Abuse Georgia, the OFI Call Center, and to local county offices through our Interactive Voice Response.

Starting in 2015, CICC Administrators have made efforts to meet with mandated reporters yearly in every region to ensure there is clear understanding of how to make a report, and how CICC will assess the information they provide. In FFY 2019, CICC began serving local county offices by monitoring Panic Button presses in Region 4 (soon to be statewide) and notifying local law enforcement that a DFCS staff member might be in danger.

Moving forward in 2019 and beyond, CICC's structure and process may be changing based on a collaborative assessment with the DFCS state office, Project Management Team, and DHS Rapid Process Improvement team. That assessment is expected to be complete by the end of 2019 at which time this report can be updated.

Over the last five years, CICC made the following key enhancements:

- a. CICC transitioned from Avaya call center technology to a more robust platform through NexxPhase/Verint which improves CICC's ability to track call center metrics including quality, dropped calls, hold times, staff scheduling and leave, customer service, and information gathering.
- b. CICC has significantly increased timeliness of notifications to local county DFCS offices for new reports of abuse and neglect to improve on CFSR Item 1: Timeliness of initiating investigations or reports of child maltreatment. CICC began tracking notification data in April 2016 for our QIP (developed in conjunction with the CICC Continuous Quality Improvement Team). In April 2016, CICC achieved timely notification of Investigations (2 hours) on 76% of the cases and achieved timely notification of Family Support Cases (6 hours) on 95% of the cases. In 2016, CICC developed and implemented a notification tracking tool through a shared Access database that allowed for tracking notifications in real-time. Now, CICC regularly achieves timely notification of new reports between 95% and 100%. In April of 2019, timely notifications were made on 97.89% of immediate/24-hour responses (previously tracked as Investigations) and 95.73% of 72-hour responses (previously tracked as Family Support cases).
- c. In 2016, CICC implemented a structured decision-making practice model using an automated decision guide. The Intake Decision Guide allowed staff to use classic decision trees to bring consistency to the CICC decision making process. The software would automate the documentation of the decision in order to streamline the effort and improve timeliness of processing reports of child abuse and neglect. This decision-making model was discontinued in 2017 in favor of a new Safety-Focused Intake Model after an assessment from the DFCS Field Operations and the Casey Foundation found that a portion of intake reports were accepted unnecessarily due to overly strict interpretations of policy in conjunction with the pre-defined decision tree criteria.
- d. In 2017, CICC implemented a Safety-Focused Intake Model that streamlined the intake information gathering process to focus on the most pertinent information related to maltreatment, harm, and present and impending danger safety threats. Initial data indicates that this model promotes more critical thinking from CPS Intake staff.

Over the last year CICC participated in a collaborative effort known as the GATE project with partners from DFCS Field Operations, Policy, Knowledge Management and CD/NF/SI to reduce the amount of unnecessarily assigned intakes. The first phase of the GATE project assessed policy (and CICC's interpretation of policy) regarding reports with limited location information as well as reports regarding children who do not live in the state of Georgia. Upon presentation of the findings of the first phase to DFCS state leadership, it was decided to complete a broader assessment of CICC's process, practice, procedure and policy before implementing any new changes.

CICC is currently participating in a collaborative assessment with the DFCS Project Management Team and the DHS Rapid Process Improvement Expert. The following areas are being assessed currently with outcomes/changes expected to be finalized by the end of 2019:

- a. Improving CICC structure, including allowing social service technicians without a degree to be certified to assess intake reports

- b. Communication plan to improve relationships and policy understanding between CICC and the county staff
- c. Process for counties to change an intake decision once the intake reaches the field
- d. Afterhours availability for general public to make reports of abuse or neglect
- e. Barriers and opportunities to improve technology related to CPS Intake

Streamlining the intake process, including (but not limited to) reducing steps needed to complete a CPS Intake and streamlining the records checks to focus on information important to the intake decision

CICC is currently meeting all goals for timeliness of notifying counties of new reports. CICC is meeting or exceeding all of our quality goals with the exception of reviews of CPS History. Gaps were identified in the amount of time it takes to review CPS history in SHINES in comparison with how long an intake case manager has to complete an intake based on the volume of work. CICC has partnered with SHINES and the DIS team to address gaps by creating a new history search page and by addressing data integrity issues in SHINES that causes delays due to duplicate person IDs in SHINES. Gaps have also been identified in CICC's 24/7 availability compared to the county office's availability between 8-5 and how this has caused stress on our child welfare system by causing county staff to work significantly more afterhours than before. This is currently being assessed and addressed as part of the collaborative assessment by the DFCS State Office, Field Operations, and Project Management team. Gaps have also been identified between CICC's interpretation and application of intake policy vs. the field's interpretation of intake policy. Options are being explored to update CICC's decision making model to a structured decision-making model and also to give county offices options to override CICC decisions at the county level. This is also part of the collaborative assessment of CICC which is expected to be complete by the end of 2019.

CICC recently finished the initial phase of a Rapid Process Improvement (RPI) Plan. The intended outcomes of this plan will improve intake processing time, improve quality information gathering, and increase participation and ownership by the field staff in intake decisions. The RPI Plan was implemented in a pilot phase July 22, 2019. This pilot will be assessed over the next six months to ensure success; adjustments will be made as needed, prior to permanent implementation of the plan.

Current staffing levels in the CICC do not allow for all shifts in a 24-hour day to process intakes in a consistent workflow due to a lack of sufficient amount of staff to handle the call volume after hours. CICC has recently hired staff and plans to continue to build a sufficient workforce, explore ideas, and adjust structures to improve performance in workflow and timeliness.

CICC's Continuous Quality Improvement (CQI) Team in partnership with the CICC Leadership Team will continue to monitor and implement strategies to improve quality information gathering. QIP goals include timely notifications to the field and quality information gathering. CICC successfully met the QIP goal for timely notifications in 2018 and has since maintained this achievement. Now that the RPI process is complete, CQI will assist in monitoring how the changes implemented in the pilot will affect information gathering. The QIP will be updated and strategies put in place to ensure quality information gathering is an enduring practice.

CICC plans to improve technology over the next five years. It is working in partnership with the Georgia SHINES team to interface CICC reporting processes with the SHINES system. Specifically, mandated reporters will be able to submit electronic reports directly into the SHINES system rather than entering them on a separate website where an intake case manager transfers the documentation into SHINES during the intake assessment process. The

State is partnering with Verint to expand the current call center platform to assist CICC with replacing an antiquated ACCESS workflow/notification tracking tool. CICC is also partnering with OIT to consolidate login capability between up to 10 different systems which CICC uses to screen families during the intake process. With a single sign-on, this effort will greatly reduce the time it takes for case managers to maneuver through different systems multiple times a day.

Below is a chart of data capturing calls, referrals, reports and wait times. The decrease in intake reports is likely due to having resolved barriers that occurred in the first few years after the CICC was established. Reporters were unsure about how to make reports and there wasn't significant trust in the new process. Many mandated reporters would send in multiple copies of the same report to ensure that it was received. In the beginning of CICC's implementation, there were more dropped calls due to staffing and scheduling barriers and this caused an increase due to people having to call in more than once. These obstacles have since been resolved so dropped calls and the need for multiple reports have been greatly reduced over the last five years. Now, the public is more familiar with the process of reporting to the CICC and there are fewer repeat calls and reports. CICC has engaged in a significant amount of community outreach to build trust in the process through the years by meeting with mandated reporters and providing guidance on the reporting process and soliciting feedback to help further improve processes.

Figure 14: Call Center Data

Table 1. Call Center Data				
Data Source: Hotline, Website, Email/Fax	FFY 2016	FFY 2017	FFY 2018	FFY 2019 October 2018 – March 2019
	Number/ Percent	Number/ Percent	Number/ Percent	Number/Percent
Child welfare referral/report calls received	120,445 60,742 35,474 <hr/> 216,661 Total	115,634 66,127 28,549 <hr/> 210,310 Total	108,351 48,676 29,566 <hr/> 186,593 Total	50,620 23,499 14,705 <hr/> 88,824 Total
Average call wait time	39 seconds average call wait time (CICC answered 98.97% of the calls within 39 seconds)	41 seconds/ (CICC answered 97.43% of the calls within 41 seconds)	1 minute 20 seconds (CICC answered 95.42% of the calls within 1 minute 20 seconds)	1 minute 29 seconds (CICC answered 95.12% of the calls within 1 minute 29 seconds)
Reports screened out	20,900	23,187	30,268	15,613
Reports referred to other community resources	3,253	5,410	8,209	4,514
Reports referred for Initial Family Assessment	12,556	73,516	85,042	43,274
Breakdown for Initial Family	6,352 – 24 Hour Responses	36,926 – 24 Hour Responses	44,162 – 24 Hour Responses	23,319 – 24 Hour Responses

Assessment Assigned	4,477 – 72 Hour Responses 1,727 – Immediate Responses	28,920 – 72 Hour Responses 9344 – Immediate Responses	29,121 – 72 Hour Responses 11,759 – Immediate Responses	12,517 – 72 Hour Responses 7,438 – Immediate Responses
ISA tracked to Investigation (ISA implemented August 2016)	42,282	5,976	4,882	2606
ISA tracked to Family Support	27,321	24	15	6

D. Safety Services

High Priority Safety Review Team

The High Priority Safety Review (HPSR) team was previously known as the Safety Panel Review Team. The name was changed to better reflect the work and assessment provided by this team for high priority cases. This team is a statewide collaborative approach taken by DFCS Field Operations to review cases of children most at risk for maltreatment (high-priority cases) and to develop a plan to provide services to ensure that safety concerns and the needs of the entire family are addressed. This team received 1,738 high priority cases from January 1 to December 31, 2018. The panels provide learning, support, and mentoring to field staff to identify maltreatment and safety threats and to achieve positive outcomes via positive supports to the family.

In FFY 2017, the agency added the safety field program specialist position to provide ongoing monitoring of high-risk cases. The section also increased field support by designating a staff person to be a domestic violence specialist for the State. This person will be available for training, guidance and for staffing and review of cases as needed. They will receive training and partner with the Georgia Coalition Against Domestic Violence. A request for an additional position to serve as the state substance abuse specialist has been made. However, due to recent budget cuts, this position may not be able to be filled during this fiscal year.

If a child is determined to be unsafe as the result of a panel review, it is the responsibility of the safety panel facilitator to follow up and ensure all required safety actions have been completed immediately. The reviews often result in teachable moments for county staff, who learn and retain good case management practices needed to address child safety.

The state will continue to assess data to ensure accurate and adequate identification of high-risk populations, perhaps even advancing toward the use of predictive analytics. Statements of need will continue to target the following special populations:

- Children birth to five and their families
- Grandparents raising grandchildren
- Prenatal families
- Children with special needs and their families
- Children deaf and hard of hearing and their families
- Children and families served through Children’s Advocacy Centers across GA

- Other identified populations from DFCS leadership

Services to these families may include:

- Intimate Partner Violence Assessments/Counseling
- Substance Abuse Assessments/Counseling
- Babies Can't Wait Assessments
- Parenting Fitness Assessments
- Parenting Classes
- Psychological Assessments
- Parent Aide Services
- Mental Health Counseling
- Child Care Services
- Plans of Safe Care
- Safe Sleep Awareness Services

The HPSR process involves the Data Unit identifying high risk cases and providing the list to the HPSR facilitators, state leadership and regional directors. It requires completion of an initial case review by appropriate an (HPSR) facilitator within five business days of the assignment. The completed (HPSR) tool is shared with county staff and regional leadership within five days of the review being completed. Regional safety field program specialists provide ongoing consultation, tracking, and follow-up on all high-risk cases until case closure is approved. A verbal staffing is scheduled and conducted (within 24 hours) with county staff and leadership and the regional safety field program specialist to develop a HPSR action plan when safety threats are identified. The county ensures agreed upon actions are taken, and the assigned HPSR facilitators, county leadership, and regional safety field program specialist follow up to ensure plan completion and continued assessment of open cases.

The HPSR process includes the following responsibilities:

- The Data Unit is responsible for providing the list of high-risk cases weekly to the high priority safety review facilitators, state leadership, and regional directors.
- The assigned high priority safety reviewer is responsible for notifying the county via email that they have a high priority case.
- The county will ensure that the high priority safety reviewer notified of any changes in the case - including case manager reassignment, child removal, child fatality, or serious injury - within 24 hours of the occurrence.
- The county is responsible for ensuring all case documentation is updated in SHINES within 24- 48 hours of the most recently completed contact.
- The high priority safety reviewer will immediately notify the high priority safety reviewer manager, county director, and regional director when documentation is not current, and the safety of the child is unable to be determined by the high priority safety reviewer.
- The assigned high priority safety reviewer is responsible for conducting the initial case record review within five business days of assignment.
- The high priority safety reviewer is responsible for providing appropriate county staff and regional leadership, to include the regional safety field program specialist, the completed case review – including the high priority safety review tool.

- The high priority safety reviewer is responsible for coordinating a verbal staffing with the county within 24 hours of safety threats being identified.
 - The high priority safety reviewer will notify the county director and regional director within 24 hours when there is a lack of follow-up on a request to staff a high-risk case.
- The county staff and leadership and the regional safety field program specialist are responsible for participating in the verbal staffing – via conference call or in person.
- Both the high priority safety reviewer and county staff and leadership, along with the regional safety field program specialist, are responsible for developing a high priority safety action plan with agreed upon steps for the county to take to strengthen safety.
- County staff and leadership and the regional safety specialist are responsible for ensuring that the action steps are taken and for sharing status updates with the high priority safety reviewer.
- The high priority safety reviewer and county leadership, along with the regional safety specialist, are responsible for verifying successful high priority safety review action plan completion.
 - The high priority safety reviewer will notify the county director, regional director, district director, and field operations deputy director when there is a lack of follow-up and follow-through with action plan steps.
- The regional safety field program specialist provides on-going consultation, tracking, and follow-up on all high-risk cases until case closure is approved.
- All parties are responsible for ensuring regular communication and for fostering an environment of trust and partnership.

The following procedures will be followed to verify the above responsibilities:

- County directors are responsible for ensuring internal county processes are in place and in alignment to support the high priority safety review process, including ensuring case documentation is updated in SHINES.
- Regional directors are responsible for ensuring that county directors have a successful high priority safety review process in place that utilizes their regional safety field program specialist providing consultation, tracking, and follow-up.
- District directors are responsible for ensuring successful processes within their districts.

Verification expectations include participation in verbal staffings, review of review tools and action plans, discussion of local processes at regional and district meetings, etc.

- High priority safety reviewers provide onsite availability in the county office for consultation and support to the field staff.
- Front line staff assigned to high priority cases (high priority safety reviewers) are supported in addressing HPSR's provide effective coaching, mentoring of staff and supervisors. Multiple risk factors and dangers.
- High priority safety reviewer work in conjunction with county and regional staff by attending regional CQI, SSS, PIC meetings and SSCM Summits.
- High priority safety reviewers provide real time feedback to the field as well as support.

Child Protective Services (CPS) Investigations

A case is assigned to the investigation track when an allegation of child maltreatment has been made and information gathered from the Initial Safety Assessment (ISA) indicates a possible threat to child safety. Due to the alleged threat to child safety, DFCS must investigate to assess family functioning, make a determination of child

safety, and determine whether an incident of maltreatment has occurred. Any safety concerns are addressed immediately, prior to the case manager leaving the home, by use of an in-home safety plan or an out-of-home safety plan.

Investigation of families involves face-to-face contact by the case manager with all alleged victim children within 24 hours. Upon the initial visit with the alleged victim child, the case manager assesses for present danger: any immediate, significant and clearly observable family condition occurring *at that time*, which is endangering, or threatening to endanger, a child. Any present danger will be addressed immediately, prior to the case manager leaving the home, by use of an in-home safety plan or an out-of-home safety plan.

During the full investigation, face-to-face contact is made with each alleged victim child and each caretaker involved in the family; there are also contacts with all household members and collateral contacts with other individuals knowledgeable about the family. The investigation must be completed within 45 calendar days and have as its uppermost concern the assessment of child safety, to include ongoing assessment of present and impending danger to the child. These and other steps allow for a thorough assessment of safety and parental capacity and gathering of evidence to support or refute the alleged maltreatment report.

During the investigation, DFCS provides the following services to the family: assessment, safety interventions, and linkages to formal and informal supports, including referrals for services. An in-home safety plan is used whenever possible, recognizing that out-of-home placements can be traumatic for children.

Special Investigations

The Special Investigations Unit (SIU) provides services to families in all regions except 1, 3, and 10. SIU receives requests to complete assessments by the county. The average number of new assessments per month received by SIU is about 80. However, due to staff turnover, that number has decreased to about 50 new cases per month. The number of staff available in SIU to complete assessments has declined over the past year. We lost about 10 case managers and have not been able to hire new team members consistently.

The program design for SIU will change during the next fiscal year. There will now be individual regional special investigation teams. Each team will be unique in its structure and needs. As it is now, SIU has a team of subject matter experts in assessing child deaths and serious injuries. We have ongoing training relevant to the work we do, which enhances our ability to provide the most appropriate services to families and complete assessments at a high level. This will continue when the teams become regional. More support will be offered to assist more families. field program specialists are the experts in cases involving human and/or sex trafficking. They ensure appropriate staffing and resources needed to complete these type assessments.

Family Support Services

Family Support Services (FSS) are provided statewide and continue to emphasize a strength-based, prevention-driven community response for children and families. Once an initial safety assessment is completed and no safety issues have been identified, a family's continued participation in FSS is voluntary. FSS provides services for families identified through proper assessments and family engagement.

FSS services include but are not limited to Parent Aide Services, Prevention of Unnecessary Placement Services, Homestead Services, Wrap-Around Services, Promoting Safe and Stable Families Services, and individual

community services. Family-centered practice concepts have been incorporated into the current family support practice statewide, recognizing that families are the experts on their own family and that family engagement in planning and service selection is crucial. Family Support Services include a full assessment of safety; linkages to formal and informal supports, including referrals for services, may be made if the use of supports and/or services would strengthen the family unit.

FSS assessments begin with contacting the caregiver to explain the purpose of FSS and to schedule a time to meet with them and their children, respecting the family's schedule but meeting CPS response timeframes. Home visits are required and face-to-face contact must be made with all household members. Upon the initial visit with the alleged victim child, the case manager assesses for present danger: any immediate, significant and clearly observable family condition occurring at that time which is endangering, or threatening to endanger, a child. Any present danger will be addressed immediately, prior to the case manager leaving the home, by use of an in-home safety plan or an out-of-home safety plan.

The State continues to struggle with the consistent assessment of safety and the timely identification and implementation of services with families.

Family Preservation Services

Family Preservation Services (FPS) include in-home protective and treatment services provided for children and families when the safety of the child can be assured without the need for removal. Services are aligned with solution-based casework (SBC) case plan goals, thereby ensuring that the child remains safely in the home. Services include assessment, safety interventions, and linkages to formal and informal supports, including referrals for services.

Family Preservation case management services include:

- Development and implementation of the case plan
- Service delivery, including needed referrals to community resources
- Scheduled reviews of case progress and continuous assessment of present and impending danger

Family Preservation services are provided statewide, and as the state works to achieve PIP goals and practices, there is an intense focus on refining safety resource practices. As a result, there has been an improvement in overall safety resource practice for relevant family preservation cases.

Through a work group with field and state office staff, a new focus will be placed on family preservation cases that have been open for an extended amount of time. This plan will be implemented to provide more intensive focus and improve CFSR outcomes.

The Division continues to struggle with the consistent, appropriate assessment of safety and the timely identification and implementation of services with families. This is an area that will continue to be addressed through Regional Summits and Safety Summits provided by the Safety Section.

CPS Background Screening Unit

The CPS background screening team is responsible for locating and reviewing accurate case, person, or resource information regarding Adam Walsh requests, Child Placement Agencies (CPA), Child Caring Institutions (CCI), and family foster/adoptive homes that are brought to the attention of the state office with questionable CPS history. In

FY 2016, the state added the Child Protective Services Information System (CPSIS) to the screening unit to enhance statewide screening practices.

Population and geographic area served - Enhanced CPS screenings/checks are completed for the entire state for the following:

- Current foster parents
- Prospective adoptive/ foster parents
- CPS investigations
- Adam Walsh request
- Individual self-check
- Georgia Licensed Entities Interacting/Providing Care for Children - Employee Screenings
- Georgia Licensed Entities Interacting/Providing Care for Children - Approval for Licensing

The following entities are served nationwide:

- Out-of-State Licensed Entities Interacting/Providing Care for Children - Employee Screenings
- Out-of-State Licensed Entities Interacting/Providing Care for Children - Approval for Licensing

From January 1, 2018 through January 31, 2019 there were 14, 814 CPS screenings and 7,916 Adam Walsh requests completed.

The CPS screening team collaborates with the Office of Provider Management (OPM) and the caregiver - recruitment and retention team regarding homes with parental capacity concerns. Due to the screening process, there are foster/adoptive home resources that have been denied approval based on prior history and/or parental capacity concerns related to physical abuse and inadequate supervision. In some instances, counties may have purged the case record, and, as a result, there was no documentation to review to make a definitive decision. Prospective foster/adoptive resources can submit a narrative outlining their account of prior CPS incidents. Staff from both Safety Services and the Permanency Section meet to review documentation and staff concerns prior to making the final decision.

The CPS screening team participates in OPM quarterly trainings for new CPAs and CCIs. These private providers receive training three times a year regarding the CPS screening process. The CPS screening application was updated to simplify the information required from the current/prospective foster parents. CPAs and CCIs are notified of any recommendation to not approve an individual or family prior to the sending of the final letter to obtain additional information before a final decision is made.

The process for Adam Walsh requests has been streamlined by using the CPS application for prospective foster/adoptive applicants to ensure that all pertinent information is received at the time of submission. Screening staff participate in cross-training in the Georgia SHINES CPSIS, IDS, ACCURINT and Success systems to reduce backlogs in screening requests in the event of a staffing challenge. The State is working on a resolution for a formal screening process for international request.

Child Abuse Registry

The state-mandated Child Abuse Registry (CAR) of substantiated cases of child abuse was developed to ensure the safety and protection of children. The Division has responsibility for establishing and maintaining the Child Protective Services Information System (CPSIS), which includes the following functions:

- Receive notice regarding substantiated cases occurring on and after July 1, 2016
- Operate in such a manner as to enable abuse investigators to immediately identify and locate substantiated cases
- Maintain and produce aggregate statistical data of substantiated cases
- Allow access or provide information to specified individuals or entities named in state statute

The CAR team has provided ongoing training throughout the state to enhance the justification statements on substantiated cases. The Division continues to work with DECAL to improve the screening process and to work on the appeal hearing process to remove barriers to timely hearings located in the appropriate jurisdiction.

Due to recently passed legislation, beginning January 1, 2020, individuals with a substantiated CPS case will have the opportunity to exhaust their appeal rights prior to being placed on the GA Child Abuse Registry. These changes will require extensive changes to the CAR system and changes within the SHINES system.

E. Permanency Services

Foster care and permanency services include out-of-home care placements and monitoring, well-being services for children in foster care, independent living services, and services to facilitate positive permanency and reduce time in foster care. These services are provided through the agency's Foster Care Services Section, which includes the Interstate Compact on the Placement of Children (ICPC), Independent Living Program (ILP), Office of Provider Management (OPM), and Permanency .

The Permanency Section is responsible for technical assistance, support, and administration of all matters concerning the planning and achievement of permanency; the recruitment, development, support and retention of DFCS foster and adoptive homes; the monitoring and oversight of DFCS-contracted child placement agencies and child caring institutions; placement matching; and services as necessary to meet federal requirements for the ICPC and ILP Programs.

The ICPC program is responsible for effectively managing the interstate transition of foster and adoptive children to and from Georgia within the requirements of the interstate compact. The ILP is responsible for administering Chafee, Education and Training Voucher (ETV), state, and other funds to support the development of independent living skills and successful transitions to adulthood for youth in care. OPM is responsible for monitoring the performance of contracted child caring institutions (CCIs) and child placing agencies (CPAs), assisting with placement matching of high-end children and youth, and addressing risk and safety issues within private provider settings. Permanency is responsible for technical assistance, support, and administration of all matters concerning permanency goals, with a primary focus on adoptions and the Relative Care Program. Permanency is responsible for technical assistance, support, and administration of all matters concerning permanency plan goals; resource development; and oversight of DFCS foster homes.

Kinship Navigator Program

Kinship care refers to a temporary or permanent arrangement in which a relative or any non-relative adult who has a long-standing relationship or bond with the child and/or family has taken over the full-time, substitute care of a child whose parents are unable or unwilling to do so. Kinship care includes those relationships established through an informal arrangement, legal custody, guardianship order, a relative foster care placement or kinship adoption.

The State took deliberate action in January 2016 to prioritize kinship care placements and to strive to have most children who are in the state's care in family-based foster care. National research confirms that children do best in kinship foster care and that family connections are critical to healthy child development and a sense of belonging. Kinship care also helps to preserve children's cultural identity and relationship to their communities. In partnership with the Annie E. Casey Foundation, Child Welfare Strategy Group, Georgia has been working to build quality caregiving as a kin-first organization and working to have 50% of children placed with kin. In FFY 2017, a kinship design team began development of a plan and the Division launched the Kinship Continuum initiative with a pilot in Regions 5 and 6.

The Division collaborated with partners to assess the effectiveness of the pilot rollout and adjusted practice as needed. Results of the evaluation of that pilot indicate that a statewide implementation of the Kinship Continuum will have a positive influence on the timeliness of relative care assessments. The new process allows for a seamless transition from a voluntary kinship placement (non- DFCS custody child residing with relative) to a kinship placement (custody with DFCS child remains in home of relative). The Kinship Continuum initiative has been included in the State's 2020 CFSP.

Foster Care

When safety cannot be assured in the home, the agency must provide a temporary out-of-home placement for children. Children and youth requiring foster care placement must be placed in the least restrictive and most appropriate placement. Foster care placement options include relatives, relative foster parents, DFCS foster parents, child placing agency foster parents, and group or congregate care (child caring institutions). Group or congregate care settings are the most restrictive placement type, whereas family foster homes – whether relative or not – are the least restrictive. Relative placements are the preferred placement type. (Relatives who choose to complete the standard foster parent approval process are called relative foster parents.)

The child welfare system can either help mitigate the impact of children's trauma history or inadvertently add new traumatic experiences. Trauma-informed principles will be infused in the placement matching and stability objectives of this project to ensure that trauma is minimized.

Placement Types of Children (Aged 0 to 17)

- Adoptive Home
- Child Care Institution
- CPA Family Foster Home
- DFCS Family Foster Home
- Emergency Shelter
- Hospital
- ICPC Relative
- Non-Relative Paid
- Other Person
- Other Resource
- Parent
- Relative Foster Home
- Relative Paid
- Relative Unpaid

- Runaway
- RYDC/YDC
- Specialized Foster Home

A reunification manager was hired September 2018 to assist in addressing barriers to timely permanency. The Division's focus has been on reunification as the primary goal for families while remaining committed to concurrent planning and assessing all possibilities for the child. The reunification manager will additionally work with regions to develop effective strategies for concurrent planning.

The caregiver recruitment and retention team is responsible for recruiting, assessing and approving foster caregivers for the division. The team works closely with the regional staff on meeting recruitment goals and ensuring families are processed to approval timely. The caregiver recruitment and retention team has successfully implemented several strategies to improve communication with partners both internal and external. Additional resources, caregiver navigator and inquiry response case managers, have been hired to provide support and mentoring to prospective and current caregivers. In addition, Georgia launched its website www.fostergeorgia.com to provide consistency in communication specific to the onboarding process and information sharing.

The caregiver and recruitment team is working on several strategies to improve placement stability and retention of Georgia caregivers: NTDC Pilot, SAFE Home Study Model, IMPACT revisions and targeted recruitment efforts for populations deemed as most needed. The addition of a reunification manager will continue the focus on birth parents and the need for timely services to families, concurrent planning and timely movement of cases towards an appropriate permanency plan. The updated Diligent Recruitment Plan aids in the Division's ability to target priority needs of the agency.

Interstate Compact on the Placement of Children

The Interstate Compact on the Placement of Children (ICPC) is a statutory agreement between all 50 states, the District of Columbia and the US Virgin Islands. The agreement governs the placement of children from one state into another state. It sets forth the requirements that must be met before a child can be placed out of state. The Compact ensures prospective placements are safe and suitable before approval, and it ensures that the individual or entity placing the child remains legally and financially responsible for the child following placement.

Georgia ICPC served a total of 2,672 families from April 2018 to April 2019. The total number of families served include incoming and outgoing requests for private adoptions, public adoptions, foster family, relative/kinship, parent, and residential.

March 14, 2017 the Georgia ICPC Unit went live on the National Electronic Interstate Compact Enterprise (NEICE), a national electronic database for ICPC cases which facilitates quicker processing of ICPC requests. Participating in this cloud-based electronic system that allows the exchange of data and documents necessary to place children across state lines shortens the time it takes to place children across state lines, reduce costs associated with mailing and copying documents, and provide an improved method of tracking ICPC requests. Clearinghouse via Georgia's SACWIS system is a look into how Georgia will access NEICE in the future.

There have been improvements in communication between the regions and state office representatives. Regional and county roadshows are held throughout the year to address identified trends and improve timely services to

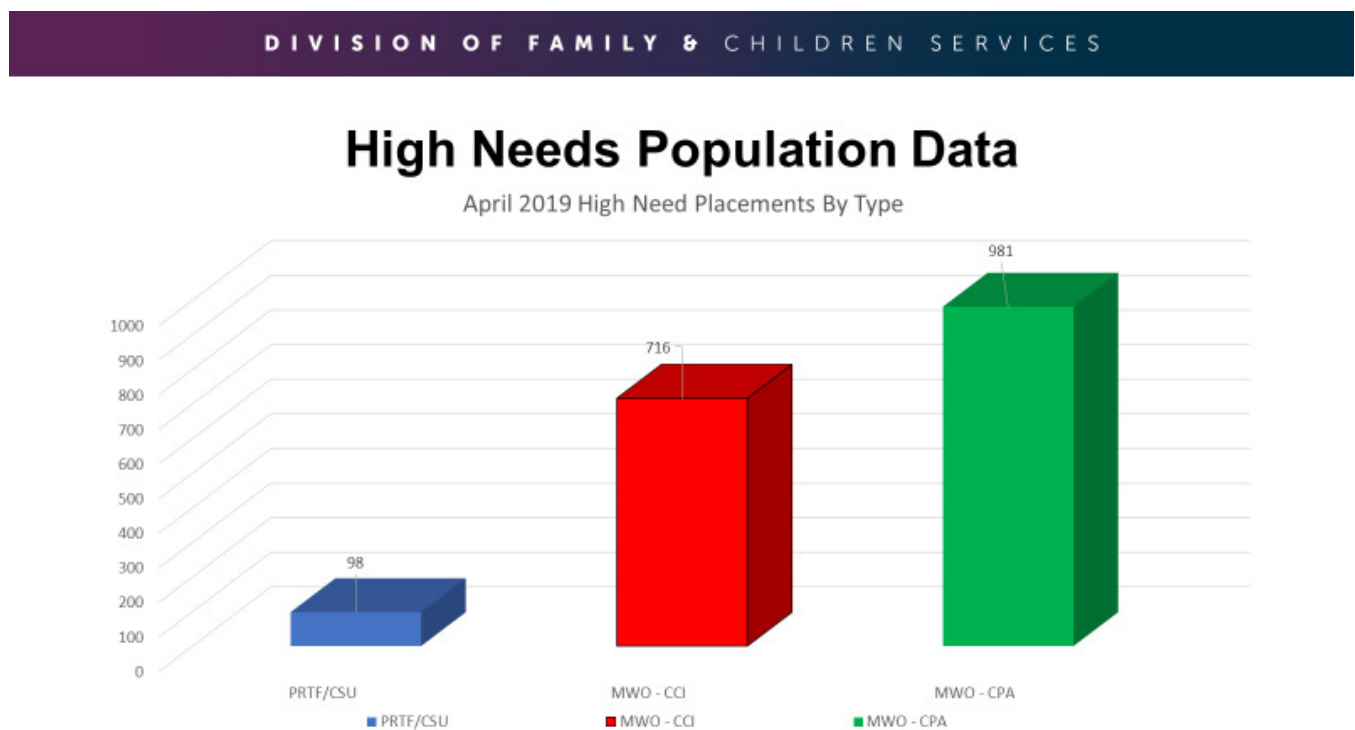
families. There continues to be a need to monitor ICPC work via SHINES, and NEICE has produced a significant improvement in timely transfer of cases from state to state.

Placement Resource Operations

Placement Resource Operations (PRO) was established in 2015 to ensure the proper continuum of services were coupled with the identification of the most appropriate and least restrictive placement for "high-end" children in foster care. Children considered in this population are identified as having severe medical, emotional, behavioral, psychiatric and developmental disorders. PRO consists of a director, supervisor, project manager, human trafficking program coordinator, program administrator and nine (9) PRO specialists. These distinct professionals have a diverse array of clinical expertise and child welfare backgrounds which allows the ability to engage intensive practice guidance and consultation to Division field staff, inpatient treatment facilities and RBWO contracted providers on cases that require a meticulous level of insight to navigate the complexities within state systems, policies and regulations.

April 2019 High Needs Placements by Type

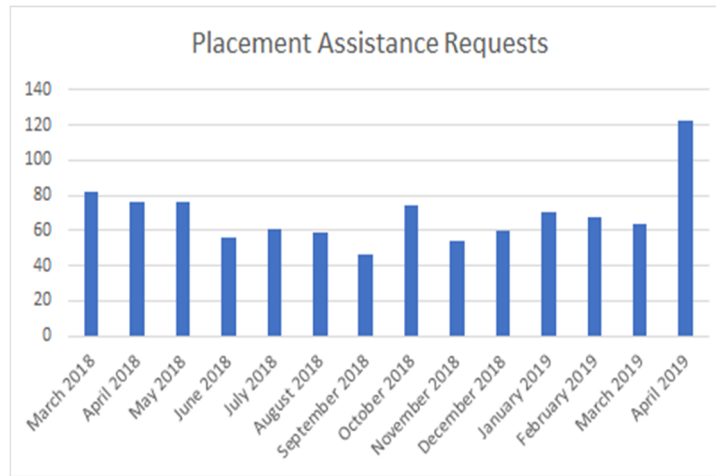
Figure 15: High Needs Population Data (by placement type)



PRO supports the Division's field staff within all counties (159) in the State. The main office is located at the state office in Atlanta with each PRO specialist out-stationed throughout Georgia covering North, Metro and South districts. As a state office entity that was uniquely constructed upon its inception in 2015, PRO operates on a 24/7 schedule with specialists rotating weekly on an after hour, on-call schedule (5pm-9am) weekdays, weekends and holidays.

Placement Referral and Program Designation/Specialty Waiver Volume Requests 2018-2019

Figure 16: Placement Assistance Requests

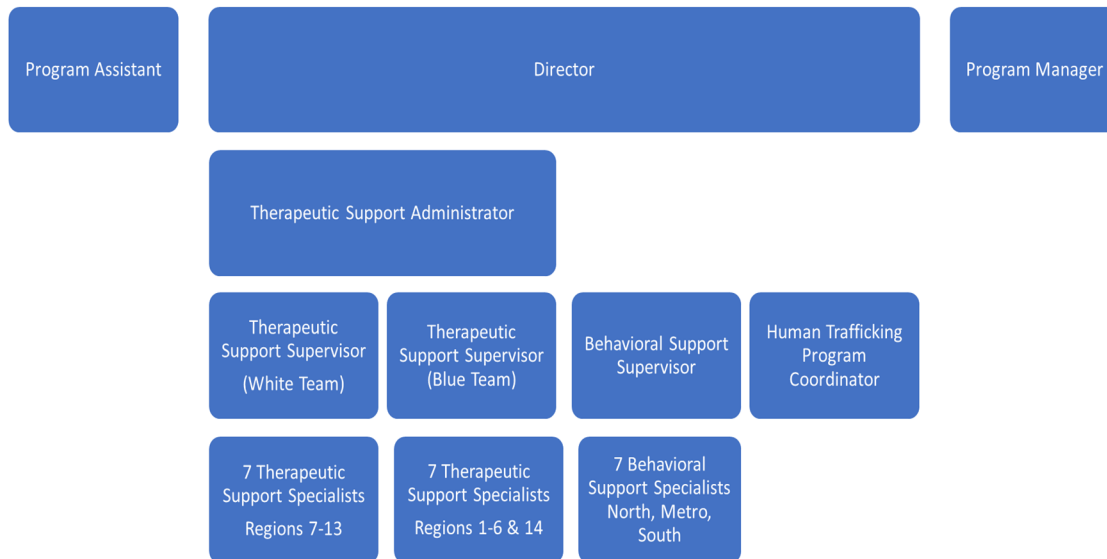


Placement Assistance Requests	
Month	Total
March 2018	82
April 2018	76
May 2018	76
June 2018	56
July 2018	61
August 2018	59
September 2018	46
October 2018	74
November 2018	54
December 2018	60
January 2019	70
February 2019	68
March 2019	64
April 2019	122
Total	968

Towards the end of 2018, Placement Resource Operations began to restructure its operations to include a team of licensed care coordinators. In 2019, the Care Coordination Treatment Unit (CCTU) was formed as a state office function responsible for the facilitation and management of high end, complex cases of youth in foster care with

primary functions of training and curriculum development, engaging internal and external partners, data tracking and analysis and staffing technical assistance cases.

Care Coordination Treatment Unit



Behavioral Support Specialists provide oversight and consultation for behavioral management issues for children in the custody of DFCS; guide DFCS field staff in the identification of appropriate placement resources for children categorized as high-end with complex needs; provide additional support and oversight to RBWO providers to ensure that children are benefitting from therapeutic interventions and moving towards less restrictive placements.

Therapeutic Support Specialists are regionally assigned by DFCS. They are licensed professionals with the ability to engage the field in intensive practice guidance and consultation on cases that require a meticulous level of insight to navigate the complexities within our state systems, policies and regulations. Therapeutic support specialists are responsible for immediate and on-going assessment of medical necessity, treatment and discharge planning of inpatient admissions to psychiatric residential treatment facilities, crisis stabilization units and other acute inpatient behavioral or physical health facilities.

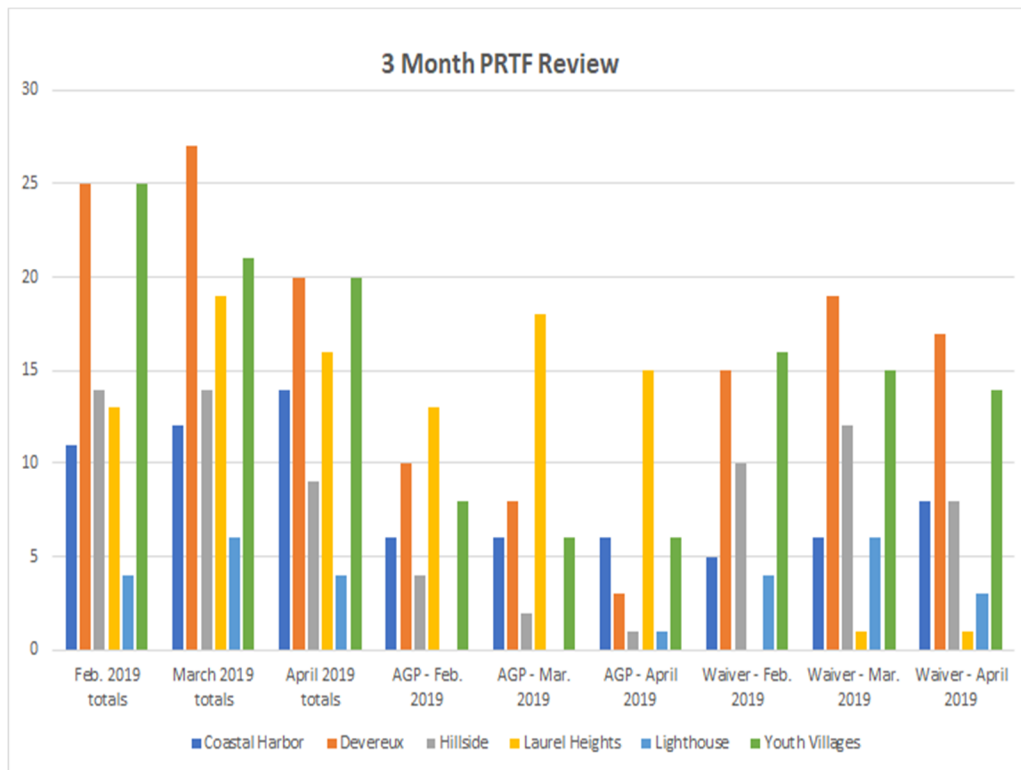
The seven key functions of the CCTU are:

1. Guide DFCS field staff in the identification of appropriate placement resources for children categorized as high-end with complex needs. Provide additional guidance and oversight to RBWO providers to ensure that children are benefitting from therapeutic interventions and moving towards less restrictive placements.
2. Review and approve requests for increased program designations at MWO and higher; as well as requests for waivers based on age, number of children (within foster homes), and payment with state funds for temporary assignment out of state, with PRTFs, CSUs, and RBWO providers waiting to be contracted.
3. Link partners with the necessary clinical services and support resources to ensure stability of children within the community. Connect public and private stakeholders through coordinated systems management to guarantee fluid delivery of child welfare services.
4. Lead the state through education and action to eliminate human trafficking and the sexual exploitation of children.

5. Facilitate on-going training and technical assistance for DFCS field staff and RBWO providers to foster better communication and partnership.
6. Complete random desk reviews, case assessments, and site reviews of RBWO agencies to audit program designations, medication management, and required documentation related to placement matching.
7. Monitor and track trends associated with admissions, denials, length of stay, and discharges of high-end youth.

3- Month PRTF Review

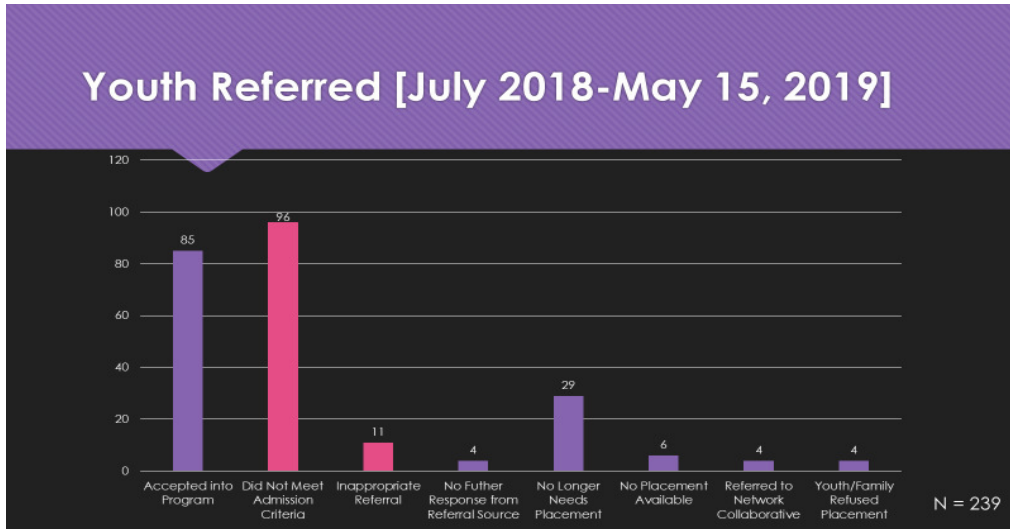
Figure 17: 3-Month PRTF Reviews



MAAC Crisis Continuum - DFCS/MAAC collaboration: A 25-bed statewide contract with various private providers under the oversight of MAAC was designed to assist in locating appropriate placements with children who are otherwise hard to place from having to await placement. A dedicated MAAC staff member works with the DFCS case manager and assigned state-level specialists with youth who are placed in designated crisis homes for 30 days while an appropriate long-term plan is developed.

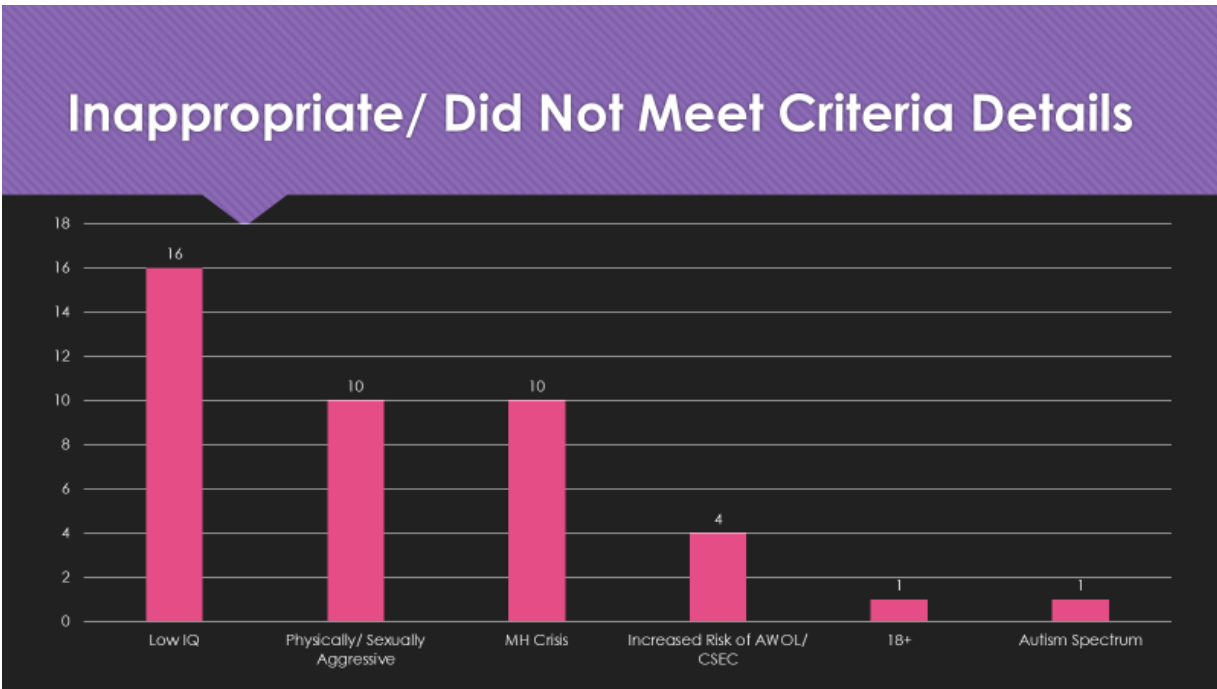
Youth Referred to MAAC Crisis Continuum (July 2018- May 15, 2019)

Figure 18: Youth Referred to MAAC Crisis Continuum



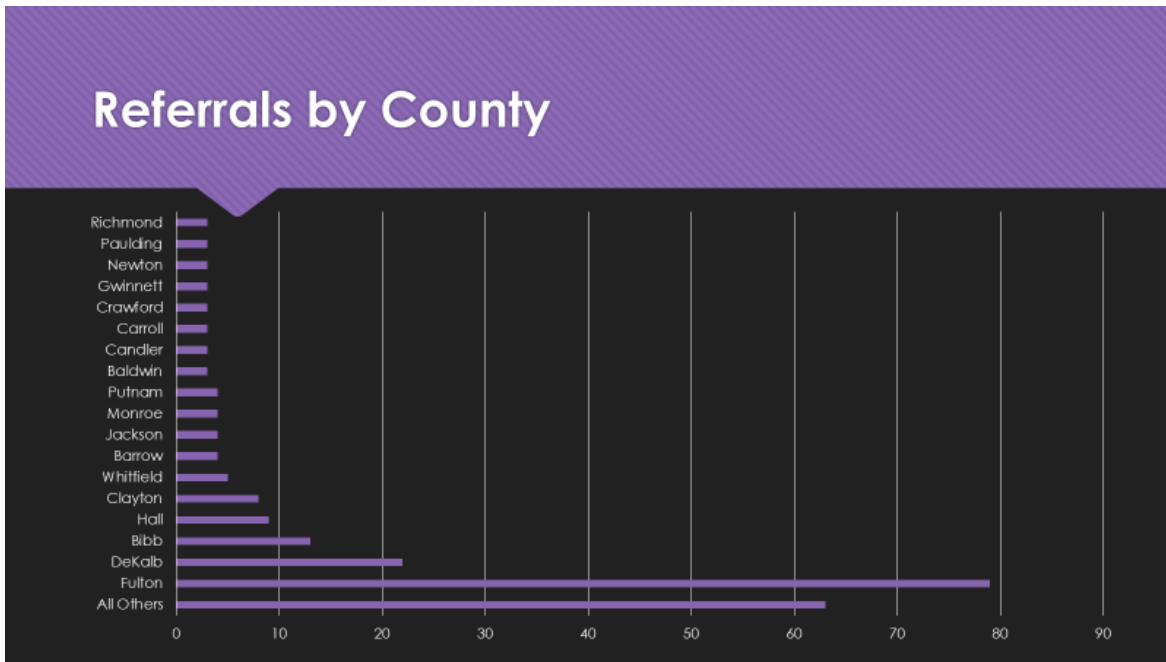
Inappropriate/ Did Not Meet Criteria Details

Figure 19: Placement Inappropriate/Did Not Meet Criteria



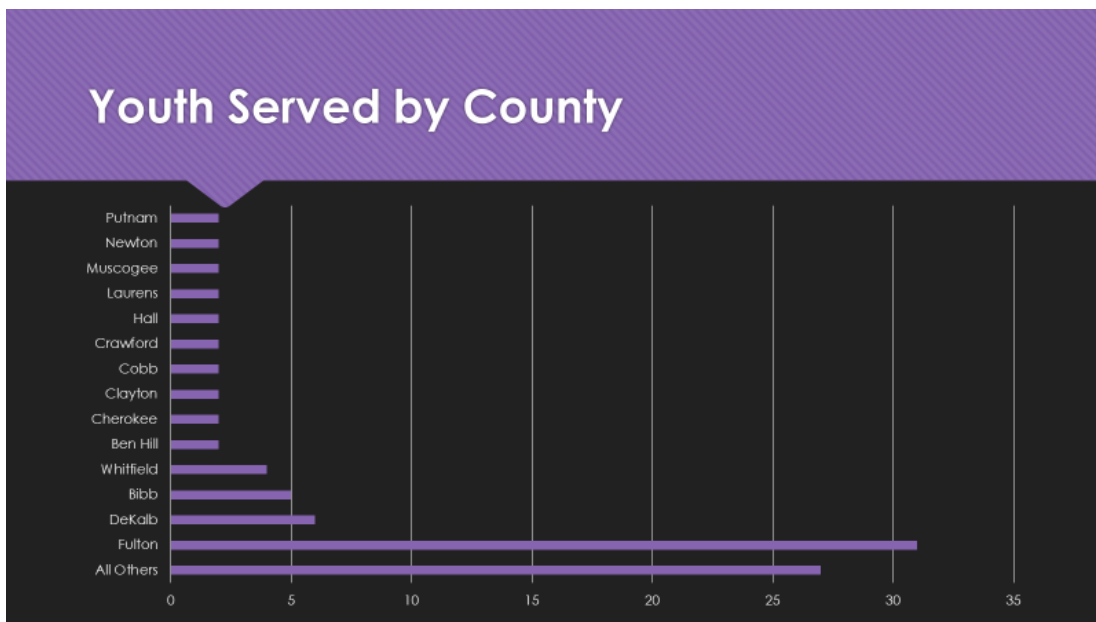
Referrals by County

Figure 20: Referrals by County



Youth Served by County

Figure 21: Youth Served by County



F. Adoption Services

The statewide Adoption Services program continues to focus efforts on assuring the safe, timely, and appropriate placement of foster children who cannot return to their families into permanent adoptive homes. Adoption assistance services are provided to adopted children who meet specific Title IV-E criteria, and to children in DFCS custody who have special needs. Post-adoption services are available for adopted children and adoptive families, including some services to children who have been adopted internationally. DFCS' Adoption Services program is invested in providing families who adopt Georgia children with adequate supports to ensure successful adoptions. Recognizing that children deserve safe, loving, and nurturing relationships with permanent families, DFCS and its partners work to provide a continuum of available, accessible, and effective services that enable and support the placement of children in adoptive families.

The Adoption program continues to be managed in two separate units under the supervision of the Permanency and Placement Services project manager in the Permanency and Placement Services Section. The Social Services Administration Unit continues to manage adoption assistance, post-adoption services, and administrative duties for all adoption contracts and programmatic responsibilities for post adoption contracts. All pre-adoption work and contract programmatic duties are managed in the Adoption Unit. The Adoption Unit consists of the adoption exchange program and regional adoption coordinators. The adoption exchange program manages child specific recruitment, registration of children, family registration, and matching services for children with no identified adoptive family. The regional adoption coordinators provide hands-on guidance and support on adoption cases to the field through a minimum of quarterly county visits. Both teams also work closely with the policy unit regarding the modification and implementation of adoption policy.

Georgia provides a continuum of adoption-related services, including:

- General recruitment of adoptive parents
- Child-specific recruitment services for waiting children as mandated by federal law
- Matching services for waiting children and families
- Home studies
- Child preparation services
- Adoption placement supervision
- Monthly maintenance assistance to help meet the special needs of the adopted child
- Legal services assistance to pay for attorney fees, court costs, and other one-time expenses directly related to the legal adoption of a child with special needs
- Medicaid, which is available to any child eligible for adoption assistance benefits
- State-funded post-finalization reunion registry services

Adoption promotion and post-adoption support services are funded by Title IV-B, Subpart 2, which covers a wide range of services, including development of adoptive families, recruitment events for children without adoptive resources, placement, supervision, support for adoptive placements, teen support groups, crisis intervention services, a resource center for adoptive parents, training, and an annual statewide training/retreat for adoptive families and staff.

With the steady increase of the foster care population Georgia has also experienced a significant increase of children in foster care with an adoption goal and children in the agency's permanent custody. As stated in previous APSR reports, the most concerning number for the State continues to be the increased number of children in the agency's permanent custody without an identified adoptive resource, also known as "waiting children". As a result, the Adoption Unit continues to share information and data with the regions/districts on adoption cadence calls and through regional think tanks. Think tanks are conversations held with regional staff, regional directors, county

directors, adoption staff and caregiver recruitment and retention staff. The purpose of the conversation is to discuss regional data, outcomes, barriers and solutions for improved adoption outcomes. They will continue to be done but with a different name and slightly different spin. Adoption Café' 24 is much like the think tank but with the conversation focused specifically on timely adoptions. Moving forward judicial partners, SAAGs and CASAs will be invited to the table to be engaged in the conversation for improving adoption outcomes.

The North District cadence calls are held on the first Monday of each month and were implemented by the district director using a compression plan model, this campaign has proven to be successful as evident by the district having the highest number of finalized adoptions. The state office team participates in the calls and shares the data for discussion points. District South calls are the second Monday of every other month and again state office shares the data for discussion. For the Metro Region the calls are held on the third Monday, with state office providing the data for discussion and participation in the calls. The calls provide the opportunity for state office to share data regarding adoption outcomes with leadership and adoption staff. All participants are engaged in conversation around barriers and more importantly strategies for achieving safe and timely adoption outcomes.

Adoption think tanks were held in Regions 1, 3, and 9 in 2019. Regions 6 and 8 will be scheduled in the next several months as they only recently hired regional directors whose participation is crucial to the discussions. Participants in the think tanks include regional directors, regional staff, county directors, adoption, foster care and resource development supervisors and case managers. Regional data is shared and conversations regarding strengths, opportunities and strategies for improving regional adoption outcomes.

The No Place Like Home Campaign

In 2016, the previous Division Director began a campaign near and dear to his heart called "No Place Like Home" and the current Division Director has continued the campaign. The purpose of the campaign is to celebrate adoption success stories. The first campaign was held May of 2016 and ended in November. During National Adoption Month, adoption was achieved for 49% of the cohort children. The 2017 campaign began in February of 2017 with a goal of finalizing 100% of the children in the cohort by January 2018. The agency fell a little short but did achieve finalizations for 72%. In March of 2018, a new cohort of children was established and the goal for this cohort was 90. Only Region 8 achieved the goal, but several regions came close, overall, this cohort was completed with 75% of adoptions finalizing. Additionally, the data gathered is used to identify challenges and opportunities for achieving and improving adoption outcomes statewide.

The Division' ratings related to finalizing adoptions has consistently trended upwards. The challenges continue to be timeliness. The Division will work to strengthen concurrent planning over the next five years to assist with improving the work in the regions with identifying and moving cases towards permanency. In addition, case consultation practice will continue for every child in care.

Figure 22: Pre and Post Adoption Services Vendors/Partners

State Vendor/Partners for Pre- and Post-Adoption Services		
Vendor/Partner	Program	Service Provision
All God's Children	Adoption Services	To recruit, assess, prepare, and train families who will be able to parent children with special needs and to provide the family support services that will assist them in maintaining the placement of these children to the point of finalization and even beyond.
Bethany Christian Services	Child Life History	To complete the child history; which is used for the purpose of full disclosure to an adoptive family prior to adoptive placement.
Bethany Christian Services	ADOPTS Program	To provide trauma-informed family therapy specific to adoptive families and their adopted children who have experienced abuse, neglect, or other complex traumas.
Bethany Christian Services	Adoption Services	To recruit, assess, prepare, and train families who will be able to parent children with special needs and to provide the family support services that will assist them in maintaining the placement of these children to the point of finalization and even beyond.
The Dave Thomas Foundations	Wendy's Wonderful Kids Program	To provide diligent child specific recruitment activities for children in care without an identified adoption resource; children referred to this program are generally youth with significant needs or are members of very large sibling groups.
Families First	Georgia Center for Resources & Support	To maintain operation of the Georgia Center for Foster and Adoption Resources by developing and delivering a comprehensive program for accessing and developing post-placement services for foster and adoptive families. Services are available on a statewide basis in the DHS service delivery areas to all foster and adoptive families who continue to reside within the state of Georgia (prior to and after the legalization of the adoption) until the child reaches the age of 18.
Families First	Reunion Registry	To enhance and maintain operation of Georgia's Adoption Reunion Registry, as required by state law, to offer services to birth parents, adopted persons, adoptive parents, and siblings who are affected by adoptions finalized in Georgia. The complete content of the law can be found in the Official Code of Georgia, Annotated, as Amended (19-8-23f).

State Vendor/Partners for Pre- and Post-Adoption Services		
Vendor/Partner	Program	Service Provision
Families First	Adoption Services	To recruit, assess, prepare, and train families who will be able to parent children with special needs and to provide the family support services that will assist them in maintaining the placement of these children to the point of finalization and even beyond.
Family Matters	ATEAM	To provide adopted teens in grades 6-12 opportunities for mutual support and self-awareness/development through group interactions with other adopted teens in 12 ATEAM sites across the state. Parent support meetings also provided.
Image Freeway	Record Retention	To prepare, microfilm, index, and purge state and county adoption records for permanent retention as mandated by law (O.C.G.A. 19-8-23).
Lisa Lumpe	Photo listing	To provide the services required by federal law to feature children with no identified adoption resource on a local, regional and nationwide photo listing website.
Lisa Lumpe	Statewide Adoption Match Meeting	To provide staff with training, networking and matching opportunities through an annual conference.
Lutheran Services of Georgia	Adoption Services	To recruit, assess, prepare, and train families who will be able to parent children with special needs and to provide the family support services that will assist them in maintaining the placement of these children to the point of finalization and even beyond.
Georgia Mentor	Crisis Intervention	To provide crisis intervention to families with a potential for disruption or dissolution of an adoptive placement. A statewide team of skilled individuals works with families to asses and connect them to needed resources.
Georgia State University	Training Adoption Competency	A partnership with GSU for clinicians who provide therapeutic services to adoptive families. The training helps clinicians apply competencies needed for better services to families. The training is meant to bring about a reduction in adoption disruptions, displacements and dissolutions.

G. Office of Provider Management (OPM)

OPM Monitoring

OPM serves out-of-home care providers for children in state custody. OPM is charged with the contracting, administration and oversight of programs that provide Room, Board and Watchful Oversight (RBWO) services to children in foster care approved for placement in child caring institutions (CCIs) and child placing agencies (CPAs) and their associated foster homes statewide. OPM also assists DFCS case managers in locating suitable placements for children and youth in care within the network of RBWO providers. OPM monitors private out-of-home care providers, assists with placement matching of high-end children and youth, and addresses risk and safety issues within private provider settings.

Office of Provider Management (OPM) continues to refine its business practices to support performance-based placement. Accomplishments in this period include increasing provider compliance with IV-E requirements, monitoring tools enhanced and implemented by OPM; continued focus on risk management; and continuing work on a performance-based structure for purchase of services that assesses providers on services related to safety, permanency, and well-being.

OPM utilizes various data, onsite reviews, records reviews, and collateral report mechanisms to monitor providers' adherence to RBWO minimum standards and contractual obligations, all of which direct provider performance expectations. OPM uses data analysis, technical assistance visits, safety-related inspections/investigations, and departmental/provider collaboration to help ensure the safety and wellbeing of children in state custody placed in contracted out-of-home care.

Monitoring Tools

Accurate and timely data collection from OPM staff as well as from RBWO providers is essential to effective provider management. OPM continues to enhance its comprehensive monitoring tool, the safety review tools, and performance-based placement verification tools (used to verify provider self-reported data) as well as foster home evaluation/reevaluation tools. Each tool was designed based upon the RBWO minimum standards, DFCS policy, IV-E requirements and RBWO contractual deliverables. During comprehensive and safety reviews, based on randomly selected records, providers are expected to achieve at least 70% compliance with program standards in both the overall sections and supporting categories. Failure to achieve at least 70% requires the provider to develop applicable program improvement plans or corrective action plans, which are then monitored by OPM. By utilizing these tools, OPM has been able to establish a heightened presence in the provider community and address issues that might otherwise have gone undetected or affected outcomes for children and families. OPM has been able to provide ongoing technical assistance and training to the provider community-based on review results as well as expressed needs.

Over the last year, OPM completed 124 comprehensive reviews, 250 performance-based placement verification reviews, 772 safety reviews and 936 safety check desk reviews. Over the last year, OPM successfully completed four 100% safety check audits of all RBWO providers. These efforts have helped to ensure provider compliance with the staff safety check requirement. Over the course of a year, 37.7% of providers completed the required safety checks on or before the due date. 62.2 % of providers were late or had missing safety checks.

Over the last five years, OPM completed 646 comprehensive reviews, 982 performance-based placement verification reviews, 3,005 safety reviews. Over the last two years, OPM completed 1,580 safety check desk reviews.

OPM Risk Management

The OPM risk management team’s primary assignment is addressing safety and risk management issues. The Risk management team facilitates monthly meetings and ongoing tracking and identification of patterns and trends as it pertains to risk and safety issues. The job description for the risk management manager position is identified as someone who identifies and analyzes areas of risk regarding the safety and well-being of children placed in CCIs and CPAs; documents and ensures communication of risks; produces reports and presentations that outline findings and makes recommendations for change; and prepares and maintains crisis response plans and coordinates crisis response activities.

The risk management team monitors, tracks and identifies patterns and trends with regards to risk and safety for OPM’s contracted CCIs and CPAs utilizing the following methods: through the reporting of significant child related incidents to CPS when there are concerns regarding possible abuse and/or neglect; monitoring the accuracy of reporting significant events as well as monitoring and assessing any patterns and trends with regards to reported significant events; the assignment and tracking of the completion of Policy Violation Assessments (PVAs) concerning CPS involvement with CCIs and CPAs; identifying any patterns or trends concerning the number of PVAs that a provider receives as well as the number of policy violations received; identifying providers with associated safety or risk concerns and collaborating with the monitoring teams in providing technical assistance and/or making recommendations of whether further progressive action is needed; monitoring and tracking corrective action plan completion; tracking the number of providers that are suspended and providing notification of suspended agencies to county offices, stakeholder agencies and other third parties; participation in 48-hour staffings pertaining to CPS involvement with child caring institutions and child placement agencies; and providing feedback and training recommendations based on identified safety and risk concerns.

The risk management team also hosts risk management roundtable meetings with stakeholder agencies and other third parties regarding providers with identified safety and risk concerns. As a part of this meeting, OPM partners with DJJ and Residential Child Care Licensing (RCCL) in discussing and scheduling coordinated site visits to be completed jointly in monitoring all providers to ensure ongoing compliance with policies and procedures. Risk management receives notification of any CPS involvement by monitoring, reviewing and tracking information received from GA SHINES, GA+SCORE, county notifications, and through RCCL reports.

The following table entails data of the total number of significant events and corresponding category types for all significant events reported from April 2018 - March 2019 which is provider reported data in DHS GA+SCORE system:

Figure 23: OPM Significant Events (April 2018 - March 2019)

Table: Significant Events and Category Types for April 2018-March 2019	
Significant Event Category	Total
Automobile Accident	71
Child on Child - Sexual Acting Out	93
Child to Child - Physical Confrontation	638
CPS Investigation Initiated/CPS Involvement	587

Death	8
Emergency Discharge	40
ESI (10+) - in one Month All Children	289
ESI (3+) in one Month for Same Child	179
ESI (Injury) - Any ESI Resulting in Injury	7
Physical Plant	2
ER, Hospitalization, More than First Aid	7
Fire Department Involvement	20
Good News	522
Impact from Natural Disaster, Fire, Flood	16
Inappropriate Discipline/Corporal Punishment	32
Media Coverage	1
Medical Care, Emergency - Hospitalization, ER Visit, Injury	1524
Medical Care, Emergency - Medication Administration Error	25
Medical Care, Planned Hospitalization, Outpatient	82
Medication Refusal	145
Neglect	8
ORCC Investigation Initiated	11
Other	790
Police Intervention - Assault	110
Police Intervention - Community or School	73
Police Intervention - Drugs	32
Police Intervention - Other	547
Police Intervention - Runaway	715
Police Intervention - Theft	45
Psychiatric Emergency 1013	611
Serious Injury (Obsolete)	2
Staff to Child - Other Confrontation	31
Staff to Child - Physical Confrontation	29
Suicide/Homicide - Attempt	55
Suicide/Homicide - Threat	193

Temporary Closure of a Living Unit	5
Total	7545

OPM received notification of 1,649 CPS cases for CCIs and CPAs from April 2018 to March 2019. Of those 1,649 CPS cases, 912 were screened out, 737 were progressed to the level of an investigation. Of the 737 CPS investigations, 511 of the cases were unsubstantiated, 29 of the cases were substantiated and 197 are still pending an investigative conclusion.

Over the last five years, risk management has made continuous strides in monitoring, tracking and identifying patterns and trends as it pertains to risk and safety issues amongst RBWO Providers. In 2015, OPM added a risk manager whose primary assignment is to address and track trends regarding safety and risk management issues with children placed in CCIs and CPAs. The job description for this position involved identifying and analyzing areas of risk regarding the safety and well-being of children placed in CCIs and CPAs, there was also a training component and a job responsibility of managing the creation and monitoring of contracts managed by OPM. In 2019, training and contracting components have since been assigned to another manager's position within OPM. The current risk manager's position has three assigned risk specialists who track trends, enters policy violation assessments into GA+SCORE, review significant events for compliance and follow-up, attend 48-hour and conclusion staffings, research the history of safety and risk factors from CCIs and private foster homes and hosts the monthly risk management meeting.

The risk management meeting is a roundtable meeting that includes stakeholder agencies who also have contracts with RBWO providers. Those agency stakeholders include: Office of Provider Management, Residential Child Care Licensing, the Fiscal Department, the Department of Juvenile Justice and the Care Coordination Team (formerly known as the Placement Resource Operations Team). The meeting is held monthly to discuss the identification of patterns or trends of concern in day-to-day operations, assist in mitigating the risk of maltreatment, increase the ability to predict whether safety and well-being exists and create a forum for developing technical assistance strategies that can be solidified and duplicated across the provider network.

The following table entails data from GA+SCORE system of the total number of significant events and corresponding category types for all significant events reported from October 2014 – May 2019:

Figure 24: OPM Significant Events (October 2014 - May 2019)

Table: Significant Events and Category Types for Oct. 2014-May 2019	
Significant Event Category	Total
Automobile Accident	257
Child on Child - Sexual Acting Out	484
Child to Child - Physical Confrontation	2193
CPS Investigation Initiated/CPS Involvement	2512
Death	32
Emergency Discharge	72

ESI (10+) - in one Month All Children	1632
ESI (3+) in one Month for Same Child	1029
ESI (Injury) - Any ESI Resulting in Injury	22
Physical Plant	17
ER, Hospitalization, More than First Aid	37
Fire Department Involvement	1
Good News	1794
Impact from Natural Disaster, Fire, Flood	59
Inappropriate Discipline/Corporal Punishment	114
Legal Action/Litigation	3
Media Coverage	8
Medical Care, Emergency - Hospitalization, ER Visit, Injury	6699
Medical Care, Emergency - Medication Administration Error	69
Medical Care, Planned Hospitalization, Outpatient	327
Medication Refusal	461
Neglect	25
ORCC Investigation Initiated	65
Other	2894
Police Intervention - Assault	413
Police Intervention - Community or School	399
Police Intervention - Drugs	94
Police Intervention - Other	1732
Police Intervention - Runaway	2791
Police Intervention - Theft	200
Psychiatric Emergency 1013	2063
Policy Violation Assessment	3
Serious Injury (Obsolete)	4
Staff to Child - Other Confrontation	106
Staff to Child - Physical Confrontation	131
Suicide/Homicide - Attempt	176

Suicide/Homicide - Threat	689
Temporary Closure of a Living Unit	18
Total	29,670

Resource Development Unit

During the period (March 2018-February 2019), the Office of Provider Management (OPM) has made the following improvements in the area of resource development. Resource developer's (RDs) sole responsibility is to ensure compliance and adherence to child welfare resource development policy and RBWO minimum standards in child placing agencies (CPAs) statewide. RDs review CPA foster home studies for red flags and safety indicators based on the family history presented. They are responsible for conducting quality assurance reviews of CPA foster home initial evaluations and re-evaluations to ensure that all safety and quality standards have been utilized and properly applied. This is achieved by the following:

OPM RDs conduct quality assessment reviews of the CPA foster home study narratives and provide feedback to the CPA on changes needed as appropriate. Additionally, RDs serve as the final approval authority for CPA foster homes that will be used for DFCS placements. Following are the specific RD responsibilities:

- Reviews and determines the approval and/ or rejection of private agency foster homes initial and re-evaluation studies.
- Serves as a subject matter expert on foster home development policy; provides technical assistance to CPA's on foster home policy. Serves as a subject matter expert in documentation in GA+SCORE and Georgia SHINES for foster homes and group homes records.
- Reviews and approves changes to CPA foster homes during the approval periods by reviewing and approving addendum requests and/ or providing feedback to CPA's on changes needed, as appropriate.
- Provides trouble shooting and technical assistance to DFCS case workers, data integrity specialist and accounting regarding the status of CPA foster homes.
- Ensures the accurate and timely documentation of CPA foster homes in Georgia SHINES; maintains data records for CPAs and CCIs in Georgia SHINES. Reviews and uploads the documentation into Georgia SHINES. Assures accurate interpretation, compilation, and entering data in the computer systems.
- Responsible for changing/ uploading foster home approval status in GA+ SCORE and Georgia SHINES for CPA's. Change updates status information on CCI agencies as needed.
- Ensures that accurate searches and sound critical decisions are made regarding assignment of resource identification numbers in Georgia SHINES for potential foster parents.
- Monitors CPA compliance with all relevant federal rules and regulations, state policies and RBWO minimum standards. Each resource developer has approximately 30-40 assigned providers for which they are responsible for ensuring compliance. With an increase in staffing, RDs will conduct quality reviews, provide one-on one technical assistance, and provide additional training opportunities for CPA staff to ensure compliance and adherence to the standards.

The following represents foster home data, March 2018- February 2019, according to GA+SCORE:

- Initial approvals submitted 1,354

- Reevaluations submitted 2,158

There were **2,889** foster homes open on January 31, 2018.

OPM's resource development team successfully conducted its' first CPA partnership meeting with all resource development staff within CPAs during this period under review. During this collaborative meeting staff were provided training on successful recruitment and retention strategies by Casey Foundation consultant, Chauncey Strong. Feedback provided yielded positive outcomes from the 142 CPA staff members in attendance.

As a result of Georgia's commitment to adopt the requirements of the federal Family First Prevention Services Act, the Office of Provider Management placed a temporary hold on acceptance of applications for private providers interested in providing (CCIs) & Transitional Living Programs (TLP) placements and increased awareness and recruitment for providers interested in providing family based programs such as CPAs and Independent Living Programs (ILPs) along with specialized programs offering pregnant and parenting teens programs and CSEC services.

Resource Development Key Accomplishments:

- Resource developers were able to attend DFCS quarterly regional director unit meetings
- Actively resolving IV-E compliance concerns within the processing of CPA foster homes
- Processed 1,354 initial CPA home approval
- Re-certified 2,158 CPA foster homes

Provider Relations Key Accomplishments:

- Expanded the OPM New Provider Orientation from two days to three days to expand the learning opportunities for newly contracted providers. Care Solutions provided over the shoulder support for all providers to enter their agencies data into the system. SHINES team assisted with registering and offer over the shoulder support for listing all providers into GA+SHINES and the orientation ended with a panel of existing providers offering Q&A.
- Updated the services needs for the Division to align with the federal Family First Prevention Services Act.
- Contracted 29 new providers offering CPA, CCI & ILP services
- Increased/expanded capacity for existing providers by approximately 10%

During the period (February 2013- January 2018), the Office of Provider Management (OPM) resource development team made significant progress in its' efforts to increase foster home capacity and increasing efforts to create, strengthen and maintain internal and external partnerships to address various components to enhance care and services to youth in care. The following are some of the highlights during the course of this five-year review period.

OPM created a resource development team to streamline the process of timely reevaluation and initial evaluation completion by providers as well as ensure the quality of these assessments completed by providers. OPM identified that there was a need to improve the quality of evaluations and initial evaluations that were being completed by CPA providers. This team was developed whose primary focus is to ensure the quality of these assessments as well as ensure the proper matching and utilization of CPA foster homes while ensuring that CPA foster homes meet all policy requirements and remain in compliance. There was also a need identified that these specialized staff must have the required credentials to be able to provide the level of assessment needed to ensure the quality of

these evaluations submitted by providers. This team was created consisting of three highly skilled staff that have since increased to six positions that specialize in the area of resource development. Since the development of the OPM resource development team, the quality of the evaluations submitted by providers has increased as providers are now aware of OPM's expectations with regards to these assessments. The resource development team has since completed a substantial number of initial evaluations and reevaluations and have further ensured that the utilization and compliance of CPA foster homes are maintained according to policy. OPM (RDs) services all CPA providers in the State of Georgia; however, each (RD) has approximately 30-40 assigned providers they are responsible for ensuring compliance.

Initial Provider Staff Training

Within DFCS the Office of Provider Management (OPM) is responsible for facilitating, managing and tracking in-service and ongoing training for certain RBWO staff. OPM will provide CPA and CCI staff in the roles of case support worker (CSW), case support supervisor (CSS) and human services professionals (HSP) a 160-hour new hire training experience beginning October 2012 that consists of classroom instruction, e-learning, field practice and competency evaluations.

RBWO: Foundations is the course title for the 160-hour RBWO new hire training. It was adapted from the DFCS new worker training guidelines specifically to support the development of knowledge and skills of RBWO staff who serve in case support and supervisory positions within their RBWO agencies. *Foundations* addresses child welfare career preparatory areas that build general knowledge regarding child welfare practices and policy in DFCS, RBWO standards and working in partnership with DFCS case managers. The overall objective of *Foundations* is to provide RBWO staff (CSS, CSW, HSP) with information to help them be successful in their RBWO roles which includes working within the DFCS practice model, understanding DFCS policies, RBWO standards and working in partnership with DFCS case managers to accomplish positive outcomes for children and families.

The complete *Foundations* course consists of three weeks of e-learning / field practice experience and one week of classroom instruction for a total of four weeks of instruction. The e-learning / field practice component includes DFCS policy, RBWO minimum standards, confidentiality, performance-based contracts goals and other pertinent topics. Topics are presented as webinars, self-study and other assignments which are conducted at the RBWO agency or in the local community. The classroom instruction component is comprised of topics such as the history of child welfare services, applicable federal and state laws, DFCS values and culture, family-centered practice, trauma-informed child welfare practices, child maltreatment, IMPACT overview, RBWO individual service plan and discharge plan, the DFCS case plan and working in partnership. Classes will be offered at central locations statewide and on a regular basis.

The classroom component of *Foundations* culminates with a knowledge-based competency test based on the materials covered during the five-day classroom experience. The test, which consists of objective questions (multiple choice, true-false, etc.), must be passed with a score of at least 80% in order to earn credit for the classroom component. The online component of *Foundations* does not have a knowledge-based test. However, there are required module completion verification activities.

Effective July 1, 2016, both components of RBWO Foundations must be completed within four months of staff date of hire. Additionally, new hires must be enrolled in at least one component within 30 days of hire.

Provider Compliance

Compliance of private agency staff is currently monitored utilizing a retroactive approach as notification is conveyed the month staff becomes non-compliant. The strategy to address this barrier is that the OPM training department

will shift to a proactive approach by monthly tracking of all private agency staff required to complete RBWO Foundations. OPM will change the standards to require private agency staff to enroll in one or both components within the first month of hire. OPM, via auto-alert through the GA+SCORE system, will provide notification to private agency leadership/ staff person once the new hire is reported to GA SCORE of their training requirement and timelines to completion and then, beginning at three months prior to staff becoming non-compliant and every two weeks thereafter, an alert will be sent that reminds them of training requirements and training dates. If staff become non-compliant, a notification is sent to the agency that the staff person has to be reassigned until the training is completed. This will be verified by use of random checks during safety reviews and comprehensive reviews.

Additional Training

The Office of Provider Management offers RBWO providers with additional training opportunities on the following topics:

- **RBWO Foundations: Director's Overview-** This course is an overview of the RBWO: Foundations curriculum and includes information on transfer of learning and ideas on staff professional development. It will provide RBWO leadership with an understanding of the time commitments involved in completing Foundations and ways to support their staff's completion of the learning blocks. This one-day course will be offered to RBWO directors and training coordinators.
- **Understanding OPM-** This training will provide an overview of OPM and the monitoring review and risk management processes. It will be offered to HSP, CSW, CSS, and direct care staff. The foundational objective of OPM is to ensure that children placed in RBWO agencies are safe from abuse and neglect. OPM employs various data, on-site, records review, and collateral report mechanisms to monitor provider's adherence to RBWO minimum standards and contractual obligations to ultimately be reasonably assured of the safety and well-being of children placed.
- **ECEM/EPEM-** An ECEM visit is a comprehensive visit that focuses on all aspects of the child and placement including safety, permanency, and well-being. An EPEM is contact with the child's birth parents, guardian, or other permanency person in order to support the DFCS case plan. This training focuses on quality ECEM and EPEM documentation and reporting requirements within GA SHINES. It is intended for HSP, CSW, and CSS staff.
- **Individualized Service Plan (ISPs) -** The provider must carefully and immediately assess the needs of all children placed and develop an ISP within seven days of admission. The seven-day ISP is an extension of the admissions assessment whereby immediate safety, health, and placement adjustment needs are considered and a plan developed to address immediate placement needs. During this training, agency staff will learn how to create strength-based ISPs. It is intended for HSP, CSW, and CSS staff.
- **Ansell Casey Life Skills Assessment and the ISP-** The Ansell Casey Life Skills Assessment (ACLSA) assists RBWO staff in determining student's independent living skills. All RBWO providers who serve youth ages 14 years and up must incorporate independent living skills into their services. The Individualized Skill Plan is based upon the ACLSA and is a supportive component to the DFCS WTLF. Participants will gain a better understanding of how the ACLSA works and how to incorporate it. This training is intended for HSP, CSW, CSS, and direct care staff.

- **Significant Event/Purposeful Reporting-** Significant events are categorized as serious events relating to the care or protection of children. This training is designed to assist agency staff with identifying reportable incidents and proper GA+SCORE documentation. This course is intended for HSP, CSW, CSS, and direct care staff.
- **Navigating GA+SCORE-** GA+SCORE, developed by Care Solutions for OPM, is the online tracking and reporting system that OPM and RBWO providers use to report and manage daily tasks such as tracking pertinent provider, foster home, and child information, all in support of OPMs RBWO minimum standards. This training will familiarize participants with the GA+SCORE system. It is intended for HSP, CSW, CSS, and direct care staff.
- **Waivers and Program Designations-** Participants will understand the differences of RBWO Program designation memorandums vs. RBWO waivers, become familiar with approval designees, and understand the application process upon completion of the training. This training is intended for directors, and staff members in the roles of CSS, CSW, and HSP.
- **Introduction to Working with Victims of Commercial Sexual Exploitation-** This training provides the participant with an introduction to working with CSEC victims. The presentation will dispel commonly held beliefs and stereotypes that promote CSEC. It will unpack the notion of “choice” in reference to children’s involvement in the commercial sex industry. Participants will also brainstorm opportunities for intervention with CSEC victims, and review guidelines for appropriate and effective engagement. This course will be offered to directors, HSP, CSW, CSS, and direct care staff.
- **Life Coach-** Specialty RBWO programs providing independent living and/or transitional living programs or maternity and parenting support programs are required to have life coaches who have attended a certification course. Life Coach Certification is a one-day training facilitated in partnership with the State Independent Living program and the Office of Provider Management. Certification includes a review of state ILP policies, programs and applicable RBWO Standards
- **Policy Violations-** This training provides the participant with how to write Policy Violation Assessments (PVAs). The presentation will dispel commonly held beliefs and myths that providers may have. It will unpack the safety aspect and how the participants will be able to write the violation from a safety point of view. Participants will also have opportunities to write a sample report and receive feedback. This course will be offered to directors, HSP, CSW, CSS, and direct care staff.
- **Reasonable and Prudent Parenting Training.** This two-hour workshop supports the dissemination of information on the federal and state law requiring implementation of the reasonable and prudent parenting standards and youth rights. It introduces participants to the supporting child welfare policy, key definitions, implementation expectations and resources to gain a more in-depth understanding of the topics. DFCS provided two different curricula to target different populations:
- Curriculum #1: Normalcy for Children and Youth in Foster Care: Reasonable and prudent parent standard (RPPS) and youth rights and responsibilities (YRR) (for staff and caregivers) Description: It is a 90-minute workshop that supports the dissemination of information on the federal and state law requiring implementation of the reasonable and prudent parenting standards and youth rights. It introduces participants to the supporting child welfare policy, key definitions, implementation expectations and

resources to gain a more in-depth understanding of the topics. Foster parents and caregivers are required to take this training prior to practicing the reasonable and prudent parenting standards.

- Audience: This workshop is appropriate for DFCS and private providers' staff, foster caregivers and stakeholders. Training Modes: This workshop is suitable for web-based learning as well as classroom facilitation.
- Curriculum # 2: Know Your Rights and Responsibilities 101 (For Youth) Description: It is a one-hour workshop that supports the implementation federal and state law requiring implementation of the reasonable and prudent parenting standards and youth rights. It introduces youth participants to the supporting child welfare policy, key definitions, implementation expectations and resources to gain a more in-depth understanding of the topics. Youth are also provided a general presentation of their Youth Rights and Responsibilities and sign an acknowledgement forms that they have been informed/educated on their Youth Rights and Responsibilities. Audience: This workshop is appropriate for youth in foster care ages 14 and older. Training Modes: This workshop is designed for classroom learning but may be adapted for web-based.

Other Supportive Training

Training opportunities were announced via an email blast on July 25th, 2018 and registration made available via the GA+SCORE website to RBWO providers for life coach certification. In partnership with the DFCS Office of Provider Management, Georgia Resilient, Youth-Centered, Stable, and Empowered (GA RYSE) will host coaches training for caregivers statewide to provide insight on the following key areas: National Youth in Transition Database (NYTD) outcomes, independent living skills, and roles and responsibilities of caregivers' participation during ILP workshops.

The Office of Provider Management and Amerigroup started providing RBWO providers with an overview of benefits and detailed coverage for youth in foster care June 2018. July 2018 in conjunction with Amerigroup, the office of Provider Management provided RBWO providers with 14-16 web-based trainings monthly on various topics such as attention deficit hyper disorder, DSM-5 diagnosis, trauma in the brain, youth in foster care, psychotropic medications, asthma, trauma informed care, and substance disorder.

H. Well-Being Services

Community Programs

The Community Programs Unit was a former unit comprised of EPAC, Afterschool Care Program and Georgia TeenWork. The Unit no longer exists as it formally was structured

Educational Programming, Assessment and Consultation (EPAC)

The population being served are foster youth ages 5-17. The geographic areas where services will be available are statewide, EPAC provides services in every region of Georgia. EPAC has had a difficult time identifying the number of youth that have been served over the years due to the transitioning of documentation that records and tracks this number. The new EPAC director will be working with SHINES to create a better system of tracking this number now

that education services begin within SHINES. Budget has not provided an estimated number to be served in the upcoming year, however, internally our estimation is 1,000.

The following services were provided by EPAC over the last five years and will continue to be provided in the CFSP period.

- Diagnostic Educational Assessments: Youth referred for EPAC services receive a diagnostic educational assessment provided by a certified teacher or EPAC staff member in the subjects of math and reading.
- Educational Consultation to Case Managers: Education Support Monitors (ESM) consult with case managers to develop an education action plan based on the results of the diagnostic education assessment.
- Tutorial Services: Remediation and/or support services are provided by an EPAC education specialist (who is also a certified teacher).
- School System Partnership and Support to Youth: EPAC partners closely with the Georgia Department of Education and other local education agencies and school systems to ensure that the appropriate academic services are provided to youth in foster care. Additionally, EPAC ESMs advocate for youth to receive quality academic services and monitoring.
- IEP Reviews/Audits: EPAC will utilize the contracted education specialists to conduct reviews of the IEPs of youth who have IEPs noted within GA SHINES. There were no changes or additions to the program area. Over the next five years education academies will be available on LMS to allow case managers 24/7 access to information.

Afterschool Care Program

The afterschool care program provides funding to non-profit organizations and public to support quality out-of-school time programming for eligible youth ages 5-17.

The afterschool care program is administered statewide and currently has funded sites in 72 counties throughout the state.

During federal fiscal year 2018 (October 1, 2017 – September 30, 2018) programs funded through the afterschool care program reported serving approximately 39,000 eligible youth.

Because various factors contribute to the number of eligible youth served through the afterschool care program each year, there isn't an exact number of those anticipated to be served by the end of FFY 2019.

During report periods one and two, the afterschool care program focused on funding programs that had an educational focus in at least one of the five STEAM areas (Science, Technology, Engineering, Arts, Math) in addition to providing healthy activity options and well-being programming during the program time each week. Additionally, each funded program presented work the youth completed at the culminating Youth STEAM Exhibition that was held in Atlanta. Youth had an opportunity to showcase their STEAM projects and compete for awards and recognition amongst the funded teams.

During report period two, the afterschool care program participated in the Well-Being Community Informational Sessions. These sessions were a collective effort between the Georgia TeenWork Internship Program, EPAC, and the afterschool care program to connect with local communities around the state, share information about each program's services and the ways the local community can be involved.

The afterschool care program has not made any significant programmatic changes as the current structure has been successful with funded partners. In the next five years, the program anticipates identifying another program focal point (similar to STEAM) that will maintain relevance with the evolving educational landscape and occupational workforce. It is important to make periodic changes to ensure that the youth served are adequately prepared for life after high school. The afterschool care program team is in the process of researching educational, workforce and youth development trends in anticipation of the next five years.

The Georgia Statewide Afterschool Network's Fact Sheet on the Demand of Afterschool in Georgia shows the need for quality out-of-school time programming greatly outweighs the availability. It shows that while over 280,000 youth are currently participating in an afterschool program statewide, more than 600,000 youth would enroll in an afterschool program if there was one in their community. While we will continue to work to help fund services for as many youth in Georgia as we can, there are limitations to the number of students impacted based on available funding, local organizations with the capacity for programming and available services. While these may be gaps in service, the afterschool care program strengths include funding approximately 40 community partners each fiscal year, serving thousands of low-to-moderate income youth, empowering the communities to be involved and invested in the programs that serve their area and consistently building the capacity of youth development.

Georgia TeenWork Internship Program

The Georgia TeenWork Internship Program serves youth 15-18 by providing Employability Skills Training focused on work ethics, resume writing, workplace and social etiquette, networking, interviewing techniques, and skills (i.e., team building, critical thinking, problem solving and decision-making) necessary for success on the job. Hands on work-based experience is offered to 16 and 17-year-old youth in foster care from June 1 through July 31. Georgia TeenWork serves Regions 1-14 having assisted an estimated 430 individuals over the last year from April 2018 through April 2019. Over the last five years the Georgia TeenWork Internship Program has served approximately 2,150 youth between the ages of 15 and 18 years old. Georgia TeenWork is the youth employment hub for Georgia's foster care system with the mission of ensuring that these youth are connected to resources and can access employment and thrive in the workplace while learning to be self-sufficient.

Early Childhood Collaboration

The early childhood collaboration program provides services to children 0-5 in DFCS custody or involved in a CPS case.

Services are available in all 159 counties.

Services provided over the last five years:

- a. Child and Parent Services (CAPS) Interagency Support- Support best practices related to CAPS referrals, case changes, and renewals. The program provides guidance to and is the Division's internal point of contact for all DFCS foster care and CPS case managers and the external point of contact for all escalated cases.
- b. Early Childhood Education Programing- Identification of the most appropriate early childhood education setting (Head Start/Early Head Start, Pre-K, Quality Rated Childcare) for children in foster care and work with external partners to ensure seamless and timely enrollment in accordance with DFCS policy.

- c. Training and Technical Assistance- Early education and procedural trainings to internal and external stakeholders to include foster parents, local education agencies, CASAs, state agencies, DFCS staff, and other community partners.

Anticipated services over the next five years:

- d. Educational Plans Management (Individualized Education Plan/Individualized Family Service Plan)
The provision of additional resources and support for children identified as needing special education services by the local education agency or Babies Can't Wait is a primary function of the program. Healthy brain development for children in this special population is directly correlated to high quality early care, education, and special services.
- e. Support to expectant and parenting youth in foster care to include childcare services and parental training.

Program Expansion: The program added eight new staff (one early learning and development manager, three early learning and development specialists, one childcare collaboration manager, three childcare coordinators). The additional staff help support the early learning and childcare needs of children 0-5 and youth in care.

A gap in service is the lack of support to expectant and parenting youth in foster care. Securing childcare for this group has been a barrier as reported by youth in several focus groups and interviews.

The early childhood collaboration program identifies the most appropriate early childhood education setting (Head Start/Early Head Start, Pre-K, Quality Rated Childcare) for children in foster care and work with external partners to ensure seamless and timely enrollment.

Wellness Programming, Assessment, and Consultation (WPAC)

The WPAC Unit, through its regionally assigned wellness specialists, partner with county leadership and direct service child welfare staff to provide practice support, consultation, tracking and quality monitoring of the "light" to moderate physical and behavioral health needs of children and youth in foster care and family preservation. Specific functions of intensive support and monitoring include:

- Training, consultation, assessment and programmatic recommendations
- Data tracking, trend analysis, and performance monitoring
- Strategic coordination with community partners Amerigroup, Department of Community Health (DCH), Department of Public Health (DPH)

Services are provided statewide.

WPAC provides monitoring of psychotropic medications and significant health conditions of children/ youth in care. Additionally, WPAC and EPAC provide formal statewide trainings. WPAC participated in the AFPAG conferences. When invited WPAC participates in case manager/supervisor summits and new worker training. WPAC participates and sometimes facilitates Health Data Day with the local DIS. WPAC shares communication with field regarding training offered by Amerigroup. WPAC coordinates training with other partners DPH/Children's 1st and Rev Max. WPAC will provide specific training in areas around wellbeing per the request of the county if needed. WPAC

coordinates case consultation with the DHS medical director as well a newly implemented medication management staffing.

I. Services for Children Adopted from Other Countries

DFCS supports families of children adopted from other countries by providing non-recurring adoption assistance for children eligible for the program. Non-recurring adoption assistance is a one-time payment as reimbursement for legal fees associated with the finalization of the adoption of a child from another country and pre-placement costs such as travel, lodging, and food during pre-placement visitation. The adoptive family may apply for the assistance at the local DFCS office in their county of residence prior to the adoption finalizing. The agency has provided information and training on this assistance to international adoption agencies. Families who adopt children from other countries are also eligible for post-adoption services through the Georgia Center for Resources and Support. The Center, through a contract with DFCS, assists families in locating needed resources, developing support groups, finding books and publications related to adoption issues, and by providing a “buddy” who has adopted or fosters a child with similar special needs. Current information about community resources and interactive training opportunities are provided on the Center’s web site. Regional resource advisors are also available throughout the state to assist adoptive families by providing advice, support, and training. Georgia will continue to provide these services over the next five years

J. Services for Children Under the Age of Five

The Child and Family Services Improvement and Innovation Act, Public Law 112-34 (September 2011) (Section 422(b)(18), as amended, required states to provide specialized services or targeted initiatives to reduce the length of time children under age 5 would be in foster care without a permanent family. States are additionally required to report activities undertaken to provide developmentally appropriate services to this population. Effective, February 9, 2018, the Family First Prevention Services Act amended this requirement, expanding the population for which states must address the developmental needs of children to all vulnerable children under age 5, including children in foster care, as well as those being served in-home or in a community-based setting.

A review of state data showed that the number of children ages 0 to 5 had increased by 12.9% between 2012 and 2015. March 2015, 42.1% of children in care were 5 and under. June 2015, there were 3,834 children in foster care under the age of five; June 2016 there were 5,238. The proportion of children, 0 to 5, in care 2017 was consistent with the proportion in 2016, about 42%. However, the number of foster care entries continue to outpace permanency exits for this age group. According to the state’s CFSR Round 3 conducted in 2015, Item 6 - achievement of reunification, guardianship, adoption or other planned permanent living arrangements - was rated a strength in 27% of applicable cases. Item 6 was most often an area needing improvement when the ASFA timeframes were not met, as noted in 39% of the reviewed placement cases.

Some notable challenges to achieving permanency, including adoption finalization, are:

- Delays in providing services
- Maintaining consistent contacts with parents
- Establishing concurrent case plan timely
- Court hearing delays

- Staff turnovers
- Follow up and follow through on case plan tasks/actions

In February 2016, Georgia entered a program improvement plan (PIP) to address the need for services to children under the age of 5. A partial state review completed January 2016 – March 2016 indicated a strength in 40% of applicable cases. As a result, the PIP item was achieved by July 2016.

The PIP had been an impetus for seven strategies to be implemented to address the permanency and well-being outcomes for children under the age of 5:

- Implement a communications campaign directed at educating case managers, birth parents and foster care givers regarding the importance of expedited permanency for children ages 0 to 5
- Require child welfare practices that promote bonding and attachment between birth parent and child and supports increasing the parent’s parental protective capacities
- Ensure that case managers understand the juvenile court expedited permanency hearings schedule for children under age 7 and document evidence that the hearings occurred in Georgia SHINES
- Review performance indicators for permanency and well-being regarding children ages 0 to 5
- Ensure that children 0 to 5 years old receive a development screening and services as appropriate
- Establish policy that provides guidance to foster caregivers and staff on accessing early education and supporting achievement of children’s developmental milestones
- Ensure that foster caregivers implement Safe Sleep and Hot Car Safety guidelines

Services to Children Under Age 5

In Georgia, children 5 and under continue to be one its most vulnerable populations, the age at which a child is most at risk of maltreatment. The state advocates for and provides services for this population, including but not limited to:

- Access to Community Resources
- Children’s First Referral
- Collaboration with Amerigroup
- Home Visiting
- Subsidized Childcare

Access to Community Resources

Several programs link families to community resources such as Prevent Child Abuse Georgia, which operates a 1-800 helpline for parents and professionals across the state. Types of services offered include school readiness, early childhood education, parenting services, newborn health, childcare support, and developmental screenings.

Health and Developmental Screenings

Georgia’s Medicaid EPSDT program currently follows the American Academy of Pediatrics (AAP) 2008 Bright Futures Periodicity Schedule and its list of elements to be completed at each periodic visit. These components include age-appropriate developmental, vision, hearing and dental screens. As part of the medical assessment, the CCFA includes a developmental screening for all children ages 0-4 entering the foster care system. This screening identifies any existing delays or factors that may contribute to future delays and provides appropriate planning and

service delivery. Referrals are made to the Department of Public Health's Children 1st and Babies Can't Wait (BCW) programs. Children 1st is the state's entry point into all public health services for children ages 0-5, and BCW is the state's early intervention program for children ages 0-3 under the Individuals with Disabilities Education Act (IDEA) Part C. The Division refers all children age three and under are referred to Children 1st for a developmental screening as required by the Child Abuse Prevention and Treatment Act (CAPTA). The assigned DFCS case manager completes a Children 1st referral form in Georgia SHINES and emails/ faxes the referral to the Children1st district coordinator. Children1st screens all referred children within 45 days of receipt of referral. If developmental concerns are identified, children are then referred to the Babies Can't Wait (BCW) program for additional assessments and determination of eligibility for services. Children not meeting the criteria for services who have identified concerns are referred to other community resources. Additionally, children age three and over are referred to the Department of Education (DOE) for screening and determination of eligibility for services if developmental concerns are suspected.

For eligible children receiving BCW services, DFCS case management staff are responsible for ongoing communication and collaboration with BCW coordinators. Their responsibilities include:

- Contacting BCW coordinators, therapists, and other professionals at least monthly regarding ongoing child-specific eligibility and service provision issues
- Submitting completed CCFA and recommendations to the BCW coordinator
- Reassessing vulnerabilities on an ongoing basis and re-referring to BCW any children ages 0-3 who may have initially been determined ineligible
- Inviting BCW/Children 1st representative to all case planning activities, such as FTMs, multidisciplinary teams (MDTs), and case conferences

The Department of Public Health's BCW program is responsible for:

- Notifying DFCS of the outcome of all referrals within three working days of receipt of referral
- Referring all children ineligible for BCW back to Children 1st for monitoring and follow-up

Following the initial assessment, periodic developmental screenings determine whether there are factors that may result in a developmental delay for a child or place the child at risk of delay. Developmental information is obtained and recorded in the child's record to the extent possible. If there are risk factors noted in the developmental screen, a referral for an assessment must be made within 30 days of the screen. The case manager works collaboratively with the child's birth parents and foster parents (or other placement provider) around meeting the child's developmental needs, including self-esteem, cultural identity, positive guidance/discipline, social relationships, and age-appropriate responsibilities.

Collaboration with Amerigroup

As of March 2014, DFCS case managers are responsible for informing Amerigroup of all Children1st referrals through an e-form. Amerigroup is responsible for ensuring that referred children are assessed and that any recommended services are provided. If dental/vision/hearing/developmental screening results yield concerns, it is the primary responsibility of Amerigroup to address those concerns and work with DFCS case managers and WPAC specialists, and placement provider/caregiver to schedule any follow-up needed. For services not covered by Medicaid, it is the responsibility of the DFCS case manager, in consultation with DFCS county leadership, to submit a waiver request for unusual medical and dental to the social services director (DFCS Policy Manual, Foster Care Services, Section 1016). DFCS case managers, in consultation with supervisors and family members are

encouraged to seek a second opinion if it is in the best interest of the child. Medicaid incorporates provisions for obtaining second opinions by other medical or behavioral health providers

Home Visiting

The State additionally, provides evidence-based home visiting with eligibility for expectant parents or parents of children birth to age 3, and provides parenting education programs such as Triple P and Strengthening Families. Children age birth to 5 and their families are linked to resources and opportunities to improve maternal/child health, home and child safety, school readiness, family safety and economic self-sufficiency. Parental support is available for those with children with special needs through Parent to Parent of Georgia. These programs are not relegated to just children who are in care; they benefit eligible children irrespective of their placement status. Second Step Social Emotional Learning curricula aims to reduce impulsive and aggressive behaviors and increase protective factors and social-emotional competence. This classroom-based curriculum is made available to children in many Pre-K and Head Start programs throughout Georgia. Although the state's Promoting Safe and Stable Families services may not specifically target children 0 to 5, those in that cohort are eligible for those services including home visiting, center-based parenting programs, supervised visitation and CASA.

Parent-Child Visitation

When children are placed in care, visits with parents are established to support the permanency plan. Currently, policy requires that children birth to 2 receive visits three times a week and children 2 to 5 receive two visits a week. Children 6 and older receive weekly visits with their parents. The increased frequency of visits assists children 0-5 in maintaining a strong bond with their parents, yielding a higher probability of reunification.

Subsidized Childcare

Children in Georgia have access to early education services and subsidized childcare including Early Head Start, Head Start and Pre-K. The State's Child and Parent Services (CAPS) program transitioned from DFCS to the Department of Early Care and Learning (DECAL) in July 2017. There were approximately 1,400 referrals received by DECAL from DFCS in September 2017. DECAL leadership recommended that the Agency identify high-level liaisons to help support best practices related to CAPS referrals, forms, and case changes. In response, a new state office program was established – early childhood collaborations – whose staff provides guidance and operates as the Division's internal point of contact for DFCS foster care and CPS case managers and external point of contact for all escalated cases. A data sharing agreement between DFCS and DECAL allows for additional data collection and analysis through Georgia's Cross Agency Child Data System (CACDS). Strategic, ongoing and future plans include the management of early childhood priorities which support Division level plans. The state has established a goal in the upcoming CFSP to increase the percent of children age 0-5 who are in an early childhood education setting.

Targeted efforts to provide additional resources and support for children identified as needing special education services by the local education agencies or Babies Can't Wait (in partnership with the WPAC Unit) is a primary goal of the proposed unit. Healthy brain development for children in this special population is directly correlated to high quality early childhood care, education, and special services. The Reach Out and Read initiative promotes early brain development and provides books to children to promote reading in families. The mission is to ensure children, regardless of household income, parents' education levels, or socioeconomic status, arrive at kindergarten healthy and with basic language skills necessary to learn to read.

Comprehensive Child and Family Assessment

A Comprehensive Child and Family Assessment (CCFA) is completed on all children entering foster care. Services are provided based on the needs identified in the CCFA.

Concurrent Planning

To further assure timely permanency, as of 2014, state policy requires that concurrent plans be established for children in care when appropriate. This practice will be incorporated into the state's new practice model.

Expediting Permanency for Children 0 to 5

Georgia recognizes that expediting permanency for all children and specifically those 5 years and younger will have a positive impact on their overall well-being. In 2016, the state endeavored to reduce the average length of time to safely achieve permanency for children ages 0-5 by 10% by June 2019; to no more than 10.8 months for reunification and 21.6 months to a finalized adoption. Actively pursuing this objective, the adoption director began regional think tanks with the field in 2019 to review data, highlight bright spots and discuss opportunities. In the CFSP, the State identifies plans to improve its permanency planning process without directly linking the plan to expedited permanency for children ages 0-5. However, research in states that provide expedited services for young children yields resounding evidence that the implementation of concurrent planning positively impacts expedition of permanency. The key to Georgia's permanency planning improvement plan is the implementation of concurrent planning by the end of September 2019.

Additionally, Georgia is committed to fully implementing its Partnership Parenting Model (PPM), which is an innovative shift in practice with birth and foster families. The PPM is about creating co-parenting relationships between the foster and birth parents. The PPM establishes "a clear definition and understanding of each person's parenting role, an appreciation and respect for each role, a clear agreement as to the responsibilities of each role and a method for shared decision-parenting between the birth and foster care parents." The PPM in no way shifts safety responsibilities from DFCS or foster parents but rather recognizes the temporary nature of most out-of-home foster care services and keeps birth parents in parenting mode, respecting that their children will return to them once parental protective capacities have increased to the level needed to mitigate safety concerns.

In August 2018, the Division launched PUSH 24, a campaign to address the population of children in care over 24 months. The Division hired a reunification manager in September 2018 who helps to drive the campaign as well as assist regions with assessing families, developing appropriate plans, and using the permanency timeline to move children towards more timely permanency.

In addition to executing concurrent planning, the State will institute an expedited permanency planning (EPP) process for children ages 0-5. EPP incorporates the three goals documented in the CFSP (improved permanency planning, concurrent planning and partnership parenting) as well as enlists support of the court system in enforcing the expedited hearing requirements of the Juvenile Code. The specific components of EPP are:

- Concurrent planning
- Partnership parenting
- Appropriate placement matching and ensuring congregate care placements are not utilized.
- Expedited permanency hearings
- Increased visitation requirements
- Increased contacts with birth parents
- Required use of permanency roundtables at specified intervals.

In accordance with the CFSP, by the conclusion of 2019, the state will fully implement concurrent planning and partnership parenting, which will then be added to the EPP.

Services to Address Developmental Needs

In December 2016, a partnership was established with the Department of Public Health to provide a *Developmental Delays and Disabilities in Children Ages 0-5* train-the-trainer course for resource development staff from DFCS and private agencies. The purpose of this training is for the respective staff to, in turn, provide this training to foster, adoptive, and relative caregivers of children in this specific population. The training curriculum and course content was provided by the Department of Public Health (DPH), and the train-the-trainer course was taught by an independent contractor who aided DPH with the development of the training content and coordination. Each of the 14 DFCS regions could send two staff, and each of the 88 approved child placing agencies were allowed to send two representatives to the training, which began in February 2017.

ETS, in partnership with the Georgia State University Professional Excellence Program, is developing a course, "Child Development: Implications for Practice." This course explores the developmental consequences of child abuse and neglect for children from birth through adolescence. It provides a framework for the early recognition of developmental problems and stresses the importance of including developmental and remedial services in case plans. Case managers apply and practice strategies that promote healthy development of children who have been abused and neglected with children on their caseloads.

Additionally, training for foster and adoptive parents (Module 7 of IMPACT FCP) specifically addresses child development and the impact of trauma on child development. Foster and adoptive parents are introduced to the guidelines for child development. Through a series of activities and discussion, they learn how trauma impacts childhood development. Additionally, foster and adoptive parents learn ways to parent children dealing with issues of trauma. The learning objectives from this training module are that participants will be able to:

- Explain the stages, processes, and milestones of normal physical, cognitive, social, emotional, and moral development from birth through adolescence.
- Explain the negative effects of child abuse, neglect, and sexual abuse on development, and can identify indicators of developmental delays or problems.
- Describe the impact of trauma on child development.
- Explain the link between a child's behavior and the child's emotional state, and what the behavior represents, or accomplishes for the child.
- Describe developmentally appropriate interventions based on an understanding of the stages of child development.

K. Efforts to Track and Prevent Child Maltreatment Deaths

Child fatalities reported to the Division are tracked annually by an internal review team within DFCS. Information on these fatalities is gathered via collaboration with the following: State Child Fatality Review Team under the Georgia Bureau of Investigations, medical examiners, coroners, medical facilities, local law enforcement agencies, Department of Public Health and the local Child Fatality Review Committees throughout the state. Information is collected and analyzed with local county DFCS offices to ensure all maltreatment-related fatalities are identified and captured for NCANDS reporting purposes. Fatalities reported to the Division are tracked through a centralized reporting system and local county DFCS staff complete a fatality report and submit it to the members of the internal review team. This information is cross referenced internally with the state data unit and with the information obtained through the Department of Public Health.

The Division is part of a Nationwide Partnership for Child Safety Collaborative (NPCS). This national quality improvement collaborative includes 11 jurisdictions throughout the country with an aim to prevent tragedies and improve child safety outcomes by using safety science principles. Casey Family Programs is supporting this effort and Chapin Hall is instrumental in its development. Members of this collaborative will share data collected and use a standardized critical incident review model to promote a safety culture. This review process contains three critical elements; it promotes psychological safety, encourages mindful organizing and addresses burnout. Part of this process includes involving community partners in a multi-disciplinary review of the case specific data to identify and improve systemic influences to prevent future incidents of maltreatment. Georgia has begun this effort by involving the Georgia Bureau of Investigations, State Child Fatality Review Team, Prevent Child Abuse Georgia, Department of Public Health, Office of the Child Advocate, CAPTA Panel Members, Children's Health Care of Atlanta and Georgia State University into this process. As this develops, additional external partners will be included as they are pertinent to case reviews and the quality improvement piece of this work will be implemented as aggregate data is collected and analyzed.

L. Promoting Safe and Stable Families (title IV-B, subpart 2)

Over the past five years, the Promoting Safe and Stable Families (PSSF) Program has worked to enhance the stakeholder engagement process. The program has held community network provider consultations to educate providers on identifying target populations, ensuring effective services, addressing family needs and offering quality service delivery. Numerous trainings have been given to providers and DFCS staff; topics covered include drug and alcohol use, the opioid epidemic, trauma-informed care, motivational interviewing, motivating vulnerable clients, trauma and adverse childhood experiences, mandated reporting, father engagement and home visitation.

Each year, the program highlights one of the service models. In FFY 2018, the new parent reunification services model was featured, and the need to focus attention on homelessness was emphasized. In the same year, a client satisfaction survey was made accessible online. At the end of service provision, clients are given a unique username and password to log onto the Web and provide feedback on their experience with the community-based PSSF network provider. While the survey response remains anonymous, the system is able link the feedback to the related case.

Over the next five years, the goals of the PSSF Program will be to monitor outcomes and fidelity, foster staff development and build provider capacity. The PSSF team will collect and monitor data to assess consistency as well as outcomes. This data will inform the development of targets for measures. The PSSF team will then monitor the newly established targets for expected outcomes.

To increase fidelity to preferred or recommended evidence-based practices, the PSSF team will continue to require updates on staff and staff qualifications, paying particular attention to evidence-based models' requirements for staffing. The PSSF team will request this information quarterly or upon notification of staff changes from the PSSF funded providers. The PSSF team will also begin exploring the development of an online process for collecting and compiling provider staffing changes in FFY2020 for implementation in FFY2021.

Lastly, regarding staff development for PSSF funded providers, the PSSF team will continue to tailor regional and specialized trainings to increasing capacity in evidence-based practice. Trainings in areas such as motivational

interviewing, family engagement, etc. will be offered to PSSF funded providers and their staff. These trainings should improve family engagement in case planning, goal setting and monitoring of case management outcomes. The PSSF team will also provide technical assistance to providers around their criteria for referral and/or family engagement practices.

FFPSA renamed the PSSF Time-limited Reunification service model to Reunification and allows foster care families to be serviced by the Family Support sector. However, Georgia's PSSF Family Support service model has always served foster care families.

Service Decision-Making Process

Each year, PSSF conducts a bidders meeting with agencies throughout the state wishing to provide services to children and families through PSSF funding. The purpose of this bidders meeting is to provide technical assistance to agencies regarding the PSSF Statement of Need. The following agenda topics are covered during the bidders meeting:

- PSSF Proposal Review
- PSSF Award Decisions
- DHS/PSSF Contract Requirements
- DHS/PSSF Contract Execution
- Preparing & Submitting a Proposal
- Service Models
- Proposal Requirements
- Proposal Documentation
- Proposal Submission

The bidders meeting is beneficial in that it allows agencies to secure an understanding of the process, the requirements and to ask questions prior to submission of their proposal. PSSF percentages of funds allocated by program category are Family Support: 25%; Family Preservation: 22%; Time-limited Reunification: 23%; and Adoption Promotion: 24%. The rationale for percentages is based on annual community needs assessments from community-based providers and departmental priorities.

Georgia is committed to the development of a coordinated network of community-based supports and services for children and families. PSSF will work in partnership with community-based agencies to assure that families will receive the services needed. A statement of need (SoN) is issued annually by the Georgia Department of Human Services, Division of Family and Children Services to solicit proposals from state government agencies, non-profit agencies and other public entities to provide coordinated community-based services for vulnerable children and families.

Family Preservation

PSSF Family Preservation services are provided to families that come to the attention of child welfare because of child abuse or neglect, child or parent behavioral challenges, or serious parent-child conflict so that families at risk or in crisis can be preserved and children safely maintained in their homes when families receive intensive support and therapeutic services to improve family functioning and stability, as an alternative to placement in out of home

care. Examples: intensive family preservation services, case management, counseling, homemaker services, services designed to increase parenting skills.

Target Populations: PSSF Family Preservation services are provided to families to prevent removal of children from their homes, stabilize placement and/ or to prevent re-entry into foster care. Services are available throughout the State and include:

- Families who have or have had a substantiated investigation and/or a Family Preservation case to prevent repeat maltreatment and help these families maintain children in their homes safely.
- Relative caregivers who are caring for children when their parents are unable to do so to support the safety, permanency and well-being of these children.
- Foster parents and/or children in foster care to stabilize the placement and prevent disruption.
- Families for whom reunification is the goal, to prepare for and sustain reunification.
- Families whose children have returned home from foster care to prevent repeat maltreatment and sustain permanency.
- Children from families who have or have had a substantiated investigation and/or a Family Preservation case or are returning from foster care to improve educational outcomes.

An estimated 3,630 families and 6,120 children will be served in FFY2019 amounting to approximately 22% of the total PSSF budget. The rationale for 22% is based on annual community needs assessments and departmental priorities. Services to be provided in FFY 2020-2024:

Placement Prevention:

Short-term services and supports to address caregiver characteristics or child behavior to ensure child safety and reduce the risk of child removal from the home and placement in foster care.

Crisis Intervention:

Short-term, in-home services (therapeutic and non-therapeutic) available 24/7 to support families in crisis where children are at risk for removal or placement disruption or are transitioning to a new placement after a disruption.

Relative Caregiver/Kinship Family:

Services for grandparents and relative caregivers who are primary caregivers of children other than their own to address caregiver capacity, family functioning, child well-being and placement stability.

Residential/Post-Placement Aftercare:

Therapeutic services to support the reintegration of children into their homes and communities and/or to sustain treatment outcomes to prevent placement disruption. Available two to three months pre-discharge and six to nine months post-discharge.

Substance Abuse Treatment & Recovery Support:

Services to prevent abandonment, maltreatment or child removal due to caregiver substance abuse, and/or to support reunification and prevent relapse. For FFY2018, the substance abuse recovery model was more family-focused.

Family Support

PSSF Family Support services prevent child abuse and neglect among at-risk families, are community-based prevention and early intervention services designed to prevent and reduce the risk of child maltreatment by promoting the well-being of the entire family. Services are designed to build on existing family strengths, increase the stability of families, increase parental confidence and competence in their parenting abilities, and enhance overall family functioning to prevent initial or repeat child abuse and neglect.

Target Populations: PSSF Family Support services are provided to families statewide who are at risk for CPS involvement to reduce risk and prevent child maltreatment. This includes families who:

- Are not known to the child welfare agency
- Have been the subject of a report of suspected child abuse or neglect
- Were assigned to Family Support
- Were screened out or were the subject of an unsubstantiated investigation
- Have prior CPS history (closed but referred for follow-up supports/services)

An estimated 3,300 families and 6,550 children will be served in FFY 2019 amounting to approximately 25% of the total PSSF budget. The rationale for 25% is based on annual community needs assessments and departmental priorities. Services to be provided in FFY 2020-2024:

Prevention & Early Intervention:

Voluntary, in-home or center-based supports and services to help families identify and address family issues that threaten child safety, strengthen family protective capacity, reducing the risk of CPS intervention.

Home Visiting:

Voluntary, in-home services to support positive parent-child relationships, child health and development, parental self-sufficiency, and safe home environments to prevent child abuse and neglect.

Healthy Relationship and Co-Parenting:

Services are designed to build and maintain healthy partnerships, identify and manage stress that threatens relationships, and promote and support life-long parental or co-parenting relationships.

Supports and Services for Homeless Youth:

Services to help unaccompanied homeless youth or victims of sexual exploitation transition to independent living and become self-sufficient through community involvement and relationships, education, employment, health and safety.

Time-Limited Reunification

Once a youth or child has been removed from the care of their parents, safe and timely family reunification is the preferred permanency option. It is the most common goal for children and youth in out-of-home care as well as the most common outcome. While reunification is generally thought of as reuniting the children and youth in foster care with their families and reinstating custody to their parents or guardians, a broader definition that includes living with other relatives is sometimes used. The physical return of the child or youth to parents or caretakers may occur

before the return of legal custody, as when the child welfare agency continues to supervise the family for some period of time. Reunification is considered achieved when both care and custody are returned to parents or guardians, and the child or youth is discharged from the child welfare system. The challenge for child welfare agencies is to achieve reunifications that are both timely and do not result in re-entry. PSSF Time-Limited Reunification services are time-limited, intensive support services provided to a child with a plan of safe, appropriate, and timely reunification or other permanency option and to the parents or primary caregiver of the child. These services may be provided to families while the child is in foster care to facilitate reunification and after the child returns from foster care to sustain permanency. Examples include: individual, group and family counseling, substance abuse, peer-to-peer mentoring, mental health services, domestic violence services, visitation services.

Target Populations: PSSF Time-Limited Reunification services are provided statewide to families whose children have a plan of reunification or an alternative concurrent permanency option. This includes families with children in foster care and families with court-ordered relative placement.

An estimated 4,240 families and 6,980 children will be served in FFY 2019 amounting to approximately 23% of the total PSSF budget. The rationale for 23% is based on annual community needs assessments and departmental priorities.

Services to be provided in FFY2020-2024:

Supervised Family Visitation:

Services to increase the frequency, quality and consistency of the interactions of children in foster care with their parents, their siblings in different placements, or to visit with extended family members or other significant adults in less restrictive but secure, non-threatening environments.

Child and Family Advocacy:

Services and supports for children involved in dependency proceedings to advocate for timely permanency decisions that are in the best interest of the child. Services ensure that the needs of children are met, and families receive needed supports so that children who must be removed from their home maintain connections to their families and communities.

Adoption Promotion and Support Services

PSSF Adoption Promotion and Permanency Support services are designed to encourage and support permanency for children through adoption, when adoption is in the best interest of the child, or guardianship. Services may also be provided to support families after adoption to prevent disruption, and to provide additional support to youth who may not achieve permanency, pre- and post-emancipation. Examples include: pre-post adoptive services, activities to expedite adoption process, activities to support adoptive families. All of the above services are available in all counties and in all jurisdictions.

Target populations for PSSF Adoption Promotion & Permanency Support services are foster/adoptive children and youth, particularly those with special needs; foster, pre-adoptive and adoptive parents; and relative caregivers statewide.

An estimated 220 families and 270 children will be served within the PSSF network and another 2,400 families and 650 children with state contracts in FFY 2019 amounting to approximately 24% of the total PSSF budget. The rationale for 24% is based on annual community needs assessments and departmental priorities.

Adoption Promotion and Permanency Support services to be provided in FFY 2020-2024:

Adoption Promotion:

Services to encourage and support adoption or relative guardianship and/or to prevent disruption/dissolution of adoptions.

Transition & Emancipation:

Services to help youth transitioning, or who have transitioned, out of foster care develop skills for independent living and establish meaningful adult connections.

PSSF FFY 2018 Outcomes

The Georgia PSSF grantees provided intake services for 11,440 families and 19,840 dependents. There was a total of 7,308 exits from services (207 did not have exit information as the 'non-returning program' did not close out those cases and report case status at the end of the fiscal year).

The following tables provide data on services rendered, family status, and outcomes, presented as column percentages unless otherwise specified.

Figure 25: Family Status at Intake (by program area)

	Family Preservation	Family Support	Time-Limited Reunification	Adoption Promotion & Permanency Support	Total
No current CPS involvement at intake	39.8%	79.6%	1.6%	23.0%	37.6%
Open CPS case	35.2%	12.7%	8.8%	1.4%	17.5%
Relative or foster care	18.6%	5.7%	88.1%	51.4%	41.3%
Closed CPS case	4.5%	1.7%	0.5%	1.4%	2.1%
Youth in ILP	1.2%	0.2%	0.8%	23.0%	1.2%
Adoptive placement	0.7%	0.1%	0.3%		0.3%
Total	3,308	3,602	4,307	222	11,439

(Family status was not reported for one intake.)

Figure 26: Family Status at Exit (by program type)

	Family Preservation	Family Support	Time-Limited Reunification	Adoption Promotion & Permanency Support	Total
No current CPS involvement at intake	45.7%	78.4%	1.5%	25.0%	40.2%
Open CPS case	13.6%	7.5%	1.9%	0.8%	7.2%
Relative or foster care	14.3%	7.3%	70.0%	27.5%	32.1%
Closed CPS case	24.1%	6.3%	21.1%	9.2%	17.0%
Youth in Independent Living Program	1.8%	0.3%	1.3%	31.7%	1.6%

Adoptive placement	0.6%	0.2%	4.2%	5.8%	1.8%
Total	2,140	2,308	2,533	120	7,101

Figure 27: Safety Outcomes at Exit (by program type)

	Family Preservation	Family Support	Time-Limited Reunification	Adoption Promotion & Permanency Support	Total
Referred to DFCS	15.1%	3.7%	13.0%	1.7%	10.4%
Incident of violence in the home reported	2.8%	13.6%	6.9%	2.5%	7.7%
Alcohol, prescription drug above, or illegal substance use in the home reported	3.9%	3.2%	15.6%	0.0%	7.8%
Total	2,140	2,308	2,533	120	7,101
<i>Of 740 referred to DFCS:</i>					
Family was subject of maltreatment report or investigation	86.7%	91.9%	99.7%	100.0%	93.1%
Total	323	86	329	2	740
Family was subject of a substantiated allegation of child abuse or neglect	48.8%	57.5%	94.3%	0.0%	71.4%
Total	281	80	332	2	695
<i>Percentages of total exits:</i>					
Family was subject of maltreatment report or investigation	13.1%	3.4%	12.9%	1.7%	9.7%
Family was subject of a substantiated allegation of child abuse or neglect	6.4%	2.0%	12.4%	0.0%	7.0%
Total	2,140	2,308	2,533	120	7,101

Figure 28: Well-Being Outcomes (by program type)

	Family Preservation	Family Support	Time-Limited Reunification	Adoption Promotion & Permanency Support	Total
<i>Family or caregiver:</i>					
Was better able to meet developmental and educational needs of the child(ren)/youth	89.6%	94.2%	79.0%	100.0%	87.2%
Was better able to meet the physical health needs of the child(ren)/youth	90.7%	94.3%	79.7%	100.0%	87.9%
Was better able to meet the social/emotional/mental/behavioral health needs of the child(ren)/youth	85.9%	93.3%	77.1%	100.0%	85.2%

<i>Child(ren)/youth:</i>					
Maintained regular contact and relationships with non-custodial parent(s)	79.9%	77.9%	74.2%	53.5%	76.5%
Maintained regular contact and relationships with siblings or other relatives	95.5%	96.7%	87.7%	64.0%	92.4%
Continued their formal education	95.5%	96.0%	95.1%	100.0%	95.6%
Participated in extracurricular activity at school or in community	73.7%	78.8%	71.6%	88.3%	74.4%
Were not truant or delinquent	95.2%	97.2%	97.0%	98.0%	96.5%
Did not abuse alcohol or prescription drugs or use illegal substances	98.0%	98.9%	97.7%	98.0%	98.1%
Did not become pregnant	99.1%	98.9%	99.1%	97.0%	99.0%

(Positive responses as a percentage of total responses minus N/A or don't know responses.)

M. Populations at Greatest Risk of Maltreatment

In 2012, Georgia identified children ages 0-5 as the population at greatest risk of maltreatment. This continues to be the case. In 2012, there were 19,303 unique children who were victims of substantiated maltreatment. Almost half (46%) were under the age of 6, with infants 12 months and younger the most vulnerable for physical abuse, serious injuries and child fatalities.

Using this data, criteria were developed for prioritizing cases where children were most likely to be unsafe. These were:

- Children under the age of 6
- Children 12 months and younger (most at risk of physical abuse, serious injuries, and child fatalities)
- African-American boys (at highest risk of severe physical abuse/child fatalities)
- Children with no father involvement
- Children with mothers under age 35, especially mothers ages 18-25 (highest in child fatalities)
- Children in households with an unrelated individual in the home (generally mother's boyfriend)
- Children in more chaotic households (households with several other individuals)

Of the 97 maltreatment-related deaths, 49 were African-American, 42 were white, and six others were mixed race (3), Asian (1) or listed as other (2). African-American children under age 18 account for 35% of Georgia's child population. However, 51% of the maltreatment-related deaths in 2018 were African-American. Males of all races are at significantly greater risk of death than are females. However, females are at greater risk of substantiated maltreatment (<https://www.census.gov/cps/data/cpstablecreator.html?#>)

In 2017, there were approximately 196 fatalities of children in Georgia who had prior history with the agency. Of these children, 141 were under age 5, and 99 were under age 1. Sixty-six of the 196 fatalities had a substantiated finding of maltreatment in their death. Of the 185 fatalities in 2018 of children who had prior history with the agency, 138 were children under age 5 with 104 of them were under age 1. Although the total number of these kinds of fatalities (prior history) have decreased, 56% of them are of children who were under age 1, and 75% under age 5.

In 2017, there were 11,231 incidents³ of substantiated maltreatment, with 19% of the child victims under age 1. In 2018 there were 13,097 such incidents with 23% of the child victims under age 1. Fifty percent of the entire population of children who were maltreated continues to be between ages 0 and 5.

Because of this disproportion, children ages 0-5 are targeted throughout Georgia’s child welfare continuum. The DFCS Safety Services section uses Safety Panel Reviews and the Safe to Sleep initiative (see the Safety segment of the Plan for Improvement and Progress section of this report for more information) to focus intensely on this population. The Safety Panel Reviews and the Division look closely at maltreatment-related fatalities when evaluating populations at greatest risk for maltreatment. The Data Team, county child fatality review committees as well as state and local DFCS staff review maltreatment-related fatalities and study the unique circumstances leading up to the death. Collaboration with the State Child Fatality Review Team, the Georgia Bureau of Investigations and the Office of the Child Advocate are routinely involved in this review process to ensure all available data and information is considered.

Figure 29: Victims of Substantiated Maltreatment (2018)

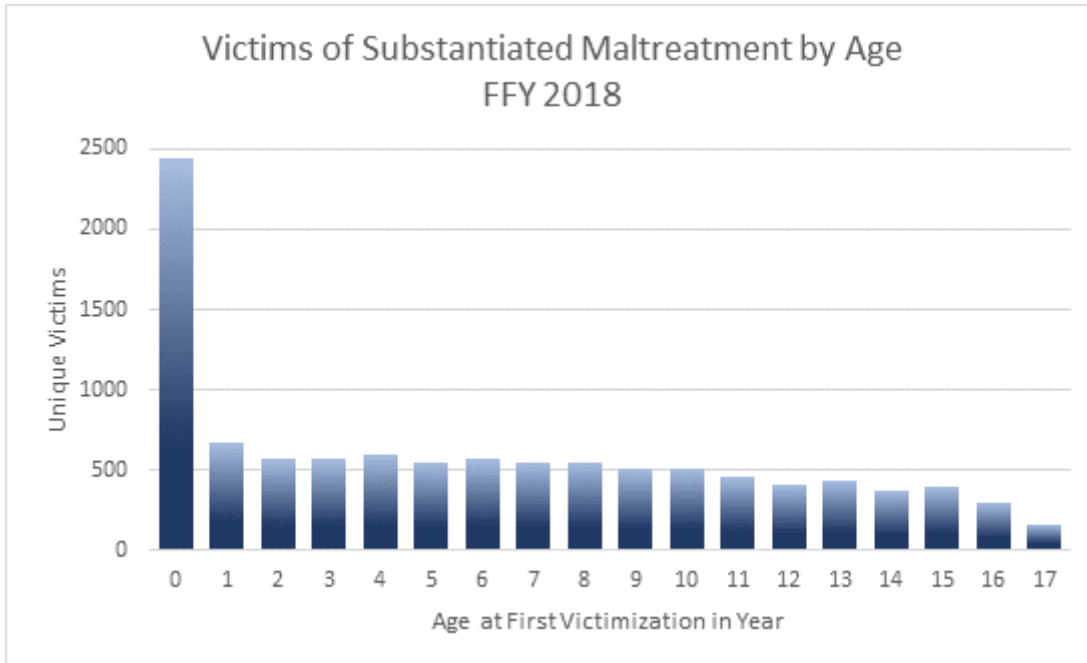
Victims of Substantiated Maltreatment, 2018

Age	Children	Cumulative Count	Percent	Cumulative Percent
0	2446	2446	23.1%	23.06%
1	675	3121	6.4%	29.42%
2	573	3694	5.4%	34.82%
3	567	4261	5.3%	40.17%
4	591	4852	5.6%	45.74%
5	544	5396	5.1%	50.87%
6	577	5973	5.4%	56.31%
7	545	6518	5.1%	61.44%
8	546	7064	5.1%	66.59%
9	508	7572	4.8%	71.38%
10	511	8083	4.8%	76.20%
11	460	8543	4.3%	80.53%
12	410	8953	3.9%	84.40%
13	435	9388	4.1%	88.50%
14	375	9763	3.5%	92.03%
15	398	10161	3.8%	95.79%
16	293	10454	2.8%	98.55%
17	154	10608	1.5%	100.00%
Grand Total	10608		100.0%	

³ An incident is defined as a substantiated allegation on a single date against a single child.

Data Source: Georgia SHINES and NCANDS

Figure 30: Victims of Substantiated Maltreatment (by age)



Data Source: Georgia SHINES and NCANDS. The above bar chart is based on data in figure 29 above.

The Safety Panel Review is a statewide collaborative approach taken by DFCS Field Operations to review cases of children most at risk for maltreatment (high-priority cases) and to develop a plan to provide services to ensure that safety concerns and the needs of the entire family are addressed. The panels provide learning, support, and mentoring to field staff on how to identify maltreatment and safety threats and then to achieve positive outcomes via positive supports to the family. In FFY 2017, the agency charged the safety field program specialist positions to provide ongoing monitoring of high-risk cases.

If a determination is made by the Safety Panel Review that a child is deemed to be unsafe, it is the responsibility of the safety panel facilitator to follow up and ensure all required safety actions have been completed immediately. The reviews often result in teachable moments for county staff, who learn and retain good case management practices needed to address child safety.

The state will continue to assess data to ensure accurate and adequate identification of high-risk populations, perhaps even advancing toward the use of predictive analytics. Statements of need facilitated by the Office of Prevention Unit will continue to target the following special populations:

- Children birth to five and their families
- Grandparents raising grandchildren
- Prenatal families
- Children with special needs and their families
- Children deaf and hard of hearing and their families
- Children and families served through Children’s Advocacy Centers across GA

- Other identified populations from DFCS leadership
Services to these families will include:
- Intimate Partner Violence Assessments/Counseling
- Substance Abuse Assessments/Counseling
- Babies Can't Wait Assessments
- Parenting Fitness Assessments
- Parenting Classes
- Psychological Assessments
- Parent Aide Services
- Mental Health Counseling
- Child Care Services
- Plans of Safe Care
- Safe Sleep Awareness Services

N. Monthly Caseworker Visits (Every Child Every Month)

Standards for Content and Frequency of Caseworker Visits

Visitation Frequency

The frequency objective is to ensure that, at a minimum, every child in the state's custody is seen each month they are in foster care. In Georgia, this is tracked and measured using state Every Child Every Month (ECEM) LENSES reports and Georgia SHINES reports; and the SHINES Case Watch Page, Case Contact Standards Page and Case Summary page. The ECEM report population includes all children 17 or younger who were in care for at least one full day, statewide.

State frequency standards:

- Total number of visits made by caseworkers monthly to children in foster care during each fiscal year is not less than 95% of the total visits that would occur if each child were visited once every month while in care.
- At least 50% of the total number of monthly visits made by caseworkers to children in foster care during a fiscal year occur in the child's residence.

The state has achieved required targets since inception of the state's initial plan to go from 51% to 90% by 2011, and to achieve the required 95% every year after FFY 2014.

Visitation Content

The visitation quality objective is to ensure the content of caseworker visits are well-planned and focused on issues pertinent to case planning and service delivery to ensure the safety, permanency and well-being of youth; and to ensure that, while making visits, case managers are:

- Adequately assessing risk of harm to children
- Identifying needs and provision of services for children, parents, and foster parents
- Effectively involving children and parents in their case planning

Quality is tracked and measured via quality assurance case reviews completed by the quality assurance team. The state "ECEM quality" target is based on the national standard for CFSSR Outcome 14 – caseworker visits with child, and the state Every Parent Every Month (EPEM) quality objective is the national

standard for CFSR Outcome 15 – Caseworker visits with parents. The purpose of EPEM is to ensure every parent or caregiver of a child in Georgia’s care receives a quality visit every month the child is in foster care. Additionally, every case plan includes contact standards for the child, the parent/caregiver and siblings to ensure family connections are preserved.

The state has not seen an improvement in the quality of visits made to children or parents.

Figure 31: CFSR Items 14 & 15: Caseworker Visits (March 2018 & March 2019)

Table: Caseworker Visitation Items				
CFSR Item	PIP Baseline	PIP Goal	Actual March 2018	Actual March 2019
Item 14 Caseworker visits with child	59.3%	64.5%	55%	51%
Item 15 Caseworker visits with parents	31.1%	36.2%	24%	24%

Use of the Monthly Caseworker Visit Grant Funds

In response to federal legislation (P.L. 112-34) and funding directives (Section 436(b)(4)(B)(i) of the Act), special ECEM strategic planning work teams were formed in 2013 to ensure adherence to new data tracking and reporting methodologies and to set priorities that would improve the quality of visits and aid in retaining competent staff. The teams were made up of the Every Child, Every Month (ECEM) coordinator; field program specialists; business application specialists; data integrity specialists; and staff from the following units: Data Analysis, Accountability, Research and Evaluation (DAARE); Education and Training; Information Technology; Strategic Planning; and the Office of Human Resource Management and Development. Representation included staff at varying levels of responsibility, from caseworker to regional and state office staff. Because of the strategic planning team recommendations, the following monthly caseworker visit goals were adopted and remain part of the state’s aspirations:

- Improve caseworker recruitment, retention and training
- Improve quality supervision
- Improve quality documentation
- Improve quality visits to older youth
- Meet/exceed frequency and quality targets
- Improve data fidelity (collecting, tracking, reporting)

Georgia DFCS Office of Budget and Planning has oversight of Monthly Caseworker Visit Grant spending. Recent expenditures are listed below.

Figure 32: ECEM Expenditures

Table: ECEM Expenditures from October 1, 2016 to September 30, 2018			
	Federal	State	Total
Field Telecommunication Re-rate	636,633.00	212,211.00	848,844.00
Teens R for Me Conference	109,500.00	36,500.00	146,000.00
Total	746,133.00	248,711.00	994,844.00

As of September 30, 2018, the Division has expended \$746,133 of the FFY 2017 Monthly Caseworker Visit Grant it was awarded.

O. Additional Services

Child Welfare Demonstration Activities

Georgia does not have any child welfare demonstration activities.

Adoption and Legal Guardianship Incentive Payments

See Georgia 2015-2019 CFSP Final Report for information

Adoption Savings

See Georgia 2015-2019 CFSP Final Report for information

5. Consultation and Coordination with Tribes

A designated member of the Policy and Regulations Unit serves as the DFCS state office liaison for the tribes and the Indian Child Welfare Act (ICWA). The ICWA liaison regularly proffers to meet individually with Georgia tribes as needed to facilitate partnerships and provides case assistance when needed. Although Georgia has no federally recognized tribes, there are children living in Georgia who are members or eligible for membership in federally recognized tribes, and all ICWA rights apply to them. Leaders from all three Georgia tribes are included in the stakeholder’s workgroup for policy review.

A. Collection of Feedback

Tribal leaders are given opportunities to review new DFCS policies as they are being developed. Surveys are sent to external partners for policy review and feedback. The Principal Chief of the Lower Muscogee Creek tribe, Marian McCormick, has expressed interest and willingness in continuing to review policies, and provides feedback when possible.

County staff continue to seek opportunities to increase staff awareness and engage with tribal members. Federally recognized tribes are engaged immediately when a child is identified as a member or eligible for membership in a federally recognized tribe. The SAAG and the supervisor are informed of the child's possible tribal membership and contact the tribe per ICWA requirements. Possible Indian heritage is discussed at the initial FTM and is reflected in the resulting CCFA. Tribal resources are identified, when available, for support services. Tribal families are encouraged to partner with agency staff to provide supports for children.

Region 1 identified four children who were members of a federally recognized tribe. The staff engaged the tribe with monthly updates and phone calls during court hearings. Region 2 identified three children who were members of a federally recognized tribe and contacted the tribe to engage them. Region 3 identified two children who are members of a federally recognized tribe and worked closely with their tribe to conduct the investigation and implement a safety plan. Region 5 identified six families with 10 children who claimed Indian heritage or were confirmed as having tribal membership. Region 6 identified two Native American families and contacted the tribes, who are currently providing support for the children. Region 11 had two members of the Cherokee of Georgia Tribal Council on their DFCS Advisory Board, but those individuals have stepped down. Region 13 served seven children who are members of a federally recognized tribe (including the Ho Chunk Nation, Nebraska Sioux, and Potawatomie), and three children who are eligible for membership and have a biological parent who is an enrolled member (including Sault Ste. Marie and Cherokee tribes).

Regional FPS monitor child welfare cases that involve tribal children to ensure ICWA protocols are being followed consistently and accurately, and several maintain a copy of the ICWA Judicial Bench Book as a resource. Ongoing efforts are being made to recruit tribal families at community events (Indian Mounds celebration, pow-wows, etc.) and as part of generalized recruitment efforts for ICWA foster and adoption placements, and to participate in DFCS Advisory Boards, when available.

B. Ongoing Coordination and Collaboration

The members of the Georgia Council on American Indian Concerns were informed of the annual APSR meeting in March 2019 and encouraged to attend. Tribal leaders were invited to review the CFSP and the previous APSR (which is archived online), and to bring suggestions for improved collaboration and coordination with the agency. Although tribal representatives did not attend the APSR planning meeting in March, information will be shared with tribal leaders at the next council meeting scheduled for September 2019.

Plans for 2020-2024:

- The Council maintains a bi-monthly meeting schedule, and the liaison will continue to attend, as well as invite a DFCS program staff member to the Council meetings to briefly present an overview of the agency's programs and services, including the Kinship Continuum. These regular interactions will provide opportunities for the tribes and the agency to engage in discussion on programs, services, and resources available for families and children.
- The liaison will continue to engage the Georgia Tribes in reviewing policies and developing state protocols to improve practice in tribal-related child welfare matters and meet with the tribal leaders during the bi-monthly meetings to discuss specific concerns (if needed) and agency policies and practices.

- Continue to provide case specific consultation to DFCS staff as needed on federal and Georgia Tribe interactions.
- Continue to support local DFCS efforts to recruit tribal families at community events (Indian Mounds celebration, pow-wows, etc.) and as part of generalized recruitment efforts for ICWA foster and adoption placements, and to participate in DFCS Advisory Boards, when available.
- Seek out opportunities to engage with ICWA liaisons from other states for policy guidance, program support and best practices. The liaison will participate in NICWA-sponsored workgroups, attend webinars and trainings offered for state ICWA liaisons around ICWA compliance issues, and review ICWA-related legislation for current trends.

The ICWA liaison does not anticipate any barriers to coordination.

C. Jurisdiction for Child Welfare Services

Georgia Tribes do not provide child welfare services. DFCS is responsible for child welfare services for children in Georgia.

D. Indian Child Welfare Act (ICWA)

Georgia monitors ICWA compliance by having a dedicated staff member located within the Policy and Regulations Unit to serve as the ICWA liaison, manage issues involving the implementation of ICWA, collaborate with the Education and Training Section on development of ICWA training materials, and provide related technical assistance. The ICWA liaison coordinates status reports from regional staff on their interactions with children and families from federally recognized and Georgia Tribes. Staff are instructed to report on the number of notifications to Indian families, the number of ICWA placements made, whether active efforts have been made to prevent the breakup of the Indian family, and if the tribe has been advised of the case and its right to intervene.

All staff receive annual training on ICWA and the requirements for following ICWA protocol. The SAAGs typically ask about tribal membership at each Preliminary Protective Hearing after children enter care. If it is determined throughout the life of a case that there is tribal membership, either the SAAG or the supervisor will reach out to engage the tribe.

The ICWA liaison reviews data from Georgia SHINES (the SACWIS system) to assess documentation of ICWA activities. FY 2018-19 data show that tribal membership confirmation was requested for 104 children, membership (or eligibility for membership) in a federally recognized tribe was confirmed for 90 children, and tribal transfers were requested in six cases.

E. Chafee Program

The Division has designated a liaison (Chafee ILP representative) that participates in the meetings with the tribes through the Georgia Council on American Indian Concerns. Through this opportunity, the liaison engages with the Georgia tribes to review and receive input on policies and maintain open communication with DFCS. Chafee ILP Program representative has attended state tribe meetings to inform tribe leaders of the availability of the programs. The Chafee Program will continue to attend tribe meetings to inform them of the services and programs available.

The Chafee Program has submitted information that outlines the comprehensive services provided through the DFCS Well-Being Services Section, to include ILP to Georgia Tribal Partners. The Chafee program will continue to attend state tribe meetings to discuss the resources and programs available. Resources and programs will continue

to be available for all youth who are eligible and who need them. The services available for Native American children are the same as all children that enter into foster care and meet the eligibility requirements.

F. CFSP and APSR Exchanges

The ICWA liaison provides information to tribes on how to access both the CFSP and the APSR and presents a summary of those reports to the Council. Tribes are advised of the availability of the documents housed at <https://dfcs.georgia.gov/federal-reviews-and-plans> and encouraged to review them for discussion. Tribes are invited to the Joint Planning meeting and encouraged to attend, to provide feedback on agency services and to assist with development of goals. Continuing in 2019, tribes will have the opportunity to meet with state office program staff at the bi-monthly Council meetings and have robust discussion on specific areas of programs that impact Native children and families. This engagement effort is ongoing.

6. John H. Chafee Foster Care Program for Successful Transition to Adulthood

A. Agency Administering Chafee

The state's John H. Chafee Foster Care Program for Successful Transition to Adulthood (Chafee) commonly known as Independent Living Program (ILP) in Georgia is now also referred to as Georgia Resilient, Youth-Centered, Stable and Empowered (GA RYSE). The program serves approximately 3,000 youth and young adults ages 14-25 who are in various stages of transition statewide. Chafee, including the Education and Training Voucher (ETV) program, provides supports and services to youth who are likely to age out of foster care and to young adults ages 18-21 who have opted to remain in care or have left foster care.

B. Program Design and Delivery

Self-Sufficiency Promotion and Support - Launching and Implementing the Connections Unit

Through Connected by 21, the Division will launch the *Connections Unit* in July 2020. The Connections Unit is the extension of Georgia's foster care program that will give young adults in care, ages 18 – 21 years old. In order to receive services through the Connections Unit, young adults must be between 18 and 21 years old and must sign a Voluntary Placement Agreement (VPA) for services to be extended. There will be other participation requirements for youth receiving services. More details on this will be provided at a later date in formal launch communication.

Youth will have access to receive support in the following areas:

1. Housing
2. Employment
3. Health
4. Education

Youth will have the opportunity to receive stipends. (Monthly stipend amounts have not been finalized) The official DFCS Policy is being updated to include new and updated extended youth service policy. (Section: DFCS Policy

21.1 – 21.12) Communication about the Connections Unit will start during COE 2019 and will continue throughout the year. There will be district youth listening sessions to obtain feedback from youth on the services they need after 18 and how best we can serve them as a Division and through our partnerships in the community. The first one will take place June 8 in Region 2 (North District) at Edward's Park in Dalton, GA 30721. The Division will continue to support our young adults in becoming more confident, productive individuals in society and will commit to helping them achieve lifelong success.

Greater Support to LGBTQA Youth and Young Adults

Over the next five years the agency will be providing greater support to youth who identify as lesbian, gay, bisexual, transgender, queer (or questioning), intersex, and asexual (or allies). Currently a survey created by Children's Rights has been created to disseminate to child welfare staff within the Division. Survey questions have been included in the June 2019 Celebration of Excellence survey that was provided to youth ages 17/18 – 21 and will be included in the December 2019 Teens R For Me survey that will be given to youth 14 – 17 years old. Once analyzed, these surveys will inform the youth development team, to include GA Chafee, on services and supports that are needed for LGBTQIA youth to feel supported and connected to appropriate resources. It will also provide a greater understanding of the knowledge and support DFCS field staff need to further support youth on their caseload who identify as LGBTQIA. The youth development team is made up of staff from the Afterschool Care, Ga TeenWork, EPAC and ILP programs. Youth who are engaged in this work through the State's partnership with MAAC EmpowerMEnt and Elevated Minds groups.

Education Services - External Capacity Enhancements

To increase the Division's reach and services to youth who need more focused and streamlined education and enrichment support services in our mostly highly populated area of the state, the Division has partnered with the Multi-Agency Alliance for Children (MAAC) who now serves as the lead education agency for Fulton and DeKalb Counties. As the lead education agency MAAC provides education support services to school age youth who are in grades 7 – 12. These services include:

- Provide tutorial services (when those services are not available or have been exhausted in the LEAs for children and youth in foster care) using certified teachers
- Process, track and monitor extracurricular and enrichment services for youth ages
- Conduct educational assessments
- Create Education Action Plans
- Recruiting and assigning parent surrogates
- Create service provision and support plans for youth:
 - Who have been identified as special needs
 - Have Individualized Education Plans
 - Have 504 Plans
 - Who are in GNETS or at-risk of being placed in GNETS programs
 - Talented and Gifted

In addition to this partnership, EPAC has increased staff capacity to include an education quality specialist who will work to expand external partnerships to ensure EPAC is providing the maximum in support services for youth. This specialist is working with Georgia Appleseed to address the discipline and tribunal needs of youth. As well, in concert with the Georgia Department of Education, the Agency is providing trainings for Local Education Agency (LEA) foster care liaisons. Georgia has had partnership trainings with the Department of Education, and recently partnered with REACH Georgia Scholarship Program. REACH Georgia is the Georgia's first needs-based mentorship and college scholarship program. The mission is to ensure that Georgia's low income, academically promising students have the academic, social, and financial support needed to graduate from high school, access college, and achieve postsecondary success. Five foster youth have been referred to this scholarship opportunity.

2019-2020 Well-Being Campaign

The Well-Being Services Section will be launching a Well-Being Campaign in the Fall of 2019. This campaign will include literature and tool-kits for staff, updated front-facing website that links all Well-Being services on one page for easy access and the hosting of two summits (Health and Education Summits). The purpose of this campaign is to uplift case management and field engagement in ensuring the well-being of youth in foster care and showcase the importance of partnership when supporting the well-being of youth in care.

National Youth in Transition Database

GA RYSE – Georgia's Independent Living Program (ILP) - provides weekly updates to county, regional and state leadership on the State's progress in achieving outcomes that are tracked via the National Youth in Transition Database (NYTD). NYTD data is used to inform practice and to improve programmatic service delivery to older youth and young adults in care who are preparing to transition out of care or who are in the process of transitioning out of care. The State ILP (GA RYSE) director and key team members partner with the DFCS Data Unit to review NYTD outcomes and to discuss opportunities for improvement where gaps may exist. GA RYSE sends notifications to the regions and independent living specialists (ILSs) weekly to ensure continuous support and awareness of progress.

According to NYTD reports, 93.9% of 3,456 ILP youth were served during reporting period B (April 1st to September 30, 2019). The state has made tremendous strides in improving outcomes tracked by NYTD and exceeding outlined goals.

Workshops and training opportunities have increased to prepare youth for management of their healthcare coverage and educational needs. The intricacies of navigating health systems such as Chafee Medicaid, former foster care Medicaid and private insurance are explained. Youth receive education supports via education and training vouchers and community programs such as MAAC and the nsoro Foundation. The annual Celebration of Excellence is one such event supported by these resources whereas youth are commended for graduating high school and other academic accomplishments. The Teens R for Me youth conference is a non-traditional format used to connect youth with professionals, child welfare staff, and community agents to inspire youth to take key actions and steps in preparation for life post foster care. The State recently hosted its inaugural all-day financial literacy fair and a specialized job readiness training through the Georgia TeenWork Internship program. Currently, the state is engaged in planning and partnership development with the Georgia Department of Community Affairs to create opportunity pathways for youth to seek and receive housing assistance. Additional details regarding this partnership will be reported in future reports.

C. Serving Youth Across the State

Each region within the state of Georgia is assigned a Chafee Independent Living program specialist. Additionally, the Chafee state office is in the process of creating documented standard operating procedures to ensure consistency in service and quality across the state to every child.

Youth and young adults have not been involved in the Chafee Plan document completion however youth have been engaged through youth town halls and listening sessions and have provided their voices in what they believe they need from the Agency and their communities to be successful and to be connected until they transition into self-sufficiency and begin building their own families.

Through the Youth Thrive grant the Agency will continue to model the Youth Thrive promotive and protective factors in its programming development across the board for all older youth (14 and up) who benefit from services. The framework identifies key characteristics and conditions associated with youth well-being, such as:

Youth Resilience. Resilience is youths' power to meet life's challenges, giving them the ability to manage stress, function in their daily lives, and "bounce forward" when faced with adversity or trauma.

Social Connections. To find meaning in their lives, youth need to feel connected to someone or something. It is important for youth to have people in their lives who matter to them and to whom they matter.

Knowledge of Adolescent Development. Understanding and applying the latest research in adolescent brain development can help adults relate to youth experiencing challenges and support their growth and help youth better understand why they act the way they do.

Concrete Support in Times of Need. *All* youth need help at some time or another. When they are faced with difficult life circumstances, youth need a network that can provide them with specialized supports providing the right kind of intervention at the right time.

Cognitive and Social-Emotional Competence. Skills in executive functioning and expressing and managing emotions are essential to youths' success. Adults who work with youth can play a key role in helping them develop and integrate these skills.

D. Serving Youth at Various Ages and Stages

With the implementation of the Connections Unit, the Chafee Independent Living program specialists will only be serving youth ages 14 – 17. Youth ages 18 – 21 will now be served by Connections advisors. Both roles will navigate similarly however the age of the youth served will be different. This will be a shift in work for the current Chafee specialists as they now serve youth 14 – 21. With the reduction of the ages that Chafee specialists now support, they will have the opportunity to be more engaged with the youth who will be on their caseload as their time will not be stretched in also assisting with the adult placement challenges and college transitions that their current roles demand.

E. Collaboration with Other Private and Public Agencies

ClearPoint and ILP Partnership

ClearPoint, a division of Money Management International (MMI), is a nonprofit agency that had partnered with GA RYSE in the past. ClearPoint provides consumer credit education to youth in care which includes interpreting and understanding consumer credit and credit reports. Additionally, ClearPoint assist youth and DFCS staff in resolving inaccuracies found on any of the three credit reports from all credit reporting agencies. This collaboration supports youth transitioning to self-sufficiency by providing critical skills and services. Additionally, ClearPoint provides training to youth and adults during the annual Teens R for Me conference where more than 400 youth statewide have participated in workshops to acquire additional skills, support, networking, and mentorship. This collaboration includes meeting bi-monthly for programmatic meetings to discuss current status, barriers, challenges, and alternative approaches to improve outcomes.

MAAC - Youth Townhall Series

Georgia has a long-standing partnership with the Multi-Agency Alliance for Children (MAAC) to include facilitating ILP workshops, facilitating IDEA workshops, monitoring, and tracking youth participation and managing the Education Service Delivery Model. During 2017, DFCS and MAAC sponsored a series of youth townhall meetings statewide. The series was a success in that it allowed the Division to engage and encourage youth involvement in the decision-making process. Youth townhall meetings provide updates and suggestions related to systemic concerns of youth in foster care. Over 200 youth participated in MAAC-sponsored workshops throughout 2017 which covered topics such as education, permanency, housing, normalcy, mental and physical health, employment, and staff experience and engagement. DFCS staff from the Well-Being Unit meet bi-monthly with MAAC to assess the effectiveness of the workshops being provided to the youth. As a result of these evaluation sessions in concert with Division leadership, the overall consensus is that the townhall meetings are productive in that they allow collaboration between youth and division leadership however, it has also been determined that more work can be done to increase communication with DFCS staff and fostering connections with family members and adult supporters.

In an effort to capture data more efficiently, MAAC has provided electronic devices which allows the division to get a more expansive representation of what youth concerns are statewide. The devices allow youth to take surveys which generate responses in real time, and the data may be collected more frequently than in previous years.

UGA and ILP Partnership

The Independent Living Program works closely with the J.W. Fanning Institute for Leadership Development, University of Georgia. This cooperative work has been the impetus for various initiatives in the past such as Education Training Voucher (ETV), Embark Conferences, College Bound, and Leadership Academy. During this reporting period, the institute provided the Division with a series of analytics including academic outputs and outcomes of ETV recipients.

Last year, the Independent Living Program began to tailor efforts around enrollment and retention through increased knowledge around ETV by way of webinars, in-person training sessions and college connections workshops. In partnership with ILP, UGA Fanning hosts information sessions to caregivers, providers and secondary education institutions. The Independent Living Program and MAAC host statewide workshops specifically for youth who need post-secondary education support.

Additionally, efforts are underway in partnership with Fanning, UGA to provide workshops tailored to prospective and current post-secondary students around academic support and resources available to promote college preparation and success during their academic career.

Orange Duffel Bag and ILP Partnership

Orange Duffel Bag (ODB) continues to provide at-risk high school and college students evidence-based coaching programs, ongoing advocacy to improve their education outcomes, support to their guardians and caring adults and service to the community in a spirit of offering hope. ODB's trauma-informed services are a human investment in the lives of students who are homeless, in foster care, experiencing high poverty and at risk of not achieving their education. ODB's nondirective counseling curriculum, coaching, advocacy and collaboration for collective impact support community practice and youth reconciling loss, rebuilding the relationship with themselves and others, and establishing goals, connections and plans toward establishing healthy lifestyles through informed choices and self-advocacy. Through this partnership we support ODB with two cohorts per fiscal. One cohort supports 25-30 high school students in foster care for 12 weeks. Upon program completion, youth receive a laptop and present their plan of action for education achievement. As a result of this existing relationship, approximately 86% of youth successfully completed the program.

This collaboration meets periodically and the ODB administrators provide detailed reports on the following: student academic data to include but not limited to GPA, high school graduation, assessments and the amount and quality of project services provided to priority students. District and school level student outcome data collected will include average daily attendance rates, disciplinary data including in school/out of school suspensions, attendance and involvement in remedial services, advanced academics, and college prep.

F. Determining Eligibility for Benefits and Services

Georgia does not deny eligibility for independent living services to a youth who otherwise meets the eligibility criteria but who is temporarily residing out of state, and states may not terminate ongoing independent living assistance solely due to the fact that a youth is temporarily residing out of state.

G. Cooperation in National Evaluations

Georgia Chafee Program will cooperate with any national evaluation of the effects of the programs in achieving the purposes of Chafee.

H. Chafee Training

There will be Well-Being Academy Series that will have targeted topics. One of the topics will be the Chafee Independent Living Program. These trainings will be recorded webinars. There will be in-person trainings provided during summits and conferences. The curriculum from this training will be outlined by October 31, 2019.

I. Education and Training Vouchers

Education and Training Vouchers (ETV) pay for postsecondary education and/or training. These funds are administered through UGA Fanning by way of a succinct process which follows departmental guidelines (COSTAR) and include, but is not limited to, payment to post-secondary institutions, bookstores, and housing entities. Funds are limited to the pursuit of one degree, diploma, or certification. Rather than replace, this program supplements other types of financial assistance available to the youth. Funds may be available for pursuit of a graduate degree, but a waiver is required.

The ETV funds distribution is monitored and tracked by an external partner (UGA). This method of administering ETV funds was put in place a couple of years ago to ensure costs aren't exceeded and funds are properly monitored.

J. Consultation with Tribes

The Division has designated a liaison (Chafee ILP representative) that participates in the meetings with the tribes through the Georgia Council on American Indian Concerns. Through this opportunity, the liaison engages with the Georgia tribes to review and receive input on policies and maintain open communication with DFCS. Chafee ILP Program representative has attended state tribe meetings to inform tribe leaders of the availability of the programs. (See the Consultation and Coordination with Tribes section of this report for more information.)

7. Targeted Plans

A. Foster and Adoptive Parent Diligent Recruitment Plan

DFCS resource development leads and CPA/CCI providers consistently discussed the State Diligent Recruitment Plan over the years. During these meetings, topics focused on areas of need such as homes for children with high needs, LGBTQ population, teenagers and large sibling groups. The plan has been the guide for CPA providers to complete their recruitment plan. Providers were initially responsible for submitting a plan to the Division in 2016. They are in the process of updating their five-year recruitment plan and will submit them to the Division by July 30, 2019. A copy of the State's plan is appended to this report.

B. Health Care Oversight and Coordination Plan

A copy of the state's current plan is included in the appendices.

C. Disaster Plan

A copy of the Georgia disaster plan is included in the appendices. September 2018, Hurricane Florence affected North Carolina and South Carolina. Although the hurricane did not directly impact Georgia, the State Operations Center in Atlanta was in operation as a precaution. Hurricane Michael went through Seminole County October 10, 2018 as a category 3 storm. As a result, 20 of Georgia counties were declared federal disaster areas. Eleven Red Cross shelters were opened to care for Georgia residents, as well a large feeding operation, that was led by the Salvation Army. In the affected counties, Disaster Food Stamps (DSNAP) was activated and assistance was provided to thousands of Georgians. Tornadoes directly affected the state March 4, 2019. One Red Cross shelter was opened to assist residents in Talbotton.

D. Training Plan

Georgia does not use IV-E funds for training. Instead, the state uses random sample moments for cost reimbursement. Please see copy of training plan in the appendices. (There were no changes to the training plan for this report.)

8. Financial Information

A. Payment Limitations – Title IV-B, Subpart 1

The amount of FY 2005 title IV-B, subpart 1, funds that the state expended for childcare, foster care maintenance, and adoption assistance payments:

- FFY 2005 \$1,486,000
- FFY 2019 \$1,486,000

The amount of non-federal funds that were expended by the state for foster care maintenance payments and used as part of the title IV-B, subpart 1 state match for FY 2005:

- FFY 2005 \$5,955,414
- FFY 2017 \$3,397,559

The estimated expenditures for administrative costs, if any, are included on the CFS-101, Parts I and II.

B. Payment Limitations – Title IV-B, Subpart 2

The estimated expenditures for PSSF service categories are included on the CFS-101, Parts I and II.

The estimated expenditures for administrative costs, if any, are included on the CFS-101, Parts I and II.

The FY 2013 state and local share expenditure amounts for the purposes of title IV-B, subpart 2, for comparison with the state's 1992 base year amount, as required to meet the non-supplanting requirements: Georgia's 1992 base year amount was \$3,236,669. FY 2017 state and local share expenditure amounts for IV-B, subpart 2, was \$3,946,902.

C. Chafee Program

Not applicable

D. FY 2016 Funding—Revised CFS-101 Budget Request

Not applicable: Copies of the Georgia CFS 101s for FFY 2018 are appended to this report.

9. Certificates and Assurances

The following assurances and certifications are appended to this report:

1. Title IV-B, subpart 1 certification
2. Title IV-B, subpart 2 certification
2. Amended CAPTA assurance related to immunity from civil and criminal liability in good faith reports of child abuse and neglect
3. Chafee certification
4. ETV certification

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2020 APSR will be posted by November 1, 2019 for public view at dfcs.georgia.gov/federal-reviews-and-plans