

State of Georgia

2014 – 2019

Child and Family Services Plan

Final Annual Progress and Services Report



Submitted by the
Georgia Division of Family and Children Services
June 2019 (Rev. Sept 2019)

Contents

Tables.....	5
A. General Information.....	6
Background.....	6
Vision/Mission/Values.....	7
Legislation and Policy Updates.....	8
Legislation	8
Policy Updates.....	12
Collaboration.....	16
B. Update on Assessment of Performance, Plan for Improvement, and Progress to Improve Outcomes	26
A. Update on Assessment of Performance 2015 - 2019.....	26
B. Assessment of Performance CFSP and PIP	31
CFSR-PIP.....	31
IV-E PIP	33
C. Child and Family Services Plan (Rev. 2017) and Updates.....	34
A. Plan for Improvement – Implement Solution Based Casework	37
B. Progress Measures	38
C. Progress Made and Benchmarks.....	40
PIP Update	41
A. Plan for Improvement - Safety 1A: Improve the timeliness, quality and utilization of child and family assessments throughout the child welfare continuum.....	42
B. Progress Measures – Safety 1a.....	43
C. Progress Made and Benchmarks.....	46
PIP Update	47
A. Plan for Improvement - Safety 1b: Implement a comprehensive, research-based Safe to Sleep Campaign in partnership with community partners and providers.....	48
B. Progress Measures – Safety 1b.....	49
C. Progress Made and Benchmarks.....	50
A. Plan for Improvement - Safety 1c: Implement monitoring activities to ensure the appropriate use of safety resources.....	52
B. Progress Measures – Safety 1c.....	53
C. Progress Made and Benchmarks.....	55
PIP Update	57
A. Plan for Improvement - Safety 1d: Improve the quality assurance process regarding the implementation of safety policies and IV-E requirements for provider agencies	59
B. Progress Measures - Safety 1d.....	60

C. Progress Made and Benchmarks - Safety 1d	62
A. Plan for Improvement - Permanency: Increase and strengthen foster and adoptive resources.....	65
B. Progress Measures.....	66
C. Progress Made and Benchmarks – Permanency.....	68
PIP Update	74
A. Plan for Improvement - Permanency: Families and individuals are healthy and stable	76
B. Progress Measures.....	79
C. Progress Made and Benchmarks – Permanency.....	81
PIP Update	81
PIP Updates	85
A. Plan for Improvement - Well-Being: Families and individuals have enhanced capacity to meet their physical, cognitive and educational needs	86
B. Progress Measures.....	88
C. Progress Made and Benchmarks – Well-Being	89
A. Plan for Improvement - Well-Being: Children receive appropriate services to meet their educational needs	91
B. Progress Measures.....	94
C. Progress Made and Benchmarks – Well-Being	95
PIP Updates	98
A. Plan for Improvement - Well-Being: Children receive adequate services to meet their physical and mental health needs.....	101
B. Progress Measures.....	103
C. Progress Made and Benchmarks – Well-Being	104
PIP Update	107
PIP Update	108
A. Plan for Improvement - Systemic Factor - Workforce: The Division’s workforce is competent, professional and efficient.....	109
B. Progress Measures.....	112
C. Progress Made and Benchmarks – Workforce Development	112
PIP Update	115
A. Plan for Improvement - Systemic Factor – Stakeholder Engagement: The Division and its stakeholders are fully engaged and responsive	119
B. Progress Measures.....	120
C. Progress Made and Benchmarks – Stakeholder Engagement	121
PIP Update	125
Systemic Factors	127
Service Array	127
Information Systems.....	128

Staff Provider Training.....	131
Foster/Adoptive Parent Licensing, Recruitment and Retention	131
Agency Responsiveness to the Community	133
C. Service Description.....	134
D. Children Adopted from Other Countries	134
E. Children Under the Age of Five	135
F. Populations at Greatest Risk of Maltreatment	140
G. Kinship Navigator Funding	143
H. Child Welfare Demonstration Activities	144
I. Adoption and Legal Guardianship Incentive Payments and Savings	144
J. Program Support	144
A. Training and Technical Assistance Provided.....	144
B. Technical Assistance Received.....	149
C. Research, Evaluation, Information and Quality Assurance Systems	152
Overview	152
Quality Assurance and Continuous Quality Improvement	153
SHINES	156
K. Consultation and Coordination Between States and Tribes	157
A. Consultation and Coordination	157
B. ICWA Compliance	158
L. Child Abuse Prevention and Treatment Act (CAPTA)	159
A. Substantive Changes	159
B. Proposed Use of Funds.....	159
C. Expended Funds	160
D. Annual Citizen Review Panel Report	160
E. Substance Affected Newborns	161
F. Governor's Assurance	162
G. State Liaison Officer.....	162
M. Statistical and Supporting Information.....	163
A. CAPTA	163
Child Protective Service Workforce Data.....	163
Juvenile Justice Transfers	168
N. Education and Training Vouchers	169
O. Inter-Country Adoptions.....	169
P. Monthly Caseworker Visit Data	170

Tables

Table 1: Program Improvement Plan Targets	27
Table 2: Rolling Trend Comparison Chart (Oct 2018 - Mar 2019).....	30
Table 3: 2015-2019 CFSP Goals and Strategies	35
Table 4: Plan for Improvement - Implement Solution Based Casework	37
Table 5: Objective Measures - Implement Solution Based Casework.....	38
Table 6: Plan for Improvement - Safety 1a.....	42
Table 7: Objective Measures - Safety 1a	44
Table 8: Timely Response for Intakes Assigned to ISA	45
Table 9: Investigation Times for Investigations with an Intake	45
Table 10: Plan for Improvement - Safety 1b.....	48
Table 11: Plan for Improvement - Safety 1c.....	52
Table 12: Time in a Safety Resource	53
Table 13: Objective Measures - Safety 1c	54
Table 14: Plan for Improvement - Safety 1d.....	59
Table 15: Objective Measures - Safety 1d	60
Table 16: Providers Desk Reviews	61
Table 17: Provider Compliance with Safety Reviews.....	61
Table 18: Providers' Quality Assurance Plans (2018)	61
Table 19: Providers' Quality Assurance Plans (2019)	61
Table 20: Plan for Improvement - Permanency 2a.....	65
Table 21: Objective Measures - Permanency 2a	67
Table 22: Family Team Meetings	69
Table 23: Roundtables	70
Table 24: Plan for Improvement - Permanency 2b.....	76
Table 25: Objective Measures - Permanency 2b	79
Table 26: Plan for Improvement - Well-Being 3a.....	86
Table 27: Objective Measures - Well-Being 3a	88
Table 28: Plan for Improvement - Well-Being 3b.....	91
Table 29: Objective Measures - Well-Being 3b	95
Table 30: Educational Academies.....	97
Table 31: Special Education Events.....	99
Table 32: Plan for Improvement - Well-Being 3c.....	101
Table 33: Objective Measures - 3c.....	104
Table 34: Plan for Improvement - Workforce Development 4	109
Table 35: Objective Measures - Workforce Development 4	112
Table 36: Plan for Improvement - Stakeholder Engagement	119
Table 37: Objective Measures - Stakeholder Engagement 5.....	121
Table 38: Trauma-Focused Trainings	122
Table 39: Children in Care as of March 31.....	134
Table 40: Victims of Substantiated Maltreatment.....	141
Table 41: Expended CAPTA Funds	160
Table 42: Social Services Job Qualification and Salary Ranges.....	163
Table 43: Demographics on Social Services Case Management	166
Table 44: Turnover and Vacancy Rates by Job Class	167
Table 45: Education and Training Vouchers	169

APPENDICES

- I. Georgia DFCS Organizational Chart
- II. Georgia Child & Family Services Review Round 3 Data Profile
- III. CFSR Report
- IV. CAPTA Citizen Review Panels Annual Report
- V. DFCS Response to CAPTA Panels Annual Report
- VI. Foster and Adoptive Diligent Recruitment Plan
- VII. Connect by 21 Plan Guide
- VIII. Healthcare Coordination and Oversight Plan
- IX. Disaster Plan
- X. Training Plan
- XI. CFS-101, Parts I, II, and III

A. General Information

Background

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 Regions 13 and 14 (which includes Fulton, DeKalb, Cobb, Gwinnett, and Clayton counties).

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

An organizational chart is appended to this report.

In 2014, Governor Nathan Deal created the Georgia Child Welfare Reform Council, modeled after the successful Criminal Justice Reform Council, to review child welfare practice and offer recommendations for improvement. The Council began meeting in May 2014 and completed a comprehensive review of Georgia's child welfare system. The Council's recommendations were incorporated in SB138, which became effective July 2015. See Legislation section of this report for a description of the bill's effects.

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 this Blueprint for Change as the state journeys to become a State of Hope. The 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, 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.

Strategies outlined in the state's 2014-2019 Child and Family Services Plan (CFSP), Child and Family Services Review (CFSR) Program Improvement Plan (PIP), and the Governor's Office of Planning and Budget strategic plan for the Division (Social Services and Office of Family Independence) directly relate to and support the objectives of the Blueprint. In 2017, the state worked to synchronize the plans. The original CFSP and PIP goals were redesigned as strategies that would be applied to the following goals that were derived from the Governor's Office of Planning and Budget goals:

- Safety: Families and individuals are free from abuse and neglect.
- Permanency: Families and individuals are healthy and stable.
- Well-being: Families and individuals have enhanced capacity to meet their physical, cognitive and educational needs.
- Workforce: The Division's workforce is competent, professional and efficient.
- Stakeholders: The Division and its stakeholders are fully engaged and responsive.

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 participants, communities and each other
- Collaborate with communities to create systems of support
- Develop a competent, professional and efficient workforce that never stops learning and growing

Legislation and Policy Updates

Legislation

The following are descriptions of significant laws passed throughout the 2015 – 2019 Child and Family Services Plan report period that affected the state child welfare system.

Legislation passed in 2019

House Bill 64:

A BILL to be entitled an Act to amend Article 1 of Chapter 7 of Title 19 of the Official Code of Georgia Annotated, relating to parent and child relationship general provisions, so as to require child welfare agencies to make efforts to determine **whether a parent or guardian of a child who is the subject of abuse allegations is on active duty in the military**; to require certain notifications to military installation family advocacy programs; to provide for the reporting of child abuse to military law enforcement in certain situations; to provide for immunity for the reporting of child abuse to military law enforcement; to provide for a short title; to provide for related matters; to repeal conflicting laws; and for other purposes. This bill requires notification to military installation family advocacy programs of alleged child abuse to child of active duty military parent. It will impact intake, family preservation, foster care, confidentiality, and family support policies.

House Bill 79:

A BILL to be entitled an Act to amend Chapter 4 of Title 30 of the Official Code of Georgia Annotated, relating to **rights of persons with disabilities**, so as to provide that blind persons shall not be discriminated against by the courts, Department of Human Services, or a child-placing agency in matters relating to child custody, guardianship, foster care, visitation, placement, or adoption; to provide for definitions; to provide for rules and regulations; to provide for legislative findings and a purpose; to provide an effective date; to repeal conflicting laws; and for other purposes.

This bill provides that **blind persons shall not be discriminated against by the courts**, Department of Human Services, or a child-placing agency in matters relating to child custody, guardianship, foster care, visitation, placement, or adoption. It will impact DFCS Policy 1.5 Americans with Disabilities Act and procedures related to individualized caregiver assessments.

Senate Bill 158:

A BILL to be entitled an Act to amend Titles 9, 15, 16, 17, and 41 of the O.C.G.A., relating to civil practice, courts, crimes and offenses, criminal procedure, and nuisances, respectively, so as to provide additional safeguards and protections against human trafficking; to **authorize DFCS to provide care and supervision to children who are victims of human trafficking**; to expand prohibitions against trafficking of persons for labor or sexual servitude; to revise the definition of prostitution; to increase the penalties for certain sexual offenses; to repeal the crime of pandering by compulsion; to provide that the use of certain property in connection with human trafficking constitutes a nuisance and to provide for what constitutes notice of such use; to provide for related matters; to repeal conflicting laws; and for other purposes.

This bill authorizes DFCS to provide emergency care and supervision to victims of human trafficking without a court order. This adds to the special exceptions currently allowed by law and would require updates to Intake, Investigation, Foster Care placement, and Service Provision policies.

House Bill 472:

A BILL to be entitled an Act to amend Chapter 11 of Title 15 of the O.C.G.A., relating to general provisions of the Juvenile Code, so as to revise procedures concerning removal considerations; to provide for related matters; to provide for an effective date; to repeal conflicting laws; and for other purposes.

This bill provides the juvenile court **authority to place children alleged abused or neglected in temporary alternatives to foster care to avoid placement in protective custody**. The bill impacts child welfare policies related to the Juvenile Court Process, Investigations, Family Preservation and Eligibility.

House Bill 478

A BILL to be entitled an Act to amend Article 8 of Chapter 5 of Title 49 of the Official Code of Georgia Annotated, relating to the **central child abuse registry**, so as to provide improvements to the operation of the child abuse registry; to provide definitions; to provide for notice of abuse allegations; to provide for reporting abuse cases to DFCS office; to provide for hearing on expungement of name from registry; to provide for related matters; to repeal conflicting laws; and for other purposes.

This bill changes the operation of the Child Abuse Registry, **providing for expungement processes and increasing the age an abuser can be added from 13 to 18 years old**. It will impact the policies and practices related to the Child Protective Services Information System/Child Abuse Registry.

House Bill 530

A BILL to be entitled an Act to amend Article 16 of Chapter 2 of Title 20 of the Official Code of Georgia Annotated, relating to students in elementary and secondary education, so as to **prohibit parents or guardians from withdrawing or removing a child from a public school for the purpose of avoiding compliance with laws** relating to mandatory attendance, school discipline, parental involvement, or parental responsibilities; to provide for additional requirements with regard to declarations of intent; to provide for referral to the Division of Family and Children Services of the Department of Human Services for investigation and enforcement; to provide for related matters; to repeal conflicting laws; and for other purposes.

This bill requires **DFCS to assess cases where children have been withdrawn from school without a declaration of intent to home school** who do not attend school for 45 days thereafter. This will impact policies related to Intake and Investigation.

Senate Bill 167

A BILL to be entitled an Act to amend Code Section 15-11-211 of the Official Code of Georgia Annotated, relating to relative search by DFCS, so as to provide that a foster placement for a child adjudicated as a dependent child may be deemed as the child's fictive kin in determining such child's permanency plan; to repeal conflicting laws; and for other purposes.

This bill allows DFCS to be excused from considering a relative as a placement resource 6 months after receiving notice and failing to demonstrate interest. It also provides that after a child has been placed with a caregiver for 12 months it can be presumed that continuation in the placement is in the child's best interest. This will impact policy and practice related to the **diligent search and selecting a placement resource**.

Senate Bill 225

A BILL to be entitled an Act to amend Article 1 of Chapter 11 of Title 15 of the O.C.G.A., relating to general provisions regarding the Juvenile Code, so as to bring such provisions in conformity with the federal Social Security Act and the Family First Prevention Services Act; to amend Articles 3 and 4 of Chapter 11 of Title 15 of the O.C.G.A., **relating to dependency proceedings and termination of parental rights**; to amend Article 1 of Chapter 5 of Title 49 of the O.C.G.A., relating to children and youth services; to amend Article 2 of Chapter 13 of Title 50 of the O.C.G.A., relating to the Office of State Administrative Hearings; to provide for related matters; to provide for an effective date; to repeal conflicting laws; and for other purposes.

This bill will impact the Placement of a Child, Indian Child Welfare Act, Case Review/Permanency Plan, Fair Hearings, and Independent Living Program policy and practice.

State Legislation Prior to 2019

SB138 (2015) established the Child Abuse Registry: The establishment of a central child abuse registry was recommended by the Child Welfare Reform Council as part of a comprehensive assessment of DFCS' practices. The child abuse registry, also known as the Child Protective Services Information System (CPSIS) was signed into law in May 2015, amended on July 1, 2016, and incorporated into the Official Code of Georgia, Sections 49-5-180 through 49-5-187. The development of a new policy chapter 20 outlines the functions of CPSIS, and policies relating to safety and maltreatment definitions were revised.

- a. SB138 established the DFCS Director as a direct report to the Governor, established a DFCS State Advisory Board to make recommendations to the DFCS Director, a DFCS Regional Advisory Board, and clarified the role of the county DFCS Board.
- b. SB138 also required DFCS to develop and implement a workable statewide system for sharing data relating to the care and protection of children between those agencies responsible for the care and protection of children, utilizing existing statewide data bases and data delivery systems to the greatest extent possible, to streamline access to such data.

HB 391 (2017) amended the Safe Place for Newborns Act: The legislation amended the 2002 Act by expanding the locations where a newborn child can be left to include fire stations and police stations, to increase the age of the newborn child from 7 to 30 days old, and to allow the mother to decline to provide her name and address when a child is left in the physical custody of certain facilities. The legislation was incorporated into the Georgia Code, Sections 19-10A -1 through 19-10A-7 and reflected in policies relating to intake of newborns.

HB 770 (2016), HB 341 (2017), and HB 732 (2018) amended the Georgia Code relating to trafficking of persons for labor or sexual servitude by codifying certain requirements of the **Preventing Sex Trafficking and Strengthening Families Act (P.L. 113-183)**. As a result of the legislation, policies relating to sex trafficking, case planning, reasonable and prudent parenting, screening and service provision, and missing and runaway youth were revised. **HB159 (2018)** amended the state adoption laws by, among other provisions, **providing for a nonresident to allow an adoption of his or her child**; providing for adoption of foreign-born children; providing for a waiver to revoke a

surrender of parental rights under certain circumstances; to change the age for individuals to access the Adoption Reunion Registry.

Federal Legislation Prior to 2019

Preventing Sex Trafficking and Strengthening Families Act (P.L. 113-183): established requirements for youth suspected of being a victim of sex trafficking, missing and runaway youth, case planning for youth over age 14, APPLA, reasonable and prudent parenting, and services for youth aging out of foster care. These provisions are reflected in multiple policy chapters throughout the Child Welfare Policy Manual. Relevant portions of this law were also incorporated into state law via S138 (2015).

Comprehensive Addiction and Recovery Act (CARA) of 2017 (P.L. 114-198) amended CAPTA by adding provisions relating to **infants affected by substance abuse**. CARA specifically required that plans of safe care address the needs of both infants and their families. Policies were amended to include the requirements set forth in CAPTA.

HR 1892: Bipartisan Budget Act of 2018 – Family First Prevention Services Act enables DFCS to use federal funds available under parts B and E of title IV of the Social Security Act to provide enhanced support to children and families and prevent foster care placements through the provision of mental health and substance abuse prevention and treatment services, in-home parent skill-based programs, and kinship navigator services. The law also limits federal funds for putting foster youth into congregate care placements, including group homes. Multiple policy chapters have been and will be amended to incorporate requirements under the FFPSA. To date, policies have been updated relating to youth aging out of care, model standards for foster family homes, and safety screenings for CCLs.

Policy Updates

In 2015, the comprehensive rewrite of the Child Welfare Policy Manual was completed. The manual incorporated Georgia's Juvenile Code pertaining to child welfare and title IV-E provisions subject to the IV-E PIP. The rewrite coincided with enhancements to the agency's online policy site.

The Policy and Regulations Unit updated the Child Welfare Policy Manual to align with Georgia's new practice model, informed by Solution Based Casework (SBC). The policy manual updates resulted in the development of two separate policy manuals to support the phased implementation of the practice model. Upon full implementation, only one SBC manual will be utilized. The Child Welfare Policy Manual update facilitated a thorough review to identify areas where policies could be consolidated and streamlined, resulting in a new Chapter 19: Case Management, which incorporates child welfare practices that are universal across child welfare program areas from the intake report through the conclusion of services. Nearly all chapters of the policy manual were updated to support safety, family and youth engagement, and community connections in alignment with Georgia's new practice model, which focuses on partnerships with the family and supports to address the needs of children and families. The policy manual also includes vivid indications of all title IV-E requirements within each policy and is easily accessible in a user-friendly, web-based online format; the Online Directives Information System (ODIS) at <http://odis.dhs.ga.gov>.

The Child Abuse Registry (CAR) was created from Senate Bill 138 (2015), which was a direct response to the comprehensive child welfare reforms recommended by the governor's Child Welfare Reform Council. Policy chapter 20 was developed to incorporate the guidance required for the registry. Plan of Safe Care (2016): The Comprehensive Addiction and Recovery Act (CARA) amended CAPTA with provisions relating to infants affected by substance abuse. Policies were created or revised to provide guidance on intakes, investigations, and case planning for infants affected by substance abuse.

Preventing Sex Trafficking and Strengthening Families Act (P.L. 113-183) required policies and procedures for identifying, documenting in agency records, and determining appropriate services for any child or youth over whom DFCS has responsibility and who the State has reasonable cause to believe is, or is at risk of being, a victim of sex trafficking. Policies were created or amended to incorporate the requirements of the law, including reporting information on missing or abducted children to law enforcement authorities for entry into the National Crime Information Center database of the Federal Bureau of Investigation, and to the National Center for Missing and Exploited Children immediately, and in no case later than 24 hours after receiving the information (section 471(a)(35)(B) of the Act), and reporting information on children or youth who have been identified as being a sex trafficking victim to local law enforcement immediately, and in no case later than 24 hours after receiving the information (section 471(a)(34)(A) of the Act).

The foster care chapter of Childcare and Early Education (2017) was updated to incorporate the development of an Educational Stability Plan (ESP) for children in foster care. It also provides that the ESP be updated at intervals consistent with the case plan, but no later than every six months. In addition, childcare and early education policy updates were made to provide for the participation of children age 0-5 in early education programs to facilitate early development and increase school readiness.

*The **Child Welfare Services Manual Transmittal (CWSMT)** provides notification of changes in child welfare policy to DFCS staff via email and are published on ODIS. The following CWSMTs were released since the last submission of the APSR.*

CWSMT 2018-02 Released April 2, 2018

Policy chapter 19 (Case Management) was updated to support staff when utilizing drug screens in case assessment and case planning provisions.

CWSMT 2018-03 Released April 6, 2018

Policy chapter 19 (Case Management) was updated to include enhancements to the diligent search process and establish a comprehensive process for constructing and updating genograms with families.

CWSMT 2018-04 Released June 1, 2018

Policy chapter 10 (Foster Care) and chapter 19 (Case Management) were updated to clarify the process for obtaining consent for the use of psychotropic medication for children in foster care.

CWSMT 2018-05 Released June 1, 2018

Policy chapter 10 (Foster Care) was updated to provide greater flexibility in selecting guardianship as a permanency plan while ensuring the best interests of children.

CWSMT 2018-06

Released June 25, 2018

Policy chapter 1 (Administration), chapter 3 (Intake), chapter 4 (Initial Safety Assessment), chapter 5 (Investigations), and chapter 7 (Family Support Services) were updated to expand the definition of sexual abuse to incorporate sex trafficking/sexual servitude and provide an updated definition of sex trafficking/sexual servitude in accordance with state legislative changes.

CWSMT 2018-07

Released July 1, 2018

Policy chapter 2 (Information Management), chapter 10 (Foster Care), and chapter 17 (Legal) were updated resulting from several 2018 state legislative changes.

CWSMT 2018-08

Released August 1, 2018

Policy chapter 12 (Adoption Assistance) and chapter 13 (Independent Living Program) were updated to incorporate provisions resulting from the Family First Prevention Services Act to provide “proof of foster care” to youth exiting foster care at age 18 or older and changing the minimum age requirement for an applicable child pertaining to adoption assistance eligibility.

CWSMT 2018-09

Released September 1, 2018

Policy chapter 11 (Adoptions), chapter 12 (Adoption Assistance), chapter 14 (Resource Development), chapter 17 (Legal), and chapter 19 (Case Management) were updated to incorporate provisions resulting from state legislation aimed at reducing barriers to timely adoptions.

CWSMT 2018-10

Released September 5, 2018

Policy chapter 10 (Foster Care) was updated to announce changes relating to permanency planning as DFCS will no longer require a waiver when selecting permanent guardianship as the permanency plan for a child in foster care under the age of 12.

CWSMT 2018-11

Released October 1, 2018

Policy chapter 9 (Eligibility), chapter 10 (Foster Care), chapter 16 (Room, Board, Watchful Oversight), chapter 18 (Support Services to Preserve or Reunify Families), and chapter 19 (Case Management) were updated to incorporate provisions resulting from the Family First Prevention Services Act related to title IV-E maintenance payments for children in foster care, and fingerprint-based criminal records checks for adults working in child caring institutions.

CWSMT 2018-12

Released November 1, 2018

Policy chapter 19 (Case Management) was updated to incorporate strategies outlined in the Child and Family Services Review (CFSR) Performance Improvement Plan (PIP).

CWSMT 2018-13

Released December 5, 2018

Policy chapter 19 (Case Management) was updated to incorporate provisions to support efforts to prevent children from running away and to locate children when missing from care.

CWSMT 2018-14

Released December 10, 2018

Policy chapter 9 (Eligibility) and chapter 10 (Foster Care) were updated to provide updates to the eligibility process for medical assistance and title IV-E funding for children in foster care.

CWSMT 2019-01

Released March 1, 2019

Policy chapter 8 (Family Preservation), chapter 10 (Foster Care), and chapter 19 (Case Management) were updated to incorporate policy changes related to family team meetings (FTM).

CWSMT 2019-03

Released March 29, 2019

Policy chapter 14 (Resource Development) and chapter 16 (Room, Board, Watchful Oversight) were updated to incorporate provisions resulting from the Family First Prevention Services Act involving model standards for family foster homes.

*The **Child Welfare Services Memorandum (Memo)** disseminates notice of a change in policy or documentation.*

Memo 2018-01

Released May 22, 2018

To announce that DFCS shall not, based on a child being missing, seek to be relieved of custody of a child who is in temporary or permanent custody of DFCS.

Memo 2018-02

Released May 30, 2018

To announce that the Child Welfare Policy Manual that housed all pre-implementation policies has been discontinued and is no longer available online.

Memo 2019-01

Released January 3, 2019

To announce new Child Welfare Policy Manual features and resources on the Online Directives Information System (ODIS).

*The **Child Welfare Services County Letter (CWSCL)** disseminates changes in policy or practice in advance of a manual transmittal and is used to provide clarification regarding policy. The following CWSCLs were released during the reporting period.*

CWSCL 2018-01

Released May 1, 2018

To announce changes to the definition of “affected” for infants prenatally exposed to substances.

CWSCL 2018-02

Released July 1, 2018

To announce policy changes to the fair hearings process resulting from the passage of state legislation.

CWSCL 2018-03

Released July 23, 2018

To announce policy changes to the Independent Living Program (ILP) and Extended Youth Support Services (EYSS).

Collaboration

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 at both the 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 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. Additionally, stakeholders were provided with potential goals for the CFSP and asked to provide feedback on the selected goals.

Subsequently, 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.

External stakeholders on the task force:

- Jerry Bruce, Supreme Court of Georgia Committee on Justice for Children (CJP)
- Rachel Davidson, Office of the Child Advocate
- Jansen Head, Office of the Child Advocate
- Deb Farrell, Care Solutions

- Juanita Stedman, Together Georgia (provider association)
- Julia Neighbors, Prevent Child Abuse Georgia
- Angela Tyner, Georgia Court Appointed Special Advocates
- Melissa Carter, Barton Child Law and Policy Center, Emory University

Internal stakeholders on the response team:

- Chris Hempfling – DFCS Deputy Division Director and General Counsel
- Lon Roberts – DFCS Assistant Division Deputy Director: Child Welfare Call Center and Kenny A
- Sekema Harmon – DFCS Assistant Division Director: Employee Recruitment, Well-Being and Retention
- Lee Bigger – DFCS Assistant Division Director: Knowledge Management
- Colleen Mousinho – DFCS Assistant Division Director: Practice Guidance
- Steve Reed – Director of Quality Management
- Kym Crooms – Child and Family Services Plan Manager

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.

During Phase One of the planning process for Georgia's 2020-2024 CFSP, stakeholder input was collected on goals and priorities. Input was collected from external partners at regional stakeholder meetings and/or via surveys. Small group sessions at most of the meetings allowed attendees to review performance data, assess agency strengths and areas needing improvement and suggest goals and objectives for improvement in the 2020-2024 CFSP. During the planning process a minimum of five CFSP steering committee meetings were held.

The collaboration between the Division and its federal partners was particularly beneficial during plan development. Georgia's federal partners were instrumental in aiding 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.

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 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 Plan 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). MDCANIs are supported in part by Georgia DFCS 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 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 with the goal 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 (J4C) in partnership with Georgia DFCS and the Office of the Child Advocate. Cold Case fellows are attorneys representing a mix of agency, parent and child attorneys, and guardians ad litem. During a recent stakeholder's meeting regarding the Cold Case Project, an evaluation of the Project's effectiveness and discussion regarding further implementation to assist a wider array of youth occurred.

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 J4C in collaboration with Georgia DFCS.

In 2014, J4C entered into an agreement with the Department of Juvenile Justice to 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 is continuing to encourage more jurisdictions to use CPRS 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 for 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 database system and performance and quality assurance team. MAAC facilitates reviews with the placement agencies and the Division bi-annually to discuss program data. They partner with Placement Resource Operations/Care Coordination Treatment Unit to review predetermined goals and monitor implementation. MAAC members avail themselves to participate in necessary discussions to continue the monitoring of progress and provide annual performance data to its state partners to improve upon the set goals.

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.

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 (OPM), Department of Juvenile Justice (DJJ), Residential Child Care Licensing (RCCL) 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. In light of the safety goal added to the State's CFSP as a result of the IV-E audit, agency representatives made a presentation at a Practice Matters meeting to discuss provider efforts to improve 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 Professional Excellence Child Welfare Training Collaborative (CWTC) has been providing training on trauma, its impact on brain development and building resilience since August 2016. In July 2018, an online Trauma/Brain 101 training was developed to meet the needs of DFCS stakeholders who may not be able to attend a classroom training. It can also be used as a refresher training. In August 2019 a new facilitated action planning session, "Building a Response to Trauma," was created. This session invites participants from an identified community (either geographically or within an organization) who have attended at least one CWTC training. The participants learn about the components of a trauma informed system and develop an action plan that focuses on individual, organizational or community change. Ongoing support is provided to the group for a three to six-month period. A new training was added January 2019 that focuses on recognizing and managing secondary traumatic stress. A component of a trauma informed child welfare system requires that the well-being needs of staff be addressed.

The CWTC has an advisory council and through this council several stakeholders have requested more trainings for their staff. These two groups include the school system and the Department of Early Care and Learning (DECAL). Some of the challenges that the CWTC program has experienced are getting more DFCS staff present

with the stakeholders during the training and marketing the trainings. DFCS staff registration for the trainings have been low. This could be due to staff shortages and higher caseloads in some areas. DFCS leadership has been mindful of this and has been promoting the trainings at Destination Hope events, roadshows, regional stakeholder meetings and at state and regional leadership meetings.

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, they 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 representatives from 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 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. Feedback is given at the GAPAC meetings every other month on the following council tasks:

- 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 goals and outcomes and provide feedback

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 former 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 420 overdue health checks and in April 2019, Region 14 had a total of 213 overdue health checks.

Partnerships

The Well-Being section's early childhood collaboration program partners with the Department of Early Care and Learning, 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 Program (PSSF) currently collaborates with 148 community-based agencies to provide services throughout 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, special assistant attorney generals, CASAs, guardians ad litem, and citizen panel members)
- School personnel (teachers, counselors, principals)
- Law enforcement
- Medical providers (doctors, dentist, hospitals)
- Mental health providers (therapists, counselors, hospitals)
- Homestead/parent aide providers
- Other service providers (substance abuse, domestic violence, parenting classes)
- DFCS case managers/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.

B. Update on Assessment of Performance, Plan for Improvement, and Progress to Improve Outcomes

A. Update on Assessment of Performance 2015 - 2019

March 16, 2015, the Division submitted to the Children's Bureau a statewide assessment of the State's analysis of its performance on seven overarching outcomes and seven systemic factors (36 total outcome items). Georgia Round 3 CFSR Final Report (issued December 2015) recorded that none of the seven outcomes were found to be in substantial conformity (in comparison, no outcomes were found in conformity at the conclusion of CFSR Round 2 in 2007). The following two of seven systemic factors were found to be in substantial conformity: Quality Assurance System and Agency Responsiveness to the Community. In 2007, Georgia was in substantial conformity with four of seven systemic factors. The Round 3 results were based upon a state-conducted case review of 150 cases (90 foster care, 30 in-home cases, and 30 in-home differential response cases) in all state regions, representing all

counties in Georgia, between April 1, 2015 and September 30, 2015. Additional information was garnered from interviews and focus groups with over 200 state stakeholders and partners.

The State's strengths included a commitment to embedding continuous quality improvement into the culture; a willingness to dedicate resources to address issues; laying a foundation for systemic reform; investing in collaborative relationships with stakeholders and fostering a strong, transparent partnership with the Children's Bureau. Areas of weakness included risk/safety assessment and monitoring; use and monitoring of safety resource homes; families dealing with substance abuse; foster parent support and recruitment; concerted efforts by agency and court toward timely achievement of appropriate permanency goals; assessment, services and monitoring related to mental health needs of children; and workforce concerns.

Based upon the CFSR results and findings, the State was required to develop a two-year Program Improvement Plan (PIP) to address gaps in performance. The PIP included target measures for improvement in CFSR outcome items 1, 2, 3, 12, 13, 14 and 15. Due to data syntax errors found after the 2015 CFSR reports were issued, the Children's Bureau (CB) suspended the use of the State's performance on the national standards for the seven statewide data indicators in conformity decisions. As a result, the CB re-issued the report in April 2017, but it did not contain any changes to the results in the prior version of the Georgia Final Report. However, in the aftermath, Georgia was required to add CFSR Items 4, 5 and 6 to its PIP. The CB removed references to "conformity" based on the national data, and now refers to the national standards as "national performance." This performance represents the performance of the nation on the statewide data indicators for an earlier point in time.

Implementation of the PIP key activities began April 2017. By the end of the 8th quarter of the PIP period, March 2019, the State had successfully achieved five of the ten target measures:

- Safety Item 1 – Timeliness of initiating investigations of reports of child maltreatment
- Permanency Item 4 – Stability of foster care placement
- Permanency Item 5 – Permanency goal for child
- Permanency Item 6 – Achieving reunification, guardianship, adoption, or other planned permanent living arrangement
- Well-Being Item 13 – Child and family involvement in case planning

Table 1: Program Improvement Plan Targets

Table 1. Program Improvement Plan Targets					
Outcome	CFSR Baseline	PIP Target	State Performance as of May 2017	State Performance as of May 2018	State Performance as of May 2019
Safety Item 1	66%	73%	Achieved	Achieved	Achieved
Safety Item 2	59%	68%	28%	45%	36%
Safety Item 3	43%	49%	77%	29%	21%
Permanency Item 4	68%	74%	77%	Achieved	Achieved
Permanency Item 5	42%	49%	28%	40%	Achieved

Permanency Item 6	27%	33%	37%	Achieved	Achieved
Permanency Item 12	25%	29%	17%	19%	14%
Well-Being Item 13	42%	47%	49%	Achieved	Achieved
Well-Being Item 14	59%	65%	58%	53%	44%
Well-Being Item 15	31%	36%	38%	26%	19%

Safety

CFSR 2015 findings: the State was not in substantial conformity on Safety Outcomes 1 and 2, with Items 1, 2 and 3 rated as areas needing improvement. On the statewide data indicators for recurrence of maltreatment and maltreatment in foster care, the State met the national standards.

The individual program performance goals in Safety I were met for the overall period of review. The State has maintained successful performance in the area of timeliness of initiating investigations of reports of child maltreatment. The individual program performance goals in Safety II were not met in the safety program area for the overall period of review. Family Support Services and Family Preservation did not meet goal targets. In-Home programs were noted in the six-month trend report to be problematic particularly related to Item 2 in Family Support Services and Item 3 in Family Preservation Services.

In a review of CFSR findings, October 2017 to March 2018, April 2018 to September 2018, and October 2018 to March 2019 findings show a continued decline in overall outcomes Safety 2, and Well-Being 1, 2, and 3. The State was not in substantial conformity on Safety Outcomes 1 and 2, with items 1, 2 and 3 rated as areas needing improvement. On the statewide data indicators for recurrence of maltreatment the State met the national standards.

Georgia continues to struggle with Item 2: services to family to protect children in home and prevent removal or re-entry into foster care; Item 3 risk assessment and safety management; Item 12 needs and services of child, parents, foster parents; Item 14 caseworker visits with child, and Item 15 caseworker visits with parent(s).

Family Support and Family Preservation are the lowest performing areas. These areas are addressed at the county, state, and regional level through staffings, safety summits, training, policy clarifications, reviews of records with live learning. Going forward, these areas will be addressed through supervisor training, Solution Based Casework Phase 2, and staff development which are components of the 2020-2024 CFSP.

Permanency

The State was not in substantial conformity on Permanency Outcomes 1 and 2, with Items 4-11 rated as areas needing improvement. Additionally, the State met the national standards for four of the five permanency data indicators but did not meet the standard for placement stability.

Well-Being

The State was not in substantial conformity on Well-Being Outcomes 1-3, with Items 12-18 rated as areas needing improvement.

Systemic Factors

The State was in substantial conformity on two of seven systemic factors, Quality Assurance and Agency Responsiveness to the Community, with strength ratings on Items 25, 31 and 32. Additionally, the State received strength ratings on the following individual items, although the two systemic factors were not in substantial conformity overall:

- Case Review System: Items 21 (periodic review) and 22 (permanency hearing)
- Foster and Adoptive Parent Licensing, Recruitment and Retention: Item 34 (requirements for criminal background checks)

The other three systemic factors not in substantial conformity, with most or all items rated as areas needing improvement, included:

- Statewide Information System
- Staff and Provider Training
- Service Array and Resource Development

Table 2: Rolling Trend Comparison Chart (Oct 2018 - Mar 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%

B. Assessment of Performance CFSP and PIP

CFSR-PIP

Georgia's Child and Family Services Review (CFSR) Program Improvement Plan (PIP) was approved effective June 6, 2017 and as negotiated with the Children's Bureau, the PIP implementation period commenced on April 1, 2017 and concluded the 8th and final quarter March 2019. The goals and strategies in the PIP directly correlate with the goals of the CFSP and were intended to impact CFSR Items 1-6 and Items 12-15. Georgia's CFSR PIP includes the following five goals:

- Goal I: Improve the timeliness, quality, and utilization of child and family assessments throughout the child welfare continuum.
- Goal II: Meet the assessment and individualized needs of children, youth, and families through an enhanced and broadened array of services.
- Goal III: In support of the Practice Model, establish a value-based case practice which supports safety, permanency, family and youth engagement, and community connections.
- Goal IV: Establish a robust workforce.
- Goal V: Increase and strengthen foster and adoptive resources.

Georgia met the target percentages for items 1, 4, 5, 6 and 13 and these items are no longer part of the PIP reporting requirements.

Georgia's CFSR Management Plan serves as a guide for a state-wide aligned and collective effort to implement Georgia's approved PIP and to ensure that PIP goals are achieved. The main components addressed in the plan are:

- Identification and implementation of high impact strategies
- Data needs, trends and utilization of data
- Knowledge mobilization
- Communication and messaging for clarity
- Roles and responsibilities
- Sustainability

The PIP communication protocol, established and laid out in the CFSR Management Plan, was created to ensure that PIP information reaches all levels of staff and external stakeholders. Collective messaging has been delivered in a clear, concise, and consistent basis utilizing a variety of venues reflecting different learning and communication preferences.

The final, approved PIP was published and shared within the organization and with DHS/DFCS stakeholders. The approaches used to distribute the plan include:

- Publishing hard copies and distributing them to tribes, community partners, stakeholders, service providers, etc.
- Posting the plan on the Division's website and on the Georgia Child Welfare Strategic Planning websites:
 - dfcs.georgia.gov/child-and-family-services-review-cfsr
 - dfcs.georgia.gov/federal-reviews-and-plans
 - *Note the following site no longer exists: www.gacwplanning.org*
- Regional stakeholder forums
- Email copies to all DHS/DFCS Social Services staff
- Regional C3 coordinators training to case managers, supervisors, county management staff and regional staff on the content and implementation

PIP strategies are continually communicated to new agency staff, and new service providers and community partners. Since the plan needs to be continually communicated, discussion of the PIP has been added to leadership development calls and meetings with providers and community partners. To support these efforts monthly, the C3 coordinator in each region of the state is responsible for tracking and reporting the progress on educating everyone within the assigned region on the PIP.

The C3 coordinator ensures that staff receive a copy of the PIP, understand all components and how they relate to their job, and provides mentoring as needed on key activities. Each manager/director at the state office is responsible for sharing the PIP with their team members. The manager/director ensures that team members understand their roles and responsibilities.

The following approaches were used to communicate PIP implementation updates and foster a continuous feedback loop to include internal and external stakeholders.

- CFSR outcomes and reports are shared with all regions for reference of "bright spots strategies"
- 30-minute slot for PIP discussion at Macon leadership meeting (monthly)
- Weekly regional and statewide leadership development calls
- Condensed version of the PIP Quarterly Progress Report widely disseminated
- PIP/APSR/CFSP/CFSP/CQI (PACCC) meetings (monthly)
 - PIP leads share PIP implementation updates regarding key activities, expected outcomes and key people responsible for completion
 - C3 coordinators share information from meetings via blasts, newsletters, video clips, visual displays, stakeholder meetings (internal and external)
- State Office CQI Team
 - Track and monitor strategies and related data to determine whether PIP key activities have been achieved
 - Information reported to the state office CQI team by state office section representatives and regional C3 coordinators provide monthly updates related to progress and/or problems with implementing and completing all PIP strategies and key activities

To support and obtain optimal implementation, regular updates on PIP implementation and execution was communicated through a central point of contact.

Georgia completed the two-year implementation process for the PIP on March 31, 2019 and submitted an 8th quarter report to the Children's Bureau June 2019. The overarching success is that though the PIP was ambitious

the state completed all key activities. Several of the items have only been initiated recently and so their impact remains undetermined. However, most are fully functioning, and outcomes are able to be monitored. It is the intent of the State to keep most of the strategies in place and use the APSR as a forum for reporting. The greatest challenge has been centered around implementing a practice model while expecting immediate improvement in CFSR outcomes. Several items have been adversely impacted while staff gained confidence in their daily utilization of Solution Based Casework. Additionally, the inclusion of monitoring has provided data to suggest that there remains much work to be done in the area of assessments and meeting the needs of families. Overall, the early indicators for improvement in service delivery are assuring.

IV-E PIP

Georgia began implementation of a Title IV-E Program Improvement Plan (PIP) in January 2013. Following the exit conference for the Title IV-E Foster Care Eligibility onsite review in November 2015, the Agency was cited as not being in substantial compliance with 12 error cases; two additional cases were identified as questionable and scheduled for a third-level review. Safety requirements were not satisfactorily met for caregiver staff of child caring institutions (CCI) in which children were placed during the periods under review. Violations were found in the following policy areas of the state licensing agency: (1) no evidence of a criminal background check (CRC) for all staff of the facility, (2) CRCs not completed prior to the child's placement, (3) initial CRCs accepted that were greater than 12 months old, and (4) required five-year CRC re-check not completed timely, if at all. Of the eleven error cases, nine had violations in one or more of the listed safety requirements related to criminal record checks. The State did not request any revisions be made to the goals, objectives or interventions within the IV-E PIP.

OPM conducted five webinars February 22 and March 1, 2017 with providers to discuss the quality assurance plan and the requirements for uploading all safety screenings for staff. OPM and Rev Max conducted cross training of the two programs and provided data on the number of providers that were out of compliance, the reasons for being out of compliance, the number of providers that were placed on suspension, and the number able to accept additional placement. The providers had to submit corrective action plans that are monitored by the Office of Provider Management during quarterly safety check desk reviews.

As of December 2017, all IV-E PIP goals were achieved, most of them ahead of schedule. The audits proved effective in keeping providers engaged and holding them accountable. January 1, 2018, 99% of providers were found to be in compliance with the IV-E requirement, up from the 39% that complied in July 2017. March 31, 2018, OPM only had one RBWO provider on suspension due to non-compliance with the IV-E safety check requirement. This is notable given that 87 providers were on suspension in 2016 due to non-compliance with this requirement. As of March 31, 2019, 82% of providers were in compliance with safety reviews and 84% had successfully uploaded their quality assurance plans.

Ongoing, there is a monthly risk management meeting held between DFCS, Rev Max, RCCL, DJJ, Pro Unit and the fiscal director. In this meeting, key issues related to IV-E PIP are shared and discussed as needed. In addition, a monthly provider leadership meeting is held with providers that creates an opportunity for OPM to address concerns, provide clarifications, and further explain requirements. It also affords providers a chance to ask questions, present ideas and share their feedback. RBWO providers began receiving GA+SCORE alerts regarding safety screenings in July 2017.

OPM's resource development team successfully conducted its' first CPA Partnership Meeting with all resource development staff within child placing agencies (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 from the 142 CPA staff members in attendance yielded positive outcomes.

This year the State has been more diligent in addressing issues and concerns with providers by bringing providers in for office conferences in an effort to readily address identified deficiencies. More office conferences were held thus far in FFY 2019 than in prior years. The need for a more comprehensive disciplinary process has become evident and the State is working to develop a standard operating procedure for this.

OPM's training department partnered with Amerigroup to provide trainings to RBWO providers on the benefits and resources provided to youth in foster care, and completely revised the RBWO Foundations to mirror DFCS Academy training for the next fiscal year.

OPM has noticed an increase of providers entering in significant events in a timelier manner than in the past. In addition, there has also been improvement in the accurate categorization of significant events by our providers. This may possibly be attributed to the risk management team conducting technical assistance with providers over the phone, offsite and via email about the types of child related incidents that require reporting to GA+SCORE and what type of significant events warrants further assessment by providers through the completion of a policy violation assessment.

OPM's challenges during this period under review are as follows:

- The volume of CPA foster homes has steadily increased over the past year and is expected to continue to increase significantly due to the federal Family First Prevention Services Act (FFPSA). Consequently, there is a great need for additional resource development staff to process the current workflow.
- OPM not having the resources to effectively follow up on provider concerns. We have been short staffed, which impacts our ability to closely monitor and train our providers. Travel costs, time and distance also impact our ability to get to providers who are located all over the state of Georgia.
- OPM needs to develop a progressive discipline plan to address providers that are not meeting the minimal threshold for monitoring.

C. Child and Family Services Plan (Rev. 2017) and Updates

The Georgia Division of Family and Children Services began development of its current Child and Family Services Plan in 2013 in accordance with federal instructions. One year later, the state's new division head enlisted the help of the Casey Family Programs to take a comprehensive look at the agency's strengths and potential for growth. Along with a consensus on guiding principles and values for the agency, three overarching themes— workforce development, constituent engagement, and practice model - emerged from the strategic planning workgroups. Following that year, the Division conducted another state assessment via the federally proscribed Child and Family Services Review. The revelations of that review coupled with the research from the Casey-led strategic planning group helped the state to better pinpoint the most pressing areas for the agency to prioritize. Many of the objectives identified were consistent with the findings of the 2015 CFSR results.

By 2016, the State was in a better position to state clearer strategies and to structure them so that they would be more aligned with the State's overarching themes and priorities. A team of state-level staff refined agency strategies to conform to the overall work of child welfare while assuring that the strategies would adequately reflect the desired

outcomes based upon research and discovery. The refined plan was then submitted as part of the annual state child welfare plan submitted to the governor.

Below are the reworded and adjusted goals that pertain to the social services components of the plan. None of the main themes of the CFSP, as reported in last year's APSR have been removed. They have now been more appropriately renamed key strategies and have been categorized into one of the more high-level and expansive subject areas: Safety, Permanency, Well-Being, and Systemic Factors: Workforce and Stakeholder Engagement. These labels will now serve as the identifiers of the State's CFSP goals. The renaming and adjustments allow for the State to ensure that not only the areas of deficiency identified prior to the CFSR review but also those discovered post CFSR are being addressed. Additional benefits of the realignment are:

- Improved symmetry of the state plan with the federal plan
- More meaningful and quantitative objective measures
- Better correlations between key activities and desired outcomes
- More consistent tracking of activities
- More simplified plan for staff and constituents to understand and support

The State added one new key strategy to better ensure safety requirements are satisfactorily met for caregiver staff of child caring institutions, and to address concerns noted in the state's IV-E PIP. The plan encompasses strategies that have been frequently discussed with staff and stakeholders, and for which preparations and activities are underway. Several of the strategies and key activities mirror the state's CFSR Program Improvement Plan (PIP). Benchmarks and measures and action steps for key activities are identified in the narrative sections below the CFSP table; in a few instances, key activities and actions steps are still in the process of being added or adjusted. In the newly realigned plan, the goals and key strategies are as indicated in the following chart. Unless otherwise stated, the objective measure targets are being reported for December 31, 2016, September 30, 2017 (or FFY 2017) and the first six months of FFY 2018 and FFY 2019.¹

Table 3: 2015-2019 CFSP Goals and Strategies

Table 3: 2015-2019 CFSP Goals and Strategies	
Goals	Key Strategies
1. Safety: Families and individuals are free from abuse and neglect	<ul style="list-style-type: none"> • Implement Solution Based Casework • Improve child and family assessments throughout the child welfare continuum • Implement Safe to Sleep Campaign in partnership with community partners and providers

¹ September 2017: The last six months of FFY 17 (April 2017 – September 2017). 94 foster care cases/32 family preservation cases/30 family support cases. March 2018: The first six months of FFY 2018 (October 2017 – March 2018). March 2019: The first six months of FFY 2019 (October 2018 – March 2019). FFY 2018 and FFY 2019 - 90 foster care cases/30 family preservation cases/30 family support.

	<ul style="list-style-type: none"> • Implement monitoring activities to ensure the appropriate use of safety resources • Implement a robust quality assurance process for provider agencies
2. Permanency: Families and individuals are healthy and stable	<ul style="list-style-type: none"> • Implement Solution Based Casework • Increase and strengthen foster and adoptive resources • Strengthen the public and private agency placement operations system which includes the recruitment, retention and use of foster and group homes
3. Well-Being: Families and individuals have enhanced capacity to meet their physical, cognitive and educational needs	<ul style="list-style-type: none"> • Implement Solution Based Casework • Implement Connected by 21 • Provide Educational Academies to train staff, caregivers, and partners on the Division's educational policies, procedures and entitlements to promote successful educational outcomes • Streamline the educational assessment process to minimize the case management work process • Meet the assessment and individualized needs of children, youth, families through an enhanced and broadened array of physical and mental health services
4. Workforce: The Division's workforce is competent, professional and efficient	<ul style="list-style-type: none"> • Provide staff with skills to effectively engage, partner and plan with families, as well as track and celebrate their successes • Improve staff critical thinking and decision-making skills to ensure appropriate safe disposition of cases • Implement the Employee Selection Protocol to ensure the selection of the most appropriate Child Welfare employment candidates for the Division
5. Stakeholder Engagement: The Division and its stakeholders are fully engaged and responsive	<ul style="list-style-type: none"> • Provide education and training on Georgia's Comprehensive Practice Model to the Division's key stakeholder groups to ensure statewide support and engagement as implementation occurs • Utilize the statewide Child Welfare Training Collaborative – a partnership between the Division and Georgia State University – to provide stakeholders with opportunities for consistent and ongoing training • Partner with stakeholders to create opportunities for DFCS case managers and supervisors to receive additional training, information and resources that will assist them in providing direct academic support to foster youth

A. Plan for Improvement – Implement Solution Based Casework

Table 4: Plan for Improvement - Implement Solution Based Casework

CFSP Goals 1, 2 and 3			
Safety: Families and individuals are free from abuse and neglect. Permanency: Families and individuals are healthy and stable Well-Being: Families and individuals have enhanced capacity to meet their physical, cognitive and educational needs			
Objectives	Key Strategies	Key Activities	Action Steps
By September 2019			
CFSR Safety Outcome 1 Increase the percent of children who are, first and foremost, protected from abuse and neglect from 66% to 76%	Implement Solution Based Casework, a component of Georgia's Comprehensive Practice Model, to provide a trauma-informed framework for safety decision making, to ensure quality visits and engagement with parents and children, to ensure timely initial assessment of family and individual needs, as well as connections to relevant supports to meet identified needs inclusive of a trauma-informed approach, throughout the State.	Complete rollout statewide December 2017: <ul style="list-style-type: none"> Complete rollout in Regions 1, 3, 13 and 14 December 2016	Complete roll out in Regions 1, 3, 13 and 14. December 2016
CFSR Permanency Outcome 1 Increase the percent of children who have permanency and stability in their living situations from 14% to 17%		<ul style="list-style-type: none"> Complete rollout in Regions 2, 4, 5, 6, 7, 8, 9, 10, 11, and 12. December 2017	Fidelity reviews completed in Regions 1, 3, 13 and 14 to assess effectiveness of implementation. December 2017
CFSR Well-Being Outcome 1 Increase the percent of families who have enhanced capacity to provide for their children's needs from 26% to 31%		Provide Solution Based Casework training and certification to all child welfare case management and supervisory staff as part of the statewide implementation of Georgia's Comprehensive Practice Model to ensure child welfare staff have the necessary skills to effectively engage, partner and plan with families. July 2019	Complete roll out in Regions 2, 4, 5, 6, 7, 8, 9, 10, 11, and 12. December 2017 Fidelity reviews completed in Regions 2, 4, 5, 6, 7, 8, 9, 10, 11, and 12 to assess effectiveness of implementation. December 2018 The Training unit and C3 Coordinator or staff members will report progress and/or barriers at the monthly State CQI meetings. Starting July 2017 (ongoing) The Fidelity Team will report progress and/or

			barriers at the monthly State CQI meetings Starting July 2017 (ongoing)
--	--	--	---

B. Progress Measures

Key Strategy

Implement Solution Based Casework

- Increase the percent of children who are, first and foremost, protected from abuse and neglect from 66% to 76%
- Increase the percent of children who have permanency and stability in their living situations from 14% to 17%
- Increase the percent of families who have enhanced capacity to provide for their children's needs from 26% to 31%

Table 5: Objective Measures - Implement Solution Based Casework

	FFY 2015	FFY 2016 (Dec)	FFY 2017 (Sept)	FFY 2018 (March)	FFY 2019 (March)	Sept 2019
	Baseline	Actual	Actual	Actual	Actual	CFSP Target
Safety Outcome 1	66 %	71 %	78%	86%	89%	76%
Permanency Outcome 1	14 %	14 %	21%	19%	16%	17%
Well-Being Outcome 1	26 %	23 %	19%	20%	15%	31%

*Data Source – State Quality Assurance Trend Chart; FFY 15: CFSR Baseline data

December 2016: Data reported in last APSR. It was the most recent data the state had that included all regions (all zones) statewide

September 2017: The last six months of FFY 17 (April 2017 – September 2017). 94 foster care cases/32 family preservation cases/30 family support cases

March 2018: The first six months of FFY 2018 (October 2017 – March 2018). 90 foster care cases/30 family preservation cases/30 family support

CFSP Key Activity

Provide Solution Based Casework training and certification to all child welfare case management and supervisory staff as part of the statewide implementation of Georgia's Comprehensive Practice Model to ensure child welfare staff have the necessary skills to effectively engage, partner and plan with families. July 2019

CFSP Action Steps

- The Training unit and C3 coordinator or staff members will report progress and/or barriers at the monthly state CQI meetings. Starting July 2017 (ongoing)
- The fidelity team will report progress and/or barriers at the monthly state CQI meetings starting July 2017 (ongoing)

CFSP Action Step

The Training unit and C3 coordinator or staff members will report progress and/or barriers at the monthly state CQI meetings. Starting July 2017 (ongoing)

Training was completed as scheduled and remains in the implementation phase. One gap in progress has been in the certification phase. The length of time and required effort in getting staff certified was underestimated. Upon reviewing data, time between training and certification was significantly behind schedule. The goal was to have 100% of staff certified by June 2018. As of March 31, 2017, the State was only at 15% of staff certified. To address this issue a series of road shows were conducted across the state to meet with county and regional leadership to discuss successes and barriers to implementation.

As of March 2018, CFSP results and fidelity reviews reflect the agency's slow progress in integrating SBC into day-to-day practice. While each region is assigned a practice model coach, in hindsight, early effort should have been placed in developing "champions" in each county office. This could have provided additional support to counties during implementation and certification.

CFSP Action Step

The fidelity team will report progress and/or barriers at the monthly state CQI meetings starting July 2017 (ongoing). The fidelity team participates in the monthly PACCC meetings and provides updates regarding the state's fidelity review process and progress. The first reviews were done in October 2016, but there weren't enough work products at the time to relay a detailed assessment of progress. Reviews were also stalled briefly due to the development of a SHINES enhancement to include SBC language in the family agreement. The team was able to begin discussing review specifics after looking at certified workers in the metro district in January 2018 and in the north district in February. The team presented updates on these reviews at the March state CQI meeting and is slated to present again at the May and June meetings (no meeting will be held in April).

Related PIP Goal

PIP Goal III: In support of the Practice Model, establish a value-based case practice which supports safety, permanency, family and youth engagement, and community connections.

Goal III: Strategy III: Well-Being Outcome I

The goal of Solution Based Casework (SBC), a component of the Georgia Comprehensive Practice Model, is to provide a family-centered practice framework which can be implemented from assessment through case closure. It provides a family-friendly interface that helps to organize complex issues and multiple partners into workable family and individual plans and objectives. It is anticipated that implementation of this practice will positively impact outcomes all throughout the child welfare continuum, but most prominently with safety, permanency and well-being outcomes.

Full implementation of the SBC practice model is best seen as being accomplished in three phases: The training phase, the case consultation phase, and the field practice/certification phase.

Training Phase

- SBC Initial Training is a 2-½ day training with a focus on the basic concepts of the model with practice on applications to assessment and case planning skills. All front-line staff, their supervisors (team leaders) and immediate managers attend this training.
- SBC Supervisor Training is a follow-up 2-day advanced training, with a more in-depth review of the practice model concepts with a focus on their role as supervisors (team leaders) and mentors. Part of this time is spent on issues of coaching and mentoring staff toward implementing the ideas on new and existing cases. Case Consultations and concept integration are the primary focus. Supervisors and coaches/ managers take the SBC Qualifying Exam (QE) at the end of this training. When the supervisor completes this training and demonstrates proficiency on the exam, they are ready to begin mentoring caseworkers in their own learning process.

Case Consultation Phase

- Supervisors facilitate weekly Case Consultation meetings with their team where the SBC concepts are applied to a different case each week, for a period of about two months. Supervisors are trained in how to use a provided agenda that walks each case through the major SBC Practice Model concepts, thus providing good learning transfer across the whole team. During this phase of implementation, each caseworker, in conjunction with their supervisor, will focus their new skills on new cases as they work on their SBC Caseworker Certification.

Certification Phase

- The third phase begins as caseworkers are assigned their first new cases toward the end of the Case Consultation Phase. Supervisors focus on getting the new case (or cases) started out within the new model and then following the case through all four milestones. As workers work the case, they will be submitting work products for review.
- Supervisors will be attending monthly supervisor seminars which will help organize the mentoring as well as get some group practice in scoring each product, one work product at a time.
- Learning practice model skills should be a day-to-day activity and part of each supervisory session. Supervisors score work products as well as enter each worker's progress on the SBC Implementation Website.
- The SBC Certification Manual is used by the Supervisor to familiarize themselves (and the caseworker) with examples of work product standards that will be used during the Certification Review. The examples in the SBC Certification Manual, as well as the Score Sheets, can also be shared directly with the caseworker during the mentoring process to help them improve their proficiency.
- Once the Agency determines proficiency has been established, the caseworker is recommended to Social Services Associates, LLC for full recognition as an SBC certified caseworker

C. Progress Made and Benchmarks

Implement Solution Based Casework

Rollout of Solution Based Casework (SBC) was completed in 2017. Roll-out was completed in Regions 1, 3, 13, and 14 in November 2016, Regions 2, 4, 5, 6, 7, 8, 9, 10, 11, and 12 in October 2017. Frontline case managers and

supervisors are required to complete the 2.5-day OCP765- Solution Based Casework for Staff training. Supervisors are required to complete the 2-day OCP766- Solution Based Casework for Supervisors training. Once staff complete the initial training, there is a six-month certification process for assessment, ongoing and foster care staff. Ten SSCM's and three SSS's have been certified in the South District. Education and Training Unit provided 91 OCP765 classes and 29 OCP766 classes. During the review period, 1,673 staff completed OCP765 and 394 staff completed OCP 766.

Implementation of SBC moved much slower than expected. The original goal was to have 100% of staff certified by July 2018. As of June 1, 2019, only about 75% of staff have achieved certification. SBC has added some great elements to practice; the case planning process and the partnership with families. However, consistency to fidelity to the practice is low. Inconsistency in fidelity to practice has adversely impacted performance. As focus is shifted from certification to fidelity, there will likely be an improved impact on families. Although training, coaching and mentoring were provided throughout implementation, counties have expressed a desire to have more support from practice model coaches. There is one assigned coach per region and some areas within the regions require more support than others. Additionally, SBC is more effective when staff have lower caseloads. Systemic turnover and high vacancy rates have had an impact on caseloads and quality of practice.

The entire State is conducting practice with policy and guidelines in alignment with Solution Based Casework. A fidelity review process and Dynamic Quality Reviews focus on fidelity of implementation of SBC. Specialized training for state office staff occurred during the last quarter of the PIP with 95% of state office staff having completed the training.

PIP Update

The four key activities for this item were completed by December 2016. Phase two of implementation of SBC is being rolled into the state's upcoming 2020-2024 CFSP. The State is following Solution Based Case Work practice and policy guidelines. Dynamic Quality Reviews are being completed that focus on fidelity of implementation of SBC. Specialized training was provided for state office staff during quarter 8 with 95% of state office staff having completed the training. There is some concern that if the fidelity review results are low will the state maintain momentum? What is the state going to do to overcome or address barriers within the certification process and SBC application?

Feedback Loops

Implement Solution Based Casework

The Agency continues conducting roadshows with stakeholders to gather feedback about the agency and implementation of SBC. Regular meetings are held with courts to provide feedback on practice. Feedback has been mixed, primarily due to a lack of consistency in practice implementation. Additional venues for discussion include state PACCC meetings and judges meetings.

A. Plan for Improvement - Safety 1A: Improve the timeliness, quality and utilization of child and family assessments throughout the child welfare continuum

Table 6: Plan for Improvement - Safety 1a

Table 6. CFSP Goal 1a			
CFSP Goal 1a			
Safety: Families and individuals are free from abuse and neglect			
Objectives By September 2019	Key Strategies	Key Activities	Action Steps
<p>Item 1 - Increase the timeliness of initiating investigations from 66% to 76% (PIP goal of 72.4 % met)</p> <ul style="list-style-type: none"> • S1b – Investigations do not exceed 30 days (special investigations) and 45 days for investigations: Increase the percent of investigations that do not exceed the required number of days to complete from 36% to 80% • S1c – Family Support cases do not exceed 60 days: Increase the percent of family support cases that do not exceed 60 days from 53% to 85% • S1d – Present Danger assessments completed timely in investigations (timeliness of initiating investigations): Increase the percent of present danger assessments that are completed timely in 	<p>Improve the timeliness, quality and utilization of child and family assessments throughout the child welfare continuum</p>	<p>Implement an Initial Safety Assessment (ISA) to ensure all children/families receive timely initial safety assessments and cases are appropriately tracked to either investigations or family support. <i>April 2018</i></p>	<p>Develop and implement training to support the ISA process:</p> <ul style="list-style-type: none"> • Develop a one-day classroom training • Develop Live Case Learning • Instruction on what/how to document (where and by whom) with an emphasis on the person detail page and reminding staff to merge and relate • Assess participants' knowledge of Maltreatment Codes • Develop test items based on common errors such as using "lack of supervision" as a catch all when applying maltreatment codes • Create a checklist for supervisors • Create a checklist for case managers • Utilize various training delivery methods, such as classroom, WebEx, and/or a

<p>investigations from 17% to 40%</p> <ul style="list-style-type: none"> • S1e – Recurrence of maltreatment: Reduce recurrence of maltreatment from 8% to 5% • S1f – Re-entry into Foster Care: Reduce reentries into Foster Care from 7.5% to 5% • S1g – Maltreatment in Foster Care: Reduce maltreatment of children in Foster Care from 1.084 victimizations (per 10,000 days in care) to no more than .75 victimizations (per 10,000 days in care) 			<p>combination of methods</p> <ul style="list-style-type: none"> • Create Transfer of Learning (TOL) activities <p><i>March 2018</i></p> <p>Develop and implement an ISA fidelity monitoring and review process.</p> <p><i>March 2018</i></p>
---	--	--	--

B. Progress Measures – Safety 1a

Key Strategy:

Improve the timeliness, quality and utilization of child and family assessments throughout the child welfare continuum

Objective Measures:

- Item 1 - Increase the timeliness of initiating investigations from 66% to 76%
- S1b – Investigations do not exceed 30 days (special investigations) and 45 days for investigations: Increase the percent of investigations that do not exceed the required number of days to complete from 36% to 80%
(As of April 21, 2017, the policy is 45 days for all investigations)
- S1c – Family Support cases do not exceed 60 days: Increase the percent of family support cases that do not exceed 60 days from 53% to 85%
- S1d – Present Danger assessments completed timely in investigations (timeliness of initiating investigations): Increase the percent of present danger assessments that are completed timely in investigations from 17% to 40%
- S1e – Recurrence of maltreatment: Reduce recurrence of maltreatment from 8% to 5%
- S1f – Re-entry into Foster Care: Reduce reentries into foster care from 7.5% to 5%
- S1g – Maltreatment in Foster Care: Reduce maltreatment of children in foster care from 1.084 victimizations (per 10,000 days in care) to no more than .75 victimizations (per 10,000 days in care)

Table 7: Objective Measures - Safety 1a

Table 7: Objective Measures, CFSP Goal 1a							
	FFY 2015 (Items 1-1d) FFY 2017 (Items 1e-1g)	Dec 2016	Sept 2017	March 2018	March 2019	March 2019	Sept 2019
	Baseline	Actual	Actual	Actual	Actual	PIP Target	CFSP Target
Item 1	66 %	71%	78%	86%	89%	72.4% met	76 %
S1b. Investigations	36 %	85.5%	72.73%	64.13%	55.59%		80 %
S1c. Family Support	53 %	76.4 %	87.29%	88.09%	76.04%		85 %
S1d. Present Danger	17 %		5.99%	4.22%	3.19%****		40 %
S1e. Recurrence of Maltreatment	8 %	7.98%	5.28%*	3.57**	4.06%		5 %
S1f. Foster Care Re-entry	7.5 %	6.64%	8.67%*	5.30%***	5.2%		5 %
S1g. Maltreatment in Care Victimization	1.084 per 10,000 days in care	.77	0.6684	0.4724	.59		.75 per 10,000 days in care

NOTE: Georgia is no longer tracking the original CFSP 1a measure: Timeliness of **initiating** family support cases.

FFY 16 percentages for 1e, 1f and 1g were not yet available as NCANDS for FFY 16 was not yet published.

*FFY 2017

**First incident October 2016 – March 2017

***First removal between October 2015 – March 2016

****Timeliness increases to 3.46% when investigations with an intake during the report period are considered

Data Sources: Quality Assurance trend reports, SHINES data

Response Time Data

Table 8: Timely Response for Intakes Assigned to ISA

Table 8. Percent timely response for intakes assigned to Initial Safety Assessment (ISA) (State began doing ISAs August 6, 2016)				
Required response time	FFY 2016 August and September 2016	FFY 2017 October 2016 – September 2017	FFY 2018 October 2017 – March 2018	FFY 2019 October 2018 – March 2019
Immediate	86.0 %	91.45%	95.1%	94.13%
24-hour	78.0 %	86.41%	92.5%	91.61%
72-hour	77.0 %	86.34%	93.4%	90.57%
ISA response times	78.7 %	87.0 %	93.2%	91.75%
Total number assigned to ISA	15,459	84,633	45,370	43,235

Data Source: SHINES reports

Table 9: Investigation Times for Investigations with an Intake

Table 9. Investigation times for investigations with an intake*					
	Regular Investigations	Special Investigations		All Special Investigations	All Investigations
		30 Days**	45 Days***		
Percent timely FFY 2017	61.77%	17.02%	60.95%	36.14%	58.46%
Percent timely FFY 2018	63.87%	N/A	66.48%	66.48%	64.15%

*Time it took to complete the investigation

**Required response time between October 2016 and April 21, 2017 was 30 days

***Required response time after April 21, 2017 is 45 days. This percentage is for response times between April 22 – September 2017. Policy changed in April 2017, allows special investigations 45 days to close. This was before the start of Federal Fiscal Year 2018.

Data Source: SHINES data

CFSP Key Activity

Implement an Initial Safety Assessment (ISA) to ensure all children/families receive timely initial safety assessments and cases are appropriately tracked to either investigations or family support.

April 2018

CFSP Action Steps

- Develop and implement training to support the ISA process
- Develop a one-day classroom training
- Develop live case learning
- Instruction on what/how to document (where and by whom) with an emphasis on the person detail page and reminding staff to merge and relate

- Assess participants' knowledge of maltreatment codes
 - Develop test items based on common errors such as using "lack of supervision" as a catch all when applying maltreatment codes
 - Create a checklist for supervisors
 - Create a checklist for case managers
 - Utilize various training delivery methods, such as classroom, WebEx, and/or a combination of methods
 - Create transfer of learning (TOL) activities
 - Develop and implement an ISA fidelity monitoring and review process
- March 2018

Related PIP Goal

Goal I: Improve the timeliness, quality, and utilization of child and family assessments throughout the child welfare continuum.

PIP Goal I, Strategy I: Implement an Initial Safety Assessment (ISA) to ensure all children/families receive timely initial safety assessments and cases are appropriately tracked to either investigations or family support.

Revisions to Goals, Objectives and Interventions

The State recognized that this strategy did not get to the root of some other concerning issues. Therefore, the PIP goal regarding fidelity monitoring and the review process was adjusted. The new process included a monthly review of assigned intakes (family support services and investigations), foster care, and family preservation cases from all counties conducted by the regional staff.

Georgia learned that strong assessments alone do not guarantee appropriate referrals will be made for services, nor that services, when provided, will be effective. Early fidelity reviews did not capture monthly assessments that occur in ongoing cases or whether prescribed services have been having the desired impact. However, reviews were able to determine if policy is being followed as a case moves from the ISA toward a track assignment. It appears evident that thorough case reviews by safety field program specialists that focus equally on the initial work with a family and subsequent monthly contacts and assessments will lead to better outcomes. The new fidelity review process includes monthly review, by regional staff, of assigned intake (family support services and investigations), foster care, and family preservation cases from all counties.

C. Progress Made and Benchmarks

Safety 1a: Improve the timeliness, quality and utilization of child and family assessments throughout the child welfare continuum

Georgia completed the implementation of Initial Safety Assessment practice and commensurate fidelity reviews during PIP quarter one. In 2017, the following chapters of the Child Welfare Policy Manual were updated to improve the quality, utilization and timeliness of child and family assessments in alignment with Georgia's Practice Model: Chapter 4: Initial Safety Assessment was updated to resolve ambiguity in conducting a comprehensive assessment of child safety and assigning cases to investigation when a child has injuries.

Chapter 5: Investigations was updated to remove the initial response time to assess child safety from investigation, as this occurs as part of the ISA, and removes the completion of the initial Present Danger Assessment (PDA), as this occurs as part of the safety assessment in ISA. Purposeful Visits was created as a new policy section and requires assessing child safety and making a safety decision at every contact with the child(ren) and family.

Chapter 7: Family Support Services was updated to remove the initial response time to assess child safety from FSS as this occurs as part of the ISA, and removes the completion of the initial Present Danger Assessment (PDA) as this occurs as part of the safety assessment in ISA. The policy aligns the assessment of family functioning with Georgia's Practice Model and updates the requirement for completion of the FSS assessment to within 60 calendar days from the date of intake.

Chapters 5 (Investigations) and 7 (Family Support Services) were updated to create a new policy section on Purposeful Contacts, requiring that any contact with the child and family is purposeful. Child safety should be assessed, and a safety decision made at every contact with the child and family.

A new LENSES dashboard report was activated August 2018 which allows for quicker and easier monitoring of timeliness and provides accurate, case-specific data. A service directory of available providers statewide and the services they provide has been linked to the state's SACWIS system, making it accessible to case managers statewide. In the coming months, the State will work to refine the directory, entering additional data, updating provider changes, informing internal and external stakeholders of its existence and getting feedback from users on how the directory may be improved.

The State is seeking input and guidance from DBHDD, DPH and other relevant partners, stakeholders, and court representatives to form a quality substance abuse protocol that addresses drug testing in substance abuse cases, family treatment court services, and service providers. The protocol will include guidance on the assessment of cases involved with substance abuse, decision making and safety threat determinations. In addition, guidelines are being crafted to assist staff in determining court barriers to be referred to the Court Improvement Project.

A regional review will be done on new safety resource placements by regional staff to ensure safety resources are only initiated when immediate safety threats cannot be mitigated in the home and when there are no safety-related services that can mitigate the threats while the child remains in their home. Along with focusing on the appropriateness of the placement, the state will also be monitoring to see if the minimal 45-day timeframe is being adhered to (with minimal exceptions). When there are exceptions, the State will be checking to make sure all identified barriers have been clearly documented.

Reviews will be staffed with the case manager and supervisor, and documentation of the staffing will be completed in SHINES. Findings from the reviews will be shared at supervisor and case manager summits and conferences, and training will be provided to address areas of deficiency. Feedback from staff regarding identified barriers, concerns, or success will also be received and shared during summits. Review results will be given to the state-level Safety Services Unit and the review tool will be updated to capture areas of concern.

PIP Update

This strategy was completed, and an initial safety assessment process has been implemented. While ACF acknowledges that the State has technically completed this activity, it cautions that there still needs to be targeted support to the regions and additional transfer of learning training may be necessary. Three fidelity reviews were done in Quarter 5, and the Dynamic Reviews were started in Quarter 6. There were approximately 100 ISA reviewers in Q6. Both Fidelity ISA reviews and Dynamic Quality reviews were done in quarters 7 and 8. The State will continue doing these reviews post PIP. Second phase – the implementation phase – of SBC will be a part of the new CFSP and Field Operations will be primarily responsible for execution. Fidelity reviews and Dynamic Quality Reviews are conducted ongoing to assess fidelity to the initial safety assessment practice. This item will not be

rolled into the 2020 CFSP, however, the State is committed to ensuring children and families receive timely initial safety assessments and cases are appropriately tracked to investigations or family support.

Feedback Loops

Safety 1a: Improve the timeliness, quality and utilization of child and family assessments throughout the child welfare continuum

Internal partners have been involved in the reviewing of potential barriers and identifying of trends from CFSR QA reviews which led to the changes made to the QA review and tracking process. Information regarding the State's progress on ISA implementation is shared through agency leadership meetings, regional summits, and county trainings. This interaction has had a positive impact, allowing for consistent communication with front line case managers up through senior leadership. Information is regularly shared through agency leadership meetings, regional summits, and county trainings.

A. Plan for Improvement - Safety 1b: Implement a comprehensive, research-based Safe to Sleep Campaign in partnership with community partners and providers

Table 10: Plan for Improvement - Safety 1b

Table 10. CFSP Goal 1b			
Safety: Families and individuals are free from abuse and neglect.			
Objectives By September 2019	Key Strategies	Key Activities	Action Steps
<p>Item 2 - Ensure services to protect children in home and prevent removal or re-entry in 71% of cases PIP = 68% by April 2019</p> <p>S1h – Sleep-Related Deaths: Reduce the number of sleep-related deaths for children who are currently receiving or previously received services from DFCS to less than 56</p>	Implement a comprehensive, research-based Safe to Sleep Campaign in partnership with community partners and providers	Provide consistent messaging, training and resources to families to prevent infant sleep-related deaths. <i>September 2019 (ongoing)</i>	<p>Develop a collaborative partnership between DFCS and other child-serving agencies including the Department of Public Health (DPH), Office of Prevention and Family Support and the Georgia Child Fatality Review Panel to drive outreach activities and distribute Safe to Sleep campaign resources. <i>September 2017</i></p> <p>Produce and distribute material resources that support safe sleep messaging as part of</p>

			community outreach such as kits, play yards, flyers, and displays to families and partner agencies. <i>June 2017 (ongoing)</i>
--	--	--	---

B. Progress Measures – Safety 1b

Key Strategy: Implement a comprehensive, research-based Safe to Sleep Campaign in partnership with community partners and providers

Objective Measures:

- Item 2 - Ensure services to protect children in home and prevent removal or re-entry in 71% of cases
- S1h - Reduce the number of sleep-related deaths for children who are currently receiving or previously received services from DFCS to less than 56

Table 14: Objective Measures, CFSP Goal 1b						
CFSR Safety 2	FFY 2015 (Item 1h)	Dec 2016	Sep 2017	March 2018	February 2019	Sept 2019
	Baseline	Actual	Actual	Actual	PIP Target	CFSP Target
Item 2 Ensure services	59 %	78 %	44%	50%	68%	71 %
S1h. Sleep-related deaths	<66	<60			<73	<56

Data sources: Quality Assurance trend reports and Child Fatality Unit

Region	Number of Deaths*		Region	Number of Deaths*
1	9		8	4
2	2		9	3
3	3		10	4
4	11		11	6
5	4		12	6
6	5		13	6
7	2		14	7
			State	72

Data Source: Child Fatality Unit

*The number of sleep-related deaths, in 2018, of a child who had prior history with the agency within five years of February 15, 2019.

CFSP Key Activity

Provide consistent messaging, training and resources to families to prevent infant sleep-related deaths.
September 2019 (ongoing)

CFSP Action Steps

- Develop a collaborative partnership between DFCS and other child-serving agencies including the Department of Public Health (DPH), Office of Prevention and Family Support and the Georgia Child Fatality Review Panel to drive outreach activities and distribute Safe to Sleep campaign resources. September 2017
- Produce and distribute material resources that support safe sleep messaging as part of community outreach such as kits, play yards, flyers, and displays to families and partner agencies. June 2017 (ongoing)

No Related PIP Goal

Revisions to Goals, Objectives and Interventions

There have been no revisions to this goal.

Implementation Supports

There have been sufficient supports during implementation of this goal.

C. Progress Made and Benchmarks

Safety 1b: Implement a comprehensive, research-based Safe to Sleep Campaign in partnership with community partners and providers

There were 124 sleep-related deaths reported to the Division in 2018. Of the 124 deaths, 72 have CPS history within five years from the date of the child's death. Five of the 72 children with DFCS history were over age 1 at the time of their death, and they died during a sleep-related event in which their sleep environment could have contributed to their death. Eighteen of the 72 were prenatally exposed to drugs at birth. Forty-eight of the 72 children were co-sleeping at the time of their death. Twelve of the 48 who were co-sleeping were prenatally exposed to drugs at birth.

Children less than 1 year old are of the greatest risk for deaths related to maltreatment. Many of these deaths are at the hands of secondary caretakers who often are not related to the child. A large subset of this grouping are maltreatment deaths related to co-sleeping where the caretaker appears to have been impaired. During 2015, it was determined that many sleep-related deaths could possibly be reduced by placing a focus on how families put their babies down to sleep. A practice adjustment was made in 2016 requiring case managers handling cases involving infants to determine that an appropriate sleeping arrangement existed; that a discussion about the ABC's of Safe Sleep would take place with all caretakers, and that case managers would document their efforts.

During this CFSP report period, Safe-to-Sleep displays were placed in DFCS county offices and community agencies lobbies or visiting areas, located in high risk localities, as a visual model of a safe infant sleep environment for caretakers. Prevention and Community Support developed concrete strategies to connect to safety, permanency and well-being through intentional efforts to support training and educational opportunities for child welfare staff which include efforts for the safe sleep campaign. Regional champions were created to help ensure staff are actively developing plans of safe care for appropriate families. A Frequently Asked Questions document was also developed to further facilitate staff understanding of needed actions. In the fall of FFY 2018, 75 pack-n-

play cribs were distributed to the two counties with the highest rates of sleep related deaths for use in their districts and an additional 50 pack-n-play cribs to the north district of the state. An instructional sheet was developed, along with help from DPH's Safe Sleep coordinator, to be completed with families when they distribute the pack-n-plays. Safe-to-sleep materials were also provided to the two identified counties and any other county that requested it.

See CAPTA section of this report for more information on how the State is addressing the needs of infants and families affected by substance abuse and opioids. Staff attended the Opioid Treatment Providers of Georgia Conference in November 2017 and other conferences (GCCF; Georgia PROUD) that provided workshops related to this topic and other subjects related to child safety. Child Abuse Registry trainings were also offered to staff in FFY 2018.

Throughout the CFSP report period, the Prevention Section funded training efforts for staff and providers through Care Solutions, Strengthening Families Georgia, and the Georgia Center for Child Advocacy including a Safe Sleep for Georgia Babies course and a Brain Development: Amazing Brains, Amazing Babies course. The Safe Sleep course is a one-hour, one CEU credit training that supports the safe sleep campaign, which was led by former First Lady of Georgia, Sandra Deal. She served as co-chair of the Georgia Children's Cabinet to educate parents, grandparents, childcare providers and others in the community about safe sleep practices for infants.

The State will work to increase resources related to safe to sleep for caretakers with infants age 0 to 5 by increasing partnership involvement to develop additional safe to sleep efforts statewide. Pack-n-play cribs will continue to be distributed statewide, along with safe to sleep materials. DPH provides many supports to help prevent sleep related deaths throughout the state, therefore DFCS has begun very intentional conversations on how to supplement their current efforts, for example, focusing future efforts on the Georgia Pediatric Association.

The agency's Safety Section continues to use live learnings, replete with correct and incorrect examples, to address and train on policy and practice regarding safe sleep.

This activity was not rolled into the new CFSP; however the Office of Prevention and Family Support's statement of need(s) will continue to target special populations such as the ones listed below and fund organizations that provide safe sleep awareness services.

- 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

There were 124 sleep-related deaths reported to the Division in 2018. Of the 124 deaths, 72 have CPS history within five years from the date of the child's death. Five of the 72 children with DFCS history were over age 1 at the time of their death, and they died during a sleep-related event in which their sleep environment could have contributed to their death. Eighteen of the 72 were prenatally exposed to drugs at birth. Forty-eight of the 72 children were co-sleeping at the time of their death. Twelve of the 48 who were co-sleeping were prenatally exposed to drugs at birth.

Feedback Loops

Safety 1b: Implement a comprehensive, research-based Safe to Sleep Campaign in partnership with community partners and providers

There are regular monthly meetings between DFCS and the partner agencies that have led the push to educate communities about the importance of safe sleeping. There continues to be ongoing collaboration between the Division, the Department of Public Health and the Georgia Child Fatality Review Panel to increase training, resources and educational information for staff members, providers and community-based organizations supported by each agency. Community outreach is led by community educators who provide education on safe to sleep strategies within counties at a greater risk of sleep related deaths as identified by the Division.

A. Plan for Improvement - Safety 1c: Implement monitoring activities to ensure the appropriate use of safety resources

Table 11: Plan for Improvement - Safety 1c

Table 11. CFSP Goal 1c			
Safety: Families and individuals are free from abuse and neglect			
Objectives By September 2019	Key Strategies	Key Activities	Action Steps
Item 3 - Ensure risk assessment and safety management of 51% of cases PIP 48.5% by April 2019	Implement monitoring activities to ensure the appropriate use of safety resources	<p>Conduct monthly cadences of cases with children in Safety Resources over 45 days (ongoing).</p> <p>Review cases prior to cadences to ensure Safety Resources meet the approval standards outlined in agency policy (ongoing).</p> <p>Report court-related barriers to regional CQI teams to address with court partners as needed and to the Court Improvement Project (CIP) for review and determination of their involvement in removing the barriers (ongoing).</p>	<p>Update the Georgia SHINES Safety Resource Report to include the option of pulling by supervisor and include the assigned worker. Supervisors and county directors will use the report to monitor, identify and remove barriers, and to reduce the number of cases over 45 days.</p> <p>Develop a Safety Resource Approval Checklist for supervisors to be used to ensure all elements are included in the Safety Resource Assessment for approval.</p>

		<p><i>Starting June 2017 (ongoing)</i></p> <p>Identify and remove barriers to the Relative Care Assessment (RCA) and Safety Resource assessment and approval process.</p> <p>Update Georgia SHINES to produce a report to track the completion of the RCA/Safety Resource assessment and other requirements.</p> <p>Supervisors and county directors will use the report to monitor, identify and remove barriers, and to improve the timely completion of RCA/Safety Resource assessment.</p> <p><i>December 2017</i></p>
--	--	--

B. Progress Measures – Safety 1c

Key Strategy:

Implement monitoring activities to ensure the appropriate use of safety resources

Objective Measures:

Item 3 - Ensure risk assessment and safety management of 51% of cases

Table 12: Time in a Safety Resource

Table 12. Time in a Safety Resource (Percent of Children)				
	FFY 2016	October 2016 – September 2017*	October 2017 – March 2018**	October 2018 – March 2019***
1 to 14 days	17.1%	21.29%	26.42%	14.7%
15 to 30 days	17.1%	16.06%	16.86%	13.49%
31 to 45 days	25.5%	19.26%	17.31%	17.21%
More than 45 days	40.3%	43.39%	39.41%	54.6%
Total number of children	2,792	3,593	1,548	1,075

Data source: SHINES

*The FFY 2017 data include children whose placement in a safety resource began in FFY 2017.

The FFY 2018 data reflect five months instead of six because to get an accurate count, only cases that **could have gone over 45 days can be included. It is not yet known whether cases opened in March 2018 will eventually go more than 45 days.

***For safety resource stays that started in the 6 months beginning October 1, 2018

Table 13: Objective Measures - Safety 1c

Table 13. Objective Measures, CFSP Goal 1c							
CFSR Safety 2	FFY 2015	FFY 2016*	FFY 2017*	FFY 2018*	FFY 2019*	FFY 2019	FFY 2019
	Baseline	Actual	Actual	Actual	Actual	PIP Target	CFSP Target
Item 3 Ensure risk assessment and safety management	43%	47%*	33%	29%	28%	48.5%	51%

Data source: Quality Assurance trend reports

* FFY 2016 (December); FFY 2017 (September); FFY 2018 (March); FFY 2019 (March)

CFSP Key Activities

- Conduct monthly cadences of cases with children in Safety Resources over 45 days (ongoing).
- Review cases prior to cadences to ensure Safety Resources meet the approval standards outlined in agency policy (ongoing).
- Report court-related barriers to regional CQI teams to address with court partners as needed and to the Court Improvement Project (CIP) for review and determination of their involvement in removing the barriers (ongoing).
Starting June 2017 (ongoing)

CFSP Action Steps

- Update the Georgia SHINES Safety Resource Report to include the option of pulling by supervisor and include the assigned worker. Supervisors and county directors will use the report to monitor, identify and remove barriers, and to reduce the number of cases over 45 days.
- Develop a Safety Resource Approval Checklist for supervisors to be used to ensure all elements are included in the Safety Resource Assessment for approval.
- Identify and remove barriers to the Relative Care Assessment (RCA) and Safety Resource assessment and approval process.
- Update Georgia SHINES to produce a report to track the completion of the RCA/Safety Resource assessment and other requirements.
- Supervisors and county directors will use the report to monitor, identify and remove barriers, and to improve the timely completion of RCA/Safety Resource assessment.
December 2017

Related PIP Goal

PIP Goal I: Improve the timeliness, quality, and utilization of child and family assessments throughout the child welfare continuum.

Goal I: Strategy II: Safety Outcome 2

Implement monitoring activities to ensure the appropriate use of safety resources.

Revisions to Goals, Objectives and Interventions

As there was a steady decline in Georgia's performance on CFSR Item 3 (33% September 2017; 29% March 2018), the State requested an adjustment to the PIP strategy and an extension to the target completion date from PIP Quarter 1 to PIP Quarter 8. The State requested additional time for implementation of the safety resource supervisor checklist, understanding that a checklist alone without additional monitoring of utilization does not guarantee appropriate use of safety resources, nor will it guarantee that services are initiated or effective. As the Agency works to spread the use of the checklist, it will also work to ensure that staff are engaging families and properly identifying initial safety threats.

Additionally, Georgia requested an extension for the completion of a new relative care assessment from Quarter 3 to Quarter 6 and that the following PIP activities be combined as they are reflective of the same work and therefore redundant.

- Goal I, Strategy II, Outcome 4: Identify and remove barriers to the Relative Care Assessment (RCA) and Safety Resource assessment and approval process
- Goal I, Strategy II, Outcome 5: Update GA SHINES to produce a report to track the completion of the RCA/Safety Resource assessment and other requirements. Supervisors and county directors will use the report to monitor, identify and remove barriers, and to improve the timely completion of RCA/Safety Resource assessment.

Implementation Supports

Part of the reason for the delay in implementation was the need to convert and modify existing reports in SHINES including development of a new LENSES report for better tracking. There were sufficient training, coaching, and policy supports for implementation of ISA.

C. Progress Made and Benchmarks

Safety 1c: Implement monitoring activities to ensure the appropriate use of safety resources

Georgia had some challenges with this strategy. A need for course correction became evident in quarter four. Cadences and reviews of cases over 45 days did not allow for a timely review of whether a safety resource was initiated appropriately. The review process did not capture the appropriateness of services or family engagement. There was a need to do additional monitoring and to define a process regarding court barriers. A new review process was implemented including new regional safety resource plans with instructions for monitoring cases and reporting updates. Safety resource placements are now being staffed at the regional level once a month at a minimum. The State has seen an improvement in safety resource practice since the implementation and modification of Regional Safety Resource Tracking Reports. All safety resource placements are now being staffed at the regional level at a minimum of each month. There has been an increase in reported services for families as well as improvement in overall safety resource practice. Upon initial utilization of regional reports, there was a combined 49% for appropriate services to families. The State has shown a steady increase and is currently at 70%. This tool has significantly improved the ability to monitor appropriate services to families.

According to regional reports received for quarter 7, 59% of safety resources over 45 days had an appropriate decision regarding the children being placed out of their home and into a safety resource. This includes longstanding safety resources in which the Division worked with legal partners and CIP to appropriately resolve. There has been improvement in initial determinations regarding the appropriateness of a safety resource being

initiated. When a safety resource is identified as inappropriate (agency should have requested emergency custody through the court or initiated timely services to maintain the children in their home), these are viewed as learning opportunities to change practice and move toward a safe, appropriate resolution.

Barriers to timely resolutions of safety resources continue to be reported to the regional CQI teams and then forwarded to the CIP. Ongoing conversations have been maintained with Mr. Jerry Bruce of CIP discussing barriers both with the court and SAAGS. Joint meetings with regional directors, county directors, Jerry Bruce, and SAAGS will be conducted during the 8th quarter addressing identified barriers and discussing resolutions.

We continue to actively participate in CIP conferences and attend the judges only meetings to discuss barriers, concerns, and ideas for improvement of practice.

During the 7th quarter a Safety Resource Safety Assurance Plan was implemented to address potential out of home placements that were not documented and/or assessed as a safety resource. During the monthly staffing of each family preservation case, the supervisor conducting the staffing was required to inquire about the current living situation for each child. For every child in an open CPS case that was not living in their home and unable to return due to an identified safety threat, the supervisor was required to verify that there was an approved safety resource completed. If one was not completed, the county was required to complete the safety resource by the end of the month.

The State has developed regional safety resource protocols and has monthly safety resource staffings. A partnership with CIP that has allowed for improvement related to court barriers while opening further avenues of communication with additional legal partners has been established. For example, in two counties in Region 2 the Division met and discussed specific concerns with the SAAG. General Counsel for the Division provided clarification regarding policy and expectations as to how cases would be handled in the future. CIP was present at this meeting which ended with everyone having the opportunity to express any concerns and a resolution agreed upon. These types of meetings will continue to be held across the state.

Continued improvement in safety resource practice has been seen since the implementation and modification of Regional Safety Resource Tracking Reports. All safety resource placements continue to be staffed at the regional level a minimum of once monthly. Regions 3 and 12 conduct weekly safety resource staffings while Regions 1 and 4 conduct staffings twice a month. The following information is to be discussed and/or reviewed at each staffing:

- The initial safety threat and reason for the safety resource
- The appropriateness of utilizing the safety resource
- Were services for all family members appropriately identified and initiated timely
- Current services being provided
- Current safety threat that prevents child(ren) from returning home
- Is court action required? If yes, was petition filed timely?
- Current barriers to resolving the safety resource
- Specific court barriers involved with case
- Is the safety Resource Checklist completed?
- Next steps

Upon initial utilization of regional reports, statewide 49% of safety resources were receiving appropriate services for their families. At the end of quarter 8, the rate of services increased to 69%. Several of the cases without

services had parents/caregivers who were not engaged, with court action pending. The regional reports have improved the Division's ability to monitor services to families and continue to see improvement with initial determinations regarding the appropriateness of a safety resource being initiated.

The new LENSES report allows for better tracking of timeliness of safety resource approvals and placements. The report shows the count of unique children placed in a safety resource during a quarter. Regarding the number of children in a safety resource over 90 days as of March 31, 2019, there were 46, compared to 86 from last year. The table above indicates a point in time measure of the children in a safety resource on March 31 for the last 3 years (see Table 12). The reductions are likely due to regular cadences of safety resources.

Overall, most regions report improvement with court barriers. However, getting a prompt court date, court date continuances, communication between the Division and SAAGs and delayed filing of petitions remain barriers. Barriers to timely resolutions of safety resources continue to be reported to the regional CQI teams and then forwarded to the CIP. Joint meetings which may include regional directors, county directors, Jerry Bruce (CIP), and SAAGs have been conducted, addressing the identified barriers and discussing solutions. General Counsel and CIP are working together to provide training for SAAGs. OCA and the CASA state director have also been included in conversation regarding concerns and solutions regarding court practices for specific areas. The Permanency Director and Safety Services Director continue to participate in CJCJ conferences and CIP conferences and attending the judges-only meetings to discuss barriers, concerns and ideas for improvement of practice. Again, there has been noticeable improvement and the State is committed to continue with this effort.

Field Ops Input: Progress continues to be made as a result of consistent cadencing of cases with children in safety resources over 45 days and the tracking collaboration between Field Ops and the Safety Section. Discussing these cases at least monthly provides a level of accountability and oversight. The ongoing barriers that continue to impact timeliness issues are results of high caseloads associated with vacancies. Field Ops is working with HR to identify significant lags in onboarding new staff and problem solving for solutions. Weekly cadence calls are held between HR and Field Ops to implement plans of action where movement is needed. However, there continues to be more opportunity ahead to further streamline and improve this overall process. SAAG and court related delays continue to be another issue that is impeding progress of SR placements. These barriers are addressed in meetings with DFCS county, regional and district leadership, SAAGs and judicial partners; included in some are also senior DFCS leadership and CIP representatives. Meetings are held to address specific SAAG or court delays and problem solve specific steps to overcome local barriers. In addition, many counties/regions host regular calls and/or meetings (such as quarterly breakfasts) with their SAAGs and judges as a means of building relationships and identifying issues before they become barriers.

PIP Update

Monitoring activities have been implemented. Each region has a plan for monitoring safety resource placements and these placements are being staffed monthly. Regions that have more frequent staffings than others tend to have better safety resource outcomes. During 8th quarter 41% of safety resource placements (children not in homes) were open for more than 45 days with 92% of the safety resources approved. The new LENSES report allows for better tracking for timeliness of safety resource approvals and placements.

Barriers to timely resolutions of safety resources will continue to be reported to regional CQI teams and then forwarded to the Court Improvement Project. Additionally, the state will continue to work closely with court representatives and SAAGS. The 2020 CFSP includes objectives specifically related to strengthening these partnerships.

Enhanced quality of dependency proceedings helps to assure effective, efficient and appropriate interventions and increases the likelihood of timely permanency. The CFSP goals for the upcoming cycle include the following objectives:

- Implementation of the second phase of Multidisciplinary Child Abuse and Neglect Institutes which are trainings that focus on the life of a dependency case from the judicial review hearing until achievement of permanency.
- Cold Case Project reviews of cases of children who have been in foster care for an extended period of time and are predicted to be most at risk of aging out of foster care without attaining permanency. This project is administered by a collective group of attorneys and guardians ad litem.
- Continued use of and identification of new uses for the Court Process Reporting System (CPRS) (a web-based system that provides child-specific case plan information to juvenile court stakeholders).

ACF would like to have some discussions with representatives of the Court Improvement Project to talk about the following barriers:

- Getting a prompt court date
- Court date continuances
- Communication between the Division and SAAGs
- Delayed filing of petitions

CFSR review data for end of Quarter 8 (all cases)

Safety Item 2 Services to family to protect children in home and prevent removal or re-entry into foster care - 40%

Safety Item 3 Risk assessment and safety management - 28%

Well-Being Item 12 Needs and services of child, parents, foster parents - 18%

Well-Being Item 14 Caseworker visits with child - 51%

Well-Being Item 15 Caseworker visits with parent(s) - 24%

CFSR review data for end of Quarter 8 (Family Preservation Services cases)

Safety Item 2 - 22%

Safety Item 3 - 13%

Well-Being Item 12 - 20%

Well-Being Item 14 - 33%

Well-Being Item 15 - 20%

The State has seen a decrease in outcomes with our Family Preservation Services cases in Safety Items 2, 3 and 14 with Items 12 and 15 remaining the same over the last quarter. Through the review of records, staffings and information gathered from regional safety summits, it is reported that this downward trend is related to high caseloads, vacancies, timeliness of being able to hire, fill and train new staff and lack of skill set and knowledge. Additionally, there is concern regarding the accountability required.

Feedback Loops - Safety 1c

Court related barriers, as they arise or are uncovered, are sent to the Safety Services Section and are then reviewed with legal services and the Court Improvement Project (CIP) as applicable. Responses from the CIP are shared with C3 coordinators for discussion in their respective region. Barriers will be monitored for trends and resolutions that may be shared throughout the state. Service directory information is shared through agency leadership meetings, regional summits and county trainings. C3 coordinators help to promote the use of the directory among their constituents.

A. Plan for Improvement - Safety 1d: Improve the quality assurance process regarding the implementation of safety policies and IV-E requirements for provider agencies

Table 14: Plan for Improvement - Safety 1d

Table 14. CFSP Goal 1d Safety: Families and individuals are free from abuse and neglect.			
Objectives By September 2019	Key Strategies	Key Activities	Action Steps
Item 3 – Ensure risk assessment and safety management of 51% of cases (PIP 48.5% by April 2019) <ul style="list-style-type: none"> S1i - Increase the number of CCI sites that have a quality assurance plan from 56% to 100% (IV-E PIP goal of 25% per quarter; 100% by year end) S1j - Increase the percent of CCIs in compliance with staff safety screenings and criminal records checks via desk 	Improve the quality assurance process regarding the implementation of safety policies and IV-E requirements for provider agencies	Office of Provider Management (OPM) will develop and require a quality assurance plan for all child caring institutions Enhance the state's SHINES system so that it generates automatic alerts regarding the change in status in the license or reimbursement eligibility of a foster/adoptive home.	Upload quality assurance plans to GA+SCORE OPM <i>December 2017</i> Review data from comprehensive reviews to determine safety requirement compliance, safety screenings and criminal records checks <i>December 2017</i> Develop a function and design component in SHINES to establish an alert system that will auto-generate once a status has been changed to a foster/adoption home <i>November 2017</i> Ensure the auto-generated alert/task notice indicates

reviews from 94% to 100%. (IV-E PIP goal of 25% per quarter; 100% by year end)			completion of safety checks and whether home approval standards are present <i>November 2017</i>
---	--	--	---

B. Progress Measures - Safety 1d

Key Strategy: Improve the quality assurance process regarding the implementation of safety policies and IV-E requirements for provider agencies

Objective Measures:

- Ensure risk assessment and safety management of 51% of cases
- Increase the number of CCI sites that have a quality assurance plan from 56% to 100%
- Increase the percent of CCIs in compliance with staff safety screenings and criminal records checks via desk reviews from 94% to 100%

Table 15: Objective Measures - Safety 1d

Table 15. Objective Measures, CFSP Goal 1d						
CFSP Safety 2	FFY 2015 (Item 3) FFY 2017 (S1i and S1j)	Dec 2016	Sept 2017	March 2018	March 2019	Sept 2019
	Baseline	Actual	Actual	Actual	PIP Target	CFSP Target
Item 3 Ensure risk assessment and safety management	43%	47%	33%	29%	48.5%	51%
S1i - Increase the number of CCI sites that have a quality assurance plan	56%		84.1%	86.5%	84.28%	100%
S1j - Increase the percent of CCIs in compliance with staff safety screenings and criminal records	94%		13.2%	64%	81.84%	100%

checks via desk reviews						
-------------------------	--	--	--	--	--	--

Data sources: Quality Assurance trend reports, GA+SCORE data

Table 16: Providers Desk Reviews

Table 16. Providers Completed Desk Reviews March 31, 2018 and 2019						
Providers	Program Count 2018	Program Count 2019	Safety Review 2018	Safety Review 2019	Percent 2018	Percent 2019
All	222	369	205	309	92.3%	83.74%
CCI	159	166	151	149	95.0%	89.76%
TLP	10	9	9	8	90.0%	88.89%
ILP	53	71	45	50	84.9%	70.42%

Data Source: Georgia SCORE

Table 17: Provider Compliance with Safety Reviews

Table 17. Providers Compliant Safety Reviews as of March 31					
Providers	Compliant safety review	Percent	Compliant safety review	Percent	
	2018		2019		
All	142	64.0%	302	81.84%	
CCI	94	59.1%	145	87.35%	
TLP	8	80.0%	8	88.89%	
ILP	40	75.5%	47	66.20%	

Data Source: Georgia SCORE

Table 18: Providers' Quality Assurance Plans (2018)

Table 18. Quality Assurance Plans uploaded by March 31, 2018*			
Providers	Program Count	Uploaded QA Plan	Percent
All	222	192	86.5%
CCI	159	139	87.4%
TLP	10	10	100.0%
ILP	53	43	81.1%

Source: Georgia SCORE

*This 2018 table is in the report for comparison purposes to the 2019 table.

Table 19: Providers' Quality Assurance Plans (2019)

Table 19. Quality Assurance Plans uploaded by March 31, 2019			
Providers	Program Count	Uploaded QA Plan	Percent
All	369	311	84.28%

CCI	166	144	86.75%
TLP	9	8	88.89%
ILP	71	54	76.06%

CFSP Key Activity 1

Office of Provider Management (OPM) will develop and require a quality assurance plan for all child caring institutions

CFSP Key Activity 2

Enhance the state's SHINES system so that it generates automatic alerts regarding the change in status in the license or reimbursement eligibility of a foster/adoptive home.

CFSP Action Steps

- Upload quality assurance plans to GA+SCORE OPM
December 2017
- Review data from comprehensive reviews to determine safety requirement compliance, safety screenings and criminal records checks
December 2017
- Develop a function and design component in SHINES to establish an alert system that will auto-generate once a status has been changed to a foster/adoption home
November 2017
- Ensure the auto-generated alert/task notice indicates completion of safety checks and whether home approval standards are present
November 2017

Related IV-E PIP Goals

- Increase the percent of CCI sites that have a quality assurance plan by 25% each quarter; achieving 100% by December 2018.
- Increase the percent of CCIs in compliance with staff safety screenings and criminal records checks via desk reviews by 25% each quarter, achieving 100% by December 2018.

Revisions to Goals, Objectives and Interventions

There were no revisions to the goals, objectives and interventions.

C. Progress Made and Benchmarks - Safety 1d

Improve the quality assurance process regarding the implementation of safety policies and IV-E requirements for provider agencies

Each strategy was met. All timeframes and benchmarks were met as outlined in the IV-E Program Improvement Plan and the state continues to assess providers based upon these measures. OPM and Rev Max offered two training sessions to providers and continue to provide technical assistance, particularly if a provider is not meeting the benchmarks as evidenced by their lack of timely completion of a safety screening.

During monthly provider leadership meetings, OPM reports the results of the safety screenings. Audit results are also communicated quarterly. Providers use this information to support each other and to discuss strategies that are

working within their agency that may be beneficial for others. Practice Matters meetings, held twice a year, are also an avenue for information to be disseminated and discussed.

Although these key activities will not be a part of the upcoming CFSP, the State will continue to use the strategies that were developed for the IV-E PIP and will continue quarterly monitoring of the RBWO private providers. The results of the safety monitoring impact the providers' overall performance-based scores.

A more robust quality assurance process is needed regarding implementation of safety policies and IV-E requirements for provider agencies. The Office of Provider Management reviewed a 30% sample of employee criminal records check during annual reviews however this was insufficient to ensure compliance. Each child caring institution must strengthen thorough tracking and monitoring systems to assure all safety requirements and other policy requirements related to IV-E eligibility are met. Providers and DFCS units charged with monitoring providers need increased understanding of existing policies, the quality assurance process and the importance of IV-E compliance.

Incomplete knowledge and understanding were demonstrated as multiple parties were unsure of the requirements and had difficulty producing clear evidence to demonstrate compliance. A significant number of new private providers were on boarded to meet increasing placement demands however clear tracking and monitoring of 100% of IV-E requirements was lacking. Lastly, multiple agencies within DHS are responsible for ongoing quality assurance including the Rev Max Unit, the Office of Provider Management (OPM) and Residential Child Care Licensing (RCCL).

Training and collaboration between the monitoring entities needs to be strengthened to ensure all policies are being followed. The strategies outlined in this performance improvement plan align with the state's current CFSR PIP and APSR findings. The CFSR PIP requires the Office of Provider Management to monitor private agency staff completion of new worker training and certification within six months of employees' hire date. The IV-E requirements are a key component of training and certification, thus in addition to increased quality reviews and tracking the new staff training and certification provides an additional measure for ensuring IV-E compliance.

In the Rev Max Unit along with its Quality Assurance (QA) Unit will strengthen its collaboration and coordination with all provider monitoring agencies within DHS, including Office of Provider Management, Residential Child Care Licensing and Rev Max regional teams to assure that all provider policies are being followed. Along with this expanded QA role, Rev Max staff will receive refresher training on IV-E court order requirements in support of better understanding for eligibility decisions. The Rev Max QA Unit will assess and revise the IV-E review tool and the QA process to provide a more comprehensive IV-E review to include all points of eligibility to ensure agency IV-E compliance.

Georgia's State Automated Child Welfare Information System (SACWIS), known as SHINES, does not automatically provide important alerts such as changes in the status of a license or household that affects reimbursable. Case managers notify Rev Max of a child's placement change but there is no tracking or notification for changes in a placement status. For reimbursability reviews, every placement and its status are reviewed at every six-month case review by Rev Max. During this look back at every placement and status, there are frequently multiple re-rates after the fact. The SHINES team and programmatic subject matter experts (SMEs) have agreed to reduce the number of placement statuses and automating alerts/tasks actions when a placement status changes. The desired outcome from SHINES is a recognition and validation of required elements for full approval status and for re-evaluation when elements are entered into SHINES. The SHINES alert/task functionality will automatically

generate notification of all status changes to Rev Max of a home in which there is a current placement. There will be a system display of “No” for reimbursability on the Home Information page in the “Home Approval” section, placement information subsection when full approval or re-evaluation elements have not been met. This automated feature will allow for review and follow-up for Rev Max IV-E reimbursability at the time a placement status is changed. Case managers will be aware of the placement status on the Home Information page. Generation of an exception report will provide for monitoring and follow up to assure full approval and reevaluation for compliance.

Each key activity was met. All timeframes and benchmarks were met as outlined in the IV-E Program Improvement Plan and the state continues to assess providers based upon these measures. OPM and Rev Max offered two training sessions to providers and continue to provide technical assistance, particularly if a provider is not meeting the benchmarks as evidenced by their lack of timely completion of a safety screening.

During monthly provider leadership meetings, OPM reports the results of the safety screenings. Audit results are also communicated quarterly. Providers use this information to support each other and to discuss strategies that are working within their agency that may be beneficial for others. Practice Matters meetings, held twice a year, are also an avenue for information to be disseminated and discussed.

Although these key activities will not be a part of the upcoming CFSP, the State will continue to use the strategies that were developed for the IV-E PIP and will continue quarterly monitoring of the RBWO private providers. The results of the safety monitoring impact the providers’ overall performance-based scores.

A more robust quality assurance process is needed regarding implementation of safety policies and IV-E requirements for provider agencies. The Office of Provider Management reviewed a 30% sample of employee criminal records check during annual reviews however this was insufficient to ensure compliance. Each child caring institution must strengthen thorough tracking and monitoring systems to assure all safety requirements and other policy requirements related to IV-E eligibility are met. Providers and DFCS units charged with monitoring providers need increased understanding of existing policies, the quality assurance process and the importance of IV-E compliance.

Incomplete knowledge and understanding were demonstrated as multiple parties were unsure of the requirements and had difficulty producing clear evidence to demonstrate compliance. A significant number of new private providers were on boarded to meet increasing placement demands however clear tracking and monitoring of 100% of IV-E requirements was lacking. Lastly, multiple agencies within DHS are responsible for ongoing quality assurance including the Rev Max Unit, the Office of Provider Management (OPM) and Residential Child Care Licensing (RCCL).

Feedback Loops - Safety 1d

During monthly provider leadership meetings with the provider community, OPM reports the results of the PIP enforced safety screenings during the year. Providers used this information to support each other and discussed strategies that were working for their agency that could be beneficial to others.

Provider leadership meetings are held monthly, Practice Matters twice a year and quarterly communication of the safety screenings audit results are distributed to providers. OPM has also added the results of the monitoring to the providers performance-based scores which are sent to them quarterly. This PIP key activity will not be added to the upcoming CFSP.

A monthly risk management meeting is held between DFCS, Rev Max, RCCL, DJJ, Pro Unit and the Fiscal Director. In this meeting, key issues related to IV-E PIP are shared and discussed as needed. In addition, a monthly provider leadership meeting is held with providers. Updates regarding the status of both the IV-E and CFSR PIP are disclosed, and providers have the opportunity to share feedback. From these meetings, OPM has had the opportunity to address questions and concerns the providers may have had as well as provide clarification about the requirements as needed.

A. Plan for Improvement - Permanency: Increase and strengthen foster and adoptive resources

Table 20: Plan for Improvement - Permanency 2a

Table 20. CFSP Goal 2a			
Permanency: Families and individuals are healthy and stable			
Objectives By September 2019	Key Strategies	Key Activities	Action Steps
<p>Item 4 – Stability of foster care placement: Increase percent of cases where there was stability in the foster care placement from 68% to 76% PIP = 74.1% by April 2019</p> <p>Item 5 – Permanency goal for the child: Increase percent of cases where appropriate permanency goals were established timely from 36% to 80% PIP = 48.7% by April 2019</p> <p>Item 6 - Achieving reunification, guardianship, adoption or other planned permanent living arrangement: Increase the percent of cases where the state has made concerted efforts to achieve appropriate living arrangement for the child from 27% to 43% PIP = 32.6% by April 2019</p> <ul style="list-style-type: none"> P1a. Increase the stability of placement for youth in Foster 	Increase and strengthen foster and adoptive resources	Implement a statewide Foster Care Recruitment campaign to provide information about Foster Care to prospective foster parents and build awareness about the need. <i>September 2019</i>	<p>Distribute the State Diligent Recruitment Plan to DFCS and CPA resource development supervisors and case managers <i>March 30, 2017</i></p> <p>Facilitate at least two joint meetings annually for DFCS and CPA resource development supervisors and case managers for reviewing, planning and strategizing the execution of the state Diligent Recruitment Plan <i>July 30, 2017.</i></p> <p>Office of Provider Management section will report progress and/or barriers at the monthly state CQI meetings. <i>Start by October 2017 (ongoing).</i></p>

<p>Care by reducing the rate of placement moves from 5.84 moves (per 1,000 days in care) to no more than 4.12 moves (per 1,000 days in care)</p> <ul style="list-style-type: none"> • P1b. Increase the percentage of children in Foster Care with adoptions that finalize (within 24 months of entering care) from 28% to 52% • P1c. Increase the total number of approved Foster Caregiver resources (foster and relative) from 4,544 to 5,112 • P1d. Increase the percentage of children in Foster Care who achieve permanency within the first 12 months of entering care from 47% to 60% 			
		Implement the Partnership Parenting Model to provide support to both resource and birth Parents. <i>By May 2017</i>	Update and publish the Partnership Parenting Model <i>May 2017</i>

B. Progress Measures

Key Strategy: Increase and strengthen foster and adoptive resources

Objective Measures:

Item 4 – Stability of foster care placement: Increase percent of cases where there was stability in the foster care placement from 68% to 76%

Item 5 – Permanency goal for the child: Increase percent of cases where appropriate permanency goals were established timely from 36% to 80%

Item 6 - Achieving reunification, guardianship, adoption or other planned permanent living arrangement: Increase the percent of cases where the state has made concerted efforts to achieve appropriate living arrangement for the child from 27% to 43%

- P1a. Increase the stability of placement for youth in Foster Care by reducing the rate of placement moves from 5.84 moves (per 1,000 days in care) to no more than 4.12 moves (per 1,000 days in care)

- P1b. Increase the percentage of children in Foster Care with adoptions that finalize (within 24 months of entering care) from 28% to 52%
- P1c. Increase the total number of approved Foster Caregiver resources (foster and relative) from 4,544 to 5,112
- P1d. Increase the percentage of children in Foster Care who achieve permanency within the first 12 months of entering care from 47% to 60%

Table 21: Objective Measures - Permanency 2a

Table 21. Objective Measures, CFSP Goal 2a						
CFSR Permanency 1	FFY 2015 (4, 5, 6)	Dec 2016	Sept 2017	March 2018	March 2019	FFY 2019
	Baseline %	Actual	Actual	Actual	PIP Target	CFSP Target
Item 4 Stability of Foster Care	68 %	67%	85%	74%	74.1%	76 %
Item 5 Permanency goal for the child	42 %	43 %	38%	41%	48.7%	51 %
Item 6 Reunification, guardianship, adoption or other planned permanent living arrangement	27 %	30 %	37%	32%	32.6% met	43 %

Data sources: Quality Assurance trend reports, SHINES data

CFSP Key Activity 1

Implement a statewide foster care recruitment campaign to provide information about foster care to prospective foster parents and build awareness about the need
September 2019

CFSP Action Steps

- Distribute the State Diligent Recruitment Plan to DFCS and CPA resource development supervisors and case managers
March 30, 2017
- Facilitate at least two joint meetings annually for DFCS and CPA resource development supervisors and case managers for the purpose of reviewing, planning and strategizing the execution of the state Diligent Recruitment Plan
July 30, 2017
- Office of Provider Management section will report progress and/or barriers at the monthly state CQI meetings.
Start by October 2017 (ongoing)

CFSP Key Activity 2:

Implement the Partnership Parenting Model to provide support to both resource and birth parents

May 2017

CFSP Action Steps:

Update and publish the Partnership Parenting Model

May 2017

Related PIP Goals

PIP Goal III: In support of the Practice Model, establish a value-based case practice which supports safety, permanency, family and youth engagement, and community connections.

Goal III: Strategy I: Permanency Outcome 2:

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.

PIP Goal V: Increase and strengthen foster and adoptive resources.

Goal V: Strategy I: Systemic Factor – Foster/Adoptive Parent Licensing, Recruitment and Retention

Enhance the skills of DFCS and Child Placing Agency (CPA) resource development staff by increasing their job knowledge and their partnering efforts in the area of diligent recruitment.

A. Revisions to Goals, Objectives and Interventions

The objective measures, strategies, deadlines, or PIP quarters have not changed since the last APSR.

B. Implementation Supports

Additional supports are needed to fully implement the Partnership Parenting Model. Supports are needed for training and potential updates in the SACWIS system to capture when key activities have been held.

C. Progress Made and Benchmarks – Permanency

Increase and strengthen foster and adoptive resources

It is one thing to find a child a place to call home, it is another thing to do it in a timely fashion. Supervisors in the regions conduct consultations at various stages of a case to acquire timely permanency, but all regions are required to have a high-level staff person (above supervisor rank) do consultations on cases where the child has been in care 12 months. One region calls these consultations SWOTs. PIP Goal III, Strategy I: Permanency Outcome 2 requires the state to 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. Georgia elected to use the SBC case consultation action plan template for its consultations and completed development of the template August 2017. A list of children who have a case consultation due is sent to the field monthly. Field program specialists track the information and trends stemming from the consults and share this information with the C3 coordinators for reporting.

In addition to the case consultations and tracking methods, other tools have been developed and provided to the field to ensure clarity and transparency regarding the time frame in which a case is worked when children cannot remain safely within their families and as a result must enter foster care. A permanency timeline and a practice guide on how to use the timeline have been provided to staff for use with families who have a reunification case plan. The purpose of the permanency timeline is to assist families in understanding and knowing important court

dates and other critical points in their cases. The sharing of this information in this manner is a supportive and collaborative process with families that helps to facilitate a safe and timely reunification. The permanency timeline is also a way for the agency to be transparent with families regarding the federal requirements of the Adoption and Safe Families Act (ASFA) for filing termination of parental rights for children. In FFY 2017, Georgia finalized 1,233 adoptions of children from foster care, compared to 1,036 in FFY 2016 and 848 adoptions in FFY 2015.

Georgia has been using strategies such as family team meetings (FTMs) and permanency roundtables to help ensure timely permanency for children in care. Staff have been working diligently to ensure family team meetings are being held and that they have the right people at the table, engaged and working together to develop a plan of care for the family. There were 4,023 FTMs held statewide in FFY 2017. For cases without viable permanency options, the state has been conducting full permanency roundtables along with practice model case consultation methods, mentoring of field staff, and ongoing tracking of outcomes.

Table 222: Family Team Meetings

Table 22. Family Team Meetings				
Region	FFY 2017 October 2016 – September 2017		FFY 2018 October 2017 – June 2018	
	Number of FTMs	Percent of FTMs	Number of FTMs	Percent of FTMs
01	137	6.5%	120	6.0%
02	100	7.9%	68	5.3%
03	308	20.1%	363	27.9%
04	255	15.8%	202	13.0%
05	206	12.4%	143	9.2%
06	222	20.9%	89	9.0%
07	122	16.2%	81	8.9%
08	193	19.7%	104	11.2%
09	121	15.4%	37	5.1%
10	268	27.2%	120	12.5%
11	309	19.2%	207	13.5%
12	224	18.2%	158	12.1%
13	623	27.5%	315	15.8%
14	935	40.2%	711	33.0%
State	4023	19.9%	2718	14.2%

Region	FFY 2019 October 2018 – June 2019	
	Number of FTMs	Percent of FTMs
01	318	16%
02	217	17%
03	717	53%
04	627	42%
05	479	33%

06	482	55%
07	257	28%
08	459	47%
09	221	35%
10	637	66%
11	735	48%
12	496	39%
13	862	49%
14	1878	91%
State	8385	45%

Table 23: Roundtables

Table 23. Roundtables FFY 2017 (October 2016 – June 2017)			
Region	Roundtables	Children	Percent
01	3	2101	0.14%
02	5	1259	0.40%
03	207	1536	13.48%
04	38	1617	2.35%
05	5	1666	0.30%
06	44	1061	4.15%
07	16	754	2.12%
08	21	982	2.14%
09	2	786	0.25%
10	93	987	9.42%
11	6	1611	0.37%
12	58	1230	4.72%
13	2	2265	0.09%
14	19	2323	0.82%
State	519	20178	2.57%

Table 23. Roundtables FFY 2018 (October 2017 – June 2018)			
Region	Roundtables	Children	Percent
01	3	2014	0.15%
02	7	1273	0.55%
03	0	1299	0.00%
04	6	1559	0.38%
05	2	1552	0.13%
06	0	991	0.00%
07	1	907	0.11%
08	0	931	0.00%

09	2	729	0.27%
10	6	959	0.63%
11	0	1537	0.00%
12	0	1302	0.00%
13	1	1997	0.05%
14	1	2157	0.05%
State	29	19207	0.15%

Table 23. Roundtables FFY 2018 (October 2018 – June 2019)			
Region	Roundtables	Children	Percent
01	6	1948	0%
02	13	1289	1%
03	106	1357	8%
04	19	1488	1%
05	0	1451	0%
06	0	878	0%
07	9	932	1%
08	12	970	1%
09	2	639	0%
10	78	958	8%
11	53	1526	3%
12	41	1268	3%
13	12	1758	1%
14	55	2072	3%
State	406	18,534	2%

In addition to launching the Foster Georgia Inquiry Line (see Planned Activities and Activities to Expand Strengthen the Range of Existing Services section below), the Caregiver Recruitment and Retention Unit (CRRU) has been executing recruitment activities statewide to reinforce awareness of the need for foster, adoptive and relative caregivers (specifically for teens and siblings and any other targeted groups based on regional needs) through traditional local/regional media and social media. This includes development and distribution of targeted recruitment campaigns to engage the faith community, to recruit caregivers for older youth, and to recruit caregivers for sibling groups. Embracing of the LGBTQ community includes participation in the Atlanta Pride events in October 2017.

As of March 2018, there were 4,953 caregivers in the state. The State has strengthened partnerships with CPAs and CCIs to support recruitment efforts and monitor the progress of the Regional Placement Resource Engagement meetings. There has been continued partnership with the Adoptive and Foster Parent Association, and support of their annual education conference. Georgia supported nearly 960 caregivers and staff to attend this year's conference through scholarships. Scholarships were also provided to 50 private agency caregivers as well. The

conference was held February 23 – 25, 2018. The conference provides caregivers with training and educational opportunities to increase their capacity to protect. It also provides them with opportunities to fellowship and engage with peer caregivers, as well as Division leadership.

The State's Diligent Recruitment Plan has been shared repeatedly to DFCS and CPA Resource Development supervisors and case managers. The plan has been posted on the fostergeorgia.com website underneath the RD Staff portal. All staff have been provided the login credentials to access the plans. These plans have also been shared on the gascore.com website for access by CPA providers.

The first joint meeting for 2017 was held on April 13, 2017 at Hephzibah Children's Home in Macon, GA from 9:30A-3:00 PM. A second meeting will be completed before the end of 2017. During the meetings, the participants had table discussion to identify ways in which they could collaborate to execute components of the Diligent Recruitment Plan, and how they could give additional support to birth families to support reunification. The teams discussed the establishment of a memorandum of understanding for their Regional Placement Resource Engagement Meetings, and how this could provide structure to their partnership. A second joint meeting was held on December 12, 2017 from 10A – 3:30PM. Invitations were sent to both DFCS regional RD leads and to all private agency partners. There was a total of 178 attendees, and 12 of them were representatives from the DFCS regional teams. Meetings for 2018 have been tentatively scheduled for April 18, 2018 and October 9, 2018.

The Partnership Parenting model has been implemented in the IMPACT Pre-Service training model and was added into the Resource Development policy in 2014. However, the Partnership Parenting model has not been implemented in full fidelity. The Division will need to assess the addition of the remaining components of the model to support the introduction of the birth parent and foster caregivers, and the use of the model to support children with concurrent plans. This strategy is not having the intended effect because it has not been fully incorporated into practice across all program areas.

As the State aimed to enhance the skills of DFCS and Child Placing Agency (CPA) resource development staff by increasing their job knowledge and their partnering efforts in the area of diligent recruitment, there needed to be an assessment and revision to the resource developer's job description, and implementation of new performance management expectations. Job descriptions for all resource development positions were distributed to DFCS field leadership for use in performance management documents. The final version of the resource development job descriptions was reviewed with the regional teams at the Statewide Resource Development Quarterly meeting held June 28, 2017. They were discussed again during the monthly statewide cadence on July 18, 2017 with the RD team leads as a reminder to include the language in PMF development. A reminder email was sent on September 19, 2017 to the regional directors, county directors, and regional resource development team leads to include the language in performance management documents and expectations. The performance management expectations are being utilized for the development of performance evaluations for resource development staff. The job description has not been used universally for announcements with vacancies related to resource development. Continued communication with leadership and human resources will be held to ensure the developed job descriptions are to be used for future announcements.

In 2017, the following chapters of the Child Welfare Policy Manual were updated to increase and strengthen foster and adoptive resources in alignment with Georgia's Practice Model:

- Chapter 12 (Adoption Assistance) and 16 (Room, Board, Watchful Oversight) were updated to establish the Universal Application as the single document for requesting RBWO placement and as one of the criteria required when renegotiating an adoption assistance rate.
- Chapter 14 (Resource Development) was updated to remove the requirement for additional drug screening for the purpose of adoption since relatives submit to drug screening as part of the Relative Care Assessment, and to eliminate the 30-Day grace approval status for family foster homes.
- Chapter 19: Case Management was updated to include a requirement for screening routine caregivers who provide care to a child in an active DFCS case (Initial Safety Assessment, Investigation, Family Support Services, Family Preservation Services, Foster Care). Routine caregivers are individuals who provide care more than once a week, usually at designated times.

C. Planned Activities and Activities to Expand and Strengthen the Range of Existing Services

July 2017, the Division was allocated \$2,861,585.00 in state funds by the Georgia's State Legislature for staff allocation to aid in the development of a support program for prospective and existing foster, adoptive, and relative foster caregivers. This funding supported the onboarding of 50 caregiver support service workers known as "caregiver support technicians" and five caregiver support program supervisors. The CRRU established the supporting job descriptions and performance management expectations, and training requirements for the caregiver support staff. The positions were allocated regionally, and the prospective staff candidates were vetted and onboarded by the regional RD team leads, in collaboration with Department of Human Services.

The goal of the Caregiver Support Services program is to increase the overall retention of foster, adoptive, and relative caregivers. As of March 31, 2018, the Division had filled 52 of the 55 allocated positions. The support program staff will be responsible for establishing, maintaining, and leveraging community partnerships necessary to support caregivers, and to keep prospective caregivers engaged during the onboarding process. The support staff will, ideally, contact newly approved caregivers within the first 48 hours of their initial placement, and make telephone contact with existing caregivers within 72 hours of a new placement. They will be available to provide direct assistance to caregivers who need support in obtaining services to support the children entering Georgia through an ICPC placement. They will serve as a liaison between caregivers, case managers, providers and other external partners, and assist caregivers with the documentation/applications for services.

It is the anticipated expectation that having this structure in place will allow the agency to achieve the following outcomes:

- Reduction in placement moves for children in foster care (placement stability increases)
- Improved quality of service and reduced attrition
- Retention of current caregivers through satisfaction of services
- Increase in referrals from current foster caregivers
- Caregivers needs will be identified and addressed more readily and consistently

Permanency leads will facilitate and/or participate in ICPC roadshows for field staff from December 2018 through March 2019. The roadshow outlines the incoming and outgoing processing of adoptions, licensed or approved foster homes, parents and relatives (when the parent or relative does not have legal authority to place the child), and group homes/residential placements. The anticipated audience includes all permanency staff in the state of Georgia. The face-to-face interaction at roadshows enables relationship building between state office and field staff, clarifies expectations, and allows state office staff to hear the needs in the field first-hand. Data trends following the

roadshows are positive. In one month, there was a demonstrated decrease in overdue incoming ICPC cases (from 215 to 156) and an increase in request submissions (from 70 to 118).

An instrumental recruitment strategy that the Division has sustained for several years is the Homes for Georgia's Kids (HGK) foster and adoptive parent inquiry line (877-210-KIDS). It is the first point of contact to obtain information about becoming a foster or adoptive parent. Georgia currently outsources the inquiry line with Bethany Christian Services for continued management of the toll-free line until state acquisition is secured. A request for proposal (RFP) was submitted to the Office of Procurement and Contracts (OPC) for the solicitation of potential vendors for the development of the hosted contact center which would support the inbound calls platform for the inquiry line. The RFP was submitted to OPC on March 27, 2016 and was published on April 14, 2016. A review of the proposals was conducted and a vendor (Platform 28) was selected in August 2016. The contract was developed by OPC in December 2016 and was fully executed in March 2017. The kickoff meeting for the development of the scope of work for the project was held with the vendor April 12, 2017. A total of 499 inquiries were processed by Bethany Christian Services from April to June 2017 during the transition period. The Foster Georgia Inquiry Line was successfully launched on June 27, 2017. Inquiries are also accepted and processed via the Foster Georgia website www.fostergeorgia.com. During the period under review, Georgia received and processed a total of 4,508 via the Foster Georgia Inquiry Line and Foster Georgia website. Total inquiries received via all three mediums was 5,007.

To make an inquiry to become a foster parent via the Foster Georgia Inquiry Line, foster parent callers are instructed to select "Option 1" via the IVR (Integrated Voice Response) system. A total of 4,458 calls have been serviced through this option, although not all calls resulted in an actual inquiry. To speak with a caregiver navigator for "warm line" support callers are instructed to select "Option 2". There has been a total of 549 calls received via this option.

The Foster Georgia Inquiry Line is to be functionally operated by five inquiry response case managers who process new inquiries, and five caregiver navigators who offer the "warm-line" support. The inquiry response case managers process all calls received and disposition them according to the call purpose. Not all calls received via this medium result in an actual inquiry, and not all inquiries result in the development of a Foster/Adoptive (FAD) Stage in the Georgia SHINES SACWIS system. If a call results in the development of the FAD stage, the IRCM processes the information in the SACWIS system, and assigns the home to the appropriate regional field staff to process through onboarding. Inquiries received at the local level are processed by field staff.

PIP Update

Chapin Hall conducted a placement operations study - the results were received February 2019 - and the two key recommendations from that study have been implemented.

SHINES enhancements have improved staff ability to monitor and track documented work. Two of the Agency's primary objectives are to improve the quality of the work and move children toward permanency. The Division developed a review process that will assist with assessing quality and providing feedback to county and regional staff for practice improvement. Regions submit logs that identify the projected permanency date for the child; the status of permanency plans; and the barriers that hinder permanency. Case consultations are being completed as required and there has been a significant improvement in the number of staffings completed, however, there continues to be areas for improvement.

The usage of the consultation forms has been low and the data from the reviews do not speak to whether the forms are being completed appropriately. However, when a lack of quality or inaccuracies are found, there is some form of follow up.

The logs aid in the decision making as to which children should receive a permanency roundtable. While permanency roundtables were not a requirement in the State's PIP, it is an anticipated activity for the upcoming CFSP. In the State's achievement of PIP key activities for Goal III, Strategy I, the State has:

- Designated positions in the regions to provide mentoring, monitoring, coaching, reporting and reviewing of permanency cases.
- Produced a tool for use during Permanency staffings to ensure key practices are occurring and to discern court-related barriers.
- Case consultation action plan templates have been developed for cases where children have reached their 13th month in care, and a template for conducting case consultations at the 12th month.
- Staff have been trained to conduct and track Permanency case consultations.
- CQI teams analyze and track data regularly to assess the effectiveness of the case consultation strategies and tools.

All but three of the 11 key activities were completed. Activities 7 – 8 will be rolled over into the new CFSP.

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.

Feedback Loops

Joint meetings have improved the communication and collaboration between the local DFCS resource development teams and the providers who service their demographic area. Joint meetings are planned in collaboration with representatives who support and advocate for the provider networks, the Office of Provider Management, and internal stakeholders from the Office of Residential Child Care and Licensing. Feedback from the meetings is shared with the Office of Provider Management and Division executive leadership during other internal collaborative meetings. During the meetings, the participants had table discussions to identify ways in which they could collaborate to execute components of the Diligent Recruitment Plan, and how they could give additional support to birth families to support reunification. The teams discussed the establishment of a memorandum of understanding for their Regional Placement Resource Engagement Meetings, and how this could provide structure to their partnership.

PERMANENCY (B)

A. Plan for Improvement - Permanency: Families and individuals are healthy and stable

Table 24: Plan for Improvement - Permanency 2b

Table 24. CFSP Goal 2b			
Permanency: Families and individuals are healthy and stable			
Objectives By September 2019	Key Strategies	Key Activities	Action Steps
<p>Item 7 – Placement with siblings: Increase the percent or cases where the state has made concerted efforts to ensure siblings in foster care are placed together unless separation was necessary to meet the needs of one of the siblings, from 77% to 85%</p> <p>Item 8 – Visiting with parents and siblings in foster care: Increase the percent of cases where visitation between a child in foster care and his or her mother, father and siblings was of sufficient frequency and quality to promote continuity in the child's relationships with these family members, from 45% to 53%</p> <p>Item 9 – Preserving connections: Increase the percent of cases where concerted efforts were made to preserve the child's connections to his/her neighborhood, community, faith, extended family, Tribe, school and friends from 39% to 47%</p> <p>Item 10 – Relative placement: Increase the percent of cases where there were concerted</p>	<p>Strengthen the public and private agency placement operations system which includes the recruitment and retention of foster and group homes and utilization of those resources. <i>March 2019</i></p>	<p>Execute a contract with Chapin Hall to conduct the placement operations study of the state's public and private agency system <i>September 2017</i></p>	<p>Establish contact with Chapin Hall. <i>June 30, 2017</i></p> <p>Receive final report from Chapin Hall. <i>September 30, 2017</i></p> <p>Determine acceptable recommendation <i>December 31, 2017</i></p>
		<p>Develop a universal application for Room, Board, and Watchful Oversight (RBWO) provider placements to improve efficiency in obtaining timely and appropriate placements for children. <i>March 2019</i></p>	<p>Based on acceptance of recommendations, initiate implementation of recommendations. <i>September 30, 2018</i></p> <p>Utilize the Practice Matters, Provider Leadership, State CQI meeting and other partnership meeting venues to share information and discuss study results. <i>December 31, 2018</i></p>
		<p>Enhance the skills of DFCS and child placing agency (CPA) resource development staff by increasing their job knowledge and their</p>	<p>Develop a resource development curriculum and certification process for DFCS and CPA case managers. <i>March 2019</i></p>

<p>efforts to place the child with relatives (where appropriate) from 46% to 54%</p> <p>Item 11 – Relationship of child in care with parents: Increase the percent of cases where concerted efforts were made to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregivers from whom the child had been removed (via activities other than visitation) from 34% to 41%)</p> <ul style="list-style-type: none"> • P2a. Increase the percentage of monthly parent visits in Child Protective Services and Foster Care from 87% to 95% for birth mothers and 80 % to 95 % for birth fathers • P2b. Increase the percentage of relative placement for children in Foster Care from 25.6% to 50% 		<p>partnering efforts in the area of diligent recruitment. <i>March 2019</i></p> <p>Strengthen the caregiver approval process by reducing the paperwork burdens experienced by prospective caregivers and</p>	<p>Education and Training (E&T) Unit write the new worker curriculum and certification process for DFCS and CPA case managers with the assistance of the Office of Provider Management (OPM) section. <i>March 31, 2017</i> Send draft curriculum to the C³ coordinators, field program specialist, CQI specialists, CQI facilitators, state CQI team and/or other direct service child welfare staff to review for feedback. <i>April 30, 2017</i></p> <p>Share draft curriculum with ACF/Children's Bureau (CB) for review and feedback. <i>May 30, 2017</i></p> <p>Once the curriculum is finalized, the E & T unit and the OPM section will begin implementation. <i>Start by June 2017 (ongoing)</i></p> <p>The E & T unit and the Office of Provider Management section will report progress and/or barriers at the monthly state CQI meetings. Start by July 2017 (ongoing).</p> <p>Redesign the approval paperwork packet and eliminate redundancies in forms to be completed. <i>December 2018</i></p> <p>The Caregiver Recruitment and Retention Unit will establish a</p>
---	--	---	---

		<p>increasing the support they receive during the approval process <i>December 2018</i></p>	<p>committee that includes the policy and training, GA SHINES units, regional and county staff to redesign the approval paperwork packet for resource development, including PDF fillable options and eliminate redundancies in forms to be completed. <i>December 2016</i></p> <p>The draft paperwork packet will be sent to the C³ coordinators, field program specialists, the CQI specialists, CQI facilitators, state CQI team, resource development teams, Office of Provider Management, and CPAs to review for feedback. <i>March 2017</i></p> <p>The draft paperwork packet will be shared with ACF/CB for review and feedback. <i>May 2017</i></p> <p>Once final draft is completed, Caregiver Recruitment and Retention Unit will train regional resource development team. <i>July 2017</i></p> <p>Regional resource development team will train the regional staff, county directors, supervisors and case managers to begin county implementation. <i>September 2017</i></p>
--	--	---	---

			The Caregiver Recruitment and Retention Unit and the C3 coordinators will report monthly the status of the region and counties improvement of services and implementation of the protocol. <i>Starting October 2017 (ongoing)</i>
--	--	--	---

B. Progress Measures

Key Strategy: Strengthen the public and private agency placement operations system which includes the recruitment and retention of foster and group homes and utilization of those resources.

Objective Measures:

Item 7 – Placement with siblings: Increase the percent of cases where the State has made concerted efforts to ensure siblings in foster care are placed together unless separation was necessary to meet the needs of one of the siblings, from 77% to 85%

Item 8 – Visiting with parents and siblings in foster care: Increase the percent of cases where visitation between a child in foster care and his or her mother, father and siblings was of sufficient frequency and quality to promote continuity in the child's relationships with these family members, from 45% to 53%

Item 9 – Preserving connections: Increase the percent of cases where concerted efforts were made to preserve the child's connections to his/her neighborhood, community, faith, extended family, tribe, school and friends from 39% to 47%

Item 10 – Relative placement: Increase the percent of cases where there were concerted efforts to place the child with relatives (where appropriate) from 46% to 54%

Item 11 – Relationship of child in care with parents: Increase the percent of cases where concerted efforts were made to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregivers from whom the child had been removed (via activities other than visitation) from 34% to 41%

- P2a. Increase the percentage of monthly parent visits in Child Protective Services and Foster Care from 87% to 95% for birth mothers and 80 % to 95 % for birth fathers
- P2b. Increase the percentage of relative placement for children in Foster Care from 25.6% to 50%

Table 25: Objective Measures - Permanency 2b

Table 25. Objective Measures, CFSP Goal 2b						
CFSP Permanency 2	FFY 2015 (Items 7- 9)	Dec 2016	Sept 2017	March 2018	March 2019	FFY 2019

	FFY 2017 (P2a) FFY 2016 (P2b)					
	Baseline	Actual	Actual	Actual	Actual	CFSP Target
Item 7 Placement with siblings	77 %	77 %	87%	78%	72%	85 %
Item 8 Visiting with parents and siblings	45 %	54 %	45%	59%	52%	53 %
Item 9 Preserving connections	39 %	62%	62%	57%	53%	47 %
Item 10 Relative placement	46%	62%	61%	58%	55%	54%
Item 11 Relationship of child in care with parents	34%	58%	38%	44%	45%	41%
P2a. Mothers	87%					87.5%
P2a. Fathers	80%					95%
P2b. Relative placement	25.6%	31.49%	31.99%	31.54%	29.34%	50%

Data sources: Quality Assurance trend reports, SHINES data

CFSP Key Activity 1:

Execute a contract with Chapin Hall to conduct the placement operations study of the state's public and private agency system
September 2017

CFSP Key Activity 2:

Develop a universal application for Room, Board, and Watchful Oversight (RBWO) provider placements to improve efficiency in obtaining timely and appropriate placements for children.
March 2019

CFSP Action Steps

- Establish contact with Chapin Hall.
June 30, 2017
- Receive final report from Chapin Hall.
September 30, 2017
- Determine acceptable recommendation
December 31, 2017
- Based on acceptance of recommendations, initiate implementation of recommendations.
September 30, 2018

- Utilize the Practice Matters, Provider Leadership, State CQI meeting and other partnership meeting venues to share information and discuss study results.
December 31, 2018

Related PIP Goals

Goal V: Increase and strengthen foster and adoptive resources.

Strategy III Permanency Outcome 1

Strengthen the public and private agency placement operations system which includes the recruitment and retention of foster and group homes and utilization of those resources.

Strategy IV: Permanency Outcome 1

Develop a universal application for Room, Board, and Watchful Oversight (RBWO) provider placements to improve efficiency in obtaining timely and appropriate placements for children.

C. Progress Made and Benchmarks – Permanency

A. Revisions to Goals, Objectives and Interventions

No revisions to report.

B. Implementation Supports

The State does not anticipate being able to execute on the recommendations provided by the Chapin Hall report quickly as they likely require significant funding as well as broad systemic change involving multiple internal and external stakeholders. Additionally, the current structure of the placement process will require a redesign.

C. Progress Benchmarks

Georgia executed a contract with Chapin Hall to conduct the placement operations study by the PIP Quarter 2 target and received the report by the PIP Quarter 3 target. Georgia completed the development and implementation of the universal application for Room, Board, and Watchful Oversight provider placements in Quarter 1, well ahead of the Quarter 8 target deadline.

The draft report from Chapin Hall was delivered to the state and discussions are ongoing to clarify several points. Some key points of clarity could change some of the recommendations in the report. However, the recommendations of the report are broad in scope with significant fiscal and systemic impacts.

D. Planned Activities and Activities to Expand and Strengthen the Range of Existing Services

Implementation plans will be crafted in 2018 and into 2019 for recommendations determined to be fiscally and systemically viable. The scope of several key recommendations will take multiple years to implement.

In addition, the state must assure that all recommendations selected for implementation align with the current and upcoming guidance and requirements of the Family First Prevention Services Act which is a factor not included in the scope of the report.

PIP Update

All activities were marked complete May 2017 (1st quarter). Georgia completed the development and implementation of the universal application for Room, Board, and Watchful Oversight (RBWO) provider placements.

CFSP Key Activity 3:

Enhance the skills of DFCS and child placing agency (CPA) resource development staff by increasing their job knowledge and their partnering efforts in the area of diligent recruitment.

March 2019

CFSP Action Steps:

- Develop a resource development curriculum and certification process for DFCS and CPA case managers.
March 2019
- Education and Training (E&T) Unit write the new worker curriculum and certification process for DFCS and CPA case managers with the assistance of the Office of Provider Management (OPM) section.
March 31, 2017
- Send draft curriculum to the C3 coordinators, field program specialists, CQI specialists, CQI facilitators, state CQI team and/or other direct service child welfare staff to review for feedback.
April 30, 2017
- Share draft curriculum with ACF/Children's Bureau (CB) for review and feedback.
May 30, 2017
- Once the curriculum is finalized, the E & T unit and the OPM section will begin implementation.
Start by June 2017 (ongoing)
- The E & T unit and the Office of Provider Management section will report progress and/or barriers at the monthly state CQI meetings.
Start by July 2017 (ongoing)

Related PIP Goal

Goal V: Increase and strengthen foster and adoptive resources.

Strategy I: Systemic Factor – Foster/Adoptive Parent Licensing, Recruitment and Retention

Enhance the skills of DFCS and child placing agency (CPA) resource development staff by increasing their job knowledge and their partnering efforts in the area of diligent recruitment.

A. Revisions to Goals, Objectives and Interventions

There were no revisions made or requested to be made to these goals, objectives and interventions since last APSR submission.

B. Implementation Supports

Due to staff limitations within the Education and Training section there were no trainings offered for the remainder of 2017 after the September session. The next training was not offered until January 2018.

C. Progress Benchmarks

The resource development training curriculum has been developed and implemented. The development of the training was indicated as completed by the Children's Bureau in December 2017. The training was written by Education and Training and was piloted from December 2016 to April 2017. Participants for the pilot included DFCS field and state office staff. Invitations to participate in the pilot were extended to private agency partners and although some accepted, they did not participate in the pilot sessions.

The resource development track training which is scheduled, coordinated, and facilitated by Education and Training, rolled out September 14, 2017. There was a total of 13 participants for the first session. All participants were current members of the DFCS regional resource development teams. Modules covered were "Recruit" and

“Retain.” The two-week training was held in Macon, Georgia at the Methodist Home for Children campus. Due to a limited number of staff being trained, Georgia cannot determine whether the implementation of the activity has had the intended affect overall. However, based on feedback provided as a result of the pilot and completed training sessions, staff indicated that the core competencies of the courses are beneficial, and could improve their overall performance.

The caregiver recruitment and retention team began to implement statewide-targeted recruitment campaigns February 2017. These targeted recruitment efforts are intended to engage specific factions of the community, utilizing data and visual aids to engage an identified audience. The initiative is to garner interest from specific populations of the community in becoming foster, adoptive, or relative caregivers for children in foster care. A campaign tool kit is developed and provided to the regional teams with instructions and guidance on use and implementation. The toolkit consists of:

- Digital flyer for use on social media and other web-based platforms
- A printable flyer with campaign visual messaging and elements
- Public service announcements template
- Sample letter for the intended audience
- Data request form to aid in the accuracy of statistical and numerical data provided at recruitment events
- PowerPoint presentation for intended audience

D. Planned Activities and Activities to Expand and Strengthen the Range of Existing Services

In May 2018, Georgia will offer The Ties That Bind, a training seminar for adoptive families. This training seminar hosts approximately 450-500 participants including adoptive children and adoptive parents.

The 2015-2019 Diligent Recruitment and Retention Plan was officially implemented January 2015. The state’s goal was to increase foster and adoptive resources by 20% in 2016. September 30, 2015 there were 3,509 foster homes in full approval status with active certification; 3,990 in September 2016 (a 14% increase from the prior year); 4,512 in September 2017 (13% increase), and 5,205 in September 2018 (15% increase). There were 11 relative partnership parent and 18 relative adopt homes open on September 30, 2015. On this same date in 2016, there were 39 relative partnership parent and 41 relative adopt homes open; in 2017 there were 72 and 46; and in 2018 there were 100 and 69 respectively. Relative partnership and relative adopt homes collectively increased by 175% from FFY 2015 to FFY 2016; by 48% from FFY 2016 to FFY 2017; and by 43% from FFY 2017 to FFY 2018. At the end of FFY 2015, 2,622 of 10,787 (24%) children in care were placed in relative homes; 3,564 of 12,198 (29%) at the end of FFY 2016; and 3,918 of 13,058 (30%) at the end of FFY 2017.

The State continues to use 14 regional resource development teams to operationalize local recruitment efforts. The teams are comprised of at least one team lead and an average of 13 members. Quarterly meetings will be held with the teams to assess progress towards the goals of the diligent recruitment plan, barriers impeding success, and strategies to improve practice. These quarterly meetings will also be used to provide training opportunities to line staff to improve skill, increase knowledge base, and build awareness of state and local resources. In addition to focusing on increasing the number of foster homes, the state is developing strategies to improve the state’s retention rate and are using quarterly meetings to highlight bright spots and build capacity throughout the state.

Feedback Loops

Feedback was received by Education and Training directly from resource development training course participants during the piloted sessions of each of the training modules. Feedback obtained from those pilot sessions was then incorporated into the training course revisions.

CFSP Key Activity 4:

Strengthen the caregiver approval process by reducing the paperwork burdens experienced by prospective caregivers and increasing the support they receive during the approval process

December 2018

CFSP Action Steps:

- Redesign the approval paperwork packet and eliminate redundancies in forms to be completed.
December 2018
- The caregiver recruitment and retention team will establish a committee that includes policy, training, GA SHINES, regional and county staff to redesign the approval paperwork packet for resource development, including PDF fillable options and eliminate redundancies in forms to be completed.
December 2016
- The draft paperwork packet will be sent to the C3 coordinators, field program specialists, the CQI specialists, CQI facilitators, state CQI team, resource development teams, Office of Provider Management, and CPAs to review for feedback.
March 2017
- The draft paperwork packet will be shared with ACF/CB for review and feedback.
May 2017
- Once final draft is completed, caregiver recruitment and retention team will train regional resource development team.
July 2017
- Regional resource development team will train the regional staff, county directors, supervisors and case managers to begin county implementation.
September 2017
- The caregiver recruitment and retention team and the C3 coordinators will report monthly the status of the region and counties improvement of services and implementation of the protocol.
Starting October 2017 (ongoing)

Related PIP Goals

Goal V: Increase and strengthen foster and adoptive resources.

Strategy I: Systemic Factor – Foster/Adoptive Parent Licensing, Recruitment and Retention

Enhance the skills of DFCS and child placing agency (CPA) resource development staff by increasing their job knowledge and their partnering efforts in the area of diligent recruitment.

Strategy II: Systemic Factor – Foster/Adoptive Parent Licensing, Recruitment and Retention

Strengthen the caregiver approval process by reducing the paperwork burdens experienced by prospective caregivers and increasing the support they receive during the approval process.

Strategy III: Permanency Outcome 1

Strengthen the public and private agency placement operations system which includes the recruitment and retention of foster and group homes and utilization of those resources.

A. Revisions to Goals, Objectives and Interventions

A workgroup was convened on December 13, 2016 to review and revise the onboarding paperwork packet. The workgroup consisted of caregiver recruitment and retention staff, inquiry response case managers, resource development team leads, and caregiver navigators (who also happen to be foster parents). Recommendations were made to reduce redundancies, and eliminate elements deemed unnecessary or inapplicable. The revisions were submitted to the Office of Communications Media and Graphics Design for aesthetic development and implementation of electronically fillable features.

B. Implementation Supports

No information to report.

C. Progress Benchmarks

Sufficient progress has been made to launch the revised caregiver onboarding packet as early as quarter 6 (PIP target quarter is quarter 7). Feedback from a variety of stakeholders has been incorporated and form revisions are commencing. An initial iteration was developed and submitted to the CRRU director for review, wherein additional revisions were made, and a decision was made to create two packets, one for application, and one during the onboarding and assessment phase. The second iteration was returned to The Office of Communications on March 23, 2017 for a second revision. This iteration was returned on April 4, 2017 and shared that day with the regional resource development teams and the Permanency Unit for review and feedback. It was also sent to the Office of Provider Management where it was shared with RBWO providers via an e-blast on GA SCORE. They were given a Survey Monkey link to provide feedback on the packet for inclusion in the next iteration.

The application packet will include an introduction to the caregiver, a diagram of the onboarding process, and instructions on how to gather information necessary to begin the required preliminary safety screenings of the primary caregivers and other household members. The onboarding packet will contain assessments for both the primary and secondary caregiver (if applicable) and children who reside in the home. It will also include a couple's questionnaire and an ongoing training plan that will be completed in concert with the assessor conducting the family evaluation.

Final revisions were sent to the Office of Communications December 2017 and returned to CRRU February 23, 2018. A second workgroup was convened on March 3, 2018 to include representatives from CRRU, Office of Provider Management, Adoptions Unit, Education and Training, and regional resource development team leads. The recommendations made by the workgroup were presented to regional RD team leads during the statewide quarterly meeting March 27-29, 2018. The finalized application and introductory packet will be in .pdf format with fillable options and will be rolled out for use in the field by May 30, 2018.

PIP Updates

The Division has provided training to staff as required with most staff being trained. As of quarter seven, 90% of employees had been trained. New job descriptions for hiring were developed and are being used. A resource development training curriculum was developed by a collaborative group of case managers, contract curriculum writers, the permanency/adoptions director, policy specialists, and staff from the caregiver recruitment and retention team, Office of Provider Management, Quality Assurance, and the Office of the Child Advocate.

One hundred and forty-two CPA staff attended OPM's CPA Partnership Meeting where training on successful recruitment and retention strategies were provided by Casey Foundation. Veteran case managers still need to be trained

D. Planned Activities and Activities to Expand and Strengthen the Range of Existing Services

Georgia is working to implement the SAFE home study model which will also eliminate the inconvenience of excessive paperwork and extensive questionnaires. Georgia was scheduled to roll out the SAFE training in 2018. The SAFE Home Study will be piloted in collaboration with Education and Training, Policy Section, and the Office of Provider Management. Implementation was somewhat delayed in order to complete final review of remaining forms.

Feedback Loops

Redundant questions were removed from the caregiver approval packet as a result of recommendations from internal and external stakeholders. Other feedback received will be used to amend the packet to lessen the burden to caregivers. The final packet will be returned to all parties for review after the final revisions are received from the Office of Communications. A workgroup meeting was held with representatives from Education & Training, Office of Provider Management, Policy Unit, and CRRU to review the SAFE Home Study model. During this meeting a cross-sectional review was conducted of the current forms used in the onboarding process, recently revised forms, and remaining forms to be revised. Input is regularly sought from Education and Training Unit, the Policy Unit and others on the revision of forms and policy updates in preparation of needed changes.

WELL-BEING (A)

A. Plan for Improvement - Well-Being: Families and individuals have enhanced capacity to meet their physical, cognitive and educational needs

Table 26: Plan for Improvement - Well-Being 3a

Table 26. CFSP Goal 3a			
Well-Being: Families and individuals have enhanced capacity to meet their physical, cognitive and educational needs			
Objectives By September 2019	Key Strategies	Key Activities	Action Steps
Item 12 - needs and services of child, parents and foster parents: Increase the needs and services of child, parents and foster parents from 26% to 30% PIP = 29.3% by April 2019	Implement the Connected by 21 (CB21) initiative, the extension of Foster Care for youth ages 18-21, to ensure that those youth in transition are supported and self-sufficient.	Develop and publish a CB 21 five-year project plan. <i>July 2016</i> Commence implementation of the CB plan. January 2017	Draft a project plan delineating objectives, outcomes and target measures for strategies that address employment, housing, education and health concerns for older youth. <i>July 2016</i>

<p>Item 13 – Child and family involvement in case planning: Increase child and family involvement from 42% to 49% PIP = 47% by April 2019</p> <p>Item 14 – Worker visits with child: Increase frequency and quality of visits to children in care from 59% to 67% PIP = 64.5% by April 2019</p> <p>Item 15 – Caseworker visits with parents: Increase the frequency and quality of visits with parents from 31% to 38% PIP = 36.2 % by April 2019</p> <p>Increase the number of Independent Living and Transitional Living Program beds and other non-traditional transitional living arrangement by 25%</p> <p>Increase percentage of the number of youths opting in to CB21 services at 18 years of age who do not have an immediately executable safe and stable living arrangement to at least 85%</p> <p>Increase the number of youth opting in to CB21 services at 18 years of age who do not have</p>		Achieve at least 20% of the objective measures of the plan by September 2019.	CB plan team select priority objectives to achieve within the first two years of implementation. <i>September 2017</i>
		Implement a communications campaign directed at youth, caregivers and staff informing them of the foster care program 18 to 21. <i>September 2018</i>	
		Develop a process whereby youth ages 17 years and older in foster care and particularly those who are emancipating will have in their possession official identification documents (birth certificate, SS card and state identification card or driver's license) under counter indicated based on disability or other issue. <i>December 2017</i>	

an immediately executable safe and stable living arrangement to at least 70% annually			
---	--	--	--

Well-Being: Families and individuals have enhanced capacity to meet their physical, cognitive and educational needs

B. Progress Measures

Key Strategy: Implement the Connected by 21 initiative, the extension of Foster Care for youth ages 18-21, to ensure that those youth in transition are supported and self-sufficient.

Objective Measures:

Item 12 - needs and services of child, parents and foster parents: Increase the needs and services of child, parents and foster parents from 26% to 30%

Item 13 – Child and family involvement in case planning:

Increase child and family involvement from 42% to 49%

Item 14 – Worker visits with child: Increase frequency and quality of visits to children in care from 59% to 67%

Item 15 – Caseworker visits with parents: Increase the frequency and quality of visits with parents from 31% to 38%

Increase the number of Independent Living and Transitional Living Program beds and other non-traditional transitional living arrangement by 25%

Increase percentage of the number of youth opting in to CB21 services at 18 years of age who do not have an immediately executable safe and stable living arrangement to at least 85%

Increase the number of youth opting in to CB21 services at 18 years of age who do not have an immediately executable safe and stable living arrangement to at least 70% annually

Table 27: Objective Measures – Well-Being 3a

Table 27. Objective Measures, CFSP Goal 3a						
CFSR Well-Being 1	FFY 2015	Dec 2016	Sept 2017	March 2018	March 2019	Sept 2019
	Baseline	Actual	Actual	Actual	PIP Target	CFSP Target
Item 12 - Needs and services of child, parents and foster parents	26 %	25%	19%	27%	29.3%	30 %

Item 13 - Child and family involvement in case planning	42 %	42 %	46%	58%	47%	49 %
Item 14 - Worker visits with child	59 %	57 %	58%	55%	64.5%	67 %
Item 15 - Caseworker visits with parents	31 %	28 %	29%	24%	36.2%	36.2 %

Data source: Quality Assurance trend reports

C. Progress Made and Benchmarks – Well-Being

CFSP Key Activity 1

Develop and publish a CB 21 five-year project plan.

July 2016

Commence implementation of the CB plan

January 2017

Achieve at least 20% of the objective measures of the plan by September 2019

CFSP Key Activity 2

Implement a communications campaign directed at youth, caregivers and staff informing them of the foster care program 18 to 21. September 2018

CFSP Key Activity 3

Develop a process whereby youth ages 17 years and older in foster care and particularly those who are emancipating will have in their possession official identification documents (birth certificate, SS card and state identification card or driver's license). December 2017

CFSP Action Steps:

Draft a project plan delineating objectives, outcomes and target measures for strategies that address employment, housing, education and health concerns for older youth.

July 2016

CB plan team select priority objectives to achieve within the first two years of implementation.

September 2017

A. Revisions to Goals, Objectives and Interventions

The target dates for the key activities and action steps will need to be re-established now that the legislation needed to solidify services for youth 14 – 18 has become law.

B. Implementation Supports

No information to report.

C. Progress Benchmarks

Since the previous year's APSR, the CB21 plan has been reviewed and approved by DFCS leadership. During the 2018 legislative session, CB21 legislation was passed and has been moved forward for signature by the governor. The state is now on schedule to submit an implementation plan/overview to executive leadership by July 9, 2018. Meetings with DFCS staff, judicial partners, internal and external stakeholders and youth are forthcoming to begin formulating policies and the framework of the program.

D. Planned Activities and Activities to Expand and Strengthen the Range of Existing Services

During FY2018, GA RYSE is continuing its partnership with Orange Duffle Bag Initiative (ODBI) to provide three coaching classes for at-risk high school students in foster care. The program is designed to assist participants in developing a comprehensive life plan to achieve a high school diploma or GED, enroll in a postsecondary institution, and gain relevant employment. Upon graduation, youth are provided with a laptop to help them further their education, and youth are connected with an advocate who will continue to help them overcome barriers effectively.

Through partnership with MAAC, four Summer Summit activities will take place in June/July 2018 for youth in care. The goal is to offer workshops and age-appropriate activities to approximately 500 youth.

The State will continue to host the Teens R 4 Me conference as a vehicle to strengthen engagement with older youth in foster care. This symposium seeks to guarantee teens are safe, healthy, educated, employable and connected as they transition out of care into independence. Additionally, it is an opportunity for youth to gain the necessary tools for a supportive and stable transition into young adulthood and beyond. The conference is also a means for those who work directly with youth to gain supports and guidance.

CFSP Update

The Division's ability to activate Connected by 21 (CB21) was essentially signed into law in 2018 by House Bill 972, a law that permits the State to extend foster care support and services to youth up through age 21 (beyond the previous cap at age 18). CB21 is a strategic plan within Georgia's child welfare system to ensure young adults within the foster care system in Georgia have the same building blocks for success in family, work and life that are generally afforded to their peers in intact families. The goal of CB21 is to create a comprehensive, developmentally appropriate extended youth support system. Through CB21, the Division will be creating a Connections Unit. There will be four areas of support within the Connections Unit:

- Education
- Health
- Employment
- Housing

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). Young people will make the decision to remain in foster care beyond age 18 only if the services, placement settings, and judicial oversight offered to them meet their needs as emerging adults. The design of the extension program is flexible and responds to the needs of young adults within the child welfare system. Implementation of a CB21 plan is an objective in the upcoming CFSP with the goal of achieving the following action steps:

1. The new Connections Unit will create staff positions and descriptions of the work to be performed. There will be a written plan to guide the timeline of implementation and launch activities.

2. There will be three district youth listening sessions to obtain information from young people in care regarding what they need to thrive and gaps in services to them.
3. There will be four workgroups to help determine suitable services for youth. There will be at least one group per focus area: Housing, Education, Health and Employment.

These objectives will be rolled over into the new 2020 – 2024 CFSP.

Feedback Loops

See the Collaborations section of this report for a description of the extensive level of partnering and frequent use of communication channels in Georgia to ensure older youth receive the support they need.

WELL-BEING (B)

A. Plan for Improvement - Well-Being: Children receive appropriate services to meet their educational needs

Table 28: Plan for Improvement - Well-Being 3b

Table 28. CFSP Goal 3b			
Well-Being: Children receive appropriate services to meet their educational needs			
Objectives By September 2019	Key Strategies	Key Activities	Action Steps
Item 16 – Educational needs of the child: Increase the percent of children who have their educational needs met from 54% to 62% <ul style="list-style-type: none"> WB2a. Increase the percentage of youth in Foster Care who successfully graduate from high school from 8% to 75% WB2b. Increase the percentage of Educational Programming and Assessment Consultation (EPAC) referrals for youth in 	Provide continuous Educational Academies to train DFCS staff, caregivers, and partners on the Division's educational policies, procedures and entitlements to promote successful educational outcomes for youth in Foster Care.	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	The Well-Being section will develop and/or revise webinar 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. <i>July 2017</i> The EPAC unit will work with the E & T unit to establish an on-line registration process. <i>August 2017</i> The EPAC unit work with the C ³

<p>Foster Care from 46% to 90%</p> <ul style="list-style-type: none"> WB2c. Support the development of executive functioning for children in Foster Care by increasing the percentage of these children (ages 0-5) who are referred to Head Start, Early Head Start and Georgia's Quality Rated Childcare Programs (baseline TBD). 		<p>managers and supervisors as they engage with the local school system and academic centers for youth on their caseload. <i>March 2019</i></p>	<p>coordinators, other direct service child welfare staff and the Office of Communications to inform staff of the required training. <i>Starting September 2017 (ongoing)</i></p> <p>The EPAC unit will provide the required web-based Education Academy quarterly. Starting October 2017 (ongoing)</p>
	<p>Streamline the educational assessment process to minimize the case management work process.</p>	<p>EPAC education specialists will partner with Georgia Court Appointed Special Advocate (CASA), and the youth's case manager to monitor educational assessment recommendations (within five business days). EPAC will monitor to ensure that the assessment recommendations include the documentation needed to support youth who need additional credit recovery. <i>Starting May 2018 (ongoing)</i></p>	<p>The EPAC education specialists will partner with the school age children's case managers and the C3 coordinators to establish a list of all children. <i>January 2018</i></p> <p>The EPAC education specialists will partner with Georgia Court Appointed Special Advocate (CASA), and the youth's case manager to establish the process that will be completed within their region to monitor educational assessment recommendations of youth in care being completed within five business days of identifying the need. <i>March 2018</i></p> <p>The EPAC unit will share the regional monitoring process at the state office CQI</p>

			<p>team meeting for feedback. <i>April 2018</i></p> <p>Once review process is cleared by state CQI team, the monitoring will begin. <i>May 2018</i></p>
		<p>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, education support monitor (ESM), appropriate school system personnel and other key student support team members.</p>	<p>The EPAC unit will work with the C³ coordinators to establish a list of children/youth with an IEP and ensure that the educational section of GA SHINES is current/up-to-date, including reflecting the actual supports and services needed. <i>July 2017</i></p> <p>The EPAC unit will develop a review instrument. <i>July 2017</i></p> <p>The EPAC unit will send the review instrument to the C³ coordinators, field program specialist, CQI specialists, CQI facilitators, state CQI team and/or other direct service child welfare staff to review for feedback <i>September 2017</i></p> <p>The draft review instrument will be shared with ACF/CB for review and feedback. <i>October 2017</i></p> <p>Update review instrument based ACF/CB feedback. <i>November 2017</i></p>

			<p>EPAC Education specialists (contractors) will be trained on review instrument. <i>December 2017</i></p> <p>EPAC education specialists (contractors) will conduct quarterly sample reviews. <i>Starting January 2018 (ongoing)</i></p> <p>The EPAC unit will share the results of each review with the C³ coordinators for corrections as needed, as well as inform the state CQI team. <i>Starting February 2017 (ongoing)</i></p> <p>The EPAC unit and/or C³ coordinator will share the results and correction actions at the state office CQI team monthly. <i>Starting March 2018 (ongoing)</i></p>
--	--	--	---

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

B. Progress Measures

Key Strategy:

Provide continuous Educational Academies to train DFCS staff, caregivers, and partners on the Division's educational policies, procedures and entitlements to promote successful educational outcomes for youth in foster care.

Objective Measures:

- Item 16 – Educational needs of the child: Increase the percent of children who have their educational needs met from 54% to 62%
- WB2a. Increase the percentage of youth in foster care who successfully graduate from high school from 8% to 75%
- WB2b. Increase the percentage of Educational Programming and Assessment Consultation (EPAC) referrals for youth in foster care from 46% to 90%

- WB2c. Support the development of executive functioning for children in foster care by increasing the percentage of these children (ages 0-5) who are referred to Head Start, Early Head Start and Georgia's Quality Rated Childcare Programs (baseline TBD)

Table 29: Objective Measures - Well-Being 3b

Table 29. Objective Measures, CFSP Goal 3b						
CFSP Well-Being 2	FFY 2015 (Item 16)	Dec 2016	Sept 2017	March 2018	March 2019	Sept 2019
	FFY 2016 (WB2a) FFY 2017 (WB2b, 2c)					
	Baseline	Actual	Actual	Actual	Actual	CFSP Target
Item 16	54 %	58%	64%	59%		62 %
WB2a. HS Graduation	8 %					75 %
WB2b. EPAC referrals	46 %					90 %
WB2c. HS/QR referrals	TBD					TBD

Data sources: Quality Assurance trend reports, SHINES data, Department of Education data

C. Progress Made and Benchmarks – Well-Being

CFSP Key Activity

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.

March 2019

CFSP Action Steps

- The Well-Being section will develop and/or revise webinar 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.
July 2017
- The EPAC unit will work with Education and Training to establish an on-line registration process.
August 2017
- The EPAC unit will work with the C3 coordinators, other direct service child welfare staff and the Office of Communications to inform staff of the required training.

- Starting September 2017 (ongoing)
- The EPAC unit will provide the required web-based Education Academy quarterly.
Starting October 2017 (ongoing)

Related PIP Goals

Goal II: Meet the assessment and individualized needs of children, youth, and families through an enhanced and broadened array of services.

Strategy II: Well-Being Outcome 2

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.

A. Revisions to Goals, Objectives and Interventions

The state has requested approval from the Children's Bureau to move this goal from the PIP exclusively to the CFSP.

B. Implementation Supports

No additional supports needed at this time.

C. Progress Benchmarks

The state has seen significant progress in ensuring it is documenting education information on each child that comes into care. Within the first seven months of FFY 2018, there were 11, 718 school-age children in care (ages 5-18). Of those children, only 4.4% (514) of them did not have educational information listed on the education detail page.

The Educational Programming, Assessment and Consultation (EPAC) team continues to host Education Academies and have conducted some web-based and onsite trainings that provided information to staff and external partners (stakeholders and caregivers) regarding educational entitlements, local educational processes, and advocacy. Additionally, Education Academies have begun providing 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.

To increase the Division's county case manager's and supervisor's ability and knowledge to academically support youth on their caseload, EPAC increased training to field staff. Through these training enhancements, EPAC expanded the subject matter provided during training and implemented different methods of training that include:

- In-person training
- Online virtual training through the WebEx training platform

The Educational Programming, Assessment and Consultation team conducted two online live Education Academies via the WebEx platform in December 2017. The title of the Sessions was "Educational Stability Support for Foster Youth: A Model for Success". All regions were invited to participate in the training. Two additional online live Education Academies were provided during the month of March (March 2, 2018 – Topic: Our Work, Their Rights: Supporting Youth Through the Student Disciplinary Process). Following is the participant information for these online live WebEx Education Academies:

Table 30: Educational Academies

Table 30. Live WebEx Education Academies			
Date	Time	Number of Participants	Participant Types
12/1/2017	10:00 am	74	DFCS Case Managers and Field Program Specialists
12/1/2017	4:00 pm	27	DFCS Case Managers and Field Program Specialists
3/2/2018	10:00 am	82	DFCS Case Managers, Supervisors, Field Program Specialists; Group Home and Congregate Care Providers
3/2/2018	2:00 pm	44	DFCS Case Managers, Supervisors, Field Program Specialists; Group Home and Congregate Care Providers

Along with the live online WebEx Education Academies, EPAC also provided (and continues to provide) in-person Education Academies. Education Academy training calendar is below:

- Wednesday, February 21, 2018 – Albany, Georgia
- Thursday, March 2, 2018 – Columbus, Georgia
- Tuesday, March 20, 2018 – Athens, Georgia

Along with providing live online education support training and in-person training, we are currently partnering with the Division's Knowledge Management to create module-based training that will be accessible by all Division staff (including Case Managers) on the Agency's Learning Management System (OLMS) portal. This will allow specific topic-based modules to be provided that will allow case managers and other staff to delve into more specific areas of training and information needs. These topics will include: Supporting Youth through the Disciplinary Process, Providing Support to the Special Student, Understanding my Role as a Mentor and other important and pertinent topics.

D. Planned Activities and Activities to Expand and Strengthen the Range of Existing Services

CFSP Key Activity

EPAC education specialists will partner with Georgia Court Appointed Special Advocate (CASA), and the youth's case manager to monitor educational assessment recommendations (within five business days). EPAC will monitor to ensure that the assessment recommendations include the documentation needed to support youth who need additional credit recovery.

Starting May 2018 (ongoing)

CFSP Action Steps

- The EPAC education specialists will partner with the school age children's case managers and the C3 coordinators to establish a list of all children.
January 2018
- The EPAC education specialists will partner with Georgia Court Appointed Special Advocate (CASA), and the youth's case manager to establish the process that will be completed within their region to monitor

educational assessment recommendations of youth in care being completed within five business days of identifying the need.

March 2018

- The EPAC unit will share the regional monitor process at the state office CQI team meeting for feedback.

April 2018

- Once review process is cleared by state CQI team, the monitoring will begin. *May 2018*

Related PIP Goal

Goal II: Strategy III: Well-Being Outcome 2

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, education support monitor (ESM), appropriate school system personnel and other key student support team members.

Key activity in partnership with Georgia Court Appointed Special Advocate (CASA), EPAC education specialists, and the youth's case manager, EPAC will monitor educational assessment recommendations to ensure that they are addressed and implemented timely according the DFCS social services policy (five business days). EPAC will monitor to ensure that the assessment recommendations include the documentation need to support youth who need additional credit recovery.

A. Revisions to Goals, Objectives and Interventions

The Agency has asked that this item be removed from the PIP as CASA does not have the capacity to complete this activity at this time.

B. Implementation Supports

No additional supports needed at this time.

PIP Updates

All three of the key activities will be rolled over into the State's 2020 CFSP.

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 region and/or county will be identified in part by the following criteria:

- Large number of children/youth 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 high or low graduation rates of foster youth.
- Low rates of EPAC referrals.

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.

During quarter five, the Children's Bureau approved moving all key activities related to this strategy to the CFSP/APSR. These activities were included in the State's CFSP submission.

EPAC provided seven education academies throughout quarter 8 during the months of January, February and March 2019. Academies provide case managers with additional knowledge to support the special academic needs of youth in care to receive key information on the educational entitlements that are available for youth. Information is imparted regarding legal aspects of academic support and how education rights could be compromised. Education Academies will continue to be presented on the local level while plans to include them in the Division's learning management system will commence.

Table 31: Special Education Events

Table 31. Special Education Events		
Event	Number	% of Foster Children in DOE 2016-17 SY
IEP Annual Review	2,912	25.2%
Initial Eligibility Determination	455	3.9%
Initial Evaluation	336	2.9%
Initial IEP Meeting	480	4.2%
Initial IEP Placement/Transition Service Begin	502	4.3%
Parent Consent to Evaluation	355	3.1%
Parent Refused Initial Placement	1	0.0%
Parent Revoked Consent	13	0.1%
Re-Eligibility Determination	1,244	10.8%
Special Education Exit	57	0.5%
Student Not Eligible for Initial Placement	40	0.3%
Unique Children w IEP Annual Review or Initial Placement	3,242	28.1%
Unique Children w Special Edu Event	3,386	29.3%
Unique Foster Children in DOE file	11,552	100.0%

Goal II, Strategy III will be rolled into the CFSP as well. Key Activity 2 was considered incomplete. The Individualized Education Plan (IEP) monitoring protocol has been implemented. A follow-up protocol has also been created and implemented for cases that do not have current IEPs uploaded.

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.

Key Activity 2

EPAC education specialists, and the youth's case manager, will monitor educational assessment recommendations to ensure that they are addressed and implemented timely according to the DFCS Social Services Policy (five business days). EPAC will monitor to ensure that the assessment recommendations include the documentation needed to support youth who need additional credit recovery.

The Division has worked diligently to increase its capacity to provide education support services to school age youth in foster care. The Division's capacity has expanded through its implementation of a new education service delivery model. Within this new education service delivery model several program enhancements for EPAC were instituted: the Division created a new path of partnership with one of its long-standing partners; implemented an advisory and practice group teams; and there was an increase in services and outcomes for youth.

Every youth in foster care, ages 5 – 17, must have an Educational Stability Plan (ESP) in their case file. Case managers are taught to complete the ESP and ensure the plan document is uploaded into the youth's file in SHINES. The Education Detail Page is key in ensuring youth are engaged in education programs and are attending school, safe placement decisions are made, and accurate state and federal reporting is provided.

Three district education managers provide support, guidance and supervision to the Division's education support monitor (ESM) team and serve as the regional and district contacts and liaisons for education matters that are of immediate and critical urgency. Along with the duties they also serve as the EPAC program representatives and experts within regional and district child welfare meetings.

EPAC expanded the subject matter provided during Education Academy trainings and used a variety of methods to deliver the training to staff and stakeholders that include in-person and online virtual training through the WebEx training platform.

The Division partnered with the Multi-Agency Alliance for Children (MAAC) which now serves as the lead education agency for Fulton and Dekalb Counties. As the lead, MAAC provides education support services to school age youth who are in grades 7 – 12. These services include:

- Tutorial services provided by certified teachers (when those services are not available or have been exhausted in the local education agencies (LEAs) for children and youth in foster care)
- Processing, tracking and monitoring of extracurricular and enrichment services for youth
- Educational assessments
- Education Action Plans
- Recruitment and assignment of parent surrogates
- Service provision and support plans for youth who

- Have been identified as special needs
- Have Individualized Education Plans
- Have 504 Plans
- Are in GNETS or at-risk of being placed in GNETS programs
- Are Talented and Gifted

In addition to this partnership, EPAC has an education quality specialist. This specialist works to expand external partnerships to ensure EPAC is providing maximum support services. EPAC is working with Georgia Appleseed to address the discipline and tribunal needs of youth and is building a relationship with Georgia Department of Education to provide trainings for Local Education Agency (LEA) Foster Care Liaisons. There have been two so far. EPAC has also coordinated with the Georgia REACH Scholarship Program which is the State'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 for this scholarship opportunity. Ways are being explored to build and strengthen relationships with Georgia Court Appointed Special Advocates and Georgia Council of Juvenile Court Judges.

WELL-BEING (C)

A. Plan for Improvement - Well-Being: Children receive adequate services to meet their physical and mental health needs

Table 32: Plan for Improvement - Well-Being 3c

Table 32. CFSP Goal 3c			
Well-Being: Children receive adequate services to meet their physical and mental health needs			
Objectives By September 2019	Key Strategies	Key Activities	Action Steps
Item 17 – Physical health of the child: Increase the percent of children who have their physical health needs met from 49% to 57% <ul style="list-style-type: none"> • WB3a. Increase the percentage of current and former foster care youth receiving Medicaid or health insurance within six months of their 18th 	Meet the assessment and individualized needs of children, youth, families through an enhanced and broadened array of physical and mental health services	Develop and implement innovative strategies with the Department of Community Health (DCH), Amerigroup and other stakeholders to facilitate youth access to medical, physical and behavioral health services. <i>July 2019</i>	The WPAC unit will work with Amerigroup (CMO) and the Policy unit to establish a definition for “significant” health condition to be used to identify the children. <i>July 2017</i> The WPAC unit will work with Amerigroup (CMO) and the policy and GA SHINES unit,

<p>birthday, from 45% to 85%</p> <p>Item 18 – Mental health of the child: Increase the percent of children who get their mental health needs met from 29% to 33%</p> <ul style="list-style-type: none"> WB3b Increase the percentage of initial wellness screenings for youth in Foster Care from 16.9% to 75% 			<p>regional and county staff to develop monthly report of children and youth in foster care of children with “significant” health conditions. <i>September 2017</i></p>
		<p>Implement training and monitoring activities to ensure children and youth receive appropriate physical and mental health assessments, services, and medication monitoring. <i>March 2019</i></p>	<p>The C3 coordinators work with county staff to ensure that all children in care have their health information current in GA SHINES. <i>September 2017</i></p> <p>The WPAC unit will distribute the "significant health condition report" for staffing by the 5th of each month. <i>Starting September 2017 (ongoing)</i></p> <p>Regional directors, county directors, supervisors and C3 coordinators will ensure that the staffing to assure appropriate services are accessible for children and youth are completed monthly. <i>Starting November 2017 (ongoing)</i></p> <p>The WPAC unit will work with Amerigroup (CMO) and the policy and GA SHINES unit, regional and county staff to develop monthly report of children and youth in foster care taking</p>

			“psychotropic medications.” <i>November 2017</i>
		Provide education and support to caregivers in regard to the importance of health and wellness screenings for children in care to promote access to the appropriate medical, physical and behavioral health services for children and youth served by the Division. <i>July 2019</i>	<p>Newly added: WPAC will participate in the AFPAG (Adoptive and Foster Parent Association of Georgia) conference. <i>February 2018</i></p> <p>WPAC will provide training to adoptive and foster parents across the state of Georgia. <i>February 2018</i></p> <p>WPAC and EPAC will conduct joint educational academies for DFCS staff and caregivers <i>March 2018</i></p>

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

B. Progress Measures

CFSP Key Strategy:

Meet the assessment and individualized needs of children, youth, families through an enhanced and broadened array of physical and mental health services

Objective Measures:

Item 17 – Physical health of the child: Increase the percent of children who have their physical health needs met from 49% to 57%

WB3a. Increase the percentage of current and former foster care youth receiving Medicaid or health insurance within six months of their 18th birthday, from 45% to 85%

Item 18 – Mental health of the child: Increase the percent of children who get their mental health needs met from 29% to 33%

WB3b Increase the percentage of initial wellness screenings for youth in Foster Care from 16.9% to 75%

Table 33: Objective Measures - 3c

Table 33. Objective Measures, CFSP Goal 3c						
CFSP Well-Being 3	FFY 2015	Dec 2016	Sept 2017	March 2018	March 2019	Sept 2019
	Baseline	Actual	Actual	Actual	Actual	CFSP Target
Item 17 Physical health of the child	49 %	47%	50%	51%	35%	57 %
Item 18 Mental health of the child	29 %	20 %	27%	24%	8%	33 %
WB3a. Medicaid/insurance	45 %					85 %
WB3b. Wellness screenings	16.9 %	24.04%	29.04%	30.23%	28.02%*	75 %

Data Sources: Quality Assurance trend reports, SHINES data

*For all removals in year preceding last day of March 2019; includes children in custody at least 30 days who had a wellness screening within 10 days of the removal.

C. Progress Made and Benchmarks – Well-Being

CFSP Key Activity

Develop and implement innovative strategies with the Department of Community Health (DCH), Amerigroup and other stakeholders to facilitate youth access to medical, physical and behavioral health services.

July 2019

CFSP Action Steps

The WPAC unit will work with Amerigroup (CMO) and the Policy unit to establish a definition for “significant” health condition to be used to identify the children.

July 2018 (formerly July 2017)

The WPAC unit will work with Amerigroup (CMO) and the Policy and GA SHINES units, regional and county staff to develop monthly report of children and youth in foster care of children with “significant” health conditions.

September 2018 (formerly September 2017)

A. Revisions to Goals, Objectives and Interventions

Target date for this key activity was adjusted to begin in PIP quarter 6 because there needed to be enhancements made to SHINES to generate reports.

B. Implementation Supports

Changes needed to be made to the SACWIS SHINES system. There is a need for additional staff to support some of the strategies.

C. Progress Benchmarks

In November 2017, Amerigroup and DCH provided feedback on the definition of significant health conditions, recommending that a mental health diagnosis be considered a significant health condition, just as a physical health diagnosis would. DFCS policy already had some conditions identified as high-risk medical conditions, and some mental health diagnoses did not align with the diagnoses listed in GA Shines. In February 2018, the SHINES team met with WPAC to review diagnoses and characteristics that are collected in SHINES. They were able to provide insight regarding the way the information is captured and how these data points may differ or be inadequately captured.

D. Planned Activities and Activities to Expand and Strengthen the Range of Existing Services

In March 2018 a meeting was held with a SHINES team to discuss the diagnoses that need to be added to the automated information system based on DFCS Policy and Amerigroup/DCH input. SHINES Unit will conduct a data analysis to determine the type of technical request needed to adjust the system. The State will move forward distributing a preliminary report based on the data that can be currently ascertained.

Feedback Loops

A member of the WPAC team meets regularly with the SHINES team to stay abreast of updates and then forwards the information to the wellness specialists in the field who then report it to the frontline staff. C3 coordinators are kept in the loop via PACCC and PIP meetings and C3 conference calls. They, in turn, provide updates to staff in the field in their regions. DCH and Amerigroup have been consistent and active participants in discussions to establish a definition for “significant” health condition.

CFSP Key Activity

Implement training and monitoring activities to ensure children and youth receive appropriate physical and mental health assessments, services, and medication monitoring.

March 2019

CFSP Action Steps

C3 coordinators work with county staff to ensure that all children in care have their health information current in GA SHINES.

September 2017

The WPAC unit will distribute the "significant health condition report" for staffing by the 5th of each month.
Starting September 2017 (ongoing)

Regional directors, county directors, supervisors and C3 coordinators will ensure that the staffing to assure appropriate services are accessible for children and youth are completed monthly.
Starting November 2017 (ongoing)

The WPAC unit will work with Amerigroup (CMO) and the Policy and GA SHINES units, regional and county staff to develop monthly report of children and youth in foster care taking “psychotropic medications.”
November 2017

A. Revisions to Goals, Objectives and Interventions

Several of the action steps have already been taken, but work is set to officially begin on this activity in PIP quarter 6.

B. Implementation Supports

Needed changes were made to the SACWIS SHINES system, but there is a need for additional staff to support some of the strategies.

C. Progress Benchmarks

Information for the Significant Health Condition report is extracted from SHINES. The system has been updated to allow a user to collect the following report parameters: name, date-of-birth, SHINES Person ID, and diagnosis (physical and mental health) in a single report. The first report went out June 11, 2018, subsequent reports will be distributed every other month by the 10th of the month. The percent of children who received an EPSDT/Ga Health Check within 10 days of entering care between October 2017 and May 2018 is 24% and dental is 14%.

D. Planned Activities and Activities to Expand and Strengthen the Range of Existing Services

Once a health condition report is pulled from SHINES, the report is distributed to DFCS regions and counties and used to:

- Prioritize case planning, case assignments, and provision of services for children and youth
- Guide appropriate and timely health care services (physical and mental)
- Facilitate health care coordination
- Facilitate system planning related to care coordination, service array, and allocation of resources
- Do system level trend analysis related to diagnoses, proximity for services and providers
- Monitor for improved and timely case documentation
- Assess staff performance
- Develop/devise county, regional, and state training plans to address specific and general areas for improvement
- Set agendas for ongoing collaborative meetings between DFCS, Department of Community Health (DCH), and the Care Management Organization (CMO)
- Review and assess compliance with policy, procedures and the State's Health Care Oversight and Coordination Plan, and alignment with the State of Georgia System of Care (SOC) Plan

Feedback Loops

A SHINES report of children with significant health conditions is generated bimonthly and forwarded to regional directors. They determine who in the region will work to confirm that the identified diagnoses have been supported by documentation that has been uploaded into SHINES. They will additionally verify that the Health Detail Page is accurate, showing the most current diagnosis. Their findings will be sent to the WPAC team by email to healthmatters@dhs.ga.gov. C3 coordinators, treatment FPSs, and lead FPSs also receive a copy of the report. The Well-Being director, WPAC Wellness director, PRO director, DHS medical director and/or DFCS deputy director for child welfare, and CMO representative will meet quarterly to evaluate findings, monitor and review the reports for fidelity to the established protocols, and to determine methods and strategies to support best practice for case managers and supervisors. A quarterly summary of progress will be submitted to DFCS executive leadership, the State PIP manager and other high-level stakeholders. If unfavorable trends are identified, the report will include recommendations for correction (this may include but not limited to training, data day, additional field and technical support).

PIP Update

WPAC continues to provide support to the field through session trainings, over-the-shoulder trainings, staffings, cadence calls, and other activities in the counties and regions. Formal training is provided per request of the regions or counties via the combined EPAC/WPAC trainings. During quarter 8, EPAC/WPAC training was provided January 17 (Region 3 Douglas County), February 7 (Region 1 Dalton), and March 19 (Region 10 Dougherty County). EPAC and WPAC will continue to provide these trainings statewide, year-round. WPAC began medication monitoring June 2018 via reports and medication management staffings (March 2018). The DHS medical director has begun developing trainings for staff and staffing cases for youth that are on more than four psychotropic medications.

There are some concerns that the overdue health chart is confusing to understand. The chart needs to include the actual number of children with overdue health checks. The types of health checks needed should be clear (EPSDT, developmental, trauma, psychological, dental, etc.) (key activity 2)

The strategy of getting this information into SHINES was achieved, but ACF wants to know how that step is going to help assure children get staffings and appropriate services. They also want to know how the State is accessing to make sure this is happening and following up when it is not. (key activity 4)

The psychotropic medications report is being distributed but how is the state ensuring appropriate services are being provided? Are bi-monthly follow-ups occurring?

The Children's Bureau had some concerns regarding key activities 2, 4, 5 and 6.

CFSP Key Activity

Provide education and support to caregivers regarding the importance of health and wellness screenings for children in care to promote access to the appropriate medical, physical and behavioral health services for children and youth served by the Division.

July 2019

CFSP Action Steps

Newly Added:

WPAC will participate in the AFPAG (Adoptive and Foster Parent Association of Georgia) conference.

February 2018

WPAC will provide training to adoptive and foster parents across the state of Georgia.

WPAC and EPAC will conduct joint educational academies for DFCS staff and caregivers

March 2018.

Related PIP Goal

Goal II: Meet the assessment and individualized needs of children, youth, and families through an enhanced and broadened array of services.

Strategy IV: Well-Being Outcome 3: Implement training and monitoring activities to ensure children and youth receive appropriate physical and mental health assessments, services, and medication monitoring.

A. Revisions to Goals, Objectives and Interventions

The action steps were added in FFY 2017

B. Implementation Supports

WPAC has four wellness specialists and one program manager which is a barrier to providing more training opportunities to caregivers.

C. Progress Benchmarks

Georgia completed the anticipated action steps to educate caregivers about the importance of health and wellness screenings by talking with adoptive and foster parents at their annual conference and providing trainings around the state. WPAC trainings were consolidated with EPAC educational academies, which eased the time caregivers would have otherwise had to set aside to access the teachings.

D. Planned Activities and Activities to Expand and Strengthen the Range of Existing Services

Because attendees appeared to be receptive to the combined WPAC/EPAC trainings, the state will continue providing the trainings in this manner and will try out new forums to provide them, seeking locations that caregivers frequent or that are easily accessible to them, including their AFPAG Conference. The format of the trainings will be adjusted as needed in response to feedback obtained from external partners DCH, Amerigroup, DPH, and DFCS. The state is still considering how it may increase the quantity of trainings provided over the course of a year, as has been suggested, so that more opportunities are available to participate. Slots for sessions may fill up faster now that these trainings have been approved for professional development hours by the Education and Training Unit.

PIP Update

The State completed required steps for this PIP item. In quarter seven, the Children's Bureau agreed to roll the "monitoring to ensure that implemented services are effective" over into the 2020-2024 CFSP for annual reporting in the CFSP. The entire key activity has been rolled into the upcoming CFSP.

The State held 15 regional stakeholder meetings and two roadshows (Region 1) in quarter 8. There were well over 400 attendees, collectively, in just 10 of those meetings.

January – Region 3, 14

February – Region 2, 8, 12, 14

March – Regions 1, 4, 5, 7, 9, 11, and 13 (3 meetings)

The stakeholder meetings have lead and lag objectives on the agenda. These goals were established collaboratively between DFCS and external stakeholders. Several regions achieved their first set of goals and have already developed new leads and lag goals and measures. The majority of the C3 coordinators who facilitate these meetings report that the meetings have been overwhelmingly successful with fruitful conversations, deepening partnerships, enhanced transparency and ability to network and address challenges.

Prior to implementing this PIP key activity, the state rated 11% in CFSR Item 12. After the stakeholder meetings progressed, the state did not drop below a rating of 18% and achieved as high as 33% in December 2018.

A combination of measures is used to monitor the effectiveness of services.

Measure 1 – The State's rating on CFSR Outcome Item 12 is tracked based upon state-conducted quality assurance reviews (based upon a "rolling" six months).

Measure 2 – The State reviews ratings based upon stakeholder response to surveys administered by the State’s quality assurance review team. The survey questions are rated as excellent, good, fair or poor (based upon a “rolling” six months).

Measure 3 – Random sample case record reviews are being done each quarter. Metro regions will pull 15 applicable records and non-metro regions will pull 10. Reviewers will seek to determine if there has been ongoing communication between the agency and the service provider for the duration of the services (throughout a three-month review period). The first set of results from case record reviews revealed that 50% of the cases reviewed demonstrated ongoing communication.

Feedback Loops

Feedback is received in real time from training participants via survey, but opinions are additionally sought from external partners like DCH, Amerigroup and DPH, and from DFCS staff at all levels of the agency, particularly to assess the need for additional training and to adjust current training curriculum.

WORKFORCE DEVELOPMENT

A. Plan for Improvement - Systemic Factor - Workforce: The Division’s workforce is competent, professional and efficient

Table 34: Plan for Improvement - Workforce Development 4

Table 34. CFSP Goal 4			
Systemic Factor - Workforce: The Division’s workforce is competent, professional and efficient			
Objectives By September 2019	Key Strategies	Key Activities	Action Steps
WF1. Decrease child welfare case management staff annualized turnover rates from 36% to 18%	Provide Child Welfare staff with skills to effectively engage, partner and plan with families, as well as track and celebrate their successes.	Develop and implement a competency-based child welfare learning academy that includes initial and ongoing training activities, mentoring, and monitoring processes. <i>March 2019</i>	Redesign the new worker training curriculum and certification process <i>January 2016</i>
WF2. Increase the percentage of employee satisfaction from 66% to 90%	Improve staff critical thinking and decision-making skills to ensure appropriate safe disposition of cases	Provide training to staff at all levels regarding the identification and management of secondary trauma. <i>July 2019</i>	Once the curriculum is finalized, the training unit will begin implementation. <i>Starting February 2017 (ongoing)</i> The E & T unit will report progress and/or barriers at the monthly state CQI meetings.

			<p><i>Starting March 2017 (ongoing)</i></p> <p>The E & T unit, C³ coordinators or designated regional staff and the Office of Provider Management will report progress and/or barriers at the monthly state CQI meetings.</p> <p><i>Starting March 2017 (ongoing)</i></p> <p>Include secondary trauma trainings in new worker trainings.</p> <p><i>Starting March 2017 (ongoing)</i></p> <p>Collaborate with the GSU Collaborative to offer brain and trauma trainings to staff and stakeholders.</p> <p><i>Starting March 2017 (ongoing)</i></p>
		<p>Implement the provision of a regular employee satisfaction survey for all Division staff to guide development and implementation of strategies intended to continuously strengthen the Division's workforce.</p> <p><i>July 2019</i></p>	<p>Collaborate with Georgia State University (or other partner agency) to develop an employee satisfaction survey.</p> <p>March 2017</p> <p>Administer the survey to all active DFCS staff May 2017, and another by July 2019 (or earlier).</p> <p>Compile and calculate responses by October 2017 for May survey, and by September 2019 for June 2019 survey.</p>

	<p>Implement the Employee Selection Protocol (ESP) to ensure the selection of the most appropriate Child Welfare employment candidates for the Division. <i>By July 2019</i></p>	<p>Conduct an evaluation regarding the effectiveness of and fidelity to the Employee Selection Protocol and utilize the results to determine its widespread use across the Division. <i>July 2019</i></p>	<p>Draft design of surveys and focus group interview guides. March 31, 2016</p> <p>Conduct advisory group meeting December 2016</p> <p>Conduct second advisory group meeting January 26, 2017</p> <p>Develop/Edit final surveys March 2017</p> <p>Collect survey data April 2017</p> <p>Analyze survey data Starting April 20 (ongoing)</p> <p>Develop semi-structured interview guide March 2017</p> <p>Collect and analyze focus group/phone interview data May 2017</p> <p>Write draft of final project report June 9, 2017</p> <p>Send draft report to advisory group for feedback June 19, 2017</p> <p>Meet with DFCS key personnel to discuss ESP evaluation findings June 30, 2017</p>
--	--	---	---

			Submit final project report to DFCS: June 30, 2017
--	--	--	--

Systemic Factor - Workforce: The Division's workforce is competent, professional and efficient

B. Progress Measures

CFSP Key Strategies:

- Provide child welfare staff with skills to effectively engage, partner and plan with families, as well as track and celebrate their successes.
- Improve staff critical thinking and decision-making skills to ensure appropriate safe disposition of cases
- Implement the Employee Selection Protocol to ensure the selection of the most appropriate Child Welfare employment candidates for the Division. By July 2019

Objective Measures:

- WF1. Decrease child welfare case management staff annualized turnover rates from 36% to 18%
- WF2. Increase the percentage of employee satisfaction from 66% to 90%

Table 35: Objective Measures - Workforce Development 4

Table 35. Objective Measures, CFSP Goal 4				
Workforce	FFY 2015	FFY 2016	FFY 2017	FFY 2019
	Baseline	Actual	Actual	Target
WF1. Turnover Rates	36 %	27%	22%	18 %
WF2. Employee Satisfaction	66 %		71%	90 %

Data source: Office of Human Resource Management and Development (OHRMD) data, Georgia State University survey data

C. Progress Made and Benchmarks – Workforce Development

CFSP Key Activities

Develop and implement a competency-based child welfare learning academy that includes initial and ongoing training activities, mentoring, and monitoring processes.

March 2019

Provide training to staff at all levels regarding the identification and management of secondary trauma.

July 2019

Action Steps

- Redesign the new worker training curriculum and certification process
January 2016
- Once the curriculum is finalized, the training unit will begin implementation.

- Starting February 2017 (ongoing)
- The E & T unit will report progress and/or barriers at the monthly state CQI meetings.
Starting March 2017 (ongoing)
- The E & T unit, C3 coordinators or designated regional staff and the Office of Provider Management will report progress and/or barriers at the monthly state CQI meetings.
Starting March 2017 (ongoing)
- Include secondary trauma trainings in new worker trainings.
Starting March 2017 (ongoing)
- Collaborate with the GSU Collaborative to offer brain and trauma trainings to staff and stakeholders.
Starting March 2017 (ongoing)

Related PIP Goal

PIP Goal IV: Establish a robust workforce

Key Strategy I: Systemic Factor – Staff and Provider Training

Develop and implement a competency-based child welfare learning academy that includes initial and ongoing training activities, mentoring, and monitoring processes.

Key Activity: Redesign the new worker training curricula and certification process so that it is consistent with Georgia's Practice Model.

A. Revisions to Goals, Objectives and Interventions

No revisions have been made, nor are any changes being requested.

B. Implementation Supports

Sufficient supports are in place.

C. Progress Benchmarks

The curriculum for the Academy was redesigned in May 2017 to support a competency-based training system and it includes elements of Solution Based Casework as well as Georgia's Comprehensive Practice Model into the new curriculum. The Georgia Child Welfare Academy was piloted from June 2017 through September 2017. Enhancements were made based on feedback from pilot participants, supervisors and leadership as well as an evaluation conducted by Georgia State University. The input from those evaluations prompted changes to the curriculum and will be incorporated in the full rollout. The first official academy classes began in April 2018. Some key areas of improvement in the curriculum are in substance abuse, CSEC, domestic violence, interviewing, documentation, the assessment of safety, SHINES and the simulation. In response to Indian Child Welfare Act - 25 CFR 23, Education and Training, in collaboration with IOTIS, developed and provided an online ICWA training during the period under review.

Some key areas of collaboration with the new academy are the inclusion of brain and trauma training developed by the Professional Excellence Program at Georgia State University as well as incorporation of the new legal training, which includes a mock trial experience. The mock trial training will be conducted by retired juvenile court judges. Additionally, the agency is collaborating with the Georgia Bureau of Investigation to use their mock village at the Georgia Public Safety Training Center to enhance the simulation experience.

Each region monitors privatized staff to ensure completion of new worker training and certification within 120 days and the Office of Provider Management monitors to ensure private staff completion of new worker training and certification within six months of employees' hire date. However, Georgia continues to struggle to refrain from

assigning staff caseloads prior to being fully certified. Most of those who are enrolled complete the classroom training timely. However, timely completion of field activities continues to be a barrier to timely certification. This barrier should dissipate with the implementation of the Training Academy which prevents staff from being assigned caseloads prior to certification. One area of marked improvement is that of getting staff enrolled timely into Keys and Track training.

More effort is needed in following up while staff are in the training process and there are some needed revisions to the training curriculum. Education and Training Unit continues to market trainings available to staff via flyers and email communications. Ongoing training hour requirements for staff are posted to IOTIS which is a central location for viewing transcripts, available training, and reports; registering for training; and accessing online training and webinars as well as accessing the case manager field practice guide. The case manager field practice guide outlines the post certification training requirements and informs supervisors about additional trainings case managers need to complete. Georgia State University facilitates the classroom training and the field identifies staff who need training. C3 coordinators assigned to each region are designated to track the completion of ongoing annual training hour requirements through IOTIS. Prior to establishing this strategy in the PIP, there was a lack of knowledge regarding the 20-hour annual training requirement. Now, the Education and Training Unit receives emails almost daily with request to add, update or dispute information on the transcripts of staff. Since the implementation of Solution Based Casework, Secondary Trauma and Child Sexual Abuse and Exploitation trainings and other agency initiatives, staff are more readily able to achieve their required hours.

One of the PIP activities is to actively recruit and train additional field practice coaches. While the training of field practice coaches will continue, the focus has slightly shifted to ensuring better quality and assignment of coaches to staff. There was a smaller pool of qualified staff to add more coaches, many of the veteran workers who meet the qualifications were promoted to supervision.

D. Planned Activities and Activities to Expand and Strengthen the Range of Existing Services

The State will continue to commence the Training Academy and tracking of credit hours among staff. Input from C3 coordinators have prompted the Education and Training Unit to re-evaluate how it calculates these hours, and the Unit is working with IOTIS to deliver new upgrades to the Learning Management System that will be more user friendly, provide a wider array of reports, better track foster parents and private provider training hours. The target date for the new LMS roll out for community partners is July 2018 and January 2019 for DFCS.

Because of the State's emphasis on implementation of Solution Based Casework, there has not been a lot of progress in ongoing staff development offerings in the areas of well-being, substance abuse, interviewing, safety assessment and permanency. The Unit hopes to be able to increase training opportunities in these areas in the upcoming years. Foster Care Essentials Training and CPS Essentials Training are currently being revised with an anticipated completion date of June 2018 for Foster Care Essentials and October 2018 for CPS Essentials. Revisions to Resource Development Training will be completed in September 2018. Putting the Pieces Together Supervisor Training revisions have begun and are to be completed by June 2019. IMPACT Training will be re-written beginning in Summer 2018 and completed by June 2019.

An enhanced Supervisor Mentoring Program began February 1, 2018. Two additional supervisor mentors will be hired, which will allow for more supervisors to be mentored much sooner. This will provide much needed support and help new supervisors perform effectively in their roles. Education and Training will continue to provide support to staff during the SBC implementation and certification phase as well as training as needed.

PIP Update

The competency-based child welfare academies are in place. Overall, virtually every employee who finishes the academy meets the 120-day certification requirement. Solution Based Casework has been fully implemented into new worker training. As of April 1, 2018, staff receive Solution Based Casework training throughout the academy and don't have to attend a standalone SBC training. During Q8, the Child Welfare Training Academy was reduced from a 16-week program (8 weeks of classroom and 8 weeks of field practice) to a 6-8-week program from date of hire to completion (3.5 weeks of classroom with 3 weeks of field practice). Because of this change, the need for regional staff to monitor completion and certification of staff within 120 days has been nearly eliminated.

Annual training hour requirements for Social Services staff are posted on the home page of www.gadfcs.org.

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 and Georgia 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.

This Workforce Excellence initiative has been included in the upcoming CFSP. A complete Comprehensive Organizational Health Assessment (COHA) will be administered via an on-line survey to all child welfare staff; focus groups with child welfare staff and stakeholders, and a contextual assessment through review of key documents, reports and agency data. Findings will serve to identify workforce strengths and areas that warrant strategic development intervention. Student cohorts will participate in specialized courses (more closely related to child protection than traditional IV-E education programs) and field placement innovations. Workforce strategies, as informed by the COHA, will be adopted and a train-the-trainer course for the Leadership Academy will be embedded as an ongoing training opportunity for supervisors, managers and administrators, and will complement the State's Supervisor Academy.

There were some minor timeliness issues during PIP quarters 5 and 6 with the initial cohorts due to the untimely completion of field practice activities. Due to systemic demands, primarily turnover and onboarding issues, modifications were required to reduce the length of time staff spent in new worker training and a new format was rolled out in February 2019.

During quarter 8, the State only had 12 field practice coaches with many regions not having any at all. As a result, only about 25% of staff completing new worker training were paired up with an actual field practice coach. While most staff report going out with veteran case managers and working with regional and county FPS and supports, there is still a significant gap to close in formalizing the assignment of dedicated staff to support new workers.

Feedback Loops

Monthly PACCC meetings have served as a major opportunity for Education and Training to apprise agency staff of updates and to discuss training barriers. Following the meetings, C3 coordinators update their constituents in the regions. These meetings have been the catalyst to discussions regarding efforts to improve staff retention and to update training for field practice coaches.

CFSP Key Activities

Implement the provision of a regular employee satisfaction survey for all Division staff to guide development and implementation of strategies intended to continuously strengthen the Division's workforce. July 2019

Action Steps

- Collaborate with Georgia State University (or other partner agency) to develop an employee satisfaction survey.
March 2017
- Administer the survey to all active DFCS staff
May 2017, and another by July 2019 (or earlier).
- Compile and calculate responses by October 2017 for May survey, and by September 2019 for June 2019 survey.

A. Revisions to Goals, Objectives and Interventions

No revisions have been made to this key activity.

B. Implementation Supports

Implementation supports have been sufficient.

C. Progress Benchmarks

Georgia, as assisted by Georgia State University administered a survey to DFCS staff in 2017. Of 2,143 useable responses, 71% agreed that they had employee satisfaction, which was an increase from the 66% rating in 2015. The level of staff feeling “fully engaged” increased by 10 percentage points. Key areas that were measured (all areas saw an increase) include: camaraderie, pride, respect, fairness, credibility and workplace quality.

D. Planned Activities and Activities to Expand and Strengthen the Range of Existing Services

As a result of the survey, the state intends to focus on improving credibility and respect and fairness. There will also be attention paid to:

- Rapid Process Improvement
- Manager training
- Communication content, testing and control
- Input and Feedback loops
- Employee Recognition
- Performance Metrics

Results of the survey will be further analyzed by the agency’s leadership and results of the survey will be shared with internal and external stakeholders. Once a plan is developed to address areas of improvement, the plan will also be shared and validated by employees before moving forward. Another survey will be administered in a year or two to continue getting a sense of the pulse of the work culture.

Feedback Loops

See statement in part D above.

CFSP Key Activities

Conduct an evaluation regarding the effectiveness of and fidelity to the Employee Selection Protocol and utilize the results to determine its widespread use across the Division. July 2019

Action Steps

- Draft design of surveys and focus group interview guides.

- March 31, 2016
- Conduct advisory group meeting
December 2016
- Conduct second advisory group meeting
January 26, 2017
- Develop/edit final surveys
March 2017
- Collect survey data
April 2017
- Analyze survey data
Starting April 20 (ongoing)
- Develop semi-structured interview Guide
March 2017
- Collect and analyze focus group/phone interview data
May 2017
- Write draft of final project report
June 9, 2017
- Send draft report to advisory group for feedback
June 19, 2017
- Meet with DFCS key personnel to discuss ESP evaluation findings
June 30, 2017
- Submit final project report to DFCS: June 30, 2017

A. Revisions to Goals, Objectives and Intervention

No revisions have been made or are anticipated to goals, objectives and interventions.

B. Implementation Supports

Enterprise-wide representation from subject matter experts is needed to analyze findings and implement ESP.

C. Progress Benchmarks

In 2017, the Division partnered with the University of Georgia to plan and execute an evaluation of the Employee Selection Protocol (ESP). This evaluation, completed in June of 2017, resulted in findings suggestive of great opportunity for improvement, and the Division is embracing this whole-heartedly.

On October 18, 2017 Division leadership approved a proposal to formalize a project team of key stakeholders to utilize evaluation findings to enhance and re-implement ESP. Enterprise-wide representation includes subject matter experts from the DHS Office of Human Resources, the Project Management Office, regional and county leadership, supervisors, case managers and state office staff.

At the official project kickoff on January 24, 2018 the project team reviewed the evaluation recommendations, had robust feedback about how to enhance the self-assessment and formed workgroups to continue the momentum of the project. The work of the team over the coming months will include the development of strategies to re-implement and enhance the ESP later in 2018.

Thus far, the project team has revised and enhanced the following components of the ESP:

- Self-assessment

- Agency overview and job description
- Phone screening form
- In-basket tasks
- Onsite writing sample
- Onsite interview questions

D. Planned Activities and Activities to Expand and Strengthen the Range of Existing Services

The ESP project team has partnered with the Professional Excellence team at Georgia State University on an update of the “realistic job” preview video. The video outline has been developed, and the team is in the process of scripting the video scenes and dialogue. Work on the video will continue over the next few months and is anticipated to be complete in Fall 2018.

Additional work that will continue over the next few months include:

- Updating the ESP guide
- Development of ESP training for hiring managers
- Establishment of data points to measure the effectiveness of ESP, establishing a process for monitoring the fidelity of implementation

PIP Update

Georgia, as assisted by Georgia State University, administered a survey to DFCS staff in 2017. Of 2,143 useable responses, 71% agreed that they had employee satisfaction, which was an increase from the 66% rating in 2015. The level of staff feeling “fully engaged” increased by 10 percentage points. Key areas that were measured (all areas saw an increase) include: camaraderie, pride, respect, fairness, credibility and workplace quality. ESP was highlighted at a state-wide leadership meeting with an emphasis on the importance of leadership messaging about the value of purposeful investment in the selection process. An infographic was created to highlight ESP online training and the value of hiring candidates with the right attitude, knowledge, skills and values to serve families. In June 2019 the infographic accompanied a message from the Division’s Office of Communication about the value of selection and the expectation for completing the ESP on-training course. Feedback loops are part of the ongoing fidelity review process and feedback loops will be incorporated in ongoing CQI efforts.

This work was not rolled over into the new CFSP, but the work will continue, and the State will report progress in the APSR.

Feedback Loops

On the state-wide leadership development call, on September 22, 2017, the Knowledge Management director previewed the findings and recommendations from the evaluation of the existing Employee Selection Protocol (ESP). On September 29, 2017 he provided an overview and refresher training on the existing ESP. An article about the enhancement and re-implementation of ESP was included in the statewide newsletter Blue Note (March 2018).

The Knowledge Management director provides updates via a DFCS strategies activities excel spreadsheet.

STAKEHOLDER ENGAGEMENT

A. Plan for Improvement - Systemic Factor – Stakeholder Engagement: The Division and its stakeholders are fully engaged and responsive

Table 36: Plan for Improvement - Stakeholder Engagement

Table 36. CFSP Goal 5			
Systemic Factor – Stakeholder Engagement: The Division and its stakeholders are fully engaged and responsive			
Objectives By September 2019	Key Strategies	Key Activities	Action Steps
<p>SH1 Train or educate the Division's key stakeholder groups on Georgia's Comprehensive Practice Model:</p> <ul style="list-style-type: none"> Internal Stakeholders from 33% to 100% External Stakeholders from 33% to 100% <p>SH2 Increase the percentage of stakeholders who rate DFCS effectiveness of partnership with their agency/organization as good or excellent from 83% to 89%</p>	Provide education and training on Georgia's Comprehensive Practice Model to the Division's key stakeholder groups to ensure statewide support and engagement as implementation occurs.	Implement regular community "Road Shows" at the regional, district and state levels in order to provide consistent and ongoing stakeholder engagement throughout the State. <i>July 2019</i>	<p>Conduct at least 6 state-level roadshows per year.</p> <p>Conduct at least four regional stakeholder meetings per year.</p> <p>Conduct at least one state-level stakeholder meeting per year in collaboration with federal partners and stakeholders. <i>July 2019</i></p>
	Provide opportunities for stakeholders to be actively engaged in the monitoring, implementation and achievement of strategic goals and strategies for children and families.	Create state-level team(s) of stakeholders internal and external to the agency to focus on shared values and goals to advance the agency mission: Safe Children. Strengthened Families. Stronger Georgia.	<p>Create a Blueprint for Partnership team that will work to outline common vision and goals for safe children. <i>July 2017</i></p> <p>Convene Blueprint for Partnership team two or more times to establish team focus and norms for ongoing work. <i>June 2018 (ongoing)</i></p>
	Use the statewide Child Welfare Training Collaborative – a		C3 coordinators collaborate with the GSU Collaborative to

	partnership between the Division and Georgia State University – in order to provide stakeholders with regular opportunities for consistent and ongoing training.		offer brain and trauma trainings to staff and stakeholders in their regions. <i>Starting March 2017 (ongoing)</i>
	In partnership with other stakeholders, create opportunities for DFCS case managers and supervisors to receive additional training, information and resources that will assist them in providing direct academic support to foster youth.		

Systemic Factor – Stakeholder Engagement: The Division and its stakeholders are fully engaged and responsive

B. Progress Measures

CFSP Key Strategies:

- Provide education and training on the Georgia Comprehensive Practice Model to the Division's key stakeholder groups to ensure statewide support and engagement as implementation occurs.
- Provide opportunities for stakeholders to be actively engaged in the monitoring, implementation and achievement of strategic goals and strategies for children and families.
- Utilize the statewide Child Welfare Training Collaborative – a partnership between the Division and Georgia State University (GSU) – in order to provide stakeholders with regular opportunities for consistent and ongoing training.
- In partnership with other stakeholders, create opportunities for DFCS case managers and supervisors to receive additional training, information and resources that will assist them in providing direct academic support to foster youth.

CFSP Objective Measures

SH1 Train or educate the Division's key stakeholder groups on Georgia's Comprehensive Practice Model:

- Internal Stakeholders from 0% to 95%*
- External Stakeholders from 0% to 95%*

**The baseline was changed from 33% to 0%, and the target was changed from 100% to 95%.*

SH2 Increase the percentage of stakeholders who rate DFCS effectiveness of partnership with their agency/organization as good or excellent from 83% to 89%

Table 37: Objective Measures - Stakeholder Engagement 5

Table 37. Objective Measures, CFSP Goal 5					
Stakeholders	FFY 2016	FFY 2017	FFY 2018	FFY 2019	FFY 2019
	Baseline	Actual	Actual	Actual	CFSP Target
SH1 - Train/Educate Internal	0 %			100%	95 %
SH1 - Train/Educate External	0 %			See Note Below	95 %
SH2 - Engagement	83%	50%	77%*	87%**	89%

Data sources: TBD, Education and Training Unit data

*As of September 2018

**As of March 2019; data excludes Region 7 as this region's providers were not surveyed during that report period.

NOTE: The State trained 100% of internal staff. However, it did not formally train external stakeholders on SBC. Over 700 stakeholders have been exposed to the case practice and have heard an overview via stakeholder meetings hosted statewide. An SBC presentation was made in every region in at least one stakeholder meeting within the last 18 months of publication of this report.

C. Progress Made and Benchmarks – Stakeholder Engagement

CFSP Key Activities

Implement regular community “Road Shows” at the regional, district and state levels in order to provide consistent and ongoing stakeholder engagement throughout the State.

July 2019

CFSP Action Steps

- Conduct at least six state-level roadshows per year.
- Conduct at least four regional stakeholder meetings per year.
- Conduct at least one state-level stakeholder meeting per year in collaboration with federal partners and stakeholders. July 2019

CFSP Key Activities

Create state-level team(s) of stakeholders internal and external to the agency to focus on shared values and goals to advance the agency mission: Safe Children. Strengthened Families. Stronger Georgia.

CFSP Action Steps

- Create a Blueprint for Partnership team that will work to outline common vision and goals for safe children. July 2017
- Convene Blueprint for Partnership team two or more times to establish team focus and norms for ongoing work. June 2018 (ongoing)

CFSP Action Step

C3 coordinators collaborate with the GSU Collaborative to offer brain and trauma trainings to staff and stakeholders in their regions.

Starting March 2017 (ongoing)

Related PIP Goal

PIP Goal II: Meet the assessment and individualized needs of children, youth and families through an enhanced and broadened array of services

Strategy I: Systemic Factor – Service Array

Implement targeted communication and collaboration activities to improve access to, and utilization of, the state's service array.

A. Revisions to Goals, Objectives and Interventions

The baseline objective measures for training key stakeholder groups on Georgia's Comprehensive Practice Model was changed from 33%, as reported in the last APSR to 0%.

B. Implementation Supports

No additional supports needed at this time.

C. Progress Benchmarks

One of the areas in which the State grew over this CFSP period was stakeholder engagement. Not only has the state increased the frequency with which stakeholders are brought to the table, but it has been more intentional in how it reaches out to partners and works with them. There is executive leadership participation in stakeholder meetings at both the regional level and the state level. Targets set to ensure ongoing and consistent engagement have been met. The agency partnered with GSU and provided joint trainings of PE 519-Recognizing Secondary Traumatic Stress for Supervisors and PE552 – Recognizing Secondary Traumatic Stress for Case Managers. These trainings were taken by 399 supervisors and 868 case managers during the first year of the collaboration. Additionally, DFCS staff and Georgia providers took trauma-focused trainings facilitated by the GSU Collaborative. The quantity of trainings offered increased from 6 in 2017 to 13 by 2019. The following tables identify the trainings and number of participants in the last two report periods.

Table 38: Trauma-Focused Trainings

Table 38. Trauma-Focused Trainings: April 2017 – March 2018		
Type of Training	Trainings Provided	Participants
Trauma 101	98	1100
Brain 101	101	984
Trauma and Brain 201	63	564
Trauma 101 for School Professionals	32	632
Trauma 101 Workshop for Schools	5	---
Trauma 101 Workshop	5	---

Table 39. Trauma-Focused Trainings April 2018 and March 2019		
Type of Training	Trainings Provided	Participants

Trauma 101	64	1089
Brain 101	72	1385
Trauma/Brain 201	32	678
Trauma 101 for School Professionals	121	2916
Brain 101 for School Professionals	26	614
Trauma/Brain 201 for School Professionals	8	219
Recognizing and Managing Secondary Traumatic Stress for Providers	5	72
Recognizing and Managing Secondary Traumatic Stress for School Professionals	2	55
Trauma 101 Workshop for Schools	3	133
Brain Workshop	1	25
Trauma 101 Workshop	2	---
Building a Response to Trauma Action Planning Session	3	49
Online Trauma/Brain 101	755	263 completed

Although the state is still working to develop a plan to get external stakeholders trained on the Georgia comprehensive practice model, thousands of staff have been trained on SBC. Because the quantity of active staff changes from day to day, so does the percent of staff who have received the trainings. Between October 2016 and September 2017: 33 completed OCP 763A - SBC: Solution Based Casework Overview (for non-caseload carrying state office personnel); 2,110 completed OCP 765 - Solution Based Casework for Social Services Staff; and 514 completed OCP 766 - Solution Based Casework for Social Services Supervisors. SBC is incorporated into new worker training so new hires usually get the training within 3 or 4 months into their tenure.

In addition to trainings, the State used roadshows and local meetings to engage stakeholders. There were six state-level roadshows since the last APSR report held in Regions 1, 2, 7, 8, 12 and 14, and there were regional stakeholder meetings held in every region across the state. In most cases there were multiple meetings per region as these meetings are now mandatory each quarter. During the roadshows, agency leadership met with various stakeholders, including foster parents, children in foster care, agency staff, law enforcement, judges, and representatives of faith-based organizations. Some roadshow sessions were geared toward specific topics, allowing audiences to be filled with subject matter experts with similar interests or needs (i.e. providers, law enforcement, foster parents, judges, etc.). Topics covered included SBC (often done with a presentation by a practice model coach), substance abuse, partnerships, the capacity to serve rural areas through grant opportunities and the Blueprint for Change. The state also hosted a state-level stakeholder meeting in collaboration with federal partners and stakeholders March 29, 2018. Even with the weather-related challenges that required multiple schedule changes, it is safe to say that the State purposefully and formally hosted external partners over 40 times during the federal fiscal year. This number does not include smaller workgroup sessions, councils, or meetings like PACCC, CQI, MDTs, risk reduction teams, DFCS board, system of care, foster parent association, circuit judges, ILP youth, providers, DJJ, CASA and other collaborative meetings hosted by partner agencies like Family Connection Partnership, DPH, DBHDD, and others. See the Collaboration section of this report to gain more insight on those interactions.

The formal stakeholder meetings not only opened a dialogue with constituents regarding the state's progress in achieving child welfare objectives, they helped the state better understand the concerns of the community. They also provided an opportunity for the community to get a view of the innerworkings of the agency, thereby eliminating misunderstandings and opening the door for collective brainstorming. Thirty-three of the March APSR meeting attendees responded to a survey question regarding areas of concern. Mental health was tied with service array as the most selected area. These areas, consequently, are areas that the state is now aggressively addressing and highlighting. At one point, the State sought to move strategies related to mental health out of the PIP, but it is now leaving them in as areas of intervention, and the State has required regions to use their quarterly stakeholder meetings to focus on service array. Interestingly, only 1% of respondents chose "parental engagement" as an area of most concern. The stakeholder meetings served as a great forum to explain why that should be an area of greater deliberation and focus. The percent of quality contacts being made with parents by case managers is significantly low. There is not enough due diligence to seek out non-custodial fathers or to search for relatives who may be willing to become a caregiver. In many instances, however, the problem is not establishment of paternity so much as it is making referrals, getting services to fathers and following up after services have been provided. The meetings were an opportunity to explain to attendees how better engagement of parents could have a positive impact on some of their other areas of concern like the hoteling of children, opioid addiction and parental self-sufficiency. Conversely, the interactions with stakeholders also helped DFCS staff learn more about the services that are available and what providers in the community are doing already to address areas of concern.

Recognizing that people have varying preferences on how they would like their voice to be heard, during the APSR meeting, select stakeholders were given an opportunity to lead and participate on panels and interact in small group discussions. The breakout sessions highlighted areas that would not, at that time, be considered a strength for the State such as extended use of safety resources, court impact on timely permanency, caregiver retention, homelessness, substance use and family preservation services. Stakeholders were given an opportunity to participate in the onsite survey later online. Additionally, stakeholders were given report templates to take back to the office and complete after they had time to digest the information they received at the meeting, talk with their own staff and constituents and provide thoughtful input. Reports were submitted by the State's CASAs, the Criminal Justice Coordinating Council (2 reports), Georgia Agape (a CPA), Devereaux Advanced Behavioral Health (psychiatric residential program), Goshen Valley (CCI, CPA, Chafee provider), Adoptive and Foster Parent Association of Georgia, Methodist Home of the South Georgia Conference, Inc. (CCI, CPA, family preservation service provider), Health Connect America/Turning Point, Orange Duffel Bag Initiative, and two other large agencies with multiple programs and partners: MAAC and Children First. Although most of the submissions were primarily made to express interest and intent to work collaboratively with Georgia to help develop the upcoming 2020 – 2024 CFSP, several of the agencies provided valuable input to help the Agency get a pulse on community perception of progress and areas of urgency. Most reports were submitted by top leadership (CEOs, presidents, vice presidents, chairs, etc.). Other entries came from a safe care home visitor, a victim's assistance project coordinator, and a planning and policy development specialist.

Agencies reported that DFCS has either improved communication over recent years or plateaued; the comments were not as glowing as they were last year, and some agencies noted that the improvements were not consistent across the state or even within the same local offices. A couple of reports documented that the communication had most positively changed at the leadership level, noting that there has been more accessibility at that level. Only half of survey respondents at the APSR joint collaboration meeting rated DFCS effectiveness of partnership with their agency/organization as good or excellent, but most of the 115+ participants did not respond to this part of the survey. On the other hand, feedback evaluation forms collected from participants of the GSU trauma trainings rated the effectiveness of the trainings extremely positively.

The priorities that were identified most frequently in the stakeholder reports were consistent with the onsite and online survey responses: mental health and services. Other issues brought to the forefront included, addressing poverty and improving assessments. One agency put it this way, “ensuring all children touched by DFCS undergo a comprehensive assessment to uncover all victimizations connecting them with the appropriate services to aid healing, shorten recovery, and enhance their likelihood of reaching their full potential.” CASAs pointed to the need for:

- Placement stability (encompasses placement availability and resources, suitability, transition planning)
- Continuum of services and options for relatives caring for children (encompasses many different areas, including permanent guardianship, robust and ongoing diligent search efforts, clearly defined resources and support for relatives that are communicated, etc.)
- Access and availability of appropriate, timely, and trauma-informed services for children and youth

The network collaborative arm of MAAC mentioned that there needs to be “accountability for both the DFCS workers and private providers as it relates to permanency planning to increase permanency outcomes for all youth; moving from trauma-informed to trauma-responsive, to move beyond knowing what trauma is into having plans to help youth heal.” Other requests focused on improvements desired by providers; the development of a plan for better performance-based contracting to allow agencies that do great work, improve services and achieve progress get rewarded for that work. Someone suggested replacing the RFP bidding process for prevention services with a quality assurance assessment model; and another asked for more clarity around waiver options.

Taking in the feedback from the stakeholder reports, surveys, feedback forms, state APSR meeting and the numerous stakeholder meetings hosted in the regions, every region has carefully selected specific lead and lag measures related to service array to track monthly and report on quarterly. C3 coordinators reviewed data with their regional leadership, CQI teams and external partners to determine which areas of service (availability, accessibility, effectiveness or quality) would need to be addressed.

PIP Update

This key activity is not being rolled over into the new CFSP but the NCWWI Workforce Excellence initiative is in the plan. DFCS implemented the new competency-based Georgia Child Welfare Training Academy in April 2018, and it has been successful in improving the timeliness of case manager certification. Practice performance continues to be a challenge for the agency due to a number of systemic issues. Therefore, it is truly difficult to ascertain whether or not the curriculum improvements have had a large impact on the practice and performance of case management staff. Implementation supports were sufficient except in the area of growing the field practice coach program. Field practice coaches play a huge role in mentoring of staff. When staff were assigned to work with other veteran staff, the practice was not consistent. This lack of consistency impacted learning and feedback for new child welfare staff. Training and Professional Development staff regularly participate in CQI meetings to provide updates and receive feedback from the field on the new academy.

The length of the academy was mentioned as a concern by field personnel and the impact that it had on the availability of staff to manage workloads. As a result of this feedback, the time frame was reduced, and a modification was made to reduce the length of time to initial certification.

Not only has the state increased the frequency with which stakeholders are brought to the table, but it has been more intentional in how it reaches out to partners and works with them. There is executive leadership participation

in stakeholder meetings at both the regional level and the state level. Targets set to ensure ongoing and consistent engagement have been met.

The agency partnered with GSU and provided joint trainings of PE 519-Recognizing Secondary Traumatic Stress for Supervisors and PE552 – Recognizing Secondary Traumatic Stress for Case Managers. Additionally, DFCS staff and Georgia providers took trauma-focused trainings facilitated by the GSU Collaborative. Staff from the Child Welfare Training Collaborative have participated in regional and county summits to educate staff on available courses offered through the CWTC. All trainings are publicly available can be accessed by internal and external stakeholders. Additional information can be found at <https://peprogram.gsu.edu/programs/child-welfare-training-collaborative/>

In addition to trainings, the state used roadshows and local meetings to engage stakeholders, and there were regional stakeholder meetings held in every region across the state. In most cases there were multiple meetings per region as these meetings are now mandatory each quarter. The state hosted 89 stakeholder meetings in 15 months (January 2018 – March 2019), 71 of them were held in 2018.

The stakeholder meetings have lead and lag objectives as an agenda item. These goals were established collaboratively between DFCS and external stakeholders. Several regions achieved their first set of goals and have already developed new leads and lag goals and measures. The majority of the C3 coordinators who facilitate these meetings have reported that the meetings have been overwhelmingly successful - fruitful conversations, deepening partnerships, enhanced transparency, ability to network and address challenges. Although some objectives have had to be revamped or scrapped and reworked, a lot of progress has been made in their identified areas of focus. Even where goals were not met, regions were able to better pinpoint root causes or uncover other gaps that needed to be addressed. In some regions the meetings have been a catalyst for doing targeted case record reviews. Region 1 now reads at least 8 cases per month to ensure needs have been adequately assessed and services provided. Region 2 now has 20 Care Communities with six more in the works. Eight of their churches have signed up to be a member of a CarePortal. Region 3 teamed up with the Department of Labor (DOL) to help increase employment and income of the men in their community. Although they had a rough start getting participants for their DOL mobile, they did not give up and they are now seeing the male attendees increasing and obtaining employment verifications. In Region 4, 90 staff participated in a provider fair (that was 76% of eligible staff). They also did a random sample of social services supervisors to discover 40% of providers initiated contact with families within 72 hours, however, they also learned that 100% of service authorizations were complete, 100% of provider notes were received by DFCS, and 100% of clients received timely results. The survey also revealed a list of what staff wanted to see more of and concerns they had with providers such as needing them to better communicate to DFCS when they are unable to meet with families, or when they are going to cancel a visit. Region 5 discovered a need to focus on building a stronger relationship with their substance abuse assessment community partners. In Region 8, they changed from a focus on fatherhood engagement to a more comprehensive focus on non-custodial parents. Region 11 improved their quality of referrals from 50% to 100%. Region 14 was able to decrease the number of eligible children in their cohort (children who were in care as of June 2018 who had a goal of reunification and a willing relative) by 15 each month. The children were either transitioned to Family Preservation (and received services) or left the cohort to other positive permanency reasons.

The state held 15 regional stakeholder meetings and two roadshows (Region 1 and Region 10) in quarter 8. There were well over 400 attendees, collectively, in just 10 of those meetings. The interim C3 coordinator positions need to be filled to ensure stakeholder meetings and the case record reviews (related to Agency/Provider communication) are done consistently.

D. Planned Activities and Activities to Expand and Strengthen the Range of Existing Services

By June 2018, all regions will have regional goals related to service array that have been vetted by a state-level team (CFSP manager, Prevention director, Well-Being director and others) to ensure they are feasible, measurable, necessary, clearly defined and supported by regional constituents. Most targets dates for achievement are at the end of the CFSP period, September 2019, but some objectives are anticipated to be met earlier. As these goals must be tracked at least quarterly, regions should be able to get a sense of whether strategies are having any effect sometime within the July-August-September quarter.

Feedback Loops

The regional stakeholder meetings and roadshows have proven to be a great vessel for getting information out to agency partners, particularly since the frequency of these meeting has been increased to quarterly. Georgia's Office of Communication works with leadership to coordinate the roadshows. Internally, C3 coordinators ensure information flows from the state level to the regional level and vice versa. They participate in monthly PACCC meetings, regional CQI meetings, bi-monthly C3 conference calls, supervisor summits, field program specialist meetings, regional, state and community conferences. Some of the coordinators have given presentations and led workshops at major conferences hosted by partners such as the DBHDD System of Care conference and Together Georgia, the largest conference in the state for child welfare providers. Coordinators are the conveners of the regional stakeholder meetings and they submit monthly reports to the CFSP manager. The reports capture progress regarding the service array goals as well as other CFSP and PIP goals, and then the reports are distributed to program area leads and directors.

Systemic Factors

The following systemic factors were included in the State's PIP due to underperformance as per the State's 2015 CFSR.

Service Array

Related PIP Goal

PIP Goal II: Meet the assessment and individualized needs of children, youth and families through an enhanced and broadened array of services

Strategy I: Systemic Factor – Service Array

Implement targeted communication and collaboration activities to improve access to, and utilization of, the state's service array.

The following action steps are included in the PIP to help ensure the State improves service array.

- 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.
- Develop and distribute a statewide service directory that provides a listing of available contracted providers and identifies what behavioral-specific changes they target (including any safety threats they directly mitigate via service delivery).

- Partner with Courts and Substance Abuse Providers to develop a protocol for working effectively with caregivers with substance abuse issues who are involved with DFCS to increase parental capacity and improve safety outcomes.

During this quarter Georgia held 20 stakeholder meetings with service providers in the regions across the state. The statewide service directory is up and running in SHINES and available to external stakeholders. The substance abuse protocol remains under development based upon feedback from various stakeholders and recommendations from Center for Children and Family Futures.

Each region established guidelines for service array-oriented stakeholder meetings. C3 coordinators met with regional directors, CQI teams and others to assess the needs in the region. They used available data to verify the areas identified and presented the data to stakeholders at stakeholder meetings in February and March 2018. In collaboration with local stakeholders and CQI teams, C3 coordinators established lead and lag measures, benchmarks and feedback loops as they simultaneously garnered consensus on objectives, strategies and measures. During the meetings, the facilitators established responsible parties and protocols for ongoing tracking, monitoring and reporting. Coordinators have been careful to ensure the practicality of meetings for DFCS staff and partners; being respectful of time and ensuring the meetings are accessible to those who need to be there. They work to make certain that the meetings are meaningful, that they are “not a check-off box” meeting.

At each of the quarterly stakeholder meetings data is used to drive discussion about trends in quality of services provided. C3 coordinators have been using Franklin Covey Four Disciplines of Execution principles to help organize their activities. They have also participated in a webinar sponsored by the Capacity Building Center for States in June 2018 (Part 2 - Look Before You Leap: Using Data to Avoid Common Missteps When Asking, “Why?”) to strengthen their knowledge around data analysis. The lag measures that are being sought by regions vary according to the region’s service needs. Areas of focus include referrals and services to better engage fathers; ensuring the quality of referrals; ensuring follow-up is done once a family has accessed services; increasing the awareness of available providers in the area; decreasing the number of days children stay in hotels; decreasing overdue health logs; making sure providers are at family team meetings and multi-disciplinary team meetings; and improving communication between the agency and providers.

The Safety Unit, C3 coordinators and the Prevention Unit helped to build a service directory for Georgia. The Prevention Unit contracted with Prevent Child Abuse (PCA) to build an online link in SHINES that connects to a repository on PCA’s website. The agency is now working to make sure both internal staff and stakeholders are aware that the directory is available for use. It is not currently widely used as the link has been occasionally inaccessible due to some technical work being done.

Information Systems

Related PIP Goal

PIP Goal III: In support of the Practice Model, establish a value-based case practice which supports safety, permanency, family and youth engagement, and community connections.

Strategy II: Systemic Factor – Information System

Implement monitoring processes to improve the documentation of child/youth information in GA SHINES.

The following action steps are included in the PIP to help improve data quality and timeliness and accuracy of documentation.

- Data Integrity Specialists (DIS) case review quarterly trend reports will be shared and reviewed by the following staff to ensure improvements in data quality:

- C3 Coordinators;
- Field Program Specialists;
- Regional Directors
- The trend reports will include identified areas needing improvement as it relates to data reviews.
 - Demonstrate improvement (by end of year 1 and year 2 of PIP) in timely and accurate documentation of data in the areas of:
 - Demographic;
 - Person Characteristics;
 - Legal Status;
 - Placements

Progress Update

1. Dynamic Quality Reviews: Each month two topics are selected for case level review by nearly 400 managers, directors, county and regional leadership and state office staff. Topics are either related to the CFSR (Item 14, Child Visitation, etc.) or Solution Based Casework work products (Action Plans, etc.). Designed to provide feedback to frontline supervisors and staff, the reviews provide the opportunity practice improvement. Perhaps the greatest dividend has been the greater awareness of deficits and strengths in overall practice.
2. CFSR: Quality Management has successfully met the federal requirements for the CFSR review team. The review team is considered to be one of the best in the country for its quality of work. Of the five reviewers who sought to become national reviewers all five were selected. Representatives from other states are referred to the team for technical assistance by the federal team.
3. CQI: Over the past year the CQI effort in Georgia has gained significant ground in the work that it is doing across the state. Regional teams have helped create better understanding of what various data points are indicating that have led to possible positive solutions. The state office CQI team has grown in its scope and ability to help find solutions to common questions that effect the state. Additionally, it has become a forum for the exchange of ideas that have been proven successful.
4. Transition to Safety Science related to child fatalities: Georgia is about halfway through the process of implementing systemic reviews related to child deaths and serious injuries. In partnership with Casey Family Programs and Chapin Hall (University of Chicago School of Social Work) and 10 other jurisdictions, the new model will focus upon determining strengths and opportunities through a full system review of how they functioned during the period prior to the child's death or serious injury. For the state this process will allow for enhancements in our business model. Combined with other states we will have a national data base to better understand practice.

PIP Update

At the start of the PIP, data integrity specialists (DIS) shared data with C3 coordinators, field program specialists and regional directors. After analyzing data trends, the DIS presented at CQI meetings and summits held in the counties and unit meetings. DIS also held one-on-one trainings and Data Days to educate the field on how to document case information. This heightened level of support has consequentially increased staff awareness of how important it is to accurately and adequately document in SHINES.

The Data Unit provides the DIS with a monthly PIP report that lists all cases that are out of compliance in areas of demographics, person characteristics, legal status and placements. By the end of each month, every case listed on the PIP report is addressed. DISs offer trainings in each region and work with newly hired case managers and supervisors, instructing them on how to avoid errors and make corrections in SHINES. They analyze each case on the report to determine if there is a system issue that will require a data fix. The DIS manager is committed to the integrity of the data and continuous quality improvement and will continue to monitor.

Significant improvements have been made in appropriate documentation of specific data elements. The greatest gain was in person characteristics, whereas the State moved from a baseline of 62% in 2017 to 95% in 2019. The state scored over 95% in all categories.

Data Element	Reviewed Baseline (April 2017)	March 2019
Demographics	70%	99%
Person Characteristics	62%	95%
Legal Status	71%	99%
Placements	88%	97%

Feedback loops

The Georgia SHINES Advisory board convenes quarterly. This is a self-managing board that consists of an array of staff across child welfare, including case managers, supervisors, county directors, field program specialists, data integrity specialists, etc. The board elects its own co-facilitators, and members determine the agenda and priorities. The board serves as a conduit for sharing information between field staff and the Georgia SHINES team. For example, board members solicit and share recommendations from staff in the regions and provide that feedback to the Georgia SHINES team. During the meetings, the Georgia SHINES team also has an opportunity to present overviews of upcoming system enhancements.

Georgia SHINES team members also attend bi-monthly meetings of data integrity specialists (DIS), upon request. This specialized group is responsible for monitoring data quality throughout the state and typically know firsthand when users experience challenges with data entry and system navigation. DIS are the first point of contact to troubleshoot user issues and often can resolve issues before users contact the Georgia SHINES Help Desk. Attending the DIS meeting facilitates sharing of issues trending among users and allows the Georgia SHINES team to present on recent/upcoming enhancements.

In partnership with the Data Unit, the DIS and the Georgia SHINES team address data compliance issues and work continuously on improving data quality for federal reporting. Meetings are held monthly, and the group discusses changes to Georgia SHINES code tables or new tables introduced to the database that may potentially impact federal and state reporting.

As previously mentioned, all enhancement initiatives include feedback/input opportunities. With every system enhancement, the Georgia SHINES team engages business stakeholders to ensure system changes accurately reflect business needs.

Staff Provider Training

Related PIP Goal

PIP Goal IV: Develop a robust workforce

Strategy I: Systemic Factor - Staff and Provider Training

Develop and implement a competency-based child welfare learning academy that includes initial and ongoing training activities, mentoring, and monitoring processes.

The following steps are included in the PIP to aid in addressing concerns regarding staff professional development.

- Redesign the new worker training curricula and certification process so that it is consistent with Georgia's Practice Model
- Monitor public staff to ensure completion of new worker training and certification within 120 days and monitor to ensure private staff completion of new worker training and certification within six months of employees' hire date
- Actively recruit and train additional field practice coaches
- Strategically utilize current field practice coaches (determine gaps and share resources) in the field to provide mentoring throughout the certification process.
- Post annual training hour requirements for social services staff and communicate the plan for monitoring requirements
- Monitor and track the completion of annual training requirements for staff in the field. Data will also be reported to Education and Training staff for state oversight.
- Increase the number of ongoing staff development offerings and participation in the following areas:
 - Well-Being;
 - Substance Abuse;
 - Interviewing;
 - Safety Assessment;
 - Permanency

See Section C3 – Workforce Development section of this report for an update on this area.

Foster/Adoptive Parent Licensing, Recruitment and Retention

Related PIP Goal

PIP Goal V: Increase and strengthen foster and adoptive resources.

Strategy I: Systemic Factor - Foster/Adoptive Parent Licensing, Recruitment and Retention

Enhance the skills of DFCS and Child Placing Agency (CPA) resource development staff by increasing their job knowledge and their partnering efforts in the area of diligent recruitment.

Strategy II: Systemic Factor – Foster/Adoptive Parent Licensing, Recruitment and Retention

Strengthen the caregiver approval process by reducing the paperwork burdens experienced by prospective caregivers and increasing the support they receive during the approval process.

The following interventions were put in place to address the skills of DFCS and Child Placing Agency (CPA) resource development staff:

- Develop a curriculum to train Resource Development DFCS and CPA case managers.

- Roll-out training to resource development case managers through ETS (DFCS) and Office of Provider Management (CPAs).
- Assess and revise the resource developer's job description and implement new performance management expectations.
- Facilitate at least two joint meetings a year for DFCS and CPAs to review, plan and strategize execution of the Diligent Recruitment Plan.

The following interventions were put in place to help make becoming a caregiver more accessible:

- Redesign the approval paperwork packet to include PDF fillable options and eliminate redundancies in forms to be completed.
- Establish the Caregiver Navigator "warm-line" program which will be manned by foster and adoptive parents; they will answer in-bound calls from veteran and prospective caregivers as well as proactively support caregivers going through the caregiver approval process.
- Cease contracting out the management of the caregiver inquiry line; establish a state office team to answer the inquiry line.
- Offer information sessions via webinars on an at least weekly basis by the state office Caregiver Recruitment and Retention Unit.

PIP Update

All key activities for PIP Goal V, Strategy 2 have been completed. Forms for the caregiver approval process have been revised and disseminated for use by a select set of regions as a pilot. The launch of the new forms was done in conjunction with the transition to the SAFE Home Study Process. However, because of policy changes, forms may again undergo some changes. The state contracts with an external vendor to manage the Caregiver Navigator "warm-line" which has foster and adoptive parents responding to calls from veteran and prospective caregivers.

Phase two of SBC implementation will be included in the upcoming CFSP. Training and education on some level is anticipated to be a part of the activities.

Implementation of Solution Based Casework (SBC) continues to be a priority for the state and it occurs in phases.

SBC Initial Training and SBC Supervisor Training occurred in the training phase. SBC Initial Training is a 2-½ day training with a focus on the basic concepts of the model with practice on applications to assessment and case planning skills. All front-line staff, their supervisors (team leaders) and immediate managers attend this training.

SBC Supervisor Training is a follow-up, 2-day advanced training, with a more in-depth review of the practice model concepts with a focus on the trainee's role as a supervisor (team leader) and mentor. Part of this time is spent on issues of coaching and mentoring staff toward implementing the ideas on new and existing cases. Case consultations and concept integration are the primary focus. Supervisors and coaches/ managers take the SBC Qualifying Exam (QE) at the end of this training. When the Supervisor completes this training and demonstrates proficiency on the exam, they are ready to begin mentoring their caseworkers in their own learning process.

During the Case Consultation Phase, supervisors facilitate weekly case consultation meetings with their team where the SBC concepts are applied to a different case each week, for a period of about 2 months. Supervisors are trained in how to use a provided agenda that walks each case through the major SBC Practice Model concepts, thus providing good learning transfer across the whole team. During this phase of implementation, each caseworker, in conjunction with their supervisor, focuses their new skills on new cases as they work on their SBC caseworker certification.

Rollout of Solution Based Casework was completed in 2017. The state has since spent the last 18 months in the certification phase. The implementation of Solution Based Casework has added some great elements to practice. In particular, the enhanced case planning process and partnership with families.

The agency has quarterly meetings with stakeholders around the state. SBC concepts are discussed and explained in these meetings as well as agency meetings with court officials who also provide feedback on practice. Feedback has been mixed, primarily due to a lack of consistency in practice implementation. Progress will continue to be discussed at stakeholder meetings, PACCC meetings and judges meetings.

Phase two of implementation of SBC will be steered by Field Operations, and these activities will be tracked and monitored in the upcoming CFSP. 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. The practice model steering committee will develop sub-committees to address, develop and manage Phase 2 implementation activities prioritized by the committee.

Concerns - Implementation of SBC was slower than expected. The original goal was to have 100% of staff certified by July 2018. As of June 1, 2019, only about 75% of staff have achieved certification. The percent of staff who maintain fidelity to the practice is much lower. Inconsistency in fidelity to practice has resulted in limited progression of positive outcomes.

Training, coaching and mentoring have been available during implementation. However, counties would like more support from practice model coaches. There is an assigned coach per region, and some areas within the regions require more support than others. Additionally, SBC is more effective when staff have lower caseloads. Systemic turnover and high vacancy rates have had an impact on caseloads and quality of practice.

Agency Responsiveness to the Community

Regional C3 coordinators continue to host quarterly regional stakeholder meetings where input is solicited from internal and external stakeholders regarding areas to be prioritized and strategies to be put in place to achieve systematic improvements. At least once a year, each region hosts a large-scale meeting where the primary objective is to update the community on the state and regional progress toward achieving Child and Family Services Plan goals and strategies and CFSR outcome measures. Additionally, these meetings provide an opportunity for the agency and community groups to discuss trends impacting children and families; state and national initiatives; recent legislation, policy or practices; challenges and barriers. Stakeholders are given an opportunity to report efforts they have made and/or services they have provided (or can provide) to help strengthen families as well recommend actions to be taken. Throughout the rest of the year, the meeting discussions are more narrowly focused on service array objectives (a.k.a. lead and lag measures) that the participants have chosen to address. Although the meetings are facilitated by C3 coordinators, meeting attendees collectively focus on developing and monitoring objectives; assessing achievement toward benchmarks and target measures; and implementing key activities.

In addition to these meetings, the state hosts approximately four Destination Hope roadshows a year which are region-led stakeholder engagements that focus on the development of community-agency partnerships to promote better outcomes for families and children. Members of the agency executive leadership are usually primary participants of the roadshows. The Office of Strategy, Innovation and Engagement (OSIE) collaborates with local

media outlets and legislative and judicial stakeholders to prepare for these engagements. These roadshows last between three to four days and typically occur in April, June, August and October.

These opportunities for stakeholders to be actively engaged in the monitoring, implementation and achievement of strategic goals and strategies for children and families is included in the upcoming CFSP. Reports of progress and activities will continue to be submitted to the state office monthly.

C. Service Description

The number of children served by the agency steadily increased throughout the five-year report period. The following chart shows the number of children, under 18, in care on March 31 of each of the years. Although the State saw a decline in 2019, there were nearly 3,500 more children in care in 2019 than 2015.

Table 39: Children in Care as of March 31

All children <18 in care on March 31					
REGION	Mar-2015	Mar-2016	Mar-2017	Mar-2018	Mar-2019
1	1032	1221	1251	1462	1346
2	501	567	683	943	938
3	1172	1171	990	937	1011
4	690	959	1107	1087	1018
5	781	1007	1041	1152	1063
6	589	699	667	741	618
7	263	311	455	669	682
8	528	775	632	718	727
9	223	371	562	571	457
10	399	650	694	748	784
11	762	1008	1116	1218	1196
12	640	647	704	950	914
13	1080	1162	1276	1386	1196
14	1297	1435	1516	1618	1451
State	9957	11983	12694	14200	13401

Data Source: Georgia census SHINES

D. Children Adopted from Other Countries

Georgia DFCS has supported families of children who have been adopted from other countries by providing non-recurring adoption assistance payments for children eligible for the program. Non-recurring adoption assistance is a one-time payment to reimburse 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 non-recurring adoption assistance at the local DFCS office in their county of residence prior to adoption finalization. The agency has provided information and training on this assistance to international adoption agencies. Families who are adopting 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 adoption related publications related to adoption issues, and by providing a “buddy family” 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 website. Regional resource advisors are also available throughout the state to assist adoptive families by providing advice, support, and training. Families adopting from other countries can also access the Crisis Intervention Team, which provides services to adoptive families in need of professional help to improve overall family functioning, preserve the family unit, and provide links to community resources. The team assists adoptive families of special needs children who have been placed into adoptive homes.

E. 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 of 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 1st Referrals
- 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 3 and under 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 it to the Children 1st district coordinator. Children 1st 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. 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 3 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 Children 1st 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 Wellness Programming, Assessment and Consultation 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 unit was established – Early Childhood Collaborations Unit – 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 provided 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.

F. 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 incidents² 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.

Table 40: Victims of Substantiated Maltreatment

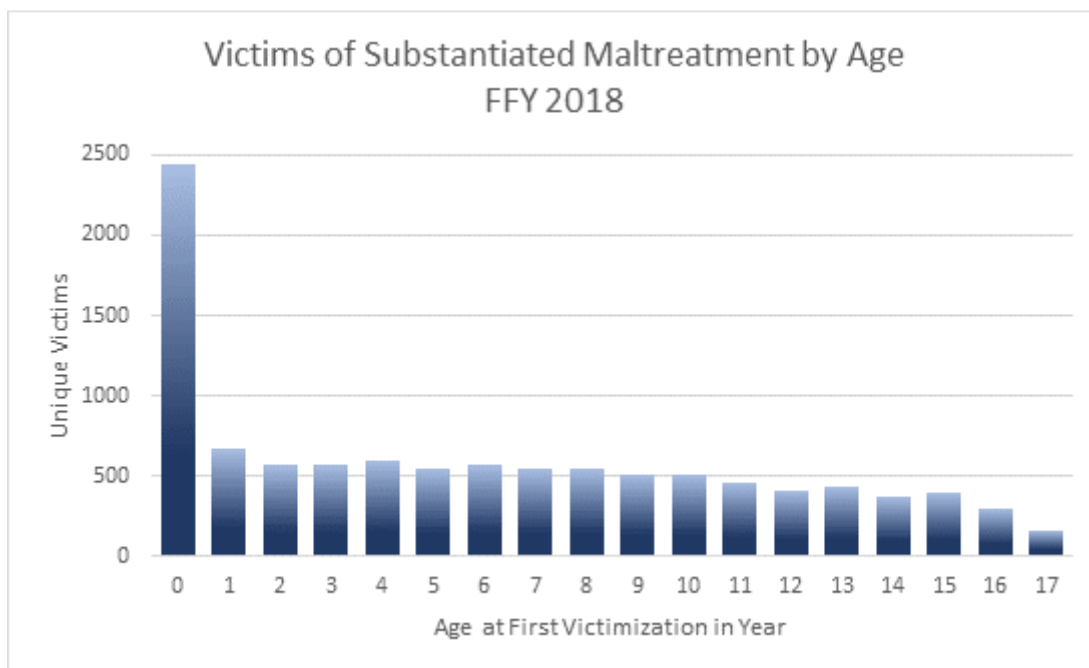
Victims of Substantiated Maltreatment, 2018

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%

² An incident is defined as a substantiated allegation on a single date against a single child.

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%	

Data Source: Georgia SHINES and NCANDS



Data Source: Georgia SHINES and NCANDS. The above bar chart is based on data in Table 40 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. OPFS statement of need(s) 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

G. Kinship Navigator Funding

HR 1892: Bipartisan Budget Act of 2018 - Family First Prevention Services Act - enabled states to use federal funds available under parts B and E of title IV of the Social Security Act to provide enhanced support to children and families and prevent foster care placements through the provision of mental health and substance abuse prevention and treatment services, in-home parent skill-based programs, and kinship navigator services. Policy PI 18-05 was released May 2018 to provide guidance to state, territorial and tribal title IV-E agencies on the actions required to apply for one-time funding to support the development, enhancement or evaluation of kinship navigator programs.

A Kinship Continuum process was piloted in Regions 5 and 6. The division collaborated with various partners to assess the effectiveness of the rollout and adjust practice as needed. The new process will help improve the timeliness of relative care assessments and support a seamless transition from a voluntary kinship placement (non-DFCS custody child residing with relative) to a kinship placement (a child with which DFCS has custody remains in home of relative). Positive results of the pilot were observed, and a statewide rollout of the kinship process has been initiated. The Kinship Continuum will be fully executed statewide by the end of September 2019.

H. Child Welfare Demonstration Activities

Georgia does not have a child welfare demonstration grant.

I. Adoption and Legal Guardianship Incentive Payments and Savings

Adoption and Guardianship incentive funds are used to supplement services in the Adoption and Guardianship Programs. Georgia was awarded \$460,000 in October 2016, and received grants based on the achievement of finalized adoptions and permanent guardianships for children exiting DFCS care. The extension for spending incentive funds granted through the Preventing Sex Trafficking and Strengthening Families Act will allow Georgia to strategically utilize the remaining incentive funding as needs arise in future fiscal years. In previous years when Georgia earned incentive funds the additional funding was used to augment pre/post adoption services contracts serving adoptive children and parents across Georgia. The incentive payments this year allowed Georgia to augment the Bethany Child Life History contract. Approximately \$107,000 has been used to date from the 2016 grant. Given the high number of children moving to adoptive status, it is anticipated the remaining funds will be used during the next contract cycle to augment contracts. The division anticipates spending all funds to support families and children.

J. Program Support

A. Training and Technical Assistance Provided

Georgia SHINES team provides technical assistance to placement providers – Georgia SHINES portal users and state office and field staff, which includes the following:

- Webinars and system overviews of new functionality/system changes
- Review of training curriculum
- Review of policy
- One-pager informational sheets
- Job aids/user guides

The state office regional adoption coordinators provide frequent trainings and technical support to their assigned regions as part of their regular job duties. Their trainings are generally regarding policy and best practice in adoptions and issues related to adoption. In recent years, the adoption exchange consultants have been more involved with training to the field regarding matters related to child specific recruitment.

The state Adoption Unit also hosts an annual adoption conference, in which training on adoption policies, best practice in working with relatives and sibling placement together has been offered. Additionally, speakers from throughout the country have come to train on topics from trans racial adoptions to working with the traumatized

child. Panels have also been utilized to educate staff on subjects like openness in adoptions and youth perspectives regarding adoption.

The state adoption director conducts frequent trainings to staff and foster and adoptive parents. The director presents annually at the Adoptive and Foster Parent Association of Georgia's conference on topics related to sibling placement and adoptions. Additionally, the director presents at quarterly Caregiver Recruitment and Retention meetings on adoption and other adoption related topics.

The safety section has provided training to county and regional staff regarding the Child Abuse Registry, Safety Resource training, Safety Resource Checklist training, Safety PIP items, Plan of Safe Care, Regional Safety Summits that address the assessment of safety overall program areas, documentation, family assessment, and case plan development. High priority reviewers provide training in their regional areas. Presentations were made at various conferences throughout the year on Plans of Safe Care, Family Assessments and Safety Assessments, and engagement of families. Training was provided for Family Support Staff on the development of court ordered plan and a Case Plan Addendum. Kinship Continuum training was provided to internal and external stakeholders.

The Early Childhood Collaboration Unit worked jointly with the CAPS leadership, conducted webinars and an onsite training to field staff. The webinars/trainings were held statewide, and staff were briefed on CAPS policies and procedures. All social services case managers are required to view the webinar on the application process for CAPS and how to get it completed timely.

DFCS presented to the Georgia Head Start executive board on strengthening DFCS/Head Start collaboration.

Well-being services secured DECAL to present to foster and adoptive parents at the annual AFPAG conference on CAPS.

The Policy and Regulations Unit effectively develops, updates and disseminates detailed policies to guide and support the work of field staff, in compliance with state and federal law. Dissemination of new and updated policy occurs in various venues, including email blasts to all agency staff, county trainings (as requested), regular field program specialist meetings, quarterly Federal Regulations workgroup meetings, and a bi-monthly Policy Spotlight newsletter. The Unit maintains a formalized process to develop and disseminate policy. In doing so, the Unit guides staff regarding the policies, procedures and practices directly related to their duties as required by federal and state laws as well as best practice principles; provides staff with timely and accurate policy information to ensure consistency in both policy awareness and application; ensures access to policies on the Online Directives Information System (ODIS) for all staff; ensures staff have proficiency in accessing policies on ODIS; ensures that all policies are formally reviewed with staff within 30 days of the policy dissemination; and ensures updates are distributed electronically via manual transmittal, county letter and/or memorandum to all staff. The Unit also maintains an updated Child Welfare Policy Manual which is easily accessible in a user-friendly web-based online format; the Online Directives Information System (ODIS) at <http://odis.dhs.ga.gov>.

Policy Unit developed and maintained the Federal Regulations workgroup, which reviews, disseminates, and monitors implementation of state and federal rules and regulations. Through this workgroup, information is shared and discussed with section and unit leadership to facilitate implementation. This workgroup represents the work sections from state office and field operations.

Over the last year, the Policy Unit enhanced the online repository for the Federal Regulations Workgroup, to include archives of the title IV-E State Plan, CAPTA, and state legislation. This repository is accessible to all work units for review. Through the workgroup and the online repository, this process ensures that all state and federal regulations are thoroughly disseminated and reviewed with the appropriate work units

The State Liaison Officer (SLO)/Safety Services Director and federal plans manager have worked closely with the field and stakeholders to improve practice related to Plans of Safe Care (POSC). The SLO and federal plans manager presented at a statewide field program specialist meeting in July of 2018 and held a half-day meeting with Plan of Safe Care Champions in May of 2019. The SLO conducts Safety Summits including information about POSC for frontline staff in regions. By July 2019, each Region will have had at least one Safety Summit. Both the SLO and federal plans manager make themselves available for training and stakeholder meetings in regions and have attended case manager summits in Region 9, stakeholder meetings in Region 5 and Region 14 and helped facilitate meetings between Women's Treatment Recovery Services (WTRS) for Region 8 and Region 4. There is a standard POSC training available to field program specialists who have been trained by the SLO and federal plans manager. Both provide frequent technical assistance to the field on a case by case basis regarding POSC.

The SLO and federal plans manager presented about Plans of Safe Care at the Georgia Conference on Children and Families in October 2018, and the federal plans manager and WRTS program director presented on best practices for working with mothers with substance use disorders and Plans of Safe Care at the Georgia Conference on Child Abuse and Neglect in September 2018. The SLO participated on a panel presentation about POSC and the Douglas County QIC-CCCT Grant at The Child Welfare Summit in November of 2018.

CICC program directors, administrators and FPS staff complete roadshows across the state to strengthen relationships with schools or other state and local agencies. Roadshows also provide training and technical assistance on mandated reporting and how to use the Mandated Reporter Website. The FPS team provides numerous trainings for best practice enhancement and adherence to policy.

The PRO Unit provided the following trainings to DFCS field staff and private providers in Brunswick, Columbus, Macon, Thomasville, Atlanta, and Duluth:

- Understanding PRO – This training assists DFCS field operations with identifying appropriate placements for high-end, complex youth. Upon completion, participants were able to better understand the foundational objectives and key responsibilities of PRO/CCTT and develop new strategies for work with this difficult population of youth.

- Waivers and Program Designations – In this course, participants learned the differences between RBWO program designation memorandums and waivers. They became familiar with approval designees and the submission process.
- Maximum Watchful Oversight (MWO) Matters - This placement resource operations training allowed participants to identify challenges with MWO placements and strategize ways to overcome many of the barriers. Participants became familiar with associated behaviors, solutions for maintaining placement, and crisis stabilization.
- Placement Matters - DFCS field staff, in this training, were educated on how to locate placement for children entering foster care and making placement moves. Participants learned how to seek support, and who the key players are at each level of the process related to difficult to place youth.

Policy Unit staff provided training to state office and field staff:

- Purposeful Contact training (November 2017) provided to Region 10. The training enhanced understanding of how to make contacts meaningful and directed toward a specific end.
- Plan of Safe Care and Conducting the CPS Assessment provided to Coffee County staff.
- Family Support Services, Plan of Safe Care, Reasonable and Prudent Parenting, Runaway Youth, Purposeful Contacts, and Diligent Search training provided on weekly leadership development calls and case manager summits
- Presented Plan of Safe Care Training to:
 - DFCS regional Plan of Safe Care Champions
 - The Georgia Conference on Children and Families
 - Project LAUNCH (Linking Actions for Unmet Needs in Children's Health), a Department of Public Health partnership
- Training on maltreatment codes for DFCS staff and SAAGs to support the County Letter release of November 2016, which provided information on the updated forms of child abuse for the reporting and investigation of child abuse, and guidance on the documentation of the Justification of Findings for substantiated or unsubstantiated child abuse allegations. The trainings have been helpful in giving attendees a clear understanding of the relevant laws involved and clear guidance on the State's expectations around handling such child welfare matters.

Additionally, the Policy Unit initiated the Policy Spotlight newsletter to highlight specific areas of existing policy. The Spotlight serves as a resource for all staff to learn about state and federal legislation that has an impact on child welfare, how to access the Child Welfare Policy Manual, and links to outside sources for in-depth information on a specific topic. The purpose of the Spotlight is to enhance staff awareness of policy and regulations that have an impact on programs and services.

Regularly scheduled trainings are held with lead field program specialists (FPS) to directly inform the field staff of policies and review impact of policy prior to implementation.

Training funded by the Prevention Section that was provided by Strengthening Families Georgia, Care Solutions and the Georgia Center for Child Advocacy were beneficial in educating the participants on the Strengthening Families framework and the protective factors, educating participants on child sexual abuse prevention or providing education on a wide variety of topics relevant to work with children and families. Partnering with Strengthening Families Georgia, Care Solutions and the Georgia Center for Child Advocacy increased the reach of the trainings and provided an opportunity for trainings to be provided by or developed by subject matter experts. In a single year, the following number of people were trained through these programs:

Program/Contractor	# Trained
Strengthening Families	11,427
Georgia Center for Child Advocacy	1,955
Care Solutions	41,414

The Early Childhood Collaboration Unit, jointly with the CAPS leadership, conducted webinars and an onsite training to field staff. The webinars/trainings were held statewide, and staff were briefed on CAPS policies and procedures. Social services case managers are required to view the webinar on the application process for CAPS and how to get it completed timely. DFCS made a presentation to the Georgia Head Start executive board on strengthening DFCS/Head Start collaboration.

The CQI/QA team began having quarterly conferences focusing on building team collaboration by having team members work on improving procedural functions, particularly the Performance Improvement Collaboration (PIC) process and the written summaries that are provided to county/regional staff after each review. The written and verbal review results were enhanced to ensure that shared feedback is clear, concise, and understandable, and that it focuses on the practices that contributed to CFSR ratings. Ideally, review feedback should also incorporate case specific examples.

The PIC was additionally adapted to enhance the continuous quality improvement (CQI) process as it relates to practice performance. Data informed strategies are proposed with input from staff at all levels and external stakeholder involvement. Per the modified process, PICs will be held once per year, following the second review in the calendar year for each region (July through December reviews). The PIC will include comprehensive data obtained and compiled for that calendar year using the results from both reviews completed for the region. Feedback from regions regarding the changes have been favorable; staff conveyed that written summaries and review results are more understandable and relatable for staff.

The QA team arranged and facilitated several training opportunities for staff at all levels during this review period. Five CFSR leadership training sessions were offered and conducted for administrators, program directors, and regional and district directors. The unit also provided CFSR training sessions to all staff in DeKalb County, to case managers and supervisors in Region 6, and to the Supervisor Mentor team. QA team members have facilitated numerous general CFSR training sessions and participated in case manager and supervisor summits, management team meetings, and administrator meetings, in an effort to lead positive change. The purpose of training sessions is to make staff aware of best practices in child welfare and to tie these in with expectations as outlined in the state's CFSR.

In collaboration with Georgia State University, the CQI team provides quarterly trainings for regional CQI teams. This helps in getting new team members trained so that lack of knowledge is not a barrier to moving strategies forward. The CQI team trained 55 leaders including district directors, regional directors, county directors, program

directors and social services administrators. The basis of this training is to invigorate leadership support of CQI which tends to wane when there is a lack of knowledge of the process. The state has already seen some initial progress where some regional directors have become much more supportive of their CQI team and the strategies born out of the process.

Special Investigations Unit (SIU) provided an in-depth overview of appropriate safety assessments for special investigations to county staff in Dekalb and Chatham Counties.

B. Technical Assistance Received

In addition to field staff, several state office auxiliary staff, including CQI and Georgia SHINES team members participated in Solution Based Casework training. The SBC team offered a specialized leadership training session for QA team members.

The Safety Team received technical assistance in the development of the State Substance Use Disorder Protocol and with Plans of Safe Care. The State Liaison Officer/Safety Services Director attended the all-sites meeting for Quality Improvement Center for Collaborative Community Court Teams (QIC-CCCT) grant received by Douglas County in July of 2018, and the SLO and/or federal plans manager has been present for all on-site TA visits by the QIC-CCCT team and participate in ongoing TA calls and activities. The focus of the QIC-CCCT grant is collaborative approaches to Plans of Safe Care and, as members of the core team for the grant, the SLO and federal plans manager work closely with the TA team and other core team members to capture information about best practices and lessons learned in the implementation of the grant to inform the practice statewide.

Training and technical assistance received by the Policy Unit varied widely and included:

- Mentoring Youth with Disabilities: An Opportunity for Friendship, Awareness, and A World of Possibility (webinar: July 2018) discussed best practice elements and research findings in designing and implementing mentoring programs for youth with disabilities.
- Achieving Permanence for Children: Pioneering Possibilities for Placement Stability (webinar: August 2018) looked at placement stability and the impact on permanency.
- Tribal Youth and Social Media: Navigating the Digital World, Safe Practices for Tribal Youth Confirmation (webinar: August 2018) provided information on increasing awareness of behaviors in the "digital world" and their real-life implications for problematic or illegal sexual behaviors.
- Mentoring Children and Youth Affected by Opioid Misuse and Substance Abuse (webinar: September 2018) focused on mentoring and its role and place in supporting youth impacted by opioid and substance use and misuse.
- Sexual Orientation, Gender Identity Training provided by the Multi Agency Alliance on Children (workshop: October 2018), to explore the topic of best practices in working with LGBTQ youth in child welfare.
- getREAL: Progress and Challenges in Supporting LGBTQ+ Children, Youth, and Families Involved with the Child Welfare System, (Pittsburgh, Pennsylvania, December 11-12, 2018)
- getREAL Convening: Threats and Opportunities to Supporting LGBTQ+ Children, Youth, and Families Involved with Child Welfare Systems (Washington DC, February 26-27, 2019)
- TeensR4Me Conference hosted by DFCS Well-Being Section (workshop: November 2018) provided tools to increase support for those who work directly with older youth in care, to ensure youth are safe, healthy, educated, employable and connected as they transition out of care into independence.

- The Summit: Georgia's Child Welfare Conference hosted by the Office of the Child Advocate (3-day workshop: November 2018) provided training for all child welfare professionals in a multi-disciplinary conference to share best practices and collaborate across professions.
- Safely Reducing the Use of Congregate Care (webinar: December 2018) hosted by the Capacity Building Center for States (the Center) to present several peer jurisdictions about their strategies to safely reduce the use of Congregate Care.
- Through Their Eyes | Best Practices for Professionals Working with Children Exposed to Domestic Violence (webinar: December 2018) addressed aspects of service provision for professionals in various child-centered industries and settings including understanding a child's experience of domestic violence and supporting the relationship between the parent-survivor and child.
- Spotlight on Family Engagement in Youth Reentry (webinar: March 2019) spotlights efforts within the presenters' state or locale's youth reentry work, and discuss lessons learned and effective strategies they have used to engage families during and after a youth's commitment.
- Child Welfare League of America: Advancing Excellence in Practice & Policy: Building Resilience in Changing Times (4-day workshop: April 2018).
- Child Welfare League of America: Meeting the Challenges of the FFPSA (4-day workshop: April 2019).

The Georgia State University School of Social Work Professional Excellence Program which first started in 2005 includes several different projects of which the Child Welfare Training Collaborative (CWTC) is one. The oldest project is the one that provides training specifically for Division staff. The Professional Excellence (PE) Development and Training program is dedicated to providing Division of Family and Children Services professionals with the knowledge base to effectively work with the complex situations they face. Development and Training promotes advanced knowledge and practice and targets the training needs of Division staff who have been in the field at least 18 months or longer or have completed the new worker training requirements. Training courses count towards the yearly 20-hour professional development requirement for Division staff.

Typically, the Secondary Traumatic Stress (STS) for Case Managers course is offered once per month, STS for Supervisors and Childhood trauma courses are offered quarterly. Courses are scheduled at different locations across the state. Through the DFCS training registration system, supervisors have the ability to register themselves and their staff for the training and location of their choosing. Challenges have included low registration numbers (resulting in courses being cancelled) and low attendance (no shows) for those who did register. PE Development and Training works with the Division's state training department to promote training offerings. PE staff also engage in different promotional opportunities (e.g., displays at conferences and regional/state meetings) to promote training.

Type of Training	Trainings Provided	Participants
Secondary Traumatic Stress for Case Managers	20	166
Secondary Traumatic Stress for Supervisors	6	44
Childhood Trauma	6	35

In the last five years, the CICC has received training from multiple partner agencies including Children's Healthcare of Atlanta (warning signs of drug addicted and drug exposed newborns and fetal alcohol spectrum disorder), GBI (Child Sexual Exploitation and Trafficking), OCA (Child Abuse Protocols, Child Death/Near Fatality/Serious Injury Assessments), Prevent Child Abuse Georgia (Services Available to Families in Georgia for Prevention). The Education and Training Section provided CICC with multiple trainings over the five years including but not limited to: Ongoing New Worker Training, Coaching and Mentoring, FISH Training, and Safety Response System Training.

PRO Unit provided roundtable technical assistance to Bibb County and Region 12. The team staffed difficult cases with the DFCS field staff and provided guidance in the identified areas of need. The goal is to develop an ongoing schedule for the same level of support to other regions as the team discovers the need.

During FY 2015-2019, the Prevention Section received a large amount of technical assistance around developing a Parent Advisory Council. Prevention Section staff attended an initial training held by the National Family Support Network (NFSN) and the National Alliance of Children's Prevention and Trust Funds (the Alliance) in the planning and development of the Council. The technical assistance was largely beneficial in identifying best practices of what works well in developing and sustaining Parent Advisory Councils. Without the insight of the NFSN and the Alliance, the Prevention Section may not have met its goal of creating a Council.

Veteran QA team members received formal CFSR training from the Children's Bureau. Four members of the team attended training for agile staff team members with JBS in 2018. All four team members were selected as agile staff, and three members were chosen to serve alongside Children's Bureau staff in conducting CFSR reviews in other states. These reviewers participated in reviews in Alabama, Rhode Island, and Utah. The unit received secondary oversight by federal partners for a sample of cases reviewed each month to ensure alignment of case ratings with CFSR outcomes/items and correct completion of the review tool. Feedback was provided from federal partners for each case reviewed for secondary oversight.

Because of the unique nature of the CQI specialized job responsibilities, there isn't a lot of formal face-to-face training available, especially free or low cost. Therefore, the team does online trainings according to their need. Some of the trainings taken include: Facilitation; CQI (hosted by GSU); Effective Consulting with Lead Strategies; The Why and How of CQI; CQI Academy; Engaging Senior Leadership with Quality Improvement; CFSR Portal/OMS Training; CQI Focused Services; Making CQI Happen; 21st Century Strategies; Six Boxes Practitioner Workshop (by Performance Thinking Network), and Lead and Lag Measures. Internal trainings included ISA Fidelity and SBC. The CQI unit manager participated in several training sessions at a CQI conference in California and graduated from the Georgia Department of Human Services Leadership Academy. She trained the CQI team to create an intentional growth plan based upon the Intentional Growth book by John Maxwell.

QA and CQI team members are cross trained in both procedural areas. The managers of these units met one-on-one with federal partners to respond to specific inquiries such as:

- On CFSR case guides, what would you like to see more or less in justification summaries?
- QA specialists try to routinely create opportunities to educate staff regarding CFSR and best case practice. Is there a better/best way to train staff on CFSR?
- Any suggestions regarding how to impact change utilizing informal influence?

- Which states are doing well, and how are they doing it? Are there any strategies that have been implemented in other states that have had a positive impact?
- Is there further federal technical assistance, training, funds to help/guide states in establishing a strong CQI system and to designate field or other staff strictly to the CQI process?
- Can you provide examples of success from other states that Georgia may consider?
- Do you have examples of a state managed system where there is strong accountability from the top down?
- What do you consider a successful CQI team?

The SIU received training in water safety from the Department of Natural Resources in Glynn County, July 2018; drug related training from the GBI to include recognition of popular drugs and effects of their use/abuse, July 2018; Indications of Abuse training from Dr. Messner (CHOA) April 2019; Child Fatality Review training with GBI March 2019.

C3 coordinators were provided a full-day, off-site training in September 2018; an executive keynote on the 4 Disciplines of Execution (4DX). A FranklinCovey senior consultant reviewed the various tenants and principals of 4DX and assisted coordinators in developing lead and lag measures that would have a likelihood of improving service array and the effectiveness of services in their regional areas.

In the coming year, the primary source of technical assistance for quality management will be from Casey Family Programs and Chapin Hall. They have already met the state's leadership team and have scheduled training with the relevant jurisdictions. Additionally, Chapin Hall provided a demonstration of an actual child case to help introduce the upcoming project.

C. Research, Evaluation, Information and Quality Assurance Systems

Overview

Foundational administrative structure: Georgia has had for many years stable and productive QA/CQI teams. There are two teams within the structure of QA. One team completes the CFSR reviews and the other, the CQI team, work with the fourteen regions, state office and the child welfare intake center. Both teams report to a common manager who then reports to the Director of Quality Management. Because of the same manager, both teams work closely together through joint planning meetings. The flow of information is virtually seamless as well. Additionally, each QA Specialist is assigned to participate in a couple of regions CQI efforts. There are five CQI specialists who support and mentor the regional teams.

Quality Data Collection: Georgia's QA team records the outcomes of their reviews in the federal system. A portion of the cases read each month are further reviewed by the Children's Bureau to ensure accuracy and consistency. Overall, the QA review process continues to be rated as a strength by the CB.

Case record review data and process: At the conclusion of each month's CSR review the QA team authors a report for the regions that were reviewed. The reports include finding for the items reviewed, a breakdown by program area for the results, and a trend report that includes recommendations for improvement. Additionally,

information is provided based upon the interviews that were completed to highlight deficits and strengths. Copies of the reports are sent to the regional leadership, state leadership and the local CQI coordinators. Additionally, at the end of each six-month review cycle a statewide trend report is provided and sent to the same leaders.

Analysis and dissemination of quality data: Many regions use the reports in conjunction with their CQI teams to inform their leadership teams and then to plan corrective actions. All of this is predicated upon local leadership's determination to improve quality. The CQI teams will lead a study to best determine how improvements can be made. Once a possible solution is achieved it is given to regional leadership for implementation. The CQI teams will continue to monitor progress.

Feedback to stakeholders and decision makers: This is similar to the previous comment. Program leads who have more opportunity for interaction with stakeholders often use the CFSR outcomes to explain needs. Additionally, a brief monthly update is provided to leadership to be sent across the state.

Adjustments of programs and processes: The overall QA review process is pretty much locked into place due to the review plans put into place at the beginning of the third round of the CFSR.

Quality Assurance and Continuous Quality Improvement

Georgia has two Child Welfare Quality Assurance units within the Office of Quality Management, the CWQA unit and the CWCQI unit. These units provide QA and CQI services statewide to field operations. The two units work together to support statewide quality improvement processes in Georgia's child welfare daily practice.

The program director provides direct oversight of both the QA and CQI teams. Each individual team is led by a unit manager. The QA team is comprised of seven QA specialists, and the CQI team is composed of six CQI specialists. Each unit receives technical support from the Quality Management Data Manager as needed.

The QA unit conducts Quality Case Reviews (QCRs) for the purpose of evaluating the quality of services provided to children and families. The goal is to improve overall safety, permanency and well-being outcomes for families by improving the quality of case work provided by county and regional staff.

The CQI team is tasked with identifying, describing, and analyzing strengths and problems and then testing, implementing, learning from, and revising solutions. It is reliant on an organizational culture that is proactive and supports continuous learning.

For the purpose of conducting ongoing QA reviews, rolling samples are generated monthly from data in Georgia SHINES, the Statewide Automated Child Welfare Information System (SACWIS), and a random number generator in Microsoft Excel. Samples are generated from the State's data and provided to the QA team each month. The official review schedule for the State is divided into "zones", with each zone being inclusive of two to three regions. One zone is reviewed each month, with each region being represented once every six-month review period. The geographical zone creation saves time and resources by reducing travel for reviewers and by limiting the interruption to any region in a single month. The final sample for each six-month review period includes 90 Foster

Care cases and 60 in-home cases. When broken down monthly, 15 Foster Care cases, five Family Preservation Services cases, and five Family Support Services comprise each “zone” sample.

All cases from the sample listing are reviewed using the current CWQA review instrument. The federal review guide, the Onsite Review Instrument (OSRI), is utilized to rate each case reviewed. In addition, interviews are conducted with participants (family members, stakeholders, etc.) related to each case reviewed. The following individuals are interviewed as a part of the case review process unless they are unavailable or completely unwilling to participate:

- The child(ren)- school age
- The child’s parents
- The child’s foster parents, pre-adoptive parents or other caregivers
- The family’s case manager (if the case manager is no longer with the agency the supervisor, who was responsible for overseeing the case and case manager, may be interviewed)
- Service providers working with the family

QA interviews at a minimum include agency staff members, and at least one family member. However, this minimum interview requirement has been far exceeded for the majority of cases reviewed.

Through the QA review process cases are evaluated based on 18 CFSR items within seven outcomes related to safety, permanency, and well-being. Information gathered from case reviews and interviews is compiled and analyzed to formulate CFSR case ratings. The QA team utilizes the federal On-line Monitoring System (OMS) to capture all case reviews and associated data. Data is calculated by OMS and pulled through the “Reports” section of OMS by QA team members each month following reviews. Achievement is based on the national standard of 95% substantially achieved in each of the seven performance outcomes and 90% in each of the 18 performance indicators. The outcomes can be stratified across various populations including age, permanency plan, and geographic area, using the CWQA database.

At the conclusion of each monthly review, case review data is analyzed and disseminated in the following manner:

- Each month the unit manager compiles data representative of the State’s overall performance and sends to the Director of Quality Management, who in turn shares review outcomes with regional and state office leadership. Data related to overall state performance is captured and disseminated each month utilizing a Rolling Trend Chart, which portrays the state’s current performance for the most recent six-month “rolling” review period in comparison to performance during the 2015 CFSR, a PIP Comparison Chart which details the State’s current performance with regards to PIP items broken down by program area, and a “Regional Achievement Summary” which offers a comparison of each region’s most recent performance with regards to CFSR outcomes and items.
- Exit conferences are held with regional leadership to provide an overview of review findings following each review prior to results being communicated with field staff.

- Each region is provided with a trend chart as well as a comprehensive summary detailing their most recent review findings. Regional summaries place focus on practices contributing to case ratings.
- Individual case review guides are shared with county staff to include the case managers and supervisors responsible for the cases with an opportunity granted for county staff to have dialogue about case findings if requested and/or warranted.
- QA and CQI specialists partner with regions to verbally share review findings through Performance Improvement Collaboration (PIC) meetings as well as through presentations at regional CQI meetings. PICs serve as a collaborative effort between Quality Management and regions that uses the CQI process to enhance practice via data informed strategies with input from staff at all levels and external stakeholder involvement.
- Individual case debriefs are conducted with county and regional staff in incidences where safety concerns and/or serious case practice deficiencies are identified in an effort to provide feedback regarding case practice and facilitate a continuous learning process. CQI team members are also invited to participate in case debriefings.

After each bi-annual review, a detailed trend report is generated to summarize review findings including case specific findings, systemic factor findings, and stakeholder findings, including an analysis of these findings. Comparisons to the state's previous review results as well as the Federal Compliance standards are included. Trend reports are developed on a bi-annual basis.

Monthly statewide data, regional summaries, and bi-annual trend reports are shared with agency leadership to include section directors, and district, regional and county Staff. Information from these reports is included in presentations at statewide meetings, regional meetings, section meetings, workshops and with external stakeholders as requested. The trend report is utilized by DFCS leadership to promote statewide program improvements, new initiatives, evaluate training needs, and drive change in practice. Agency decision makers, courts and other stakeholders are provided data and are able to complete their own analyses. Stakeholders are additionally invited and encouraged to attend PICs, as well as regional stakeholder meetings where statewide and regional specific data is shared.

There are also ongoing collaborations with the Office of Quality Management , specifically the Kenny A and Continuous Quality Improvement Units.

The QA team has adjusted written summaries provided to the field following reviews based on feedback from staff at all levels. The team enhanced written regional summaries as well and PIC flow process based on the needs of field staff. Specifically, the need was identified for clearly and concisely presented review results with focus on case practices contributing to ratings. Data findings and analysis of review results identified the need for focus on PIP

Items specifically with regards to quality assessments of risk and safety, service provision for families, and ensuring quality visits with children and parents. The enhanced written regional summaries and PIC process place emphasis on these areas, with case specific examples included to ensure relatability for field staff. The team has recognized that with a newer workforce, accentuation of basic quality casework practices is pertinent.

Data findings and analysis indicate that review results often vary significantly amongst regions and individual counties. The CQI team is adjusting their program to ensure both regional and county involvement in the CQI process. The CQI team has developed a pilot curriculum for county led CQI teams. Identified pilot counties will begin to focus on their own root causes and develop strategies around these which is anticipated to positively impact CFSR outcomes and improve practice with families. In addition, this new process is hoped to improve accountability by having each county take ownership of their own work. The CQI team is hopeful that the process for county led CQI teams will be fully operational statewide within the next five years.

SHINES

Accomplishments over the last five years

- Implementation of the State's new Practice Model – SCB and Case Plan Redesign
- Implementation of new eligibility interfaces – Medicaid, CAPS, WIC
- Transition from SACWIS to CCWIS
- Implementation of enhanced Provider Portal (placement providers only)

Accomplishments over the last year

- Implementation of Education Stability Plan
- Implementation of Permanency Staffing
- Implementation of new interface with Department of Education

The SHINES system has been enhanced to adapt to policies related to:

- Child Abuse Registry interface;
- CSEC: Updated Maltreatment codes and definitions
- Georgia Cares Referral: Support documentation of Georgia Cares Referral
- Practice Model: New/modified pages to support SBC (e. g. initial safety assessment, family functioning assessment, agreement summary, etc.)
- Case Plan Redesign: Inclusion of IVE requirements, HB242, SB138, and SBC
- Education Stability Plan: New page to support state compliance with Every Student Succeeds Act

Challenges

- Competing priorities – multiple initiatives overlapping
- No increase in budget – unfunded mandates

Technology limitations – Georgia SHINES deployed statewide June 2008, it 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 to 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.

Anticipated accomplishments over the next five years

Development of a comprehensive CCWIS (comprehensive child welfare information system) Data Quality Plan

Work in partnership with Quality Assurance, Data Unit, and Office of Information Technology to assist with development of Data Quality Plan. The goal is to have Plan completed and ready for submission with the State's annual APDU (Advance Planning Document Update)

Technology upgrade

Technology roadmap has been developed by existing vendor; however, implementation of technology upgrade will be executed by OIT over the next four years.

K. Consultation and Coordination Between States and Tribes

A. Consultation and Coordination

A designated member of the Policy and Regulations Unit serves as the DFCS state office liaison to ICWA and the Georgia Tribes. The liaison regularly meets with the leadership of the state recognized Georgia Tribes during the bi-monthly meetings of the Governor's Council on American Indian Concerns. Following the Council meetings, the liaison has met with the leaders from each Georgia tribe (Marian McCormick of the Lower Muscogee Creek, Frances Crews of the Cherokee of Georgia Tribal Council, and JB Jones of the Georgia Tribe of Eastern Cherokee) to discuss specific concerns and agency policies and practices. When issues are raised regarding a child or family from the tribe, the liaison identifies the appropriate county staff to review the case and provide assistance, if necessary.

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. ICWA Compliance

Georgia monitors ICWA compliance by having a dedicated staff member located within the Policy and Regulations Unit to serve as the ICWA liaison, managing issues involving the implementation of ICWA, collaborating with the Education and Training Section on development of ICWA training materials, and providing 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. Data for 2018 – 2019 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.

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.

L. Child Abuse Prevention and Treatment Act (CAPTA)

A. Substantive Changes

Georgia's most recent CAPTA Plan was approved in December of 2018. The revision was underway starting prior to this APSR reporting period. The current program areas identified in the CAPTA Plan are areas 5: Developing and updating systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange; 7: Improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers; 10: Developing and delivering information to improve public education relating to the role and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect, including the use of differential response; and program area 13: Supporting and enhancing interagency collaboration among public health agencies, agencies in the child protective service system, and agencies carrying out private community-based programs to:

- provide child abuse and neglect prevention and treatment services (including linkages with education systems), and the use of differential response; and
- address the health needs, including mental health needs, of children identified as victims of child abuse or neglect, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports

B. Proposed Use of Funds

The Division is currently working on several state and federal fiscal year 2020 contracts and projects that will be supported by CAPTA funding, including:

Sources of Strength Training: A best practice suicide prevention training for youth. This is being funded in partnership with the Division's Prevention and Community Support section and this curriculum is also utilized by the state's Child Fatality Review Program. (Program Area 13)

Mandated Reporter Train the Trainer: The Division will contract with Prevent Child Abuse Georgia to offer in person mandated reporter train the trainer courses. This work supports consistent, standard, quality mandated reporter training, a goal in the CAPTA Plan and priority of the Children's Justice Act Task Force. (Program Area 10)

Sexual Abuse Prevention: The Division has continued to partner with the Department of Education and other non-profit partners to help schools fulfill the mandate in SB 401, passed in 2018. SB 401 requires a sexual abuse

prevention course for students and corresponding training for adults. CAPTA funds will be utilized to develop a curriculum for teachers and educators delivering courses to students. (Program Areas 10 and 13)

Love 146 Train the Trainer: The Division is contracting with the Stephanie V. Blank Center for Safe and Healthy Children at Children's Healthcare of Atlanta to offer a Love 146/Not a #Number train the trainer for up to 50 school staff throughout the state. This builds on ongoing efforts to implement the prevention curriculum in schools that teaches students how to protect themselves from trafficking and exploitation using a combination of information sharing, critical thinking, and skill development. (Program Area 13)

Child Welfare Training Collaborative: As outlined in the CAPTA plan, funds will be used to support the ongoing maintenance of the Child Welfare Training Collaborative (CWTC), a partnership between the Division and the Professional Excellence Program in the School of Social Work at Georgia State University starting in July of 2019. (Program Area 7)

C. Expended Funds

Table 41: Expended CAPTA Funds

Project	Sum of Liquidated Amount	CAPTA Program Areas
Verbal Judo Train the Trainer	24,759.00	7
Secondary Traumatic Stress Training	16,066.44	7
The Summit Child Welfare Conference (registration fees for staff)	36,465.00	7, 13
Care Solutions, Inc (CAPTA Panel Management and Panel Retreat)	117,570.00	
Travel for Federal Plans Manager and SLO to conferences	2,306.14	7, 10
Total	197,166.58	

D. Annual Citizen Review Panel Report

A copy of the State's 2018 Annual Citizen Review Panel Report is appended to this report along with a copy of the State's most recent written responses to the panel(s) that describes whether or how the state will incorporate the recommendations of the panel(s) (as appropriate) to improve the child protection system.

E. Substance Affected Newborns

During the reporting period, the Division emphasized the importance of improving practices related to substance affected infants and plans of safe care and has made notable improvements in the number of plans completed and staff awareness and education about prenatal exposure and plans of safe care. The Division released updated Plan of Safe Care policy in May of 2019. This policy release included a definition of “affected infant” that went into effect in April 2018; incorporated feedback from Women’s Treatment Recovery Services (WTRS) and frontline staff around substance abuse assessments to make assessments completed per policy more accessible; and integrated Plan of Safe Care policies into broader substance abuse case management policies.

The Practice and Program Guidance (PPG) Section has continued to work closely with a group of staff, primarily field program specialists, who act as regional “Plan of Safe Care champions” and provide training and technical assistance to both Division staff and community partners. Each region has at least one identified Plan of Safe Care champion. PPG holds formal annual meetings with POSC champions, communicates at least monthly regarding reviews and cases with each region, and provides technical assistance and consultation on a regular basis to clarify policy and practice questions. PPG, the Division’s Data Unit, and POSC champions work together to execute the monthly Plan of Safe Care Review, the state’s mechanism to monitor implementation of plans and service referral and delivery. In the review process, a statistically significant sample of cases are reviewed by POSC champions and PPG monthly and PPG sends a list of cases requiring Plans of Safe Care to each region for follow up. After initial deployment of the review process, PPG and POSC champions identified limitations with the information gathered in reviews and worked together to create a plan to modify the review tool, improve fidelity in the review process and to capture additional information to better inform an understanding of the status of practice statewide and provide more specific, consistent feedback to frontline staff. PPG undertook a revision of the review tool and is creating a review guide. Both will be implemented by July 2019.

The Division has also worked diligently to educate partner agencies and contracted providers about Plans of Safe Care and needs of substance affected infants. The agency has a strong working relationship with Women’s Treatment Recovery Services (WTRS), a program of the Department of Behavioral Health and Developmental Disabilities and communicates with the program director on a regular basis. PPG, Policy and WTRS have worked together to ensure that both agencies’ policies regarding Plans of Safe Care are in alignment and the WTRS program director and/or federal plans manager have facilitated multiple meetings between local WTRS providers and frontline Division staff to address barriers to timely access to services. The federal plans manager and WTRS program director presented on best practices for working with this population at the Georgia Conference on Child Abuse and Neglect in September 2018.

To strengthen relationships with opioid treatment providers and offer education to Division staff, a policy specialist worked with the Opioid Treatment Providers of Georgia to offer a pre-conference session with providers and staff. The session allowed both providers and agency staff to gain a better understanding of best practices and there was facilitated discussion around barriers and opportunities for collaboration to best serve mothers and ensure the safety and well-being of infants. Georgia PROUD resumed meeting in January 2018 and identified improving the notification and intake process for mothers who are compliant with medication-assisted treatment (MAT) and prescription drugs as a priority. In March, representatives of PPG, DFCS Policy Section, a CICC, the Opioid Treatment Providers of Georgia, Juvenile Court (Judge Peggy Walker), and the recipient of a QIC-CCCT grant for Plans of Safe Care met to discuss barriers and how to address them. Judge Walker has incorporated this effort into

her QIC-CCCT grant activities and is working to create standardized forms and education to assist women on MAT with what documentation will be required at the time of birth.

In July 2018, the Division hosted a meeting between multiple program areas within the Department of Public Health, Maternal and Child Health, including Children 1st/Babies Can't Wait and WIC programs within the Department of Behavioral Health and Developmental Disabilities including an opioid treatment coordinator and WTRS to discuss Plan of Safe Care requirements and agency roles. Participants from this meeting have continued to work together on the Department of Public Health's Maternal Substance Use Workgroup. This workgroup contributed a section to Georgia's Statewide Opioid Strategic Plan completed in August of 2018 that included a goal around implementing plans of safe care as a practice in the system beyond the Division. The federal plans manager serves on the Education Subcommittee of this workgroup. PPG and the Data Team have also established a relationship with DPH's Maternal and Child Health Epidemiology team to compare how data regarding substance affected infants is captured in each agency and to look for opportunities to use shared data to inform efforts.

The Douglas County Juvenile Court is the recipient of a QIC-CCCT grant to improve systemic responses to substance affected infants. PPG and Douglas County DFCS have been closely involved in the development of goals and action plans for the grant and have participated in site visits and calls from the TA team. The Douglas County demonstration site has been very successful in engaging all parties, including birthing hospitals, public health, treatment providers and early intervention services to create a system of care for pregnant women using substances and increase the likelihood of intervention prior to birth. The Division plans to use the model created and lessons learned to replicate efforts in other areas of the state.

While the Division has had success in increasing awareness about Plans of Safe Care among partners, there is an identified need statewide for a system response to address the issue of maternal substance use and prenatal exposure to substances and the agency would like to identify a partner to engage in completing Plans of Safe Care in cases where there is no allegation of maltreatment. The Division is using its new CAPTA Plan to outline ways to support the needed collaboration in this program area with the CAPTA money allocated for Plans of Safe Care and services to substance exposed infants.

F. Governor's Assurance

See Attachment C, an assurance that the state is in compliance with the provisions of 106(b)(2)(B)(vii), as amended by Victims of Child Abuse Act Reauthorization Act of 2018 (P.L. 115-424).

G. State Liaison Officer

CAPTA Coordinator - State Liaison Officer

LaResa Price
2 Peachtree Street, NW, Suite 18-282
Atlanta, GA 30303
Laresa.Price@dhs.ga.gov

M. Statistical and Supporting Information

A. CAPTA

Child Protective Service Workforce Data

Education, Qualifications and Training

This section of the report provides data on the education, qualifications and training of child protective service personnel responsible for intake, screening, assessment and investigation of child abuse and neglect reports in the state. The following table presents demographic data on the State's Social Services case management staff hierarchy (e.g., associate, case manager, supervisor).

The minimum qualification of a child protection services worker for Georgia DFCS is at least a bachelor's degree. The preferred qualifications include a behavioral science degree and at least one year of experience or a bachelor's or master's degree in social work.

The employee's academic credentials determine their job title and pay level. For example, an employee with a bachelor's degree and no case management experience would be considered a Social Services Specialist 1. Training requirements are included in the Training Plan.

Table 42: Social Services Job Qualification and Salary Ranges

Table 42 . Social Services Job Qualification and Salary Ranges					
Job Code	Official Job Title - Working Title(s)	PG	Salary Range		Entry Qualifications
SSM014	Dir, Social Svcs - Regional Director - Section Director	P	Minimum	\$66,821.60	Master's degree in a related area from an accredited college or university AND Three years of management of subordinate managers/supervisors in a human service delivery program OR Bachelor's degree in a related area from an accredited college or university AND Six years of experience, including Four years of management of subordinate managers/supervisors in a human service delivery program OR related certification AND Three years of management of subordinate managers/supervisors in a human service delivery program OR Five years of experience required at the lower level Sr Mgr, Social Svcs (SSM013) or position equivalent.
			Market Average	\$95,459.43	
			Maximum	\$116,937.80	
SSM013	Sr Mgr, Social Svcs - County Director 5	O	Minimum	\$59,134.16	Master's degree in a related area from an accredited college or university AND Two years of management of subordinate managers/supervisors in a human service delivery program OR Bachelor's degree in a related area from an accredited college or university AND Five years of experience, including three years of management of subordinate managers/supervisors in a human service delivery program OR related certification AND Two
			Market Average	\$84,477.37	
			Maximum	\$103,484.78	

					years of management of subordinate managers/supervisors in a human service delivery program OR Three years of experience required at the lower level Mgr 3, Social Svcs (SSM012) or position equivalent.
SSM012	Mgr 3, Social Svcs - County Director 4	N	Minimum	\$52,331.12	Master's degree in a related area from an accredited college or university AND Two years of management of subordinate managers/supervisors in a human service delivery program OR Bachelor's degree in a related area from an accredited college or university AND Five years of experience, including three years of management of subordinate managers/supervisors in a human service delivery program OR Related certification AND Two years of management of subordinate managers/supervisors in a human service delivery program OR Three years of experience at the lower level Mgr 2, Social Svcs (SSM011) or position equivalent.
			Market Average	\$74,758.74	
			Maximum	\$91,579.45	
SSM011	Mgr 2, Social Svcs - Social Svcs Program Director - County Director 3 - Deputy County Director 5	M	Minimum	\$46,310.72	Master's degree in a related area from an accredited college or university AND One year of management of subordinate supervisors in a human service delivery program OR Bachelor's degree in a related area from an accredited college or university AND Two years of management of subordinate supervisors in a human service delivery program OR Related certification AND One year of management of subordinate supervisors in a human service delivery program OR Two years of experience at the lower level Mgr 1, Social Svcs (SSM010) or position equivalent.
			Market Average	\$66,158.17	
			Maximum	\$81,043.76	
SSM010	Mgr, Social Svcs - County Director 1 - County Director 2 - Deputy County Director 4 - Unit Manager - Social Services Administrator	L	Minimum	\$40,982.94	Master's degree in a related area from an accredited college or university AND One year of supervisory experience in a human service delivery program OR Bachelor's degree in a related area from an accredited college or university AND Two years of supervisory experience in a human service delivery program OR Related certification AND One year of supervisory experience in a human service delivery program OR Two years of experience at the lower level Social Svcs Prgm Mgr Spv (SSP023) or position equivalent.
			Market Average	\$58,547.06	
			Maximum	\$71,720.15	
SSP042	Social Svcs Prgm Consultant 3 - Field	K	Minimum	\$36,268.09	Master's degree in a related field from an accredited college or university AND Two years of related experience, One year of which as a supervisor or lead worker OR Bachelor's degree in a related field from an accredited college or university AND Four years of
			Market Average	\$51,811.56	

	Program Specialist		Maximum	\$63,469.15	related experience OR Two years of experience at the lower level Social Svcs Prgm Consultant 2 (SSP041) or position equivalent.
SSP073	Social Svcs Spec Spv	J	Minimum	\$32,970.99	Master's degree in Social Work from an accredited college or university AND One year of experience in a lead/supervisory capacity OR Master's degree in any behavioral science from an accredited college or university AND two (2) years case management experience OR Bachelor of Social Work degree from an accredited college or university AND two (2) years case management experience OR Bachelor's degree in any behavioral science AND three (3) years case management experience OR One year of experience at lower level Social Svcs Spec 3 (SSP072) or position equivalent <i>Note: Behavioral Science degrees include but are not limited to the following: social science, psychology, sociology, child development, family studies, criminal justice, education, public health, public administration, nursing.</i>
			Market Average	\$47,101.41	
			Maximum	\$57,699.23	
SSP072	Social Svcs Spec 3	I	Minimum	\$29,973.63	Master's degree in Social Work from an accredited college or university OR Master's degree in any behavioral science from an accredited college or university AND one (1) year case management experience OR Bachelor of Social Work degree from an accredited college or university AND one (1) year case management experience OR Bachelor's degree in any behavioral science AND two (2) years case management experience OR One year of experience at lower level Social Svcs Spec 2 (SSP071) or position equivalent <i>Note: Behavioral Science degrees include but are not limited to the following: social science, psychology, sociology, child development, family studies, criminal justice, education, public health, public administration, nursing.</i>
			Market Average	\$42,819.47	
			Maximum	\$52,453.85	
SSP071	Social Svcs Spec 2	H	Minimum	\$27,248.75	Master's degree in any behavioral science from an accredited college or university OR Bachelor of Social Work degree from an accredited college or university OR Bachelor's degree in any behavioral science AND one (1) year case management experience OR One year of experience at lower level Social Svcs Spec 1 (SSP070) or position equivalent
			Market Average	\$38,926.79	

			Maximum	\$47,685.32	Note: Behavioral Science degrees include but are not limited to the following: social science, psychology, sociology, child development, family studies, criminal justice, education, public health, public administration, nursing.
SSP070	Social Svcs Spec 1	G	Minimum	\$24,771.59	Bachelor's degree from an accredited college or university.
			Market Average	\$35,387.99	
			Maximum	\$43,350.29	

SOURCE: Georgia DHS Office of Human Resource Management

The following table presents demographic data on the State's Social Services case management staff hierarchy (e.g., associate, case manager, supervisor).³

Table 43: Demographics on Social Services Case Management

Table 43: Demographics on Social Services Case Management			
Staff Characteristic		Total	Percent
Gender	Female	1122	89%
	Male	140	11%
	Unknown	1	0%
Race/Ethnicity	Am. Indian	1	0%
	Asian	3	0%
	Black	786	62%
	Hawaii/Pac	0	0%
	Hispanic	23	2%
	Multi-race	0	0%
	White	422	33%
	UNKNOWN	28	2%
Age Group	<26	97	8%
	26-30	269	21%
	31-35	211	17%
	36-40	218	17%
	41-45	170	13%
	46-50	128	10%
	51-55	89	7%
	56-60	52	4%
	61+	29	2%

³ Data are for the following Social Services positions (with job class): supervisor (SSP073), administrator (SSM010), case manager & adv (SSP071), specialist (SSP072), program director (SSM011), case management associate (SSP070).

Staff Characteristic		Total	Percent
A	Not Indicated	169	13%
B	Less Than HS Graduate	0	0%
C	HS Graduate or Equivalent	85	7%
D	Some College	9	1%
E	Technical School	3	0%
F	2-Year College Degree	14	1%
G	Bachelor's Level Degree	737	58%
H	Some Graduate School	3	0%
I	Master's Level Degree	242	19%
J	Doctorate (Academic)	0	0%
K	Doctorate (Professional)	1	0%
Pay Grade	G	135	11%
	H	623	49%
	I	93	7%
	J	326	26%
	L	70	6%
	M	16	1%

SOURCE: Georgia DFCS Data Unit and DHS Office of Human Resource Management

There were a total of 1,433 Intake and CPS workers who had at least one active case as of September 30, 2018. These CPS and Intake workers were then matched with Employee Peoplesoft data to return their demographic characteristics. The result set was then filtered for the predefined job codes of SSP073, SSM010, SSP071, SSP072, SSM011, SSP070.

The report listed all workers who were assigned as principal case manager for at least one CPS case – this would be a case in an intake, investigation, family support, or family preservation stage. We are not counting caseworkers who were assigned foster, adoptive, post-adoptive, or post-foster stages. The count for these employees was 1,433. This is reflective in above table.

Turnover and Vacancy Rates by Job Class

Table 44: Turnover and Vacancy Rates by Job Class

Job Class`1	Filled as of 07/01/2018	Turnover 7/01/2018-02/01/2019	Annualized Turnover Rate
SSP070	346	88	25.4%
SSP071	1400	270	19.3%
SSP072	245	64	26.1%
SSP073	495	51	10.3%
SSM010	96	15	15.6%
SSM011	13	7	53.8%

Total	2595	495	19.1%
--------------	-------------	------------	--------------

Job Class	Vacant	Total Position Count	Vacancy Rate
SSP070	194	540	35.93%
SSP071	541	1941	27.87%
SSP072	115	360	31.94%
SSP073	145	640	22.66%
SSM010	32	128	25.00%
SSM011	3	16	18.75%
Total	1030	3625	28.41%

Caseload/Workload Requirements for Personnel

The State works to ensure caseloads are manageable and are at or below the recommended caseworker to child ratio. The Child Welfare League of America recommends caseloads of between 12 and 15 children per worker. The Council on Accreditation recommends that caseloads not exceed 18 per worker (<https://www.socialworkers.org/LinkClick.aspx?fileticket=Mr2sd4diMUA%3D&portalid=0>). However, Georgia lacks having a set state-level caseload standard for CPS workers. Georgia's governor allocated funding for additional staff each year from 2014 – 2018 with the goal of achieving 1:15 caseload ratios. By FFY 2018, the state's family preservation and foster care caseload sizes averaged 1:17. Although it is difficult to determine exact caseload sizes (see <https://www.childwelfare.gov/pubs/case-work-management/>), it appears that Georgia's caseloads for child protective service workers currently exceed the 1:15 ratio.

Juvenile Justice Transfers

According to data on discharges from Georgia SHINES in FFY 2018, six youth who were under 18 on the date of transfer had a custody status change to "committed to DJJ," (transferred to the Department of Juvenile Justice). The children were identified by a simple query to the SHINES data system that extracted all changes in legal status from DFCS to DJJ during FFY 2018 where the child was under the age of 18 on the day of the transfer. There were six youth who transferred from temporary or permanent custody to joint custody in FFY 2018, but this is not the same as a transfer of custody to DJJ.

The term "joint custody" or "joint commitment" refers to when a child has both been committed to DJJ for committing a delinquent act and placed in the legal custody of DFCS because the child was also found dependent. Commitment to DJJ is one possible outcome for a youth found guilty of committing a delinquent act. The court may commit a child to DJJ if it is best suited to the child's treatment, rehabilitation and welfare. The child may also be placed in the custody of DFCS only if the child is found dependent.

The responsibilities of each agency in a "joint custody" case vary based on the court jurisdiction and/or the collaboration between the local DJJ office and the local DFCS office. Both agencies have case management responsibilities, to include contact standards, case planning (DFCS)/treatment planning (DJJ), etc. If a child is committed to restrictive custody in a youth detention center (YDC), then DJJ would have physical placement of the child. If not, the agencies should work collaboratively to secure a placement for the child.

In FFY 2019, as of June 14, 2018, there have been five children transferred from DFCS to DJJ, and four changed from DFCS to joint commitment with DJJ.

The number of transfers at the end of the 2015 – 2019 CFSP cycle is consistent with the number of transfers at the beginning of the cycle.

N. Education and Training Vouchers

Table 45: Education and Training Vouchers

Table 45 . Annual Reporting of Education and Training Vouchers Awarded		
	Total ETVs Awarded	Number of New ETVs
<u>Final Number:</u> 2017 - 2018 School Year (July 1, 2017 to June 30, 2018)	374	144
2017-2018 School Year (July 1, 2018 to June 30, 2019)	323	107

SOURCE: University of Georgia J.W. Fanning Institute

The table has been attached to this report as Attachment F. In some cases, this might be an estimated number since the APSR is due on June 30, the last day of the school year.

Federal FY 2018 represents the third full fiscal year that J. W. Fanning Institute has maintained responsibility for making payments in support of a postsecondary education on behalf of students who have experienced foster care in Georgia. The total award for FY18 totaled \$1,729,905 and was awarded in an initial contract with a value of \$1,659,905 and a subsequent amendment with a value of \$70,000. The contract requires that 89% of contract funds are passed through and used to pay for educational expenses on behalf of ETV recipient students.

O. Inter-Country Adoptions

Georgia DFCS has supported families of children who have been adopted from other countries by providing non-recurring adoption assistance payments for children eligible for the program. Non-recurring adoption assistance is a one-time payment to reimburse 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 non-recurring adoption assistance at the local DFCS office in their county of residence prior to adoption finalization. The agency has provided information and training on this assistance to international adoption agencies. Families who are adopting 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 adoption related publications related to adoption issues, and by providing a “buddy family” 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 website. Regional Resource Advisors are also available throughout the state to assist adoptive families by providing advice, support, and training. Families adopting from other countries can also access the Crisis

Intervention Team, which provides services to adoptive families in need of professional help to improve overall family functioning, preserve the family unit, and provide links to community resources. The team assists adoptive families of special needs children who have been placed into adoptive homes.

Georgia will continue to provide the services mentioned above related to referral and support to families adopting from other countries. Currently, Georgia is working on revamping the array of services through the post-adoption program. This will also lead to the potential for more services available to families adopting from other countries in the next five years.

P. Monthly Caseworker Visit Data

The report on monthly caseworker visits will be submitted as required by December 16, 2019.

CFSP/APSR State Contact

Kym Crooms

kym.crooms@dhs.ga.gov 404-657-0010

2 Peachtree Street, Suite 8-210

Atlanta, Georgia 30303

2020 APSR will be posted by November 1, 2019 for public view at dfcs.georgia.gov/federal-reviews-and-plans