

Georgia Division of Family and Children Services

FY 2024 Annual Progress and Services Report

Submitted: June 2023

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Georgia's 2020-2024 CFSP and most recent APSR documents can be viewed on the DFCS Federal Plans website: <https://dfcs.georgia.gov/data/federal-reviews-and-plans>.

The Georgia DFCS Organizational Chart can be found on the last page of this report.

Section A: Introduction

Introduction

The APSR provides an annual update on the progress made toward accomplishing the goals and objectives in the Child and Family Services Plan ([section 432\(a\)\(2\)\(C\)\(i\) of the Act](#)). Completion of the APSR satisfies the federal regulations at 45 CFR 1357.16 by providing updates on a state's annual progress since the submission of the CFSP and planned activities for the upcoming fiscal year. Georgia's 2023 APSR has been developed as a vehicle to convene, update, and collaborate with partners, promote program planning and improvement efforts, and determine the services and supports that will further the state's vision and lead to improvements in the outcomes of safety, permanency, and well-being. Within the past year, while continuing to work through the challenges brought on by the COVID-19 pandemic, Georgia has accomplished meaningful efforts toward improving child welfare services for children and families, and promoting safety, permanency, and well-being. These agency efforts also promote the national and state priority to transform child welfare into a system that focuses on strengthening families and preventing child abuse and neglect.

The Georgia Division of Family and Children Services (DFCS) is committed, through its child welfare programs, to ensuring the safety, permanency, and well-being of Georgia's most vulnerable citizens. DFCS has adopted a three-pillar approach to achieve the goals set forth in the strategic plan and to realize its vision and mission. This serves as a framework for the organization's overall approach to child welfare services. The first pillar includes the establishment and adoption of a research-based practice model that will serve as the foundation to keep children safe and strengthen families. The second pillar focuses on developing a robust workforce with expertise and training. The third pillar addresses constituent engagement to build consensus and collaboration among partners, staff, and stakeholders.

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 and Values

1. Commit to the safety of our children in the decisions we make and the actions we take.
2. Empower, strengthen, and support families on their path to independence.
3. Embrace a servant's heart with compassion.
4. Provide caring, responsive, and effective service.
5. Listen and respond to our constituents, communities, and each other.
6. Collaborate with our communities to create systems of support.
7. Develop a professional and efficient workforce that never stops learning and growing.

Organization

As authorized by state law O.C.G.A. §49-2-6, the Georgia Division of Family and Children Services (DFCS) is responsible for the administration of funding through titles IV-B (Subparts 1 and 2) and IV-E programs, the Child Abuse Prevention and Treatment Act (CAPTA) and the Chafee Foster Care Independence Program, and provides child welfare services to children and families through its child welfare programs to prevent and respond to child abuse, and ensure child safety, permanency and well-being. The child welfare programs are:

1. Prevention Services
2. Child Protective Services (Intake, Investigation, Family Support Services, Family Preservation Services)
3. Permanency Services (Foster Care and Adoption)

Georgia's child welfare system is state-supervised and county-administered. Direct services to children and families are provided through fourteen regions, covering 159 county departments, in accordance with state law and policy. The map of DFCS counties and regions can be viewed on the [dfcs.georgia.gov website](https://dfcs.georgia.gov). Regional Directors report to one of three District Directors – North, Metro, and South – who each report to the Deputy Commissioner for Child Welfare. The administration requirements can also be found in the Child Welfare Policy Manual, [Policy 1.0: Administration of Child Welfare Services](#).

The Division seeks to continuously enhance collaborative efforts statewide. Engagement with constituents and stakeholders is critical to the success of the 2020-2024 Child and Family Services Plan (CFSP). The State's CFSP can be found on the dfcs.georgia.gov [Federal Reviews and Plans site](#).

Section B: Collaboration

The Division is committed to supporting substantial, meaningful, and ongoing constituent engagement at all levels, and to ensure that staff and partners continue active listening to children, youth, and families with lived experience in child welfare. During FY23, staff have continued to maintain engagement with the agencies, organizations, and individuals who participated in the CFSP development and coordination process, and those who are integral to the success of Georgia's child welfare system. These collaborative efforts have assisted with the assessment of agency strengths and areas needing improvement, the review and modification of goals, objectives and interventions to the CFSP (as needed), and monitoring of CFSP progress. Additional descriptions of collaborations related to CFSP goals and strategies can be found in [Section D: Update to the Plan to Enact the State's Vision and Progress Made to Improve Outcomes](#).

Community Engagement

Georgia convenes multiple community stakeholder meetings each year. These convenings are opportunities to engage the community of child welfare system partners in assessing the goals and strategies of the Division, identifying strengths and needs of the system, and determining action steps to improve child and family outcomes. Several examples of community stakeholder engagement opportunities are listed below.

The Caregiver Recruitment and Retention Unit (CRRU) in each region partners with the Adoption Unit to convene regular monthly meetings with child placing agencies, foster parent support groups, and service providers. These convenings are useful to share data on child placements and adoption trends, explore recruitment and placement opportunities, talk through observed challenges with difficult-to-place youth, and collaborate on strategies to enhance caregiver recruitment and retention. Meetings also address caregiver challenges, provide resources for caregiver trainings and supports, and ensure ongoing communication between foster parents, placement agencies, and DFCS.

Each regional C3 Coordinator hosts at least one regionwide stakeholder meeting and four quarterly service array-focused meetings per year. Community partners are invited from child caring institutions and child placing agencies, educational wraparound services and early learning providers, law enforcement, mental and behavioral health programs, substance abuse treatment providers and recovery support centers, and other service provider agencies. Discussions center around the regional and state performance on the CFSR QA reviews, identify service gaps, and facilitate ongoing partnerships. Attendees also discuss policy, practices, processes, and other issues/concerns that may impact positive child and family outcomes. Feedback from these meetings demonstrates that these regular opportunities for engagement between the Division and its partners are

helpful for sharing information and strengthening relationships within the child welfare community. Feedback also indicated that the best way to increase partnership and encourage honest and open dialogue would be to increase interagency exposure, community engagement, and professional partnership. The Division continues to explore new opportunities to foster ongoing dialogue with stakeholders to ensure the agencies that serve the child welfare system have regular opportunities to communicate and create solutions. Children and families benefit when the Division and its partners can communicate effectively, and stakeholders report feeling more capable to provide needed services after these “meet and greet” events.

The Division also engages with the state’s CAPTA Citizen Review Panel regularly throughout the year. Georgia’s CAPTA Panel is comprised of three committees, each with a unique focus: Child Protective Services Advisory Committee, Children’s Justice Act Task Force, and Child Fatality Review Panel Maltreatment Committee. The DFCS Federal Plans Unit presented to the CAPTA Panel committees in 2022 on the CFSR process, state performance data, and opportunities for improvement. The CAPTA Panel retreat was held in September 2022, where the Division’s leadership participated in a panel discussion to respond to questions and concerns raised by the members of the citizen review panel. The retreat also provided an opportunity for Panel members to review the most recent CFSR statewide data indicators (SWDI) and contextual data. The CAPTA Panel members were tasked with identifying barriers and developing solutions. Some of the recommendations targeted Georgia’s permanency outcomes and included: improving Georgia’s Department of Behavioral Health and Developmental Disability (DBHDD) [NOW/COMP waiver process](#) for youth and young adults with complex needs; providing more robust transition and post-permanency services for families; and providing additional supports for families to adopt sibling groups. General workforce recommendations from the CAPTA Panel included improving technology for case

REGION 10

County Directors regularly attend Family Connections meetings to share updates regarding DFCS or gather information on resources within their community to share with staff. Staff participate in other county or community led meetings as well. Some outcomes from meetings include:

A new food bank starting in Decatur County

A very active Foster Parent Association in Decatur County

Law Enforcement (LE) Meet & Greet throughout the region prompted conversations around improving communication between LE and DFCS

CRRU participated in a panel discussion at a church in Thomasville hosted by The Forgotten Initiative to help with foster parent recruitment

Meeting with Child Advocacy Centers to help improve collaboration on joint cases and to ensure DFCS is aware of available resources

CASA presented to foster care staff on available resources

Lee county had discussions with LE around youth and mental health/behavioral health services needs in the community

Mitchell County discussed working with DJJ to review CHINS protocol

documentation and utilizing social service technicians to support the case managers with data entry. Division leaders responded to these recommendations by describing current pilot projects to simplify data entry on mobile devices in the field and expand tech positions in counties. The CAPTA Panel will continue to support the Division and its stakeholders to seek improvements to the child welfare system. This work is ongoing.

Division staff participate in convenings hosted by other stakeholder groups, to provide information and resources. The [Adoption and Foster Parent Association of Georgia \(AFPAG\)](#) hosted their 50th annual conference in February 2023, which was attended by over 500 individuals. The Division facilitated several presentations to the attendees and joined the advisory board meetings. Feedback from the annual AFPAG conference is used to improve foster parent recruitment and retention programs. There were 192 respondents at the 2023 AFPAG conference. The CRRU staff are incorporating the feedback from the AFPAG survey to discuss in monthly caregiver meetings and to improve overall recruitment and retention efforts.

1. 71% believe DFCS and other providers are “Good” or “Excellent” at responding to specific racial and cultural needs (10% did not answer the question)
2. 57% believe DFCS and other providers are “Good” or “Excellent” at making sure that requested services and supports are received (1% did not answer the question)
3. 73% are “Satisfied” or “Very Satisfied” with the services and supports offered by DFCS (2% did not answer the question)
4. 58% were “Always” or “Most of the Time” able to communicate with the staff and providers who worked on their case as often as desired (4% did not answer the question)
5. 70% were “Always” or “Most of the Time” treated fairly, with courtesy and respect during court hearings, panel reviews, family team meetings, and/or transitional meetings (11% did not answer the question)

In preparation for the CFSR Round 4, the Division also engaged with staff and community partners in every region throughout the state, providing an overview of the CFSR process, analysis of the statewide data indicators, and discussion of observed challenges and possible solutions. Convenings were held with staff at all levels, including case managers, supervisors, administrators, and county and regional directors, as well as foster parent/caregiver support groups, placement providers, treatment providers, parents and youth with lived experience, legal/judicial partners, and many others. Feedback on assessed strengths and areas needing improvement will be included in the CFSR statewide self-assessment. To continue this work, the Division is exploring the development of a CFSR Advisory Committee in FY2024 to inform the CFSR and subsequent PIP development/monitoring. The purpose of this collaborative advisory

committee will be to serve as a vehicle for cross-system collaboration to promote the achievement of better outcomes for children, youth, and families.

Continuous Quality Improvement (CQI)

The Division has engaged staff and external stakeholders in reviewing data and developing plans for improvement. The principles of CQI are addressed with stakeholders so that they are invested in the problem-solving activities and ongoing use of evidence to analyze root causes of observed performance. CFSR and CFSP performance data are shared with stakeholder groups at their respective leadership meetings, and DFCS staff facilitate discussions that ask the questions: how are we doing; can we do it better; can we be more effective. In FY23, the Division facilitated these CQI discussions with the Supreme Court of Georgia Committee on Justice for Children, the CASA Leadership Summit, the CAPTA Panel, and judicial stakeholder teams in several regions. This work is ongoing.

Primary Prevention

The Division continues to utilize the Promoting Reasonable Efforts (PRE) Team process which convenes staff, courts, and stakeholders to prevent the unnecessary dependency of children by ensuring that DFCS has conducted thorough reasonable efforts prior to removal. PRE Team staffings provide opportunities to identify available community support services that could benefit the family, help the investigator evaluate the family as a whole and if DFCS intervention is necessary, and prevent entry (or re-entry) to foster care. In this effort, the agency staff and stakeholders on the call propose specific prevention supports and services that can be provided to the family to prevent an out-of-home placement and assist the family in maintaining self-sufficiency. The PRE Team process also serves as an additional opportunity to address case plan development and address the use of Family Team Meetings (FTM) to do so. When a county is seeking removal to bring a child into care, the PRE Team process identifies if an FTM has been held with the family to address the case plan and determine if there are any reasonable efforts that would prevent removal. In addition, during a PRE Team meeting, the discussion often leads to the development of ideas for case planning with the family. The Division also invites staff from the Office of Family Independence and medical experts from the Children's Healthcare of Atlanta (CHOA) to case staffings to ensure dependencies are warranted. Data collection tools to track and monitor PRE Team calls are being explored. Data reporting will be available in a future APSR submission.

The lead agency for CBCAP in Georgia is the Department of Human Services, Division of Family and Children Services (DHS-DFCS). Within the Division, the [Prevention and Community Support Section](#) takes the lead role for CBCAP. PCS has been the overseeing body for the CBCAP grant since 2014. The office is known for its capacity to

partner with state and local agencies and providers to fund sustainable, evidence-based, best practice programs and services that have lasting impact on children and families in communities throughout Georgia. PCS works in partnership with community-based public and nonprofit organizations committed to improving child and family wellbeing by supporting primary and secondary prevention programs, services, and systems through funding or staff leadership. Most of the grant-funded programs are in three-year cohort cycles allowing time for awardees to develop a sustainability plan. PCS issues annual contract awards, researches and tracks current trends in child abuse and neglect prevention and family support and strengthening, raises awareness for children's issues, and enlists expert guidance, feedback, and evaluation to help community programs thrive. PCS's presence on the local, state, and national levels brings much needed attention and resources to communities to improve outcomes for children and their families. The goal of PCS's approach is to engage communities in planning, implementing, and evaluating a continuum of prevention services. By engaging communities in this approach, it is anticipated that they will become self-sufficient once the grant funding is removed. In order to ensure sustainability of programs, we are committed to supporting infrastructure development investments in communities. This investment includes the use of some CBCAP dollars that support training & capacity building efforts for our continuation grantees as well as any new grantees.

To ensure sustainability of programs, the Division is committed to supporting infrastructure development investments in communities. This investment includes the use of some CBCAP and [Promoting Safe and Stable Families \(PSSF\)](#) dollars that support training and capacity building efforts for grantees. The PSSF program provides a multitude of primary prevention services within the community. The Division begins with an annual statewide needs assessment to identify family and community service needs. The needs assessment includes:

1. Consultation with Division leadership, unit, and program managers.
2. An online survey for regional and county directors, administrators, supervisors, and case managers.
3. Input from service providers and community stakeholders representing all PSSF program areas and service models.

The annual Statement of Need (SoN) incorporates feedback from all sources in response to changing family needs, community resources, and state and federal priorities. In FY23, PSSF selected 141 programs for funding support from more than 180 proposals submitted. Nineteen new programs were added to the PSSF Network.

In FY22, the [Georgia Essentials for Childhood](#), a team of injury prevention professionals created by the Centers for Disease Control and Prevention, convened the regional [Child Abuse and Neglect Prevention Plan \(CANPP\) Communities of Practice](#). Communities of

Practice allow participants across Georgia to talk about implementation resources (such as technical assistance needs), successes, barriers, and lessons learned as they work to advance their local and regional work around these statewide priorities:

1. Increase access to evidence-based or research-informed programs for parenting skills and support that help parents/caregivers understand all stages of child development.
2. Increase life-skills training for school-aged children and youth (e.g., financial literacy as a core competency).
3. Promote trauma-informed training for all school personnel (e.g., trauma-informed care, addressing implicit bias, empathy, prejudices, attribution).
4. Expand efforts to develop safe and decent affordable housing for families.
5. Increase community knowledge and awareness of the incidence and long-term impact of childhood abuse and neglect, as well as how to accurately recognize and report suspected cases.
6. Expand trauma-informed practices and resources across the state as well as increase understanding about the prevalence and impact of adverse childhood experiences (ACEs) and adverse community environments (jointly referred to as the Pair of ACEs).

In 2022, PCS worked with partners in Georgia Department of Public Health (DPH), Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD), Voices for Georgia's Children, Prevent Child Abuse Georgia and Banyan Communications to develop and promote a "Be Real" video campaign addressing and normalizing youth mental health help-seeking behavior. As a response to the needs identified by youth, specifically Black male youth, the campaign encouraged youth to reach out to a friend, mentor, or family member to share when they are feeling unwell emotionally and to "be real". This campaign did not specifically target LGBTQIA+ youth, but in the promotion of the video and in the Discussion Guide created for use with the video, messaging was built in to include this vulnerable population. <https://youtu.be/m5W96jZtJ8Y>

Workforce Development

The Division remains committed to engaging the workforce and improving the overall morale and culture of staff through a long-term strategy designed to authentically and creatively articulate the identity of the Division and its diverse partners. The Division is now in the fourth year of a five year 'Workforce Excellence' project in partnership with the National Child Welfare Workforce Institute (NCWWI). The project continues to be led by an 'Implementation Team' with membership comprised of all levels of the Division as well as individuals from three partner Universities. Accomplishments to date include the development and full implementation of a Leadership Academy (with associated coaching component), graduation of the first of three student cohorts provided the opportunity to

earn a Master of Social Work (MSW) degree, and establishment of three Region-based 'Action Teams', all of which are focusing their workforce development strategies around peer-to-peer support which has proven to contribute positively towards worker well-being. Additional information and evaluation findings can be found in [Section D: Update to the Plan for Enacting the State's Vision](#). For the remainder of the project, focus will be on expanding the number of Action Teams as well as implementing strategies to ensure that the gains made from the investment in the project will be maintained and continue to serve and strengthen the Division's workforce.

Café 212 is a bi-monthly Division-wide forum offering a wide variety of practice improvement and self-care topics for staff. The Division continues to promote data knowledge and understanding among staff with the "Friday Morning Charts" presentations on trends in Georgia's child welfare data. These interactive presentations provide data on key focus areas and performance trends statewide, as well as within selected counties and regions. Highlights are often included to showcase positive case work, and to encourage staff to consider opportunities for improvements. "Friday Morning Charts" debuted in 2021 and continues to receive positive feedback from staff, along with requests for specific data for future presentations. In 2022, Café 212 has hosted presentations from program areas including the DFCS Safety Section and the Care Coordination Treatment Unit (CCTU) on placements for youth with complex needs. Staff received updates on the Round 4 CFSR process and discussed the practices that impact the Statewide Data Indicators. Feedback on assessed strengths and areas needing improvement will be included in the CFSR statewide self-assessment. Café 212 also spotlights great work within each region, such as Region 1's initiative on Race, Ethnicity, and Cultural Health (R.E.A.C.H) which also encouraged staff to be 'quick to listen and slow to speak' when engaging with people from different backgrounds within the community. These are monthly opportunities for frontline staff, supervisors, and county leadership to share their good work and positive outcomes to a statewide audience. The Café 212 workforce development forum is promoted by the Division as a venue to recognize the strengths of the workforce, which supports overall performance improvement and workforce retention. This effort is ongoing.

Regional Support Networks (RSN) schedule and host cadence calls, Summits, and Lunch-and-Learns monthly to support ongoing development of case managers and supervisors. Agendas are created based on recent feedback and trends noted from case reviews or other areas that present a challenge to staff. Regions routinely conduct exit interviews for staff leaving the agency, but in FY23, several regions began conducting stay interviews to help gauge workload or other areas that may contribute to staff turnover.

Program areas within the Division also encourage staff to seek out additional training opportunities. Staff are encouraged to develop their "professional development plan" to address areas where they would like to improve. Staff are also encouraged to participate

in conferences, workshops, trainings, and other professional development opportunities available to them and appropriate to their program. Staff members who are licensed social workers are offered opportunities to meet CEU requirements and attend trainings to remain licensed. In order to reduce staff turnover, the section managers actively pursue opportunities to reduce stress, ensure a good work/life balance through limiting workload, when possible, and host monthly “respite” meetings for catching up, debriefing frustrations, and other team building activities. To support staff retention, the management teams create environments that make staff feel appreciated and valued and allows staff the time off to rest and rejuvenate themselves. Section leaders and managers will step in to assist the team whenever needed, so as not to burnout any one staff member but ensuring that there is the transfer of knowledge so help is always readily available when needed. Many section leaders maintain an “open door” policy to encourage staff to share issues, concerns, and suggestions. All supervisors also have at least monthly cadence meetings with their direct reports to encourage self-care and ensure employees are supported. The 2022 Comprehensive Organizational Health Assessment (COHA) noted that, on average, staff reported that they “usually” engage in self-care activities, making this a “strength” for DFCS (mean score of 3.9 on a 5-point scale). Active self-care strategies included cultivating professional relationships with their peers (85% of respondents), monitoring their feelings and reactions to clients (91% of respondents), and spending time with family and friends (87% of respondents).

Family Time

The Division encourages staff at all levels to support family time, as prioritized by the Children’s Bureau in ACYF-CB-IM-20-02 as providing children and youth in out-of-home care safe, meaningful and high frequency family time that strengthens the family, expedites reunification and improves parent and child well-being outcomes. One of the agenda items in the MDCANI: Focus on Permanency curriculum also addresses the importance of family time for youth, and that this quality time is a critical component to reunification and timely permanency. Attendees are encouraged by the facilitator, a noted child psychologist, to identify every opportunity for scheduling family time for youth in care. All DFCS regions have access to the Family Time Visitation Guide and utilize visitation centers to support family time. These visitation centers are family-oriented and provide home-like settings where families can gather for a meal, read books, play games, and bond with each other under the supervision of an outside provider. When siblings are separated, visits are organized to facilitate family interactions and bonding. All efforts are made to schedule visits between parents and infants weekly. DFCS encourages family time and bonding through virtual platforms and phone calls. In the counties with an active CASA presence, they are a valuable resource in helping to maintain and accommodate family time and visitation.

When a parent is incarcerated, staff work with the facility to determine guidelines for contacts/visitations with children. Visitation with incarcerated parents is challenging due to the visitation policy of some jails and detention centers. Jail visits are often handled on a case-by-case basis. In most instances, case managers and supervisors have requested parents to write letters to their children. The case manager and/or supervisor will review the letter for appropriateness and then give those letters to the children to promote ongoing communication between the parent and child. Several regions have reported an increasing interest in creating family visitation centers at the county jails. These spaces are designed to improve the quality of family time for incarcerated parents while minimizing trauma for children. These family visitation centers provide comfortable furniture, youth-focused toys and family activities (often received through donations) and are colorfully decorated. The Division is partnering with Georgia's Court Improvement Program (CIP) to encourage judicial partners in advocating for these visitation spaces, which can be helpful in maintaining family connections and improving permanency outcomes for youth in care. One model that is often cited is located in Troup County (Region 4). This work is ongoing.

When appropriate, foster parents are involved in communications and visitations with the children and parent(s) to support involvement of parents, strengthening of bonds, and family time. Foster parents are asked to invite the child's parent(s) to extracurricular activities. In some cases, the foster parent transports the child/ren to the visitation to ensure they see the parents. Case managers will ask the children – if age and developmentally appropriate – for visitation ideas and activities that can be arranged in the community. Staff have reported instances of foster parents inviting the parents to attend church with the children or to help with parenting the children in the foster home when behavioral issues arise. Staff regularly remind foster parents that the birth parents have the right to visit with their children, and everything must be done to facilitate the connections and visits with the parents. Staff encourage the foster parent and biological parent to have discussions and support a healthy Partnership Parenting process. This is also a component of the regular foster parent association meetings. This work is ongoing.

Collaboration with Youth

The Youth Advisory Board continues to be engaged in Division planning and policy development. Young leaders are invited to provide their input in a variety of forums. Examples of this engagement can be found throughout the APSR report. In 2022, over 100 youth with lived experience attended the "Teens R 4 Me" annual meeting and were invited to assess strengths and areas needing improvement on CFSR outcomes and provide suggestions for improvements. In June 2023, 55 youth attending the "Celebration of Excellence" graduation ceremony provided assessments on CFSR outcomes and shared feedback on their lived experiences while in foster care. Additional venues and discussion opportunities are facilitated regularly by MAAC and EmpowerMENT; youth with

lived experience are invited to share feedback and ideas on the state child welfare system. Suggested strategies are shared with leadership, staff, and stakeholders to improve the state's performance on CFSR measures related to safety, permanency, and well-being. The comments received in FY23 were not used to modify the current goals or objectives of the state's 2020-2024 CFSP, but they will be considered for the 2025-2029 CFSP development. The state is leveraging these conversations to help develop priorities for the agency and stakeholders, and the goals and objectives of the next CFSP.

The Division is intentional in the approach of "youth led, adult supported", by creating space for young leaders to determine how they want to engage, and what they choose to share. The Division also strives to provide fair compensation to youth who participate in Division planning efforts, as they are sharing their unique expertise and should be compensated for doing so, similar to paid staff.

In July 2022, the Youth Advisory Board held its first retreat. The board members were directly involved in the planning and coordination of the event and were divided into work groups to create the agenda and select team building activities. The board president drafted a code of conduct for the board members. The board's selected areas of focus for the retreat: Equity on Foster Care Placement for youth with Intersecting Identities, and Supportive and Engaging Case Plan Development for Youth. The young leaders were provided monetary stipends to support their travel to and from the event. Adult supporters were identified to also participate in the retreat; adults were paired with young leaders to facilitate discussions on their assigned area of focus. The board used the content derived from the retreat sessions to support the development of their 2022-2023 strategic plan.

The Division initiated a collaborative effort with the Youth Advisory Board, and the youth boards of MAAC and Amerigroup, to streamline coordination and leverage youth engagement opportunities. The collaborative meets monthly to provide input on youth-related events, share

REGION 1

Four young adults with lived experience were selected to be Hilton CARES (Creating Actionable Real Solutions) Ambassadors representing the state of Georgia. Hilton CARES is a three-year project funded by the Conrad Hilton Foundation. In their participation, the young adults will meet as a collective with peers from California and New York, which are the other partnering states, to address systemic and structural inequities for youth of color with the child welfare system.

opportunities for youth engagement and feedback, and coordinate youth participation in events.

The first initiative of the youth collaborative was to present at the APSR joint planning meeting held in June 2022. The group solicited volunteers from each of their young leader boards to participate in the session as well as be a part of the planning team. The participants included representatives from the Georgia Peers advocating for change (GPAC), GA Empowerment, and the Amerigroup 360° Youth Advisory Council. Several of the young adult panel participants participate in more than one of the youth leadership groups. Two of the panelists were not affiliated with either group but had lived foster care experiences, and one was currently in care. One of the panelists was currently in extended foster care and was sensory impaired, so an interpreter was provided for her.

The youth panelists were provided several preparatory meetings prior to the live event and helped draft the questions for the panel discussion. The panel was moderated by the GPAC board president. The panelists were compensated for their participation in the prep sessions as well as the day of the event. The panelists were provided \$25 for each of the three prep sessions and \$150 for the day of the event. The maximum amount a panelist could receive was \$225.

In July 2022, the GARYSE Chafee Program began planning meetings for the Division's Annual Teens R 4 Me Youth and Adult Conference. Four members of the Youth Engagement Collaborative were included in the planning team and served as paid staff at the event. Agencies within the youth collaborative solicited youth to volunteer at the event. Members of the youth engagement collaborative were engaged to support the young leaders in their roles for the event, including serving as panelists during the adult sessions. Teens R 4 Me is an initiative offered by the Division to strengthen engagement and support to youth in foster care ages 14-17, assuring their successful transition into young adulthood. This annual conference was postponed for two years due to the Covid pandemic but returned in December 2022 with over 160 teens participating. The conference also offered a two-day training opportunity for child welfare staff, placement providers, caregivers, and other partners who serve teens in foster care. There were approximately 115 attendees during the adult sessions.

The TR4Me conference coordinated a Reality Fair for the youth that provided an interactive experience designed to expose youth to making certain life choices. The Reality Fair booths were staffed by volunteers from public and private agency partners whose roles do not include opportunities for interacting with youth. Post-event surveys were requested, although equipment and technology issues prevented many youth from participating. Based on the 48 responses recorded, feedback showed 84% of respondents would encourage their peer to complete the reality fair, 68% indicated that it was "extremely important" to save money on a regular basis, and 91% said the reality fair changed the way they would save and spend money.

In September 2022, members of the collaborative, the GARYSE Chafee Program Director and the MAAC Youth Engagement Lead along with representatives from the GPAC board and The Metamorphosis Initiative (TMI), served as panelists on a virtual event with KidsAlive International, a program in Europe (UK) during their Safeguarding Global Summit. The panelists shared how the relationship between the Division and TMI, GPAC was cultivated in order to create the culture and supports to authentically engage young people with lived experience in foster care in policy and practice change efforts.

The Ubuntu Youth Engagement Collaborative Team, made up of state's three youth advisory councils (GPAC, GA EmpowerMENT, and Amerigroup) has identified key areas from the NYTD survey and the Celebration of Excellence (COE) survey that demonstrate where young people are seeking more support, such as education, life skills training, and financial literacy. These data have illuminated the path for the Youth Engagement Collaborative (YEC) endeavors, and the young leaders are excited about the positive changes that they can bring about together. Based on the data, the YEC has decided to create a youth-led survey, to be crafted by the youth members of the Collaborative. The survey will assess the adequacy and appropriateness of services provided to young individuals in their respective placements as they prepare to age out of care. They will utilize a quarterly rotation of survey topics, starting with Education in Q4 of 2023, to address a variety of crucial areas. Findings from this and other youth-led initiatives will be reported in future APSRs and used to develop goals and strategies for the 2025-2029 CFSP.

The youth collaborative has other projects in planning or development for 2023, including an "exit survey" to capture youth feedback on their experiences while in placement. This effort is intended to inform stakeholders within the child welfare system and provide critical information that can be used to improve the placement process for youth. The Chafee program was allocated \$10,000 in additional state funding for the FFY23 fiscal year to compensate young leaders ages 23 and older who participate in activities. In November 2022, members of the collaborative collectively presented to the Casey Family Programs the entrenched partnership that has been created to support and uplift youth voice through the spirit of Ubuntu. In March of 2023, the group will begin identifying its goals and purpose and how it will be communicated, the development of ongoing feedback loops, and the potential development of a young leader collaborative.

The Division maintains a contractual agreement with Carrie Steele Pitts Home, which also serves as a congregate care placement provider, to offer "life skills training" sessions to youth in care ages 14-21. Sessions are offered monthly, and the provider uses young adults with lived experience to facilitate some of the sessions, as well as guests from other community organizations. In 2022, the trainings were all held virtually due to continued COVID precautions. However, in 2023, the provider will begin to travel to

congregate care placements to host the trainings in person with youth while simultaneously allowing other youth to participate virtually. This work is ongoing.

In November 2021, the [Hilton Foundation](#) selected the metro Atlanta area to expand their foster care initiative for transition-age youth. The Foundation is investing over five years in organizations that support this youth and young adult population. DHS/DFCS is partnering with United Way on a grant proposal to the Hilton Foundation to conduct asset mapping for the current resources and gaps in the continuum of education support and career development. Additionally, the [United Way of Greater Atlanta](#) is leading the [CareerReady ATL](#) effort which will scale and sustain youth apprenticeship opportunities in the Greater Atlanta region as a model for Georgia. The vision is to develop a youth apprenticeship system focused on Black, Hispanic, and other youth of color furthest from opportunity that ensures they have multiple pathways to economic well-being and self-sufficiency and develops the regional talent pipeline to meet the needs of industry. One key component of the initiative is to engage former foster youth on an ongoing basis to advise the project and ensure career pathways are tailored to the specific needs of youth in Georgia. In 2022, the Division participated in four listening sessions with youth currently and formerly in care to get input on the CareerReady ATL apprenticeship model. Youth led and facilitated the meetings with guidance from the Multi Agency Alliance for Children (MAAC) and the [UGA Fanning Institute](#). Specific feedback from the youth will be used to design the CareerReady ATL program, which will create a pipeline for youth to explore and gain experience with various high-demand careers. The Division's Cultivating the Rising Experienced Worker (CREW) team will work to create placements for summer paid work with some of the partners.

[Parent Engagement](#)

Georgia's fall 2022 Joint Planning meeting focused on "Improving Practice and Support in Child Welfare: Placement and Family Engagement". This convening of community stakeholders provided panel discussions and strategy development to improve family engagement, including engagement with fathers. CFSR outcome data on safety, permanency, and well-being were provided to the attendees. Data highlighted strengths and areas needing improvement within each of the districts. Parents, staff, and stakeholders in attendance were invited to share feedback and strategies to improve outcomes. Suggestions for improvement from the Joint Planning meeting included partnering peer recovery mentors with case managers on home visits to families with substance abuse history, and encouraging foster caregivers to contact birth parents early and often. These and other ideas for parent engagement will be considered for ongoing program and practice improvements, as well as inclusion to the 2025-2029 CFSP. The Division is working collaboratively with its partners to ensure this messaging is consistent and statewide.

The 2022 Court Improvement Program (CIP) Strategic Plan includes “engagement with fathers” as a priority area. CIP intends to increase agency and court engagement by 50% over the period covered by the plan (October 2021 – September 2026). The baseline measure for this item will be developed from Child Welfare Quality Assurance (CWQA) case review findings on items 11, 12B, and 13, CIP court observations, court file reviews, and interviews with judicial stakeholders. CIP will provide trainings for judges, attorneys, Court Appointed Special Advocates (CASA), and DFCS staff. Trainings will be tailored specifically to the needs of those jurisdictions with lower rates of paternal engagement. CIP will also deliver in-person “Partnering with Dads” workshops. Pre- and post-training evaluations will be administered to assess knowledge gains and attitude changes. The Division is partnering with CIP on this effort to improve fatherhood engagement by providing QA review and interview data, as well as feedback from the DFCS regions. This work is ongoing.

Many of the regional CQI teams are focused on parental engagement, and CQI strategies emphasize training and supports to staff to improve performance. Child Welfare Quality Assurance (CWQA) case reviews provide breakdowns of “parental engagement” to describe the outcomes for “mothers” and “fathers” on CFSR items 8, 11, 12B, 13, and 15; this information is shared with staff after every case review period to demonstrate performance and identify opportunities for improvement. Staff are provided ample opportunity to review current practice and consider new approaches to improve parent engagement. QA review data sometimes show that out-of-home parents are less engaged compared to in-home parents, oftentimes due to minimal information on the out-of-home parent being provided to the DFCS case manager. Staff may also struggle to engage parents who were not a part of the child’s life prior to DFCS involvement. To address these observations, several regions have developed specific trainings and parent engagement guides to support frontline case managers in having focused discussions with parents, and to support supervisors in staffing those cases to ensure connections are being made. These supportive tools are freely shared between regional CQI teams to help improve practice and performance. The Division is also working with CIP to educate courts that do not push for parental involvement even if the parent has not had an active role in the child’s life, or if the parent is currently incarcerated. This work is ongoing.

Diligent efforts to locate and engage fathers begins in the Child Protective Services (CPS) stage and continues through the life of the case. All available search methods are utilized to locate fathers and paternal relatives. Promoting Reasonable Efforts (PRE) team staffings involve a collaborative discussion of fathers and paternal relatives, as well as maternal relatives, to ensure all parties are included and considered before a child enters foster care. Paternal relatives are explored for possible placement resources during removal staffings. Fathers are engaged during Family Team meetings and are included in all aspects of case planning and visitation. The Educational Programming, Assessment, and Consultation (EPAC) team provides educational support services to youth in care, and regularly include fathers – as well as putative fathers – in education meetings. Regular father-child visits are facilitated in a face-to-face setting, with virtual visits being provided for fathers who reside out of state. Monthly quality contacts are made with fathers, and contact standards are evaluated by county leadership to ensure that they are appropriate. Fathers are engaged around achieving permanency through reunification with their children and receive reunification services to support this goal. Fathers are invited to participate in the same partnership parenting activities offered to mothers and encouraged to participate in the [Fatherhood Program](#) through the Division of Child Support Services (DCSS). DCSS schedules monthly “Fatherhood Conversations” in regions throughout the state to discuss child support services and how they can help fathers play a greater role in their children’s lives. DCSS also provides several fatherhood collaborative partnerships:

1. Parental Access, Visitation, and Education (P.A.V.E.) Program exists in all thirteen Transitional Centers (TC) statewide for residents with an active child support case. The PAVE program focuses on the importance of choices, education, and skills to cope with life post-incarceration. Efforts

REGION 13

Cobb and Douglas Public Health (CDPH) has been awarded up to \$5.5 million over the next five years through a Healthy Start grant from the Health Resources and Services Administration (HRSA). The purpose of the grant is to improve health outcomes before, during, and after pregnancy for at-risk populations, and to reduce racial and ethnic infant death disparities and negative health outcomes in the first 18 months of life. CDPH’s “Healthier Generations” program is designed for dads and expecting fathers who wish to learn more about responsible fatherhood skills, traits, and practices over a three-month program cycle. This free program focuses on family resiliency, fatherhood involvement, and knowledge about parenting skills. CDPH provides hot meals and gift cards for participants, and fatherhood resources, services, and educational assistance through their collaborative partners.

are made to connect/reconnect residents with their children through visitation days with their families.

2. A Metro-Atlanta Partnership where Fatherhood services are provided and coordinated with Legal Aid and Veterans Affairs to address the needs of veteran participants.
3. Through a DCSS partnership with Goodwill Industries and the US Department of Labor, Goodwill provides subsidized employment to noncustodial parents with a child support case. Areas served are Clayton, Cobb, DeKalb, Fulton, Gwinnett, and Henry counties.

For youth in care that are parenting, the Metro District has partnered with young people to establish a pilot program to identify all supports that a young parent may need. The region works with a provider that has teen parent life coaches who work with youth on parenting skills, help youth with applying for childcare, food assistance, and other needs to care for their child. Program staff meet with the young parent every six months to address goals that they are working on for themselves and their children. Program staff refer young fathers to the Fatherhood program through the DeKalb Access and Resource Center (ARC), where they are assigned someone to work with them on fathering, and their rights as the child's father. ARC provides fathers with resources and supports to obtain employment and remain actively involved in the case planning process. ARC has extended its hours to include Saturday visits between children and their parents and to offer more opportunities for family engagement. The ARC also works with the youth to make sure he is legitimated as the father of his child.

Collaboration with these and other stakeholders including the Department of Labor, Department of Community Supervision, courts, Department of Juvenile Justice, Family Connections, and CASA help the state to bolster father engagement efforts.

[Collaboration to Develop Child Welfare Policy and Practice](#)

In 2022, the Policy and Regulations Unit (PRU) received nine policy development requests. Seven requests were submitted by DFCS Leadership, one request from the Caregiver Recruitment and Retention Unit, and one request from an external stakeholder, Children's Hospital in Augusta, regarding the Division's intake protocol. All policy requests were reviewed timely by the PRU Director and Subject Matter Experts (SMEs).

There are several opportunities for internal and external stakeholders to provide feedback on newly developed or updated child welfare policy, including but not limited to policy workgroups, subject matter expert engagement, and policy surveys. In 2022, one policy survey was released, requesting feedback from internal and external stakeholders,

including placement resources, Parent Advisory Committee, CAPTA panel members, EmpowerMENT youth policy advisory group, various levels of DFCS staff, court partners, and the Georgia tribes. The survey received 39 responses. Over 90% of respondents indicated positive approval of the policy language, and some respondents also provided comments. The PRU worked with the SME to resolve any noted concerns to the policy.

In addition to the survey, the PRU supported internal and external workgroups and other forums to provide opportunities for feedback from representatives of the Training and Professional Development Unit, the [Family First implementation team](#), DFCS field staff, Georgia SHINES, DHS Office of General Counsel, the Americans with Disabilities Act (ADA) Coordinator, DFCS leadership, the [Georgia Commission on Family Violence](#), the [Georgia Coalition Against Domestic Violence](#), and the [Refuge Sexual Assault Center](#).

The PRU routinely partners with stakeholders to develop and improve child welfare policy. In 2022, PRU collaborated with DFCS Leadership, DHS Office of General Counsel and others to develop a new policy on End-of-Life decisions for children in foster care; with DFCS leadership, the Georgia SHINES team, RevMax, Permanency staff, and other program leaders to revise the child support policy to incorporate recommendations from federal partners; with the Family First team and other DFCS staff in finalizing the FFPSA policies for federal approval as part of the title IV-E State Plan; with the Department of Community Supervision (DCS) and the Georgia SHINES team in developing a “Coordination with DCS” policy to provide guidance on supporting youth, parents, and caregivers who are jointly served by DFCS and DCS; with the DFCS Caregiver Recruitment and Retention Unit to explore new policy about a new category of respite caregivers; and with the DFCS Early Childhood Collaboration Unit to discuss applicable updates to Babies Can't Wait, Childcare and Early Childhood Education policies. PRU partnered with the DHS ADA Coordinator and LEP/SI (Limited English Proficiency/Sensory Impaired) Coordinator to update policy 1.5 Americans with Disabilities Act- Section 504 and Reasonable Modifications.

The PRU provides training and technical assistance to staff and stakeholders to ensure that child welfare policy is fully understood and implemented consistently. Several 2022 training and technical assistance convenings are listed below:

1. Provided policy consultations to field staff for Promoting Reasonable Efforts (PRE) and Placement Assistance Utilizing Stability Exploration (PAUSE) calls
2. Provided technical assistance to DFCS staff on cases pertaining to ICWA compliance, kinship placement and subsidies, and ICPC.
3. Completed the GA Kinship Policy survey online in collaboration with the Kinship unit.

4. Consulted with the Safety section regarding plans of safe care, pre-natal exposure, and pre-natal abuse substantiations.
5. Collaborated with the Family First team and Training and Professional Development to develop training curriculum for FFPSA prevention services. The feedback from this effort indicated that PRU provided valuable support for policy clarifications and interpretations when developing the curriculum.
6. Assisted members of the Opioid Treatment Providers of Georgia to staff cases or resolve concerns regarding medication assisted treatment programs.
7. Participated as the DFCS representative at the monthly Georgia School of Addiction Studies board meetings.
8. Participated in the monthly scholarship committee meetings to encourage eligible individuals (including DFCS staff) to apply for the Gloria Jones Professional Development Scholarship to attend the annual conference to address prevention, treatment, and recovery of substance use disorders. Helped review the applications and select the scholarship recipients.
9. Provided policy guidance and clarification to the Training and Professional Development staff on how to assess Domestic Violence/Intimate Partner Violence
10. Participated on the CAPTA Panel subcommittee for mandated reporting to identify gaps and make recommendations for system improvement.

PRU also provided on-demand technical assistance and consultation to the field by responding to 51 policy-related questions received via PRU's dedicated mailbox. Feedback from the field regarding these consultations was positive. Each policy clarification email includes a request for the recipient to complete a short survey rating their experience and the usefulness of the response. Of the 51 policy clarifications provided, PRU received 16 responses (31%). All (100%) of the responses indicated that the PRU policy guidance provided was clear, concise, timely, and responsive to the question asked. Several comments indicated that the recipient was pleased to get the support, guidance and collaboration of the policy team, and that the team was helpful, professional and knowledgeable.

PRU is currently developing the use of whiteboards and short videos regarding each policy release to increase policy engagement and support multiple learning styles among staff. This work is ongoing with the Training and Professional Development team and Office of Information Technology (OIT).

Collaboration to Enhance the System of Care

[Georgia's Interagency Directors Team \(IDT\)](#) is an on-going collaboration which began in 2011 and continues to hold monthly meetings. 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. IDT includes 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.

This multiagency workgroup has developed and continues to improve Georgia's System of Care (SOC) State Plan which, in part, outlines strategies to increase access to community-based services. The [Center of Excellence for Children's Behavioral Health at the Georgia Health Policy Center](#) provides backbone and organizational support services to IDT. The Center of Excellence supports IDT by guiding vision and strategy, supporting aligned activities, and through research and evaluation. Specifically, these services include:

1. Comprehensive strategic research to inform strategic goals, operations, and best practices.
2. Facilitation of an interagency framework with memorandum of understanding and development of operating guidelines for collaborative development and sustainability.
3. Promotion of and support for interagency data sharing.
4. Facilitation of strategic planning and monthly meetings to progress SOC goals.
5. Qualitative and quantitative data compilation and policy analysis relevant to yearly strategic SOC goals.
6. Preparation and dissemination of annual reports and informational materials related to strategic Georgia SOC topics and collaborative work, as well as presentation of IDT accomplishments at professional conferences.
7. Evaluation of the IDT's efforts and progress toward their strategic goals.

In 2022, the [System of Care](#) website officially launched. The website is designed for youth, families, and caregivers who have limited to no knowledge of Georgia's System of Care, with the intention of linking users to community services. Resources for parents

and youth are available for download, to provide clear guidance on how to get behavioral health help and provide contact information. The site includes a Training & Workforce Development Calendar as well as recorded and archived trainings. Additional content will be added as needed.

In 2023, the IDT prepared to implement the state's Infant-Toddler Court Program (ITCP), funded by the Health Resources and Services Administration (HRSA). The ITCP aims to improve the health, safety, well-being and development of infants, toddlers, and families in the child welfare system, including those who have experienced or are at risk for significant maltreatment. The ITCP addresses gaps in evidence-based practice and systems coordination toward: 1) improving the response to very young children and families involved in, or at risk for involvement in, the child welfare system, and 2) promoting a community-driven, preventative approach to strengthening families, preventing child maltreatment, and advancing long-term health and development. The program uses two-generation, trauma-informed interventions that concurrently address the needs of parents and children and mitigate the multi-generational transmission of trauma. This work is ongoing.

Georgia also offers the [Apex program](#), which is provided by DBHDD. Apex strives to build capacity and increase access to mental health services for school-aged youth, Pre-Kindergarten to 12th grade, throughout the state. Apex recognizes schools as a natural environment for identification and intervention, and aims to reduce the number of youth with unmet mental health needs. The program promotes collaboration between community mental health providers and schools to provide school-based services and supports, including training for school staff, in hopes of facilitating the right care at the right time for children, young adults, and families.

[Court Improvement Program](#)

The 2022 Court Improvement Program (CIP) Strategic Plan includes several priority areas identified through the state's Round 3 CFSR PIP. Ongoing data exploration is reviewed using the [Fostering Court Improvement](#) data tool, a collaborative effort to use agency and court data systems to improve case handling and outcomes through intensive data focused interaction and training for personnel statewide. CIP intends to increase father engagement, provide ICWA compliance training for dependency cases, improve permanency outcomes and compliance with mandatory timelines, and support high quality legal representation over the period covered by the CIP Strategic Plan (October 2021 – September 2026). CIP has also indicated "data" as a priority area, finding that in the absence of a statewide court case information system, stakeholders are left to make policy, practice, training, and funding decisions without reliable data. CIP has identified specific activities and goals to support these priority areas and has developed plans for evaluating the activities to monitor change, including upgrading the state's Court Process

Reporting System (CPRS) to include an adoption portal, dependency timeline tracking, and automated notice to caregivers. CIP served as a pilot site for the [Judicial, Court, and Attorney Measures of Performance \(JCAMP\)](#) project to collect and analyze court performance data. CIP has since modified the JCAMP court observation instruments to meet Georgia's specific data collection needs and is beginning observations in several metro Atlanta counties. The Division is providing data and resources to CIP in support of these priorities, including data from the Child Welfare Quality Assurance (CWQA) case reviews. Additional descriptions of DFCS-CIP collaborative activities to achieve the goals in the CIP Strategic Plan can be found throughout this report. This work is ongoing.

The Division leadership continues to meet monthly with the CIP Director to ensure open communication and discuss ongoing joint projects. These meetings also serve to identify court-related issues in the field as they arise and develop solutions. Topics have included examinations of substantive and process outcomes including due process, equity, reducing maltreatment, reducing unnecessary removals, improving family time/visitation, improving placement stability, education stability, and increasing quality, quantity, or timeliness of reunifications, adoptions or guardianships. Discussions have also led to development of jurisdiction-specific trainings for judges, Special Assistant Attorney General (SAAGs), and other court partners to address identified concerns and improve permanency outcomes.

The Georgia Supreme Court Committee on Justice for Children (J4C) supports and advises the work of the Court Improvement Program and includes several members of the Division, including the Permanency Section Director, the Quality Management Director, and the Federal Plans Director. The purpose of J4C meetings (five meetings annually) is to review and discuss available child welfare data and what those data mean for the collective work of the child welfare system. The J4C meetings are also used as an opportunity to monitor and review goals, identify opportunities for interventions, and develop strategies for CIP involvement in program planning and improvement efforts within the Division. This effort is intended to ensure judges, attorneys, and other court partners are knowledgeable about the Child and Family Services Review (CFSR) and the state's Child and Family Services Plan (CFSP), and how their work impacts the state's performance on safety, permanency, and well-being for children and families. This work is ongoing.

The [Court Improvement Initiative \(CII\)](#) is modeled after the National Council of Juvenile and Family Court Judges' Model Courts Program. Judges from thirty jurisdictions across the state voluntarily joined CII to improve how their courts handle child abuse and neglect cases. The participating CII jurisdictions are mostly located in the North and Metro Districts (Regions 1, 2, 3, 4, 5, 13, and 14); the list is published on the CIP website. CII judges gather twice a year to share practices, attend workshops on emerging best practices, and develop protocols or standards for CII courts to initiate in their jurisdictions.

The semi-annual CII meetings provide a forum for vigorous discussion and shared learning. CII convened in August 2022, with participants from the Division (section leadership, and County/Regional Directors), SAAGs, and juvenile court judges. Discussion included regional processes to support and encourage Family Time, as well as observations of inequity in judicial processes and exploration of solutions to promote equity and inclusion. The CIP Director identifies this as a priority and is committed to present additional discussion opportunities in future convenings. This work is ongoing.

The Multidisciplinary Child Abuse and Neglect Institute (MDCANI) was developed based on the Children's Rights Initiative work focused on best practices and reasonable efforts and is modeled after the Child Abuse and Neglect Institute of the National Council of Juvenile and Family Court Judges. MDCANI is an intensive, two-day training in every aspect of a dependency case, wholly informed by nationally accepted best practices. The agenda for MDCANI: Part 1 covers activities required during the first 75 days of a case, including a history of the federal child welfare laws that inform state policy and practice; key child welfare outcome measures of the region hosting the training; the law and practice of making reasonable efforts and assessing risk and removal; the focus on "conditions for return" to reduce the amount of time a child is in foster care unnecessarily; an overview of the CFSR process and recent QA review findings; the history and legal requirements of ICWA; and an overview of the preliminary protective hearings, adjudication hearings, and disposition hearings. MDCANI: Part 2 addresses the issues which arise from initial review through the final order which closes the case. Additional topics include making the decision to remove a child, reasonable efforts, attachment, family time, case planning, diligent search, ICWA, and ethical challenges faced by GALs and child attorneys. The Georgia Office of the Child Advocate, with the support of DFCS, provided MDCANI training to 602 child welfare professionals from January-December 2022, with four "Part 1" and four "Part 2" courses.

Attendees to MDCANI include DFCS staff, legal and judicial partners, CASA, and attorneys. Throughout the training, participants work collaboratively through scenarios that are designed to enhance their skills in their roles. At the close of each training, participants are asked to identify steps to improve practice in their jurisdictions. The Division developed an assessment tool to measure immediate learning gains and long-term behavior change resulting from participating in the MDCANI training sessions. Learning gains were assessed with a tool that asked the respondent how confident they felt that they could "answer the question fully and completely". Survey data from one training session is provided below.

[Piedmont Circuit, September 2022 – MDCANI: Part 1 \(The First 75 Days\)](#)

Day 1 Questions	Confidence before training (n=35)	Confidence immediately after training (n=16)
I can identify three or more federal laws that impact child welfare policy and practice	46%	63%
I can name two or more measures in the Child and Family Services Review (CFSR)	35%	69%
I can identify specific areas of my work that have a direct impact on the state's CFSR performance	40%	69%
I can define and describe reasonable efforts to prevent removal and reunify families as soon and as safely as possible	60%	88%
I can describe the requirements of a safety plan and how conditions for return should be met	46%	81%
I can describe out of home safety strategies such as voluntary kinship and temporary alternatives to foster care	49%	88%
Day 2 Questions	Confidence before training (n=33)	Confidence immediately after training (n=10)
I can describe the process to determine ICWA eligibility and identify the cases where ICWA applies	61%	80%
I can describe the law and policy that prioritizes relative/kin placements	45%	90%
I can describe the law and policy that requires providing notice and caregiver's right to be heard	48%	90%
I can describe the requirements for effective adjudication and disposition hearings and the timeframes when each hearing must occur	39%	100%
I can describe the requirements of a case plan and which individuals must participate in the case plan development	58%	100%
I can describe the requirements for determining the best interests of a child in a dependency proceeding	52%	100%

Participating jurisdictions are tasked with convening judicial stakeholder meetings after attending a CII meeting or MDCANI training to review compliance with best practices in child welfare cases and continue assessing CFSR performance and outcomes. These stakeholders are engaged in substantial, meaningful, and ongoing consultation and collaboration to improve outcomes. The C3 Coordinators in each region are encouraged to attend these stakeholder meetings to provide guidance and support for interpreting CFSR data and developing strategies for improvement.

The Division is also partnering with CIP and the Capacity Building Center for Courts (CBCC) to explore racial equity in the legal and judicial space. CBCC convened several meetings in 2022 to begin the dialogue and discuss practice and outcomes that disproportionately impact children and families. These discussions also reviewed CFSR measures and data, explored differences in parent representation for families with varying socioeconomic status (SES), and considered opportunities to leverage resources in the state to reduce disparities and improve permanency outcomes for children. This work is ongoing.

Joint Planning Meetings

The Division hosts two statewide joint planning meetings each year. The fall meeting was held in November 2022 in metro Atlanta. Over one hundred staff and stakeholders were in attendance, including representatives from [Prevent Child Abuse GA](#), the [Court Improvement Program](#), [ChildKind](#), the [CAPTA Citizen Review Panel](#), [Georgia CASA](#), and others. The meeting theme of “engagement” was intended to demonstrate the importance of authentic partnership and collaboration within all program areas of the state child welfare system to achieve positive outcomes. The CFSR data were shared with attendees, and highlighted recent gains – particularly for items 12 and 14 – in select regions, which resulted from the CQI process. Findings from recent QA reviews also found that opportunities for improvement still exist for item 12B; assessments for service provision are often more complex because of the multiple needs of the parent(s). The data are trending in a positive direction, and attendees were encouraged to keep improving engagement with children and parents.

The meeting also presented several panelists to describe the engagement work that they do, and how it impacts youth and families. The [Multi-Agency Alliance for Children \(MAAC\)](#) team shared an overview of how their Youth and Family Coordinator staff support youth in danger of disrupting placements, by coordinating with DFCS, schools, therapists, Amerigroup, and others who may support the youth in the community. The team takes a strengths-based approach to highlight the youth’s natural abilities and skills. They ensure the youth are involved in the development of their case plan, and include their cultural needs, their likes and dislikes, and other necessary information. The team shared a story of a young boy in care who had recently found stability with a foster family, and the continuing engagement work that the MAAC team is doing to support the family in their care for this child. The foster parents were also on the panel to describe the assistance they received from different agencies on the support team and how their needs are being met. MAAC leadership announced a partnership with the Casey Youth Opportunity Initiative to examine Georgia’s placement stability data, along with other states in the southeast (Tennessee and Mississippi), and explore ways to positively impact outcomes, particularly for youth of color who are over-represented in the foster care system.

A facilitated panel of parents with lived experience shared personal stories of substance use, having a child removed to foster care, and their recovery journey. The panelists were asked to share their vision for how the child welfare system should engage with parents. Engagement means being patient; listening with an open mind; showing your humanity; offering person-centered behavior change instead of case plan tasks; and recognizing that parents may not know how to parent effectively if there were no positive role models in their own childhoods. When asked to describe what engagement efforts worked well, the parents shared examples of how the CASA helped to serve as a buffer at family team meetings and drove the parent to visits; the knowledge that the child was safe in foster care which allowed the parent to remain in a long term treatment center for recovery; and

the supports that [Recovery Community Organizations \(RCOs\)](#) provide directly to the parent to help them on their journey. These examples of partnerships underscored the strength of engagement when done well, and how coordinated efforts can reduce the need for foster care and improve permanency outcomes for children and youth.

Due to technology and equipment challenges, the link for completing the post-meeting evaluation was not shared with all attendees. Evaluations were completed by 20 attendees. Feedback comments included:

1. 90% reported that the meeting added value to their work
2. "Please hire CARES and CPS mental health to share their lived experience"
3. "Communication is key; the agency needs to ensure they are open to dialogue"
4. "More diversity in the panel with lived experience"
5. "Recommend ongoing support from the community and building connections"

The Division hosted a spring/summer meeting in June 2023, with the theme of leveraging the judicial system to support positive permanency outcomes. The meeting provided historical and current-year permanency data, and a panel discussion facilitated by the DFCS Deputy General Counsel. The panel included a Rockdale County juvenile court judge and Cobb County SAAG who discussed attorney appointments, family treatment courts, substance use as a barrier to permanency, and community resources used by the courts to support families. Noted barriers in courts include an increase in children with severe behavioral/mental health needs and not enough attorneys representing parents. There were 213 attendees, who were able to provide additional questions and feedback to the panel via the Teams chat feature. The meeting closed with a Call to Action, which yielded specific efforts by staff, stakeholders, and providers that will help children and families achieve positive permanency timely.

The Division received 40 evaluation responses within the first week of the meeting. Some recommended action steps included:

- "Courts can assist by ensuring that the parents or caregivers/ families are also receiving adequate services so that when the child has met their goals in the program and ready to return, the parents have also successfully completed the services and/or treatment they need that will assist them in maintaining stability in their homes upon the child being returned."
- "Put in more preventative Services for poor families and children dealing with neglect. Using Kinship resources first and entering foster care should be the absolute last resort"
- "Attract more attorneys to do the work of representing parents and children"

- “Have families receive behavioral and educational training to help gain knowledge to provide positive parenting.”
- “Increase the courts’ capacity to hear cases. Wherever possible add Judicial Citizen Panel Review teams.”

The Division will continue to monitor these outcomes and encourage partnership among child welfare stakeholders to ensure action step implementation and ongoing accountability. Resource guides, including [Find Help Georgia](#) and [Promoting Safe and Stable Families](#), are being shared with courts to assist with identifying services to reunify families and strengthen family stability. Additional tools and community resources will be shared as they are developed or updated.

Training and Technical Assistance

Division staff provided many training and technical assistance (TTA) opportunities throughout FY23 to enhance knowledge and practice among staff and stakeholders.

In preparation for the CFSR Round 4, the Division has provided ongoing training for staff and stakeholders across multiple venues to describe the measures, observed performance trends, and goals. Staff and partners have been engaged in regional leadership meetings, regional stakeholder meetings, judicial stakeholder meetings, the annual CASA leaders meeting, CQI meetings, MDCANI trainings, statewide conferences (e.g., GA Conference on Children and Families) and in the monthly Café 212 staff training call (December 2022). In these convenings, the Division provides training on how the CFSR outcomes are measured, and what case work must be completed in order to achieve a strength rating. Technical assistance is provided on best practices to improve outcomes, such as more details on provider notes, provider/agency collaboration, routine follow-up regarding behavioral changes, timely implementation of assessments and services, and development of relapse prevention plans. Staff and stakeholders are also encouraged to monitor their work so that data can be shared in the CFSR reports. The Division will continue to provide training and technical assistance for staff, providers, court partners, caregivers, youth, people with lived experience, and other stakeholders throughout the CFSR process to ensure that relevant information is shared timely and that stakeholders are engaged in providing input and direction for the state. This work is ongoing.

During FFY2022, the Prevention and Community Support Section (PCS) has funded major training efforts for Staff and Providers through Care Solutions, Strengthening Families Georgia, Prevent Child Abuse Georgia, and the Georgia Center for Child Advocacy. Through Care Solutions, 32 courses, representing 43 hours of training were offered, that include an array of courses applicable to human service professionals, early

care and education professionals, parents, and community volunteers. Examples of offerings include: Mandated Reporting in Georgia, Safe Sleep for Georgia Babies, Health and Safety Orientation Training, Parental Resilience, Brain Development: Amazing Brains, Amazing Babies, Knowledge of Parenting and Child Development, Calming Thoughts: Supporting Children with Anxiety, Trauma and Attachment, and Ethics for Home Visitors. During the reporting period, 123,674 video training sessions were completed. PCS also provided CBCAP funds to support the Darkness to Light Stewards of Children Training to professionals and other stakeholders across the State through a contract with the Georgia Center for Child Advocacy. During this reporting period, 300 people, representing more than 18 youth serving organizations were trained with funding provided by this grant, resulting in 5,346 people across the state trained as Stewards of Children and/or Circles of Safety.

Technology Enhancements

DHS Office of Information Technology (OIT) completed several technology projects in 2022 that provided streamlined service enhancements to staff, stakeholders, and families. To achieve the mission of delivering quality services to children and families, DFCS staff require real-time access to information in the field from Georgia SHINES. The mCase mobility application empowers case managers to capture contact information, case plans, and create safety plans with constituents in the field and not have to return to the office to input the data. To support the mCase Mobility Project, tablets and supporting devices were provided to staff in regions 13, 5, 2, 1, 4, and 7. The device rollouts to the remaining regions will be completed in 2023. The Division continues to offer new user (in-person) and refresher (online) training on the use of mCase.

OIT completed development of the Argo Provider Portal, which supports the modernization initiative to improve interactions between service providers (both delivered and placement) and case managers. In the current world, correspondence and communication between case managers and providers are by phone or email. Any service requests must be performed on a one-at-a-time basis, often requiring multiple calls to either identify a provider who has the capacity to provide a service or to identify a proper placement for a child. This process can result in an extensive amount of time spent on communication and/or less than an ideal fit of service. The Argo project bridges the business process gap using technology initiatives. With Argo, a service authorization can be initiated through the portal instead of sending individual requests to providers. Case managers can also receive attachments from providers directly to their external documentation in Georgia SHINES.

OIT modified the Georgia SHINES application to support the AFCARS 2.1 data collection for reporting period FFY23, by adding 70 fields and data elements, and updating

functionality in the Georgia SHINES application. Staff received specific job aids to assist in navigating the new items required for AFCARS 2.1, as well as policy updates, and short training videos.

OIT completed several upgrades to the Georgia Gateway system. [Georgia Gateway](#) is a streamlined, one-stop-shop resource for individuals in the community to apply for, check, or renew benefits, as well as report household or income changes and upload required documents. Georgia Gateway served as a critical tool throughout the Covid pandemic to ensure users were able to remotely request medical assistance, childcare benefits, SNAP, or TANF, and explore eligibility for other cash and food assistance programs. In 2022, OIT upgraded the infrastructure and security of Gateway, and enhanced the portals for customers, workers, and partners:

1. Providers can enter all long-term care form information, so that case managers can process provider requests more efficiently and timely.
2. Grandparents can apply for “Grandparents Raising Grandchildren” benefits through the Customer Portal.
3. The Medical Assistance Express Lane Eligibility was implemented in the Customer and Partner portals, allowing thousands of Georgia constituents to be considered for expedited Medicaid and PeachCare eligibility determination for children under the age of 19, as well as those eligible to request medical assistance coverage without submitting a separate Medical Assistance application.
4. A Go-Green Customer Portal Initiative to encourage constituents to reduce their reliance on paper

OIT is exploring opportunities to conduct customer experience surveys and better understand the user’s journey through the Gateway platform. The Division provides regular training opportunities and supports to staff on these technology enhancements and encourages staff to provide feedback on the system updates. This work is ongoing.

Section C: Update to the Assessment of Current Performance in Improving Outcomes

Georgia CFSR Child and Family Outcomes

Georgia utilizes CFSR data in conjunction with the State's data profile (contextual data report), and data from the State's Comprehensive Child Welfare Information System (CCWIS) in the development, planning, and monitoring of Child and Family Services Plan (CFSP) goals and other statewide child welfare initiatives. The Quality Assurance Unit utilizes the case review process and standards provided by the Children's Bureau for the continuous measurement of the State's performance in the areas of safety, permanency, and well-being. The case review data are used at the district, regional, and county levels to evaluate case practice and assist staff and leadership in making improvements to the provision of services for children and families. The CFSR Onsite Review Instrument (OSRI) is the only official instrument to be used in rating a case for CFSR determinations of substantial conformity. The OSRI contains the questions, applicability notes, instructions, and definitions, which provide more detailed information.

From January 2022 through April 2022, the Division implemented a modified "Pre-Round 4" CFSR review process that ensured continued fidelity to the CFSR tools while allowing for a more progressive approach to meeting the needs of the state. This process utilized the following procedures:

1. 3-month review cycles to conduct statewide reviews
2. Reviewed cases must have recent history (Example: January's sample would have been active in November)
3. A six-month period under review for determining CFSR ratings
4. DFCS Districts were used as the geographical unit for monthly reviews

From May to December 2022, the Division modified the review process to focus solely on the unmet CFSR Round 3 PIP items (2, 3, 12, 14, and 15). Using the CFSR Impact Review process, there was an enhanced focus to connect the review results directly to the frontline supervisors through:

1. Shadowing, where a supervisor observed the entire review process while assigned to one of the CFSR reviewers.
2. Regional focus groups, where results were presented to the region's supervisors in a learning environment. Focus groups continued to emphasize key cornerstone skills of engagement, comprehensive assessment, and active supervision.

3. Increasing the number of records reviewed per month to 40 from 25.
4. Greater utilization of regional CQI teams to use the results to implement both short- and long-term improvement strategies designed to assist supervisors.
5. Reviewing fidelity to CQI strategies. Regional CQI teams conduct root cause analyses (using Gilbert's Behavior Engineering Model) to assess performance and develop specific tools and resources for improvement.

For reviews beginning in March of 2023, all requirements for Round 4 reviews are being followed. Additionally, a selection of cases each month is sent to the Children's Bureau regional team for oversight review. For the duration of 2023, the Division's QA review team will train staff on procedures for the full case reviews aligned with CFSR Round 4 requirements (e.g., 12-month period under review). In addition, the QA team will continue to incorporate some of the impact review components which proved to be valuable:

1. Reviews will be conducted by District, over a 4-month review cycle
2. Continued review of "newer" cases (i.e., cases must be open within two months prior to the review month)
3. Following each review, regional supervisor focus groups will be conducted, and data reports and case review guides will be distributed
4. Trend reports will be prepared for agencywide dissemination after each review cycle
5. Supplemental data related to CQI strategies will be collected and analyzed

In the following section, an update will be provided on Georgia's performance, including CY2022 data from Georgia's CCWIS system ("Georgia SHINES"), case review data and stakeholder feedback, where available. Evidence of disparities or disproportionality are included where data were available. The state is continuing its ongoing exploration of disproportionality in child welfare services.

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

Item 1: Were the agency's responses to all accepted child maltreatment reports initiated, and face-to-face contact with the child(ren) made, within time frames established by agency policies or state statutes?

Georgia finds this Outcome to be an *Area Needing Improvement*. The Division utilizes several tools to ensure consistency in practice with specific policy requirements and county/regional procedures such as supervisory oversight, daily logs, and regional staffing guides. The Division expects observed performance in this measure to improve to 95% in CY2023 with the implementation of the five-day response time.

Georgia SHINES Response Times for CY2022

	Intakes Screened In	Met Required Response Time	Percent Met
North District (Regions 1-5)	19,244	17,425	90.55%
Metro District (Regions 13-14)	15,821	13,952	88.19%
South District (Regions 6-12)	18,397	16,471	89.53%

Source: DFCS Data Unit, Georgia SHINES (CY2022)

Child Welfare Policy 3.2: Making an Intake Decision requires that intakes are assigned to the Initial Safety Assessment (ISA) track for response within the following timeframes to ensure child safety and wellbeing. All response times are calculated from the date and time of the receipt of the Intake Report.

- a. Immediate: In one or more of the Areas of Family Functioning a present danger situation is indicated.
- b. 24 hours: In one or more of the Areas of Family Functioning an impending danger safety threat is indicated and there is no indication of a present danger situation.
- c. 72 hours: In one or more of the Areas of Family Functioning child abuse (maltreatment) is indicated, however there is no indication of a present danger situation or impending danger safety threat.

NOTE: In January 2023, the 72-hour priority Response Time was replaced with a five-business-day response time (includes holidays but excludes weekends) to provide more preparation time to improve operational effectiveness and efficiency while encouraging informed decisions.

Response times are monitored by supervisors and agency leadership at the county and regional levels. County, regional, and state-level data are generated twice weekly to identify trends and patterns in assigned cases and achieved response times. While there are some instances where families are unable or unwilling to be located, children may be visited at their current location at the time of the report or at school where they can be located easily; non-school age children may be visited at their current location or within the home. Visits can be announced or unannounced; parents may be contacted by phone to schedule a visit within the response time. Case managers are expected to report missed response times to identify areas for improvements. Staff supports include: daily logs to monitor response times; calendar reminders; daily cadences to discuss diligent efforts to meet response times; Regional Staffing Guides for supervisors to support meeting response time and to ensure quality assessment is being completed; and regular trainings on ISA policies. Feedback received from the ISA trainings demonstrate that they are helpful for both new hires and veteran staff.

Child and Family Services Review Data Profile – Safety Measures

Georgia received its Child and Family Services Review (CFSR 4) Data Profile in February 2023 based on AFCARS and NCANDS data submissions as of 12-21-2022. The chart below demonstrates Georgia's risk standardized performance relative to the national performance on the two Statewide Data Indicators (SWDI) related to safety.

Indicator	Data Period ¹	National Standard	Georgia	Statistically ² better (↑), worse (↓), or no different (<->)
Maltreatment in Care	20AB, FY20	9.07	4.29	↑
Recurrence of Maltreatment	FY20-21	9.7	4.5	↑

Data Source: Child and Family Services Review (CFSR 4) Data Profile; AFCARS and NCANDS submissions as of 12-21-2022

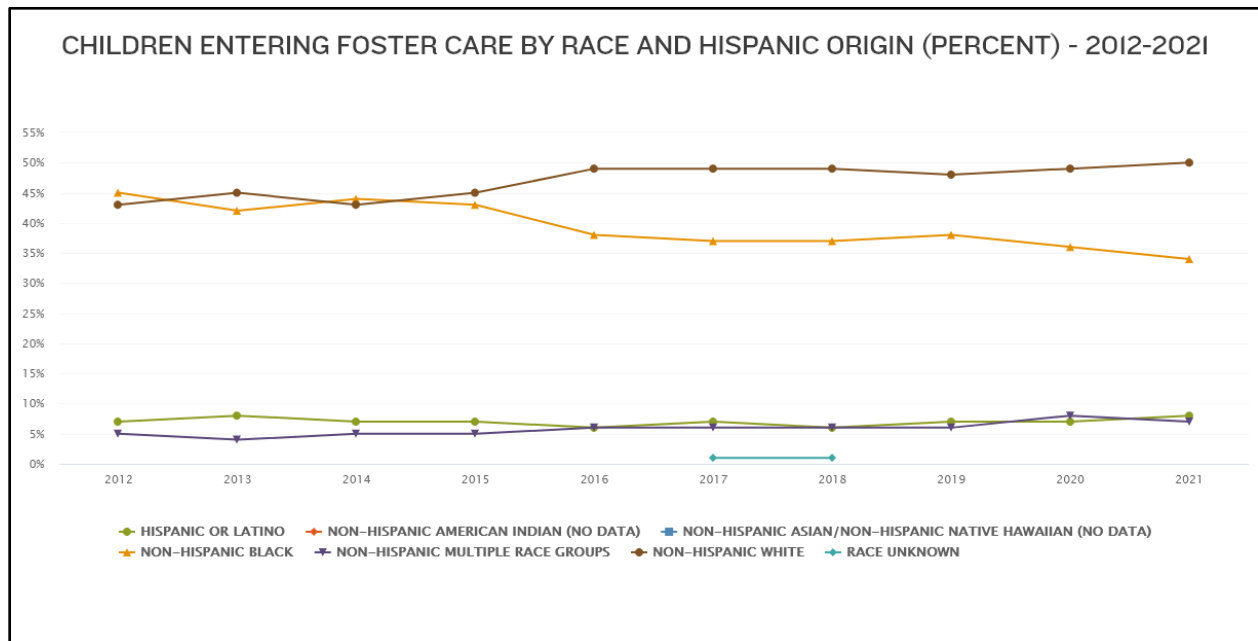
1. Data Period - The FY (e.g., FY13) or federal fiscal year, refers to NCANDS data, which spans the 12-month period Oct 1st – Sept 30th. All other periods refer to AFCARS data: 'A' refers to the 6-month period Oct 1st – March 31st. 'B' refers to the 6-month period April 1st – Sept 30th. The two-digit year refers to the calendar year in which the period ends (e.g., 13A refers to the 6-month period Oct 1, 2012 – March 31, 2013).

2. In some instances a lower percentage than the national standard indicates a statistically better score, in some instances a higher percentage indicates a better score. The arrows indicate whether Georgia's performance is statistically better (↑), worse (↓) or no different (<->) than the national standard.

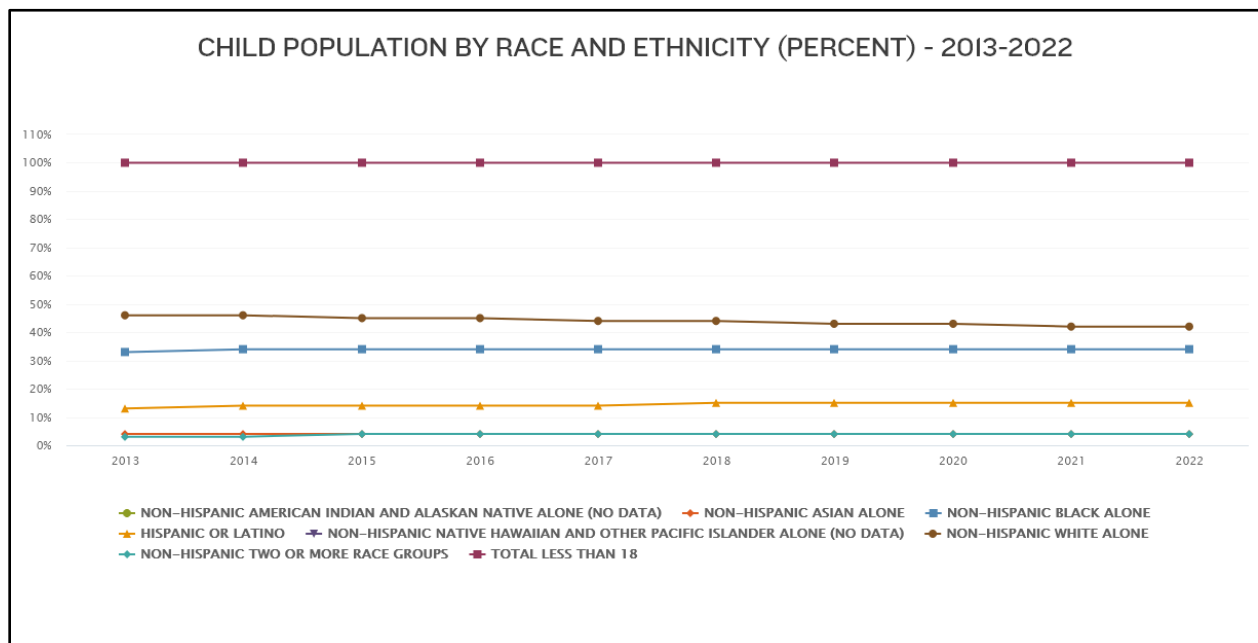
Georgia's SWDI performance continues to outperform the national standard for both Safety outcomes, Maltreatment in Care and Recurrence of Maltreatment. Maltreatment in Care measures the rate of children who are abused or neglected while under court jurisdiction. Georgia utilizes several strategies to reduce Maltreatment in Care, including annual evaluation of foster homes, a robust schedule of required in-person visits with the child(ren) in care, an emphasis on kin as a first placement, and ongoing training and supports for foster caregivers. The Resource Development staff in each region monitor the child's needs to ensure the first placement is the best placement and provide ongoing supports and training to foster caregivers to ensure they are fully equipped to care for the youth in their homes. Georgia's strategies to prevent Recurrence of Maltreatment, which measures the percentage of children who are abused or neglected within 12 months of the initial victimization, include ongoing case management, providing aftercare and wraparound services to the family, and referrals to community agencies and organizations for additional supports (e.g., food assistance, childcare, housing expenses).

Data from the KidsCount resource of the Annie E. Casey Foundation demonstrating the number of percentage of youth entering the foster care system by race or ethnicity show

that Georgia's foster care population is approximating the racial/ethnic proportions of the state population overall.



Source: datacenter.aecf.org (obtained 8/11/2023)



Source: datacenter.aecf.org (obtained 8/11/2023)

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate

Item 2: Did the agency make concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after reunification?

Item 3: Did the agency make concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care?

Georgia finds this Outcome to be an *Area Needing Improvement*. The below table demonstrates that 90-96% of children in each region are served safely in their homes following a maltreatment report.

Region	CY2022 Accepted CPS Referrals	Children Referred to INV, FPS, FSS	Children Removed to Custody in CY22	Percent of Children Served with In-Home Supports
1	4,363	8,380	797	90.5
2	3,381	6,649	451	93.2
3	3,949	7,855	460	94.1
4	4,611	9,561	483	95.0
5	3,740	7,554	536	92.9
6	2,647	5,741	351	93.9
7	2,513	5,206	346	93.4
8	2,369	4,817	333	93.1
9	1,869	3,974	245	93.8
10	2,211	4,797	156	96.8
11	3,276	7,556	630	91.7
12	4,191	8,318	369	95.6
13	7,885	15,897	623	96.1
14	8,351	16,294	692	95.8

Source: Georgia SHINES, DFCS Data Unit. NOTE: The number of children exceeds the number of referrals due to multiple children often being included in one referral.

Child Protective Services refers to Investigations of Alleged Maltreatment, Family Support Services, and Family Preservation Services. An Investigation is the process of determining if alleged maltreatment has occurred. An Investigation concludes with a disposition, either substantiated or unsubstantiated. In addition, whenever a DFCS case manager visits a home, the case manager evaluates whether the child or children there are safe from harm. When there is an allegation of child maltreatment, but the circumstances appear to be safe for the child or children, Family Support Services may be provided. Unlike Investigations, family support cases do not include a determination whether an instance of maltreatment has occurred. To help keep families safe and functioning, services are provided. Family Preservation Services are provided after an

investigation, in order to keep children safely in the home. Even if an investigation is substantiated, children often remain in their home and avoid foster care. Additional data on intakes, demographics of children served, and outcomes can be found at <https://dhs.georgia.gov/division-family-children-services-child-welfare>.

QA reviews have identified ‘timely implementation of services’ as a barrier to successful performance on this item. The Division is taking active steps to address it. For example, in October 2022, the Division completed the integration of the ARGO Community Portal in Georgia SHINES. ARGO creates a simple and efficient process for staff to complete service authorizations for support services. The ARGO Community Portal allows for service requests to be sent to all eligible providers and for those providers to respond directly through the portal. DFCS staff can then select from the responding providers willing to accept a request. This enhancement simplifies the service request process. To address the timeliness of assessments, the new ARGO portal is expected to decrease the length of time between identifying a need and making the service referral, as well as receiving necessary documentation from the service providers. Staff can request a service in the portal, select from a list of applicable and available providers in the portal, and choose one within 24-72 hours.

Early results show increased timeliness in the initiation of appropriate services for in-home supports. ARGO will also simplify document-sharing so that staff can receive monthly case notes from the providers. The Division expects these enhancements to positively impact the state’s performance on this item. Regular training is provided to staff on the ARGO portal and its functionality, through SHINES Shorts videos and emailed communications from the development team.

The Division is in the second year of a partnership with Casey Family Programs on the “Support Out” pilot initiative to provide Family Support Services (FSS) to address risk in families through a short-term intervention where a present or impending danger situation does not exist. Families are identified for FSS through the DFCS Intake process, connected to the partner agencies, and provided with supporting services and resources to improve their economic conditions resulting in food instability, housing insecurity, and employment stressors. The FSS program is voluntary and limited to 45 days for the case to be open. This partnership with Casey Family Programs envisions a strategic approach to the safe reduction of children in foster care and reduces the system navigation burden for families in need of services and supports. The pilot sites include Union County Family Connection, Columbus Community Action Agency, [Mother’s Advocacy Project](#), and Gwinnett County Foster Care Alliance; these agencies are also part of Georgia’s State of Hope ecosystem. Feedback loops and data sharing are ongoing, and findings are reviewed regularly by Division leadership to determine best practice and potential opportunities for expansion.

From January – June 2022, 176 families were referred for services in the three pilot counties. In July, the Division expanded the pilot to include six new counties. In the third quarter (July-September 2022), 141 families were referred to the provider assigned to their county or an alternative community support, when needed. In Q4, 237 families were referred for services. Analyses of the cases show that families' needs are being met with the services provided. Of those 554 families referred to the FSS pilot project in CY2022, 31 families (5.5%) were re-referred to DFCS after receiving services; of those, 15 were for a similar allegation. The Division is planning for expansion into additional counties.

The courts are also partners in service provision to families. Several jurisdictions with accountability courts are able to provide services and supports to safely maintain children in the home. Family treatment courts are intended to bring families back together by treating adults who have lost or will lose their children to foster care due to substance abuse issues. [Family treatment courts \(FTCs\)](#), also referred to as family drug courts and dependency drug courts, use a multidisciplinary, collaborative approach to serve families with substance use disorders (SUDs) and who are involved with the child welfare system. Well-functioning family treatment courts bring together leaders from child welfare, substance use treatment, mental health agencies, dependency courts, and other community partners in a non-adversarial approach. Studies have shown that when FTCs intervene effectively, children spend less time in out-of-home placement and find permanency more quickly. In 2022, Georgia's [Administrative Office of the Courts](#) reported 23 active FTCs, with a total of 484 participants. Of those, 41 participants had at least one child in foster care during their time in the program. Successful completion of the program will support reunification and prevent the child(ren) re-entering foster care. In March 2023, the Division enhanced the functionality of Georgia SHINES to simplify the FTC screening and referral process.

Quality Assurance case review data is provided below:

Statewide Data Comparison Chart 75 Foster Care / 45 Family Preservation			
Safety		May-July 2022	Oct-Dec 2022
Outcome S2: Children are safely maintained in their homes whenever possible and appropriate.			
Item 2:	Services to family to protect children in home and prevent removal or re-entry into foster care (20 out of 62 cases)	29%	32%
Item 3:	Risk assessment and safety management (49 out of 120 cases)	27%	41%

Source: DFCS QA Review Data, 2022

Safety Outcome 2

		May 2022	June 2022	July 2022	August 2022	September 2022	October 2022	November 2022	December 2022
North District	Item 2	39%	-	-	33%	-	-	68%	-
	Item 3	27%	-	-	33%	-	-	53%	-
Metro District	Item 2	-	-	36%	-	-	5%	-	-
	Item 3	-	-	23%	-	-	33%	-	-
South District	Item 2	-	13%	-	-	36%	-	-	27%
	Item 3	-	33%	-	-	30%	-	-	38%

Source: DFCS QA Review Data (CY2022)

The above charts demonstrate gains in all three DFCS regions in achieving Item 2 and/or Item 3 during CY2022. Regions were reviewed three times by the QA team (exception: Metro District was reviewed twice) during 2022. Regional CQI teams are continuing to support staff and leadership with analyses and tools to increase performance. Most regional strategies are focused on quality home visits and/or supervisory capacity and staffings, which positively impact all of Georgia's unmet Round 3 PIP items. Analysis of the inter-item correlations demonstrate that those regions which improved in both home visits (Items 14 and 15) also improved in Items 2 and 3.

The QA review team also focused on the quality of work across program areas. The below chart demonstrates the case reviews rated as a Strength in Permanency and Family Preservation services. The Division continues to observe higher ratings on Items 2 and 3 for children in foster care compared to those receiving in-home services. Gains were observed during the year, indicating improvements by staff and supervisors for this population. The Division expects to continue this positive trend in CY2023.

Safety Outcome 2

	Permanency	Family Preservation	Overall Rating
May-Dec 2022 (cumulative)			
Item 2	50% (27 out of 54 cases)	23% (26 out of 114 cases)	32%
Item 3	44% (85 out of 194 cases)	17% (20 out of 119 cases)	34%
May-July 2022			

Item 2	41% (9 out of 22 cases)	36% (25 out of 69 cases)	29%
Item 3	22% (9 out of 41 cases)	14% (6 out of 44 cases)	27%
August-October 2022			
Item 2	50% (10 out of 20 cases)	14% (6 out of 44 cases)	25%
Item 3	39% (29 out of 75 cases)	20% (9 out of 45 cases)	32%
November-December 2022			
Item 2	67% (8 out of 12 cases)	38% (11 out of 29 cases)	46%
Item 3	62% (31 out of 50 cases)	17% (5 out of 30 cases)	45%

Source: DFCS QA Review Data, CY2022

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

Georgia finds the Outcome to be a *Strength*; however, there are several factors within this outcome that need improvement. Division leadership and staff used the “5 Whys” framework of root cause analysis and found that lower performance in Permanency Outcome 1 was primarily impacted by:

1. A lack of higher levels of residential care, which leads to placements that are not the best match, resulting in unplanned moves
2. Permanency plans that are not established timely and do not effectively target families’ needs
3. Needed improvements in concurrent planning
4. Delays in court hearings and continuances

The Division is working collaboratively with partner agencies and the state legislature to address these concerns.

Item 4: Is the child in foster care in a stable placement and were any changes in the child’s placement in the best interests of the child and consistent with achieving the child’s permanency goal(s)?

Georgia finds this item to be a *Strength* because most children in care are consistently in a stable placement.

In 2020, the Placement and Permanency Section initiated Placement Assistance Utilizing Stability Exploration or “PAUSE” staffings which is a multi-agency approach to stabilize a

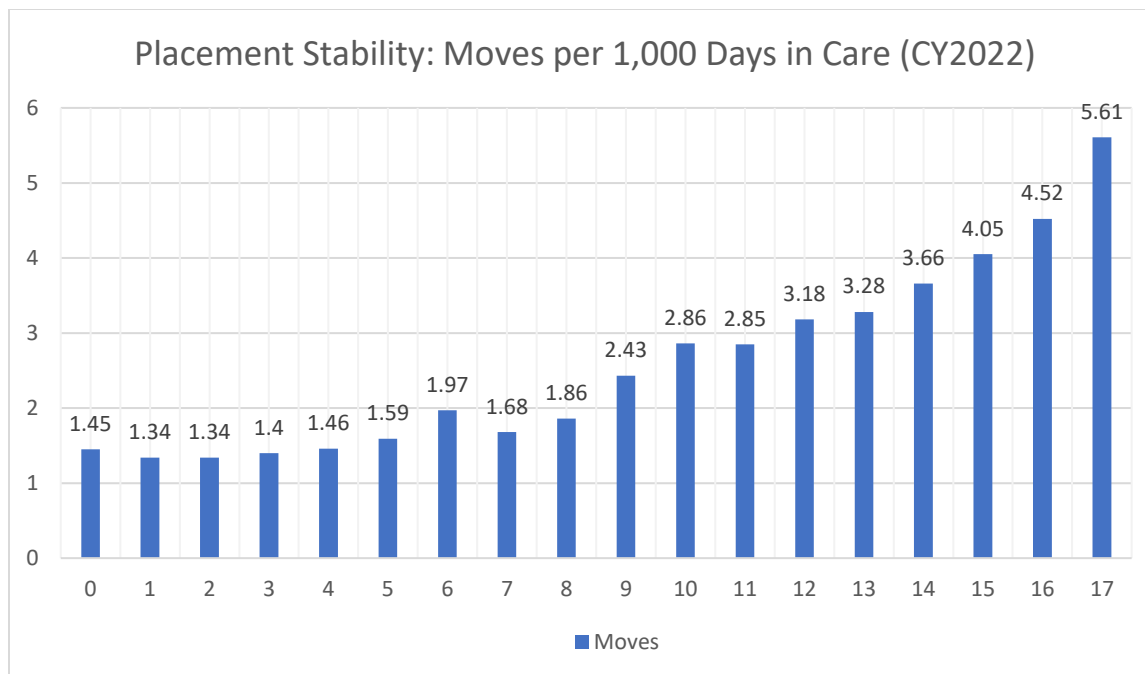
placement that is nearing disruption with support. The PAUSE staffing is used to explore resources available that may strengthen the stability of the placement and prevent disruption or identify the best potentially permanent home if a disruption cannot be prevented. Collaboration from County Staff, Regional Support, MAAC, Amerigroup, DBHDD, DJJ, Adoption Coordinator, SAAG, GAL, CASA and private service providers are invited to the meeting as deemed appropriate. This collaboration helps ensure reasonable efforts to prevent placement change and serves to gain consensus related to the child's best interest. If a move cannot be avoided, there is a discussion about ways to make the move less traumatizing for the child. The Division's CRRU team monitors the child's needs to make the best first placement for child, and regions have a dedicated Placement Field Program Specialist (FPS) who assists with placement disruptions and conducts PAUSE staffings. In 2023, the GA-RYSE/Chafee team is collaborating with the Youth Advisory Board to develop a youth "exit survey" that will describe the youth's experiences in placements. The Division expects the results from this survey to inform placement decisions in the future.

Identified barriers in some regions are related to high caseloads and staff turnover. In some instances, follow-up visits that should be made within 24 hours of a new placement occurring (to help ensure the child and caretakers are adjusting and quickly address any identified concerns) do not occur consistently, especially when a child must be placed outside of their removal county due to lack of placement resources being available. The Division is working to address this with increased hiring and staff supports. A Complex Care Coordinator staff position was created at the state-level to focus exclusively on securing stable placements for children with complex needs. The coordinator often partners with the Treatment FPS in each region to identify resources for high-need youth. There is observed difficulty when potential homes, crisis stabilization units, and psychiatric treatment facilities learn that a youth has a history of challenging behaviors, thus leading to placement denials. The Division also identified several systemic strategies to improve placement stability for youth with complex needs, including increased solution-focused engagement with DBHDD, DJJ, and DCH/Amerigroup, and rate increases for placement providers. In May 2022, the Division began offering a \$5,000 incentive and increased the daily per diem to a maximum of about \$344 per day to private providers who take in foster children who have been staying in offices or hotels. The child must remain in the placement for at least six months. Within the first month of announcing this initiative, 83 children were moved into a stable placement. The number of youth in hotels has steadily decreased since the launch of this initiative. These initiatives resulted in part from the recommendations provided by stakeholders at the 2022 APSR Joint Planning meeting on Youth with Complex Needs. This work is ongoing.

SWDI Observed Performance on Placement Stability

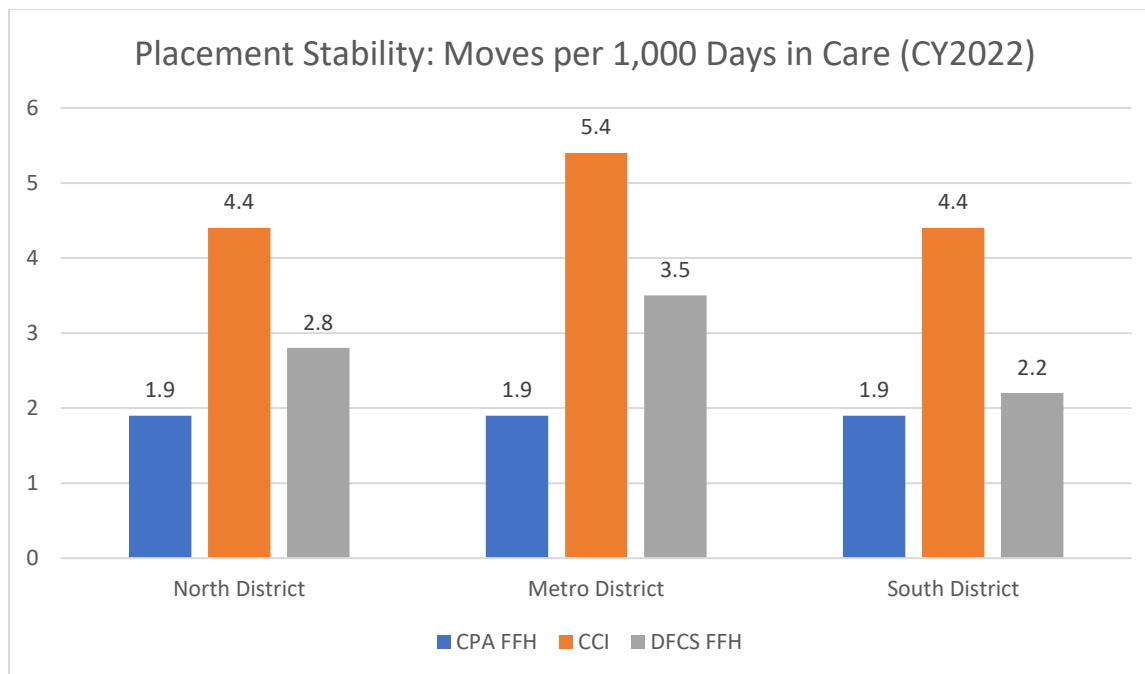
	Moves/1000 days			Percent of total (days in care)	Percent of total (moves)
	20A20B	21A21B	22A22B	22A22B	22A22B
Total	3.79	4.12	4.20	100.0%	100.0%
0 - 3 mos	1.56	1.58	1.85	13.5%	6.0%
4 - 11 mos	2.36	2.44	2.30	5.9%	3.2%
< 1 yr subtotal	1.83	1.86	1.99	19.4%	9.2%
1 - 5 yrs	2.72	3.15	3.26	29.9%	23.2%
6 - 10 yrs	3.38	3.86	4.41	20.5%	21.5%
11 - 16 yrs	6.36	6.70	6.25	28.3%	42.1%
17 yrs	7.48	8.75	8.87	2.0%	4.2%
Race/ethnicity					
American Indian/Alaska Native	4.21	7.28	1.03	0.1%	0.0%
Asian	1.73		0.00	0.0%	0.0%
Black or African American	4.62	4.97	4.72	35.1%	39.4%
Native Hawaiian/Other Pacific Islander	3.19	4.17	3.23	7.9%	6.1%
Hispanic (of any race)		0.00	2.63	0.0%	0.0%
White	3.34	3.60	3.99	49.9%	47.4%
Two or More	3.55	3.56	4.33	6.8%	7.0%
Unknown/Unable to Determine	0.00	200.00	9.17	0.0%	0.1%

Source: CFSR 4 Data Profile Context Data, February 2023



The above chart shows the CY2022 placement stability as the number of moves per 1,000 days in care by the age of child at the start of their custody episode (age 0-17).

The data demonstrates that placement stability is highest for children aged five and younger. Younger children aged 0-9 experience less than two placement moves per 1,000 days in care compared to older youth aged 10-17. CQI exploration has identified specific challenges to stabilizing placements for older youth, including lack of resources for transgender youth, lack of CCI beds for females, and not enough staff who are willing to work with challenging teen behaviors. The Division is collaborating with stakeholders to improve placement stability for older youth in care. In addition to the strategies described above, the FY2024 state budget added \$5,000,000 to the Department of Human Services to provide alternative housing options for youth with complex needs.



Source: DFCS Data Unit, Georgia SHINES

The above chart demonstrates that placement stability in CY2022 is greater (i.e. fewer moves per 1,000 days in care) for youth in CPA or DFCS family foster homes (FFH). The Division is utilizing several strategies to increase the recruitment and available supports for family foster homes across the state, including increasing per diems and respite care. SB 216 (2023) was passed by the legislature to authorize respite care for foster parents for up to 72 hours or longer under certain DHS-delineated circumstances. The Division continues to analyze and address lower placement stability observed in CCIs. This work is ongoing.

Item 5: Did the agency establish appropriate permanency goals for the child in a timely manner?

Georgia finds this item to be an *Area Needing Improvement*.

Timely permanency hearings have continued to be a challenge following restrictions on in-person gatherings due to COVID-19. Courts typically review case plan progress by reviewing case plan goals and tasks at each judicial review and permanency hearing. This includes testimony by the case manager, CASA volunteer, and all service providers working with the family. The pandemic created TPR delays statewide due to court closures in FY21 and FY22. Some courts reduced the number of permanency and TPR hearings on their calendar, resulting in a backlog of timely hearings. Additional work is underway to collect measurable data on these observed delays. CIP and OCA are also

promoting discussion of required permanency timelines within the Multi-Disciplinary Child Abuse and Neglect Institute (MDCANI) trainings. Judges and SAAGs are critical participants in the MDCANI, and it is a priority to ensure they are knowledgeable of their roles and responsibilities in achieving timely permanency for children in care. In several jurisdictions, staff turnover is cited as a reason affecting timely TPR filing, and in others, SAAG turnover is a barrier to timely TPR filing. New SAAGS having to be onboarded delays the judicial process. The Division's General Counsel is partnering with CIP to identify and contact those courts with a significant backlog of permanency hearings; they are working to address any barriers and re-establish timely calendars. The Division expects timely hearings to resume in CY2023.

The below chart demonstrates the compelling reasons recorded for a random sample of 100 children in care (CY2022).

Still Working on Reunification	40
Entry Unclear	18
Does not Want to be Adopted	14
Working on Relative/Guardianship	13
Court Issues	7
Death of Parent	2
Miscellaneous	2
Delinquent Child	2
Undocumented Child	2

Source: DFCS Data Unit, Georgia SHINES

Item 6: Did the agency make concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangement for the child?

Georgia finds this item to be a *Strength*.

Permanency goals for the 11,606 children in foster care in CY2022:

Permanency Goal	Children in Care	Percent
Reunification	7,028	60.55%
Adoption	2,449	21.10%

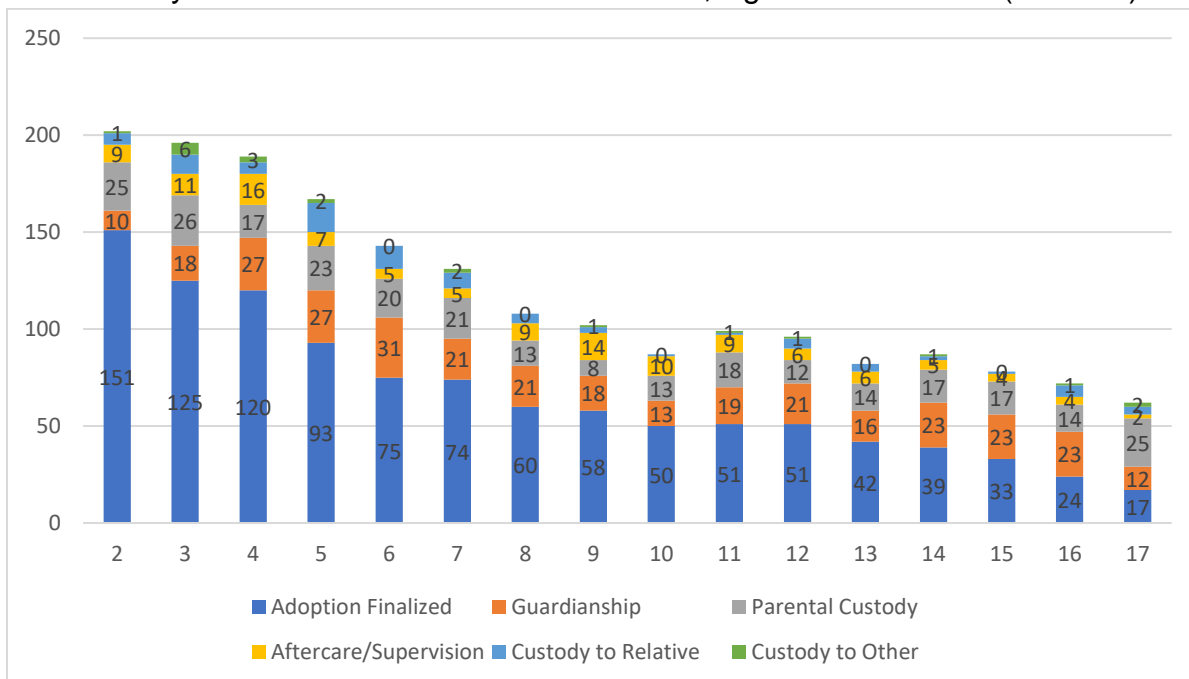
Guardianship	467	4.02%
APPLA	806	6.94%
No Permanency Goal	856	7.38%

Source: DFCS Data Unit, Georgia SHINES

The above chart demonstrates the permanency goals for the children in care in CY2022. The Division continues to provide training and guidance to staff on the importance of providing reunification services until the Termination of Parental Rights (TPR) petition has been granted. Parents may sometimes wait until the TPR has been filed before working on their case plan goals. Parental engagement is important in successful permanency outcomes.

Regions are scheduling more frequent case consultations, permanency roundtables, and staffings to eliminate barriers toward permanency through collective and collaborative planning. Region 14 conducts permanency consultations at six, eight, and 12 months to review each case and determine if the Division is making all efforts to move the case toward permanency. Regional Adoption Coordinators (RACs) monitor cases in their assigned regions that have a primary goal of adoption or a secondary goal of adoption and in care for greater than nine months. This work is ongoing.

Permanency Outcomes after 24+ Months in Care, Age of Child at Exit (CY2022)



Source: DFCS Data Unit, Georgia SHINES

The above chart demonstrates the permanency outcomes for children up to age 17 in CY2022. The Division continues to encourage staff to explore all opportunities to achieve timely permanency for youth in care.

Child and Family Services Review Data Profile – Permanency Measures

Georgia received its Child and Family Services Review (CFSR 4) Data Profile in February 2023 based on AFCARS and NCANDS data submissions as of 12-21-2022. The chart below demonstrates Georgia's risk standardized performance relative to the national performance on the five Statewide Data Indicators (SWDI) related to permanency.

Indicator	Data Period ¹	National Standard	Georgia	Statistically ² better (↑), worse (↓), or no different (<->)
Permanency in 12 months (entries)	20B21	35.2	30.	↓
Permanency in 12 months (12 – 23 mos.)	22A22B	43.8	38.1	↓
Permanency in 12 months (24+ mos.)	22A22B	37.3	31.6	↓
Re-entry to Foster Care	21A21B	5.6	4.9	<->
Placement Stability	22A22B	4.48	4.06	↑

Data Source: Child and Family Services Review (CFSR 4) Data Profile; AFCARS and NCANDS submissions as of 12-21-2022

1. Data Period - The FY (e.g., FY13) or federal fiscal year, refers to NCANDS data, which spans the 12-month period Oct 1st – Sept 30th. All other periods refer to AFCARS data: 'A' refers to the 6-month period Oct 1st – March 31st. 'B' refers to the 6-month period April 1st – Sept 30th. The two-digit year refers to the calendar year in which the period ends (e.g., 13A refers to the 6-month period Oct 1, 2012 – March 31, 2013).

2. In some instances a lower percentage than the national standard indicates a statistically better score, in some instances a higher percentage indicates a better score. The arrows indicate whether Georgia's performance is statistically better (↑), worse (↓) or no different (<->) than the national standard.

Georgia meets or exceeds on two of the five SWDI measurements. The state's performance is better than the national standard for Placement Stability and statistically no different on Re-entry to Foster Care. In 2022, the Division convened a leadership-level CQI team that meets monthly to explore the practice and performance related to these items. The CQI team identified the following strategies and specialized units that support positive outcomes on these measures:

1. Rigorous foster caregiver training.
2. An emphasis on kin as a first placement. Regional CRRU staff monitor each child's needs to ensure the first placement is the best placement.

3. Kinship Unit staff ensure kin caregivers receive initial and ongoing supports to ensure they are fully equipped to care for the youth in their homes
4. Placement Field Program Specialists to convene the child's support system in Placement Assistance Utilizing Stability Exploration (PAUSE) calls to prevent unnecessary placement changes.

The state's performance is worse than the national standard on Permanency in 12 months (entries), Permanency in 12 months (12-23 months), and Permanency in 12 months (24+ months). The Division's CQI team identified the following practices that are impacting observed outcomes on these measures:

1. Georgia is increasing efforts to serve children and families in their homes, thereby reducing the number of foster care entries.
2. As a result, while there are fewer foster care entries, those who are brought into care are more likely to have complex needs (e.g., substance abuse, interpersonal violence, and mental health issues) which require significant service provision, and often take longer to achieve permanency.

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

Georgia finds the Outcome to be a *Strength*; however, there is one item within this outcome that needs improvement. Division leadership and staff used the "5 Whys" framework of root cause analysis and found that lower performance in Permanency Outcome 2 was primarily impacted by:

1. Lack of parent engagement by the case manager
2. Need for specific guidance for encouraging parents to maintain connections with their child(ren) while in care

The Division is actively promoting collaborative efforts with foster caregivers and the courts to ensure consistent messaging on this outcome.

Item 7: Did the agency make concerted efforts to ensure that siblings in foster care are placed together unless separation was necessary to meet the needs of one of the siblings?

Georgia finds this item to be a *Strength*.

In foster care cases, improvement is needed to ensure that large sibling groups are placed together when appropriate. Sibling groups of two were placed together 58% of the time,

while groups of three or more were placed together in fewer than half of the applicable cases in CY2022. However, in 70-89% of those cases, youth were placed with at least one of their siblings. A random sample (n=100) of sibling separation reasons showed that a quarter of separations were due to a lack of foster homes available to accommodate the size of the sibling groups. Over 40% of separations were due to the specialized needs or behaviors of one of the siblings, which required a separate placement.

The state continues to adhere to the 2018 SOP directing staff to increase sibling placements unless there is an identified safety or well-being issue that prevents placement together. The Permanency Field Program Specialist (FPS) within each region reviews waivers for separation and follows up with counties to assist with practice guidance. Temporary sibling separation waivers must have the final approval by the County Director, and permanent sibling separation waivers must have the final approval by the Regional Director.

Sibling Groups Placed Together, CY2022

Number of Siblings	Count	Placed with at least 1	Placed with all
1	2,760	2,159 (78.22%)	--
2	2,079	1,643 (79.03%)	1,209 (58.15%)
3	1,192	991 (83.14%)	564 (47.32%)
4	595	476 (80.0%)	155 (26.05%)
5	246	198 (80.49)	12 (4.88%)
6	112	88 (78.57%)	14 (12.5%)
7	24	17 (70.83%)	0
8	18	16 (88.89%)	0
9	20	17 (85.0%)	0

Source: DFCS Data Unit, Georgia SHINES

Permanency FPS conduct staffings every 30-60 days on all youth that are placed separately from their siblings to discuss steps taken to place siblings together, present barriers to sibling placement, and whether a permanent sibling separation waiver is appropriate. Finding permanency for larger sibling groups and children with multiple service needs such as mental health, medical fragility, and delinquent behaviors can be difficult. It can be challenging to identify a caregiver who has the capacity to provide care for these children while deciding about permanency. Subsequently, these children are often placed in group home settings which makes the possibility of them maintaining permanent connections even more difficult. The Division's Complex Care Coordinator is working with regional leadership and placement providers to address this issue.

Reasons Cited for Sibling Group Separation (random sample, n=100), CY2022

Size of Foster Cohort/Available Homes	24
---------------------------------------	----

Disruptive Behavior of One or More Children	18
Special Needs of One or More Children	18
Conflicting Imperative to Place Children with Relatives	16
Sexualized Behaviors of One or More Children	5
Different Times of Entry into Foster Care	5
Age Gap between Siblings	4

Source: DFCS Data Unit, Georgia SHINES

Item 8: Did the agency make concerted efforts to ensure that 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 close family members?

Georgia finds this item to be a *Strength*.

It is the expectation that for every case involving a reunification goal, there is a planned visit held between the child and parent as frequently as appropriate given the child’s permanency goal. Staff are encouraged to pursue alternate visitation options via Family Time. Staff ensure that there are frequent contacts between children and their parents, and work closely with families to ensure that parent and sibling visits are being done routinely and per policy, and with service providers to help facilitate these visits and provide transportation.

Staff recognize some barriers to visitation exist around transportation. When children are placed outside of their legal county, or when parents/caregivers relocate, the challenge remains to find providers who are able and willing to travel several hours for visits. Local staff continue to engage service providers to provide this service. One strategy is to utilize existing supports the family already has. Staff also encourage foster parents to help with maintaining the bond between parents and siblings when appropriate. How might an informal support network assist the family with transportation? Can the foster parent or caregiver transport the child(ren) to the visit? Bus cards for the transit system are available in the metro areas. Where transit systems do not exist, there is a huge opportunity to partner with informal supports to facilitate visitation between parents, children, and siblings. Outside of traditional face-to-face visits, the Division has seen an increase in virtual visits via Zoom, FaceTime, and other tech platforms.

Item 9: Did the agency make concerted efforts to preserve the child’s connections to his or her neighborhood, community, faith, extended family, Tribe, school, and friends?

Georgia finds this item to be a *Strength*.

The term “fostering connections” implies an ongoing conversation with the child, parents, and relatives about who is important to the child - to include teachers, coaches and other

adults who may want to help mentor and support the child through their foster care journey. Staff are continuing to conduct diligent searches for connected individuals, including relatives and fictive kin, throughout the life of the case and connect the youth with relatives who may not be able to serve as a placement resource in the moment but may be interested in being a visitation resource or a to have regular phone contact with the child. Keeping communication open ensures staff are informed timely if the individual chooses to be a placement resource later. Supervisors are including diligent search efforts and outcomes in staffing discussions with case managers. Courts are inquiring about diligent search efforts in periodic reviews and permanency hearings. Jurisdictions involved in the Court Improvement Initiative or MDCANI report they more likely to inquire about preserving the youth's connections.

Comments from former foster youth participating in the 2022 APSR Joint Planning Meeting on Youth with Complex Needs included frustration that some congregate care settings did not permit the use of cell phones, which were critical lifelines for many youth to remain in contact with their friends, extended family, or school mates. The Division has a workgroup underway to develop updates to the RBWO Minimum Standards around allowing cellphones for youth in all placement settings.

Prior to initiating the workgroup, the Office of Provider Management (OPM) conducted a survey with providers and found that there are cellphone restrictions for both congregate care and foster home settings. OPM did see a much larger group of congregate care providers with restrictions than with foster homes. In both placement settings, there are some providers that totally prohibited youth from having cellphones, while others allow cellphones with restrictions in place. The goal is to conclude the workgroup and have the new standards in place effective for FY24.

In 2023, the GA-RYSE is collaborating with the Youth Advisory Board to develop a youth "exit survey" that will describe the youth's experiences in placements and suggestions for improvements. The Division expects the results from this survey to further support efforts to maintain important connections for youth while in care.

Item 10: Did the agency make concerted efforts to place the child with relatives when appropriate?

Georgia finds this item to be a *Strength*.

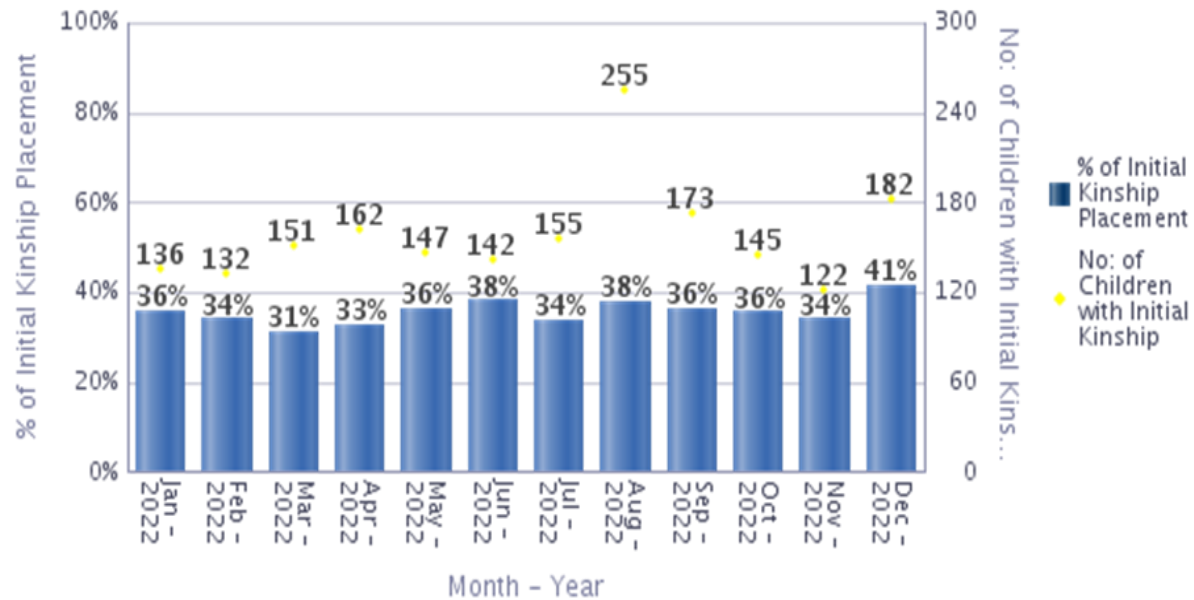
Division leadership promote the consistent use of diligent search and completion of genograms for family and fictive kin which begins during the earliest stage of the case. Voluntary Kinship policies are utilized in partnership with CPS Investigations. Diligent efforts to place with kin start at the beginning of the case and are ongoing until all relatives are assessed or ruled out. Staff continue to ask the children and other family members about possible relatives who might be willing to serve as placement. Staff also work to ensure that the relatives have drug screens, criminal background checks, and fingerprinting completed prior to placement; however, sometimes kin have extensive criminal backgrounds and/or CPS history that prohibits them from being a resource.

The Division has in place a specialized Kinship Unit to support kin, address complaints, and provide guidance to staff. The Kinship Unit works closely with the Caregiver Recruitment and Retention Unit (CRRU) to address barriers to placement, get homes approved and monitor kinship placements. CRRU holds monthly support calls for kin caregivers to hear from the Division, receive answers to questions and concerns, and learn about resources and upcoming training events. Regions hold weekly cadences to address issues and ensure accountability. The Kinship Navigator portal also supports relative caregivers in obtaining resources to successfully care for children and ensure that relative placements are appropriate and maintained.

The Number of Children Placed in Kinship Homes Upon Entering Care (January - December 2022) – 35.6%

REGION 2

Region 2 recently promoted a Treatment FPS to the role of Regional Kinship Unit Administrator. The Regional Kinship Unit will be responsible for completing initial kinship assessments, foster care assessments, and assist CRRU in the approval of kinship foster homes. The Regional Kinship Unit will work to streamline the timeline and quality of kinship referrals. This unit will specialize in kinship assessments without the burden of carrying an entire case load. This will allow the unit to assess child safety when child(ren) have been placed in the care of a kinship caregiver. The unit will also ensure that the kinship caregiver and home will be able to meet the child(ren) needs for safety, permanency, and well-being in a timelier fashion. When able, the counties will also utilize referring kinship assessments to CPAs in the area for approval.



Source: DFCS Data Unit, Georgia SHINES (LENSES report)

Item 11: Did the agency make concerted efforts 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 through activities other than just arranging for visitation?

Georgia finds this item to be an *Area Needing Improvement*.

The Division continues to encourage staff to ensure that parents are invited to attend medical appointments and school activities. Staff are also encouraged to ensure that parents participate in the consent process for psychotropic medication, surgical procedures, and birth control. However, limitations are noted around the agency's engagement with relative caregivers and foster parents around the parents' engagement with their children outside of visitation. Documentation of contact with parents and caregivers seldom discusses parent-child engagement outside of a visitation context. While this engagement outside of visitation is the responsibility of the agency, in practice this facet of engagement appears to be left up to the placement to nurture. True partnership foster parents are difficult to recruit and retain, and relationships with relative caregivers and parents are frequently strained due to circumstances that caused the children to enter care, both of which are barriers to parents' engagement with their children outside of visitation. These barriers are further bolstered by the agency's struggles around quality engagement with parents where discussions around encouraging these types of interactions are not taking place frequently.

Strategies to improve performance on this item have been developed by regional CQI teams, with support from QA reviewers and permanency staff. These include parent engagement guides for case managers, staffing guides for supervisors, and talking points for CRRU teams to include in monthly caregiver calls. The Division is also exploring opportunities to expand partnerships with peer recovery organizations and incorporate language from parents with lived experience into staff supports and resources. This work is ongoing.

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

Georgia finds the Outcome to be an *Area Needing Improvement*; however, there are several factors within this outcome that are strengths. Division leadership and staff used the “5 Whys” framework of root cause analysis and found that lower performance in Well-Being Outcome 1 was primarily impacted by:

1. Infrequent and poor-quality visits with mothers and fathers
2. Infrequent and poor-quality collateral contacts

The Division is utilizing regional CQI teams to promote consistent messaging on this outcome, and supervisor shadowing of QA reviewers is helping to demonstrate the importance of this work.

Well-Being Outcome 1

Month	Item 12	12A	12B	12C	Item 14	Item 15	District
May 2022	12%	58%	10%	69%	48%	16%	North
June 2022	15%	35%	9%	50%	43%	9%	South
July 2022	15%	35%	13%	48%	30%	11%	Metro
August 2022	15%	50%	11%	54%	55%	19%	North
September 2022	13%	55%	12%	54%	55%	24%	South
October 2022	8%	45%	8%	52%	58%	8%	Metro
November 2022	30%	60%	27%	63%	63%	30%	North
December 2022	8%	48%	8%	57%	63%	20%	South

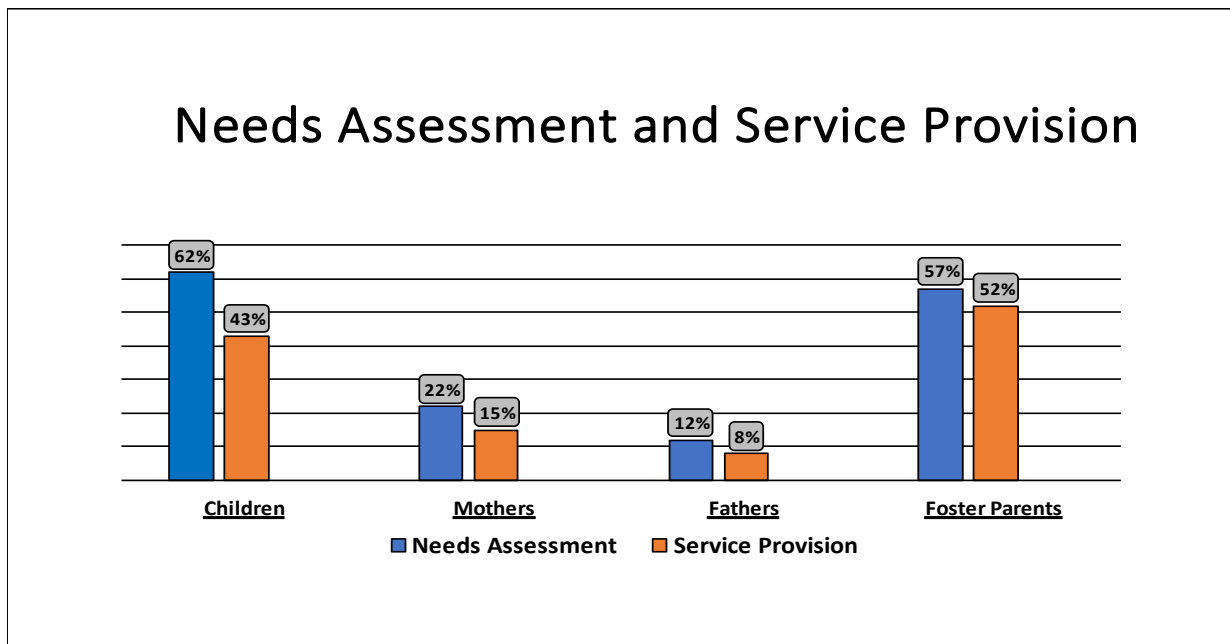
Source: DFCS QA Review Data

Item 12: Did the agency make concerted efforts to assess the needs of and provide services to children, parents, and foster parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?

Georgia finds this item to be an *Area Needing Improvement*.

The Division is improving performance at assessing needs and providing services to children and foster caregivers; however, the agency's assessments and service provision to parents remains low. There are several contributing factors to this trend, most often related to frequency and quality of visits. Regional CQI teams have focused efforts on improving practice related to quality home visits and supervisory capacity. CQI reviews have noted that cases with observed increases in the frequency and quality of visits with children and parents also yield significant improvement in items 12A and 12B. CQI teams are providing additional supports by developing tools and guides for staff, and the QA Impact Reviews have conducted post-review focus groups to further enhance learning and engage in discussion of the case reviews.

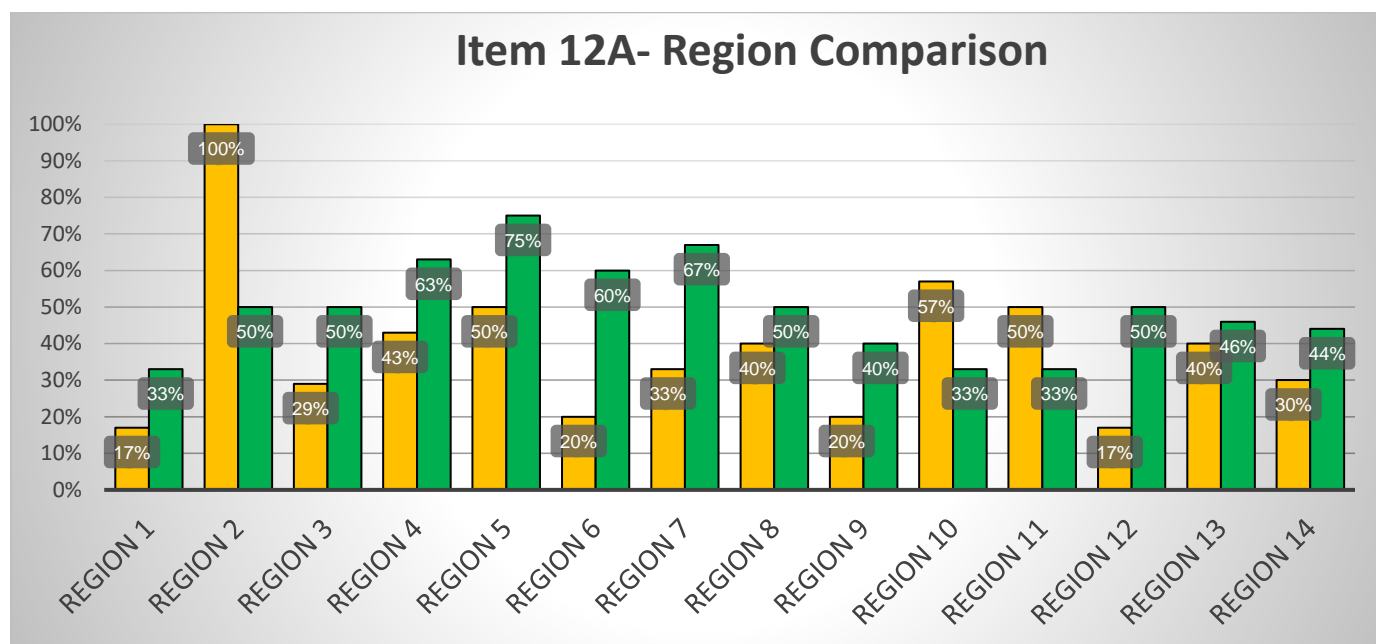
The below chart demonstrates the efforts to fully assess the needs and provide services to children, mothers, fathers, and foster parents.



Source: DFCS QA Review Team, May-Dec 2022

The chart above demonstrates QA review findings on Item 12 from May-December 2022. Needs assessments and service provision is higher for children and foster parents compared to mothers and fathers.

Item 12A: Needs Assessment and Services to Children

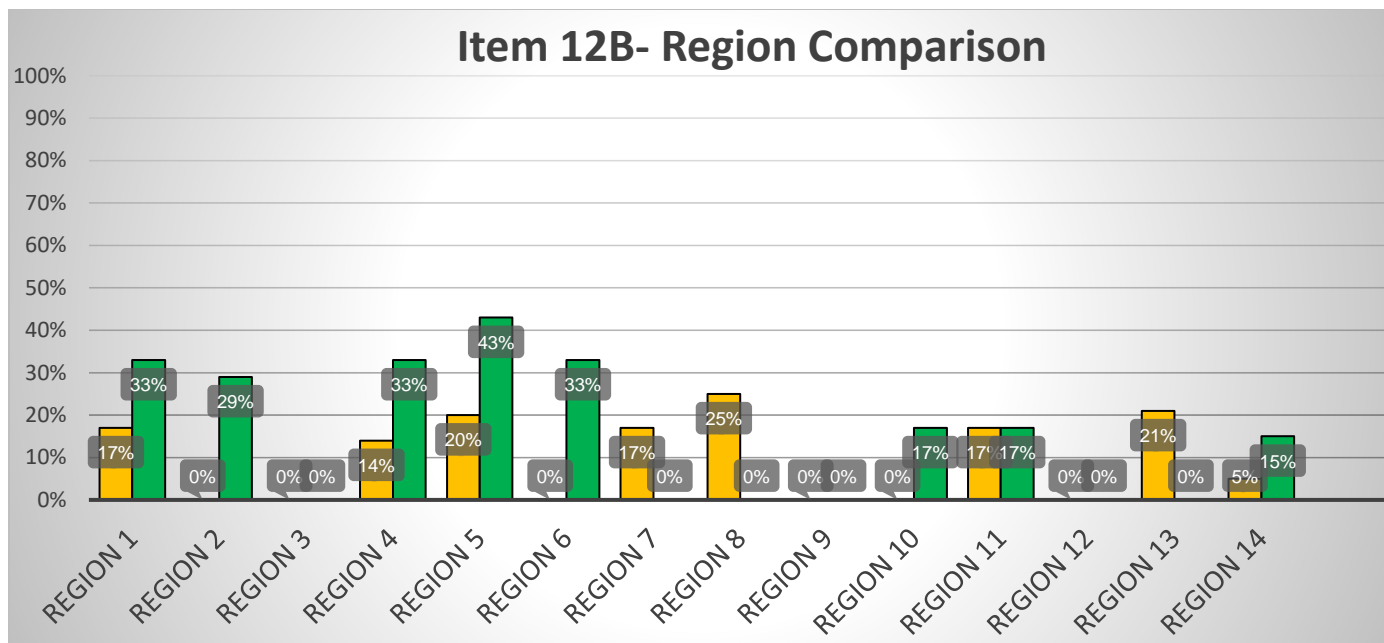


Source: DFCS QA Review Team, May-Dec 2022

The chart above demonstrates the change in observed performance within each region, from May to December 2022. In all regions, with the exceptions of R2, 10, and 11, the QA reviews noted improvement on this measure from the first review (in yellow) to the last (in green).

CQI analyses identified root causes for low performance on this item often due to challenges in obtaining needed assessments and services timely, including trauma assessments, and contacts with collaterals to assess progression and ensure services remain appropriate. Additional information on the barriers and strategies to improve assessments and service provision to children is discussed in [Well-Being Outcome 3](#). The Division is also using the CFSR Impact reviews to educate supervisors on quality staffings and directives to front line case managers. This work is demonstrating positive results and will continue in 2023.

Item 12B: Needs Assessment and Services to Parents



Source: DFCS QA Review Team, May-Dec 2022

The chart above demonstrates the change in observed performance within each region, from QA reviews conducted May to December 2022. Regions 1, 2, 4, 5, 6, 10, and 14 noted improvements on this measure from the first review (in yellow) to the last (in green).

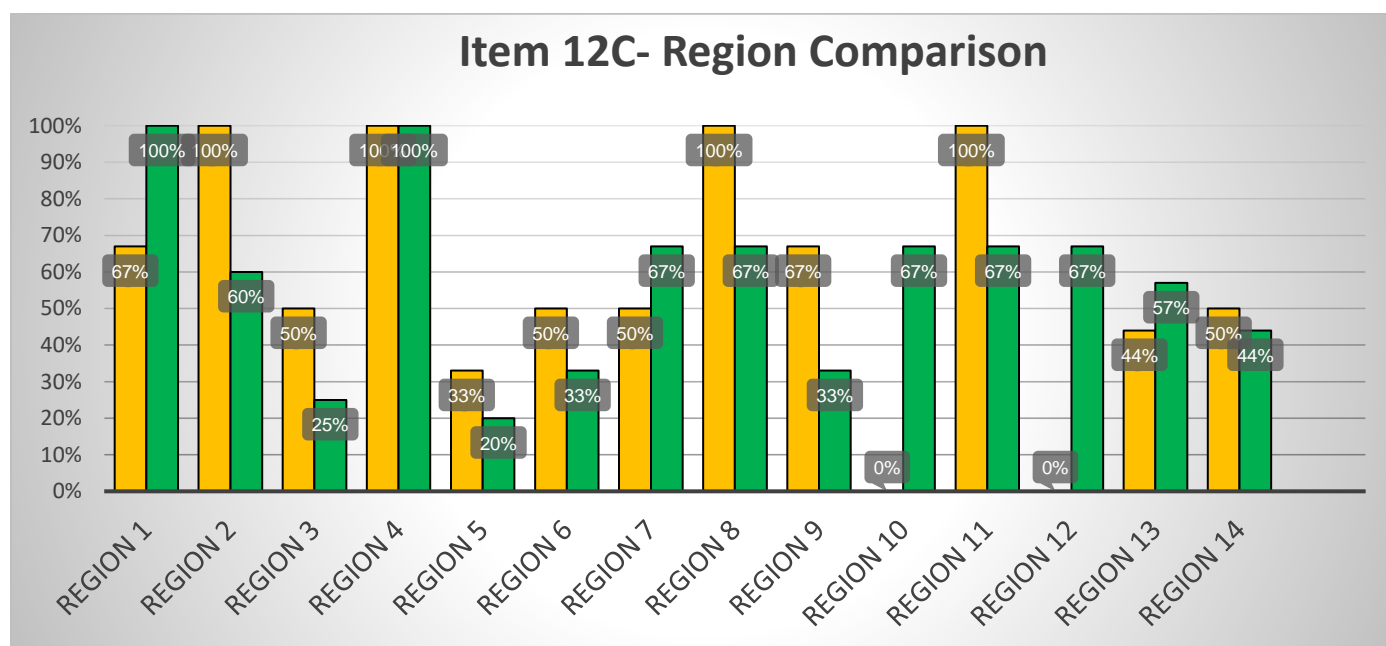
Parental needs are assessed through a combination of informal and formal means. Informal assessment may include regular, quality discussions with the parents regarding their needs and whether any services in place are effective in meeting those needs, observations of parent's demeanor, of their home environment and of their interactions with the children, and the use of collateral contacts to inform the needs assessment. Formal assessments most often include Comprehensive Child and Family Assessments (CCFA), mental health, substance abuse, domestic violence, and parental fitness assessments.

CQI analyses identified root causes for performance on this item often due to lack of quality engagement with parents and unclear directives during supervisor staffings. Although missed visits with parents did contribute to these findings, QA review findings suggest that cases failed to demonstrate adequate discussion with parents regarding allegations, additional issues of the case, permanency planning, service provision, and behavioral change necessary to adequately assess needs. QA Review Team findings demonstrate that staff are not always engaging absent parents, step-parents, paramours, or biological parents in assessing needs and providing services. Staffing guides and tools for case managers has demonstrated some improvements in this measure. Staff have consistently performed better in assessments and service provision to mothers compared to fathers. To increase involvement with case planning, decision-making and responsibilities, many supervisors are encouraging fathers to pursue legitimation, getting

fathers involved with visitations, and involving them as a support to the custodial party if appropriate. Staff are working toward greater involvement with fathers to remove bias and support fathers in being vested in their children's well-being.

In cases where the parent has voluntarily placed their child in care due to unruly behaviors, if the permanency goal is reunification, the Division is required to provide services even though the parent does not wish to participate. Several reviewed cases noted that information about the father and paternal relatives was deliberately withheld or falsified by the mother to prevent the case manager from making contact. Other cases noted that the case manager was unable to contact the incarcerated parent due to restrictions imposed by the detention facility. While these examples are not encountered routinely, they do impact the agency's ability to successfully assess needs and provide services to parents.

Item 12C: Needs Assessment and Services to Foster Parents



Source: DFCS QA Review Team, May-Dec 2022

The chart above demonstrates the change in observed performance within each region, from QA reviews conducted May to December 2022. Regions 1, 2, 4, 8, and 11 achieved 100% on this measure at some point during the 2022 reviews. Regions 1, 7, 10, 12, and 13 noted improvements on this measure from their first 2022 review (in yellow) to the last (in green).

With the assistance of the Caregiver Recruitment and Retention Unit (CRRU) and Child Placing Agencies (CPA), the needs of Foster Parents are regularly assessed and met across the region. The needs of foster parents are addressed by the regional CRRU team members at each re-evaluation (during home visits and contacts prior to home visits). CRRU team members are accessible to their foster parents around the clock via cell phone, email, or text. When an issue arises, the CRRU team member responds to the foster parent and then starts reaching out to placement case managers, supervisors, county directors, or other agency or community resources to try to assist the foster parents. The CRRU teams have a strong working relationship with the caregivers in their region and often act as a liaison between the foster parents and other agency staff. Regions also hold a monthly Foster Parent Call where updates and training are provided to participants, and an opportunity to express any concerns or ask questions is available to foster parents at the end of the call. Feedback provided by foster parents following the calls has been positive. The PAUSE process creates an additional opportunity to address foster parent needs as it relates to specific youth when the placement is at risk. The individuals on the PAUSE call can identify and implement additional services to stabilize the placement and support the foster parent. The Division continues to work with providers to improve timely assessments and enhance service availability and accessibility for foster caregivers. This work is ongoing.

Item 13: Did the agency make concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning process on an ongoing basis?

Georgia finds this item to be an *Area Needing Improvement*.

Issues identified as impacting this item include a failure to consistently engage families in case planning, a lack of evidence of family input into the written case plan, a lack of regular contact with case participants, and failure to engage in quality discussions that allow the opportunity to discuss family strengths and needs, as well as evaluate case plan progress. The most recent review found that the agency performed significantly better with regards to case planning activities with children and mothers, than with fathers. Incomplete data from Georgia SHINES shows that there were 3,935 Family Team Meetings conducted in CY2022. The data quality on this measure is not representative of the efforts to engage parents and children in the case planning process. The Division is exploring new opportunities to capture this information accurately ahead of the CFSR Round 4.

Participation in Case Planning, CY2022

Parent	2,823 (72%)
Child	1,103 (28%)
Both Parent and Child	958 (24%)
Mother	2,697 (69%)
Father	1,096 (28%)
No Participants Identified	1,089 (28%)

SOURCE: Georgia DFCS Data Unit

The Division is exploring strategies to improve parent participation in case plan development and monitoring. Staff are encouraged to conduct ongoing case plan monitoring at each home visit, and discuss the strengths and challenges of the case plan during the visit. CIP is encouraging judges and attorneys to ask the parents about their involvement with the case plan development and monitoring. This will provide additional oversight for staff to ensure parents are engaged early and often in case planning. Additional strategies are being discussed within QA and CQI teams.

Item 14: Were the frequency and quality of visits between caseworkers and child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?

Georgia finds this item to be a *Strength*.

QA reviews continue to identify several issues, including gaps in contact between the response time and follow-up for the initial assessments; not increasing the frequency of visits with children when deemed necessary based on the case circumstances (e.g. when there were unresolved risk/safety concerns, unstable foster care placements, etc.); lack of regular contact with children in their home/placement settings (as well as insufficient assessment and observations of home setting through virtual means amid the COVID-19 pandemic); and “friendly” discussions with children that did not encompass the reason(s) for agency involvement, general family functioning, safety plan provisions, and the effectiveness of services in place. QA findings in Region 3 noted issues relating to frequency tended to take place after case transfer from one program to another or during a change of case manager due to frequent staff turnover. The frequency issue was typically no more than one missed contact during the PUR in reviewed cases. Quality of visits were affected when staff struggled in documenting true engagement with the children around interaction with other household members, visitation with parents and engagement and progress with service providers. It is also somewhat frequent that identified service needs for children are not referred timely mainly with respect to counseling services. There was also a noted lack of quality collateral contacts regarding the children which would have been needed to direct conversations with the child about case plan progress. While staff have training during onboarding processes, there is not sufficient coverage within the counties for portions of staff to attend continuing education

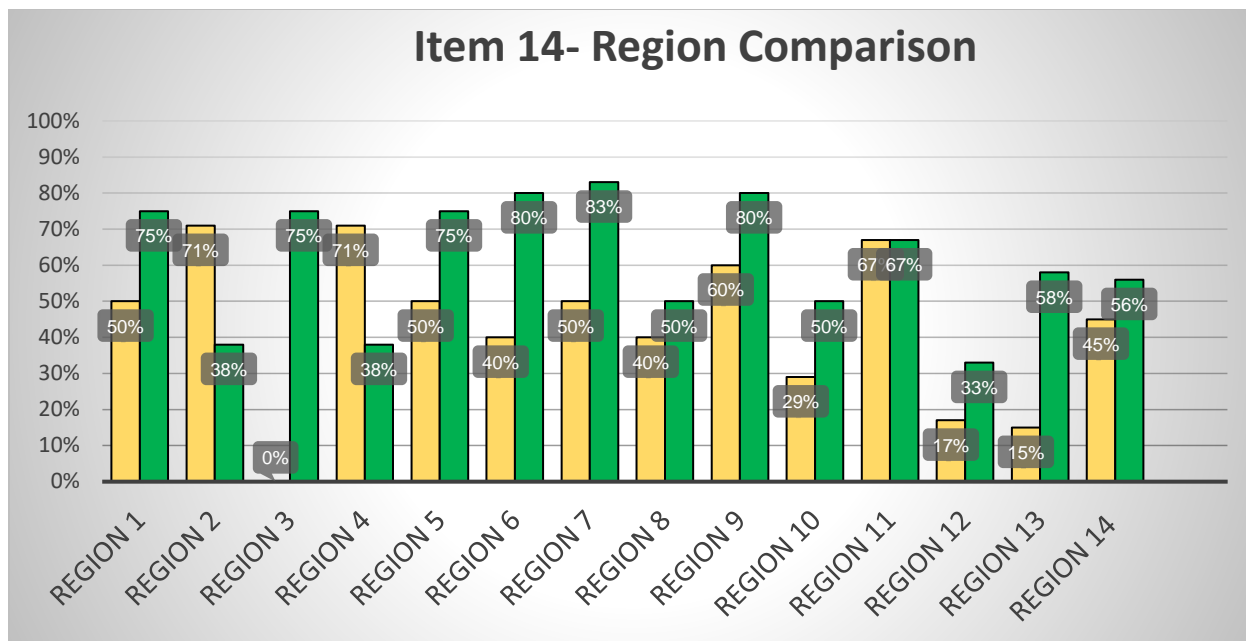
trainings quarterly to enhance and refocus child engagement skills. Case staffings with supervisors are an opportunity to provide mentoring and coaching around engagement.

Agency leadership identified a systemic barrier related to training of case managers and unclear definitions and expectations for “quality visits”. The Division has continued to convene around this issue throughout FY22 to identify contributing factors and root causes, validate root causes with supporting data, and work toward identifying appropriate and feasible strategies to address them. Regional supervisor summits are conducted quarterly by the QA/CQI teams and provide specific guidance on defining quality. Cases are debriefed with supervisors to demonstrate what quality visits look like. Feedback from attendees is positive. This work is ongoing.

Regions are increasing live-learning and case review feedback discussions throughout FY22 to discuss specific case concerns with front line staff, and scheduling discussions in Case Manager/Supervisor Summits and Lunch & Learns. Feedback from frontline staff indicate they appreciate the one-on-one feedback and ability to get clarity about questions they have. CQI is reviewing cases to assess if the case manager had monthly private conversation with the child (either face to face or virtually) to discuss any safety concerns, case planning and goals, services that are needed, behaviors or any mental health issues, and home environment. Through these reviews, CQI is ensuring that a meaningful conversation was had and documented and then providing their feedback to the supervisor and case manager assigned to the case.

Field Program Specialists (FPS) are reading case documentation to identify strengths and concerns on caseworker visits with children. Case managers are receiving FPS feedback on quality visits during monthly case reviews and workshops. The COVID-19 pandemic has created some barriers to conducting face to face visits, but alternatives like virtual visits have allowed staff to have more frequent contacts with children. Some families have expressed a preference for video contact, as it is not so intrusive, and they are more willing to talk about progress or barriers. Regions continue to work on improving visits and ensuring services are in place by providing trainings and staff huddles on policy and documentation. Communication with regional leadership will be ongoing throughout FY2023 to determine if these strategies will have a positive impact on outcomes.

QA reviews conducted between May and December 2022 show a strength rating of 70-80% during at least one review period in regions 1, 2, 3, 4, 5, 6, 7, and 9. Root causes for performance on this item are due to lack of quality engagement and/or lack of available services. Root cause analyses are conducted by CQI teams at the state and regional levels; the state CQI team utilizes the “5 Whys” method.



Source: DFCS QA Review, May-Dec 2022

The chart above demonstrates the change in observed performance within each region, from QA reviews conducted May to December 2022. Regions 1, 3, 5, 6, 7, 8, 9, 10, 12, 13, and 14 noted improvements on this measure from their first 2022 review (in yellow) to the last (in green).

Item 15: Were the frequency and quality of visits between caseworkers and the mothers and fathers of the child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?

Georgia finds this item to be an *Area Needing Improvement*.

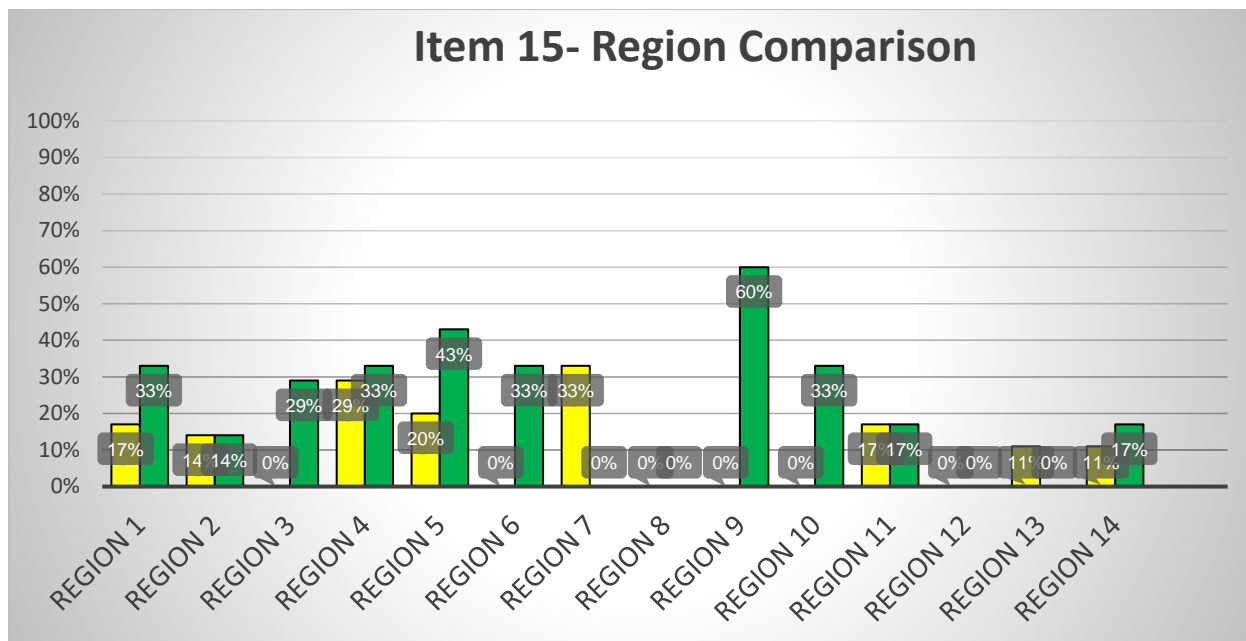
Issues identified for this item include gaps in contacts with parents between the initial response time and follow-up visits as well as when cases transferred from one program to another; not increasing the frequency of visits with parents when deemed necessary based on the case circumstances; and lack of engagement with live-in paramours and step-parents. Strengths related to this item include observations of the family's interactions and private discussions with the parents that were relevant to the reasons for agency involvement.

Frequency of visits can be a challenge when parents are not able to be located. Sometimes parents will refuse to make themselves available, change their residency, or avoid contact from the agency. Case managers may attempt contacts by visiting multiple homes and neighborhoods, sometimes in unsafe areas, in order to locate parents who do not want to be contacted. Continued attempts may be via phone, letter, virtual unannounced and announced visits, and in-person visits. For case managers with high caseloads, this level of effort creates a challenge to completing more than one parental contact each month.

The 2022 enhanced QA Reviews have noted in cases where fidelity to the CQI strategy was maintained, the case rated a strength on items related to quality parental engagement. This finding has led to increased efforts across the Division to align quality performance with CQI-developed engagement tools for case managers and supervisors, reinforce policy requirements and practice guidance, and encourage supervisor shadowing of QA reviews. The Division expects to see improved performance on this item in CY2023.

REGION 11

REGION 11 CQI Team implemented a series of Boot Camps for Supervisors to help increase their skills in Coaching and Mentoring, with a specific focus placed on guiding Case Managers to make more purposeful visits with parents and children and to help them improve their ability to document contacts. The Boot Camps were received with positive feedback, and the CQI Team is completing Targeted Reviews to determine if the intervention has helped to improve the Supervisor's ability to guide Case Managers in this area.



Source: DFCS QA Review, May-Dec 2022

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

Item 16: Did the agency make concerted efforts to assess children’s educational needs, and appropriately address identified needs in case planning and case management activities?

Georgia finds this item to be a Strength.

In addition to the action steps identified in the state’s 2020-2024 CFSP [*Strategic Priority II: Practice Standards, Objective VI: Increase the Division’s ability to support youth who need additional educational assistance* and *Strategic Priority III: Service Array, Objective II: Target 0-5 early childhood education*], the state has committed resources to improve student performance and increase access to educational support services.

Dept of Early Care and Learning

1. The Department of Early Care and Learning (DECAL) is working with other child serving state agencies and community organizations to build an Early Childhood System of Care that promotes coordinated policy and collaborative service delivery to support the many young children with (or at

- risk for) social, emotional and behavioral health needs and to promote healthy social and emotional development for all children.
2. The Infant and Early Childhood Mental Health (IECMH) Task Force was established in February 2021 to carry out recommendations from the Georgia Legislative House Study Committee on Infant and Toddler Social Emotional Health. The group serves as a cross-agency collaborative focused on early child mental health policy, finance, workforce development and promotion/prevention efforts to support infant and early childhood mental health in Georgia.
 3. DECAL offers supports for inclusion through a team of regionally based Inclusion and Behavior Support Specialists, who provide a variety of resources, strategies and supports to programs, classrooms, and the community. They also work to promote and increase inclusive childcare options for children with disabilities and their families in their communities.

Dept of Education

1. During the 2020 legislative session, the Georgia General Assembly passed [House Bill 855](#), requiring local school systems to immediately and deliberately assess whether exposure to trauma has had or is likely to have an adverse impact on the educational performance of students in foster care. In 2021, DOE provided [guidance](#) and resources to assist local systems with meeting these requirements and supporting students in care with necessary tools for a successful educational experience. Free specialized training opportunities are available to schools and local education agencies on the impact of trauma on brain development and executive functioning, and strategies to support children's well-being.
2. The Office of Whole Child Supports assists districts, schools, and communities in identifying and addressing student barriers to success while expanding learning opportunities. This includes sexual abuse and assault awareness training for professionals in grades K-9; publicly visible materials required in all school buildings for the child abuse hotline and caregiver support services; mandated reporter training developed specifically for individuals employed or volunteering in schools; and dissemination of a human trafficking prevention toolkit.
3. Dedicated staff within each school system serving as a foster care point of contact to ensure timely and efficient communication with the Division, and to provide individualized supports, including tutoring, transportation, and academic enrichment opportunities, to students in foster care. The school foster care point of contact is also a mandatory participant in the

development of the school's comprehensive needs assessment and District Improvement Plan.

4. A data-sharing agreement with the Division using enhanced technologies that allow Education Support Monitors (ESM) and Case Managers to obtain information on the child's academic progress in real time and inform the school system that a child is in foster care and thus immediately eligible for certain supports. DOE and DFCS are collaborating to determine how to best leverage this technology to promote data accuracy in several necessary items, including the child's grade level.

The [2022 report](#) by the U.S. Department of Education, Office of Elementary and Secondary Education (OESE), shows that in the 2019-2020 school year, Georgia reported 11,075 students in foster care. The Georgia DOE, Federal Programs Division, publishes an annual report on the [Foster Care Education Program](#). Foster care graduation rates for Georgia have improved.

SY 2018-2019: 38.5%

SY 2019-2020: 42.4%

SY 2020-2021: 45.3%

SY 2021-2022: 47.6%

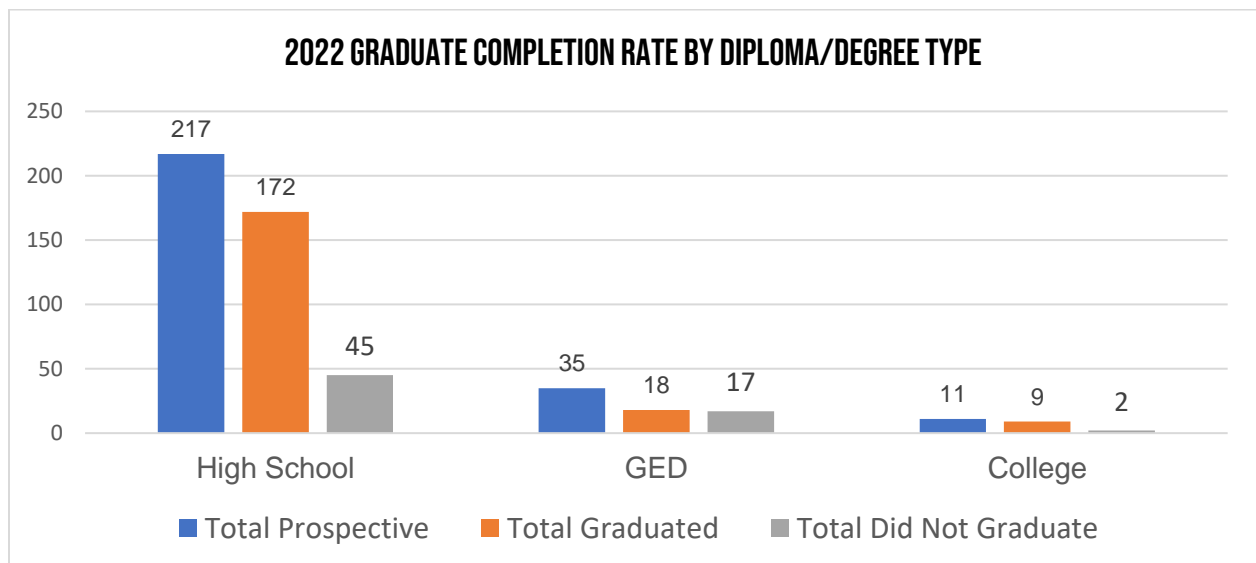
Division of Family and Children Services

1. Improved staff competencies around educational services for youth, involving Education Support Monitors (ESM) in high priority cases, and increasing opportunities to engage ESMs early in the case
2. DFCS' Out of School Care Program provides positive youth development funding for out-of-school time programs in Georgia.
3. DFCS' Early Childhood Collaboration Unit partners with the Department of Early Care and Learning (DECAL) to ensure that education is available and accessible for children younger than five through the [Head Start State Collaboration Office](#) and [Childcare and Parent Services \(CAPS\)](#) program <https://caps.dec.state.ga.us/en/>. Georgia SHINES data show that 85% of children age 0-5 were in an early education setting in CY2022.
4. Educational Programming, Assessment and Consultation (EPAC) Unit exists to ensure the educational well-being of school-aged youth in foster care by minimizing school disruptions, increasing promotion and graduation rates, and providing consultation and training on the educational rights and legal protections for youth in care

1. Targeted staffing within each of the 14 regions. EPAC has 14 regional Education Support Monitors (ESM), 73 contracted vendors serving as Education Support Specialists (ESS), and three EPAC district managers who provide oversight and support to the regional staff. ESMs support case managers with student enrollment, best interest determination meetings, transportation plans, special education and behavior concerns.
2. EPAC staff have access to the [Department of Education \(DOE\) Statewide Longitudinal Data System \(SLDS\) dashboard](#) to view historical education records including historical attendance, current school, enrollment history, historical grades, state assessment history and identifies special education services. In participating schools, Individual Education Plans can be assessed. EPAC also completes educational evaluations and connects youth to tutorial resources as needed. Georgia SHINES data show that 2,640 (21.5%) of the 12,291 youth in care age 3-19 in CY2022 reported having an IEP.
5. In 2021, the Division initiated a partnership with Georgia Appleseed to support youth in the child welfare system through the [FAIR project](#) (Fairness, Advocacy and Individualized Representation for Children in Foster Care). In partnership with other organizations, this holistic approach provides pro bono legal representation for children in care facing suspension or expulsion from school.
6. Each year in June, the Division hosts a Celebration of Excellence to honor over 250 youth age 17-25 who successfully completed secondary and post-secondary achievements. The 2022 event was held virtually and a video presentation created and aired with photo images of each graduate detailing the diploma/degree type, school/institution attended, and their college/military acceptance.
7. The regional EPAC and ILS partner with the county case manager to identify prospective high school and post-secondary graduates and general educational development diploma (GED) recipients by October of each academic year. The Regional ILS arranges quarterly meetings with the expected graduates in their service area to discuss academic progress and participation requirements for Celebration of Excellence. These meetings commence the second quarter of the academic year (October - December) and are held once per quarter until the month of the actual event. During these meetings, the ILS(s) provides participants with information to support

their post-graduation goals, such as the Education and Training Voucher (ETV) program, post foster care supports, and eligibility for Extended Foster Care (EFC).

Graduates who completed their studies were provided with items to support their launch into adulthood such as gift cards totaling \$400, a laptop, and household starter kits that included cookware, dishware, bath/bed linens, cleaning supplies, and COVID protection items. The effort was coordinated in collaboration with Angels in Paradise, Inc., a contracted vendor. These items were shipped to youth who had already left for college or moved out of state.



Source: DFCS GA-RYSE/Chafee Unit

The data chart above reflects information obtained from the previously mentioned partners and the graduates being recognized therein and vetted by the GARYSE Chafee team. The data does not include youth who were not on grade level or exited foster care prior to completion and can therefore not be attributed to the actual graduation rates of youth in foster care. Nine college graduates were from Region 1 (3), Region 9 (1), Region 12 (1), Region 13 (2), and Region 14 (2).

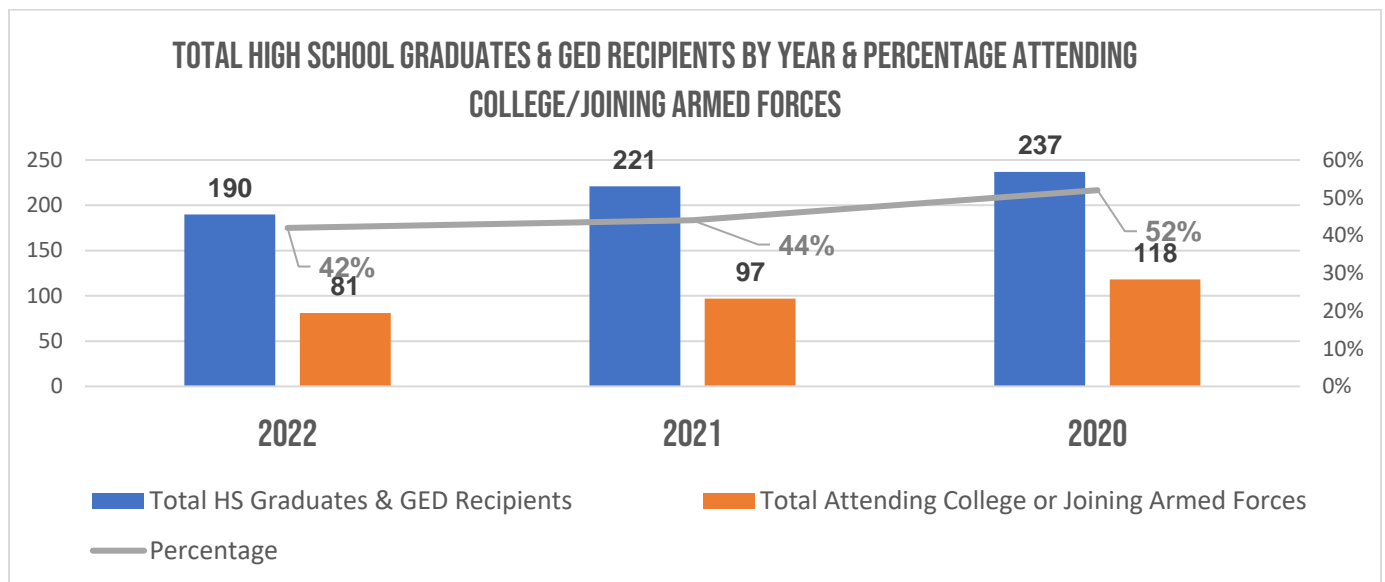
2022 High School Graduates and GED Recipients by Region

Region	Total HS/GED Graduates	Confirmed High School Graduates	Confirmed GED Recipients	# Accepted Into Technical School/College for fall semester	Joining Armed Forces	% of HS/GED Grads Attending College/Military
R1	26	25	1	13	0	50%
R2	9	8	1	4	0	44.40%
R3	9	9	0	6	0	66.70%
R4	15	13	2	5	0	33.30%
R5	10	9	1	5	0	50.00%
R6	16	16	0	7	0	44%

R7	5	3	2	2	2	80%
R8	5	5	0	0	0	0%
R9	7	7	0	4	0	57%
R10	8	8	0	6	1	87.50%
R11	13	13	0	2	0	15.30%
R12	12	11	1	5	1	50.00%
R13	26	21	5	9	0	35%
R14 Fulton	15	14	1	2	0	13.30%
R14 DeKalb	14	10	4	7	0	50%
Total	190	172	18	77	4	43%

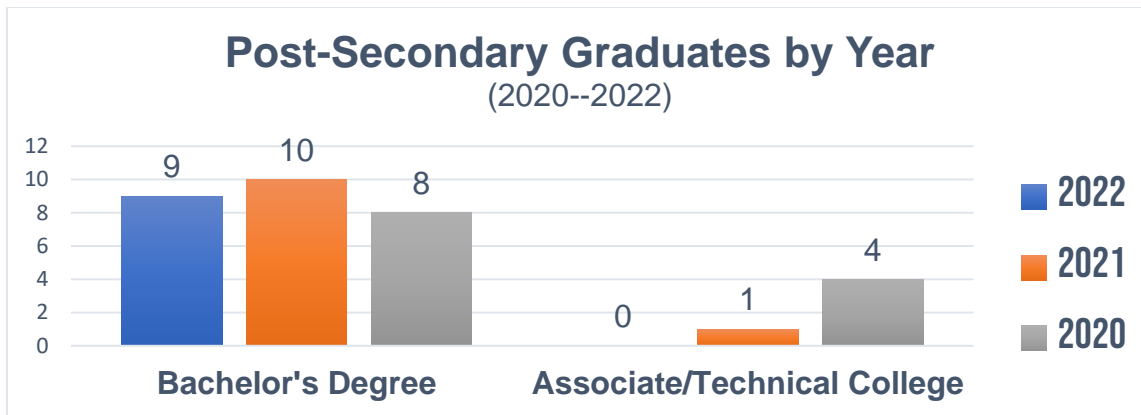
Source: DFCS GA-RYSE Chafee Unit

2020-2022 YOY COE GRADUATE DATA



Source: DFCS GA-RYSE Chafee Unit

The above chart demonstrates the most recent three-year trend in high school graduation/GED and college graduation/armored forces. The trend has decreased from 2020 to 2022 in both categories. Preliminary analyses considers the adjustments made by students, faculty, and school administrations during the Covid pandemic, allowing generous exceptions to allow youth to pass to the next grade level or graduate. Supporting evidence from the US Dept of Education note that students across the country fell behind academically during those years. The observed performance in 2022 may be a result of these adjustments. Further exploration is needed to better understand this observation.



Source: DFCS GA-RYSE/Chafee Unit

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

Item 17: Did the agency address the **physical and dental health needs** of children?

Item 18: Did the agency address the **mental/behavioral health needs** of children?

Georgia finds this Outcome to be a *Strength*. The state is taking active steps to address the health needs of its children, including those in foster care.

Dept of Education

1. The DOE Office of Whole Child Supports assists districts, schools, and communities in identifying and addressing student barriers to success while expanding learning opportunities. This includes school-based health centers (SBHC), which are an effective method for addressing medical, behavioral, dental, and vision health needs by meeting students where they are – in school. In 2022, Georgia DOE reported **110 operational SBHC** across the state, including four mobile clinics. DOE continues to provide grant applications each year in March for schools to request funding up to \$1 million per new SBHC. These services expand access for rural communities where transportation, accessibility, and cost may be barriers to routine health care.

Division of Family and Children Services

1. Since 2006, Georgia Families 360 (GF360) is Georgia's Medicaid program covering children, youth, and young adults in foster care, children and youth receiving adoption assistance, and select youth involved in the juvenile

justice system. Amerigroup Community Care is GF360's sole Care Management Organization (CMO) responsible for coordinating care for these children, youth, and young adults across the state. Division leadership had expressed frustration with GF360's burdensome administrative hurdles, including coverage denials and gaps. In 2022, the Division requested all county DFCS offices to compile complaints regarding GF360 on specific cases as well as medical necessity denials.

2. In 2022, the Division created an Office of Health Law and Policy, which includes a Foster Child Passport Team and an Appeals Team. The primary goal of the Appeals Team is advocate for children who are insured under the GF360 plan to ensure compliance. In 2022, the Division hired three Medicaid attorneys to review claims, dispute decisions, file appeals, secure reversals, and negotiate resolutions. The team also provides specific training and education to DFCS field staff on all types of appeals, including psychiatric residential treatment facility (PRTF) admission denials and discharges, medical treatments including dental services, and non-PRTF psychological assessments and treatments. From July to December 2022, 174 reports of service denial, discharge, or decision affecting medical benefits were reviewed by the Appeals Team. Services included denial or discharge of PRTF, dental benefits, pharmacy/prescription drug coverage, and support services (therapy/skills training). Of those, 16 were appealed and eight fair hearings were requested. The team has observed early positive results from the process and expects these efforts to continue improving timeliness and access to health care for youth. The Office of Health Policy and Law is exploring areas for expanding supportive services for staff, including record requests and monitoring of teen credit reports. This work is ongoing.
 - The Foster Child Passport Team is designed to centralize the vital records collection for the Foster Child Passports so that the passport delivery process to Foster Parents is more efficient while also alleviating some obligations of DFCS local offices and employees. The team collects birth certificates, court orders, social security cards, and additional vital records necessary for foster parent use and for youth aging out of foster care. These documents are maintained under secure storage within the Department of Human Services (DHS) and provided through secure delivery when needed (e.g., to file TPR).

Georgia Health Information Network

1. The Georgia ConnX (formerly Georgia Health Information Network) provides health information, including medical events, medications,

diagnoses, and many other data points that are documented by health professionals across the state. Medical information is updated weekly in Georgia ConnX, which can be accessed directly from Georgia SHINES, where case managers are able to quickly retrieve a child's medical data. ConnX provides a "network of networks" that connects the Health Information Exchanges across Georgia and the U.S., so a child's medical records are available instantly to authorized doctors and they can access the child's complete medical history to provide timely diagnoses and treatment.

2. The Georgia Medicaid Management Information System (GAMMIS) is connected to the Georgia ConnX. GAMMIS serves as the primary web portal for Medicaid and PeachCare for Kids and lets authorized providers perform a search to find health data on individual Medicaid patients and access records indexed in Georgia ConnX. The GAMMIS portal provides timely communications, data exchange, and self-service tools.

Dept of Public Health

1. **First Steps Georgia:** serves as a key point of entry where expectant mothers and primary caregivers with young children can receive screenings and referrals to community resources that will support their needs and the healthy development of their children. FSG provides relevant, age-appropriate educational materials on maternal health, newborn/child health, home and child safety, community and family safety, school readiness, and family economics/self-sufficiency. When ongoing support is needed, FSG may refer a family to a home visiting program.
 1. *Georgia Home Visiting Program* - designed to provide assistance to new parents who need consistent, ongoing support during the first years of their child's life. The GHVP is a strengths-based, family-centered support strategy that utilizes the evidence-based Parents as Teachers (PAT) and Healthy Families Georgia (HFG) program models, which are proven to improve outcomes in several domains, including maternal and child health, reductions in child maltreatment, and positive parenting practices.
2. **Children First:** the single point of entry for all DPH Child Health programs and services for children, from birth – five years old, and links eligible children to early intervention services, home visiting, and other public health programs and community-based resources, including:
 1. *Children's Medical Services (CMS)* - supports families caring for children with special health care needs. Eligible children include those receiving Medicaid, or in foster care, and have an eligible

- chronic condition. Over 6,300 Georgia children and youth received services in SFY2022.
2. *Georgia Autism Initiative* – a collaboration with physicians and public health district coordinators to record and/or administer ASD-specific screenings for early intervention. From January 2018 to December 2022, over 3,500 children between the ages of 18 and 24 months have been screened for ASD across the state of Georgia.
 3. *Babies Can't Wait* – an early intervention program for children ages 0 - 36 months with developmental delays, and/or certain diagnosed conditions that have a high probability of resulting in delays. From January 2020 to June 2023, over 1,900 children between the ages of 0 – 36 months have been screened for early intervention services which resulted in the development of 708 Individual Family Services Plans (IFSP).
 4. *First Care* – a skilled nurse home visiting program available in select counties for premature and low birth weight infants
3. Oral Health Program: [Public health dental services](#) are provided to children across Georgia who are enrolled in Medicaid and PeachCare programs, including youth in foster care, as well as to low-income patients on a sliding-fee scale.
 1. *Dental Health Education* - Public Health dental hygienists teach school children the importance of proper brushing, flossing, and good nutrition for good dental health. Nearly 33,000 school children were reached in FY2022. If a child is found to have oral health problems, a referral note is sent to the parent/guardian regarding the child's condition and detailing available resources. More than 22,030 school children were screened and referred for treatment in FY2022 through public health dental programs.
 2. *Self-Applied Fluoride and Education Rinsing Program (SAFER)* – a preventive service that has been successfully implemented in many Georgia schools for over 20 years. Participating children, age six and older, use 10ml or 5ml of 0.2% sodium fluoride solution, to rinse for one minute in the classroom. Participating children too young to rinse, and who are in Head Start Programs or kindergarten, chew a daily fluoride tablet or use daily fluoride drops, for the prevention of tooth decay. Approximately 10,168 school age children received fluoride varnish treatments in FY 2022.
 3. *Dental Sealant Program* – a school-based program designed to provide eligible students with dental sealants on their first and

second permanent molars to prevent tooth decay. Georgia currently has 60 elementary school-based sealant programs operating in nine districts; all programs operate in schools in which 50% percent or greater of the children enrolled are eligible for the federal free and reduced meal program. Some programs are 100% funded by the state and operate utilizing portable equipment owned by the state; others are funded by the counties and operate in their clinics. Since 2019, the 60 school-based sealant programs have provided more than 20,000 sealants on elementary children with at least one molar sealant.

Dept of Behavioral Health and Developmental Disabilities

1. Because DBHDD restrictions limit provider credentialing outside of the community service board framework, many areas of the state are experiencing provider shortages, particularly in mental health care for youth, which often cause a delay in receiving timely services. In many rural areas, there are challenges with providing services for youth who are developmentally delayed or autistic. There are extremely limited Applied Behavioral Analysis (ABA) providers through GF360 and extensive wait lists for ABA or autism-specific therapies. Unfortunately, this issue exists across all fee-for-service and managed care Medicaid for children in Georgia. To address these regional shortages, virtual care has been utilized heavily throughout the COVID-19 public health emergency, but not all youth are able to engage fully using the virtual platforms, particularly for mental health needs, and reliable internet continues to be a challenge in some rural areas.
2. The FY24 Governor's budget recommends additional mental and behavioral services for Georgia' youth and requested funds from the Legislature of \$13,088,198 to expand behavioral health and substance abuse crisis capacity with three additional behavioral health crisis centers, \$10,178,507 to annualize 513 slots for the New Options Waiver (NOW) and Comprehensive Supports Waiver Program (COMP) for individuals with intellectual and developmental disabilities, \$4,199,684 for 250 additional slots for NOW/COMP for individuals with intellectual and developmental disabilities, and \$6,288,973 for additional mobile crisis teams to address increasing demand statewide.

CFSR Systemic Factors

Item 19: *How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?*

Georgia finds this item to be a *Strength*.

The State's CCWIS system (Georgia SHINES) records important demographic information for all children/families, foster care placements, and permanency goals for children in care. Georgia's Child Welfare Policy Manual requires data updates into Georgia SHINES within 72 hours of occurrence. The status and demographic characteristics are tracked on the Person Detail page. The Placement page tracks the location of the child. Goals are listed on the Case Plans page. The Division assigns specialized staff – Performance Management Field Program Specialists (FPS) and Data Integrity Specialists (DIS) – to monitor the accuracy and completeness of this information. CCWIS enhancements resulting from AFCARS 2.0 will be used to support CQI/QA efforts by ensuring data quality and consistency for required items under review.

DIS staff in each region receive a monthly data quality report from the Data Unit. This report includes missing or incomplete case information that needs attention. The DIS contact the assigned case manager on each identified case with missing data and collaborate to address the issues. DIS provide training to staff in each region on how to enter demographics, placements and case plans correctly. During the training, DIS review timeliness and documentation requirements. Where there is high staff turnover, the DIS hold more frequent trainings. Data quality can also be assessed by the Regional Accounting Offices during monthly billing because inaccurate information in Georgia SHINES prohibits payments to providers. When errors are identified, accounting staff will contact the case manager and/or supervisor to correct the data.

The below table demonstrates initial data accuracy and completeness from January through December 2022, prior to DIS involvement. (100% - (# Data Present / Total # Applicable Children)). After the DIS work with the case managers, the data accuracy and completeness reaches 100% in these measures.

	Demographics	Person Characteristics	Legal Status	Placements
Jan-22	99.90%	99.24%	99.84%	98.16%
Feb-22	99.93%	99.28%	99.86%	98.59%
Mar-22	99.93%	98.71%	99.67%	98.20%

Apr-22	99.88%	98.68%	99.78%	98.47%
May-22	99.86%	99.15%	99.76%	98.32%
Jun-22	99.97%	99.15%	99.59%	98.36%
Jul-22	99.95%	99.11%	99.66%	98.15%
Aug-22	99.93%	98.91%	99.76%	98.05%
Sep-22	99.83%	98.70%	99.36%	98.23%
Oct-22	99.91%	98.49%	99.62%	98.26%
Nov-22	99.94%	98.33%	99.70%	98.50%
Dec-22	99.89%	98.11%	99.77%	98.23%

SOURCE: Georgia DFCS Data Unit

Case Review System

Item 20: *How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?*

Georgia finds this item to be an *Area Needing Improvement*.

Georgia's Child Welfare Policy Manual requires developing written case plans for children in foster care by engaging the parents/guardians during the family team meetings. The Division finds that most children in care have a completed case plan.

Of the 14,517 children in care over 60 days in CY2022, 14,276 had an approved case plan (98.3%).

Parents are expected to participate in the development of their child's written case plans. When case plans are not completed timely or with the parents' involvement, this is often due to parties that are non-compliant and do not actively participate. Quality Assurance review teams are scheduling quarterly focus groups with regional supervisors to discuss cases and emphasize the importance of engaging parents. Supervisors are discussing the need for parental engagement with case managers during monthly staffings. This work is ongoing. Parental case plan involvement is not consistently documented in Georgia SHINES. The Division is exploring opportunities to improve data collection for this item.

Item 21: *How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?*

Georgia finds this item to be a *Strength*.

Georgia law (O.C.G.A. §15-11-102) requires an initial periodic review hearing to be held within 75 days following a child's removal from their home. An additional periodic review shall be held within four months following such initial review. Georgia's Child Welfare Policy Manual provides requirements and procedures for periodic reviews to align with state and federal laws.

Data from Georgia SHINES demonstrate that out of the 12,519 children in care for at least six months in CY2022, there were 10,891 periodic reviews/hearings (87%) held on time.

When courts were closed because of COVID-19 in-person restrictions, some jurisdictions were not able to schedule timely hearings for all children in care. Division leadership continues to work with Field Program Specialists (FPS), the Court Improvement Program (CIP) and the Office of the State Attorney General to identify the jurisdictions with a confirmed backlog and implement solutions to improve timeliness.

County DFCS Directors are using judicial stakeholder meetings to discuss cases and develop strategies to monitor and maintain timely hearings. A weekly data report is provided to local and state leadership receive that describes the cases with overdue reviews for each county, as well as cases that are due for a review within the next 7-14 days. These measures are assisting local staff with identifying current and potential delays and taking steps to mitigate them. This work is ongoing.

Item 22: *How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?*

Georgia finds this item to be an *Area Needing Improvement*.

Georgia law (O.C.G.A. §15-11-102) requires a permanency plan hearing to be held within nine months of the date the child is considered to have entered foster care for children under seven years of age at the time the dependency petition is filed (and any siblings that enter care at the same time). A permanency plan hearing must be held no later than 12 months after a child seven years of age or older is considered to have entered foster care, unless a sibling group enters care at the same time and at least one member of the group is under seven years of age at the time the dependency petition is filed, then the permanency plan hearing for the entire sibling group shall be held no later than nine months after the children are considered to have entered foster care. Subsequent permanency plan hearings shall be held at least every six months after the initial permanency plan hearing or more frequently as deemed necessary by the court.

Georgia's Child Welfare Policy Manual provides requirements and procedures for permanency hearings to align with state and federal laws.

Data from Georgia SHINES demonstrate that out of the 9,654 children in care for at least 12 months in CY2022, there were 7,063 permanency hearings (73%) held on time.

Timely permanency hearings are monitored by the Data Integrity Specialists (DIS), along with Regional Adoption Coordinators (RACs) and Permanency FPS. While judicial districts may vary in their practice, dates for the permanency hearings are generally set at the adjudication hearing, so they are on the court's calendar well in advance. The courts may also track and set six-month review hearings, in which they discuss the permanency plan for the children in those hearings. Some regional DFCS offices have a designated court liaison whose role includes tracking the court calendars and distributing to staff on a weekly basis.

When courts were closed because of COVID-19 in-person restrictions, some jurisdictions were not able to schedule timely hearings for all children in care. This has been acknowledged by Georgia's Chief Justice and state legislature; to expedite dependency hearings, the 2023 legislative session included in the state budget a salary supplement for juvenile court judges without a dependency case backlog greater than 180 days. Division leadership continues to work with the Council of Juvenile Court Judges, the Court Improvement Program (CIP) and the Office of the State Attorney General to address issues related to the backlog of hearings. CIP is also working to update the Court Process Reporting System (CPRS) to track this measure and provide ongoing monitoring.

Continuances have been identified as a significant barrier to timeliness on this measure. Continuances may occur due to staff turnover, when a new case manager or attorney is unfamiliar with the case details and needs additional time to get informed. They may also occur to accommodate the child's parent(s), who may be working a substance use treatment plan and additional time is needed to reach stability. Georgia's Court Improvement Program (CIP) is providing guidance and support to improve the state's performance on this measure. CIP conducted a random sample analysis of 20 children in ten counties. The average time in care was 22.3 months (range: 4-69 months), and the average number of continuance orders was 2.15 (range: 0-6 orders). Further analyses are warranted to identify the reasons for these orders, if they are concentrated in specific jurisdictions, and possible strategies to address them. CIP is also working to update the Court Process Reporting System (CPRS) to track this measure and provide ongoing monitoring.

Item 23: *How well is the case review system functioning to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?*

Georgia finds this item to be an *Area Needing Improvement*.

Georgia's Child Welfare Policy Manual requires termination of parental rights to align with state and federal laws. There are several alerts within Georgia SHINES that notify staff when there is an upcoming or overdue issue for children who have been in care for 15 of the most recent 22 months without a filed TPR or voluntary surrender. These systems are in place to ensure that if TPR isn't filed by the 15th of the most recent 22 months of a child's stay in foster care, there must be documentation to support a compelling reason.

In several jurisdictions, staff or attorney turnover is often cited as a reason affecting timely TPR filing. The Division's General Counsel is partnering with CIP to identify and contact those courts with a significant backlog of permanency hearings; they are working to address any barriers and re-establish timely calendars. In jurisdictions where the court has identified a need for staff support, DFCS and CIP are exploring opportunities to address the needs. The Division expects timely hearings to improve in CY2023.

Regional Adoption Coordinators (RACs) are state office consultants, providing hands-on guidance and support for cases with an adoption goal. These cases are most often identified through the state's CCWIS system (Georgia SHINES). Most of the RACs work on cases where parental rights have been terminated and the agency is trying to move them to permanency. For those without TPR, the RACs work with the county to pull their packets together and provide guidance on what is needed for the packets. The county staff will pull the packet together, change the goal to adoption, and support the TPR filing.

The below chart demonstrates the number of children in custody for 15 of 22 months on the last day of CY2022, and of those, the percentage of children who have a completed TPR, by region. Regions 2 and 6 report over 40% of completed TPRs and the state's average is 28%. Further analyses are needed to explore the issues contributing to these observed findings.

REGION	Number of children in care: 15/22 (12/31/2022)	Completed TPR
1	578	170 (29%)
2	435	196 (45%)
3	394	109 (28%)
4	330	117 (35%)
5	457	123 (27%)
6	269	115 (43%)
7	361	91 (25%)
8	399	85 (21%)

9	201	60 (30%)
10	397	82 (21%)
11	711	147 (21%)
12	446	162 (36%)
13	599	158 (26%)
14	519	97 (19%)
	6,096	1,712 (28%)

Source: Georgia DFCS Data Unit

There continues to be challenges with staff identifying appropriate compelling reasons not to file for TPR. The agency has developed training to address the challenges around compelling reasons and concurrent planning. These trainings are also opportunities to provide continued guidance on conditions for return and permanency planning with a deliberate focus around returning children home safely and timely, while also considering other permanency options when reunification is no longer likely.

Compelling Reasons Cited when TPR Petition not Filed (random sample, n=100), CY2022

Issue	Count
Still Working on Reunification	40
Entry Unclear	18
Does Not Want to Be Adopted	14
Working on Relative/Guardianship	13
Court Issues	7
Death of Parent	2
Miscellaneous	2
Delinquent Child	2
Undocumented Child	1

Source: Georgia DFCS Data Unit

The Division explored the average length of time between the date the TPR is filed to the hearing date. The below chart demonstrates the median was 90 days in CY2022, and the longest time between filing the TPR petition and the hearing was 357 days.

Race	TPR Petitions in 2022	Min Days to Hearing	10 th Pct	25 th Pct	Median	75 th Pct	90 th Pct	Max Days
Non-White	419	0	44	70	91	139	182	312
White	639	0	49	69	88	118.5	155	357
	1,058	0	48	70	90	122	170	357

Gender	TPR Petitions in 2022	Min Days to Hearing	10 th Pct	25 th Pct	Median	75 th Pct	90 th Pct	Max Days
F	529	0	48	69	87.5	120	168	357
M	529	0	47.9	71	90.5	125	170.1	312
	1,058	0	48	70	90	122	170	357

Source: Georgia DFCS Data Unit

Additional analyses and CQI exploration with legal and judicial system partners will continue throughout CY2023 to determine strategies and solutions for improvement.

Item 24: *How well is the case review system functioning to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child?*

Georgia finds this item to be an *Area Needing Improvement*.

Each county has a process in place for providing notice to caregivers. [Senate Bill 439 \(2020\)](#) became effective January 1, 2021 and provides for enhanced notice to and improved participation of foster, pre-adoptive, and relative caregivers in certain court hearings. It also provides for the court's consideration of issues relevant to a child's placement, care, well-being, and permanency raised by such persons; and requires certain findings be made by the court, including whether the caregiver was provided notice of the hearing or review, including the method, and whether the caregiver expressed an interest in being heard at the hearing or review. Since the passage of the law, there has been an increase in caregiver notifications. However, notices are not provided consistently in the same manner; sometimes notices are provided by the attorney, or the case manager, or the placement provider. CIP is working with the Division to enhance the Court Process Reporting System (CPRS) to automatically generate a notification to the caregiver via text and email when the next court date is scheduled. When completed, this system will ensure that caregivers receive timely notification, including that they have a right to be heard in court. This CPRS enhancement will also ensure that the Division is able to consistently monitor and report these data statewide.

In February 2023, the Division surveyed nearly 200 foster, adoptive, and kin caregivers at the annual Adoption and Foster Parent Association of Georgia (AFPAG) conference, out of 500 attendees. The Division expects the recent CPRS enhancement, along with staff training, to increase the percentage of caregivers who receive notifications timely.

Q: How timely are you notified of upcoming court hearings where your presence was required or needed?

ANSWER CHOICES	RESPONSES	
More than 72 hours (3 days) before the hearing	44.27%	85
Less than 72 hours (3 days) before the hearing	16.67%	32
I am/was not always notified of hearings that I needed to attend	30.21%	58
I am not able to answer this question	8.33%	16
TOTAL		191

AFPAG respondents also provided feedback on their participation in court hearings, panel reviews, family team meetings, and/or transitional meetings. The Division will work with courts and other stakeholders to increase the percentage of caregivers who are encouraged to share information.

Q: How often are you encouraged to share your thoughts and opinions during court hearings, panel reviews, family team meetings, and/or transitional meetings?

ANSWER CHOICES	RESPONSES	
Always	24.48%	47
Most of the time	21.35%	41
Sometimes	29.69%	57
Never	16.67%	32
I am not able to answer this question	7.81%	15
TOTAL		192

AFPAG respondents provided feedback on their treatment during court hearings, panel reviews, family team meetings, and/or transitional meetings. The Division will work with

courts and other stakeholders to increase the percentage of caregivers who receive fair and respectful treatment.

Q: Were you treated fairly, with courtesy and respect, during court hearings, panel reviews, family team meetings, and/or transitional meetings?

ANSWER CHOICES	RESPONSES	
Always	49.48%	95
Most of the time	20.31%	39
Sometimes	15.62%	30
Never	3.65%	7
This question does not apply to me	10.94%	21
TOTAL		192

Quality Assurance System

Item 25: *How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?*

Georgia finds this item to be a *Strength*. Georgia operates an identifiable quality assurance (QA) system that is in place in the counties/regions where the services included in the CFSP are provided and the system evaluates the quality of services, identifies the strengths and needs of the service delivery system, provides relevant reports, and evaluates implemented program improvement measures. The case review system utilized by the QA team is high-functioning and directly models the CFR process, in that cases are not only reviewed for compliance, but case specific interviews are conducted for each case to offer a thorough, comprehensive assessment of the state's true performance with regards to federal requirements related to work with families. There

have not been any areas of concern identified for the QA system. This area continues to be a strength for the agency.

From May-December 2022, the Division's Child Welfare Quality Assurance (CWQA) unit implemented a time-limited, targeted approach to case reviews, with the goal of providing greater partnership between the regions and the CFSR review team to increase PIP goal performance. The CFSR Impact Transition Plan increased the number of cases reviewed, with the reviews only focusing on the five unmet PIP items from CFSR Round 3. This targeted approach was implemented to measure the effectiveness of improvement strategies. Throughout the 2022 quality assurance reviews, there was dual focus on the evaluation of regional improvement strategies. For each case reviewed, reviewers answered the below questions to evaluate the use and effectiveness of CQI strategies:

- 1) Was it evident the developed strategy was used?
- 2) If used, was the strategy used consistently and with fidelity?
- 3) If used with fidelity, did the strategy have a positive impact on the indented CFSR item(s)-Items 2, 3, 12, 14, and/or 15?

Data related to responses to these inquiries was shared during regional focus groups, as well as through quarterly statewide trend reports. Additionally, during ongoing quality assurance reviews, trends surrounding "quick wins" and their impact on CFSR Items is gathered. Focus on the quality and effectiveness of supervisory oversight also increased during the 2022 review period. Only supervisors and the case manager were interviewed by the review team and not parents, foster parents and other stakeholders. The Impact Plan outlined the expectation that supervisors in all service areas would observe, or shadow, a CFSR review to increase their knowledge of the CFSR and their capacity to educate and coach staff in the practice principles represented by the CFSR.

The modified review process continued to follow the "pre-Round 4" procedures adopted in 2021:

1. 3-month review cycles to conduct statewide reviews
2. Cases to be reviewed must have recent history
3. A six-month period under review for determining CFSR ratings is used (versus the twelve-month review period used in Round 3) to better inform Continuous Quality Improvement (CQI) opportunities and strategies.
4. Districts are the geographical unit for monthly reviews instead of the six manufactured zones used in Round 3.

In 2023, the QA Team returned to reviewing all 18 CFSR items, with 25 cases each month (15 FC/10 FPS), utilizing a 12-month period under review, and interviews with all case

participants (case managers, supervisors, parents, children, foster caregivers, service providers, and legal stakeholders). All cases from case sample listings are reviewed using the Round 4 Onsite Review Instrument (OSRI). In addition, interviews are conducted with participants (family members, stakeholders, etc.) related to the cases. Cases are evaluated based on 18 items within seven outcomes related to safety, permanency, and wellbeing. 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.

An evaluation of systemic factors that affect the state's performance is measured by:

- Collaboration/ Relationship with community partners
- Array of services available and accessible to customers
- CWQA Case Record reviews and interviews
- Overall Achievement of the 18 items and Seven Outcomes

Stakeholder engagement throughout the QA process utilizes surveys to gather information related to service delivery and systemic factors. Stakeholders are able to participate in both the case specific interviews and their overall assessment of the child welfare system. For example, a service provider would be asked case-specific questions about the family with whom they work. In addition, this same service provider would be interviewed as a stakeholder and asked questions related to their overall services, relationship, and collaboration with others across the child welfare system.

Stakeholders include but are not limited to:

- Legal stakeholders (judges, SAAG (Special Assistant Attorney General), CASA (Court Appointed Special Attorney), GAL (Guardian Ad Litem), Citizen Panel Member, etc.)
- School personnel (teachers, counselors, principals, etc.)
- Law Enforcement
- Medical Providers (doctors, dentist, hospitals)
- Mental Health Providers (therapists, counselors, hospitals)
- Homestead/Parent Aide Providers
- Other service providers (substance abuse, Domestic Violence, parenting classes)
- DFCS Case Manager/Supervisor

Stakeholders are asked to provide a rating of Excellent, Good, Fair or Poor in applicable areas based on their role with the agency. These ratings are combined and reflected in the quarterly CWQA trend reports. Each stakeholder is asked to rate the areas of their knowledge (i.e. service provision, legal). Not all stakeholders will be able to provide

feedback ratings on all areas, and if necessary certain areas will be marked “NA” for a particular stakeholder.

Georgia DFCS believes that mentoring provides excellent opportunities for transference of knowledge, and the cornerstone skills of assessment, engagement, and supervision, are necessary for staff to effectively do their jobs. CQI teams across the state have been developing and implementing practices to address the identified areas needing improvement. Continued support of and fidelity to the CQI process will only strengthen Georgia’s performance and service to families.

The QA team has consistently yielded comprehensive evaluative data and trend reports that document conformity with standards that address safety, permanency, and well-being. Routine statewide reporting is provided in [Safety Outcome 2](#), and [Well-Being Outcome 1](#). Delivery methods have included:

1. The Trend Comparison Chart
2. CFSR Trend Reports (for each District following each review, and quarterly statewide reports)
3. District/Regional Comparisons
4. Collateral Contact/Supervisory Staffing/Documentation Data

Supervisory focus groups allow the opportunity for QA reviewers to provide one-on-one individualized feedback regarding review results at the field level, and prioritize the cornerstone skills that are needed to successfully engage with parents and providers to achieve positive outcomes, and highlight good case practice. The Focus Groups are well attended by front line and leadership staff in the regions. Supervisors are encouraged to ask questions during these focus groups and promote continued improvement among the case managers under their supervision. This work is ongoing.

Continuous Quality Improvement (CQI)

Evaluation and implementation of program improvement measures are promoted through the state’s CQI efforts. Each region has an assigned QA Specialist to assist the CQI teams with educational needs related to CFSR. CQI teams include frontline staff and supervisors, county leadership, and the regional C3 Coordinator. CQI teams are operational in all fourteen regions and the Child Protective Services Intake Communications Center (CICC). CQI teams use Gilbert’s Behavior Engineering Model to conduct root cause analysis. This model includes six categories within two domains that indicate the areas that influence the work: Environment (Expectations and Feedback;

Tools and Resources; and Incentives and Consequences) and Individual (Knowledge and Skills; Capacity; and Motivation). Each team also uses a Performance Improvement Process planning worksheet to develop and evaluate strategies. This process consists of five phases: Performance Analysis, Cause Analysis, Intervention Selection and Development, Implementation and Change Management, and Evaluation. When developing interventions, CQI teams create a Quality Improvement Plan (QIP). Once the performance problem and cause have been analyzed, the strategy is included in the QIP, as well as how it will be measured, and its expected outcome. CQI training is provided to individual teams on an as needed basis to ensure they understand, and can effectively use, the CQI tools and resources.

In 2022, the Division launched a statewide CQI team consisting of regional C3 Coordinators, field program specialists, county and regional leadership, and program directors in safety, permanency, and well-being. This team meets monthly to review the QA data and practice standards, and to explore root causes for observed performance. The Division has scheduled targeted CQI discussions with stakeholder groups to review existing data and develop strategies and solutions to improve observed performance. Feedback from these CQI discussions will determine how to move forward with expansion of the state CQI team in 2024 to include people with lived experience and court partners.

The QA/CQI teams rely on the **OSRI** reports to pull de-identified review guides for distribution each month. The **Ratings by Case** report is used for preparation for case debriefs as needed. The **State Rating Summary** report is used to pull the data for each month's trend charts (statewide data, and then broken down by district and regions). The QA/CQI team can also pull county level reports from this resource if needed. The **Face Sheet** and **Participants Interviewed** reports are used to track the number and type of participants engaged regularly through the review process. The QA/CQI teams regularly use the **18 Item Specific** reports to look at breakdowns of performance for each measure within the items and to evaluate case practices (strengths and areas needing improvement). The analysis of information from these reports is used to develop statewide trend reports and the content for the regional focus groups.

The COVID-19 pandemic has not impeded the state's ability to ensure an operational quality review system. The only change in the review process has been a shift from primarily face to face quality assurance interviews to interviews conducted via virtual means beginning in March 2020. The QA team has been able to maintain continual engagement with a vast population of review participants. CQI meetings and attendance have also been more consistent during the pandemic, as meetings are more accessible and convenient in the virtual arena.

Staff and Provider Training

Item 26: *How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the Child and Family Services Plan (CFSP) that includes the basic skills and knowledge required for their positions?*

Georgia finds this item to be a *Strength*. The Division has been successful at ensuring that initial training is provided to 100% of staff. The Division has a process to ensure all staff receive the new worker training prior to receiving a caseload. During CFSR Round 3, the Division requested new staff to enroll themselves into the training. As of 2022, the Human Resources department automatically registers new staff for the New Worker Training, which has resulted in increased participation and on-time completion. The Training and Professional Development unit receives notification from Human Resources twice each month with the number of newly hired staff, which allows the Training unit to match the availability of training for the number of new staff. This process eliminates any delays for new staff to receive required training courses. Regional Mentoring & Staff Development Field Program Specialists (FPS) work in partnership with the Training and Professional Development Unit to ensure initial and ongoing trainings are provided to staff. They participate in the certification process and work to identify specific trainings needed within their regions.

Currently, 95% of new worker training is in-person and classroom-based. The average time to completion for new worker training in CY2022 is 106 days, and the median is 64 days. Staff can receive a provisional certification after completing basic training which allows staff to manage a small caseload (5-7 cases) and obtain hands-on training. A list of expected field practice activities are included in the training, so that new workers can bring that hands-on experience to the classroom discussions. Full certification is completed shortly thereafter. The Division also utilizes virtual reality training via Accenture AVEnues, which was piloted in 2019, using trained actors for a simulated experience. Staff are able to conduct a home visit in a virtual space and debrief the experience with their classroom. The Division has fully integrated this simulated experience into the new worker training.

The Division uses several evaluation tools to ensure the quality and usefulness of the trainings. Anecdotal feedback reflects that staff feel the hands-on field support is beneficial. Plans are in place for 2023 for the Training and Professional Development team to conduct field interviews with new staff to evaluate the quality of their training. Course satisfaction surveys are required at the end of training. Feedback provided in 2022 suggested that staff would benefit from additional time learning Georgia SHINES. The Training unit responded to that feedback by shifting the curriculum and extending training on Georgia SHINES by four hours.

The second Comprehensive Organizational Health Assessment (COHA) was completed in 2022. Results noted that “Preparation for Work” is a “watch” area for DFCS as staff only felt somewhat prepared for the work. Responses to specific questions about staff preparation for work indicated that although many agreed that the information given in the interview was enough to make an informed decision about the reality of the job (73%), they were slightly less likely to agree that the training they received when they were hired prepared them for this job (70%) and that the agency hires people whose experience/ education prepared them for the job (66%). The percentages reported in the follow-up assessment are similar to those reported for the baseline survey results.

Item 27: *How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP?*

Georgia finds this item to be a *Strength*. The Division has been successful at ensuring that ongoing training opportunities are offered and available to 100% of staff. Many courses for veteran staff are available in a virtual format and others are classroom-based.

DFCS staff are encouraged to complete 20 hours of ongoing training annually. During CY2022, 50% of staff received 0-10 hours of training, 8% received 11-19 hours of training, and 42% of child welfare staff met the requirement of 20+ hours of training in ongoing professional development. Training hours are available through conferences, summits, and DFCS provided courses. The 2022 COHA results noted that most respondents agreed that trainings reflect the agency’s culture and values (82%) and that their supervisor and the agency support staff in seeking out professional development training (both 77%).

Supervisor training is provided for new supervisors and includes mentoring and administrative functions. The Division has offered a legal training for several years and includes a mock trial experience. This training is facilitated by a former judge and prepares staff for court. Staff evaluations of the course have been routinely positive, so CIP added funds to provide additional training courses for staff.

Ongoing professional training are continuously offered and includes autism awareness, intimate partner violence, substance abuse, middle manager course L.I.F.T. (developed in partnership with NCWWI). Additional information on the LIFT program can be found within [Section D: Update to the Plan for Enacting the State’s Vision](#). The Child Welfare Training Collaborative is an ongoing partnership with Georgia State University that provides innovative training and development opportunities to those who serve children and families in a variety of settings to include child welfare, education, healthcare, judicial,

and community programs. Evaluations of these trainings generally address the quality of trainings and satisfaction of the attendees, but do not often evaluate if the training has prepared the staff for their role. The Division will implement additional evaluation tools in 2023 to obtain this information.

In addition to Professional Development courses attended by staff, there are numerous conferences, summits, and webinars that also contribute to staff ongoing education and training. These trainings enhance knowledge of current laws, policy, and evidence-based practices. The Division continues to implement a career path that requires staff to have met their ongoing training needs to move up in the career ladder. Additionally, Social Services Specialist employees (SS1, SS2, SS3) and child welfare employees in positions below Regional Directors (in the field) and Section Managers (at the state office) with a Master of Social Work or a master's degree in a behavioral science are eligible to receive a 10% pay increase when they begin employment or when the degree is obtained for current employees, and a 10% salary supplement is offered to employees who have the Licensed Clinical Social Worker (LCSW) credential.

A database managed by the Residential Child Care Licensing (RCCL) Training and Development Supervisor tracks the completion of all trainings completed by RCCL staff. In addition to annual employee trainings for all staff, any training on subject matter specific to RCCL is conducted by various subject matter experts within RCCL and tracked by the Training and Development Supervisor. Because the staff trainings are continuous and ongoing, there are no barriers to the trainings being conducted in relation to workload demands. These trainings are conducted one-on-one or as a group virtually, and training materials are accessible at any time for review. Opportunities to provide input on training needs are given to staff during all staff meetings and individual conferences with the RCCL Director.

Item 28: *How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under title IV-E) that addresses the skills and knowledge needed to carry out their duties with regard to foster and adopted children?*

Georgia finds this item to be a *Strength*.

In Georgia, some foster homes are approved by DFCS, while others are approved by Child Placing Agencies (CPA), which are licensed by the Residential Child Care Licensing (RCCL) unit. There is no difference in rules or standards between foster parents and relative caregivers for a CPA licensed by RCCL and those approved by DFCS.

In CY2022, 148 CPA case management staff were required to participate in the Room, Board, Watchful Oversight provider (RBWO) 40-hour “Foundations” classroom training, in addition to successfully completing the e-learning component of the training. By the last day of the calendar year, 108 CPA staff (73%) had successfully completed the training. Remaining staff will complete the training in CY2023. The OPM team tracks training compliance so when Case Management staff don't complete the training by the required deadline, a non-compliance letter is sent to the CPA, advising that the staff member is not able to continue serving in a Case Management role until the training has been completed. These staff are required to be removed from the Case Management role and reassigned to another position within the agency. The Office of Provider Management (OPM) developed a survey to be provided to all training participants to gather anonymous feedback from participants after any OPM trainings. The OPM Training Team and Director will review the survey results and utilize the information to improve future trainings.

The Office of Provider Management (OPM) also holds a monthly Child Placing Agency (CPA) partnership meeting with all CPA providers, and quarterly Child Caring Institution (CCI) and Independent Living Placement (ILP) partnership meetings with CCI and ILP providers. These partnership meetings are held in a virtual format. In these meetings, OPM provides training on various topics, technical assistance, policy updates and discusses trends related to program operation. Feedback from providers suggest that they find the trainings beneficial and the trainings meet the attendees expected goals.

The Division has been successful at ensuring that training opportunities are provided to caregivers and agency staff. All DFCS regions offer IMPACT classes along with educational opportunities for foster parents to gain required training hours. All relatives and fictive kin are required to become foster parents and complete the same trainings unless they are ineligible. The Division partnered with caregivers and placement agencies to update training requirements, effective October 2022. Resource Development (RD) staff must verify that all approved foster caregivers obtain a minimum of fifteen (15) hours of Continued Parent Development (CPD) each calendar year. Foster caregivers are now afforded more flexibility in obtaining those hours; the policy now allows that annual training hours can also be obtained from personal growth and development activities (e.g., counseling, support groups, stress management, nutrition, etc.). Hours from these activities need to be verified with a written statement by the professional providing the service. The timeframe for newly approved families to begin CPD has been expanded to ninety (90) days of their approval date, and caregivers must complete CPD by December 31st of the year following their approval. RD policy requires that staff must also verify that caregivers maintain current certification in Cardiopulmonary Resuscitation (CPR) and First Aid throughout the approval period for their foster home.

In CY2022, 2,693 primary CPA caregivers and 1,418 secondary CPA caregivers were required to meet annual training hours. Of those, 2,065 primary caregivers (78.4%) and 1,085 secondary caregivers (76.3%) completed the required training hours. CPA caregivers that fail to meet the annual training requirement are required to complete a corrective action plan which outlines how they will make up the missed training hours in 2023. This plan is monitored by the CPA. The OPM Monitoring team and OPM RD Team both look at caregiver training compliance during Annual Comprehensive Reviews and during the annual re-evaluation.

The Caregiver Coaching Academy, which was instituted in August 2020, continues to assist caregivers with obtaining their ongoing CPD hours. Throughout the COVID pandemic, caregivers were able to obtain training hours through virtual platforms. The Caregiver Coaching Academy provides caregivers with one hour of training for each session they attend. Georgia SHINES and the Resource Development Dashboard on LENSES track and monitor foster parent training hours. The Division also utilizes a relative support network to include monthly sessions for relatives on topics directly related to children in foster care and relative supports.

When child welfare policy is newly developed or updated, the information is shared throughout the agency and to providers via the GA+SCORE website. This site is a single point of access for foster caregivers, RBWO providers, and DFCS staff. GA+SCORE also provides direct links to training registration for RBWO Foundations, IMPACT and Train-the-Trainer, Reasonable and Prudent Parenting, Every Child Every Month, Casey Life Skills Assessments, and others.

The Resource Development (RD) team has the responsibility of ensuring that caregivers have met the training requirements at their annual re-evaluation period. Foster caregivers must complete an annual Placement Preference Form. This form outlines all of the diagnoses and behaviors the foster caregiver is willing to serve. RD's also ensure that the trainings received are aligned with the placement preferences identified by the foster caregiver. Foster caregivers also must complete a Caregiver Feedback Survey form annually. The survey is used to understand how the year of fostering has been for the foster caregiver. Several specific questions relate to ongoing training effectiveness, including: "Have the continued development trainings increased your ability to parent children in care?" CPA providers are required to submit the Caregiver Feedback Survey form to each caregiver at the time of the annual re-evaluation. It is the providers' responsibility to review the caregiver feedback survey results and address any concerns that may be noted by their caregivers. Likewise, when these concerns are presented to the Division, staff within the Office of Provider Management (OPM) ensure that all concerns have been addressed by the provider. Most of the feedback provided by the caregivers is in narrative format, and OPM is committed to developing a process for

translating this information into measurable data. In addition, OPM's Monitoring Specialist (MS) is responsible for conducting random Safety Reviews of foster caregivers' home. During this review, the MS is asking the foster caregivers if their needs are being met by the provider and ensuring the foster caregiver can meet the needs of the children currently placed in the home.

The State Adoption Unit held quarterly virtual workshops for internal staff regarding adoption related topics. In 2022, topics included Adoption Timeframes and Processes, Selecting and Engaging the Right Therapist, Importance of Life-books, and Building Resilience in Adoptive Families. The State Adoption Unit also hosted the Statewide Adoption Matching Meeting in June 2022. This three-day event facilitated adoption-related training via keynote speakers and workshops that were open for internal staff and contracted adoption agencies. The event also focused on a component where families are invited in on Family Night to attend a matching session with staff from around the state and an option for a How to Adopt workshop. Feedback was requested through post-event surveys. Feedback was very positive and attendees felt the sessions met expectations. Regional Adoption Coordinators also provide ongoing training and support throughout their area of coverage that include regional group trainings and one-on-one training on various adoption processes.

Service Array and Resource Development

Item 29: *How well is the service array and resource development system functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the Child and Family Services Plan (i.e. statewide)?*

- 1. Services that assess the strengths and needs of children and families and determine other service needs;*
- 2. Services that address the needs of families in addition to individual children in order to create a safe home environment;*
- 3. Services that enable children to remain safely with their parents when reasonable; and*
- 4. Services that help children in foster and adoptive placements achieve permanency.*

Georgia finds this item to be a *Strength*.

The Division effectively leverages its numerous and strong partnerships with government agencies and community-based providers to offer a variety of services that can be accessed across all regions in the state. The Division and its partners provide child abuse and neglect prevention, intervention and treatment services, foster care, family support

services, family preservation services, time-limited reunification services and services to support adoption, relative care, independent living, and other permanent living arrangements. Overall, the state provides an array of services to support children and families through a continuum of public and private agencies, organizations, and funding sources. Children and families enter the continuum either through voluntary referral or because of a child maltreatment report. Regardless of where a child is served in the continuum or the reason for entry, DFCS is committed to ensuring the safety of children.

In CFSR Round 3, Georgia provided information indicating a need for basic services (food, shelter, clothing, income), service support (transportation, childcare, education), and mental/emotional/behavioral health services, especially substance abuse services. During interviews, stakeholders confirmed gaps in services across the state, including in supervised visitation, post-permanency services, psychological evaluations, sexual trauma services, services for Latino families (long waitlists), specialized services for special needs children, Autism services, and LGBTQ services. Stakeholders also expressed concerns about long waiting lists and the quality of some of the services.

Since the close of Round 3, Georgia has improved in the following areas:

Assessment Services

- Systems are in place to ensure children are referred for a trauma and health assessment within 10 days of entering care. Service plans are developed for the child when the child is placed with a placement agency (CPA/CCI).

Language Services

- When there is a language barrier, translation services are available for clients. The Georgia Department of Administrative Services (DOAS) secured a statewide contract for translation and interpretation services. Staff can request translation services for non-English speakers through regular protocols. For the deaf and hard-of-hearing community, the Georgia Commission on Interpreters maintains a list of recommended sign language interpreters who have demonstrated knowledge of legal settings and legal language.

Basic Services

- The Division has developed a statewide safety net for basic services through [State of Hope](#), an initiative that seeks to encourage nonprofits, philanthropies, government, businesses and communities to collaborate closely to build local safety nets that will prevent conditions that contribute to disparities in education, threaten a family's self-sufficiency and could lead to child abuse and neglect.

Community providers who are invited to join the State of Hope ecosystem receive up to \$50,000/year from funds provided by CBCAP, PSSF and CAPTA. In 2023, there are 455 sites participating in the SoH ecosystem (funded and unfunded organizations). The Division is collaborating with several of the State of Hope partners to expand access to basic services through a Family Support Services pilot program, with support from Casey Family Programs. Families are identified for FSS through the DFCS Intake process, connected to the partner agencies, and provided with supporting services and resources to improve their economic conditions resulting in food instability, housing insecurity, and employment stressors. The FSS program is voluntary and limited to 45 days for families. This partnership with Casey Family Programs envisions a strategic approach to the safe reduction of children in foster care and reduces the system navigation burden for families in need of services and supports. The Division is exploring opportunities to scale up to reach additional counties in the state.

- Childcare and Parent Services (CAPS) is administered through the Department of Early Care and Learning (DECAL) and supports early education goals by assisting low-income families with the cost of childcare while they work, go to school or training, or participate in other work-related activities. Under DECAL, families interact with two main units of the CAPS program. The *Scholarship Administration* unit, based in Atlanta, works with new applicants to determine eligibility for the program and help select high quality childcare. Consultants with the *Family Support* unit are assigned to families who live in their region of the state. These Family Support Consultants work with and advocate for families, help families if their situation changes, assist families with renewing their benefits, and connect families with resources to help overcome obstacles to training or employment. Georgia SHINES data show that 85% of children age 0-5 were in an early education setting in CY2022.

Service Support

- Regions have developed service directories to provide staff with contact information for the organizations that are located in and directly serve their communities. Staff are able to review the directory of available options for items (e.g. eyeglasses, furniture, clothing), education (e.g. GED, tutorial services, parenting classes), or supports (e.g. fatherhood programs, rental assistance, disability services). Staff can then send the request directly to the provider. For contracted service providers, the Division's Delivered Services Unit (DSU) regularly reviews the contracts of available providers and monitors their performance for service quality and timeliness. The DSU sends a weekly email to all staff that lists the currently approved service providers along with the counties

that they serve. The list includes providers for PUP, WRAP, Parent Aide, Homestead, CCFA, and Early Intervention services.

- Funds are provided to community home visiting programs to further support families with identifying needs and accessing services. DFCS and DPH supported over 27 counties in CY2022 with home visiting models: [Healthy Families Georgia](#), [Nurse-Family Partnership](#), or [Parents as Teachers](#). Home visitors screen caregivers for depression and intimate partner violence, provide developmental screenings for children, and refer families to community agencies for additional supports as needed. DPH also provides a First Care home visiting program staffed by trained nurses, to monitor the health and well-being of low birth weight and very low birth weight infants, and to provide linkages to resources. Home visiting supports can ensure families receive the services they need to thrive.
- The Division has expanded services for older youth, by leveraging the resources of the Chafee/GA-RYSE Independent Living program and CREW-Cultivating the Rising Experienced Worker program, along with the [Multi-Agency Alliance for Children \(MAAC\)](#). Older youth in care have increased access to transportation, employment, healthcare, and housing supports in their communities. Life skills programs are routinely offered for youth, and transitional meetings include local service providers and youth advocates, so that young people are able to ask questions and receive specific guidance on their needs directly from the individuals responsible for the programs.
- Adoption services are tailored and developed to meet the needs of adoptive families. The Post Adoption programming is geared toward ensuring adoptive families in Georgia have the necessary supports to sustain adoptions long term. The service array is aimed at serving multiple areas throughout the adoption journey, such as Crisis Intervention, search and reunification services, information & referral, and resource management.

Health Services

- The Division has expanded access to health services through telemedicine. Clients can connect with therapists and providers outside of their community using virtual visits, reducing the likelihood of transportation barriers or long wait lists. The Division has also expanded partnership opportunities with substance abuse treatment providers and recovery community organizations (RCO) through the Department of Behavioral Health and Developmental Disabilities (DBHDD). These collaborations support caregivers with substance use disorder often by using peer recovery coaches to help families who are experiencing similar circumstances. By leveraging the state's CAPTA grant – with its focus on Plans of Safe Care for substance affected infants and their caregivers – the Division is providing funding,

training and technical assistance, to create a robust community of providers that address the behavioral health, physical health, and substance abuse treatment needs for caregivers and their children.

- Georgia is expanding its footprint of accountability courts, with juvenile mental health courts, juvenile drug courts, and family treatment courts, among others. The Council of Accountability Court Judges (CACJ) provides guidance to courts on counseling and behavioral therapies and assists courts with locating and connecting to community resources. The Council offers ongoing training from subject matter experts, in partnership with the University of Georgia Carl Vinson Institute of Government. [Family treatment courts \(FTCs\)](#), also referred to as family drug courts and dependency drug courts, use a multidisciplinary, collaborative approach to serve families with substance use disorders (SUDs) and who are involved with the child welfare system. Well-functioning family treatment courts bring together leaders from child welfare, substance use treatment, mental health agencies, dependency courts, and other community partners in a non-adversarial approach. In 2022, Georgia's [Administrative Office of the Courts](#) reported 23 active FTCs, with a total of 484 participants. Of those, 41 participants had at least one child in foster care during their time in the program. Studies have shown that when FTCs intervene effectively, children spend less time in out-of-home placement and find permanency more quickly.

The PSSF program solicits feedback from staff and providers each year in the needs assessment. Data from the 95 respondents to the 2022 needs assessment show that the most critical behavioral or mental health service priorities are “behavior management for children/youth” (35%) and “therapeutic services for children/youth” (29%). The most critical skill development service priorities are “parent education” (87%), “life skills” (69%), and “evidence-based home visiting” (41%). The most critical services/supports to meet the needs of children and families are “mentoring for caregivers and/or youth” (64%), support groups for parents/caregivers (52%), support groups for youth (44%), and transportation (36%). The Division is collaborating with stakeholders and providers to ensure these critical services are available statewide for children and families in need.

Item 30: How well is the service array and resource development system functioning statewide to ensure that the services in item 29 can be individualized to meet the unique needs of children and families served by the agency?

Georgia finds this item to be an *Area Needing Improvement*. Staff attempt to ensure services can be individualized to meet the specific needs of children and families, but challenges remain.

- Translation services are sought when a rare dialect is encountered, but it remains difficult to locate providers and those families may wait longer to be served.
- Intensive services can be difficult to provide when the need is identified. Several providers are no longer seeing children in person and virtual services are not effective for all children.
- Waiting lists and turnover in providers creates instability for families. Staffing shortages in provider agencies leads to longer wait times to begin services, as well as reduced experience and a lack of expertise.
- The Office of Provider Management (OPM) is actively working to recruit providers to support LGBTQIA+ youth. LGBTQIA+ providers are identified as a need on the state's current needs list, and OPM is working with current CPA, CCI and ILP providers to develop better recruitment strategies for onboarding caregivers and staff that can support LGBTQIA+ youth within their programs. OPM also requires providers to have a policy for ensuring that the needs of LGBTQIA+ are met without discrimination. Additionally, the 2024 Promoting Safe and Stable Families (PSSF) Statement of Need added language in the Under-Served or Priority Populations area to include "families caring for LGBTQI+ children and youth".

In 2023, the Division implemented a statewide case review process to analyze the service array for a random selection of cases each month. Five cases are reviewed in five program areas (foster care, family preservation, adoption, family support, and investigation) within each of the 14 DFCS regions, for a total of 350 cases each month. Through this case review process, the Division is gathering information on the safety reason that required DFCS involvement, the specific needs/services identified for the caregiver/family and the child, and if those services were individualized and available. Early data results show that neglect was the most-cited reason for the child entering care. Services to the caregiver were individualized (63%), available (70%), and accessible (39%). In some instances, the referred services could not be utilized due to waitlists, agency staff shortages, or parent refusal. Services for the child were individualized (75%), available (85%), and accessible (52%). Additional reporting and analyses on the service array will be available in future APSR submissions.

The Division is encouraging families to enroll in Family Treatment Courts when available. The FTC programs are well-positioned to refer families to individualized services and supports to increase their opportunities to graduate successfully.

Agency Responsiveness to the Community

Item 31: *How well is the agency responsiveness to the community system functioning statewide to ensure that, in implementing the provisions of the Child and Family Services Plan (CFSP) and developing related Annual Progress and Services Reports (APSRs),*

the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

Georgia finds this item to be a *Strength* due to frequent and robust engagement with child welfare stakeholders across the state. Additional examples of stakeholder outreach and engagement can be found in [Section B: Collaboration](#).

Georgia convenes multiple stakeholder meetings each year. These convenings are opportunities to engage child welfare system partners in the assessment of the goals and strategies of the Division, identify strengths and needs of the system, and determine the best course of action to make adjustments as needed. Convenings are often scheduled to provide information on the state's CFSP and CFSR goals to targeted audience, including legal and judicial partners, foster and adoptive caregivers, service providers, CAPTA Panel members, and others. Attendees are provided opportunities to have in-depth discussion on available child welfare data, and encouraged to use their personal or professional lens to make recommendations for improvements. Comments and ideas resulting from these convenings are included in the APSR and incorporated into strategic planning for the state's child welfare system.

Each of the 14 regional C3 Coordinators host at least one regionwide stakeholder meeting and four quarterly service array-focused meetings per year. In CY2022, several jurisdictions were able to hold in-person meetings, while others remained virtual to provide more opportunity for participation from interested individuals. Invited providers are from the Child Placing Agencies, school boards, law enforcement, mental health and substance abuse, Department of Behavioral Health and Developmental Disabilities (DBHDD), Department of Juvenile Justice (DJJ), and other community agencies to discuss the region's performance on the CFSR reviews, service gaps and ongoing partnerships. They also discuss policy, practices, processes, and other issues/concerns. Feedback from meeting organizers demonstrates that the service array meetings have been helpful in creating a platform to share information and strengthen partnerships with the community partners and providers.

The Division consulted with caregivers and child placing agencies to update current Resource Development policy and practice to better serve foster parents and improve efficiency. Examples of updated guidance include:

1. Instead of requiring a caregiver to obtain a new physical examination once they start the foster parent approval process, we will now allow the caregiver to submit proof of an unexpired physical examination if the examination occurred within twelve months.

2. Instead of requiring formal documentation, household members may sign an attestation that they do not have any current untreated mental health or substance abuse issues. If they are receiving treatment for either, a reference from the treating professional is required.
3. Instead of requiring married caregivers to each provide three different references, allow the married caregivers to submit a total of three references.

The Division also provides child welfare data to the public through the [DHS data dashboard](#). This dashboard provides stakeholders with data on the children served by DFCS, including breakdowns by age, race, and sex, the type of maltreatment allegation received at intake, and the type of service provided (family support, family preservation, and investigation). The data dashboard also provides details on the state's foster care population (by age, race, sex, and length of time in care), and the length of time to achieve permanency. All of these data elements are available for viewing at the state or county level, which ensures providers are able to understand and respond to the most pressing needs of children and families in their communities.

The Division continues to promote feedback loops with the field, judges, medical providers, educators, and the CAPTA Panels. DFCS continues to work with the Department of Behavioral Health and Developmental Disabilities (DBHDD), the Office of the Child Advocate (OCA), and the Department of Public Health (DPH) regarding Plan of Safe Care and ways to enhance practices. DFCS has regular meetings with Partners including OCA, the Court Improvement Program (CIP), DBHDD, DPH, Department of Education (DOE), and the Court Appointed Special Advocates (CASA). Additional meetings are held with providers monthly including the Multi-Agency Alliance for Children (MAAC) and members of Together Georgia, as well as additional providers from around the state. DFCS attends and presents at CIP meetings to talk with judges about their concerns and provide clarification regarding agency policy and practice. CIP has provided feedback on direct case involvement bringing both concerns and successes to the agency along with recommendations. DBHDD, DOE, and DPH have provided feedback from direct involvement with agency staff and families that are served. This feedback is used to support staff in the counties and address challenges collaboratively.

The Policy and Regulations Unit has a staff person who serves as a liaison to the Georgia Tribes. The Governor's Council on American Indian Affairs meets bi-monthly to discuss concerns with tribal burial sites in Georgia, legislation that may impact tribal communities, and child welfare issues (as needed). The tribal liaison facilitates discussions and updates of the CFSP and invites the tribal leaders to any DFCS meetings relevant to the development of the CFSP and APSR.

Item 32: *How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the Child and Family Services Plan (CFSP) are coordinated with services or benefits of other federal or federally assisted programs serving the same population?*

Georgia finds this item to be a *Strength*. The Division regularly coordinates with other federally funded agencies and organizations serving overlapping populations of children and families.

The Department of Behavioral Health and Developmental Diseases (DBHDD) is a partner on Promoting Reasonable Efforts (PRE) and PAUSE calls to explore services to prevent a child's entry to foster care or stabilize a youth's out of home placement. DBHDD is also a collaborating partner on the Interagency Directors Team (IDT). IDT also includes representatives from the 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 IDT exists 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 work of IDT informs policy and practice and allows for shared resources and funding. IDT has recently launched a website designed for youth, families, and caregivers who have limited to no knowledge of Georgia's System of Care, with the intention of linking users to community services. Resources for parents and youth are available for download, to provide clear guidance on how to get behavioral health help and provide contact information. In addition to IDT, the Achieve pilot project in Region 14 has increased engagement with DBHDD for youth with developmental disabilities who are aging out of care and may need guardianship or long-term medical care. Achieve has worked to streamline access to employment, medical care, childcare, transportation, and other services for youth. The Division is exploring opportunities to expand Achieve into other regions. This work is ongoing.

The Department of Public Health (DPH) is a partner to provide screening and support to birth mothers and families with substance use issues, and to provide health assessments for infants and young children through Children First, the single point of entry for all DPH Child Health programs and services for children from birth to five years old. Children First links eligible children to early intervention services, as well as other public health programs and community-based resources. The Division has recently expanded a collaboration with DPH to provide additional funding support for local home visiting

programs, so that they can also accept Plan of Safe Care (POSC) referrals from DFCS. This partnership will refer families that are identified with a substance-exposed infant and no maltreatment alleged, and the DPH home visiting program will contact the family for POSC development, services and supports. This project has expanded the staffing capacity in six sites covering 19 counties. The expansion of the home visiting workforce is expected to increase the state's home visiting capacity by 162 families in the first year of implementation. This work is ongoing.

The Division utilizes [Georgia Gateway](#) as a streamlined, one-stop-shop resource for individuals in the community to apply for, check, or renew benefits, as well as report household or income changes and upload required documents. Georgia Gateway served as a critical tool throughout the Covid pandemic to ensure users were able to remotely request medical assistance, childcare benefits, SNAP, or TANF, and explore eligibility for other cash and food assistance programs. Participating agencies on the Gateway platform include DFCS, Department of Community Health, Department of Early Care and Learning, and Department of Public Health. Gateway continues to be updated for a more user-friendly experience and to provide additional resources. This work is ongoing.

The Department of Community Supervision (DCS) is a partner with the Division's Policy and Regulation Unit and the Georgia SHINES team in developing a "Coordination with DCS" policy to provide guidance on supporting individuals jointly served by DFCS and DCS.

The Division's Prevention and Community Support Section (PCS) is currently leading, supporting or serving in a partnership role in all statewide early childhood and child maltreatment prevention efforts in Georgia, and is committed to continued collaboration, participation in strategic planning processes, enhancing relationships among partners, assuring alignment of early childhood strategies and activities, presenting information to policy-makers and advocacy groups, maintaining a focus on the vision, and providing leadership in all arenas. PCS also prioritizes ensuring that our services are well integrated into the state's continuum of family-centered, preventive services for children and families. For example, home visiting programs funded through MIECHV, which is administered through Georgia's Department of Public Health, benefit from the referral and screening services provided by the First Steps program funded by PCS partially through CBCAP.

Additional descriptions of collaborative partnerships can be found throughout [Section B: Collaboration](#) and [Section D: Update to the Plan to Enact the State's Vision](#).

Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or childcare institutions receiving title IV-B or IV-E funds?

Georgia finds this item to be a *Strength*. DFCS continues to be successful in ensuring that state standards are applied to all approved foster homes. CPA foster homes follow the same child welfare policies as DFCS foster homes. Georgia SHINES is programmed to validate both State and Federal approval requirements. A home cannot be approved without a medical and safety screening.

The Office of Provider Management Resource Developers (RDs) review the initial and re-evaluations completed by the RBWO private providers. In reviewing the initial and re-evaluations, the RDs confirm that the foster parent received the required training, medical, number of home visits and safety screenings completed timely. The Monitoring Specialist with OPM conducts twice a year Desk Safety Checks for all providers to review all RBWO staff and CPA caregivers (i.e. Criminal Background Check, pardon/parole, sex offender, CPS and Department of Corrections).

There were 504 Desk Safety Checks required in CY2022, and 100% were completed by OPM staff. As a result of the Safety Checks, 240 Corrective Action Plans (CAP) were requested due to non-compliance.

Item 34: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

Georgia finds this item to be a *Strength*. DFCS continues to be successful in ensuring that the State complies with Federal requirements related to approving foster care and adoptive placements.

Child welfare policy on criminal records checks provides state and federal requirements for criminal background checks for approving foster and adoptive placement, as well as for case planning that addresses the safety of foster adoptive placements. Georgia SHINES is programmed to validate that the criminal records checks have been entered prior to approving a home. No homes can be approved without pre-service training. Providers aren't able to submit an initial approval without pre-service (typically IMPACT) dates for primary and secondary caregivers. In addition, the Division provides a monthly report to field staff to support oversight and completion of the kinship assessment in Georgia SHINES. The kinship assessment requires criminal background clearances for all approved kinship placements. The field receives a report indicating unapproved

placements that require attention. Several regions have assigned Field Program Specialist to review unapproved placements and address compliance issues.

There were 504 Desk Safety Checks required in CY2022, and 100% were completed by OPM staff. As a result of the Safety Checks, 240 Corrective Action Plans (CAP) were requested due to non-compliance. OPM identified 33 CAPs due to non-compliance with the criminal background check requirement.

CPA providers are required to update the criminal background check during the annual re-evaluation period. In the instance that a re-evaluation is not completed timely and the home goes into unapproved status in SHINES, the CPA is required to have the criminal background check completed on the caregiver and submitted to OPM so that the home can be placed back into approval status. OPM has developed a process by which CPA providers will be sent alerts at multiple time intervals when there is a criminal background check coming due. This is in place to aid CPA providers in tracking upcoming criminal background checks that are due to be repeated.

Item 35: *How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?*

Georgia finds this item to be a *Strength*. The Division is working to ensure that the diligent recruitment of prospective foster and adoptive parents reflect the ethnic and racial diversity of children in the State's care. Data on the demographics of children in care can be found at dhs.georgia.gov/division-family-children-services-child-welfare.

In CY2022, the Division had 10,767 foster caregivers. Ethnic and gender diversity of caregivers is described in the chart below.

	W-NH	B-NH	W-H	B-H	As-NH	AI/AN	NH/PI
Female	3,158 (29%)	2,868 (26.6%)	125 (1.2%)	21 (.20%)	27 (.25%)	6 (.06%)	8 (.08%)
Male	2,601 (24.2%)	1,300 (12.1%)	94 (.87%)	7 (.07%)	10 (.09%)	4 (.04%)	4 (.04%)

SOURCE: DFCS Data Unit, Georgia SHINES

Data show that the majority of foster caregivers in Georgia are White non-Hispanic females (W-NH), Black non-Hispanic females (B-NH), and White non-Hispanic males. Smaller percentages of caregivers identify as Hispanic (Black or White), multiracial, Asian

(As-NH), American Indian/Alaska Native (AI/AN), or Native Hawaiian/Pacific Islander (NH/PI). The data below demonstrate the largest populations of racial/ethnic identities of foster caregivers by region.

NOTE: This chart does not include all of the multiracial identities reported.

Region	W-NH	B-NH	W-H	B-H	As-NH	AI/AN	NH/PI
1	795	56	24	1	2	0	1
2	653	56	29	0	4	0	2
3	413	213	23	0	2	1	0
4	522	121	8	5	0	3	2
5	476	328	5	1	2	4	1
6	419	319	18	2	4	0	0
7	249	290	12	3	0	0	0
8	190	272	10	2	2	0	0
9	202	75	1	0	3	0	0
10	174	288	8	0	1	0	0
11	375	173	11	1	2	0	2
12	397	298	13	4	1	2	1
13	595	803	46	4	8	0	1
14	284	599	11	5	6	0	2

SOURCE: DFCS Data Unit, Georgia SHINES

To ensure continued recruitment of caregivers that reflect the racial and ethnic diversity of children in care, OPM is only considering applications for providers that are offering placement services that meet the current placement needs of the Division. OPM posts the current placement needs on the GA+SCORE website. Interested providers are directed there when they have interest in obtaining a contract with the Division as a placement resource.

The Caregiver Recruitment and Retention Unit (CRRU) continues to host weekly cadence calls that include Regional CRRU Leads and staff from across the state. Topics of discussion include data review, recruitment strategies, practice, and policy guidance related to improving the recruitment of foster and adoptive families who reflect the ethnic

and racial diversity of children in the state for whom foster and adoptive homes are needed. CRRU uses the demographic information for children in care to assist with recruitment initiatives.

Data are available that demonstrate the racial diversity in adoption and guardianship. The below chart describes the trend that since 2009, adoptions of African-American children by non-African-American parents has increased.

	Neither Child Nor Adoptive Parent A.A.	Child Not A.A. – One or Both Adoptive Parents A.A.	Child A.A. -- No Adoptive Parent A.A.	Child and One or More Adoptive Parents A.A.
2009	44%	5%	8%	44%
2010	52%	7%	7%	34%
2011	52%	5%	8%	34%
2012	53%	4%	8%	35%
2013	49%	5%	10%	36%
2014	52%	4%	12%	33%
2015	56%	5%	9%	29%
2016	56%	6%	9%	30%
2017	56%	4%	11%	29%
2018	54%	4%	11%	30%
2019	55%	5%	12%	27%
2020	52%	8%	11%	29%
2021	55%	7%	13%	26%
2022	56%	6%	12%	27%

SOURCE: DFCS Data Unit, Georgia SHINES

Data are also available to describe the trends in guardianship outcomes.

Year	All Exits	All Youth Exits to Guardianship	A.A. Youth Exits to Guardianship
2009	7,457	458	282
2010	6,239	454	282
2011	6,119	354	163
2012	6,219	345	186
2013	6,145	339	168

2014	6,409	778	391
2015	7,012	478	254
2016	7,262	408	193
2017	7,276	486	220
2018	7,595	645	292
2019	7,554	1,183	663
2020	5,961	938	519
2021	5,699	968	479
2022	5,070	786	444

SOURCE: DFCS Data Unit, Georgia SHINES

The Division is working with stakeholders to further explore these data and determine the impact to the state's diligent recruitment and retention efforts. Analyses will be reported in future APSR submissions.

Item 36: *How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?*

Georgia finds this item to be a *Strength*. The Division's Interstate Compact on the Placement of Children (ICPC) works with all 50 states, District of Columbia, and the Virgin Islands, to facilitate timely placements for children.

ICPC instituted several strategies throughout the COVID-19 pandemic to continue meeting the minimum requirements to not delay placement. ICPC collaborated with the Office of Inspector General (OIG) to create a process to ensure ICPC resources had the opportunity to receive a LIVE Scan that included an NCIC screening. ICPC also collaborated with the Caregiver Recruitment and Retention Unit (CRRU) to create an outline for approving resources with virtual contact in lieu of face to face. The outline provided guidance to include a reason why a virtual visit was needed, to document thoroughly everything that was seen virtually, and to add photos to validate the virtual visit. These strategies assisted in timely placement and permanency.

Georgia uses the following process to ensure interjurisdictional adoptions are timely and inclusive. Children are listed on Georgia's photo-listing as well as Adopt US Kids. After a

family completes an inquiry, the Adoption Exchange Consultant reviews the family's home study and shares it with the child's case manager if it's a potential match. The child's information is shared with the family and a staffing is held with all relevant parties, including the Regional Adoption Coordinator (RAC). Pre-placement visits are discussed, and the child's legal county submits the request through ICPC for permission to place the child in the receiving state. Once approved, the transition schedule is developed, which includes identification of needed services to support the placement. Adoptive placements are supervised by the receiving state for at least six months prior to adoption finalization. As a result of the photo-listing efforts, ten children were placed out of state for adoption in the CY 2022. From the ten children placed, three finalized and seven are still pending finalization.

1. Number of ICPC home study requests sent to other states in 2022: 904
2. Number of ICPC home study requests received from other states in 2022: 1,873
3. Number of requests where GA responded within required 60-day timeframe
 - Regulation 1 and Regulation 2 responded within 60-day timeframe: 360
 - Regulation 7 completed in 30-day timeframe: 36
 - Regulation 4 and Regulation 12 completed in 3-day timeframe: 405
 - Total completed timely: 801

Identified barriers to completing timely requests are due to field staff shortages and prospective resource availability.

4. Number of ICPC placements; as a percent of total requests:
 - Incoming placements: 694 (37% of total requests received)
 - Outgoing placements: 411 (45% of total requests sent)

Section D: Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes

Revisions to Goals, Objectives, and Interventions

Georgia's approved 2020-2024 Child and Family Services Plan (CFSP) is available on the DFCS website at <https://dfcs.georgia.gov/data/federal-reviews-and-plans>. At the time of this writing, the following changes have been made:

1. Strategic Priority 2, Objective 2: Address Performance Gaps Related to Safety. The CFSP identified a Benchmark goal of timely transfers between Investigations and Family Preservation at 55% by March 2022, and 85% by 2024; however, Georgia SHINES currently does not have a mechanism in place to track this item and distinguish transfer staffings from other types of staffings.
2. Strategic Priority 3, Objective 4: Leverage Regional Stakeholder Meetings. One Action Step and one Benchmark are currently under review to determine effectiveness and assess for modifications in preparation for CFSR Round 4.

Implementation and Program Supports

The Division integrates CFSR Outcomes and Systemic Factors into agency strategic planning, as well as efforts identified from the CFSR PIP. The following sections of the APSR provide updates on progress made on the goals set in the 2020-2024 CFSP.

- Identification of goals rolled over from the CFSR PIP;
- A description of additional supports needed to achieve successful implementation (i.e. staff, training, coaching, policy, data systems, physical space, equipment, and memoranda of understanding); and
- A timeline for ensuring when the goal or objective will be achieved (e.g. delayed, in progress, ongoing, complete).
- A description of progress made in meeting the timeframes and benchmarks (e.g. implementation milestones). If progress is not on target, a rationale and plan for completion is provided.
- A description of feedback loops with involved and impacted partners, including implementation and progress made resulting from provided feedback.
- A description of collaborative partners and implementation supports, including recent legislation (proposed and/or signed into law).

Strategic Priority 1: Workforce Development

Objective 1: Participate in a four and a half year “Workforce Excellence” project with the National Child Welfare Workforce Institute (NCWWI).

The Division identified several action steps relating to the participation in the NCWWI “Workforce Excellence” project. The benchmarks for this objective included “Phase 1: Exploration” (completed on time – November 2019) and “Phase 2: Planning” (this work is ongoing).

1. Complete Comprehensive Organizational Health Assessment (COHA). The COHA is a requirement of the project, and an approach to gathering both qualitative and quantitative data to assess the organizational health of the child welfare agency.

The Division, in partnership with NCWWI, completed the COHA in November 2019. The agency utilized the results from the COHA to develop and prioritize strategies for the Action Teams. The Division initially began with three action teams, one in each District. The Action Teams focused their efforts on priorities identified in the COHA results, namely, supporting new employees during their hiring efforts. These action teams are continuing to focus on this area of improvement. In the Winter/Spring of 2022, the Workforce Excellence Implementation team began development of a second Comprehensive Organizational Health Assessment.

FY24 update: In partnership with NCWWI, a follow-up COHA was completed in September 2022 and the results were shared with the agency in January 2023. The results of the COHA have been shared with DHS/DFCS Senior Leadership, Regional Directors and County Directors. The agency is currently developing a plan to utilize the survey results to address the identified needs and support agency strengths.

2. Select student cohorts for first year (four to six students will be selected each year). The first cohort was selected in August 2019. In FY22, there were nine (9) total graduates and 31 additional students/employees enrolled.

FY24 update: There are currently 15 NCWWI Graduates. The final Cohort will graduate in 2024.

3. Adopt and implement workforce strategies (as informed by the COHA). The Division has developed workforce strategies around Action Teams, Leadership Academy, and Sustainability Workgroups.
 - Action Teams: There are three (3) fully functioning Action Teams working to improve the support and training needs of newly hired case managers through

mentoring and peer support. There are two (2) additional Action Teams currently in development of their strategies.

- Leadership Academy: The agency has fully adapted the NCWWI Leadership Academy (known as Leadership Influence for Tomorrow (L.I.F.T.)) into the training system. L.I.F.T. participants are also paired with a dedicated Leadership Development Coach for ongoing mentoring and support. Georgia currently has 36 Leadership Development Coaches from across the state who have completed NCWWI's virtual coaching program.
- Sustainability Workgroups: The Workforce Excellence Implementation Team is transitioning from an Implementation Team to a Workforce Council for long term sustainability of workforce development efforts. Sustainability teams will prioritize: effective communication; action teams will serve as the hub of the workforce; leverage university partnerships in innovative ways; and invest in formal workforce development infrastructure.

4. Develop a train-the-trainer course for the Leadership Academy. This step was completed in August 2020. The Leadership Academy is being utilized to develop leadership skills of middle managers within the agency.

The Workforce Excellence Project is slated to end October 2023. To assist with sustaining and building upon the gains made during the project, a transition strategy was implemented in 2021 and is ongoing. The strategy involves addressing four key objectives identified by the project's implementation team as critical to sustainability.

Objective 1: Establishing a business infrastructure dedicated to all things "workforce". This involves mapping the existing workforce development opportunities offered by the Division, identifying the opportunities of interest to the workforce, identifying how the workforce prefers to be recognized for work well done, establishing a single site to access professional development opportunities, and creating a Workforce Development Council. The goals of the Council will, as stated in the charter, *"harness the unique experience of all members in partnership to lead the journey towards our agency's goal of achieving a diverse workforce equipped with the knowledge, skills, abilities, values and resources to ensure the safety of Georgia's children and foster the well-being of their families"*.

Objective 2: Enhance the existing IV-E Education Program from three university partners to four additional schools. This will increase collaboration across participating universities and the Division, establish a curriculum that focuses on key child-protection competencies, and expand leadership-focused academic offerings. The initial work being adapted from the NCWWI University Partnership is the implementation of the Intercultural Development Inventory® (IDI®) tool across University Programs.

The IDI tool is the premier cross-cultural assessment of intercultural competence that is used by thousands of individuals and organizations to build intercultural competence to achieve international and domestic diversity and inclusion goals and outcomes. In support of IDI implementation and sustainability, University Partners and DFCS staff have become Qualified Administrators to help administer the IDI tool.

Objective 3: Establish a marketing strategy that will prioritize professional development for the Division. Increasing focus on workforce development will support performance improvement efforts.

Objective 4: Establish guidance for counties and regions interested in developing an Action Team. Feedback and lessons learned from current Action Teams has identified this as a need to support DFCS' vision to have Action Teams existing in all regions, continuously supporting the commitment to workforce excellence.

Phase 3: Implementation (October 2020-May 2021)

Action Teams have been identified as the primary hub for implementation of workforce development strategies. The University Partnerships have strengthened considerably since implementation of the Workforce Excellence Program. Focus has included strengthening the curriculum related to ICWA across University programs and implementation of the Intercultural Development Inventory (IDI).

During this closing period of work, the Workforce Excellence Implementation Team has continued much of the work sustaining existing Action Teams, the L.I.F.T Academy, University Partnership and preparing for "Life after NCWWI". To ensure continuance of focus on Workforce Strategies, the Implementation Team has worked on building and transitioning to a Workforce Advisory Council. If approved, the Advisory Council will consult with and provide written recommendations to the Commissioner concerning the evaluation and improvement of the Department's workforce. The Advisory Council will accomplish its objectives by: (1) studying workforce issues; (2) seeking information on innovative approaches, new technologies, and data to inform workforce development; (3) advising the Commissioner on how the workforce can be most effectively developed, managed, and deployed. The Council should be a diverse group representing various levels of the agency and who can assist in achieving objectives.

Feedback Loops

The NCWWI Workforce Excellence Team offers periodic updates for staff on the Workforce Excellence Project and the agency partnership with NCWWI via newsletters

and regular information sessions. There is a communications group within the implementation team which works closely with the agency's communications department in finding ways to share updates and progress related to the project. Presentations have been given during the agency's Friday Café 212 meetings and communication blurbs in agency newsletters.

In relation to practice improvement, Action Teams are the primary direct response to staff in the field and workforce development issues. As the Division transitions to an Advisory Council in 2023, the expectation is to have a greater impact on workforce issues overall.

Training

The L.I.F.T. Academy has graduated 30 participants from its program and is currently in the fourth cohort . Leadership Academy participants complete five (5) modules focused on; Fundamentals of Leadership, Leading Change, Leading for Results, Leading in Context and Leading People. Academy participants are also paired up with their own Leadership Development Coach for ongoing mentoring and support. Georgia currently has 36 Leadership Development Coaches from across the state who have completed NCWWI's virtual coaching program. As a component of the academy, participants are tasked with coming up with a change initiative project – something that can be used to improve workforce, grow community partnerships or can target a need. The Division has observed awesome creativity through these initiatives.

Graduation celebrations are held with each cohort. During these ceremonies, participants and coaches share their experience with the L.I.F.T Academy and give presentations on their change projects.

Technical Assistance / Evaluation

Technical assistance continues to be provided by the National Child Welfare Workforce Institute and The Butler Institute for Families related to the following: development of the project's Implementation Team and Action Teams, execution and application of the COHA, development and selection of strategic workforce development focus areas, leadership academy preparation and establishment of student cohorts. Technical assistance from these entities will continue through the life of the project. There are multiple meetings each month with partners at NCWWI to provide technical support to the state for the various components of the Workforce Excellence project.

An evaluation of the LIFT Academy demonstrate that:

1. Overall, participants were satisfied with the LIFT Academy, particularly the trainer-facilitated sessions. They found the material useful, coaches and trainers supportive, and enjoyed connecting with peers.
2. On average, participants demonstrated significant knowledge gains, particularly in the areas of Leading for Results (e.g., understanding the

- Plan-Do-Study-Act cycle) and in Leading Change (e.g., developing a vision statement and change project).
3. In general, participants felt that key factors that support learning transfer were in place. All participants agreed that the training content was relevant to their jobs and that they have the support of others at work (supervisor and co-workers) to use the skills they learned. They also described instances of applying what they learned on the job (e.g., with staff) and sharing training materials and information with others (e.g., new team members).
 4. After completing the LIFT Academy, participant leadership behaviors increased significantly, particularly in the areas of Leading in Context (e.g., operating skillfully within the political environment to address issues) and Leading Change (e.g., demonstrating willingness to question or improve upon existing processes or approaches). These changes were sustained even six months after the LIFT Academy concluded. Participants also reported improvements in communicating effectively, listening more carefully to input and feedback from others, conflict resolution, ability to collaborate, confidence, and supporting others' development.

Implementation Supports

The implementation team provides implementation supports for the Workforce Excellence project, and includes DFCS Senior Leadership, District Directors, University Partners, NCWWI staff, and Workforce Excellence team leads. In addition to the implementation team, there are action teams in each region. Action teams with guidance and support from the WE Implementation Team, are responsible for examining workforce challenges and implementing strategies that will result in improving conditions for the workforce. NCWWI also provides implementation supports to the University Partners, Coaches and Leadership Academy. Implementation updates are provided during the monthly implementation team meetings.

Collaborative partners include: National Child Welfare Workforce Institute; University of Georgia; Georgia State University; Albany State University

Strategic Priority 2: Practice Standards

Objective 1: Execute Practice Model Implementation, Phase 2

The Division identified several action steps to support the execution of the Solution Based Casework practice model.

1. Georgia will convene a Practice Model Steering Committee to identify, evaluate and prioritize activities needed for Phase 2 SBC implementation. *This step was completed in April 2020. This work is ongoing.*
FY24 Update: During FY22, the Practice Model Steering Committee drafted the Comprehensive Practice Model. Current plans focus on piloting the Practice Model and subsequent roll-out and implementation. The Practice Standards Guide, inclusive of Solution Based Casework, are guiding the FY23 identification, evaluation, and prioritization of activities for SBC Phase 2 implementation.
2. To overcome the transfer of learning barrier of SBC in Phase 2, a series of purposeful activities will be used to create the momentum necessary to move Georgia forward.
FY24 Update: The steering committees identified in this plan have convened and the Division has developed a Practice Standards Guide to communicate the Division's practice standards, inclusive of Solution Based Casework, Guiding Principles, Trauma Response, Safety Focus and Quality Caregiving.
3. The Division will also explore designing the next level training needed for supervisors in order to further their application of SBC tenets and ability to develop those within their staff.
FY24 Update: The Practice Standards Guide, inclusive of Solution Based Casework, will guide this year's identification, evaluation, and prioritization of activities for SBC Phase 2 implementation. Efforts are underway to begin piloting.

Benchmarks

The State seeks to achieve the following targets and benchmarks in FY2024:

Federal Fiscal Year	Safety 1	Safety 2	Perm 1	Perm 2	Well-Being 1	Well-Being 2	Well-Being 3
2024	95%	40%	20%	50%	26%	60%	25%

See [Section C: Update on Assessment of Performance](#) for analysis on the State's performance of these outcome measures.

Feedback Loops

Results and feedback from the Practice Standards Guide pilot will be utilized to improve practice. For the CFSR mentoring process, feedback was solicited from the C3 Coordinators during FY22 regarding the current overall mentoring process and the CFSR Supervisory Mentoring reviews. This feedback was garnered in an effort to align the work

of the C3 Coordinators and the CFSR mentoring process to improve overall outcomes and supervisory capacity. In addition, a workgroup composed of project managers for the CFSR Mentoring Process, the Supervisor Mentor team, Quality Assurance team and regional Mentoring and Staff Development Field Program Specialists has met to further align the mentoring efforts collectively. In FY23, the QA review team provided ongoing data and feedback to supervisors and county directors for the CFSR Mentoring process.

Training / Technical Assistance

Former Practice Model Coaches (PMC) continue to participate in New Hire Simulation classes which concentrate on teaching the tenets of SBC to new case managers. In addition, SBC refreshers are held routinely for trainers and curriculum writers to ensure all training materials continue to promote SBC tenets.

Supervisors are encouraged to enroll in “Supervisor Simulation”, a two-day virtual training where supervisors practice leadership and communication skills, facilitate discussions, role play, and participate in feedback loops with peers. Topics include case staffing, individual conferences, challenging conversations with team members and leadership, and celebrating the team. The topics covered can be immediately applied to the real-life, daily responsibilities of supervisors. Supervisors are also offered a multi-module “Supervisor Academy” course that addresses the transition from case manager to supervisor, the essentials for day-to-day supervision including an introduction to SBC supervision, and purposeful documentation. The course also includes conflict management, team development, developmental coaching, and transformational supervision that builds on NCWWI materials.

Implementation Supports and Collaborative Partners

The Division continues to collaborate with internal and external stakeholders to ensure the tenets of SBC are reviewed, assessed, and developed as an integral component of the Comprehensive Practice Model. Collaborative partners are afforded an opportunity to review performance data through venues such as the Annual APSR Joint Collaboration meetings, DFCS Advisory Board meetings, and various court monitors including Kenny A plaintiffs. State and regional CQI Teams help assess and utilize strengths and needs related to implementing strategies to directly impact Phase 2 of SBC.

Objective 2: Address Performance Gaps related to the Assessment of Safety

The Division identified several action steps to address performance gaps related to the assessment of safety.

1. By September 2020, develop staff competencies around investigations and safety decision making so that caseworkers have the knowledge and skill

to effectively identify risk and safety concerns with the ability to determine steps needed to create safety for children now and in the future. Provide ongoing training, guidance, and support for case managers and supervisors regarding any new changes in tools, practice, and policy. Continue the monthly review of records with ongoing feedback loops to include supervisors and front-line staff.

FY24 Update: The training/support activity remains ongoing. The Division continues to align efforts across the state and develop evaluation tools that will best measure process and outcomes.

2. Revise the process for the High Priority Review Team (HPRT) and complete reviews on cases that data shows are at a higher risk of serious recidivism. Conduct real-time case reads relatively early in a case using a structured case reading tool to identify critical safety issues, communicating, and address concerns. Continue to provide real-time feedback on safety issues, including assessment of safety using a structured investigations case reading guide. *This step is completed and the work is ongoing.*

FY24 Update: The HPRT reviews analyze previous CPS history, quality of interviews and observations, identification of safety threats, quality of safety planning, and supervisory support. Feedback and recommendations are provided to county/regional leadership after each case review.

3. Revise the current practice, tool, and guidance developing a seamless continuation of safety intervention between Investigation's initial assessment and the onset of Family Preservation Services. *This work is ongoing as part of the Family First implementation process.*
4. Ensure that staff have the training and proper tools for the completion of comprehensive and accurate assessments by completing focus groups, reviews of data and outcomes, establishing goals and implementing necessary practice change. This will include initial and ongoing assessment of risk and safety at all levels and program areas.

FY24 Update: The Division received consultation from Chapin Hall in FY21 regarding assessments. Based on the findings, additional content has been added to the training curriculum and child welfare policy practice guidance to further the transfer of learning for staff in alignment with Family First requirements.

5. By January 2021, the Division will update policy clarifying the guidance and best practice along with the procedures. *This step was completed.*
6. By January 2021, the Division will review the results of the CFSR Impact Plan and provide ongoing training for CPS staff specific to the identification of impending/present danger, improving skills for the overall assessment of safety, and how to properly document assessments and observations.

FY24 Update: The CFSR Supervisor Case Review and Mentoring process continues to target gaps in practice and allow for continued learning for staff. In FY23, the Child Welfare Quality Assurance unit provided additional support to the CFSR Impact Reviews, by completing case reviews quarterly and targeting supervisors with mentoring and focus groups. The focus remained on the five unmet PIP items from CFSR Round 3, which includes the assessment of safety. This project was time-limited but selected components are ongoing in preparation for CFSR Round 4.

Benchmarks

The CFSR Outcomes for Safety 2 will be used as benchmark measures for the overall goals, improving from 27% to 40% by March 2024. The CFSP identified timely transfers between Investigations and Family Preservation, with a goal of 55% by March 2022, and 85% by 2024; however, Georgia SHINES currently does not have a mechanism in place to track this item and distinguish transfer staffings from other types of staffings.

FY24 Update: See report Section C: Update on Assessment of Performance for analysis on the State's performance of these outcome measures.

Feedback Loops / Training/Technical Assistance

The CWQA unit facilitated quarterly focus group meetings with supervisors, provided mentoring opportunities for supervisors to shadow the case review process, and developed case review summaries as part of the feedback process. Case review findings were discussed with supervisors and county leadership to reinforce learning, identify mistakes, and acknowledge quality work.

Implementation Supports & Collaboration

To support the CFSR Impact Reviews, regional CQI teams analyzed case review findings and developed tools for staff to improve safety assessments. The CWQA unit found that in cases where the tools were used with fidelity, the quality of casework, including safety assessments, rated at 100%. This evidence is used to encourage frontline staff to continue using the tools consistently and accurately with each case.

Objective 3: Strengthen the Kinship Continuum Program

The Division identified several action steps to strengthen the kinship continuum program.

1. The state will consistently track the number of families serviced by the Kinship Navigator Program and increase the number of kin families that are fully approved foster parents.
FY24 Update: Georgia's Kinship Navigator (KN) Program is implemented through the Division and is open to any family providing kinship care to a relative, regardless of their status within DFCS Child Protective Services. The program serves as a one-stop-shop for information and support, and during FFY22 provided services for over 1,900 grandparents and other relatives who were raising relative children.
2. Georgia SHINES enhancements will automatically track safety requirement completion for all kin caregiver cases. *The agency completed SHINES Voluntary Kinship and Kinship Foster Care enhancements in November 2019 to align with the new practice changes.*
3. Georgia will develop policies and practices and provide technical support to field staff by December 2020. *The Kinship Policy Chapter 22 was completed in September 2020, that included twelve policies specific to kinship placements in CPS and Foster Care.*
4. Georgia will conduct an evaluation assessment of Georgia's Kinship Navigator Program to pinpoint strengths, weakness, or necessary program improvements.

FY24 Update: The Kinship Navigator evaluation is managed by Georgia Family Connection Partnership (GaFCP) and implemented by the Kinship Navigator Evaluation Team. This team consists of evaluation specialists from the GaFCP Evaluation and Research Team including, AnthroEval Consulting, LLC, Village Research and Consulting Group, and Metis Associates. The Kinship Navigator (KN) Program State Advisory continued to act as the KN Evaluation Advisory Committee. This committee includes KN staff as well as organizational partners and is responsible for providing feedback to the Kinship Navigator Evaluation Team regarding evaluation questions, methodology, data collection instruments, and use of findings. The program successfully identified five kinship caregivers to serve on the state advisory team.

In FFY20, the KN Program provided funds to nine counties to help meet kin caregiver families' basic needs. During FFY21 and FFY22, the KN Program expanded to provide funding to specific counties who were interested in providing additional support to kin caregiver families. Counties were identified through the Family Connection Network and provided the funds to implement support groups, provide emergency assistance, and identify a kinship caregiver to serve as a liaison for families by connecting them to additional local resources. These fifteen counties were located throughout the state in urban, suburban and rural communities. They included Berrien, Brantley, Catoosa, Dawson, DeKalb, Douglas, Effingham, Fulton, Gilmer,

Harris, Jefferson, Jones, Toombs, Treutlen, and Warren. For the purposes of the evaluation, the nine counties received funds for the three specific areas of support are implementing an enhanced Kinship Navigator Program model that includes a partnership with the local Family Connection Collaborative and the implementation of kinship support groups, emergency assistance, and stipends for kin caregivers serving as liaison for caregivers participating in the support group.

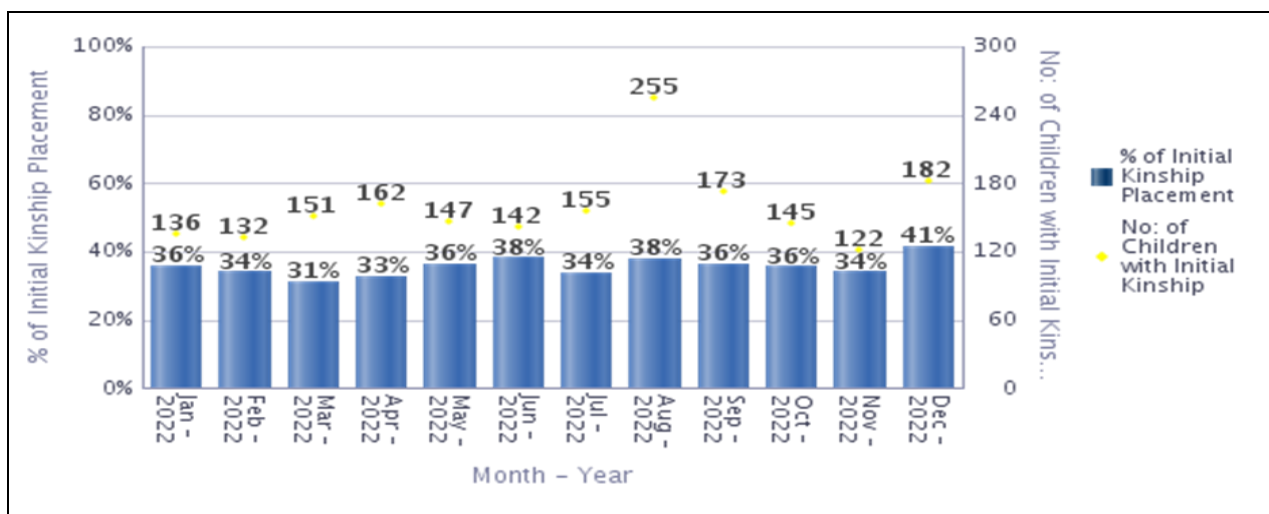
Benchmarks

Increase the number of kin families who are approved as foster parents from 0.5% to 34% by March 2024. The state will strive to meet the following targets:

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

On March 31, 2022 (single point in time), 129 children were placed in an approved relative foster home (also referred to as a kinship partnership parent). This represents 2% of the total number of children placed in out of home care on that date, and 5% of all relative/kinship home placements (2,560). In SFY 2022, 37.9% of children in foster care were placed with a relative, an increase of 1.3% from the previous state fiscal year.

Kinship Data Chart #1: The Number of Children Placed in Kinship Homes Upon Entering Care (January – December 2022) – 35.6%



Source: Georgia SHINES, LENSES report

Feedback Loops

Kinship state leaders, advisory board, and programs staff partnered with the evaluation team to develop surveys and feedback loops. Kinship surveys gather information related to the following key components:

1. What kinds of supports and services does the Kinship Navigator program provide to caregivers?
2. What impact does the Kinship Navigator program have on the well-being of caregivers and families?
3. How does the Kinship Navigator program foster partnerships between local and state agencies to increase agency knowledge of the needs of kinship care families and promote better support for caregivers?
4. How does the Kinship Navigator program coordinate services with local and state level agencies to support kinship families?
5. What system level changes are needed to improve service delivery and support to kinship families?

During the 2022 evaluation, participants were asked if there were supports and services they needed but were unable to obtain even with the navigator's support. The most frequently mentioned need that was unavailable to caregivers was "financial support". Many respondents reported they needed help with utilities and housing. Although utility assistance and some housing assistance is sometimes available, it was reported that many programs prioritize seniors, even though there are grandparents 35-55 years old who are caring for children. Several providers requested similar benefits that are provided to foster parents. The program will continue to explore these barriers and identify solutions for kin caregivers. This work is ongoing.

Training/ Technical Assistance

In 2022, the Division has eight Kinship Navigators working across the state. They are supported by six Kinship Coordinators and two Kinship District Managers. The state office is managed by a Kinship Program Director and Kinship Navigator Program Manager. Through the Kinship Navigator Program, navigators assist kin caregivers with understanding and accessing community, regional, state, and federal programs and services and work to create a strong community network to support kin caregivers. Families may enter the program through a DFCS Case Manager referral or may self-refer through the Kinship Navigator Portal <https://dhs.georgia.gov/kinship-care-portal>.

Kinship state office leaders continue to facilitate a monthly state-wide technical assistance call. Over 100 agency staff participate each month to review practice trends, data, and on-going kinship efforts across the state. Kinship staff continue to participate in county staffings to address placement concerns and prevent disruptions.

Evaluation

In FY2022 funding was used to implement the below objectives and accompanying strategies to enhance the Kinship Navigator Program's service delivery and infrastructure in Georgia by developing a responsive, strength-based support system for kinship caregivers.

Objective 1: Develop and implement a funding process (mini grants) for accessible support groups and direct services to kinship caregivers and the children in their care. -\$70,000

Objective 2: Develop and implement a fidelity tool to ensure consistent implementation of the program model across the state. -\$15,000

Objective 3: Develop Georgia's program for consideration in the Title IV- E Prevention Services Clearinghouse. Enhance data collection and program evaluation to support on-going monitoring of program deliverables and outcomes. -\$528,059

The evaluation of the Kinship Navigator Program focused on documenting program implementation, impact on caregivers and children, and changes in the system of services that may influence service delivery and/or relationships between the Kinship Navigator Program and community, regional, and state agencies. As such, the evaluation design includes both process and outcome evaluation components. Program participant data were collected via GAKinDS, the program database, through four standard data collection instruments: (1) Needs Assessment, (2) Referral Form, (3) Intake Form, and (4) Encounter Form. All kinship staff utilize GAKinDS database to manage referrals, collect information on families they serve, and track all family interactions and services provided. Families and organizations continue to be referred through the KN portal linked directly to GAKinDS.

Process evaluation documented the program's implementation including tracking referrals, participant demographics, and the types of supports and services offered to families. Process data also described the needs of kin caregivers and their families and the interactions between navigators and state and local partners. Early analyses across data sources reveal that families received a wide variety of support and services through the KN Program.

Outcome evaluation examined the extent to which the program impacts caregivers and local and state partners, and included a comparison group design. A comparison group of kin caregivers not participating in the enhanced Kinship Navigator Program was engaged to examine differences between groups. The Kinship Navigator Program's broad goal is to assist kin caregivers in understanding and accessing programs and services, develop proactive ways to address their needs and develop an informal and formal

support system, and to create a safe and supportive home environment for the children in their care. Evaluation findings are under analysis. This work is ongoing.

Implementation Supports & Collaboration

Collaboration with various stakeholders is essential to supporting and strengthening Georgia's Kinship Continuum and Navigator Services. Currently, state leaders are partnering with the DFCS Early Childhood Collaboration Unit and the Department of Early Care and Learning (DECAL) to develop Early Head Start/Head Start priority designation for children living temporarily with kinship caregivers because of DFCS involvement. The program is also partnering with Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) to provide training to kinship navigators to increase kinship families maximum use of available services and resources. These collaborations will assist in addressing some the leading reasons for referrals to the navigator program.

The kinship unit began hosting monthly kinship caregiver support webinars in FY22, as educational and behavioral health services remain critical to maintaining safe and stable kinship families. These monthly support meetings are ongoing.

The Kinship Navigators average 20 referrals/month for each Navigator and provide the following array of supports to caregivers:

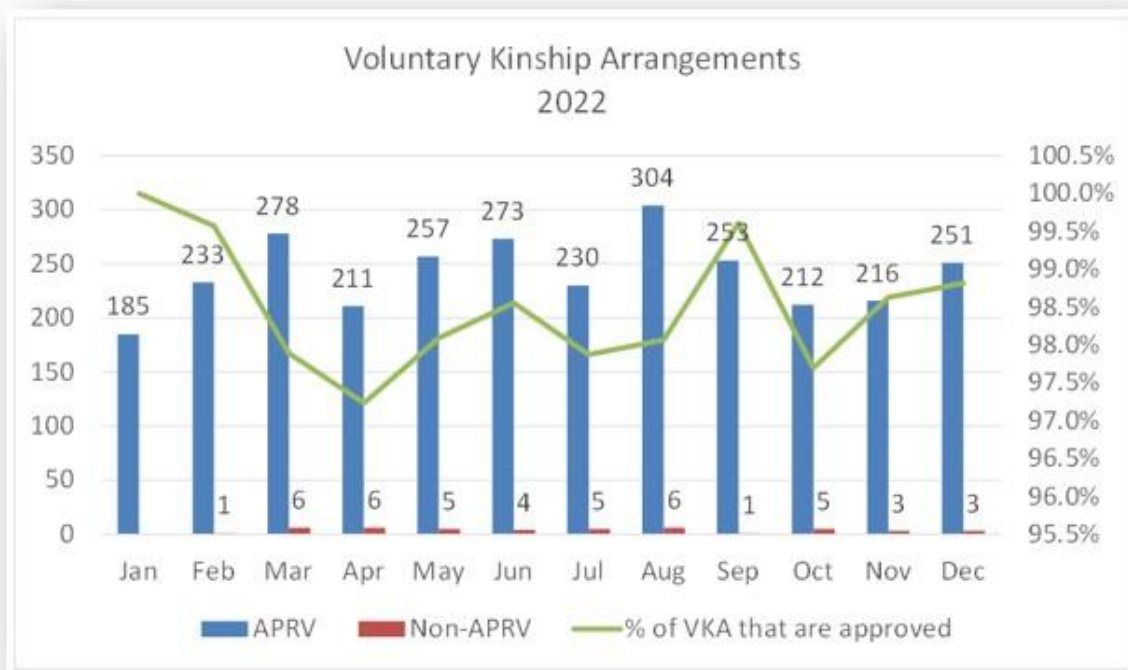
- Provide supportive listening
- Refer & link families to resources
- Engage with community partners to identify resources
- Provide individualized support to families
- Participate in community meetings/events
- Identify sponsors for families
- Build community awareness re: navigator program
- Act as point person for resources in community
- Attend family team meetings, and agency staffings
- Attend schools' meetings with family (ex: IEP)
- Attend court with family
- Assist families with completing agency benefit application
- Assist families with troubleshooting state systems
- Assist with completing the process/paperwork for becoming a foster parent
- Track foster care payments/resolve payment issues
- Build partnerships with OFI and other state partners
- Deliver goods and information to families

- Host community events

Covid-19 restrictions limited navigators' ability to provide in-person support to caregivers, many of whom experienced challenges with navigating virtual platforms. The program developed a laptop loaner program to reduce barriers to completing online applications, trainings, and educational meetings/legal hearings.

Kinship Data Chart #2: The Number of Approved Voluntary Kinship Arrangements (January – December 2022)

# of Approved Voluntary Kinship Arrangements	2862
# of Unapproved Voluntary Kinship Arrangements	60
% of Arrangements with Approved Voluntary Kinship Caregiver	98.0%



Source: Georgia SHINES, LENSES report

Objective 4: Enhance Support Services to Youth ages 18-21

The Division identified several action steps to enhance support services for older youth between age 18-21.

1. Create written, documented plan to guide the timeline of implementation and launch activities. *Completed July 2018*
2. Convene three District Youth Listening Sessions. *Completed Summer 2019*
3. Convene four workgroups to help build out what services will look like for youth in the areas of housing, education, health, and employment. *Completed Summer 2019*
4. Create and define the Extended Foster Care (EFC) child welfare policy for youth age 18-21.

FY24 update: The policy requirements and guidance were completed in 2022, but the Division is still pending final approval for the updated transition plan. The draft document was presented to youth with lived experience and feedback was requested by March 2023.

5. Disseminate EFC child welfare policy to DFCS staff for implementation.

FY24 update: Policy approval and dissemination remains under development, due in part to employee turnover within the GARYSE Chafee Program and additional forms that must be updated or developed, including eligibility verification, exit checklist, notice to terminate EFC, case closure notice, and involuntary discharge notice. The Division expects final approval and dissemination by May 2023.

6. Establish a protocol for transitioning older youth in care at age 21. *Completed 2021.*

FY24 update: Districts are advised to ensure that county staff have completed transition meetings for all youth and young adults, and that their information is recorded in the Youth Listing Database. Additional guidance on next steps for young people with a completed transition meeting could be provided by the DFCS General Counsel or the Care Coordination Treatment Unit (CCTU) Specialist for each region.

7. Enhance the foster care scattered site independent living placement options for youth and young adults in extended foster care. *The Scattered Site Placement protocols and*

STAFFING SUPPORT

The Division issued guidance in FY23 for all staff to engage the Deputy General Counsel, who had previously served as the Well-Being Attorney, on all staffings for youth aged 17 and older with intellectual and/or developmental disabilities. After the staffing and support plan is developed, the Deputy General Counsel must remain engaged and approve any changes to the plan, including changes to the permanency or plan to exit foster care, particularly for any youth who may need a permanent guardian. The Division also added two staff positions to support this effort; these staff will focus on transition planning and coordinating with Social Security benefits.

provisions have been updated to ensure young people are properly placed in independent programs and settings. The goal of an independent living placement is to prepare youth to become socially and financially independent from the foster care system.

FY24 update: The implementation of the Scattered Site Readiness Assessment tool began in August 2021, as well as the new tiered programming structure for scattered site placement providers. Training was provided to agency staff, placement providers, and other stakeholders regarding the new tiered structure and the assessment process.

In August 2022, the GARYSE Chafee Program Director requested feedback from older youth in foster care to determine if youth would like to have the option of selecting their own self-supported housing to live and continue with case management services. This option could expand the ability to serve more youth in EFC while simultaneously supporting their autonomy to select where they desire to live. There were 60 respondents representing each of the three DFCS districts, and 17 of the respondents were living in a scattered site independent living placement. Of the three options presented for consideration, over 80% of the respondents selected “living on my own with a roommate or significant other in a place of my choosing”. This option is now included in the EFC policy chapter.

Scattered Site Placement Data

The Readiness Assessment Tool for IL scattered site placement may be completed no sooner than six months prior to the youth’s 18th birthday (17 years and 6 months). However, this option is only available if/when the youth may have areas that need to be addressed to improve the likelihood of placement when they turn 18 (e.g., participant experiences frequent placement changes, behavioral health needs, or other factors that impact their readiness). This does not allow for the youth to be placed in such setting prior to their 18th birthday but will allow the participant and their support network to develop an action plan to improve the participant’s readiness upon reaching age 18.

The tool allows for youth to be assessed in areas that determine their readiness to live independently with limited oversight and an expansion of liberties. Youth do not have to demonstrate knowledge or capacity in every skill area to be approved. However, elements of the assessment that relate to concrete safety concerns for the youth, other placement residents, or the general public could adversely affect their readiness (e.g., recent arrests for violent crimes, placement history, hospitalizations, self-harm tendencies). A youth’s functional capacity to live independently is determined by their knowledge, skills, and their behavioral history. Those criterion areas are:

1. ***Self-Development and Independent Functioning****

2. Education
3. Household Management and Life Skills
4. Mental Well-Being
5. ***Placement History****
6. ***Criminal History****
7. Substance Abuse/Misuse
8. Expectant and Parenting
9. Physical and Reproductive Health
10. Employment
11. Financial Literacy/Understanding Credit
12. Participant's Support Network

There are only three areas wherein a youth would be deemed not ready for such placement. Those areas are:

13. ***Self-Development and Independent Functioning****
 1. *Fails to manage anger during conflict.*
 2. *Does not use strategies to calm themselves and prevent escalation.*
14. ***Placement History****
 1. *Experienced Crisis Stabilization (CSU) within 90 days of the assessment.*
 2. *PRTF Placement within the last 12 months – including partial hospitalization.*
15. ***Criminal History****
 1. *Crimes against children.*
 2. *Drug related offenses – sale and distribution only (not possession).*
 3. *Sexual offenses of any nature (assault, rape, molestation – as an assailant not victim).*
 4. *Violent Crimes – e.g., physical assault, battery, robbery, domestic violence.*

Youth in extended foster care have the right to be assessed but are not guaranteed approval for placement. If a youth is determined to not be ready for placement, an action plan must be developed. The length of time needed to complete identified action items may vary and should be commensurate to the youth's identified areas of need and availability of applicable and appropriate resources. Action items should not exceed six (6) months for completion.

Between August 1, 2021 and September 30, 2022, 142 youth were assessed by the GARYSE Chafee program independent living specialists. Of those 142 youth, 113 (80%) were approved for placement. Twenty-nine youth (20%) were deemed "not ready" at the time of assessment. The below chart demonstrates the assessments completed by the child's age, and those assessments that were approved or denied.

Youth Assessments by Age (FY2022)

Age	Approved	Denied	Grand Total
17	2	2	4
17.5		2	2
17.75		1	1
17.92	3	1	4
18	51	12	63
19	39	6	45
20	17	5	22
21	1		1
Grand Total	113	29	142

Source: DFCS Chafee/GA-RYSE Data Team

Youth Assessment Denials by Reason (FY2022)

Reason	Count
Conflict Resolution	15
Criminal History	1
Low IQ	2
No HSD/GED	9
(blank)	2
Grand Total	29

Source: DFCS Chafee/GA-RYSE Data Team

Percentage of achieved action plans

Action Plans Achieved	Count
No	23 (79.3%)
Yes	6 (20.68%)
Grand Total	29

Source: DFCS Chafee/GA-RYSE Data Team

Impact of the Scattered Site Placement Program Redevelopment on Placement

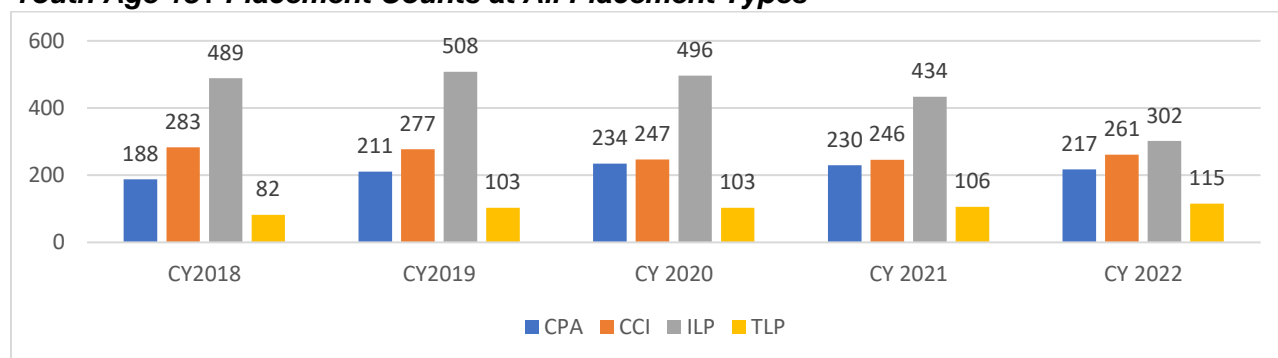
Since implementation of the tool, there has been a significant reduction in the number of incidents and disruptions at Scattered Site Independent Living Placements.

Available data identifies the trends in scattered site placements before and after the implementation of the tool for calendar years 2018 through 2022 among youth ages 18 and older placed in a child placing agency foster home (CPA), child caring institutions (CCI), scattered site independent living placement settings (ILP), and transitional living placement (TLP) settings. Transitional living placement settings are those where in a youth can be placed at the age of 16 and provides a graduated level of independence and prepares the young person for transition into single occupancy scattered site housing.

Youth with multiple placements during the calendar year at the same type of provider were counted once. Youth with multiple placements during the year at different types of providers were counted once for each provider type. Youth with multiple discharges during the year were counted once for each discharge.

Most discharges from scattered site settings were due to the youth reaching age 21 and remained on trend each year, with 123 discharges in 2018 and 110 in 2022. The data also revealed a 38% reduction in discharges due to unmanageable behavior, a 32% reduction due to not fitting well in the environment, and a 29% reduction due to youth being incarcerated and not returning to the placement. Data also showed a 59% reduction in events identified as “child on child physical confrontation”, and a 50% reduction in the number of youths hospitalized and incidents requiring police intervention (i.e., assault, drugs, theft, etc.).

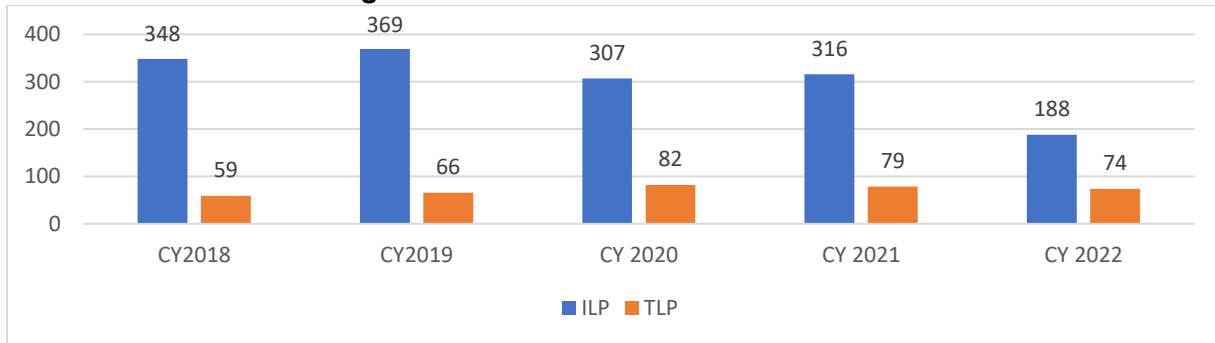
Youth Age 18+ Placement Counts at All Placement Types



Source: DFCS Chafee/GA-RYSE Data Team

The above chart demonstrates the types of placements for youth over the age of 18, from 2018-2022. The proportion of youth placements in ILP has decreased from nearly 500 in 2018 to 302 in 2022. Transitional Living Placements (TLP) have increased slightly from 82 in 2018 to 115 in 2022.

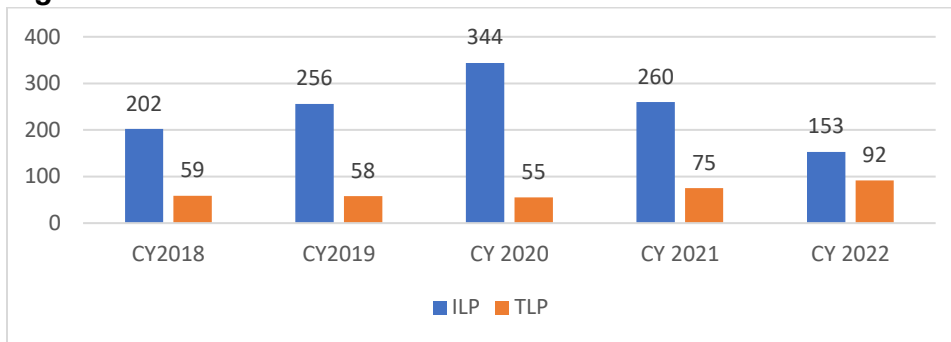
Youth Placement Discharge Count at ILP & TLP



Source: DFCS Chafee/GA-RYSE Data Team

The above chart demonstrates the placement discharges from ILPs and TLPs from 2018 to 2022. There has been a significant decrease in the number of ILP discharges, from 348 in 2018 to 188 in 2022.

Significant Events at ILP and TLP Placements



Source: DFCS Chafee/GA-RYSE Data Team

The above chart demonstrates the significant events reported in ILPs and TLPs from 2018 to 2022. Significant events in ILPs peaked at 344 in CY2020 but have decreased to 153 in 2022, while events in TLPs has slowly increased from 59 to 92 in 2022.

Considering the limited placement options for youth in extended foster care, and the overall placement shortages, the Division will consider revising the Scattered Site Assessment to allow for the override of a denial for youth that meet certain criteria in 2023. If approved, the override option will allow for county and regional leadership to provide a justification of their override and would require the intentional collaboration between them and the prospective placement provider.

Feedback Loops

In 2021, the Division established the Georgia Peers Advocating for Change (GPAC) Youth Advisory Board. This youth advisory board is comprised of young people who

represent varying backgrounds, regions and demographics. In May of 2022, the GARYSE Chafee Program Director initiated monthly meetings with external partners that maintain their own youth advisory boards/youth advocacy groups which include youth with lived foster care experiences, including the youth engagement leads for the Multi-Alliance Agency for Children and the Amerigroup Community Relations team lead. The purpose of the meetings were to streamline coordination efforts and leverage youth engagement opportunities. The collaborative meets once per month to provide input on youth related events, share opportunities for youth engagement and feedback, and coordinate youth participation in events.

Training/ Technical Assistance/ Evaluation

The Division has partnered with Third Sector for the “Achieve” pilot program to support pregnant and parenting youth in metro Atlanta since 2020; plans are underway to expand into Region 4 in 2023. Division leaders are exploring opportunities to scale this program to additional regions in the state. This collaboration sets up the pregnant and parenting for future success and reduces the need for child welfare system involvement for their children in the future.

The Division provides a variety of training opportunities for youth, including life skills training and financial literacy training (with Match Savings Program). Additional trainings are provided to child welfare staff who work with youth and young adults, to ensure they are regularly informed of best practices.

The Division’s Data Unit and the Well-Being Services Section Data & Systems Manager work collaboratively to ensure data are maintained and reported as needed.

Implementation Supports & Collaboration

Partners who support the implementation of extended care for young people who are in care and who are transitioning out of care include (but is not limited to), the vast array of private independent living programs, YESS for Youth, the Multi-Agency Alliance for Children, CHRIS 180, nsoro Foundation, the University of Georgia Fanning Institute, Angels in Paradise Inc., Covenant House and other internal and external organizations who have a commitment and interest in young people in care and their success.

County Independent Living Specialists (ILS) provide monthly calendars and reminders of the Opportunity Passport Program (for youth over the age of 18) and various training sessions and workshops offered for ILP eligible youth who are 14 – 21 years of age. Partners include the Multi Agency Alliance for Children (MAAC), Bethany, Amerigroup, and Georgia State University.

SB 107, passed by the State Legislature during the 2021 session, amends Title 20 of the O.C.G.A. relating to education, so as to provide for in-state tuition for youth who are from homeless situations and to provide for the waiver of tuition and all fees, including customary rooming and board fees, for qualifying foster and adopted individuals, at units of the University System of Georgia and the Technical College System of Georgia, subject to certain exceptions. SB 107 became effective on July 1, 2021 and the Division has implemented an online application for youth that have experienced foster care, adoption, or homelessness.

Objective 5: (PIP → CFSP) Ensure children are appropriately placed in settings that meet individualized needs and preserve family and community connections.

The Division identified one action step to ensure children are appropriately placed in settings that meet their individualized needs and preserve their connections.

1. Hold full permanency roundtables as specified in the permanency roundtable model for cases where the children have reached the 13th month in care and no clear permanency path has been identified.

FY24 update: The Division has continued to shift away from roundtables and toward case consultations (often at 6 or 9 months, and again at 12 months). Case consultation guides have been developed to incorporate relevant areas of permanency discussions that include conditions for return, status of diligent search, progress around needed behavioral changes, family supports and services, and whether alternative permanency should be pursued. Guardianship options are being discussed with the staff to focus on the family's individual needs to determine the best permanency option for the child.

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

Target Benchmarks

Item 5: 65% by March 2024

Item 6: 50% by March 2024

Item 12: 40% by March 2024

See [Section C: Update on Assessment of Performance](#) for analysis on the state's performance of these outcome measures.

Feedback Loops

Regional staff and leadership are having ongoing discussion with legal and judicial partners to ensure youth are placed in appropriate settings that meet their individualized needs. The Division utilizes PAUSE staffings to evaluate placements and ensure resources are available to the caregivers that will support placement stabilization.

Training/ Technical Assistance/ Evaluation

The Division is exploring opportunities to implement a robust evaluation effort of case consultations and the PAUSE Process. This work is ongoing.

Implementation Supports & Collaboration

Argo Placements is a new tool designed to help case managers find foster homes for children in foster care. It is a portal that allows DFCS staff to search for DFCS Foster Homes and CPA Foster Homes with available beds. The system pre-populates all available and relevant SHINES data for the child, which streamlines the Universal Application process to assist in a placement search. It matches the child with available homes and creates a score to display the strength of the match.

DFCS continues to utilize the “PAUSE Process”, which supports youth placements by improving collaborative relationships with caregivers, reducing 72-hour discharge notices, and stabilizing placements or extending move time. In addition to reducing 72-hour discharge notices, the process also reduces those emergency disruptions when youth must be moved on the same day. PAUSE is a multi-agency approach to exhausting efforts to stabilize a placement that is nearing disruption with support. The intent is to prevent unnecessary placement changes and promote placement stability. PAUSE serves to identify the youth’s individual needs, trends, and history, to see the youth as a person and not a placement.

The PAUSE process is found by staff to be an extremely beneficial process overall. Even when a placement is not salvaged every time, the process has reduced the number of requests for immediate removals. Feedback shared in surveys indicated that children have benefited from reduced disruptions, individualized services, and stronger teamwork to support youth success in placement, but more caregivers are needed to handle high end youth, and sometimes the process happens too late, and the provider is moving the child anyway.

The Regional Adoption Coordinators and the Adoption Exchange both participate in PAUSE calls to support the goal of stabilizing placements. Both are also involved in pre-pause calls to offer support and recommendations of services to stabilize placements. Additionally, the RACs continue to meet with their counties regularly and

are sometimes able to assist counties with the implementation of services to provide for stabilization, with the goal of achieving safe and timely permanency. The most utilized service for providing supportive service to adoptive families is the ADOPTS program. ADOPTS is a program that the State implemented approximately six years ago. ADOPTS (Addressing the Distress of Post-Traumatic Stress) is a trauma-focused, adoption-specific therapy program serving children ages 8-17 years old and their parents. ADOPTS places its primary emphasis on treatment of past traumatic experiences for pre and post adopted children. ADOPTS does not focus on processing or exploring the child's traumatic memories. Instead, the focus is on connecting the trauma the child has experienced to the current behavior and to build coping skills which in turn strengthens the family unit. The ADOPTS program focuses on increasing the child's capacity to form healthy attachments to others, understanding how trauma has affected their lives, developing healthy expression and regulation of emotions, and building personal strengths. The focus of treatment is to help the child and parents to understand the impacts of trauma and to become attuned to the child's triggers and needs.

While the Regional Adoption Coordinators (RACs) and the Adoption Exchange teams have been working closely with field staff to stabilize pre-adoptive placements, Georgia has supported building capacity to support "Post-Permanency" families by creating the Adoption and Guardianship Services Unit in March of 2021. The goals of the Unit are: 1) to enhance the stability and support of post-adoptive/guardianship families, 2) to reduce the likelihood of discontinuity, and 3) to build well-being and resilience. Taken together, these will secure high quality, efficient, accessible supports and services for Georgia's adoption and guardianship families who have answered the call to meet the needs of children and assure they grow and achieve their potential.

For 12 months, the Unit engaged the support of the National Quality Improvement Center for Adoption and Guardianship Support and Preservation (QIC-AG) to provide services and supports to adoption and guardianship families post legalization. The process for QIC-AG was to: (1) Determine the population most at risk of discontinuity, including any differences between outcomes for adoptive and guardianship families; (2) Assess the accessibility and quality of services and support that exists along the permanency continuum; (3) To identify gaps in services needed to support and sustain post-permanency families; and (4) To begin to remedy the gaps. The support from QIC-AG officially ended on March 31, 2022; in June, the Division received the final report and recommendations to support the team moving forward. This work is ongoing.

Objective 6: (PIP → CFSP) Increase the Division's ability to support youth who need additional educational assistance.

The Division identified several action steps to increase support for youth who need additional educational assistance.

1. Provide educational academies to increase stakeholder and case manager awareness of educational services that advocate for youth in educational settings.

In FY23, the Division provided 50 Regional Academies and 28 Statewide Academies.

Regional Education Academies are providing training and engagement opportunities in the counties and are facilitated by the regionally assigned EPAC Education Support Monitor for the county/region. Information shared during Regional Academies are often region- and county-specific and may include guest presenters who represent the local school systems and organizations within the area. See **Table 1: Regional Education Academies**.

Statewide Education Academies are providing training and engagement opportunities that can be attended by anyone throughout the state. The Statewide Academies may have different facilitators based on the topic and intention of the session.

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

parents' knowledge of special education laws and school discipline to ensure appropriate services are in place for foster youth.

3. Provide in-person and online virtual training to educate stakeholders and case managers on EPAC's purpose, services provided, and inform case managers of the latest educational trends and information.

FY24 Update: Due to restrictions on in-person gatherings resulting from the Covid-19 pandemic, all EPAC training opportunities remained virtual. The only training opportunities provided were Education Academies as described above in #1. EPAC is currently in the process of utilizing alternative training opportunities which include "SHINES Shorts" that will be housed on the DHS Learning Management System (LMS) website. These short learning videos will be required for a case manager to receive certification. Due to new SHINES enhancements this project has been placed on hold and will have a delayed released date.

Education Academies were available to anyone. CCIs, private agencies, and foster parents are welcome and encouraged to attend. These Education Academies and presentations provided information to staff and external partners (stakeholders and caregivers) regarding educational entitlements, local educational processes, DFCS child welfare best interest determination policies, and advocacy. Additionally, the Academies provided 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.

The Division set a benchmark to have participation of case managers in online Education Academies milestones for strategy completion: 30% by 2021, 35% by 2022, 45% by 2023, and 50% by 2024. Currently, the Division does not track and maintain this specific data. The EPAC Unit is working toward implementing a new practice with the DFCS education and training unit to create a series of "SHINES Shorts" and training videos that will be mandatory for all case managers to complete prior to receiving their certification. Due to new SHINES enhancements this project has been placed on hold and will have a delayed released date.

The EPAC Unit does track general participation data from the Academies, shown below:

Education Academy Survey Results

Date: April 28, 2022

Number of Participants: 40

Academy Topic: EPAC/Georgia DOE Collaborative Education House Bill 855

Survey Results:

100% of participants that completed the survey thought the information was helpful

88% of participants that completed the survey thought the training provided valuable ideas and information that will aid them in their work.

Date: May 1, 2022 (two sessions)

Number of Participants: Session 1(175) and Session 2 (75)

Academy Topic: Best Interest Determinations and House Bill 855

Survey Results:

100% of participants that completed the survey thought the information was helpful

97% of those same participants would use in their work to advocate for youth

Date: December 5, 2022

Number of Participants: 104

Academy Topic: Supporting our Youth with Positive Pathways to Graduation

Survey Results:

100% of participants that completed the survey thought the information was helpful

80% of those same participants would use in their work to advocate for youth

Table 1. Regional Education Academies – 2022

Date	Region or Statewide	Type of Academy	Participants
1/1/2022	4	New CM training	18
1/1/2022	3	Tribunal Training w/ GA Appleseed	20+
1/1/2022	14	New CM training	9
1/1/2022	13	SHINES DIS Training	20
1/1/2022	11	EPAC & LEA FOSTER CARE POINT OF CONTACT	21
3/1/2022	3	EPAC Overview	25+
3/1/2022	14	New Hire	13
3/1/2022	6	Foster Parent	1
3/1/2022	5	SHINES Education Tab	2
3/1/2022	5	ESSA Enrollment	2
3/1/2022	2	SHINES Education Tab	14
3/1/2022	2	EPAC Overview (ESSA)	33
3/1/2022	2	SHINES Education Tab	11
3/1/2022	1	SHINES Education Tab	4
3/1/2022	9	Special Edition SSCM Summit/Rose Morris & New CM	25+
3/1/2022	11	EPAC Education Academy/Education Detail Page	2
3/1/2022	10	Supervisor Summit/EPAC Services	12
4/1/2022	12	HB855/Reg 12 POC Academy	15
4/1/2022	4	Advo Kids	15
4/1/2022	4	CM ESP Training and Live Demo	40
4/1/2022	4	Families First Foster Parent	20
4/1/2022	4	Cowata	12
4/1/2022	10	CM Summit/EPAC Services	30
5/1/2022	13	EPAC	12
7/1/2022	3	EPAC Information with Bartow SSW & Counselors	15
7/1/2022	13	Sattiewide CPA Providers	22
8/1/2022	4	Education Refresher	5
8/1/2022	4	Education Refresher	6
8/1/2022	4	Education Refresher	4
8/1/2022	4	Education Refresher	6
8/1/2022	4	Education Refresher	5
8/1/2022	4	Education Refresher	12
8/1/2022	13	Statewide CPA	29
8/1/2022	8	Provider Meeting/School Enrollment	Unknown
8/1/2022	11	EPAC/Ms. Kristen Fender Raintree Village	2
9/1/2022	4	Data with DIS	5
9/1/2022	4	CM Summit	60
9/1/2022	4	Troup County - POC, Social Workers & Counselors	30
9/1/2022	3	EPAC Overview with GA Appleseed & Fair Project	17
9/1/2022	14	Education Matters (CPS)	30
9/1/2022	14	Education Matters (Foster Care)	25
9/1/2022	10	POC/Worth Co SD/EPAC/SLDS School Enrollment	10
9/1/2022	10	Amerigroup Res. Fair/EPAC Services	Unknown
10/1/2022	13	EPAC & LEA with DFCS	20
10/1/2022	7	EPAC & Shine Edu tab	15
10/1/2022	6	EPAC & Documenting the Work	30
11/1/2022	4	Overview - Chat & Chew	45
11/1/2022	12	HB855/Spec Ed Foster Parent Academy	20
12/1/2022	3	Education Academy/Senior Meeting w/ Independent Li	7
12/1/2022	14	EPAC Overview (New Hire)	18

Feedback Loops

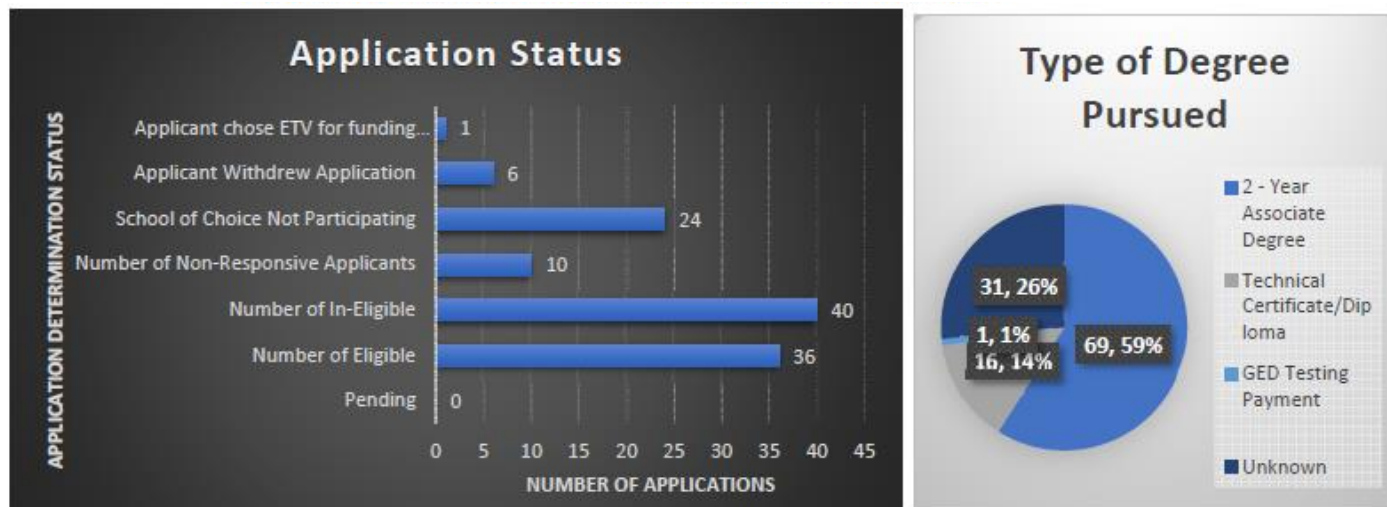
For each academy, participants are asked to complete a feedback survey online. Currently, an average of 100% of participants report that the information was useful and 88% would use the information in their work to advocate for youth.

Along with Education Academy Surveys, Regional Education Support Monitors participate in regional and county staff meetings to discuss the academic progress of youth and additional region and county needs for education support services.

Additionally, Regional Education Support Monitors engage with the Georgia Department of Education Foster Care Points of Contacts for each school system. These engagements may happen during school system meetings, case staffings, local Family Connection partnership meetings and other opportunities for communication and planning.

Implementation Supports & Collaboration

1. Data sharing through the Statewide Longitudinal Data System (SLDS)
2. Local Education Agency Foster Care Points of Contact
3. EPAC Education Support Monitors
4. The Out of School Services Program utilizes TANF funds which require youth to be between the ages of 5-17 (school age) to participate in funded programming. The SFY 2022 budget provided \$4 million in State funds to the Out of School Services Program. These funds were dedicated to support out of school and summer programs that provide targeted learning loss activities resulting from the Covid-19 educational losses for school aged youth. Through a partnership with United Way of Greater Atlanta, more than 60 programs were funded to support their educational efforts throughout the State.
5. Senate Bill (SB) 107 was passed by the State Legislature during the 2021 session, and provides for in-state tuition for youth who are from homeless situations and to provide for the waiver of tuition and all fees, including customary rooming and board fees, for qualifying foster and adopted individuals, at units of the University System of Georgia and the Technical College System of Georgia, subject to certain exceptions. SB 107 became effective on July 1, 2021 and the Division has implemented an online application for youth that have experienced foster care, adoption, or homelessness. The chart below demonstrates the total applications (117) received through October 21, 2022; 36 applicants were eligible for the tuition waiver and 40 were determined ineligible.



Source: GA-RYSE/Chafee Unit

The above chart demonstrates the number of applications for ETV funding support, and the outcomes of those applications. The chart also shows the types of degrees pursued by youth receiving ETV funding support.

Objective 7: (PIP → CFSP) Individualized Education Plans (IEP)

The Division identified several action steps to ensure youth have individualized education plans when warranted.

1. When warranted foster youth will have current and accurate IEPs.
 1. Education Support Monitors will pull random IEPs from their respective regions. Reviews will be conducted for youth, ages 5 -17, who have an identified IEP (as noted in GA SHINES). They will receive accommodations needed for their educational setting.
 2. Reviews will occur monthly and 5% of the cases will be reviewed each month. Cases will be identified based on SHINES data retrieval.

FY24 Update: EPAC Reviewed 957 Individualized Education Plans (IEPs) from January 1, 2022, through December 30, 2022. On average, EPAC reviewed 80 IEPs per month. Out of the 957 IEP's that were reviewed:

- 737 IEPs were current
- 220 IEPs were expired
- 812 IEPs were appropriately meeting the education needs according to the youth's disability
- 145 were not appropriate for the education needs of the youth.
- 25 IEP's that were not complete.

Once the IEP review is completed, the document is uploaded into SHINES and sent to the case manager.

Analysis of the data showed that 85% percent of youth that had IEP's reviewed were receiving appropriate services to meet their educational needs.

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

March 2020	March 2021	March 2022	March 2023	March 2024
49%	52%	55%	58%	60%

See [Section C: Update on Assessment of Performance](#) for analysis on the state's performance of these outcome measures

The Division set benchmarks to conduct at least fifteen (15) Education Academies, and to ensure 55% of the youth are receiving the appropriate services to meet their educational needs. In CY2022, the Division exceeded the goal by provided 50 Regional Academies and 28 Statewide Academies and ensuring 85% of youth with IEPs were receiving appropriate services.

Feedback Loops

The EPAC Unit continues to provide the Regional Directors with monthly reports and meets with them twice a year, to solicit feedback and offer ways of support to the field. Feedback provided to EPAC is used to inform future trainings and supports to staff.

According to EPAC's IEP protocol, if an IEP has not been uploaded, is incomplete, has expired, or the accommodations are not appropriate, the ESM will send two notifications to the Case Manager, one immediately, the second within thirty (30) business days to by Case Manager and Supervisor. If the ESM receives no response from the Case Manager regarding the IEP within thirty (30) business days, the ESM must notify the EPAC District Manager. After thirty (30) business days, the EPAC District Manager will send notification to the Supervisor and County Director.

IEP should be corrected and/or uploaded into SHINES within 30 to 45 days.

In the event, the incomplete or inappropriate accommodations are affecting the youth's ability to learn or attend school, the ESM will initiate a meeting with the case manager and/or school to schedule an IEP meeting to address the situation.

Training/ Technical Assistance/ Evaluation

EPAC continues to provide education academies. To evaluate each training, a survey was provided to participants. The survey question topics included case manager

demographic information, education academy session information, satisfaction of virtual training format, previous training related to education support for youth in care, helpfulness of training, most informative topic, application to future work, and any additional trainings of interest. The results are used to improve subsequent education academies by modifying training content to include topics based on staff recommendations, standardizing trainings that have been highly attended, and enhancing the147tilize147g delivery format.

Implementation Supports & Collaboration

The EPAC Unit continues to provide the Regional Directors with monthly reports and meets with them twice a year, to solicit feedback and offer ways of support to the field. Feedback provided to the EPAC Unit is used to inform future trainings and supports to staff. The EPAC training videos will be mandatory for all case managers and required to obtain their certification. These implementation supports are ongoing.

Strategic Priority 3: Service Array

Objective 1: Maintain a Parent Advisory Council to enhance primary and secondary community-based prevention and to increase parent leadership and engagement within the Division

Action Step	FY24 Update
The Prevention and Community Support (PCS) Section will provide information to the Parent Advisory Council (PAC) on different evidence-based primary and secondary prevention programs	<i>Presentations are provided to the PAC members in bi-monthly meetings.</i>
The PAC will recommend to the Prevention Section which services are most helpful to families in their communities	<i>PAC members participate in and provide input to state or regional Child Abuse and Neglect Prevention Plan (CANPP) meetings. This work is ongoing.</i>
PAC members will participate in the proposal review teams for Prevention	<i>PAC members are invited to participate in CAPTA Funding Opportunity</i>

Section funding opportunities. Anticipated due date: September 30, 2023	<i>Announcement applications, as well as the PCS Statements of Need (SON) review teams, to include Promoting Safe and Stable Families (PSSF), Second Step, Sources of Strength, teen pregnancy prevention programs, and Family Resource Centers. PAC members receive a stipend for their time in reviewing.</i>
The PAC will develop projects and activities to work on with the Division	<i>PAC members present at child welfare conferences, regional leadership meetings, community engagement meetings, and recorded training webinars for staff. Additional opportunities are available as needed.</i>
Training on parent advocacy, engagement, and leadership will be provided to parents	<i>In FY22, three parents participated in the Children's Trust Fund Alliance and Casey Family Programs' Parent Advocacy Fellowship program. Georgia was one of four states selected to participate in the fellowship. The parent perspective videos are additional opportunities to support parent advocacy and leadership, as well as ongoing conversations with Georgia Department of Education about Family Resource Centers in schools.</i>
The PAC will have full membership (14 members). Anticipated due date: September 30, 2024.	<i>The Georgia Parent Advisory Council (GA PAC) currently has 12 council members representing 12 of the 14 DFCS Regions and includes birth parents, foster parents, and adoptive parents. The goal is to have one parent advisory council member from each region for a total of 14 GA PAC members. The Division is still recruiting parents to represent Regions 8 and 9</i>

	and hope to recruit a kin caregiver. A father representing Region 3 was added to the PAC in 2023.
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The Division will measure progress by achieving 75% of PAC members attending all trainings and meetings by FFY 2024. The Division continues to exceed this benchmark measure, with 90% of PAC members attending trainings and meetings in FY22.

In the August 2022 in-person meeting and subsequent November 2022 virtual meeting, the PAC members and staff discussed considering term limits, membership and meeting attendance requirements, and in-person meeting protocol. The PAC members were in agreement that members should be required to attend a minimum number of meetings, virtually or in-person, and that they could also request a leave of absence if a personal situation impeded their participation temporarily. The members also determined that term limits were necessary. It was decided by the members to spend the first part of 2023 determining how the term limits would be implemented and then begin operating under those policies effective July 2023.

Feedback Loops

PCS continues to work with internal and external partners to engage parents with the work of the Division but also to engage them with our collaborative partners. In CY2022, PCS added a PAC member to the Strengthening Families Georgia Leadership Team and made a recommendation to add a Georgia PAC member to the Alliance's National Parent Partnership Council (ANPPC). PCS engaged PAC members with the Department of Education and Department of Juvenile Justice. PCS also invited DFCS leadership to meet with and engage with PAC members through PAC meetings and inclusion in DFCS meetings. PCS welcomes input from these internal/external partners into how the PAC is operating and any improvements that can be made.

For the trainings and the Book Club, all PAC members who attended completed those surveys and all feedback was positive. Specifically for the book club, members reported that that opportunity had been very meaningful to them and they'd like to do more of it. Due to that feedback, the PCS is beginning another book with PAC later in the year.

Training/ Technical Assistance/ Evaluation

To date, the Prevention Section has obtained feedback through evaluations developed by the National Alliance of Children's Trust Funds. At the end of in person meetings, the GA PAC members complete the evaluations on the meeting and their activities. The Alliance, as an independent entity, collects, analyzes and provides PCS staff with the data from the evaluations. Additionally, the Prevention Section plans to have one meeting session a year dedicated to receiving feedback from the GA PAC on how they think things

are going, successes, challenges and areas needing improvement. Continued evaluation of the Council will occur and will be reported to PCS by the Alliance. In FFY22, all meetings except one with the GA PAC were virtual due to the pandemic. Plans are to resume twice yearly in-person meetings in 2023.

Implementation Supports & Collaboration

The National Children's Trust Fund Alliance continues to provide support, technical assistance, and training for the GA PAC through a contract with their organization. The Alliance works with several states to develop and coordinate PACs and was critical with the creation of the GA PAC. Additionally, leadership with the Division has been supportive in utilizing the PAC to provide input into agency initiatives.

The Prevention Section also has a dedicated staff member who serves as the liaison for the GA PAC. The parents know they can reach out to that staff member with any questions or concerns, or when they need assistance or information. In early 2022, the DFCS PAC Staff Liaison conducted one-on-one "check-in" phone calls with each of the PAC members, and continues in 2023 to regularly conduct these calls to allow an opportunity for feedback, requests for additional support, or suggestions for improving the GA PAC. DFCS would not have been successful with creating and maintaining the GA PAC without these implementation supports.

Objective 2: Target 0-5 Early Childhood Education

The Division will increase the number of children ages 0-5 who are enrolled in Early Head Start, Head Start, Pre-Kindergarten, or other quality rated childcare programs. The Division will also enhance the knowledge of case managers and support them in making decisions regarding the best available early childhood setting.

The measures of progress will be to:

1. Increase the percent of children ages 0-5 who are in an early childhood education setting from 64% to 75% by 2024.
 - In CY2022, Georgia SHINES reported 85% of children in care, age 0-5, were in an early education setting.
2. Improve to 60% in Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.
 - See [Section C: Update on Assessment of Performance](#) for analysis on the state's performance of these outcome measures

The Division identified several action steps to improve early education for youth age 0-5.

Action Step	FY24 Update
Create and disseminate an Early Childhood Toolkit to case managers and other appropriate DFCS staff who support the needs of young children in foster care.	<i>Childcare Reference Guides were developed in place of the toolkit to address the immediate need of the county and direct service teams to streamline service delivery. The Childcare Reference Guides address the early care and education needs of children birth to age five in addition to the specific out of school time, supervision, and enrichment needs of all children with DFCS involvement</i>
Convene Early Childhood collaboration workgroup once per quarter. Invite participants from DFCS Staff (state office and field); State Agency Partners; Non-profit Organizations; Foster Parents, and other community partners such as GEARS, Voices for Children, DECAL, and Bright from the Start.	<p><i>At the onset of the pandemic this initiative was postponed. This workgroup first convened in May 2022. The inaugural meeting goals included opportunities to collaborate with other state agencies that impact and influence early care and education, and childcare practices across the state through cross-agency coordination, and to ensure CFSP, CFSR, and other federal-level goals and objectives for state-level early learning and childcare services are incorporated into the Division's planning.</i></p> <p><i>This Advisory Workgroup will continue to convene bi-annually to discuss new policies and practices that impact children in foster care age 0-5, and to incorporate workgroup resolutions into larger convenings that guide the early care and education child welfare work in Georgia.</i></p>
Provide statewide Early Childhood Care and Education training to case managers, social service supervisors and foster parents two times per quarter.	<i>Training is provided to county and regional staff. Details are provided in the chart below</i>

Early Childhood Education Training (CY2022)

Training Topic	Frequency Offered	Audience	Description
Early Childhood Care, Education, and Childcare Support for Children in Foster Care	Quarterly	State Office Staff, Field Staff, and Foster Parents	The Early Childhood Collaboration Unit provides comprehensive monitoring, consultation, support, and advocacy for children in care, ages birth – 5 years old, who qualify for early childhood educational programming and/or childcare (Head Start, Child and Parent Services (CAPS), and Ga Pre-K). With an emphasis on building and fostering relationships that support educational stability at an early age, the unit works collaboratively with the Division's state and county DFCS offices, other state agencies, and external partners to ensure the educational needs of this population are met. Come learn about DFCS Early Childhood Collaboration Unit and the support services we offer.
Serving Young Children In Foster Care (DFCS Early Childhood Services Program)	Quarterly	State Office Staff, Field Staff, Foster Parents, Internal and External Partners	<p>This information session will provide an overview of the Early Childhood Services Program and the key statewide early childhood care and education support services it offers. Participants will also be offered resources that will support them in caring for two unique populations children under the age of five and expectant and parenting youth.</p> <p>The programs, resources, and supports shared will cover connecting and navigating the following early childhood services:</p> <ol style="list-style-type: none"> 1. Early Learning (Traditional Options: Head Start, Early Head Start, Pre-k, and Quality Rated Programs, Non-Traditional Options: Early Childhood Education Alternate Learning Plan) 2. Early Intervention (Children's 1st, Babies Can't Wait, Preschool Special Education) 3. Early Health and Wellness (Georgia's Home Visiting Programs, Parent Child Psychotherapy, Children Medical Services)

DFCS Childcare Support Services	Bi-monthly	State Office Staff, Field Staff, Foster Parents, Internal/External Partners	In this information session participants will learn about childcare supports that span all child welfare case stages. This includes support with resolving issues related to Childcare and Parent Services (CAPS) scholarships, initial referrals, renewals, and case changes. In this session participants will also learn about the specific childcare support services (DFCS Supplemental Supervision Wavier, DFCS Informal Childcare Provider, the DFCS Childcare Services Letter, Childcare support to Expectant and Parenting Youth and Training and Technical Assistance) offered by the DFCS Childcare Services Program.
The Evolving Landscape of Early Childhood: A Child Welfare Perspective	April 2021	State Office Staff, Field Staff, and Foster Parents	Learn easy ways to help build your baby's brain in this webinar hosted by the Division of Family and Children Services and presented by the Georgia Department of Early Care and Learning! It's easy to do, the key is you! In this webinar, you will also learn about what to expect at each age of your child's development, and free resources that you can use.
Head Start/Early Head Start Information Session	Quarterly	Field Staff and Foster Parents	This information session will assist participants with understanding the Head Start/Early Head Start Programs in Georgia. All children in foster care under the age of 5 are eligible to attend a Head Start or Early Head Start Program. Children enrolled in this program will have access to the following FREE comprehensive services: Individualized Curriculum, Health Exams, Nutrition Exams and Developmental Screening. Families will be assigned their own Family Support Specialist and so much more. Come learn about the Head Start program and the services this program offers.
Supporting Expectant and Parenting Youth In Foster Care	September 2021	The Multi Agency Alliance for Children	For youth in care who are expecting or parenting, the process of transitioning to adulthood is accelerated even if the youth is ill-prepared to assume adult responsibilities. Therefore, expectant, and parenting youth in care need a strong support system and targeted services to assist them in enhancing their potential protective capacities while they strive to become successful, self-sufficient adults.

			Come learn more about how the DFCS Early Childhood Collaboration Unit supports those efforts.
Navigating Early Childhood Services for Young Children in Foster Care	February, March 2022	State Office Staff, Field Staff, Foster Parents, and Internal/External Partners	Serving young children in foster care is no small task. Research in the neurosciences has proved that 80 percent of brain development takes place in the by the time a child is five years old, with the first three years seeing the maximum growth. Children in this age group are particularly vulnerable to adverse effects of foster care placement in these early years, quality care and education give children a head start on skill development, school readiness, and future success. This workshop will provide an overview of the services, support and resources designed to meet the needs of children in foster care under the age of five. The DFCS Early Childhood Collaboration Unit will focus on critical areas such as early childhood education and care options early intervention services and childcare (CAPS).

Feedback Loops

The Early Childhood Collaboration workgroup convenes quarterly. The Early Childhood Services program ensures that internal and external partners and stakeholders are engaged and involved to offer updates and share data quarterly. During these information exchanges via meetings, forums, and/or workgroups feedback is received from internal and external partners and stakeholders. On-going progress is managed through virtual documents, partnership reports, conference calls, surveys, monthly program meetings and monthly management meetings. These meetings are conducted with DFCS leadership and field operations staff, internal and external partners. Before implementing new work that will affect internal and external partners, the team engages with them quarterly or as needed to solicit their input and feedback on how the changes may impact their work..

Training/ Technical Assistance/ Evaluation

Training and technical assistance participation and quality is evaluated via survey. There are also opportunities for internal and external partners to provide feedback during scheduled meeting occurrences. Survey results are kept with our data and systems manager.

Surveys were disseminated following each training session. The overall survey results reflect that the training topics and the information offered during each training met the needs of the participants. Based on the overall participant feedback 90% of participants that participated in trainings offered by the Early Childhood Collaboration Unit found the training platform used, the topic, and information provided to be helpful.

Implementation Supports & Collaboration

The Prevention and Community Support (PCS) Section coordinated with DECAL, DBHDD, and the [Georgia Early Education Alliance for Ready Students \(GEEARS\)](#) in the development of the [Georgia Association for Infant Mental Health \(GA-AIMH\)](#). The AIMH supports a range of early childhood professionals who address the social, emotional and developmental needs of young children and their families.

The Division currently partners with the following agencies and organizations to achieve this CFSP objective:

Department of Early Care and Learning (CAPS, Head Start, Quality Rated)

Department of Public Health (Children 1st, Babies Can't Wait, Georgia's Home Visiting Programs)

Department of Education (Preschool Special Education Department)

Objective 3: (PIP → CFSP) Train and market available youth services to supervisors and frontline staff.

The measure of progress will be a wellness series designed to support and enhance case manager, supervisor, and other direct service staff understanding of appropriate and timely health screening.

The Division has implemented the following activities:

1. Host or sponsor training sessions each quarter on available youth services (Chafee ILP, Understanding Trauma, EPSDT, Behavioral Health Services, etc)

2. Developed a Medicaid Navigation Guide on how to maintain Medicaid eligibility for former foster youth and youth who are preparing to exit care, to prevent any lapse in coverage.
 - Develop a companion document for staff to provide guidance on how to ensure youth maintain their Medicaid eligibility.
 - Distribute to community partners, staff, youth, and service providers that work with this population.
3. Published Medicaid eligibility criteria on the GA RYSE website along with the Medicaid Navigation Guide; include contact information for assistance. Youth are directed to apply through Georgia Gateway.
4. Provided an overview of the Well-Being Unit and available resources to staff in the May 2023 “Café 212: forum. Presentation included:
 - Out of School Services
 - Youth Development and Outcomes data
 - Child Welfare Initiatives (tuition waiver program and foster care tax credits)
 - Early childhood collaboration
 - GA RYSE Independent Living Program
 - Educational Programming, Assessment, and Collaboration (EPAC)
 - Wellness Programming, Assessment, and Consultation (WPAC)
5. WPAC partners with mobile health clinics to set up in county DFCS offices to ensure youth have access to care when needed.
6. WPAC continues to facilitate the escalated medication consent protocol between the Crisis Stabilization Unit (CSU) and county staff. In CY2022, there were 418 requests, and for 95% of requests, the facility received the medication consent form with a response time between 24 to 48 hours.

Feedback Loops

WPAC is undergoing a thoughtful shift in the supports provided by the WPAC Specialists to ensure the services continue to be useful and relevant. Feedback is being requested from staff and stakeholders during this process.

Training/ Technical Assistance/ Evaluation

WPAC sends several reports to each region to assist in closing the gap on service completion for youth in care:

1. Psychotropic Medication Quarterly Report: This report comes from Amerigroup and includes the youth that are prescribed psychotropic medication, the dosage, start date, and the name of prescribing physician
2. WPAC Monthly Report: total of overdue initial and ongoing health checks from Georgia SHINES overdue health check report (totals for 3-month

- increments). These health checks include EPSDT/well checks, dental exams, developmental assessments, and trauma assessments
3. Amerigroup Monthly Reconciliation Report: regional data that includes claims for well checks, dental exams, and trauma assessments, along with the contact information for the provider that completed the assessment
 4. Children 1st Monthly Report: includes a list of children that were referred to Children 1st from DFCS for developmental assessments, as well as the status of those referrals (both CPS & Foster Care referrals)

Implementation Supports & Collaboration

WPAC continues to meet with DPH on a quarterly basis and hold bi-monthly calls with the Department of Community Health (DCH) and Amerigroup, and meetings to address barriers to services for youth in care. Additionally, DCH and Amerigroup have partnered with the Division to review trauma assessments for youth in care. In 2022, a workgroup comprised of representatives from DFCS, Amerigroup, providers, and other partners began working on the updated Trauma Assessment guidance. As of April 2023, the draft guidance of the updated Trauma Assessment protocol has been completed and has moved forward in the leadership review process.

Objective 4: (PIP → CFSP) *Leverage regional stakeholder meetings to address service array, and monitor to ensure implemented services are effective*

The measure of progress will be improvement in CFSR Outcome 12 within each region. The state will seek to improve the state overall rating on CFSR Outcome WB 12: “Needs and services of child, parents, and foster parents” from 18% to 40% by March 2024. See [Section C: Update on Assessment of Performance](#) for analysis on the State’s performance of these outcome measures.

The Division has identified the following action steps:

1. Each region will host at least one stakeholder meeting per quarter to address service array
2. Each region will track and monitor service quality and gaps
3. C3 Coordinators will submit quarterly reports regarding the outcomes of the service array meetings and service improvement objectives

FY24 Update: Regional C3 Coordinators convened quarterly stakeholder meetings during CY2022. Many were held virtually due to continued COVID concerns but several were held in-person. The C3s have met with providers from the Child Placing Agencies, school boards, law enforcement, mental health and substance abuse, DBHDD, DJJ, and others to discuss identified service needs as well as CFSR performance data, service

gaps and ongoing partnerships. Stakeholder meetings also address policy, practices, processes, and other issues/concerns. The C3s have reported that the service array meetings have been helpful in creating a platform for them to share information and strengthen their partnership with community providers. Post-meeting surveys are used to obtain feedback from attendees and assist in planning future service array meetings.

Quarterly reports are submitted that include descriptions of service array meeting agendas, discussions, and outcomes of the meetings. C3s identify service gaps by feedback received from the CQI meetings, and from information received from the community partners/providers through surveys, summits, CPA meetings, etc. The Regional Directors collaborate to create the meeting agendas around desired goals and practice improvements for their region. C3s have discussion topics relating to permanency outcomes, judicial collaboration, Family First updates, screen outs and referrals, behavioral aid services to youth and families, regional roadshows, training and staffing needs for the Division, recruitment strategies for kinship providers, CPA collaboration and substance abuse services.

In CY2023, the Division developed a case review system to evaluate the quality of services provided to children and families in a random sample of cases across program areas. Data from this initiative will be reported in future APSRs.

Feedback Loops

The C3 Coordinators receive feedback regularly from service providers in the region who attend the stakeholder meetings and share experiences of the families receiving their services. This feedback helps to monitor and improve service provision, as well as provide supports for C3 Coordinators to educate staff on available services. New service providers attend these stakeholder meetings as a way to introduce themselves to staff and other providers, and the C3s are able to connect providers to each other and enhance partnerships and collaborations. Service providers have expressed positive feedback after attending these meetings, and appreciate the opportunity to introduce themselves to staff and connect with other providers.

Regional CQI teams are analyzing CFSR data and performance to develop specific strategies to improve outcomes. The strategy is included in the regional Quality Improvement Plan (QIP), as well as how it will be measured, and its expected outcome. Every CQI team develops its own mechanism in measuring the progress of a strategy. In most cases, CQI teams are completing monthly random regional case reviews to determine if the strategy is being used and used with fidelity. Case reviews provide indicators that identify if the strategy is working as intended, or if modifications are needed.

Training/ Technical Assistance/ Evaluation

C3 Coordinators meet once per month with the Federal Plans Unit to receive technical assistance and training, guidance on new state and federal legislation, program instructions and information memoranda, and other resources that impact the work. Meetings continue to be held virtually due to COVID restrictions on in-person gatherings.

Implementation Supports and Collaborative Partners

C3 Coordinators receive technical assistance and support from the Federal Plans Unit, district and regional directors, the QA/CQI Units, state office programs, and external stakeholders. This support ensures ongoing awareness of issues relating to service array and service provision.

Strategic Priority 4: Community Partnerships, Family Engagement, Inclusion, and Equity

Number of State of Hope Sites Objective I										
BASE - LINE 2019	Target 2020	Actual 2020	Target 2021	Actual 2021	Target 2022	Actual 2022	Target 2023	Actual 2023	Target 2024	Actual 2024
54	64	130	84	250	114	300	154	455	204	
Number of Civic and Philanthropic Partnerships Objective I										
BASE - LINE 2019	Target 2020	Actual 2020	Target 2021	Actual 2021	Target 2022	Actual 2022	Target 2023	Actual 2023	Target 2024	Actual 2024
5	10	6	15	17	20	20	25	25	30	

Objective 1: Leverage and invest in communities to provide adequate and effective service capacity statewide.

The Division has identified the following action steps:

1. Establish State of Hope Sites within nonprofits, philanthropies, government, businesses, and other community members to build local safety nets that will prevent conditions contributing to disparities in education, threaten a family's self-sufficiency and potentially lead to child abuse and neglect.
2. Establish a plan for ongoing engagement with national, state, and local philanthropic and civic organizations
3. Host at least four Division roadshows to support consistent and ongoing engagement with communities, stakeholder groups, and staff

In CY2022, there were 26 sites selected to receive funding, an increase from 20 sites in 2021. Sites that are unfunded are still able to receive technical support through the SoH ecosystem, a community of organizations who have access to a SoH dashboard for information sharing, experiential learning sessions and networking opportunities. In each application cycle, the Division has been able to leverage multiple streams of state and federal funding to support the work of sites in communities across the state.

The Department of Community Partnerships continues to work diligently to establish relationships with philanthropic and civic organizations that help to enhance the Division's efforts and impact. Connections with potential partnerships are cultivated during and outside the State of Hope Application cycle.

Due to leadership changes and reorganization within the Department of Human Services, Regional Roadshows are hosted through the Georgia Professional Human Services Association (GPHSA). State of Hope will host two Semi-annual Summits to connect with ecosystem members. Attendees can learn about the needs of the Division as well as potential partnership/collaboration opportunities, engage in informational and interactive learning sessions, and share their concerns and feedback on how the Division can assist them with doing their work in the community. The first summit was hosted in May 2022.

Feedback Loops

State of Hope receives feedback from SoH recipients and ecosystem members through mid-year reports, needs assessments surveys, and post-training evaluations. Regional C3 Coordinators also report on engagement with regional SoH ecosystem partners. All feedback is thoroughly analyzed and considered in the overall program engagement and goals of the State of Hope. Feedback has been used by the Project Director when determining Annual Convening (summits), topics and curriculums for Big Idea Workshops, collaboration space, and opportunities for engagement.

Training/ Technical Assistance/ Evaluation

State of Hope currently hosts four Big Idea Workshops led by Georgia State University (GSU). Topics have included: Program Evaluation, Storytelling, Grant writing, and Fundraising. After each workshop, all members receive access to workshop recordings and resources. For evaluation purposes, post-training surveys are asked to be completed by attendees for feedback. These topics are requested by ecosystem members when completing the needs assessment. The needs assessment is used to identify and schedule workshops for the upcoming fiscal year.

Implementation Supports & Collaboration

GSU and the SoH Project Director have developed the SoH Collaboration Space exclusively for all ecosystem members to connect and network with appropriate Division/Core Team Staff, and other Ecosystem Members. There are 455 organizations registered in the State of Hope database that are engaged in the ecosystem Collaboration Space, and they receive invitations to the workshops, summits, and additional information from State of Hope and stakeholder partners.

Objective 2: Strengthen the Division's partnership with the court system

The Division collaborated with its court partners to identify the following action steps:

1. Full implementation of the second phase of the Multidisciplinary Child Abuse and Neglect Institute.
2. Continued utilization of Cold Case Project reviews
3. Continued implementation of the Court Process Reporting System (CPRS)
4. Utilization of Title IV-E Funds for Parent and Child Attorney Representation

Percent of the total population of Georgia residents included in the penetration rate for MD-CANI training jurisdictionsObjective II										
BASE -LINE 2019	Target 2020	Actual 2020	Target 2021	Actual 2021	Target 2022	Actual 2022	Target 2023	Actual 2023	Target 2024	Actual 2024
Part 1 50%	55%	58%	60%	60%	65%	60%	70%	74%	75%	
Part 2 15%	20%	21%	25%	25%	35%	25%	45%	38%	55%	
Percent of the 159 counties with regular activity of the Court Process Reporting System Objective II ⁴										
BASE -LINE 2019	Target 2020	Actual 2020	Target 2021	Actual 2021	Target 2022	Actual 2022	Target 2023	Actual 2023	Target 2024	Actual 2024
50%	55%	98%	60%	98%	65%	100%	70%	100%	75%	
Number of cold case fellows recruited Objective II ⁵										
BASE -LINE 2019	Target 2020	Actual 2020	Target 2021	Actual 2021	Target 2022	Actual 2022	Target 2023	Actual 2023	Target 2024	Actual 2024
8	10	12	12	12	14	14	16	9	18	

FY24 Update: This work is on track and ongoing. Following a 2021 pause of in-person training due to the COVID-19 pandemic, the MD-CANI training resumed in-person sessions in February 2022. Eight (8) trainings were held in 2022 across 21 counties, providing quality legal training to over 600 attendees. Feedback is requested immediately following the training, as well as a knowledge assessment to ensure learning gains have

occurred. The Division continues to incorporate Child and Family Services Review (CFSR) data, assessment of performance, and strategies for improvement into the MD-CANI curriculum. Judges are informed of their region's CFSR performance prior to the training and encouraged to continue ongoing assessment and analyses within their judicial stakeholder meetings (scheduled monthly or quarterly).

The Division will continue to evaluate the long-term knowledge and behavior changes resulting from this training, to ensure that the information is being applied appropriately to improve child and family outcomes.

Since the first MDCANI trainings were delivered in Georgia in 2017, there have been 21 trainings for Part 1 (First 75 Days) serving legal and judicial partners in 49 counties, and nine trainings for Part 2 (Focus on Permanency) in 22 counties. The total number of MDCANI attendees from 2017-2022 is 2,440.

The Cold Case Project has 6 attorney fellows and 3 non-attorney fellows in CY22. The Court Improvement Project does not have plans to recruit additional fellows at this time. In 2022, there were 258 new cases reviewed and 310 follow-up calls from 2020-2021 cases. Permanency was achieved for 61 youth resulting from case reviews in 2022 and previous years.

The CPRS utilization has reached 100% of counties in Georgia. CPRS has at least one registered user from each of Georgia's 159 counties. Total orders uploaded to CPRS (CY2022): 74,017; total logins to CPRS include 67,490 by CASAs and 29,510 by SAAGs. In CY2022, there were 161 court calendar users and 114 Superior Court clerk users (using the secure adoption document portal).

CPRS stores court orders and legal documents and receives daily updates from the state's CCWIS – Georgia SHINES. All CPRS data is housed by the Administrative Office of the Courts (AOC), which oversees the Court Improvement Program (CIP). The Division's Data Integrity Specialists work with CIP regularly to ensure the data from Georgia SHINES are accurate and complete. CIP provides regular updates to the Division on CPRS usage rates and data trends, as needed, to ensure that staff are entering information timely. The Division collaborates with the AOC and the Attorney General's Office to provide regular training and technical assistance on the use of CPRS. Planned CPRS enhancements in 2023 will be used to monitor timeliness of hearings, provide notice of hearings to caregivers, and other requirements.

Georgia's Office of the Child Advocate (OCA) received a Children's Justice Act (CJA) grant in 2021 and 2022 to develop a children's attorney office, including a social worker position, litigation expenses and relevant training, in Chatham County. OCA is supporting the new office in utilizing title IV-E funds for quality legal representation. The Division

continues to support the CJA Task Force in its pursuit of expanding quality legal representation in Georgia. There is consensus among judges, attorneys, and CASAs that improving representation will result in positive outcomes for children and families, by observing fewer children entering foster care, and for those who do enter foster care, a higher rate reaching permanency within 12 months. Future efforts to improve quality legal representation will address training to enhance attorneys' knowledge and skills to represent clients in child welfare proceedings, earlier appointments of attorneys, fewer court delays due to lack of counsel, more resources to resolve cases before a petition is filed with the court, fewer children entering foster care, and a higher rate of permanency within 12 months of entering care.

Section E: Update to Service Descriptions

Title IV-B, subpart 1: Stephanie Tubbs Jones Child Welfare Services Program

Georgia's title IV-B (1) funding is used for child welfare services statewide, including:

1. **Child Protective Services:** CPS utilizes an Investigation when an Initial Safety Assessment (ISA) indicates a present danger situation, an impending danger safety threat, or the reported maltreatment allegations fall into specific categories requiring the assignment of the report to investigation. During the investigation, families are engaged using DFCS' Practice Model as informed by Solution-Based Casework (SBC). SBC is best thought of as the architecture that holds practice to a consistent focus on safety outcomes. At the heart of SBC is the belief that by building a partnership with the family, a true focus on developing pragmatic solutions to the family's everyday problems can be achieved. Documenting and celebrating the successes of the family are also acknowledged and provide a framework for the family to sustain positive change moving forward. By using the SBC model, the case manager is able to follow a conceptual map for family-centered practice from assessment through case closure.
2. **CPS Intake Communication Center (CICC):** DHS developed a centralized system for receiving reports of abuse and neglect in 2013. The Statewide Child Protective Services Intake Communications Center (CICC) is responsible for receiving reports of abuse for children residing in Georgia. CICC receives reports 24 hours a day, seven days a week, of known or suspected instances of child abuse and neglect, including reports of physical or mental injury, sexual abuse or exploitation or negligent treatment or maltreatment of a child under circumstances that indicate that the child's health or welfare is threatened. For the purposes of child abuse and neglect reports, the term "child" shall mean an individual who has not yet attained 18 years of age, who is not an emancipated minor.
3. **Family Preservation Services:** Family Preservation Services (FPS) is described by the Family Preservation and Support Services Act of 1993 (PL 103-66) as a continuum of family-focused services for at-risk children and families. Services include activities designed to assist families in crisis, often where a child is at risk of being placed in out-of-home care because of abuse and/or neglect. Support services include preventive activities, typically provided by community-based organizations designed to improve the nurturing of children and to strengthen and enhance the stability of families.

4. Prevention and Community Support (PCS): The Prevention and Community Support Section (PCS) works within the Division and in partnership with community-based organizations to reduce child abuse and neglect. Using state and federal funding streams, PCS supports the use of evidence-based and evidence-informed practices and programs to improve outcomes for children and families. PCS also functions as the Children's Trust Fund entity for the state of Georgia.
5. Family Support Services: DFCS has a two-track differential response system to address reports of known or suspected child abuse and neglect, Investigations and Family Support Services (FSS). FSS is an alternative child protective services (CPS) response for providing protection to children by engaging the family to build consensus around the everyday life situations which may interfere with the family's ability to nurture and protect their child(ren). The family's participation in FSS is not voluntary as there are allegations of maltreatment. FSS are designed to ensure child safety and prevent future involvement in the child welfare system using formal and informal services to strengthen and support families. The FSS track is utilized when the Initial Safety Assessment (ISA) does not indicate a present danger situation or impending danger safety threat. An assessment of child safety and family functioning is required just as it is during an Investigation. However, there is no formal finding of substantiated or unsubstantiated concerning the allegations of abuse or neglect.
6. Caregiver Recruitment and Retention: The Caregiver Recruitment and Retention Unit (CRRU) diligently recruits and retains foster and adoptive parents through ongoing recruitment and retention efforts which include: the development of a statewide coordinated recruitment and retention plan; the development and implementation of regional foster and adoptive parent recruitment and retention plans; the use of child-specific recruitment efforts to assist in the recruitment of foster and adoptive parents; the use of targeted efforts to recruit caregivers who are able to meet the needs of a specific group/category of children (e.g., medically fragile, teens, siblings); the use of targeted efforts to recruit sufficient placement resources in each local school district so children entering care are able to remain in the same school they were attending prior to removal; and the use of regional and state data to communicate the recruitment needs and the results of recruitment and retention efforts.

7. **Adoptions:** Adoption is a specialized field that focuses on finding safe and permanent families for children when permanent, legal separation from their family is necessary. Adoption is a social and legal process designed to establish a new legal family giving children the same rights and benefits of those who are born into a family. Adoption practice provides sound planning for children who have a permanency goal of adoption and children who are in the permanent custody of DFCS. An integral part of adoption services is working with birth parents as they decide whether adoption is in the best interest of the parent and child through a voluntary or non-voluntary Termination of Parental Rights (TPR).

Supporting information on the numbers of children and/or families served can be found on the CFS-101 form.

Services for Children Adopted from Other Countries

The [Georgia Center for Resources and Support \(GCRS\)](#) continues to be available to all adoptive families residing in Georgia, including those who have adopted internationally. The center offers a number of resources and supports, including live and on-demand classes for adoptive and foster parents, therapeutic adoption clinicians, and a lending library of books, articles, and DVD resources for adoptive and foster families. Regional Resource Advisors are available throughout Georgia to assist adoptive families by providing advice, support, and training. The center is also staffed with families who have adopted and are able to provide support as a family with lived experience.

There are no current tracking mechanisms or data to identify the number of Georgia families have adopted internationally; however, families who have adopted internationally are eligible for other contract post-adoption services provided by the Division with a waiver.

Services for Children Under the Age of Five

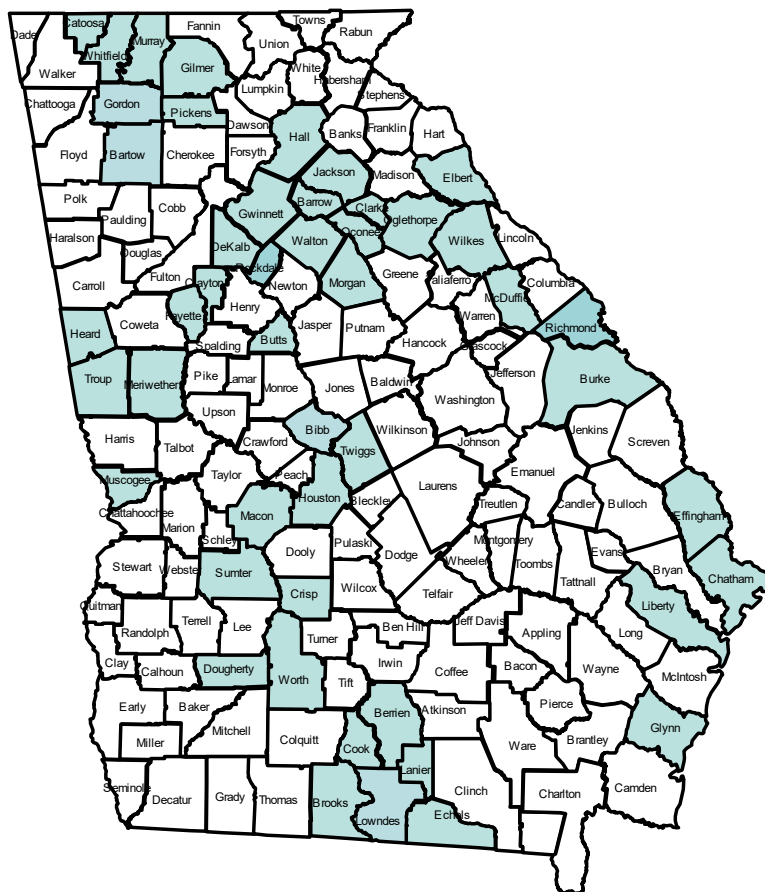
The Division provides funding support through CAPTA, CBCAP, and PSSF to provide evidence-based home visiting programs which serve families with children birth to five years of age. These programs also collaborate with the Department of Public Health (DPH) Home Visiting programs that provides Healthy Families and Parents as Teachers with funding support from the federal Maternal Infant Early Childhood Home Visiting (MIECHV) grant. The curricula provide families who are pregnant and/or parenting with

children under the age of five with services and supports that focus on linking pregnant women with prenatal care, promoting strong child/parent attachment, and coaching parents on learning activities that foster the child's development and support the parents' role as their child's first and most important teacher. Home visitors for these programs conduct regular screenings to help parents identify possible health and developmental issues. Each of the home visiting programs are required to conduct Ages and Stages Questionnaires (ASQ) and monitor the child's development, making referrals to Babies Can't Wait when appropriate. To address their developmental needs, children under the age of four in CPS cases are required to be referred to the Department of Public Health (DPH), Babies Can't Wait program.

Statewide**

Evidence-Based Home Visiting Program Counties Served

As of October 1, 2022



Source: DFCS Prevention and Community Support Section. Sites include the following models: Early Head Start, Home Visiting, Healthy Families America, Nurse Family Partnership, and Parents and Teachers

[Babies Can't Wait \(BCW\)](#) is Georgia's early intervention program that offers an array of services and support for infants and toddlers (birth to age three) with special needs. BCW serves a crucial role in completing assessments of infants and young children and offers recommendations and services to ensure the child is on target in the best way that is appropriate for their age and current medical condition. The Division works closely with DPH to ensure that the proper assessments and referrals are completed timely for children. The Division also works in collaboration with Georgia's [Children's Medical Services \(CMS\)](#) program to support children with special health care needs.

The Division also funds a screening and referral program called First Steps Georgia. This program, funded with support from CAPTA and CBCAP, offers screenings to pregnant mothers or parents with children birth to five years and links families to appropriate programs/services/resources. The screening tool asks about the family to establish any risk factors, such as history of domestic violence or child welfare involvement, lack of healthcare or insurance, substance misuse or mental health issues. The screener will offer referrals, as appropriate. In the case of parents who need no referrals, they are offered the Find Help Georgia online resource and some information about child development, safe sleep, and other pertinent universal parenting information.

A Plan of Safe Care (POSC) is completed for all infants affected by prenatal substance exposure or fetal alcohol spectrum disorder, even where there is not a specific allegation of maltreatment. The POSC may be completed by the DFCS case manager when there is an allegation of maltreatment that requires an investigation. The POSC may also be completed by the mother's health care provider during the prenatal period or immediately after birth. The Division is expanding funding for providers to accept referrals of substance-affected infants with no maltreatment alleged, for the development and monitoring of the POSC for the infant and family. Descriptions of these providers and their services can be found in the [CAPTA State Grant](#) section of this report.

The DFCS Office of Provider Management (OPM) ensures that placement providers that provide care for foster children under the age of five are meeting the safety, permanency and well-being needs of the children served. Providers are required to report and document the services that are being provided to children; this information is used to calculate performance measures for each provider. OPM also conducts safety reviews, annual comprehensive reviews, and performance-based placement reviews to ensure that providers are meeting their contractual obligations and providing quality services to the children. OPM has also identified the need for more caregivers to support sibling groups, which often includes children under the age of five. OPM is working with CPA providers on their recruitment and retention plans to ensure that they are recruiting caregivers who can meet the needs of this population.

Efforts to Track and Prevent Child Maltreatment Deaths

The Division joined the [National Partnership for Child Safety \(NPCS\)](#) in 2018, a member-owned quality improvement collaborative aimed to reduce child maltreatment fatalities. Through this engagement, DFCS continues to advance and sustain a non-punitive, systemic critical incident review process to learn from child fatalities and serious injuries. As part of the Division's fatality review process, and in collaboration with a team from Georgia's Office of the Child Advocate, the Child Death, and Serious Injury (CDSI) Review Team completed 98 critical incident/child fatality reviews in CY2022.

This process involved completing thorough case record reviews and individually debriefing over 332 DFCS staff members plus relevant external stakeholders. Reviewers identify improvement opportunities, or key learnings. Improvement opportunities are defined as case-level actions or inactions relevant to the outcome, case, or an industry standard. In essence, they highlight the gap between what families needed and what families received during the Division's involvement. As improvement opportunities are identified, systemic factors contributing to the improvement opportunities are evaluated and described through the Safe Systems Improvement Tool (SSIT). Findings are scored according to their proximity and relation to the outcome. Data elements are aggregated for the purposes of identifying program and practice improvements at a systems level. The SSIT is a nationally recognized tool used to structure critical incident reviews and standardize their findings.

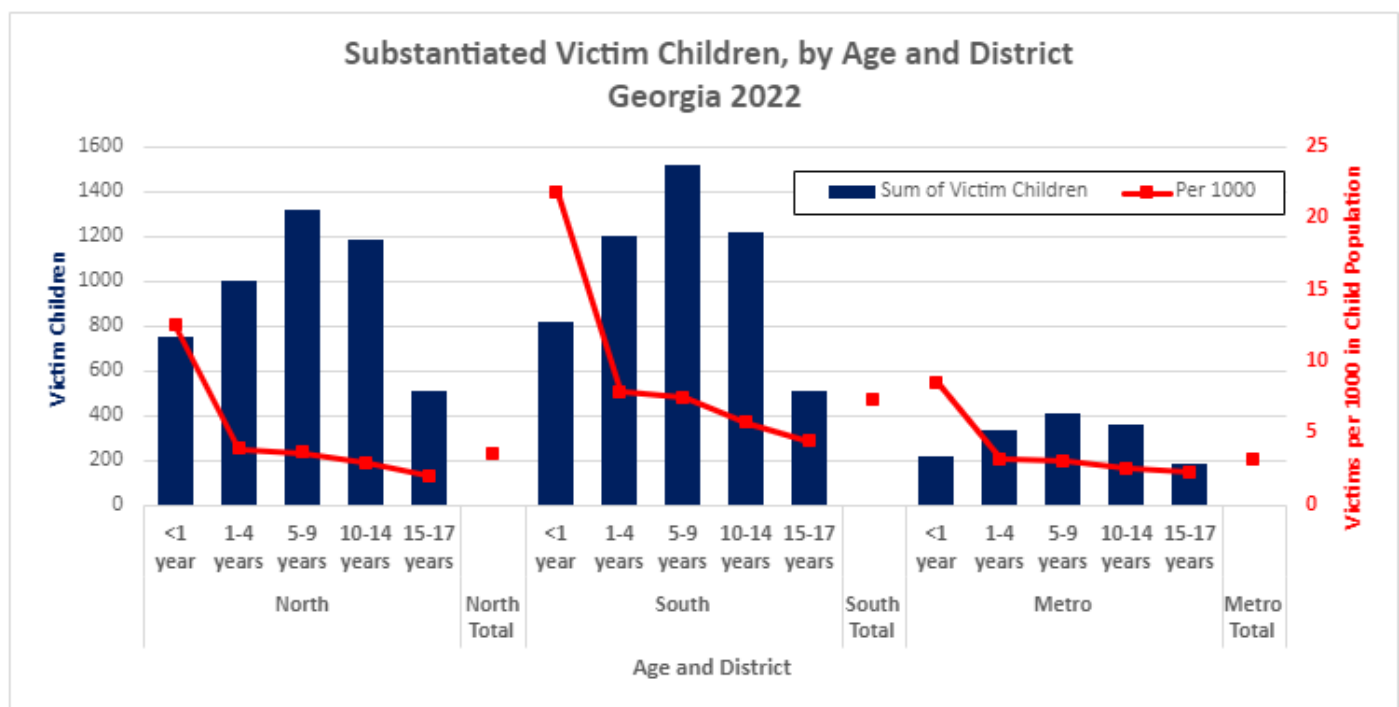
In advocacy of Georgia's families and DFCS direct service professionals, these reviews provide a candid glimpse of the work and how system improvements could foster better supports and help DFCS professionals serve families. The Division is partnering with external child welfare system stakeholders, other state agencies, and the CAPTA Panel members to explore next steps in the development and implementation of a statewide plan to prevent maltreatment-related fatalities using the review findings.

The Division also supports the statewide plan to prevent child maltreatment fatalities through the [Child Abuse and Neglect Prevention Plan \(CANPP\)](#). This effort was initiated in 2019 with a convening of child-serving agencies and organizations. Entities were tasked with identifying a representative champion to participate in strategic planning. Over the course of the next year, over 30 meetings were held across the state which included more than 635 individuals representing state and local government leaders, providers of human services, educators, civic and business leaders, parents, caregivers and members of faith-based organizations. Additionally, two surveys soliciting input from providers and parents/caregivers were distributed and completed by nearly 800 Georgians. The surveys and planning sessions yielded six strategic objectives and 50 strategies for preventing child maltreatment and maltreatment-related fatalities in Georgia. A state plan incorporating the input from this diverse group was developed and

in mid- 2020 was approved by state leadership. The Georgia Essentials for Childhood Steering Committee has been charged with overseeing the implementation of the CANPP, monitoring progress toward the plan’s goals, assisting in the development of regional plans, and reviewing progress toward the plan on an annual basis. In FY23, the Division collaborated with the Department of Early Care and Learning (DECAL), the Department of Behavioral Health and Developmental Disabilities (DBHDD), and the Georgia Early Education Alliance for Ready Students (GEEARS) to promote the inclusion of infant/early childhood mental health in the [Mental Health Parity Act](#) passed in 2022. The group also completed a crosswalk between the new legislation and the CANPP strategies. This work is ongoing.

Populations at Greatest Risk for Maltreatment

Younger children, particularly those less than 12 months of age, have the highest risk of substantiated maltreatment. The below chart demonstrates the substantiations by the child’s age and district of residence. While the Metro District reports lower overall numbers of substantiations, the South District reports higher rates compared to the North and Metro Districts.



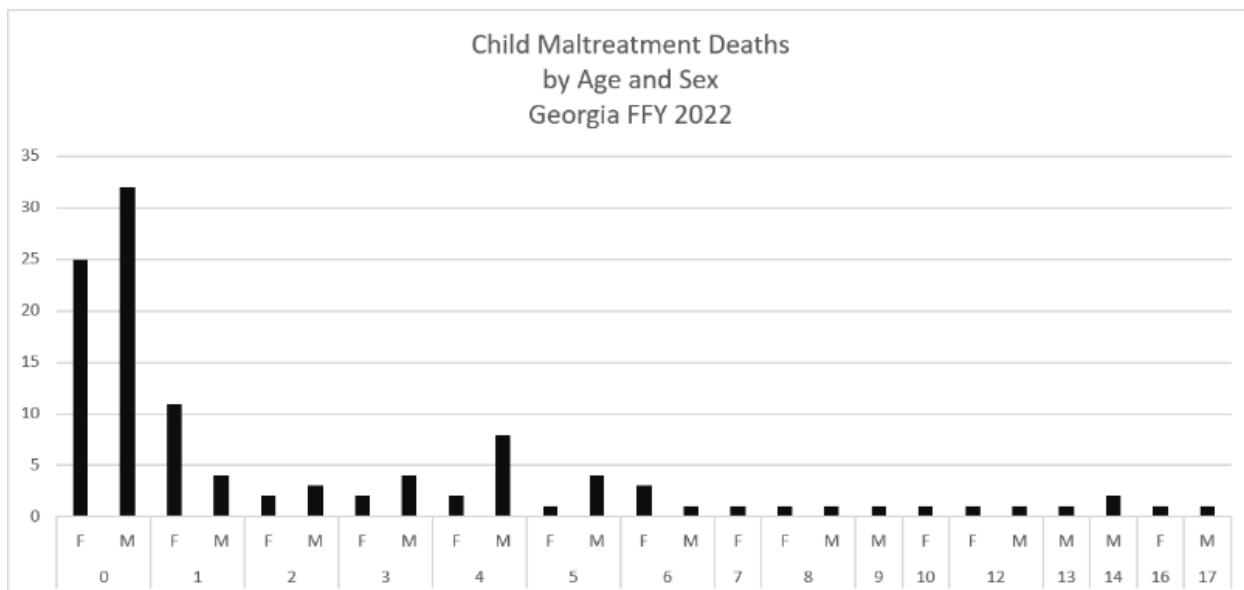
SOURCE: DFCS Data Unit, Georgia SHINES

Females were slightly more likely than males to be substantiated victims of maltreatment. Data from Georgia SHINES reports 5,887 substantiated female victims and 5,611 substantiated male victims in CY2022.

During the report period, there were 114 child deaths from maltreatment, and 85% of victim children were age five or younger. Younger children less than 12 months of age represent the group with the highest risk of maltreatment-related deaths. With an estimated child population in Georgia of 2,518,550, the rate of death from maltreatment is 4.53 per 100,000.

Maltreatment Related Deaths (FFY2022)		
Child's Age at Death	Number of Deaths	Percent
0	57	50.00%
1	15	13.16%
2	5	4.39%
3	6	5.26%
4	10	8.77%
5	5	4.39%
6	4	3.51%
7	1	0.88%
8	2	1.75%
9	1	0.88%
10	1	0.88%
12	2	1.75%
13	1	0.88%
14	2	1.75%
16	1	0.88%
17	1	0.88%
Grand Total	114	100.00%

SOURCE: DFCS Data Unit, Georgia SHINES



Source: DFCS Data Unit, Georgia SHINES

To ensure programs and services are appropriately targeted to those at risk of maltreatment related deaths, the Division shares these data with the CAPTA Panel members, DFCS field leadership, program directors, and regional C3 Coordinators (who in turn provide data-related trainings and supports as needed to frontline staff). The data sharing effort is to assist in targeting programs and services to those populations. The Prevention and Community Support Section (PCS) and the Well-Being Section (which includes the Educational Programming, Assessment and Consultation (EPAC) Unit, the Wellness Programming, Assessment and Consultation (WPAC) Unit, and the Early Childhood Collaboration Unit (ECCU) also utilize these data to develop targeted programs and services.

Title IV-B, subpart 2: MaryLee Allen Promoting Safe and Stable Families (PSSF)

The strength of PSSF in Georgia is that all PSSF providers are community-based and are acutely aware of the challenges, needs, and strengths of their communities and families. All service providers wishing to obtain PSSF funding must meet the following criteria:

1. Eligibility: State, County or City Governments; other Public Entities, including institutions of higher education;
2. Non-profits: must have a 501(c)(3) status with the IRS and be registered and in active compliance status for the year in which grant funds are sought with the Georgia Secretary of State's Office.
3. Faith-based and community organizations that meet eligibility requirements are eligible to receive awards. Individuals, sole proprietors, foreign entities and for-profit organizations are not eligible to compete for, or receive, awards made under this announcement.

The funding opportunity announcement solicits proposals for services to improve the safety, permanency and wellbeing of children, youth, and their families through coordinated, community-based service delivery. These services must be designed to build service capacity between state and local child welfare agencies and community-based family service agencies to ensure that children who are at risk for child welfare intervention have access to comprehensive, high-quality prevention and early intervention, preservation, reunification or adoption promotion and post-permanency services. Additional information on the PSSF funding and supported programs can be found at pssfnet.com.

PSSF FAMILY PRESERVATION services are provided to families that come to the attention of child welfare because of child abuse or neglect, child or parent behavioral challenges, or serious parent-child conflict. Services are provided to prevent removal of children from their homes, stabilize placement and/ or to prevent re-entry into foster care.

Target Populations:

4. Families who have or have had a substantiated investigation and/or a Family Preservation case to prevent repeat maltreatment and help these families maintain children in their homes safely
5. Relative caregivers who are caring for children when their parents are unable to do so to support the safety, permanency and well-being of these children
6. Foster parents and/or children in foster care to stabilize the placement and prevent disruption
7. Families for whom reunification is the goal, to prepare for and sustain reunification
8. Families whose children have returned home from foster care to prevent repeat maltreatment and sustain permanency.
9. Children from families who have or have had a substantiated investigation and/or a Family Preservation case or are returning from foster care to improve educational outcomes.

It is estimated that 3,345 families and 5,300 children will be served by FFY23 Family Preservation services, amounting to approximately 27% of the total PSSF budget. The rationale for this percentage is based on annual community needs assessments and Departmental priorities. Services to be provided in FFY2020-2024: Placement Prevention; Crisis Intervention; Relative Caregiver/Kinship Family; Residential/Post-Placement Aftercare; Substance Abuse Treatment & Recovery Support. Services will be available throughout the State of Georgia.

PSSF FAMILY SUPPORT services are provided to prevent child abuse and neglect among at-risk families. The community-based prevention and early intervention services are designed to prevent and reduce the risk of child maltreatment by promoting the well-being of the entire family. All services are designed to build on existing family strengths, increase the stability of families, increase parental confidence and competence in their parenting abilities, and enhance overall family functioning to prevent initial or repeat child abuse and neglect.

Target Populations:

1. Not known to the child welfare agency
2. Who have been the subject of a report of suspected child abuse or neglect who:
3. Were assigned to Family Support
4. Were screened out or were the subject of an unsubstantiated investigation
5. Have prior CPS history (closed but referred for follow-up supports/services)
6. Victims of domestic violence and their children
7. Homeless families and youth
8. Pregnant and parenting teens
9. Under-educated and under employed caregivers and families with few or no social support network

It is estimated that 2,750 families and 6,300 children will be served by FFY23 Family Support services, amounting to approximately 27% of the total PSSF budget. The rationale for this percentage is based on annual community needs assessments and Departmental priorities. Services to be provided in FFY2020-24: Prevention & Early Intervention; Home Visiting; Healthy Relationship & Co-Parenting; and Supports and Services for Homeless Youth and Families. Services will be available throughout the State of Georgia.

PSSF REUNIFICATION services are time-limited, intensive support services provided to a child with a plan of safe, appropriate, and timely reunification or other permanency option and to the parents or primary caregiver of the child. These services may be provided to families while the child is in foster care to facilitate reunification and after the child returns from foster care to sustain permanency. For example: individual, group and family counseling, substance abuse, peer-to-peer mentoring, mental health services, domestic violence services, visitation services.

Target Populations:

1. Families with children in foster care
2. Families with court-ordered or court-supervised relative placement

It is estimated that 4,550 families and 6,300 children will be served by FFY22 Reunification services, amounting to approximately 23% of the total PSSF budget. The rationale for this percentage is based on annual community needs assessments and Departmental priorities. Services to be provided in FFY2020-2024: Supervised Family Visitation; and Child and Family Advocacy. Services will be available throughout the State of Georgia.

PSSF ADOPTION PROMOTION and PERMANENCY SUPPORT services are designed to encourage and support permanency for children through adoption, when adoption is in the best interest of the child, or guardianship. Services may also be provided to support families after adoption to prevent disruption, and to provide additional support to youth who may not achieve permanency, pre- and post-emancipation.

Target Populations:

1. Foster/adoptive children and youth, *particularly those with special needs.*
2. Foster, pre-adoptive and adoptive parents
3. Relative caregivers

It is estimated that 240 families and 300 children will be served within the PSSF network and another 1,025 families and 550 children with State contracts by Adoption Promotion and Permanency Support services in FFY23, amounting to approximately 22% of the total PSSF budget. The rationale for this percentage is based on annual community needs assessments and Departmental priorities. Services to be provided in FFY2020-2024: Adoption Promotion; and Transition & Emancipation. Services will be available throughout the State of Georgia.

COVID-19 Flexibilities

As a result of the COVID-19 pandemic and limits imposed upon the ability to provide contracted services adequately, the DFCS Prevention and Community Support (PCS) Section offered flexible funding options for contractors to provide COVID-19 relief assistance to the families in their communities. For contractors who were not able to provide services, contractors who were not able to provide their full array or capacity of services, and/or for contractors who would have unexpended travel funds, DFCS PCS received federal approval from the Administration for Children and Families, CBCAP Program to allow contractors to utilize their funding for the following items:

1. Food and food delivery
2. Items for infants such as diapers, wipes, formula and baby food
3. Internet access for families to participate in virtual services

4. Phones for families to participate in services that can be offered through telephone
5. Emergency funds for rent and utility assistance

(NOTE: PCS also extended this flexibility to providers with contracts funded by TANF and child abuse prevention state appropriation, as applicable. If not applicable, providers were encouraged to offer services through virtual or telephonic options.)

PSSF funded providers were encouraged to utilize virtual options to facilitate service delivery. This included services such as individual counseling, collateral contacts, home visits conducted through programs other than evidence-based home visiting programs, etc. If applicable, providers were also encouraged to utilize telehealth technology to facilitate virtual contact with families and children receiving individualized direct services, in addition to utilizing telephonic communication in situations involving technological limitations. Lastly, providers were encouraged to refer to the CDC's guidelines regarding social distancing, their agency's protocol and/or their board or other governing body's guidelines and recommendations for additional guidance on the provision of services.

Division X: Supplemental PSSF Funds

PSSF FFY2023 Allocation			
Network Allocation	Total Services	Federal	Percent
Adoption Promotion	\$ 3,791,950.00	\$ 2,843,962.50	26%
Family Preservation	\$ 3,339,770.00	\$ 2,504,827.50	23%
Family Support	\$ 3,936,129.00	\$ 2,952,096.75	27%
Family Reunification	\$ 3,705,610.00	\$ 2,779,207.50	25%
Total	\$ 14,773,459.00	\$ 11,080,094.25	100%

Using supplemental PSSF funding provided by Division X, the Division was able to strengthen services by helping to relieve financial stress on families, which allowed families to remain connected to community providers and engaged in core services. Relationships with families improved by increasing mutual resourcefulness in identifying potential resources and maximizing their utilization. Funds also allowed providers to address financial issues that were a barrier to keeping families in their homes or children from being returned to their homes.

It was challenging to find a way to implement a plan to disburse funds based on need quickly, but the PSSF structure for service reporting and payments made this fairly seamless. Programs (family support, family preservation) that worked more directly with the biological caregivers were better able to identify family needs and their financial pressures in a timely manner and address them.

[Kinship Navigator Grant](#)

Through the Kinship Navigator Program, navigators assist kinship caregivers with understanding and accessing community, regional, state, and federal programs and services and work to create a strong community network to support kin families. Families may enter the program upon agreeing to serve as a DFCS placement resource, or through a direct referral submitted via the [Kinship Navigator Portal](#). The program is open to any family providing kinship care to a relative, regardless of their status within DFCS Child Protective Services. The program serves as a one-stop-shop for information and support, and during FFY22, provided services for over 1,900 grandparents and other relatives who were raising relative children.

In FY2022 funding was used to implement the below objectives and accompanying strategies to enhance the Kinship Navigator Program's service delivery and infrastructure in Georgia by developing a responsive, strength-based support system for kinship caregivers.

- Objective 1: Develop and implement a funding process (mini grants) for accessible support groups and direct services to kinship caregivers and the children in their care. -\$70,000
- Objective 2: Develop and implement a fidelity tool to ensure consistent implementation of the program model across the state. -\$15,000
- Objective 3: Develop Georgia's program for consideration in the Title IV- E Prevention Services Clearinghouse. Enhance data collection and program evaluation to support on-going monitoring of program deliverables and outcomes. -\$528,059

The evaluation of the Kinship Navigator Program is focused on documenting program implementation, impact on caregivers and children, and changes in the system of services that may influence service delivery and/or relationships between the Kinship Navigator Program and community, regional, and state agencies. As such, the evaluation design includes both process and outcome evaluation components. Program participant data were collected via GAKinDS, the program data base, through four standard data collection instruments: (1) Needs Assessment, (2) Referral Form, (3) Intake Form, and (4) Encounter Form. All kinship staff utilize GAKinDS database to manage referrals,

collect information on families they serve, and track all family interactions and services provided. Families and organizations continue to be referred through the KN portal linked directly to GAKinDS.

Additional information on Georgia's KN program can be found in [Strategic Priority 1, Objective 3: Strengthen the Kinship Continuum Program](#), within [Section D: Update to the Plan for Enacting the State's Vision](#).

The State Kinship Advisory Team is exploring a framework for developing a request for proposal (RFP) process for community agencies interested in providing community-based kinship navigators programs. This would allow the Division's Kinship Navigator Program to serve as a primary referral source, hub for best practices, and on-going trainings. This work is ongoing.

[Monthly Caseworker Visit Formula Grant](#)

Monthly caseworker visit (MCV) grants are provided to states to improve the quality of caseworker visits with an emphasis on improving caseworker decision-making on the safety, permanency, and well-being of foster children and caseworker recruitment, retention, and training (section 436(b)(4)(B)(i) of the Act). Georgia's FFY 2022 funds of \$738,477 supported telecommunication services (cell phones and smart phones) for foster care caseworkers. Having access to high-speed internet-capable telecommunication devices supports the quality of visits by ensuring caseworkers can take and upload photos of injuries or environments in real time and can access assessment tools or policy guidance from the field to assist them in case preparation and planning. Caseworkers can also use the pre-loaded "panic button" in the event of an emergency to summon law enforcement to their location.

Monthly caseworker visits are required under DFCS [Policy 10.18: Purposeful Contacts in Foster Care](#). The policy includes a requirement for staff to make at least one purposeful face-to-face contact each calendar month with every child under the state's care and/or custody to assess child safety, well-being and permanency, with the majority (over 50%) of the contacts occurring in the residence of the child. The policy also requires staff to make purposeful face-to-face contact with any child in foster care within seven calendar days of an initial placement and any subsequent placement change.

Georgia has demonstrated proficiency since 2011 in meeting the federal requirement for monthly caseworker visits to children in care. Since FFY 2015, Georgia has exceeded the requirement that 95% of children in care receive at least one monthly caseworker visit. Georgia has also exceeded the requirement that at least 50% of the total number of monthly visits made by caseworkers to children in foster care must occur in the child's residence.

Adoption and Legal Guardianship Incentive Payments and Savings

Adoption and Guardianship Incentive Payments are used to supplement services in the Adoption and Guardianship programs. Georgia was awarded \$1,167,000 in October 2019. The grant was received based on the achievement of finalized adoptions and permanent guardianships for children exiting DFCS care. States are given 36 months to utilize the funds (P.L. 113-183).

Adoption Incentive funds supported the work to move children to permanency. The agency has ongoing strategies to promote placement stability for youth who continues to experience disruptions.

1. \$333,000 to staff the Post-Adoption and Guardianship unit, which works with staff, adoptive, and guardianship families who may be in crisis. In CY2022, the Post-Adoption unit assisted 79 families who experiences some form of crisis related issues pertaining to a possible disruption.
2. \$70,000 to provide recruitment and retention training and support to caregivers and ensure children sustain in their homes and communities. Funds were utilized to highlight and celebrate caregivers who went above and beyond to achieve permanency for the youth in our care.
3. \$160,000 to a collaborative effort with the Georgia Appleseed program. This program works directly with the Division to advocate for youth experiencing school suspensions and expulsions. Georgia Appleseed utilizes lawyers with advocacy experience and knowledge of educational requirements.
4. \$190,000 to develop a pilot with Adoption-Share. The pilot project utilizes technology to match youth free for adoption with caregivers interested in adopting. This was a year-long pilot that garnered seven adoptions. The Division did not extend a subsequent contract with this provider, but instead chose a different provider to support the development of Child Life Histories. This partnership has dramatically improved the agency's ability to prepare and update Child Life Histories, allowing children to be placed on adoptive status sooner.

The Division is also collaborating with a provider that offers recruitment for children waiting for adoption. This vendor works directly with the family and the children in the home to review the history and ensure all permanency possibilities have been identified. Adoption Recruitment Day and incentive payments for receiving homes will also be supported with Adoption Incentive funds. The Division intends to continue the work with Georgia Appleseed and the vendors who are preparing the Child Life Histories and recruitment work. A technology component is in development that will allow the foster and birth parents the ability to share information via a portal. This work is ongoing.

Adoption Savings Expenditures

Adoption savings funds are reinvested back into Georgia's Adoption budget. Georgia used the Adoption savings in 2022 to support the following Pre and Post Adoption services agreements:

Georgia Center for Resources & Support (GCARS)- To maintain operation of the Georgia Center for Foster and Adoption Resources by developing and delivering a comprehensive program for accessing and developing post placement services for foster and adoptive families. Services are available on a statewide basis.

Reunion Registry- To enhance and maintain operation of Georgia's Adoption Reunion Registry as required by state law to offer services to birth parents, adopted persons, adoptive parents and siblings who are affected by adoptions finalized in Georgia.

Adoption Services- To recruit, assess, prepare, and train families who will be able to parent children with special needs and to provide the family support services that will assist them in maintaining the placement of these children to the point of finalization and even beyond.

ATEAM- To provide adopted teens in grades 6-12 opportunities for mutual support and self-awareness/development through group interactions with other adopted teens in 12 ATEAM sites across the state. Parent support meetings also provided.

Crisis Intervention- Provide crisis intervention to families with a potential for disruption or dissolution of an adoptive placement. A statewide team of skilled individuals work with families to assess and connect them to needed resources.

Child Life History- Completion of child life histories, which is a critical element in the adoption process. This must be completed in order to secure permanent homes for children in the custody of DHS.

Statewide Child Recruitment Adoption Services- For children waiting for permanent custody, youth waiting in foster care without an identified placement who: are age 9 and older with a goal of adoption, and at the discretion of the state, children who are under age 9 with mental or physical special needs or who are part of a sibling group.

Family Match- Provides To match children in need of an adoptive family with licensed, approved, and waiting families through a database driven system for hopeful adoptive parents that works with Child placement agencies and recruitment organizations.

Photo-listing- To maintain a photo listing website for children waiting for adoption and a toll-free inquiry line.

If future Adoption Incentive funds are earned, Georgia anticipates using these funds. Georgia expends Adoption Incentive grants in the order they are received to ensure timely expenditure prior to the grant's expiration date. States have 36 months to expend the funds (P.L. 113-183), and there are no anticipated challenges in accessing and spending these payments.

Georgia will continue to use the same methodology (CB Method) that was submitted via the CB 496 during the previous reporting period.

Family First Prevention Services Transition Grant

During the 2023 APSR reporting period, DFCS has continued to use FFPSA Transition Grant funds for operational costs to support the implementation of the Family First Act by funding salaries for the DFCS Family First Team and the following contracts:

1. Chapin Hall Center for Children at the University of Chicago for technical assistance and support related to developing and implementing the state's five-year prevention plan and continuous quality improvement (CQI) processes to assure successful implementation of the Family First Act
2. Sam Wolfe Strategies for assistance with Request for Proposal (RFP) development to initiate contracts with providers of the selected Family First prevention services for Georgia
3. Lexicon Strategies, LLC for communication support and strategies to continually inform all parties of pertinent family first updates and developments
4. Carl Vinson Institute of Government at the University of Georgia for ongoing support with fidelity monitoring, data collection and analysis, and continuous quality improvement of the evidenced-based programs

Activity	Expenditures (as of March 1, 2023)
Chapin Hall- Technical Assistance	\$418,973.49
Sam Wolfe Strategies- RFP Development and Support	\$6109.38
Lexicon- Communication Support	\$945,313.22
Carl Vinson- CQI, Fidelity Monitoring, and Data Support	\$217,790.34
DFCS Family First Team	\$657,327.75

During SFY 2024, the Division will procure and implement two of the five evidence-based programs included on the state's Family First Prevention Plan: Multisystemic Therapy and

Functional Family Therapy in Chatham, Cherokee, DeKalb, and Richmond counties. The services will be provided to children, youth, and families being served in the Family Preservation program area. This is Phase One of a multi-phased gradual implementation effort. The initial counties were selected based on geographical factors and service needs for the adolescent population.

The transition act funds are available for expenditure through the end of SFY 2025. The remainder of the funds will be used for the DFCS Family First team, contracts with Chapin Hall and Carl Vinson, provider training on the selected evidence-based programs, assistance with crisis stabilization placements for youth in care, and updates to Georgia SHINES to incorporate the case work and invoicing tasks associated with Family First requirements into the system.

The goal is to gradually implement the five Family First prevention services (Multisystemic Therapy, Family Functional Therapy, Brief Strategic Family Therapy, Parents as Teachers, and Healthy Families America) throughout the state which will be available to children, youth, and families being served in family preservation as well as expectant and parenting youth in foster care.

John H. Chafee Foster Care Program for Successful Transition to Adulthood

The Division continues to collaborate with the Georgia Department of Community Affairs to ensure young adults in need of housing and housing supports who had experienced foster care and who were in foster care have access to the federal Foster Youth to Independence (FYI) Vouchers. DCA uses local housing authority to make the vouchers available to those who need them and are eligible.

The Division continued to use the Supplemental Chafee funds to provide the following supports to youth age 18 and older:

1. Direct Cash Assistance
2. Housing Assistance (rent/utilities assistance, furniture purchase, rental insurance)
3. Transportation Assistance (down payment assistance, vehicle repairs/insurance, gift cards for ride share or public transportation)
4. Training and Enrichment Courses (financial literacy courses)

REGION 14

Region 14 partnered with Third Sector to support youth aging out of care via “Achieve”. This pilot project did not change practice or create a model; rather, it re-imagined the ways in which young people are engaged with DFCS and other agencies. “Achieve” relied on focus groups and interviews with youth. The project led staff to build relationships with new partners and reconnected with previous partners to ensure young people have streamlined access to needed resources: benefits, health care, employment, housing, childcare, and teen parent connections. The project created an online resource guide for youth which is regularly updated. For youth with developmental disabilities, the counties have re-engaged with stakeholders to assist in the guardianship process, ensure each youth’s medical needs are met, and consult with OGC to determine if a guardian is warranted. The project also increased engagement with DBHDD and SSA.

The youth were also provided opportunities to participate in incentivized trainings for additional direct cash assistance. The Division utilized both visual and digital marketing to notify youth of the assistance. The Division attempted to use geo-targeted social media marketing efforts but were unable to do so. In May 2022, the Division revised the plan increasing the direct cash assistance for single youth without dependents to \$1,400 and for parenting youth to \$2,250. The pandemic relief supports were executed through a contracted partnership with Angels In Paradise, Inc.

A web-based portal at <https://garelief.dhs.ga.gov/#/home> was developed with the DHS Office of Information Technology (OIT) to allow youth and young adults between the ages of 18 and 26 who were in or had experienced foster care to securely submit requests for stimulus funds from any compatible web browser. Processes were developed to determine eligibility for youth who had experienced foster care in another state but were currently living in Georgia. The applicants could securely view and access previously submitted applications, as well as submit new applications and upload supporting documentation. The agency portal allowed DFCS staff and its vendors to review and process the applications received from the youth applicant, and to generate reports on services/resources requested and fulfilled. The Chafee Program also partnered with an existing non-profit agency to provide employment for Chafee eligible youth to support the processing of applications received through the Pandemic Relief Database (\$18-25/hour for up to 30 hours per week).

The Division allocated over \$500,000 in funds to the metro Atlanta Covenant House Homeless shelter. The shelter has served transition aged youth and had recently experienced an increase in former foster youth in their short and long-term programs. Funds supported employment readiness programs, life skills training, clothing and toiletry items, electronic and technology items, transportation costs, and assistance with acquiring vital documents and cell phones/calling cards.

The Division received a total of 5,319 applications via the portal. Several applications were duplicates and the system infrastructure was not initially designed to identify them. Vendors had to manually close duplicates when identified. The system report yields the total number of applications and total number of payments made per program area. Vendor invoicing reporting was used to delineate payment support types and was compared to system data and uploaded payment verification documents.

DFCS utilized \$480,000 of the Division X funding for marketing efforts. A contracted vendor coordinated and implemented key statewide marketing strategies to increase the number of eligible applicants. The strategies included billboards in key areas across the state along major highways, interstate routes, and thoroughfares, as well as radio ad campaigns and public transportation/bus shelter signs. Social media posts were shared via the Division's Facebook and Instagram pages. The Division also shared information

about the supports with internal and external stakeholders and other community partners who directly provide services to youth.

The Division partnered with Think of Us 185tilizing the Division X funding to provide peer support and incentives to complete surveys to gather information regarding youth needs. A total of 15 stipends of \$1,000 were issued to youth who completed the survey which was shared for approximately one month.

Division X Supplemental Funding Distribution

Housing Support			
Type	Total Number of Payments Made	Total Funding Spent	
Rent, Deposit, and Arrears	598	\$1,987,349.24	
Furniture Purchase	151	\$401,938.76	
Utilities Deposits and Arrears	102	\$26,393.75	
Temporary Housing (Extended Stay Hotel, Boarding House)	62	\$120,132.32	
Total Housing	913	\$2,535,814.07	
Transportation Assistance			
Type	Total Number of Youth Served	Total Funding Spent	
Down Payments, Monthly Car Note Payments, Insurance, and Ride Share/Public Transportation Cards	1138	\$1,519,219.11	
Total Transportation		\$1,519,219.11	
Direct Cash Assistance			
Type	Total Youth Served	Total # of Payments Made	Total Funding Spent
Direct Cash Payments	1628	1453	\$1,000,400.00
Homelessness Support – Covenant House Georgia			
Total Youth Served		209	
Type		Total # of Payments Made	
Start-Up Housing		164	
Electronic Equipment Purchase (for education or employment support)		70	

Direct Cash Assistance / Stipend Incentives		5	
Drivers' License		2	
Vital Records		1	
Driver's Education		2	
Transportation Assistance (Rideshare/Public Transportation Cards)		156	
Total			\$389,974.86
Homeless Bed Space @ Covenant House Garcia Center			
Rate Per Day/Month	Total Youth Supported	Total # Days Covered	Total Funding Spent
\$76.83/day or \$2,305/month	10	714	\$54,856.62
Total Homelessness Support			\$444,831.48
Youth Life Skill Enrichment Training Incentives (\$250 per Course)			
Training Type / Incentive Amount	Total Youth Trained	Total Amount of Incentives Paid	
Financial Literacy	93	\$18,250.00	
RentWise Training	41	\$10,250.00	
Parenting Enrichment	29	\$7,250	
Total	163	\$35,750.00	

When Georgia's governor enacted the Public Health State of Emergency [Executive Order No. 03.14.20.01](#) in April 2020 that waived the extended foster care education and work requirements, this allowed youth to remain in care beyond age 21 up to 90 days after the order's expiration. The state executive order was continually extended until the passage of Division X of P.L. 116-260 in December 2020. This legislation allowed youth who had reached age 21 to remain in care until September 30, 2021. Guidance was provided by the division's Deputy Director of child Welfare to all staff and external stakeholders, as well as an infographic that included high level points of reference to explain the contents of the order. The Division provided ongoing support to county staff for hosting transition meetings for the 21+ aged youth who remained in care due to the extension. There were 37 young adults age 21 or older in care on September 30, 2021, when the pandemic protections ended. Case managers, the regional independent living specialist, and other adult supporters within the youth's life (including medical and therapeutic representatives) discussed next steps for the youth's transition. When and where the young person could be included in the meeting, they were engaged. For young people who did not have housing or who needed additional supports, they were provided with the Division X funding opportunity information. Local offices also provided contacts and resource connections where needed and available. Extensions were granted to the youth with complex needs to support their transition to other adult serving programs.

For LGBTQ+ youth across the state, there are multiple services and supports available to assist with counseling, therapies, medical care, and housing. Monthly support groups are hosted by MAAC and All 1 Family. Regional leaders encourage youth to attend the group. For caregivers of LGBTQ+ youth, many regions have a PFLAG chapter which provides a safe space and education on how to be an ally. Several regions have LGBTQ+ affirming health services, including therapists, counseling, and PreP availability at the local health department. Safe housing options for older youth and young adults is available through Chris 180, the Rainbow Program, and [Lost-n-Found Youth](#), which is a 24/7 resource providing services to LGBTQ+ youth experiencing homelessness. Staff are provided with LGBTQ+ resources (books and authors) that can be shared with youth. Staff also receive resources and guidance for responding when youth may be mistreated due to their sexual orientation, gender identity or expression (SOGIE). Schools and after-school programs are also creating community safe spaces for youth – including high school gay-straight alliances and Youth Pride.

National Youth in Transition Database (NYTD)

In 2019, the Division developed and implemented standards of practice to improve NYTD data entry during the reporting periods. Since the implementation of those standards, the Division has continued to meet the NYTD data reporting requirements. The Division's Chafee Program staff continues to provide technical assistance to counties and regions not meeting the pacing efforts within the specified timeframes. Since implementation of the pacing plan, most regions continue to exceed the NYTD entry expectation by the 4th month of the review period.

The Division disseminated the FFY21 NYTD outcomes data to the 2022 Teens R 4 Me conference attendees for their review and awareness. This information was also displayed on large posters throughout the conference for youth and stakeholders to view during the youth portions of the conference. The NYTD outcomes data report was shared with the GPAC youth advisory council during the July 2022 annual retreat. It was also shared with the members of the Youth Engagement Collaborative that is comprised of public and private sector agency partners and Lived Experience (LX) young adults.

The GARYSE Chafee Program reviewed the NYTD Outcomes Snapshot report obtained from the Children's Bureau website for FY 2021 to inform:

- Youth Advisory Board strategic plan foci.
- training opportunities provided to adult and youth participants of the 2022 Teens R 4 Me Conference.
- training opportunities provided to youth/young adult participants of the 2023 Celebration of Excellence held in June 2023.
- Collaborative areas of focus for youth engagement for the FFY24 fiscal year.

- Ongoing trainings provided to youth, agency staff, and stakeholders for FFY24.

For FY24, the state will explore the incorporation of NYTD outcomes in its current quality assurance review process. The Division continues to share the NYTD outcomes data report to child welfare staff each week to improve the NYTD outcomes.

Access to Medicaid for Former Foster Youth

Transition planning meetings (or Transitional Roundtables) for youth in foster care 16 years and older are held every 6 months. Medicaid eligibility criteria is discussed during the meeting and other area of wellbeing to ensure the young person has a plan in place. A Medicaid navigation guide is provided to youth that provides Medicaid eligibility criteria, the website for application and renewal of Medicaid, and an email address to the Georgia Division of Family and Children Services (DFCS) Wellness Programming, Assessment, and Consultation (WPAC) Services program for post foster care assistance, when needed. The Medicaid Navigation guide is also posted on the State GA RYSE Chafee Independent Living Program website: GARYSE-ILP.org

For youth who are approaching age 18 and are planning to move to out of state, they are advised to apply for Medicaid in the state in which they intend to reside. Upon the youth reaching 18 years old, the county of custody will provide the youth with a foster care verification letter. The case manager will assist the youth in identifying the agency in the new state in which the youth intend to reside to apply for Medicaid. Youth will be responsible for applying for Medicaid in the new state. The Case Manager will ensure that the NOC (Notification of Change) is completed in Georgia SHINES to reflect the change in the youth's status.

For former foster youth entering the state of Georgia, the Medicaid eligibility criteria is listed on the GA RYSE website along with the Medicaid Navigation Guide which includes the email address to WPAC for assistance. The Medicaid application is located on [Georgia Gateway](#) website. In the Medicaid application, former foster youth must attest to being a former foster youth and residing in Georgia to be eligible for Medicaid. There are no income requirements to be eligible for former foster care Medicaid. The application is processed by RevMax for all former foster care youth.

Education and Training Vouchers (ETV)

Georgia's ETV program design and delivery remains largely unchanged from prior years. Recent enhancements include:

1. Technology that allows students to determine eligibility and manage their ETV independently

2. Payments made more efficient through direct deposit to schools
3. Increase in delivered trainings via MS Teams and Zoom, along with more individualized trainings to students and stakeholders

Throughout the COVID-19 pandemic, the Division has continued to identify activities to engaged young people who are in the state's care and oversight. Through virtual programming that included a night of entertainment with a DJ and virtual life skills classes, the GA-RYSE ILP offered convenings that brought young people together. The GA-RYSE ILP staff reached out to all young people who were enrolled in college at the start of the pandemic to ensure they had a temporary place for housing and had the resources they needed until additional federal guidance and assistance were provided. With the additional Chafee and ETV support provided to states for young people in foster care, increased stipend amounts were provided to young people who lived both on and off campus throughout the declared state of emergency.

The J.W. Fanning Institute at the University of Georgia established Embark Georgia in 2012 so that Georgia students who have experienced foster care and/or homelessness will have ample support to pursue a postsecondary degree. Through this program, Georgia is the first state to have established a Designated Point of Contact (DPOC) for youth experiencing foster care as well as youth experiencing homelessness at every institution within the 53 campuses of the University System of Georgia and the Technical College System of Georgia. Seventeen Georgia campuses have developed campus-based support programs to further serve students and help them stay on track to graduate. Each campus program is unique, and Embark Georgia brings together DPOCs to share best-practices based on successful programs on their home campuses and from other states, as well as through the national initiative Fostering Academic Achievement Nationwide (FAAN). Embark Georgia utilizes

TRAINING FOR YOUTH

The GA-RYSE Chafee program encourages the Independent Living Specialists to provide monthly calendars and reminders of the various training sessions and workshops for ILP-eligible youth. Some trainings are held in partnerships with Amerigroup, Georgia State University, and the Multi Agency Alliance for Children (MAAC).

The trainings are often developed and offered following requests or high levels of interest by youth, including Healthy Relationships, Professional Development, Nutrition, Investments, Housing, Voting, Citizenship, Stress Management, Self-Care, Parenting Skills, Transportation and Maintaining an Automobile, and Pride Awareness and other workshops targeted to LGBTQIA+ youth

three primary strategies to serve the statewide network: building and enhancing relationships, information sharing, and building capacity.

The Division has developed two regional coalitions to localize the relationships between Embark Georgia stakeholders and will develop a total of six coalitions by the end of 2023. The [Embark Georgia Leadership conference](#) is held every 18 months as a means of building relationships and sharing information among the key stakeholders who may support students who have experienced foster care. Enhancing the communication among professionals working with this group of students is critical to increasing the number of students who receive ETV support and improving their outcomes.

The Division complies with FERPA privacy protections and is not able to share student level information with campus programs. Regular connections with Embark Georgia Designated Points of Contact provides information on their students who may need further support. The Division expects that as campus professionals continue to increase their ability to identify their students in need, they will also identify students that may be eligible for ETV services who are not currently utilizing those supports.

1. 7/1/2021-6/30/2022: 289 students received ETV support
2. 7/1/2022-6/30/2023: 257 students receiving ETV support

[Consultation and Coordination with Tribes](#)

DFCS continues to collaborate with Georgia tribes. A designated member of the Policy and Regulations Unit (PRU) continues to serve as the DFCS State Office Liaison for ICWA and the Georgia Tribes, led by Marian McCormick (Lower Muscogee Creek), Frances Crews (Cherokee of Georgia Tribal Council), and Rhonda Bennet and Glen Jones (Georgia Tribe of Eastern Cherokee). The Liaison's participation in the regular meetings of the [Georgia Council on American Indian Concerns](#) provides Council members with the opportunity to discuss child welfare policies or practice that may involve their tribal members and families.

In 2022, the Liaison along with the Caregiver Recruitment and Retention Unit (CRRU) Manager met with Donald Kirkland, Vice Chair of the Georgia Council on American Indian Concerns to explore expanding foster parent recruitment of tribal members. They also met with regional CRRU teams to discuss their efforts and potential for engaging the tribes in their respective regions. Regional CRRU teams discussed efforts in recent years, but none had success during the pandemic. Regional teams are developing plans to continue these efforts. The liaison joined local CRRU and staff to attend a gathering of the Cherokee Tribal Council of Georgia. The meeting explored ways the tribe may assist members in becoming foster parents, the benefits to the tribe and other Indian children by having members who are foster parents.

In November 2022, the Liaison attended the state's Native American Heritage Month celebration and dedication of a Georgia Red Cedar known as the Peace Tree, on the grounds of the state capitol to commemorate the annual celebration of the month. Representatives from all three state-recognized tribes were present, as were members of the Georgia Council on American Indian Concerns. This was the first in person meeting for the agency with Council members and some of the tribes since the pandemic began. It provided an opportunity for the Liaison to meet Rhonda Bennet, Co-Chief of the Georgia Tribe of the Eastern Cherokee and to request a meeting to share important changes, learn more about the needs of the tribe and discuss the possibility of tribal members becoming foster parents.

ICWA

Georgia has no federally recognized tribes, but efforts to comply with ICWA are ongoing.

Training - The agency continues to require annual ICWA training for all child welfare staff. The training addresses topics like establishing a child's eligibility, notification of the tribe, active efforts to prevent breakup of the Indian family, and expert witnesses. The training includes knowledge checks throughout and requires a passing score on a final to ensure comprehension. In 2022, the Division and CIP initiated a partnership to explore opportunities to improve ICWA knowledge and compliance in the courts. Plans are underway to hold biannual training that will be open to court stakeholders (agency staff, our attorneys, guardian ad litem, court appointed special advocates and judges). The Liaison attended a multiagency seminar where the CIP representative conducted an ICWA training for participants, including DFCS staff, attorneys, judges, members of Georgia child welfare organizations, and private agency service and foster care placement providers.

Compliance - The Liaison continues to monitor Georgia's ICWA compliance through semiannual regional reports and Georgia SHINES data reports. The regional ICWA activity report was revised during this reporting period to streamline categories of information needed to determine compliance. Over the next reporting period, the Liaison will continue to evaluate effectiveness of this report. In addition, the Liaison has initiated efforts to develop a Georgia SHINES report to simplify tracking of ICWA cases.

The 2022 Court Improvement Program (CIP) Strategic Plan includes "increase compliance with ICWA screening in all dependency cases" as a priority area. CIP identified an issue that courts do not consistently ask parents about native heritage to determine if ICWA applies to their case. CIP theorizes that if courts consistently inquire at the parent's first appearance before the court, cases with ICWA applicability will be identified early and treated appropriately. For the duration of the strategic plan (October 2021 – September 2026), CIP is contracting with a Child Welfare Law Specialist (CWLS)

attorney to serve as an ICWA expert. In FY22, the CIP ICWA attorney provided several trainings to court partners on the importance of ICWA, and how to ensure ICWA compliance at each hearing. A curriculum is in development to ensure consistency in ICWA training. Additional trainings and stakeholder meetings are scheduled for 2023 with child and parent attorneys, judges, and DFCS staff as needed. The CIP ICWA attorney will also deliver trainings to stakeholders in jurisdictions identified through court observations and case file reviews as deficient in ICWA compliance. The DFCS ICWA Liaison is partnering with the CIP ICWA attorney to provide training and technical assistance to Division staff as needed. This work is ongoing.

Technical Assistance - The Liaison continues to provide technical assistance on a case-by-case basis to DFCS staff. There were two requests during this reporting period. One was a follow up to a case addressed last reporting period. The tribe was notified by the DFCS staff and the Special Assistant Attorney General (SAAG). No request for involvement from the tribe was received. In another instance the jurisdiction of a child was transferred to the mother's tribe. To ensure the Division remains aware of current events and best practices, the Liaison continues to attend monthly meetings for state ICWA managers held by the National Indian Child Welfare Association and facilitated by the Child Welfare League of America.

Data

Case managers ask each family during initial interviews if they are of Native American heritage. If responses to those questions indicate that the child could be a member or eligible for membership in a federally recognized tribe, they begin efforts to determine eligibility. In 2022, there were 14 children in seven cases who were verified as either members of a tribe, or eligible for membership. In all seven cases, DFCS provided notification to the tribes. Other cases indicated a possibility of membership; following notice to the Bureau of Indian Affairs and the respective tribes, the Division was informed that the children were not members or eligible for membership. In all seven cases, the tribes were invited to participate in court hearings. In some cases, tribes participated in court hearings via Zoom, expressed their placement preference and in six of the seven cases, the children remained in DFCS custody.

The Division communicated with the following tribes:

1. The Eastern Band of Cherokee: child was moved to a kinship placement with relatives who are tribal members within 20 days of the child's emergency removal from the home. The case is moving toward adoption.
2. Stillaguamish tribe: child custody was transferred to the tribe nine days after the child entered foster care in Georgia.

3. Indigenous Alaska Tribe (Gwichyaa Zzhee Gwich'in) f/k/a The Native of Ft. Yukon: three children entered care; the tribe supplied verification of the children's eligibility but made no request to intervene.
4. the Cherokee Nation
5. White Earth Band of Chippewa
6. Cheyenne River Sioux
7. Yurok Tribe
8. Mandan
9. Hidatsa and Arikara (MHA) Nation
10. Choctaw Nation of Oklahoma
11. CFS SW Choctaw Nation
12. Chiricahua Apache Nation
13. Catawba Nation
14. Village of Lower Kalskag and Napaimute
15. Aroostook Band of Mi'kmaq

The Division's Interstate Compact for the Placement of Children (ICPC) Unit processed 157 requests in 2022 that included children eligible for ICWA.

CFSP/APSR Exchange

Tribal leaders are invited and encouraged to participate in monitoring of the CFSP and the development of the APSR each year. All tribal leaders are invited to present or attend Georgia's APSR Joint Planning meetings; no tribal leaders attended or presented at the fall 2021 meetings. The PRU liaison provides information to tribes on how to access both the CFSP and the APSR and presents a summary of those reports to the Georgia Council on American Indian Concerns. The ICWA Liaison will continue efforts to ensure the tribal leaders are engaged in CFSP-APSR Joint Collaboration meetings, encouraged to provide feedback on goals and strategies, and invited to participate in agency planning activities.

Jurisdiction

Georgia Tribes do not provide child welfare services. DFCS is responsible for child welfare services for children in Georgia.

Chafee Consultation with Tribes

Georgia Tribes do not provide Chafee/ETV services. DFCS is responsible for child welfare services for children in Georgia. All Chafee-eligible youth receive services through the program.

Section F: CAPTA State Plan Requirements and Updates

The contact information for Georgia's CAPTA Coordinator is:

Arleymah Gray, Director of Federal Plans
Georgia Division of Family and Children Services
47 Trinity Ave. SW
Atlanta, GA 30334
404-596-1370
Arleymah.Gray@dhs.ga.gov

In FY23, there were no substantive changes in Georgia statutes that adversely affected the State's eligibility for the CAPTA State grant. The Division revised the CAPTA State Plan in May 2020 to better align the goals and objectives with the CAPTA Priority Areas. Through active and ongoing partnerships with stakeholders and the members of the Georgia CAPTA Panels, the Division continues to pursue activities that support the identified objectives of the state's CAPTA Plan. Several objectives of the CAPTA Plan also align with Georgia's CFSP goals and the CFSR Systemic Factors.

Georgia continued to partner with Care Solutions, Inc. to coordinate the state's three CAPTA panels. The partnership supports expenditures that include administrative support to the panels and the annual CAPTA Panel Retreat. The CAPTA Panel Coordinator works closely with Division leadership and the DFCS Federal Plans Unit to ensure stakeholder groups are informed of the CAPTA Plan and develop action steps to achieve the stated goals and objectives.

The annual citizens review panel report, as well as the Division's written responses to the panel recommendations, are attached in the Appendix.

Infants Affected by Substance Use/Abuse

Georgia's CAPTA State Grant continues to support the development, implementation, and monitoring of plans of safe care (POSC) for substance-affected infants by providing support to the Douglas County Baby Steps program, 19 First Steps sites across the state, three Family Resource Centers supported by the DFCS Prevention and Community Support Section, and six Local Implementing Agencies (LIA) supported by the Department of Public Health (DPH). Promoting Safe and Stable Families (PSSF) provided nearly \$850,000 in FY23 funds to support 14 evidence-based home visiting sites, which are also available as a resource for POSC referrals. These partnerships aim to expand

community-based support and home visiting services that will provide ongoing monitoring of POSC for infants and their families referred from DFCS with no maltreatment alleged.

The Division entered into a Memorandum of Agreement with DPH in FY22 to fund two additional staff positions in six local agencies – covering 19 counties – who will accept POSC referrals from DFCS. Currently, in cases where the infant has been substance exposed but there is no maltreatment alleged, [Child Welfare Policy 20.05](#) requires that DFCS receives the report and ensures that a POSC is developed, and appropriate referrals are made to community providers. In the counties where the DPH home visiting program has been expanded and staff have been trained on substance abuse and plans of safe care, DFCS routes these “no maltreatment” cases directly to DPH for trained home visitors to engage the family and develop the POSC. In these 19 counties, DFCS does not make any contact with the family unless there are subsequent reports of maltreatment. DPH ensures that needed services per the Plan of Safe Care are referred and offers ongoing voluntary home visiting services to the family, which can continue up to two years. In 2022, DFCS received 1,028 reports of prenatal exposure that did not include an allegation of maltreatment. Of these, 25 were routed to DPH on or after November 2022 (when all HV staff were fully trained). The remaining 1,003 were served by local DFCS staff.

An FY23 contract was developed with [Georgia Family Connection Partnership](#) (GaFCP) to provide education and training to hospital staff on the POSC referral process and supporting families with substance exposed newborns. This 2-year pilot project will train staff in two hospitals that serve Georgia’s neonatal intensive care unit (NICU) infants. The Division will explore opportunities to expand the training to additional hospitals after the conclusion of the pilot. The Division also partnered with the Department of Behavioral Health and Developmental Disabilities (DBHDD) to develop POSCs and to provide monitoring, services and supports to substance-affected newborns and their families by connecting them with substance abuse treatment providers and peer recovery coaches. The Division released a Funding Opportunity Announcement statewide in December 2022 to request proposals from the community to provide POSC support via services and/or monitoring for prenatally exposed infants and their caregivers. Funded programs will be announced in June 2023 and be effective in FY24. All of these CAPTA-funded POSC programs are encouraged to connect with their local First Steps, Community Service Boards, and other resources for supports and services.

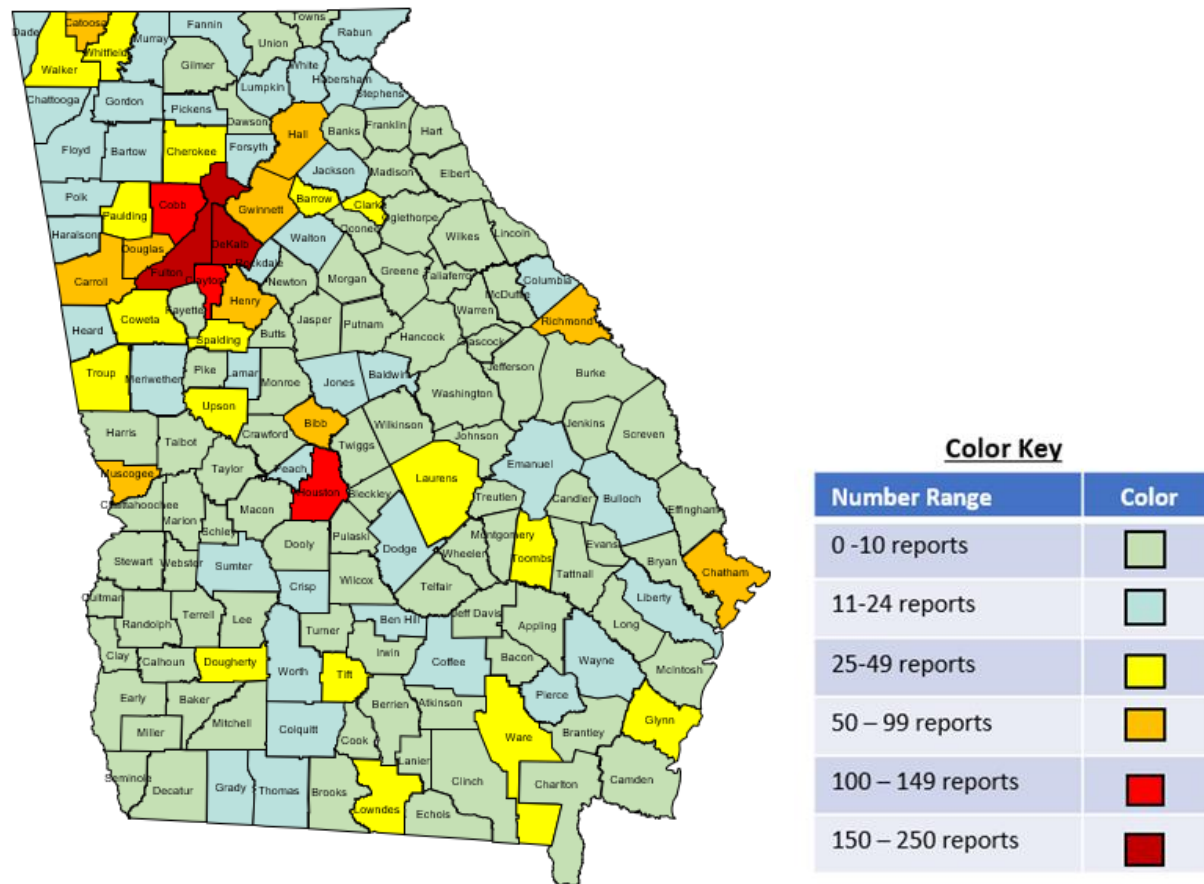
The Division continues to follow the practice change implemented in FY2020 to no longer substantiate prenatal abuse solely on the basis of marijuana use, but to assess the child(ren) and provide a Plan of Safe Care (POSC) for the affected infant and their caregiver. Policy 19.27: Plan of Safe Care for Infants Prenatally Exposed to Substances or a Fetal Alcohol Spectrum Disorder (FASD) was updated in November 2020 to ensure the coordinated development of the POSC when the family is participating in a Family

Treatment Court. The policy also provides guidance for ongoing POSC monitoring after it is incorporated into the case plan. Staff must make the appropriate referrals for services, engage the parents/caregivers to determine if services have been initiated and are being provided in accordance with the plan, and follow up with the agency responsible for monitoring the POSC prior to DFCS case closure. As indicated above, if DFCS remains involved beyond the investigation, DFCS is to monitor the POSC via incorporation of needs/services into the case plan. If DFCS is not remaining involved, agencies continuing to serve the family are expected to monitor.

In FY22, the Division's Safety Section created a Substance Abuse Specialist (SAS) position funded by CAPTA to serve as a consultant to regional and state office staff. The role is designed to build capacity and expertise in assessing risk related to substance misuse and to create linkages to the substance use service provider community, which are intended to improve collaboration and service delivery for families and increase the development and monitoring of Plans of Safe Care. The SAS continues to work with regional and county staff on effectively identifying and staffing prenatal exposure cases and development of Plans of Safe Care. The SAS continues to build partnerships across the state to aid in POSC development, monitoring, and service delivery, and serves as the point of contact for CAPTA-funded POSC programs to ensure program documentation is consistent and aligned with Division expectations. The SAS conducts individualized meetings with regional leadership regarding observed POSC trends and supports the development of individualized strategies to address gaps. These strategies may include live learnings, case consultations, and other initiatives as needed. The SAS will continue to work with frontline and leadership staff along with external stakeholders and partners in this work to serve prenatally exposed infants and their caregivers. The SAS is also working with the Georgia SHINES team and the CPS Intake Communication Center (CICC) on coding to ensure that staff are capturing all of the cases that require a POSC, and that cases are referred to local home visiting programs, if eligible.

The Safety Section continues to collaborate with the CDC and Children's Bureau, which are working together to improve the identification and care of children who were exposed to alcohol and other drugs during pregnancy. The focus of work is the [Prenatal Alcohol and Other Drug Exposures in Child Welfare](#) descriptive study and toolkit project.

Number of Reports of Prenatal Exposed Infants Reported to Georgia DFCS, 2022



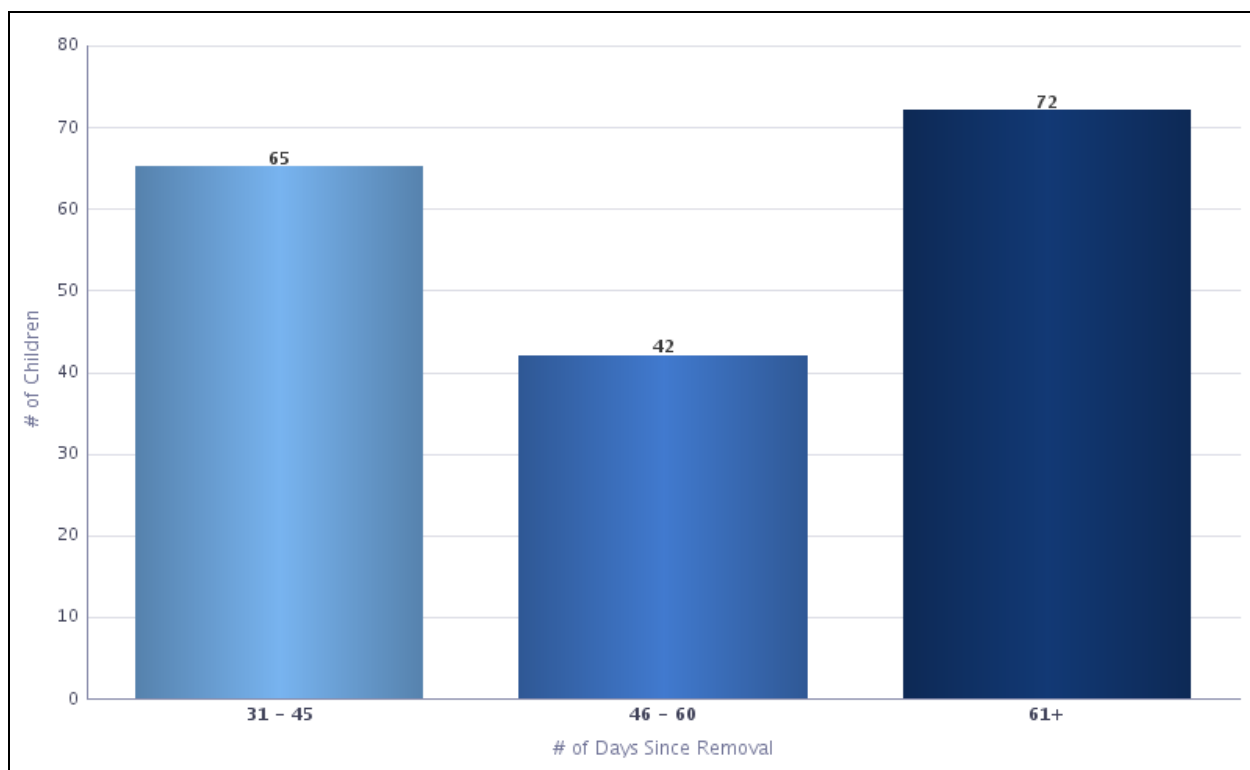
Source: Georgia SHINES

Legal Representation

Data reported from Georgia SHINES shows that 98% of children in foster care over 30 days (10,509) as of May 16, 2023 had legal representation. This report excludes children with legal status as “temporary voluntary” or “Short term emergency care”.

# of Children Under 18 In Custody Over 30 Days:	10,509
# of Children In Care Over 30 Days Without Representation:	179
% of Children In Care Over 30 Days With Representation:	98.30%

Children in Care over 30 Days without Representation (5/16/2023)



Source: Georgia SHINES, LENSES report

To increase awareness and improve data quality, the Permanency Unit assigned a team member to coordinate with each region and provide support for staff. The Georgia SHINES Job Aid is periodically shared to remind staff on the procedures to input representation data into the case.

CAPTA State Grant

The Division supported the following projects in FY23 with CAPTA State Grant funds and supplemental CAPTA funding from the American Rescue Plan Act. Georgia engaged with the Division's Safety and Permanency program staff, PSSF and CBCAP program staff, families in recovery, hospital and healthcare providers, Department of Public Health staff, family treatment court programs, health policy partners with Georgia State University, and other stakeholders to plan for the use of CAPTA funds in the community. Discussions addressed how other funding sources were targeting children and families with identified needs, and which services were most needed in underserved and marginalized communities.

Funds from the CAPTA state grant are predominantly used to support the development, implementation, and monitoring of plans of safe care for substance-exposed infants.

Those programs are noted on the chart below. The Division's Substance Abuse Specialist serves a critical role in coordinating efforts among multi-disciplinary community partners to ensure a robust service array is available for underserved and marginalized communities within the state.

The ARPA CAPTA grant is used to support community partnerships that address needs identified as barriers to stability. ARPA funding supported community projects in FY23 through the Division's State of Hope initiative, which aims to build or strengthen community safety needs for vulnerable youth and families. SoH applicants are reviewed and approved by a multidisciplinary team of staff and stakeholders within each region, who are tasked with determining the likelihood of the applicant successfully addressing the targeted needs. Review teams also consider the needs of underserved or marginalized communities within their regions. Future plans for ARPA funds will continue to support State of Hope, as well as programs to support families at risk of or experiencing homelessness, and youth at risk of entering foster care. The state has not experienced any barriers or challenges in accessing or utilizing the supplemental CAPTA funds.

ACTIVITY	CAPTA Priority	FUNDS
2022 Child Welfare Summit	Training and Workforce Development (Area 6, 7, 13)	\$35,700
Multi-Disciplinary Child Abuse and Neglect Institute (MDCANI) Training	Workforce Development (Area 7)	\$40,000
Mandated Reporter Training	Workforce Development (Area 7)	\$47,386
Douglas County Baby Steps Recovery Program	Plans of Safe Care (Area 7, 10, 13)	\$75,008
DFCS Substance Abuse Specialist	Workforce Development and Plans of Safe Care (Area 7, 10, 13)	\$83,797
Family Connection Partnership	Plans of Safe Care (Area 7, 10, 13)	\$92,433
Care Solutions, Inc.	CAPTA Administrative Support	\$105,820
Second Step	Interagency Collaboration (Area 13)	\$116,000
Accenture AVEnues virtual reality renewal	Workforce Development (Area 7)	\$168,000
Sources of Strength	Interagency Collaboration (Area 13)	\$256,000
Department of Behavioral Health and Developmental Disabilities	Interagency Collaboration and Plans of Safe Care (Area 7, 10, 13)	\$258,060
First Steps Georgia	Plans of Safe Care (Area 7, 10, 13)	\$343,250

Click Safe mobile emergency response tool	Workforce Development (Area 7)	\$383,940
State of Hope Community Partnerships	Enhancing Community Capacity and Interagency Collaboration (Area 11, 12, 13)	\$447,500
DFCS Home Visiting Programs	Plans of Safe Care (Area 7, 10, 13)	\$450,000
Department of Public Health Home Visiting Expansion	Plans of Safe Care (Area 7, 10, 13)	\$1,386,442
		\$4,289,336

The CAPTA State Grant supported the Child Welfare Summit, which is funded primarily by the Court Improvement Program and provides training on child abuse and neglect. This is a 2.5-day, multidisciplinary conference also funded in part by the Children's Justice Act grant. The conference promotes a sharing of knowledge regarding child protection, law, policy, and practice, including the judicial handling of child abuse and neglect cases, and promotes networking and interaction for the Georgia community of child welfare professionals, both within and across disciplines. In December 2022, 750 professionals attended the Summit; of those, 119 DFCS staff were supported by a CAPTA scholarship. This training also supports the CAPTA requirement to improve legal preparations and representation (section 106(a)(2)(B)(ii)).

The CAPTA State Grant supported the Office of the Child Advocate in delivering ten MDCANI trainings. MDCANI is an intensive, two-day training covering every aspect of a dependency case, including reasonable efforts to prevent removal. In 2022, there were 602 attendees for MDCANI Part 1 (The First 75 Days) and Part 2 (Focus on Permanency). In FY23, the MDCANI faculty increased training materials that further promote the utilization of trauma-informed therapies for children, collaborations with domestic violence and substance abuse treatment services, inter-agency services to prevent re-entry to foster care, high quality legal education (related to pre-removal needs) and other topics the committee might deem appropriate for the jurisdiction receiving training. Attendees to MDCANI include DFCS staff, law enforcement, legal and judicial partners, CASA, and attorneys. Preliminary evaluation data show that attendees are more confident in their ability to identify critical case components and best practices for timely permanency after completing the training. Ongoing evaluation tools will be developed to measure long-term knowledge and behavior change. The Division and its partners in the child welfare system are committed to improving legal preparation and representation for youth, so funds for MDCANI training are provided by CAPTA, as well as the Children's Justice Act (CJA) grant, and state funds. Jurisdictions are encouraged to continue stakeholder discussions following their MDCANI training and ensure best practices are incorporated into ongoing agency practice. This training also supports the CAPTA requirement to improve legal preparations and representation (section

106(a)(2)(B)(ii)). Additional funding was provided to the Child Welfare Summit and MDCANI by the Children's Justice Act (CJA) grant. The CJA grant allocated \$733,000 in FY23 to support nine projects intended to improve legal preparation and representation, including provisions for the appointment of an individual appointed to represent a child in judicial proceedings. Information on CJA-funded projects targeting quality legal representation can be found on Georgia's CAPTA Citizen Review Panel (CRP) website.

The CAPTA State Grant supported the [Mandated Reporter training](#) developed by Care Solutions and promoted on the DFCS website. From April 2022 through March 2023, over 35,000 individuals received the training. Most trained participants were educators, but other child-serving professional disciplines were also represented.

The CAPTA State Grant supported the [Baby Steps Recovery Program](#), which provides comprehensive case management services for 10–15 cases of substance exposed children aged birth to three years in Douglas County. Comprehensive case management includes assuring quality Plans of Safe Care, appropriate medical and developmental services for children, and linkage to services for parents with substance use and mental health disorders. The Baby Steps program meets with the Division and other stakeholders on a quarterly basis to discuss progress and barriers, and to provide recommendations for modifications to policy and practice based upon proven practices, data collected and program outcomes. The program also facilitates stakeholder engagement and education through summits, conferences, and meetings. Families enrolled in the program successfully link to community service providers and have supportive relationships that help them care for their vulnerable infants.

The CAPTA State Grant supported Georgia's [Family Connection Partnership](#) in piloting the Family and Infant Neurodevelopmental Education (FINE)/ Social Emotional Engagement – Knowledge and Skills (SEE-KS) Training at two hospitals serving Georgia's NICU infants. The FINE program is an educational pathway in infant and family-centered developmental care for all healthcare professionals working in neonatal care. The overall goal is to improve the outcomes for babies and families in neonatal care. The curriculum includes themes such as neurodevelopment of the newborn, the relationship between parents and their baby, management of stress and pain, and observing and understanding the baby's behavior. Additional training for healthcare providers in the NICU focuses on social emotional engagement (SEE-KS) to empower caregivers in developing healthy parenting tools to meet the needs of their infants. This pilot program also trains hospital providers on the Plan of Safe Care requirements and expands the continuum of services and supports available for substance affected newborns. This is a two-year pilot project (FY23-24). Preliminary findings show that hospital staff are able to model healthy behaviors to parents that increase their knowledge and capacity to care for their vulnerable infants.

The CAPTA State Grant supported [Second Step](#), which is a classroom-based program that promotes children's social and academic success by decreasing problem behaviors, increasing student's school success, and promoting social-emotional competence and self-regulation. The Child Protection Unit (CPU) is an add-on to the social-emotional learning and focuses on addressing the multiple influences that can contribute to child abuse and neglect through a classroom-based curriculum.

The CAPTA State Grant supported Accenture's [AVEnues](#) virtual reality training for case managers. The contract provides unlimited access to software, continued use of seminar curriculum, a refresher train-the-trainer session, and ongoing access to technical support. The virtual reality (VR) training experience supports caseworkers in their decision making during a scenario of an initial virtual home visit. Wearing VR goggles, the user takes up the caseworker role, hears a report that a child is being mistreated and visits her at home. In that virtual home, the user practices observing, asking questions of each family member, and then interpreting their behavior. At the end of the experience, the user makes a critical decision: Is the home safe enough for the child, or should the child be removed from his/her family? This individual experience is followed by a seminar where users work together to unpack their experiences – a precursor to transferring the VR learning to their day-to-day activities.

The CAPTA State Grant supported [Sources of Strength](#), which is an evidence-based program implemented in schools for the prevention of suicide, violence, bullying and substance abuse by training, supporting, and empowering both peer leaders and caring adults. It is designed to harness the power of peer social networks to change unhealthy norms and culture, increasing help seeking behaviors and promoting connections between peers and caring adults. This upstream model moves beyond a singular focus on risk factors and instead strengthens multiple sources of support (protective factors) around young individuals so that when times get hard, they have strengths to rely on. In FY23, three school systems were funded. Forsyth County Schools trained 319 peer leaders and 106 adult advisors, Paulding County Schools trained 111 peer leaders and 22 adult advisors, and Cobb County Schools trained 800 peer leaders and 70 adult advisors.

The CAPTA State Grant supported a new initiative in FY23 with Georgia's Department of Behavioral Health and Developmental Disabilities (DBHDD) to partner with community organizations that will support the development and monitoring of Plans of Safe Care (POSC) for infants affected by prenatal substance use, and to address the health and substance use disorder treatment needs of the affected family or caregivers. Establishing linkages to the substance abuse provider community and peer recovery coaches are examples of the deliverables included in the project. In FY23, two community organizations were awarded funds to support infants and their families affected by substance abuse. This effort is expected to increase in FY24.

The CAPTA State grant supported the First Steps program. First Steps is coordinated by the Prevention and Community Support Section (PCS) and the Department of Public Health as Georgia's federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) grantee. [First Steps Georgia](#) provides universal, free, and voluntary support services for all expectant parents and children birth to five and their families, including screenings of and referrals to appropriate services for pregnant women for substance use disorders, and infants and children for effects of prenatal exposure to substance. Nineteen sites were funded in FY22, with training and technical assistance provided by the University of Georgia. This work is ongoing.

The CAPTA State Grant provides ongoing support to the mobile emergency response tool "Click Safe", formally known as Safe Harbor System, which was included in Georgia Senate Bill 138 (2015). DFCS partnered with the Georgia Tech Research Institute (GTRI) to develop an emergency response tool to aid case managers as a last line of defense if they find themselves in a dangerous situation during a site visit where calling 911 is not an option. The [Click Safe System](#) is a unique safety app that consists of a mobile application, web application, and a Panic Button. It is a discreet alert system that enables law enforcement to pinpoint a case manager's location. The case manager can activate a help request when needed using the "Panic Button" to alert and dispatch 911 emergency authorities to the case manager's GPS-identified location.

The CAPTA State Grant continued supporting community partnerships by providing funding for programs that apply for State of Hope funds. [State of Hope](#) aims to build local safety nets that improve family self-sufficiency and reduce the incidence of child maltreatment. SoH funded 20 sites in 2021 and expanded to 26 sites in 2022. SoH funding is also provided by a mix of other DFCS programs and state dollars. Applicants are eligible to receive CAPTA funding if they meet the Priority Areas as identified in Georgia's CAPTA State Plan. In FY2022, CAPTA awardees included youthSpark, a program serving vulnerable justice-involved youth at risk of trafficking or homelessness, and Community Helping Place, providing assessments and referrals to over 30 families for services to stabilize the families and prevent children from entering foster care. This work is ongoing.

The CAPTA State Grant supported the Prevention and Community Support Section funding of three First Steps sites, Prevent Child Abuse Athens, United Methodist Children's Home (Wellroot), and United Way of Central Georgia. These sites are continuing to provide home visiting support for families in their regions, but the addition of CAPTA funds is expanding their services to include development and monitoring of Plans of Safe Care for prenatally exposed infants with no maltreatment alleged who are referred from the local DFCS office. While developing the POSC is mandatory for families referred to the program, home visitors also encourage caregivers to voluntarily enroll with the home visiting program to receive services and supports for their family. The home visiting staff also receive training and technical support from the Center for Family

Research at the University of Georgia to ensure activities and documentation requirements are aligned with Georgia's other CAPTA-funded sites.

In FY23, the Division entered the second year of a four-year Memorandum of Agreement with the Department of Public Health (DPH) to expand staffing and supports for six home visiting sites statewide. This expansion supports the hiring and training of additional home visitors to develop and monitor POSC for prenatally exposed infants and their caregivers with no maltreatment alleged who are referred from the local DFCS office. While developing the POSC is mandatory for families referred to the program, home visitors also encourage caregivers to voluntarily enroll with the home visiting program to receive services and supports for their family. The home visiting staff also receive training and technical support from the Center for Family Research at the University of Georgia to ensure activities and documentation requirements are aligned with Georgia's other CAPTA-funded sites.

FY24 Plans

The Division is working with the state's CAPTA Panels and other stakeholders to explore additional opportunities in FY24 that leverage the CAPTA State Grant and expand community collaborations. In addition to continuing support for workforce development initiatives (Click Safe and the Summit) and POSC partnerships (DBHDD, DPH, and home visiting programs), the Division is developing a partnership with [Project Community Connections](#) to pilot a program for families experiencing homelessness in the greater Atlanta area. This project may also incorporate the services of the Atlanta Volunteer Lawyers Foundation, to provide legal support for vulnerable families facing housing instability or unsafe housing conditions. Securing safe and stable housing is expected to reduce the need for child welfare system interventions or facilitate the return of a child from an out-of-home placement.

Section G: Targeted Plans Update

Foster and Adoptive Parent Diligent Recruitment Plan

The implementation of the Diligent Recruitment plan began January 1, 2020. Several updates to the Plan are highlighted below. The full Plan can be found in the Appendix.

1. In February 2023, the statewide Kinship Unit implemented Kin specific informational session for kin caregivers that are interested in being foster parents.
2. Georgia experienced a decrease in the number of homes for two consecutive calendar years due to the COVID-19 pandemic.
3. CRRU presents statewide data monthly during the cadence call. This data includes homes in inquiry states, overdue re-evaluations, and monthly approvals. The monthly regional report was modified to allow for the regions to monitor and track their progress regarding the total number of homes goal.
4. The roll out of the revised IMPACT curriculum was permanently halted due to participation in the [National Training and Development Curriculum \(NTDC\)](#) pilot.
5. OPM hosts monthly meetings with CPA providers. These meetings provide a platform to discuss a variety of topics related to Resource Development, including recruitment and retention. These meetings create an opportunity for CPA providers to network with each other and share ideas related to recruitment and retention.
6. The Structured Analysis Family Evaluation (S.A.F.E) model implementation has been completed. Ongoing training and support are offered by the Consortium for Children to ensure that the Department maintains the fidelity of the model. This support includes refresher training and fidelity reviews. The first SAFE audit was conducted in late 2021. The recommendations from the audit were that the areas where the assessors need improvement statewide were in the areas of needing to ensure that they staff the cases per the model as well as mitigate the cases at the end of the assessment. In 2022, the Department worked with the Consortium staff to offer interview training as additional way to support assessors.

Health Care Oversight and Coordination Plan

From January-July 2022, the Division's Medical Director completed 29 physician consultations. Physician consultations are only conducted at the request of the county. Since the implementation of the medication management staffing in 2019, the staffings have moved from staffing youth under age 18 with four or more medication to those with two or more medications. From March-August 2022, the Medical Director completed 61

medication management staffings. The cases selected for the medication management staffing were youth who were prescribed two (2) or more psychotropic medications and were listed on the Amerigroup psychotropic medication report that WPAC received for the quarter. Reporting delays resulting from Amerigroup's change in reporting of psychotropic medications to the Georgia Department of Community Health (DCH) prevented staffings from occurring in January and February 2022. In August 2022, the Medical Director resigned from the Division, and to date, there have not been any additional medical management staffings.

As of February 2023, strategic planning has occurred to discuss how WPAC staff can provide consultations that provide high level guidance to county staff but don't overstep the bounds of medical advice that can only be provided by a physician. WPAC continues to facilitate the escalated medication consent protocol between the Crisis Stabilization Unit (CSU) and county staff. There were 418 requests in 2022 and 95% of the time the facility received the medication consent form with a response time between 24 to 48 hours.

For the upcoming year, WPAC will continue to send each region the psychotropic medication report from Amerigroup on a quarterly basis so that staff can reconcile psychotropic medications in GA Shines. Staff will consult with prescribing physician regarding concerns on psychotropic medications for youth in care until another process is identified. The escalated medication consent protocol will continue to be in place to expedite medication consent for youth in Crisis Stabilization Units.

In 2023, the Trauma Assessment will be updated. In 2022, a workgroup comprised of representatives from DFCS, Amerigroup, providers, and other partners began working on the updated Trauma Assessment guidance. As of April 2023, the draft guidance of the updated Trauma Assessment protocol has been completed and has moved forward in the leadership review process.

Disaster Plan

Emergencies and disasters are destabilizing for all involved but disproportionately impact and widen disparities for marginalized communities, including people of diverse racial and ethnic backgrounds. The Department of Human Services along with other government and non-governmental agencies will assist constituents requesting help with community-specific services and resources during or post-disaster, regardless of primary language spoken, gender identity, race, ethnicity, or socioeconomic status.

During FY23 two disasters affected Georgia. Tropical Storm Ian on September 22 which later became a CAT1 Hurricane. Four shelters were activated in the following counties: 1 in Camden, 1 in Chatham, and 2 in Glynn. There were no occupants in any of the shelters.

633 Georgians were without electricity due to severe weather and power outages which was quickly restored.

On November 7, 2022, a Tropical Storm resulted in the opening of one shelter in Glynn County. There were no occupants at that shelter. Few Georgians were without electricity which was quickly restored.

As with FY22, the DFCS Disaster Plan was not utilized for COVID-19. August 2022, 17 DFCS County offices were provided with Automated External Defibrillators (AEDs) as the Department of Human Services' Administrative Office prepare to relocate to a smaller building.

2023 update to the Disaster Plan: under DHS Emergency Manager Responsibilities, the DFCS Emergency Coordinator position was removed. The Disaster Plan will be further updated with the 2025-2029 CFSP, to further ensure that the Plan meets the needs of all families, youth, and children and accounts for the unique needs of staff to reduce disparities and promote well-being for all as urged by the Children's Bureau.

[Training Plan](#)

The Training and Professional Development Unit continued offering courses in a virtual format due to COVID-19 restrictions on in-person gatherings. No other updates were made in FY23.

Section H: Statistical and Supporting Information

Juvenile Justice Transfer Data

Georgia SHINES data from FY23 identified three youth who transferred from DFCS to DJJ custody during the year. Of these, two were in South District and one was in North District. This population of transferred youth continues to decrease from 17 youth in FY20 and 30 youth in FY19.

Education and Training Voucher Data

From July 1, 2021 to June 30, 2022, there were 289 total ETVs awarded, and of those, 133 were students who received an ETV award for the first time. In the first half of the 2022-23 school year, there were 257 total ETVs awarded.

Inter-Country Adoptions

The state did not have any children who were adopted from other countries and who entered into state custody in CY2022 as a result of the disruption of a placement for adoption or the dissolution of an adoption, the agencies who handled the placement or the adoption, the plans for the child, and the reasons for the disruption or dissolution. (See section 422(b)(12) of the Act.)

Monthly Caseworker Visit Data

Georgia will report data on monthly caseworker visits with children in foster care by the required submission date of December 15, 2023.

Child Protective Services Workforce

Education, Qualifications and Training

The following table presents demographic data on the State's Social Services case management staff hierarchy (e.g., associate, case manager, supervisor).¹

¹ 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).

Demographics on Social Services Case Management

Staff Characteristic		Total	Percent
Gender	Female	1228	92%
	Male	113	8%
Race/Ethnicity	Am. Indian	1	<0.1%
	Asian	6	0.4%
	Black	807	60.2%
	Hawaii/PI	0	0
	Unknown	29	2.2%
	Hispanic	30	2.2%
	White	469	35.0%
Age Group	<26	100	7.5%
	26-30	208	15.5%
	31-35	227	16.9%
	36-40	197	14.7%
	41-45	209	15.6%
	46-50	158	11.8%
	51-55	132	9.8%
	56-60	73	5.4%
	61+	37	2.8%
A	Not Indicated	171	12.8%
B	Less Than HS Graduate	0	0.0%
C	HS Graduate or Equivalent	74	5.5%
D	Some College	11	0.8%
E	Technical School	2	0.1%
F	2-Year College Degree	11	0.8%
G	Bachelor's Level Degree	804	60.0%
H	Some Graduate School	1	0.1%
I	Master's Level Degree	262	19.5%
J	Doctorate (Academic)	1	0.1%

Staff Characteristic		Total	Percent
K	Doctorate (Professional)	3	0.2%
M	Specialist in Education	1	0.1%
Pay Grade	G	437	32.6%
	H	203	15.1%
	I	187	13.9%
	J	349	26.0%
	L	138	10.3%
	M	27	2.0%

SOURCE: DFCS Data Unit and DHS Office of Human Resource Management

There were a total of 1,341 Intake and CPS workers who had at least one active case during the 12-month period ending March 31, 2023. 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.

Highlighted Column Shows average load for a Foster Care Caseworker in CY 2022.

REGION	COUNT	AVERAGE	MEDIAN
1	112	23	23
2	92	23	22
3	90	21	19
4	96	16	16
5	103	21	18
6	58	20	21
7	66	25	24
8	55	22	20
9	42	20	18
10	62	18	17
11	102	27	28
12	70	26	26
13	148	19	18
14	191	14	13
	1273	21	19

SOURCE: DFCS Data Unit, Georgia SHINES

Data based on any worker with greater than 5 cases at any point in time

Social Services Job Qualification and Salary Ranges

Job Code	Job Title	PG	Special Entry Salary	Working Titles
SST010	Social Svcs Tech 1	D	\$ 32,000.00	
SST011	Social Svcs Tech 2	E	\$ 35,000.00	
SST012	Social Svcs Tech 3	F	\$ 38,000.00	
SST013	Social Svcs Tech Spv	G	\$ 41,500.00	
SSP070	Social Svcs Spec 1	G	\$ 40,387.99	Bachelor's Degree
			\$ 43,926.79	Master's Degree
SSP071	Social Svcs Spec 2	H	\$ 43,926.79	Bachelor's Degree
			\$ 47,819.47	Master's Degree
SSP072	Social Svcs Spec 3	I	\$ 47,819.47	Bachelor's Degree
			\$ 52,101.41	Master's Degree
SSP073	Social Svcs Spec Spv	J	\$ 52,101.41	Bachelor's Degree
			\$ 56,811.56	Master's Degree
SSP042	Social Svcs Prgm Consultant 3	K	\$ 56,811.56	Field Program Specialist
SSP043	Social Svcs Prgm Cons Spv	L	\$ 61,992.72	Lead Field Program Specialist
SSM010	Mgr, Social Svcs - Social Services Administrator - County Director 1 - County Director 2 - Deputy County Director 4	L	\$ 59,166.61	Social Services Administrator
			\$ 61,874.95	County Director 1
			\$ 65,000.00	County Director 2/Dep CD 4
SSM011	Mgr 2, Social Svcs - Social Svcs Program Director - County Director 3	M	\$ 65,000.00	SS Program Director
			\$ 71,158.17	County Director 3
SSM012	Mgr 3, Social Svcs - Deputy County Director 5/6 - County Director 4	N	\$ 75,000.00	Deputy County Director 5/6
			\$ 79,758.74	County Director 4
SSM013	Sr Mgr, Social Svcs - County Director 5 - County Director 6	O	\$ 85,000.00	County Director 5
			\$ 88,000.00	County Director 6
SSM014	Dir, Social Svcs - Regional Director *RD Admin Asst - \$40,000	P	\$ 100,459.43	Regional Director (R1-R12)
			\$ 105,000.00	Regional Director (R13-R14)
A0117	Director - District Director *DD Exec Asst - \$45,000	SE	\$ 115,000.00	District Director

Master's Compensation: CWS employees classified as SS Specialists up to County Directors are eligible for a 10% salary increase for having a master's degree in a behavioral science.

Specialists			Supervisor
Social Services Specialist 1 Grade G	Social Services Specialist 2 Grade H	Social Services Specialist 3 Grade I	Social Services Specialist Supervisor Grade J
Bachelor's Degree Special Entry \$40,387.99	Bachelor's Degree Special Entry \$43,926.79 or 10% promotional increase (whichever is higher)	Bachelor's Degree Special Entry \$47,819.47 or 10% promotional increase (whichever is higher)	Bachelor's Degree Special Entry \$52,101.41 or 10% promotional increase (whichever is higher)
Master's Degree Special Entry* \$43,926.79	Master's Degree Special Entry* \$47,819.47 or 10% promotional increase (whichever is higher)	Master's Degree Special Entry* \$52,101.41 or 10% promotional increase (whichever is higher)	Master's Degree Special Entry \$56,811.55 or 10% promotional increase (whichever is higher)
DFCS Qualifications: <input type="checkbox"/> Bachelor's degree from an accredited college or university. Notes: <ul style="list-style-type: none"> All new hires come in as SS Spec 1. If selectee has a Masters degree in a behavioral science, the special entry salary is \$43,926.79 (10% above SS Spec 1 entry). SS Spec 1 employees prior to June 1, 2021, are eligible for promotion to SS Spec 2 after 1 year. SS Spec 1 employees hired June 1, 2021, or after will become eligible for promotion to SS Spec 2 after 2 years. 	DFCS Qualifications: <input type="checkbox"/> Two (2) continuous years of experience at lower level Social Svcs Spec 1 with GA DFCS or public child welfare experience from another state <input type="checkbox"/> Successful completion of new worker and all advanced skills trainings <input type="checkbox"/> 3.0 or above on their last Performance Management Review and being in good standing <input type="checkbox"/> No disciplinary action within one (1) year.	DFCS Qualifications: <input type="checkbox"/> Five (5) continuous years of experience at lower level Social Svcs Spec 1/2 with GA DFCS or public child welfare experience from another state <input type="checkbox"/> Successful completion of all Professional Excellence and/or professional development trainings offered by DFCS <input type="checkbox"/> 3.0 or above on their last Performance Management Review and being in good standing <input type="checkbox"/> No disciplinary action within one (1) year	DFCS Qualifications: <input type="checkbox"/> Two (2) years of experience at lower level Social Svcs Spec 2/3 with GA DFCS or public child welfare experience from another state <div> Effective January 1, 2022, former GA DFCS employees may return to the agency at their former SS Spec job classification; however, their tenure "clock" starts at zero. <i>EX: Former SS Spec 2 is rehired as an SS Spec 2, but is not eligible for promotion to SS Spec 3 until reaching five (5) years continuous service.</i> </div>

*Note: Behavioral Science degrees include but are not limited to the following: social work, social science, psychology, sociology, child development, family studies, criminal justice, education, public health, public administration, nursing.

DFCS Organizational Chart

