

Georgia Department of Human Services
Division of Family and Children Services

Child and Family Services Review
Statewide Self-Assessment

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Commissioner, Candice Broce

State Child Welfare Contact Person(s) for the Statewide Assessment

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Section I: Background

The CFSR is designed to meet the statutory requirement to provide federal oversight of states' compliance with title IV-B and IV-E plan requirements and to strengthen state child welfare programs and improve safety, permanency, and well-being outcomes for children and families served. The CFSR process enables the Children's Bureau (CB) to:

1. Ensure conformity with federal child welfare requirements.
2. Determine what is happening to children and families receiving child welfare services.
3. Assist states in enhancing their capacity to help children and families achieve positive outcomes related to safety, permanency, and well-being.

The CFSR is a two-phase process. The first phase is a statewide assessment and is conducted by staff of the state child welfare agency in partnership with representatives with whom the agency was required to consult in the development of the state's Child and Family Services Plan (CFSP) (45 CFR § 1355.33). These internal and external stakeholders are selected by the agency in collaboration with CB and may include other individuals, such as family and youth served by the state's child welfare system and members of the judicial and legal communities. States are required to complete and document an assessment of the extent to which their federally funded child welfare system functions effectively to promote the safety, permanency, and well-being of children and families with whom they have contact. This process involves:

1. Using both quantitative and qualitative evidence (e.g., state administrative data, information management system reports, case record reviews, interviews with case participants and key stakeholders) to assess its performance on the outcomes and systemic factors.
2. Analyzing and explaining its performance in meeting the national standards for the CFSR statewide data indicators.
3. Providing supporting evidence of the state's assessment of its child welfare system, program, practice strengths, opportunities for improvement, and results of data-driven problem exploration.
4. Providing relevant and quality evidence for CB to determine substantial conformity with CFSR systemic factors.
5. Communicating about the child welfare system's performance with the communities the systems served.
6. Demonstrating the engagement of child welfare system partners and stakeholders in the state's CFSR assessment and in its continuous quality improvement (CQI) change and implementation process.

7. Identifying priority areas of focus for further examination and to target improvement plans to strengthen systems and improve child and family outcomes.
8. Describing progress to address practice, program, and systemic change, and needed adjustments, as applicable.
9. Using assessment results to inform planning for the onsite review and to provide a foundation for the state Program Improvement Plan (PIP).

The statewide assessment represents a compilation of observations made about the state's child welfare system that is grounded in evidence. Gathering and exploring data evidence begins during problem exploration and continues over the course of implementing, assessing, and sustaining change. The statewide assessment process entails looking at past, updated, and new data to strengthen the team's understanding of state child welfare system performance and to identify the combination of data evidence used to determine:

1. Strengths and opportunities for improvement.
2. Areas and factors influencing strong practice.
3. Nature of the problem and affected populations.
4. Variation in outcomes among populations of different races, ethnicities, cultures, sexual orientations, and socioeconomic levels that may experience bias, inequities, or underservice within their communities or by systems seeking to serve them.
5. Contributing factors and underlying root cause(s) of the problem.

Statewide Assessment Participants

Beginning in July 2022, the Division of Family and Children Services (DFCS) initiated the process to engage staff and stakeholders across the child welfare system on the development of the CFSR statewide self-assessment (SWA). The Division leveraged staff and resources within all program area, including the Federal Plans Unit, the Data and Quality Assurance Units, the Safety, Permanency, and Well-Being Units, Field Operations, and external partners within the judiciary, CAPTA Citizen Review Panels, the Georgia Court Improvement Program, the Georgia Tribes, youth and parent advisory groups, and CASA program leaders to ensure all who wanted to participate in the state's data analysis and self-assessment process were able to do so.

NAME	AFFILIATION	ROLE IN SWA PROCESS
Mary Havick	Deputy Commissioner, Child Welfare	Analysis/ Review
Lon Roberts	Assistant Deputy Commissioner, Child Welfare	Analysis/Review
Arleymah Gray	Director, DFCS Federal Plans Unit	Research/ Writing/ Analysis
Christine Barbery-Chambers	DFCS Federal Plans Unit	Research/ Writing/ Analysis
Steven Reed	Director, DFCS Quality Management and Data	Research/ Writing/ Analysis
Samantha Adams; Vickie Fluellen; Michael Fost John Roach; Cindy Small	DFCS Data Analysts	Research/ Data
Kelly Dennis Jennifer McCauley Autumn Cavalleri	DFCS Quality Management / Quality Assurance	Research/ Writing/ Analysis
Laurence Nelson	Director, DFCS Training and Professional Development	Research/ Writing/ Analysis
James Binnicker; Ashley Parham; LaCharn Dennard	DFCS District Directors	Analysis/Review
Children's Justice Act Task Force Child Protective Services Advisory Committee Child Fatality Review Panel	CAPTA Citizen Review Panels	Analysis/Review
Diana Rugh Johnson	Director, GA Court Improvement Program	Analysis/Review
Adrienne Reeves; Brooke Benson; Andrew Ryndak Nadia Holmes; Christina Garrett; Katelyn Stephens Tracy McMahon; Lakeitha Preston; Rose Morris Nedra Moore; Adrian Rivers Estelline Beamon; Kelsey Prezioso; Diana Patterson	DFCS C3 Coordinators	Research/ Writing/ Analysis

NAME	AFFILIATION	ROLE IN SWA PROCESS
Glenene Lanier	Director, Safety and Permanency	Research/ Writing/ Analysis
Karla Wells	Interim Director, Adoption Unit	Research/ Writing/ Analysis
Alecia Sims	Data Integrity Specialist	Research/ Writing/ Analysis
Niesha Robinson	Director, ICPC Unit	Research/ Writing/ Analysis
Karsten Hartman	Director, DFCS Prevention and Community Support	Research/ Writing/ Analysis
Mitzie Smith	Director, DFCS Policy and Regulations	Research/ Writing/ Analysis
Lytricia Toler	DFCS Policy and Regulations Unit	Research/ Writing
Mary Franklin Barmore	ICWA Liaison, DFCS Policy and Regulations Unit	Information/ Data
Jennifer Bell	DFCS Prevention and Community Support	Research/ Writing/ Analysis
Kelly Thornton	DFCS Recovery Specialist	Research/ Writing/ Analysis
Dana Carroll	DFCS Deputy General Counsel	Analysis/Review
Samantha Walker	Interim Director, DFCS Safety Services	Research/ Writing/ Analysis
Shaun Johnson	DFCS Director, Caregiver and Well-Being Coordination	Research/ Writing/ Analysis
Tacia Spooner	Director, Kinship Care	Research/ Writing/ Analysis
NuTrelle Toodle	State of Hope Project Director	Research/ Writing
Candis Jones	GA RYSE Chafee Program Director	Research/ Writing/ Analysis
Tiffany Cutliff	Director, Office of Provider Management	Research/Writing/Analysis
Robin Brooks	Director, Educational Programming, Assessment and Consultation	Research/Writing
Victrecia Hines Donjai Calhoun	DFCS Early Childhood Coordination Unit	Analysis/Review
Juvenile Court Judges and Agency Attorneys within the circuits of: Gwinnett; Eastern; Tallapoosa; Cherokee; Houston; Piedmont Alcovy; Rockdale; Chattahoochee; Coweta Clayton; Augusta; Ogeechee; Atlantic; Middle; Enotah; Mountain; Atlanta; Cobb	Judicial Experience	Information/Data/Analysis

NAME	AFFILIATION	ROLE IN SWA PROCESS
Georgia CASA: Jen King, Executive Director Angela Tyner, Advocacy Director 46 CASA Program Directors	Legal Experience	Analysis/Review
Jerry Bruce, Director, GA Office of the Child Advocate Jen Carreras, Deputy Director, GA Office of the Child Advocate	Legal Experience	Analysis/Review
Parent Advisory Council*	Lived Experience	Information/Data
108 Current/Former Foster Youth*	Lived Experience	Information/Data
190 Foster and Adoptive Parents*	Lived Experience	Information/Data/Analysis

**Names withheld to protect privacy*

Description of Stakeholder Involvement

Beginning in July 2022, the Division of Family and Children Services (DFCS) initiated the process to engage staff and stakeholders across the child welfare system on the development of the CFSR statewide self-assessment (SWA). The Division leveraged staff and resources within the Federal Plans Unit, the Quality Assurance Unit, the Data Unit, the Safety, Permanency, and Well-Being Units, Field Operations leadership, and external partners within the CAPTA Citizen Review Panels, the Georgia Court Improvement Program, the Georgia Tribes, youth and parent advisory groups, and CASA program leaders to ensure all who wanted to participate in the state's data analysis and self-assessment process were able to do so. Stakeholders were invited to participate in the CFSR process by providing information or data, reviewing and analyzing available information and data, and writing narrative descriptions of processes or practices.

The DFCS Federal Plans Unit presented at the CAPTA Citizen Review Panel retreat in September 2022 on the CFSR process, state performance data, and opportunities for improvement. Georgia's CAPTA Panels include the Child Fatality Review Panel, the Childre's Justice Act Task Force, and the Child Protective Services Advisory Committee. The retreat included a forum with Division leadership to respond to questions and

concerns raised by the members of the CAPTA Panels. 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 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.

In October 2022, the Federal Plans Unit presented CFSR data on performance outcomes to the annual CASA Directors meeting and the Georgia Conference on Children and Families (GCCF). The GCCF is the largest annual interdisciplinary event in Georgia designed to convene the community that serves children and families. At these events, attendees were guided in a CQI effort to explore root causes for observed performance and develop strategies and solutions to make improvements. Participants left these meetings with a greater understanding of the CFSR process and their role as a stakeholder in assessing the quality of evidence of the state's child welfare system. The Federal Plans Unit also presented CFSR data and observed performance outcomes at the monthly Multidisciplinary Child Abuse and Neglect Institute (MDCANI) trainings held around the state. MDCANI 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. Attendees to MDCANI include DFCS staff, legal and judicial partners, CASA, and attorneys. Each MDCANI training includes discussion time for attendees to evaluate CFSR data from recent QA case reviews and provide an assessment of observed outcomes and strategies for improvement.

The Division shares data with the Supreme Court Committee on Justice for Children (J4C), which provides oversight to the Court Improvement Program (CIP), and these data also support the strategic planning efforts of the CIP. This partnership ensures that the legal/judicial community and the child welfare agency are aligned in identifying and addressing priorities. J4C meetings were scheduled in September and December 2022, and May, July, and September 2023. Members were invited to take time in each meeting to participate in a CQI effort to review CFSR data and explore opportunities to improve performance and child welfare outcomes.

The Division engages in monthly meetings with the CIP, which serves as a key resource for reaching the juvenile court judges, State Assistant Attorneys General (SAAGs), parent attorneys, and others in the legal and judicial realm. The CIP ensures that judicial partners are informed and engaged in CFSR surveys, focus groups, and other discussions to evaluate the state's child welfare data and explore root causes for observed performance. CIP provided court observation data via the Judicial Court and Attorney Measures of Progress (JCAMP) project, and court order data via the Court Process Reporting System (CPRS), which were used to inform the CFSR systemic factor responses (Items 20-24) and describe the functioning of the statewide data indicators (SWDI) related to permanency. JCAMP observation data began in January 2023, and will be an ongoing effort. The Division will review the findings of the court observations and partner with staff and stakeholders to identify opportunities for improvement.

DFCS leadership requested frontline staff, supervisors, administrators, and program directors to participate in the CFSR self-assessment process. District Directors provided calendars of scheduled staff meetings, including leadership meetings, QA/CQI team meetings, permanency cadences, kinship/caregiver meetings, regional stakeholder meetings, and supervisor focus groups. The Federal Plans Unit staff attended over 40 scheduled meetings around the state to introduce the CFSR statewide data indicators and available performance data. Staff were invited to review the data and provide analysis of the observed performance and outcomes. Discussions also included strategies for improvements within each of the child and family outcomes and systemic factors.

The Division hosted its APSR Joint Planning meeting in November 2022 and June 2023. These meetings included discussion of recent QA case review findings and CFSR statewide data indicators. Attendees were guided in a CQI effort to identify barriers to quality outcomes and develop strategies and solutions for improvements. The November 2022 meeting had over 100 staff and stakeholders in attendance. The meeting focused on “engagement” and introduced panelists from the [Multi-Agency Alliance for Children \(MAAC\)](#) team who shared an overview of how their Youth and Family Coordinator staff work to support youth in danger of disrupting placements. The staff coordinate 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, and ensures the youth are involved in the development of their case plan, to include their cultural needs, their likes and dislikes, and other necessary information. The panel discussions highlighted how best practice efforts can result in positive outcomes and improved data. The June 2023 meeting had over 200 staff and stakeholders in attendance and focused on “leveraging the judicial system to support positive permanency outcomes”. The data presentation included several CFSR permanency metrics for consideration. Attendees at both meetings were encouraged to evaluate the state’s

performance on the child and family outcome measures, assess how their own practice contributes to the observed data, and share strategies for improvement.

The Division convened a state-level CQI team in April 2022 to meet monthly and analyze CFSR data and performance metrics. This team is comprised of Division leadership in all program areas and regional C3 Coordinators. The CQI team reviews the comments and suggestions made by the Children's Bureau during monthly CFSR prep calls. Topics under consideration have included disproportionality of safety, permanency, and well-being outcomes, regional differences in systemic factors, and technology resources to obtain more robust or descriptive data.

Members of the Parent Advisory Council are regularly invited to attend or present at regional stakeholder meetings. These parents with lived experience are invited to participate in the review and analyses of observed CFSR data and make recommendations for improvements. The Division is exploring additional opportunities to engage with parents outside of the Council.

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. The Federal Plans Unit developed and disseminated a CFSR-focused survey at the conference to obtain feedback and recommendations to improve the state's child welfare system, which received 192 responses. Survey topics included service array, notice of court hearings, and caseworker visits.

In December 2022, over 100 youth with lived experience attended the "Teens R 4 Me" annual meeting. The Federal Plans Unit developed and disseminated a CFSR-focused survey at the meeting to assess strengths and areas needing improvement on CFSR outcomes and provide suggestions to improve the state's child welfare system, which received 108 responses. In June 2023, 55 youth attending the "Celebration of Excellence" graduation ceremony responded to the survey by providing assessments on CFSR outcomes. The youth also shared feedback on their lived experiences while in foster care. Additional venues and discussion opportunities are facilitated regularly by the Multi Agency Alliance for Children (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.

Section II: State Context Affecting Overall Performance

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.

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:

Prevention Services

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.

Child Protective Services (Intake, Investigation, Family Support Services, Family Preservation Services)

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.

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.

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). 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.

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. The family's participation in FPS is not voluntary as there are allegations of maltreatment. 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.

Permanency Services (Foster Care and Adoption)

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.

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 as 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).

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. 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.

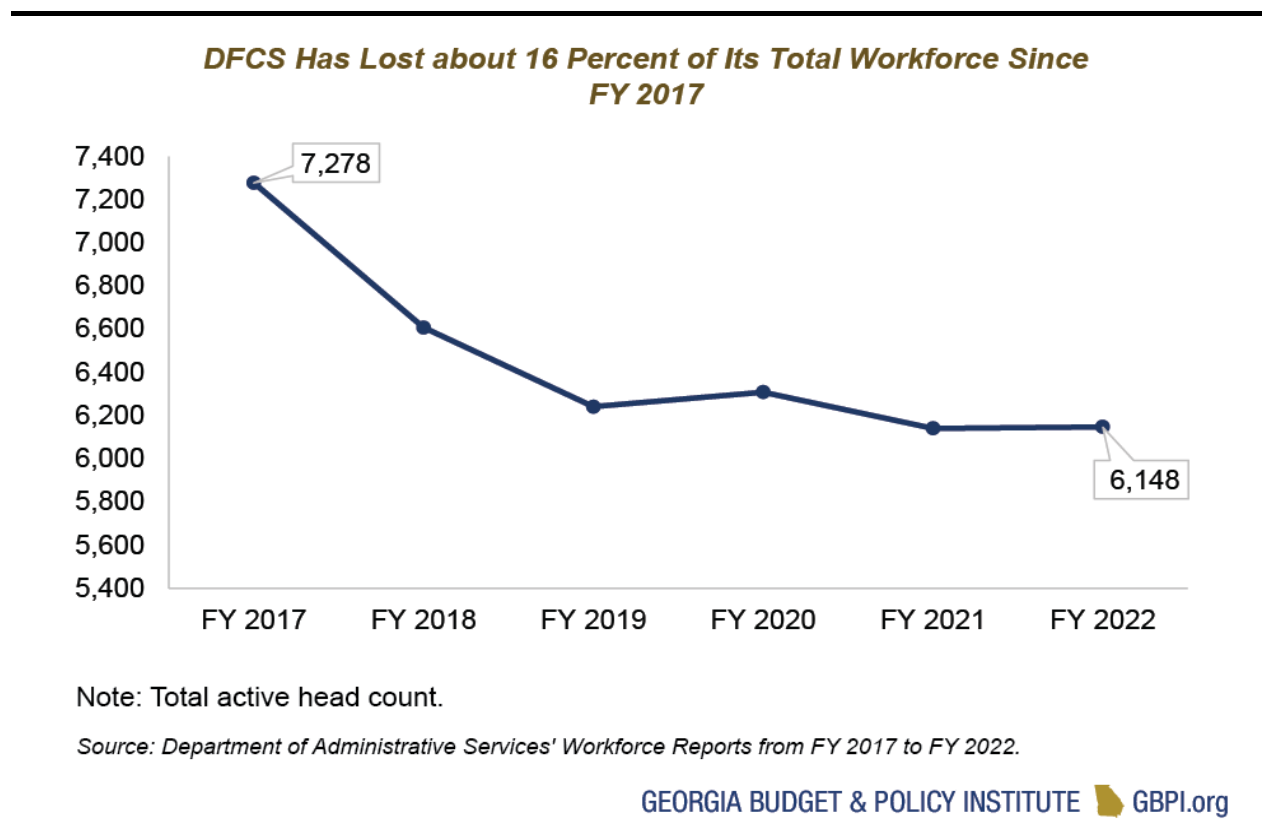
The Division seeks to continuously enhance collaborative efforts statewide. Engagement with constituents and stakeholders is critical to the success of the 2020-2024 Child and Family Services Plan (CFSP). The State's CFSP can be found on the dfcs.georgia.gov Federal Reviews and Plans site.

Cross-System Challenges

WORKFORCE

As noted in the Summary of Workforce Issues report developed by the Quality Improvement Center for Workforce Development (QIC-WD) and the National Child Welfare Workforce Institute (NCWWI), it has become difficult to collaborate across systems (e.g., courts, behavioral health) because they are also experiencing a workforce shortage and increase in demand for services. Georgia is facing this workforce shortage among agencies that serve children and families with complex needs, as are other states, which results in an increased workload for the remaining staff, leading to increases in staff turnover. According to the Department of Administrative Services (DOAS), the Division of Family and Children Services (DFCS) within DHS has a higher turnover rate, 30.3

percent, than the state government as a whole. Between FY 2017 and FY 2022, DFCS lost 16 percent of its workforce.



Staff turnover and workforce loss has impacted other agencies that collaborate with DFCS to provide care and support to vulnerable children and families. The Georgia Budget and Policy Institute published a February 2023 report on the Department of Behavioral Health and Developmental Disabilities (DBHDD), describing a 34.5 percent turnover rate from July 2021 – June 2022, which was substantially higher than the state's average of about 25 percent. The workforce at the Department's five state hospitals has been hit particularly hard over the past several years, experiencing a net loss of more than 1,200 employees from January 2020 through June 2022. To augment hospital staffing and ensure hospital beds can stay open, DBHDD is contracting with Jackson Healthcare at a rate of about \$1.6 million per week—the majority of which goes toward staffing nurses.

JUDICIAL DATA

Georgia's Court Improvement Program (CIP) has identified "data" as one of several priority areas in the strategic plan, 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.

Current Initiatives

Georgia's Department of Human Services is making significant efforts to improve technologies for staff and constituents across all program areas with system modernization initiatives. Child Welfare is modernizing its systems to streamline processes and simplify work so Case Managers can spend more time focusing on the children in care.

The Division piloted mCase in Douglas and Paulding counties in May 2022 as a field-friendly tool to create contacts, capture signatures, upload photos, and more. The mCase app can be used offline and synced to Georgia SHINES at a later time, eliminating the need for paper forms and checklists. The mCase mobile solution functions both online and offline, allowing case managers to complete their files even when cellular or Wi-Fi coverage is weak or non-existent, as is common in certain parts of rural Georgia. Until mCase, child welfare workers on the front line have had to document their interactions with children and families out in the field on paper or in an electronic document and then return to work to enter those notes in the computer system. With this new platform, staff can electronically track and update their efforts in real time, allowing for more accurate, detailed case management during safety checks, home visits, appointments, and court.

The mCase app was pushed to all staff mobile devices statewide in June 2023. As of August 2023, 71% of staff are actively using mCase.

The Argo Placement Portal will be launching statewide in October 2023. Argo Placements is a new tool connected to Georgia SHINES that supports the placement finding process. It allows all staff supporting the placements process to:

- Search for DFCS foster homes, CPA foster homes, and CCI/TLP/ILP homes for a child by matching the home's attributes to the child's needs, which are populated through SHINES.
- Create a Universal Application by leveraging all available SHINES data.

- Generate a phone list to use when contacting potential homes.

Argo Placements compares the case manager's search criteria against placement information pulled from Georgia SHINES. Universal Applications are uploaded to Georgia SHINES external documentation. Staff will be presented with a list of available placements based on configured search criteria. Homes are scored based on location, school district, characteristics, and capacity. Users can drill into each location to review detailed information.

The Argo Provider Portal allows for service authorization requests to be sent out to all providers quickly and allows the county to select a provider that can provide the service in a timely fashion. Case Managers can use the Argo Provider Portal to access a more expansive list of possible providers and connect with providers who can offer more individualized services. Multiple trainings were offered for staff to learn how to navigate the new Argo portals and effectively use them to request services and placements.

DFCS Executive Leadership Analytics are available as a dashboard in Georgia SHINES to allow for a high-level snapshot of key child welfare metrics, such as: The performances of Intake calls • Investigations Analytics • Family Preservation cases • Family Support Services and • Children who exited foster care within 365 days of removal. Georgia SHINES upgrades have also resulted in new LENSES data, which are standard reports from Georgia SHINES data. Staff can log into LENSES to view specific reports and metrics within all program areas in all counties. In August 2023, LENSES functionality was enhanced to increase the search options and include more robust search parameters, including case manager and supervisor names. The capability of LENSES allows staff to monitor cases more effectively in real time and take actions to improve outcomes. Multiple trainings were offered for staff to learn how to navigate the new LENSES portal and obtain data for tracking or reporting purposes.

Section III: Assessment of Child and Family Outcomes

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

Item 1—Timeliness of Initiating Investigations

OSRI Item	Item Description	CFSR Round 3 Performance (2015)	Georgia SHINES Data (CY 2022)	QA Case Reviews (2023)
Item 1	Timeliness of Initiating Investigations	66% (58/88)	89% (47,848/53,462)	87% (48/55) 91% North 93% South 71% Metro

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. The Division of Family and Children Services (DFCS) shall receive 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.

DFCS shall be available and accessible to the community continuously 24 hours a day, seven days a week via a centralized intake call center (CICC) which may be contacted by calling (1-855-GA-CHILD). Since its inception and spanning statewide implementation, the CICC has made steady progress in both accessibility and standardization. CICC has a statewide Mandated Reporter Intake Mailbox and virtual fax line to accommodate Mandated Reporters in Georgia, to further the mission of customer service excellence.

[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. Response time means the date and time from the receipt of an intake report to the time of making face-to-face contact with the alleged victim child(ren). Receipt of an intake report means the date and time a report alleging child abuse is received by DFCS from a reporter.

- Immediate: In one or more of the Areas of Family Functioning a present danger situation is indicated.
- 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.
- 5 business days: 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 five-business-day response time (includes holidays but excludes weekends) replaced the 72-hour priority Response Time to provide more preparation time to improve operational effectiveness and efficiency while encouraging informed decisions.

Response Time Analysis

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

Source: DFCS Data Unit, Georgia SHINES (CY2022)

Data from Georgia's Comprehensive Child Welfare Information System (CCWIS), known as Georgia SHINES, show nearly identical response times across districts. Response times range from 88% in the Metro District to 90% in the North District. CQI analyses of missed response times are often due to an inability to locate the child or family.

Practice Supports

Georgia did not meet this outcome in CFSR 3 and developed several PIP strategies intended to improve outcomes, including an Initial Safety Assessment (ISA) to ensure all children/families receive timely initial safety assessments and cases are appropriately tracked to either investigations or family support. [Child Welfare Policy Chapter 4](#) describes the requirements and procedures for staff to prepare for and conduct the ISA. 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.

Statewide Data Indicator: Maltreatment in Care

Methodology: Of all children in foster care during a 12-month period, what is the rate of victimization per day of foster care? This outcome includes the total number of substantiated reports of maltreatment (by any perpetrator) during that 12-month period. The Placement Episodes includes those episodes of 8 days or more, and Adoptive Placements, Trial Home Visits, and Runaways. Non-Foster Care Placements are also included if the placement episode includes other foster care placement types.

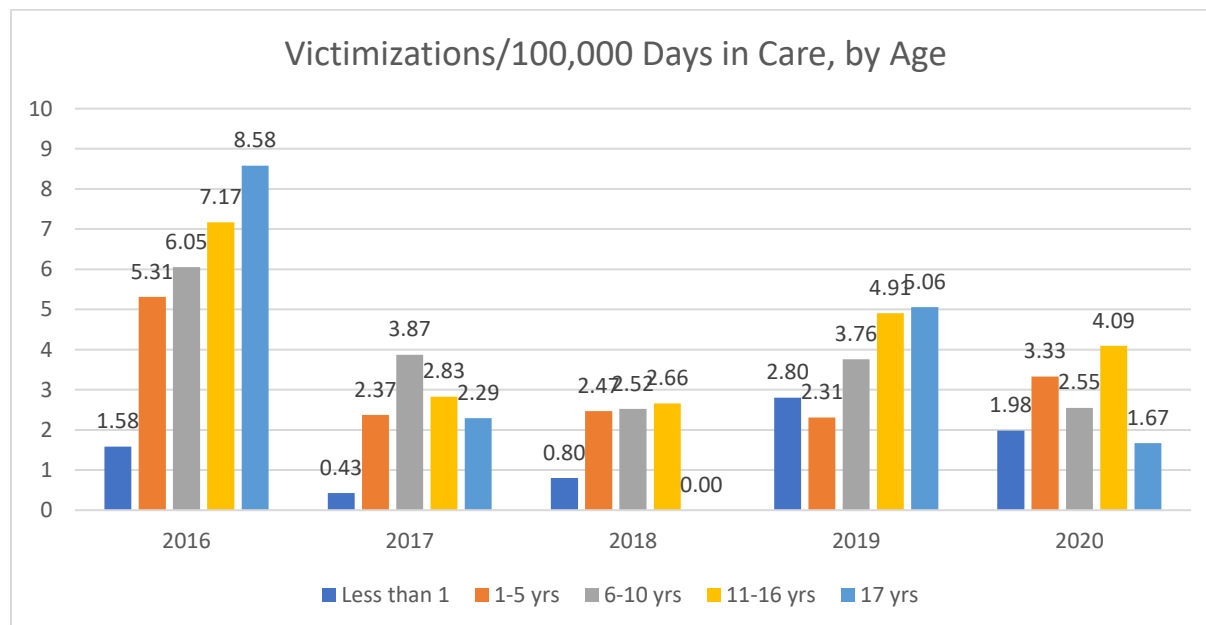
Child and Family Services Review (CFSR 4) Data Profile

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

Data Source: AFCARS and NCANDS submissions as of 12-21-2022

Georgia continues to perform better than the national standard on this measure. Some contributing factors may be due to the frequency of visits to foster homes by case managers, CASAs, and placement and service providers.

Figure 1: Maltreatment in Care by Age

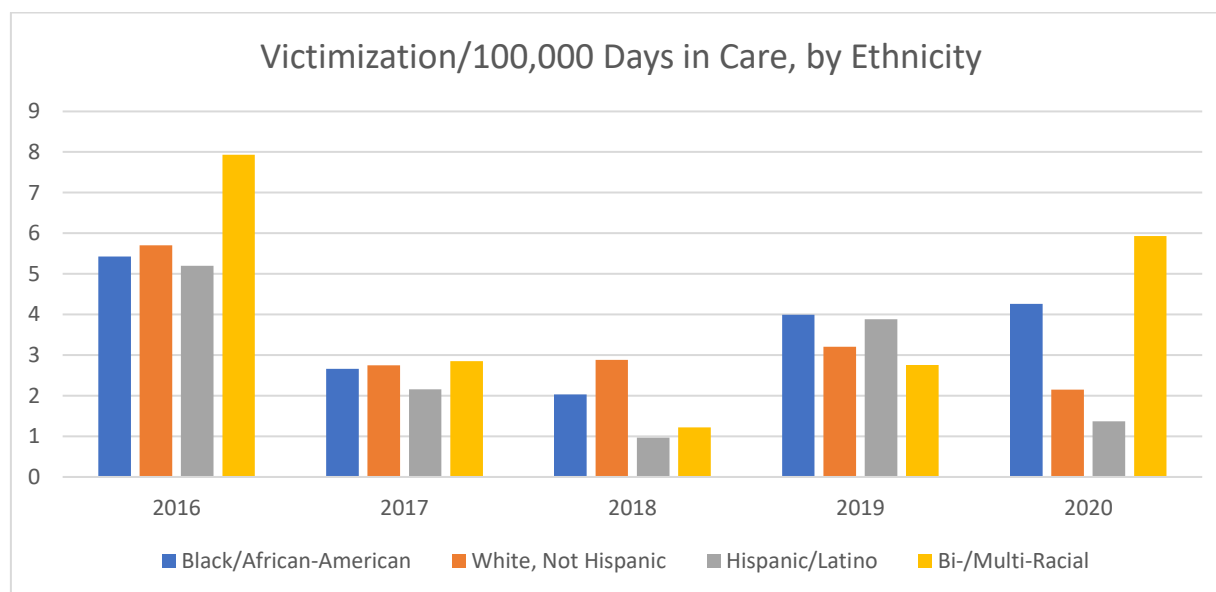


Source: CFSR 3, CFSR 4 Data Profile Context Data

CQI review and analyses of maltreatment in care data determine that rates of maltreatment in care have decreased since 2016 for all age groups. 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. Each year, DFCS Resource Developers confirm that the foster parent received the required training, medical, number of home visits and safety screenings completed timely. These measures were implemented as part of the CFSR 3 PIP to “increase and strengthen foster and adoptive resources”. Rates for infants younger than one and children aged 1-5 have shown an increase from 2017 to 2020. Further exploration is needed to identify a root cause for this observation.

Figure 2: Maltreatment in Care by Ethnicity



Source: CFSR 3, CFSR 4 Data Profile Context Data

CQI review and analyses of MIC data determine that rates of maltreatment in care have decreased from 2016 to 2020 for all racial groups but started trending higher in 2020 for Black/African-American and bi-/multi-racial youth in care. There were multiple stressors for youth and caregivers in 2020 related to the COVID-19 pandemic, including school and court closures, reduction of in-person visits, and shelter-in-place orders, which may have contributed to this increase. Further exploration is needed to understand the root cause of this observation.

Practice Supports

Georgia utilizes several strategies to reduce Maltreatment in Care, including annual evaluation of foster homes, required in-person visits at least once each month 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. These trainings ensure foster caregivers are equipped with tools and resources to care for the youth, and to understand any behavioral or special needs that may require extra attention.

Safety Outcome 1 —Statewide Data Indicator, Recurrence of Maltreatment

Methodology: Of all children who were victims of a substantiated maltreatment allegation during a 12-month reporting period, what percent were victims of another substantiated maltreatment allegation within 12 months of their initial report?

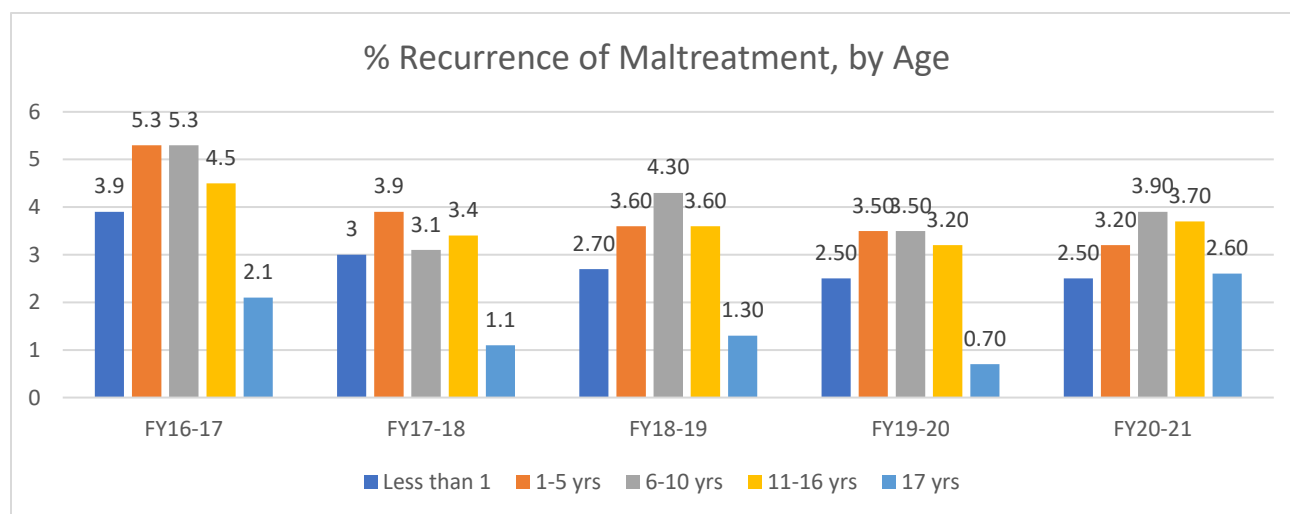
Child and Family Services Review (CFSR 4) Data Profile

Indicator	Data Period	National Standard	Georgia	Statistically better (↑), worse (↓), or no different (<->)
Recurrence of Maltreatment	FY20-21	9.7	4.5	↑

Data Source: AFCARS and NCANDS submissions as of 12-21-2022

Georgia continues to perform better than the national standard on this measure. Some contributing factors may be due to robust family preservation wrap around services that are provided to children and families through in-home supports. [Child Welfare Policy 8.01: Initiation of Family Preservation Services](#) requires staff to make reasonable efforts to keep children safely with their families, and to implement individualized services that assist in the facilitation and development of change strategies.

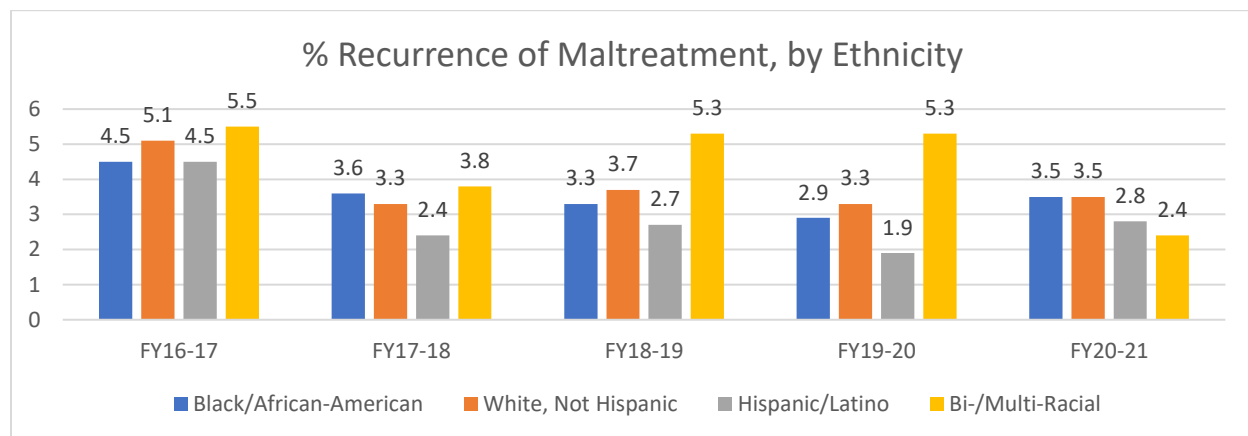
Figure 3: Recurrence of Maltreatment by Age



Source: CFSR 3, CFSR 4 Data Profile Context Data

CQI review and analyses of these data determine that recurrence of maltreatment has significantly decreased from FY16-17 to FY19-20 for all age groups but started trending higher in FY20-21 for infants and teens. There were multiple stressors for youth and families in 2020 related to the COVID-19 pandemic, including school and business closures, fewer in-person activities, and shelter-in-place orders, which may have contributed to this increase. Further exploration is needed to understand the root cause of this observation.

Figure 4: Recurrence of Maltreatment by Ethnicity



Source: CFSR 3, CFSR 4 Data Profile Context Data

CQI review and analyses of these data determine that recurrence of maltreatment is lower overall in FY20-21 compared to the FY16-17 reporting period, although maltreatment remained significantly higher for bi-/multi-racial youth until FY20-21. Further exploration is needed to understand the root cause of this observation.

Practice Supports

Georgia's strategies to promote safety and prevent maltreatment 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). Primary prevention of maltreatment relies on county Family Connections programs, Office of Family Independence (OFI), which provides prevention assistance for families in need through the Supplemental Nutrition Assistance Program (SNAP), Family Medicaid, and cash assistance through the Temporary Assistance for Needy Families (TANF). Ongoing training for new and veteran staff improve timely requests to service providers, and regular oversight of contracted providers by the Delivered Services Unit ensures quality and effective service provision. The Division also provides funding through CAPTA and Promoting Safe and Stable Families (PSSF) to community agencies that provide services to improve families' self-sufficiency and parenting capacity.

The [Prevention and Community Support \(PCS\) Section](#) serves as the state lead for the Community Based Child Abuse Prevention (CBCAP) federal grant program and functions as the Children's Trust Fund entity for the state of Georgia. The goal of PCS's approach is to engage communities in planning, implementing, and evaluating a continuum of prevention services. 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.

In 2019, the Prevention and Community Support (PCS) Section began an update to the Statewide Child Abuse and Neglect Prevention Plan (CANPP). The Plan, originally established in the 1990's, was designed to create statewide models of collaboration that could be replicated at the local level to decrease duplication of efforts and increase efficiency in the delivery of prevention services – with the goal of decreasing the occurrence of child maltreatment in Georgia. The revision process began with a meeting of state agency Commissioners and the executive directors of prevention organizations to participate in a facilitated discussion addressing why Georgia needs a comprehensive Child Abuse Prevention Plan; the proposed method and approach; and what needs to occur to ensure the plan meets the approval of all involved agencies. To solicit community input, two online surveys for providers and community members were developed and completed by nearly 800 Georgians; and 25 provider and community meetings were held across the state (with community stakeholders, business leaders, local human service organizations and parents/community members). Lastly, the statewide workgroup had two sessions to synthesize the information from the surveys and focus groups and develop the plan. The draft plan was shared with individuals who participated in the statewide meetings for public comment. Then the plan was presented to the state agency Commissioners and the executive directors of prevention organizations for approval.

The plan was completed and released at the Prevent Child Abuse (PCA) Georgia's virtual conference in September 2020, in a plenary session featuring Prevent Child Abuse America's President and CEO. The PCA Georgia Executive Director and the PCA Director then presented an overview and summary of the plan, followed by a panel of state child serving agency leaders involved in the development of the plan. The goal of the plan is to identify areas and targets for improvement as it relates to primary and secondary prevention in Georgia and for services and resources to be expanded to meet the areas of improvement to improve child outcomes and reduce the occurrence of child abuse and neglect.

The following overarching goals reflect what must be achieved in the next 10 years (2020–2029) from the collective action regarding Georgia's families, systems/governments, and society:

Goals for Families

- All parents and caregivers have the skills and tools to meet the physical, intellectual, and emotional needs of their children.
- All children have the tools, skills, and support needed to meet their potential.
- All families have equitable access to culturally responsive services and resources in their communities to meet their needs.

Goals for Society

- All Georgia citizens are accountable for the protection and well-being of our children.
- Prevention is valued as essential and achievable with collective action.
- Society invests in children early and throughout their lives.
- Georgia has increased equitable opportunities and access to services and resources that foster child well-being.
- Social norms reflect a culture that supports and sustains safe, stable, and nurturing relationships and environments.

Goals for Systems/Governments

- Families are engaged in planning and evaluating child abuse and neglect prevention efforts.
- All community, commerce, and state systems have integrated policies, training, programs, practices, and budgets that promote family and child well-being.
- Systems collaborate and cooperate in planning and implementing a comprehensive continuum of prevention services.
- Permanent and adequate financial resources are equitably allocated to develop and maintain prevention strategies.
- All services and supports to children and families use trauma-informed, strength-based practices to reduce harms and prevent future risk.

In 2021, all 14 DFCS regions developed regional CANPPs that were adapted from the state plan. Each region met several times to review the state plan, selected 3-5 strategies from the 77 included in the plan, and developed their own regional plan. In 2022, the [Georgia Essentials for Childhood](#) team convened the regional CANPP Communities of Practice. Regional Implementation Participants, Leads, and Conveners were invited to come together in each DFCS region to review the top priorities developed in the 2021 regional planning meetings. 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).

To assist with the local application of the plan, Prevent Child Abuse Georgia and the PCS are providing technical assistance to counties across the state. Teams are working collaboratively with local organizations and stakeholders to implement strategies contained in the plan in their communities. Technical assistance includes the development of quantifiable goals at the local level. The collaborative effort is coordinated by local community-based organizations. Each DFCS region receives resources and technical assistance to execute the plan in their region. The community-based organization acting as the convener works along with the other organizations that come to the table to implement the plan throughout the region.

Access the CANPP pdf, *A Vision for Child and Family Well-Being: Georgia's Child Abuse and Neglect Prevention Plan*, at: <http://tinyurl.com/GACANPP>.

The Division continues to emphasize primary prevention and the need to engage community resources as a support for families and children. Regional stakeholder meetings are critical to connecting Division staff to local agency partners and service providers, and to raise awareness of the prevention services available for families. Stakeholder meetings are also helpful to break down barriers and understand the roles and policies within each program area.

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. 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. PRE Team staffings also provide opportunities to identify available community support services

that could benefit the family, avoid a DFCS investigation, and prevent entry (or re-entry) to foster care. 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 identify 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 consistently invites medical experts from the Children's Healthcare of Atlanta (CHOA) to case staffings to ensure dependencies are warranted.

Safety Outcome 2: Children are Safely Maintained in Their Homes Whenever Possible and Appropriate

In CFSR 3, Georgia was not in substantial conformity with Safety Outcome 2. The outcome was substantially achieved in 43% of the 150 cases reviewed. Since CFSR 3, the state has continued to observe poor ratings on Safety Outcome 2.

Methodology

Georgia utilized quantitative data including descriptive statistics from the most recent, existing administrative data sources, and qualitative data obtained from interviews, surveys, and internal case reviews.

Item 2: Concerted Efforts to Prevent Entry or Re-Entry to Foster Care

The below table demonstrates that 90-96% of children in each region are served safely in their homes following a maltreatment report. The availability of quality service providers is a significant factor in this observation. The regions that have higher percentages (at or above 95%) of youth served at home also have more available service providers. The state is working to increase the availability and accessibility of service providers, although challenges continue to exist around transportation, particularly in rural areas, and language access for families with limited English proficiency or sensory impairment.

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.

QA case review data represents both quantitative and qualitative measures as item ratings are determined using the case file and interviews with key case participants including parents, children (when developmentally appropriate), foster caregivers, service providers, CASAs, judges and attorneys, school personnel, medical and mental health providers, law enforcement, and DFCS staff. Challenges noted during QA reviews found a delay or absence of services being provided to address the safety concerns identified, allegations not being thoroughly assessed or addressed, and a delay or absence of developing or monitoring safety plans.

Timely implementation of services has been a critical barrier for several years. Staff are encouraged to begin assessments for services during initial contact and to complete service referrals as soon as possible, services sometimes do not get started timely due to: the service referral being vague or missing pertinent information, or the individual/family minimizing their needs, resulting in no services being recommended; an inadequate number of service providers throughout the region resulting in long waitlists; and/or referring the family for an assessment and waiting to make service referrals until recommendations are received. Additionally, when services are implemented, there is not consistent follow up with those providing the services to ensure it is appropriately mitigating the safety concern.

Policy Highlight

Child Welfare Policy 19.17 provides guidance to staff on service referrals and timeliness. Case Managers should refer the family to formal and/or informal service providers to address safety, permanency, and well-being within the following timeframes:

- a. Within five business days of the identification of the need.
- b. Within one business day of the identification of the need, in an emergency.
- c. Within 72 hours of the identification of the need when the family has entered into voluntary kinship arrangement.

Cas managers should document in the family plan and/or case plan service provision to prevent removal, reunify the family and/or address the needs of a child in foster care.

OSRI Item	Item Description	CFSR Round 3 Performance (2015)	QA Case Reviews
Item 2	Safety services to prevent removal or re-entry after reunification	59% (27/46)	*May-July 2022: 29% *Oct-Dec 2022: 32% March-July 2023: 20% (13/65) 38% North 18% South 11% Metro
		77% FC 18% FPS 25% FSS	32% FC 13% FPS
OSRI Item	Item Description	CFSR Round 3 Performance (2015)	QA Case Reviews
Item 3	Risk and safety assessment and management	43% (65/150)	*May-July 2022: 27% *Oct-Dec 2022: 41% March-July 2023: 16% (16/100) 16% North 14% South 20% Metro
		53% FC 20% FPS 37% FSS	25% FC 3% FPS

*QA case reviews in 2022 used a 6-month PUR

Item 3: Concerted Efforts to Assess and Address Risk and Safety

Georgia did not meet the Round 3 PIP measurement plan goal for Items 2 and 3. Results in CFSR reviews showed case managers were not assessing all members of the home, lack of updated assessments at critical junctures of the case, lack of monitoring safety plans, lack of drug screens, and caseworker turnover are challenges of the agency.

Practice Supports

The Division's Delivered Services Unit is working to increase accountability for service providers to address several issues, including staff concerns that service providers will begin services with the families but then only do a handful of sessions and stop services. Services may be halted due to the provider stating that they are no longer able to serve the family, or the family is no longer in need of the service against the recommendation of the department.

The Division has increased the use of kinship care for children and initiated partnerships with community resources for Family Support Services (FSS). 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 began as a partnership with Casey Family Programs and 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 support. Analyses of the cases show that families' needs are being met with the services provided.

Of the 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 this FSS partnership in additional counties.

Permanency Outcome 1: Children Have Permanency and Stability in their Living Situations

In CFSR 3, Georgia was not in substantial conformity with Permanency Outcome 1 because the outcome was substantially achieved in 14% of the 90 applicable cases reviewed. The state's Data Profile showed that Georgia was meeting the national standards for Re-Entry to Foster Care, Permanency in 12 months for Entries, 12-23 Months, and 24+ Months. Georgia's Data Profile showed the state's performance was not meeting the national standard for Placement Stability. Since CFSR 3, the state has continued to demonstrate mixed results on this outcome measure. The Statewide Data Indicators show Georgia is meeting or exceeding the national standards for Re-Entry to Foster Care and Placement Stability, and not meeting any of the three Permanency in 12 Months measures.

Methodology

Georgia utilized quantitative data including the Statewide Data Indicators and Risk-Standardized Performance scores generated by the Children's Bureau, descriptive statistics from the most recent, existing administrative data sources, and qualitative data obtained from interviews, surveys, and internal case reviews.

The February 2023 Data Profile shows positive performance in placement stability (4.06) and no statistical difference compared to the national performance in re-entry to foster care (4.9%), but lower performance on Permanency in 12 Months for Entries (30.2%), 12-23 months (38.1%), and 24+ months in care (31.6%).

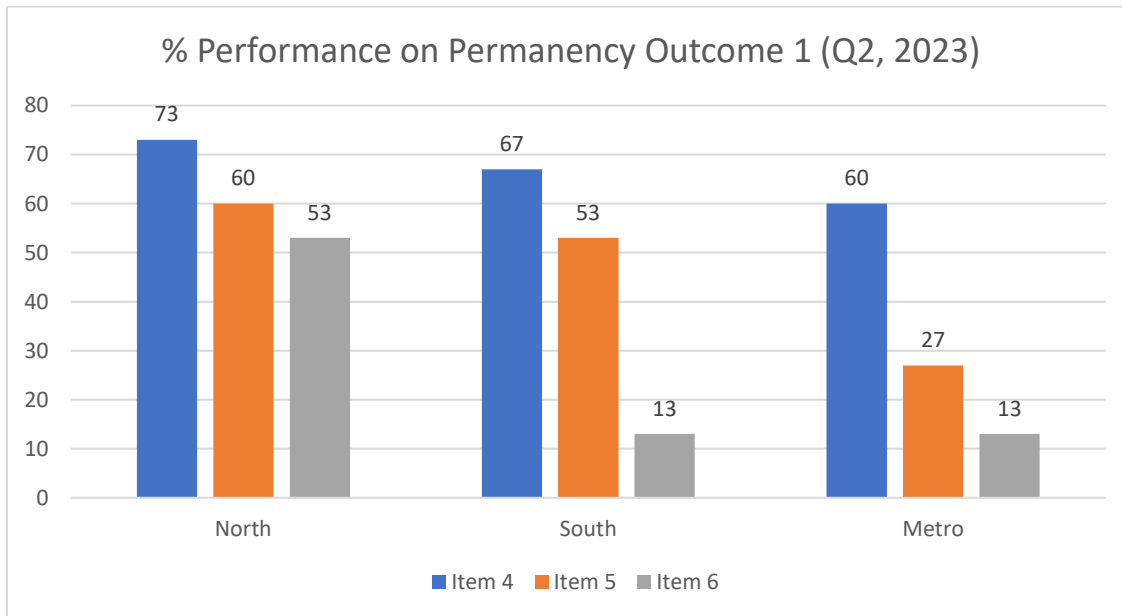
Child and Family Services Review (CFSR 4) Data Profile

Indicator	Data Period	National Standard	Georgia	Statistically better (↑), worse (↓), or no different (<->)
Placement Stability	22A22B	4.48	4.06	↑
Re-entry to Foster Care	21A21B	5.6	4.9	<->
Permanency in 12 months (entries)	20B21	35.2	30.2	↓
Permanency in 12 months (12 – 23 mos.)	22A22B	43.8	38.1	↓
Permanency in 12 months (24+ mos.)	22A22B	37.3	31.6	↓

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

OSRI Item	Item Description	CFSR Round 3 Performance (2015)	QA Case Reviews (2023)
Item 4	Stability of Foster Care Placement	68% (61/90)	84% (63/75)
Question 4c	Is the child's current placement setting stable?	90% (81/90)	71% (53/75)
Item 5	Permanency Goal for the Child	42% (36/86)	48% (29/60)
Item 6	Achieving Reunification, Guardianship, or APPLA	27% (24/90)	23% (14/60)

Figure 5: District Performance on Permanency Outcome 1

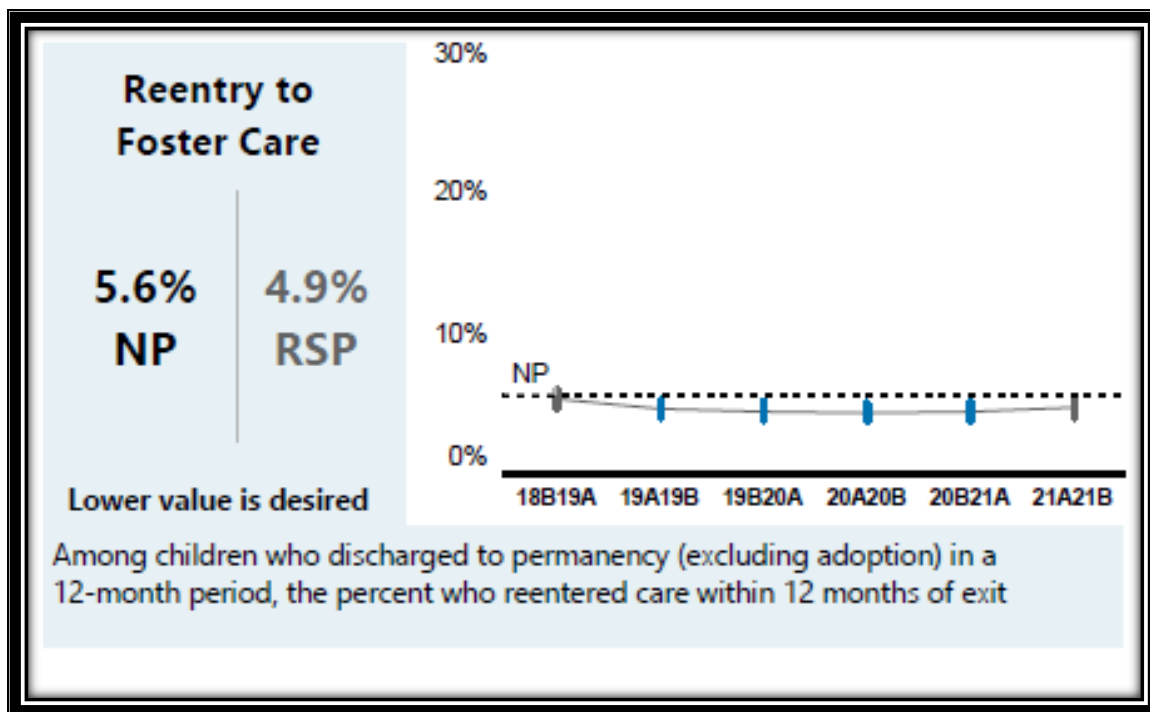


Source: DFCS QA Review Data, Q2 2023

QA Case Review findings from March-June 2023 show that the North District performs better compared to the South and Metro Districts on the CFSR items within Permanency Outcome 1. The state's performance for Item 4 in all Districts is better than performance on Items 5 and 6. Historical OSRI data from 2022 is not available, but quarterly QA review data from 2021 in the below chart shows similar patterns on performance.

Comparison Chart: Calendar Year 2021				
45 Foster Care / 30 Family Preservation				
Permanency	Jan-Mar 2021	Apr-June 2021	July-Sept 2021	Oct-Dec 2021
Outcome P1: Children have permanency and stability in their living situations.	13%	18%	22%	22%
Item 4: Stability of foster care placement	78%	71%	76%	82%
Item 5: Permanency goal for child	40%	47%	39%	49%
Item 6: Achieving reunification, guardianship, adoption, or other planned permanent living arrangement	18%	29%	40%	31%

Statewide Data Indicator: Re-Entry to Foster Care

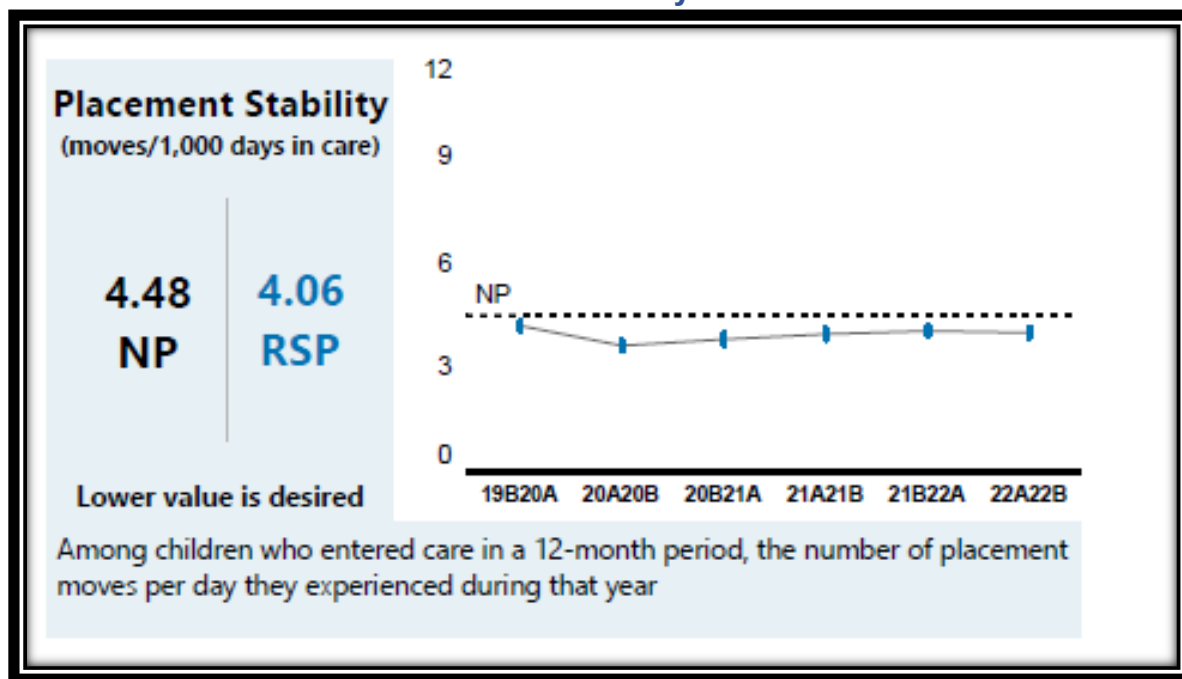


Georgia has met or exceeded the national performance on the re-entry to foster care statewide data indicator. CQI analyses with staff and stakeholders notes that post-foster care case management and family preservation services to the child and family are thorough and supportive, reducing the likelihood of a subsequent out-of-home placement within 12 months of reunification. Family preservation services requires staff to make

reasonable efforts to keep children safely with their families, and to implement individualized services that assist in the facilitation and development of change strategies.

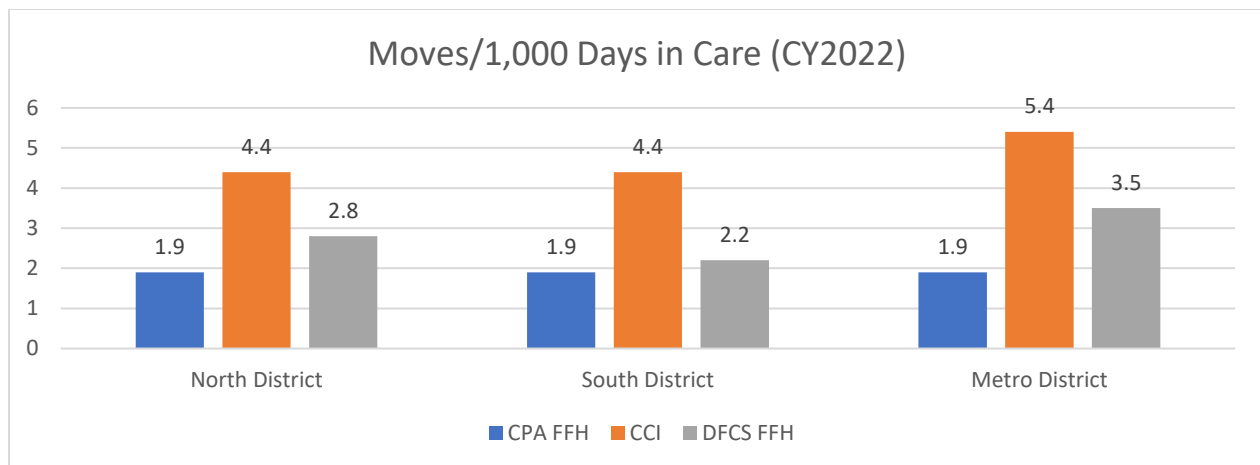
Item 4: Placement Stability

Statewide Data Indicator: Placement Stability



Georgia continues to exceed the national performance on the placement stability statewide data indicators. Ensuring timely and appropriate permanency often begins with the right placement upon removal. A focus on relative and kin caregivers has helped the state to maintain stability and support the child(ren) in maintaining connections to their family and community. Improved training and resources for foster caregivers, including offering trust-based relational intervention (TBRI) training and respite care for foster parents for up to 72 hours (or longer under certain circumstances), has helped to strengthen caregivers and reduce placement disruptions.

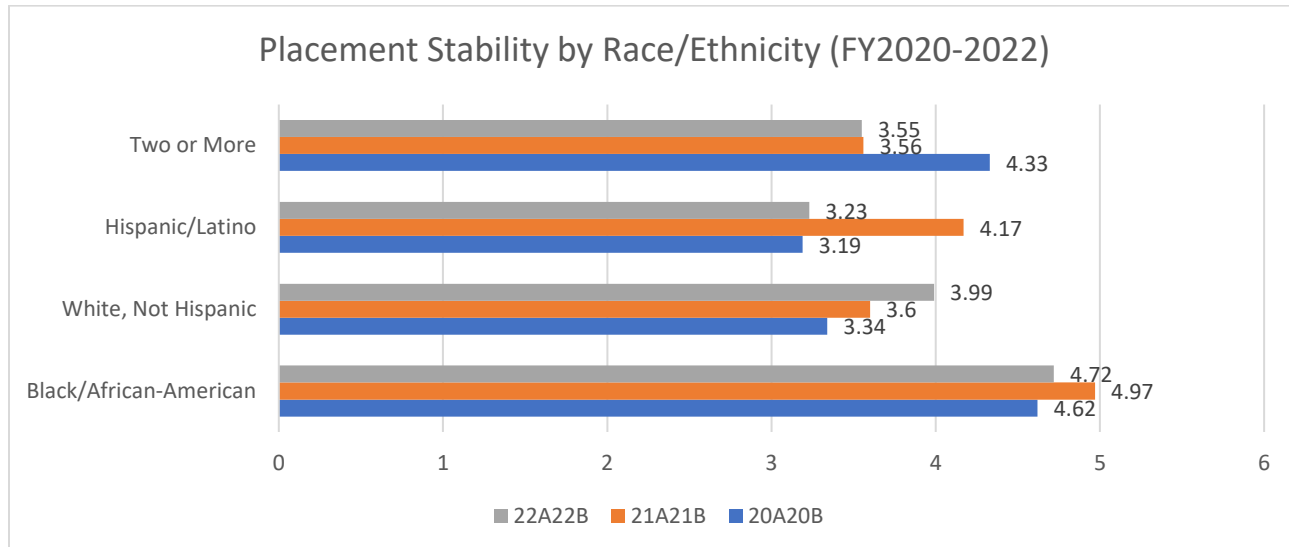
Figure 6: Placement Stability - Moves/1,000 Days in Care by Placement Type



Source: DFCS Data Unit, Georgia SHINES

Georgia SHINES demonstrates that placement stability is better (i.e. fewer moves per 1,000 days in care) for youth in child placing agency (CPA) or DFCS family foster homes (FFH) compared to child caring institutions (CCI) across the state.

Figure 7: Placement Stability - Moves/1,000 Days in Care by Race/Ethnicity

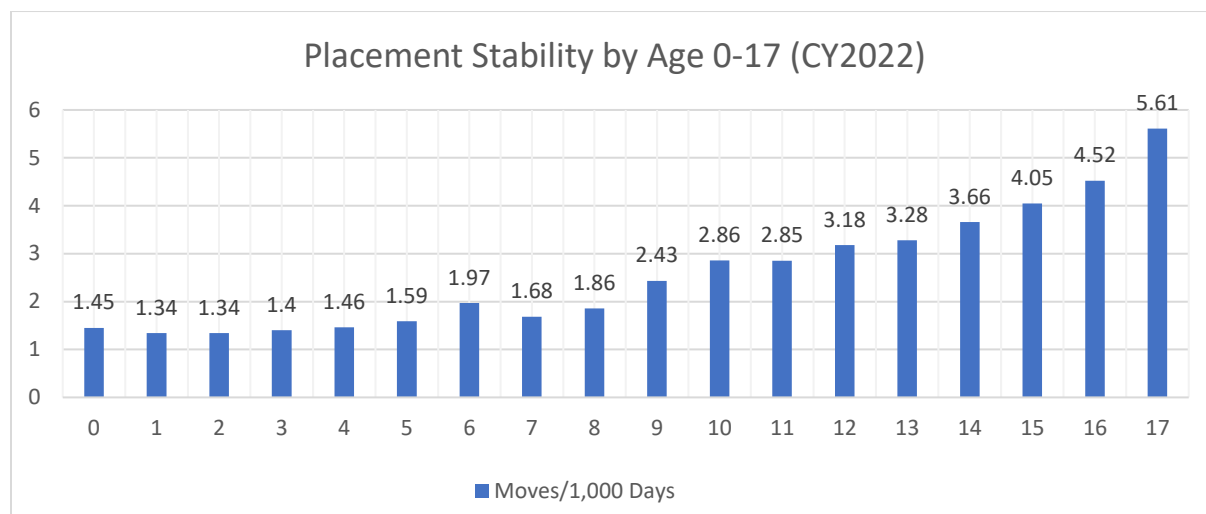


Source: CFSR 4 Data Profile Context Data

Data reported in the CFSR Data Profile suggest that Georgia is making improvements in the disparity of placement moves across race/ethnic groups. While Black/African-American youth report slightly more moves per 1,000 days in care, the rate of moves is roughly 1.5 more days than the Hispanic/Latino youth with the fewest moves. In FY2020, the difference was 1.43 (range 3.19-4.62). In FY2022, the difference was 1.49 (range 4.72

– 3.23). American Indian/Alaska Native youth are excluded from this calculation because the population in care for each reporting year was less than 10.

Figure 8: Placement Stability - Moves/1,000 Days in Care by Age of Child



Source: DFCS Data Unit, Georgia SHINES

The data demonstrates that placement stability is better (i.e. fewer moves) for children aged eight and younger compared to older youth aged 9-17. CQI review and analyses have 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.

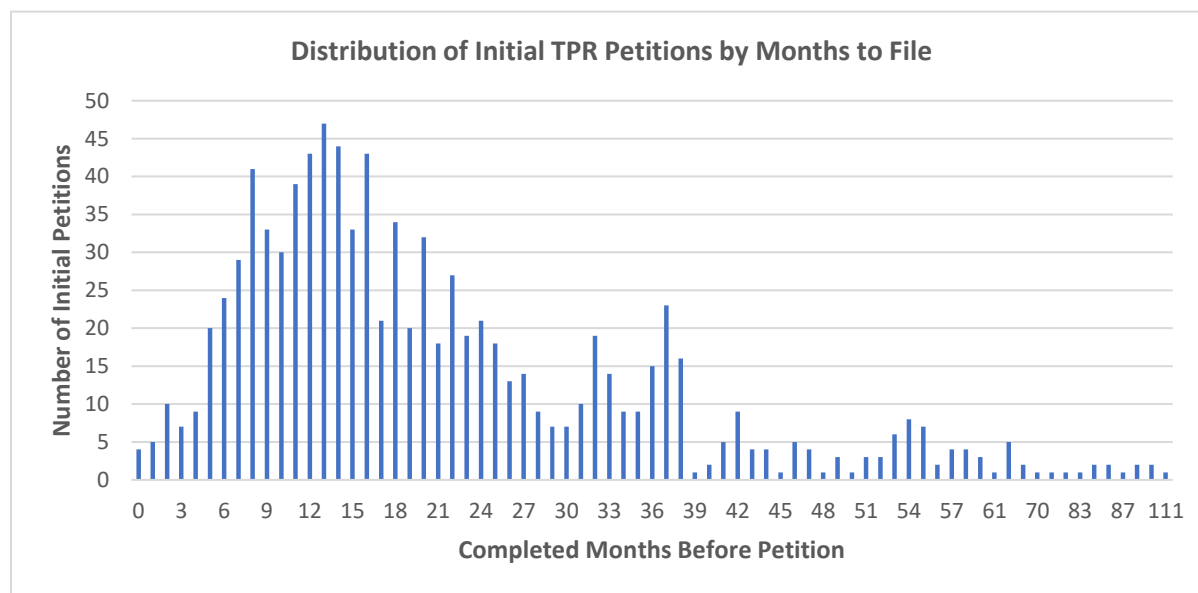
Item 5 – Permanency Goal for the Child

Item 5 examines if appropriate permanency goals were established in a timely manner and the necessary steps were taken with TPR, as needed. This was a strength in 42% of cases in CFSR 3 and increased to 48% for QA reviews conducted in 2023. Georgia SHINES reports data on the timeliness of filing TPR and the percentage of cases when TPR is filed after 15 out of the most recent 22 months of dependency. Ensuring the right plan is in place for each child influences Item 6: Achieving the permanency goal.

Data from Georgia SHINES demonstrate that 50% of TPRs are filed within 17 months of care. The below chart uses a sample of 978 children in care with an initial TPR filed in the year ending 9/7/2023. CQI analyses with staff and stakeholders identifies several barriers to timely filing of TPR, relating to several systemic factors. In some jurisdictions, TPRs

are not heard in court if the child is not in an adoptive placement. In many cases when the child is in care due to the caregiver's substance abuse, case managers are often delayed in filing TPR because they want to ensure the parent has been given every opportunity possible to complete drug treatment. In those cases, the agency should be documenting a compelling reason to not file TPR.

Figure 9: Distribution of Initial TPR Petitions in Year Ending 9/7/2023 (n= 978)



Source: DFCS Data Unit, Georgia SHINES

In September 2023, the Division initiated a random sample review of case plans to better understand the issues related to documentation of compelling reasons. Regional Adoption Coordinators (RACs) reviewed 153 cases, with 38% of cases located in the North District, 43% of cases in the South District, and 19% of cases in the Metro District. The permanency goal was reunification for 123 of the children (80%), adoption for 16 children (10%), APPLA for eight children (5%), and guardianship for six children (4%).

Data from the case plan review noted that the agency filed or joined a TPR timely in five percent of applicable cases. For the 131 cases where the agency did not file or join a TPR timely, compelling reasons were documented appropriately in 19 case plans, and in 26 cases, evidence of compelling reasons was documented elsewhere in the case file. In 20 case plans, compelling reason documentation was not required because the child was in the care of a relative. Overall, half of the reviewed cases did not have a filed TPR or documentation or evidence of a compelling reason for not filing.

Analyses of the findings have identified barriers to improved performance of this item. Several jurisdictions are noted to delay TPR hearings until an adoptive resource is

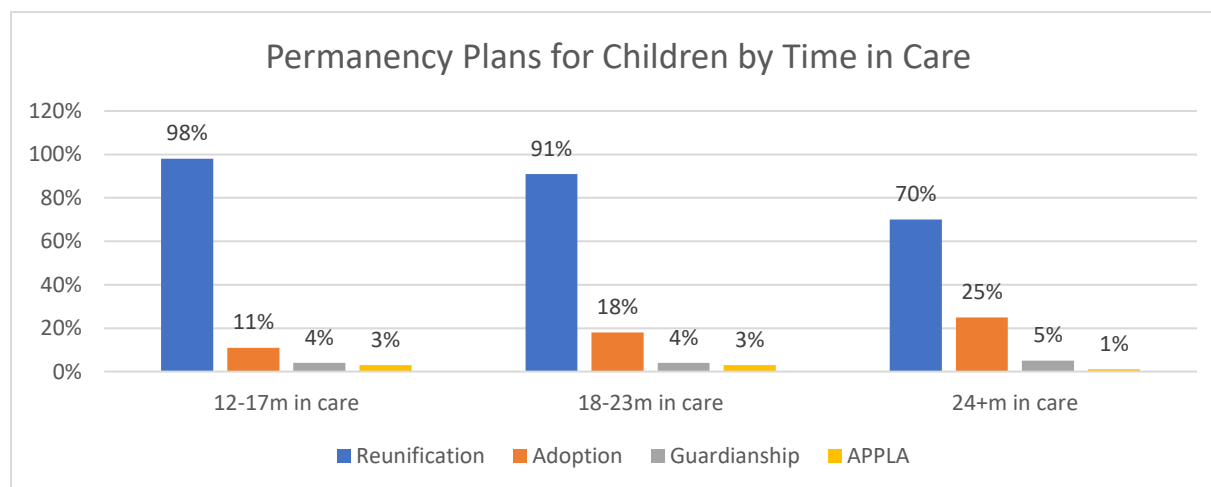
identified. In those regions, the Division is collaborating with the Court Improvement Program to review TPR requirements and best practices. As statewide practice, it was observed that although the permanency order contains the “compelling reason” language, it is not always documented in the case plan after the permanency order is filed by the court. The Division is exploring opportunities to better integrate the permanency order language into the case plan to ensure that this is documented, including ongoing case manager training on documentation and data integrity support from the RACs.

Item 6 – Achieving Reunification, Guardianship, Adoption, or APPLA

Establishing the right permanency goal and achieving it timely are the focus of items 5 and 6.

Georgia SHINES data analyses of children in care during September 2023 demonstrate that 98% of children in care at least 12 months but less than 18 months had reunification as the permanency goal, compared to 11% with a goal of adoption, 4% with a goal of guardianship, and 3% with APPLA as a permanency goal. After 24 months in care, the percentage of children with a reunification goal dropped to 70%, and the percentage with a goal of adoption increased to 25%.

Figure 10: Permanency Goals for Children in Care at Least 12 Months (as of 9/7/2023)



Source: DFCS Data Unit, Georgia SHINES

The data above demonstrate that reunification remains the permanency goal for most children in care even after the 24th month. The Division is working with the Court Improvement Program and judicial stakeholders to analyze the trends that drive performance of this item and identify strategies to ensure that timely and appropriate

permanency goals are established. The Division continues to encourage staff to explore all opportunities to achieve timely permanency for youth in care.

Practice Supports

In 2020, the Division initiated Placement Assistance Utilizing Stability Exploration or “PAUSE” staffings which is a multi-agency approach to stabilize a placement with support that is nearing disruption. 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, the Multi Agency Alliance for Children (MAAC), Amerigroup, Department of Behavioral Health and Developmental Disabilities (DBHDD), Department of Juvenile Justice (DJJ), Regional Adoption Coordinator, agency attorneys, Guardians ad Litem (GAL), Court Appointed Special Advocates (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 Caregiver Recruitment and Retention Unit (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.

The Division is developing an agency attorney training manual to improve child welfare practice. The manual will include all areas of practice for a dependency case, including permanency plans and hearings. Attorneys will receive specific guidance on collaboration with case managers to update the case plan upon receipt of the permanency order. The training will include forms and videos and is expected to launch in 2024. The Division expects improved data on these permanency outcomes.

The Division is prioritizing efforts to improve placements for youth with complex needs. The Legislature added \$5,000,000 to the FY2024 Department of Human Services budget to provide alternative housing options for youth with complex needs. The DFCS Care Coordination Treatment Unit (CCTU) is responsible for the facilitation and management of high-end, complex cases of youth in foster care. CCTU works to ensure a holistic and systematic approach to address the behavioral, emotional, medical, and therapeutic needs of Georgia’s youth. The DFCS Complex Needs Adult Transition Unit (CNAT) is newly created within the Division and receives oversight from the Office of General Counsel. CNAT works with case managers and youth beginning at age 16 to ensure they will have support and services after reaching age 21. CNAT also collaborates with the Public Guardianship Office and external partners to ensure cases are staffed and tracked each month. The Division is utilizing several strategies to increase the recruitment and

available support for family foster homes across the state, including increasing per diems and respite care.

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. As of October 19, 2023, the use of hoteling had decreased to one youth.

In alignment with DFCS' ongoing system modernization initiatives, Argo Placements will be launching in October 2023. Argo Placements is a new tool connected to Georgia SHINES that supports the placement finding process. It allows all staff supporting the placements process to:

- Search for DFCS foster homes, CPA foster homes, and CCI/TLP/ILP homes for a child by matching the home's attributes to the child's needs, which are populated through SHINES.
- Create a Universal Application by leveraging all available SHINES data.
- Generate a phone list to use when contacting potential homes.

ARGO Placements compares the case manager's search criteria against placement information pulled from Georgia SHINES. Universal Applications are uploaded to Georgia SHINES external documentation. Staff will be presented with a list of available placements based on configured search criteria. Homes are scored based on location, school district, characteristics, and capacity. Users can drill into each location to review detailed information.

The Division maintains a robust directory of in-home services to support families and prevent re-entry to foster care. Community providers who are invited to join the State of Hope (SoH) 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). Regions have developed service directories to provide staff with contact information for the organizations that are located in and directly serve their communities. Available options include tangible goods (e.g. eyeglasses, furniture, clothing), education or life skills (e.g. GED, tutorial services, parenting classes), and other supports (e.g. fatherhood programs, rental assistance, disability services). 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.

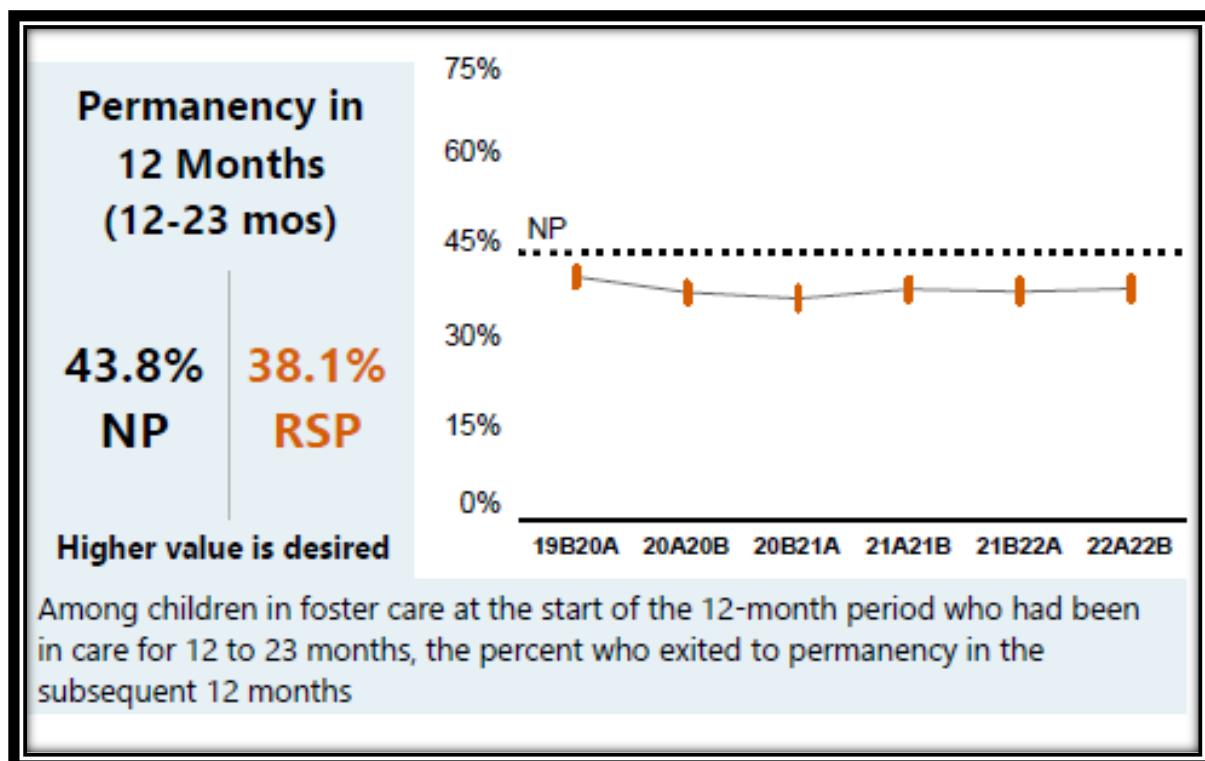
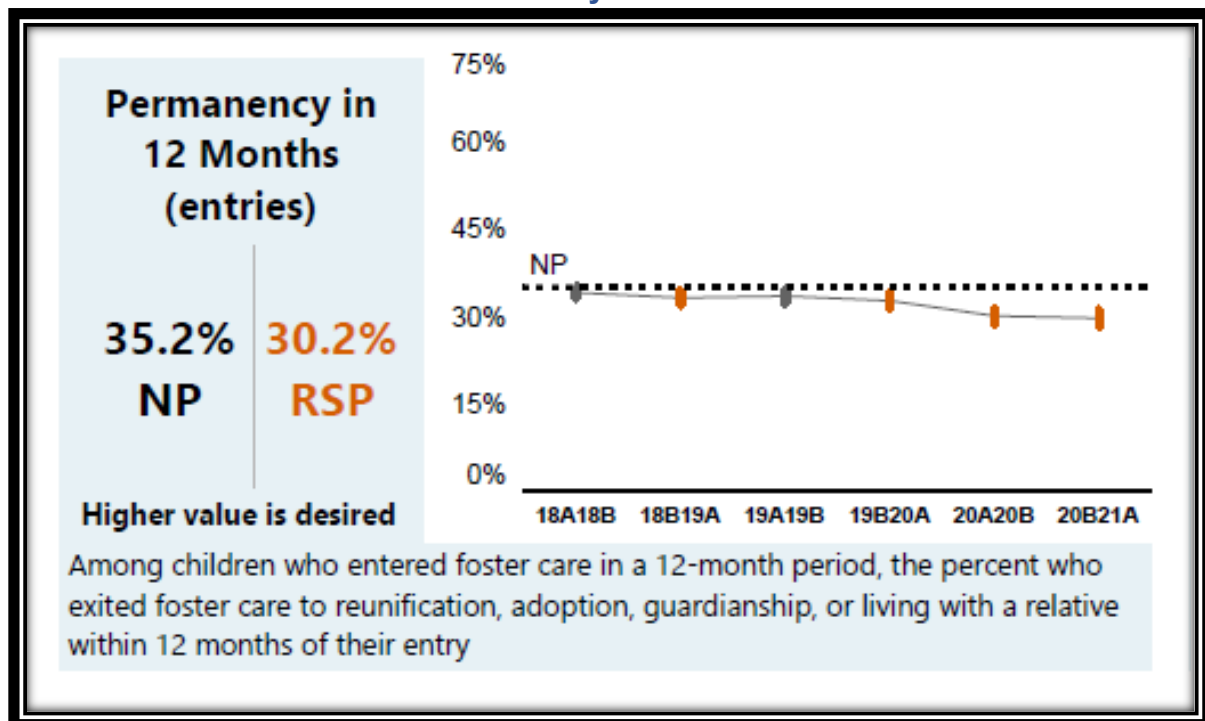
The Division is leveraging the APSR Joint Planning meetings to engage stakeholders in identifying barriers to timely permanency and developing effective solutions. In September 2023, Georgia's Court Improvement Program (CIP) surveyed juvenile court judges and agency attorneys on the frequency of ensuring parent participation in case plan development. Contact information was optional, but responding circuits included Coweta, Southern, Cobb, Atlanta, Chattahoochee, and Augusta. Responding counties included Newton, Hall, Burke, Richmond, Troup, and Thomas. Respondents were asked to identify barriers to timely permanency and possible solutions to those barriers.

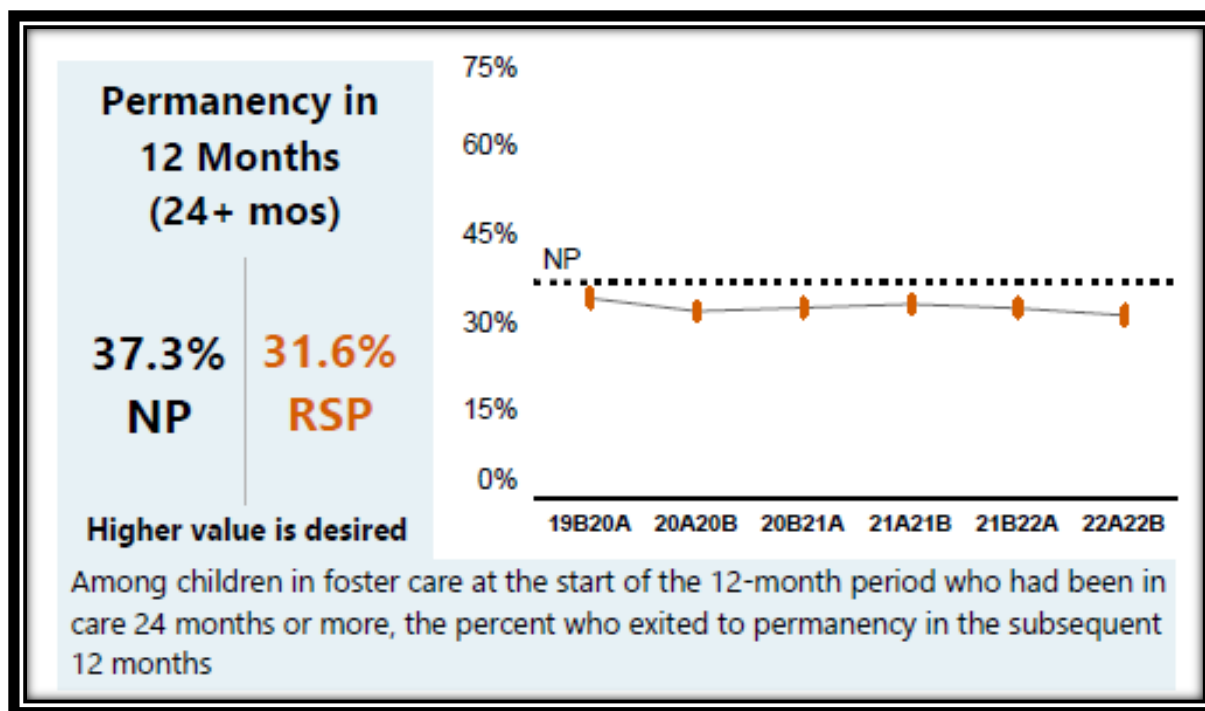
Q11 In your jurisdiction, what are the top three barriers to achieving timely permanency for children in foster care?

A word cloud visualization of responses to the question. The words are arranged in a circular pattern, with larger words indicating higher frequency. The most prominent words are 'parents', 'service', 'children', 'parent', 'assessment', 'delay', 'Lack', 'mental health', 'time', 'Court', 'case', 'plan', 'attorneys', 'State', 'funding', 'resources', 'use', 'child', 'accept', 'placements', 'vendor', 'limit', 'system', 'years', 'permanency', 'housing', 'CASE', and 'mental health'.

Suggested solutions included more funding for services and resources in rural areas; more coordination with community and state agencies; more investments in an educated and compassionate workforce; a statewide parent attorney and GAL system; encouraging family treatment court for parents struggling with substance abuse; and more behavioral aides for children needing higher levels of care. The Division will continue to engage with the Court Improvement Program and judicial stakeholders to explore these strategies.

Statewide Data Indicators: Permanency in 12 Months





In CFSR 3, Georgia did not meet the Statewide Data Indicators for any of the three Permanency in 12 Months SWDIs. CQI analyses with staff and stakeholders identified several barriers to poor performance on these metrics.

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.
3. Numerous scientific studies show that the first onset of mental disorders usually occurs in childhood or adolescence, although treatment typically does not occur until several years later.
4. Children in foster care experiencing mental health issues may also experience difficulty in placement stability and achieving timely reunification. Georgia SHINES data shows that children who enter care after the age of 12 are less likely to achieve a positive permanency outcome before reaching age 18 compared to children entering care before age 12.

Disproportionality Findings

Georgia's supplemental context data (February 2023) show the number of foster care entries for all ages has decreased from 6,290 in the 18B19A reporting period to 4,206 in the 20B21A reporting period, with the largest age groups being 1-5 years and 11-16 years. The percentage of exits (permanency in 12 months) ranges from 22-32% and has decreased each year for all age groups over the past three reporting periods.

Permanency in 12 Months (Entries)

Age at Entry	Entries (20B21A)	Exits (20B21A)	Percentage (18B19A)	Percentage (19B20A)	Percentage (20B21A)
< 1 yr	877	200	25.1%	24.6%	22.8%
1 - 5 yrs	1,309	385	32.4%	33.7%	29.4%
6 - 10 yrs	805	248	37.3%	35.4%	30.8%
11 - 16 yrs	1,116	358	37.2%	36.3%	32.1%
17 yrs	99	23	27.7%	17.4%	23.2%

Source: CFSR 4 Data Profile Context Data, Children's Bureau

CQI analyses of Permanency in 12 Months (12-23 months and 24+ months) data show an emerging trend in disproportionate outcomes by age. The below charts demonstrate that children age 1-5 are exiting care at a slightly higher percentage (42% after 12-23 months and 45% after 24+ months) compared to all other age groups. The likelihood of a positive permanency outcome decreases as the child ages.

Permanency in 12 Months (12-23 months)

Age on 1 st Day	In Care (22A22B)	Exits (22A22B)	Percentage 20A20B	Percentage 21A21B	Percentage 22A22B
Total	2,461	935	37.8%	37.9%	38.0%
1 - 5 yrs	1,159	488	41.8%	39.1%	42.1%
6 - 10 yrs	509	200	39.9%	42.5%	39.3%
11 - 16 yrs	656	229	32.5%	38.3%	34.9%
17 yrs	137	18	14.7%	8.8%	13.1%

Source: CFSR 4 Data Profile Context Data, Children's Bureau

Permanency in 12 Months (24+ months)

Age on 1 st Day	In Care (22A22B)	Exits (22A22B)	Percentage (20A20B)	Percentage (21A21B)	Percentage (22A22B)
Total	4,224	1,465	35.9%	37.0%	34.7%
1 - 5 yrs	1,271	574	49.1%	49.2%	45.2%
6 - 10 yrs	1,208	474	40.8%	40.6%	39.2%
11 - 16 yrs	1,439	397	25.8%	29.0%	27.6%
17 yrs	306	20	5.9%	8.8%	6.5%

Source: CFSR 4 Data Profile Context Data, Children's Bureau

The number of foster care entries for all races/ethnicities has also decreased between the 18B19A reporting period to the 20B21A reporting period, with the largest identified race/ethnicity groups in 20B21A being White (2,126) and Black/African-American (1,444). The percentage of exits (permanency in 12 months) decreased in the most recent reporting periods. This observed data may be related to court closures resulting from the COVID pandemic.

Permanency in 12 Months (Entries)

Race/Ethnicity	Entries (20B21A)	Exits (20B21A)	Percentage (18B19A)	Percentage (19B20A)	Percentage (20B21A)
American Indian/Alaska Native	6	1	42.9%	33.3%	16.7%
Asian	3	0	41.2%	16.7%	0.0%
Black or African American	1,444	411	33.9%	34.7%	28.5%
Hispanic (of any race)	337	115	38.5%	34.0%	34.1%
Native Hawaiian/Other Pacific Islander	0	0	66.7%	0.0%	n/a
White	2,126	618	32.5%	31.7%	29.1%
Two or More	290	69	28.6%	28.5%	23.8%
Unknown/Unable to Determine	0	0	100.0%	75.0%	n/a

Source: CFSR 4 Data Profile Context Data, Children's Bureau

CQI analyses of Permanency in 12 Months (12-23 months and 24+ months) data show an emerging trend in disproportionate outcomes by race/ethnicity. The below charts

demonstrate that children of two or more races are exiting care at a slightly higher percentage (48% after 12-23 months and 43% after 24+ months) compared to all other race/ethnicity groups with foster care populations higher than 10. The likelihood of a positive permanency outcome is lower for Black/African-American and Hispanic children. Further exploration is warranted to identify the reasons for this observed data.

Permanency in 12 Months (12-23 months)

Race/Ethnicity	In Care (22A22B)	Exits (22A22B)	Percentage (20A20B)	Percentage (21A21B)	Percentage (22A22B)
American Indian/Alaska Native	5	1	0.0%	n/a	20.0%
Asian	8	4	66.7%	42.9%	50.0%
Black or African American	879	295	32.0%	32.5%	33.6%
Hispanic (of any race)	161	51	38.1%	27.9%	31.7%
White	1,178	473	42.6%	42.3%	40.2%
Two or More	230	111	36.0%	45.8%	48.3%
Unknown/Unable to Determine	0	0	n/a	0.0%	n/a

Source: CFSR 4 Data Profile Context Data, Children's Bureau

Permanency in 12 Months (24+ months)

Race/Ethnicity	In Care (22A22B)	Exits (22A22B)	Percentage (20A20B)	Percentage (21A21B)	Percentage (22A22B)
American Indian/Alaska Native	1	0	0.0%	0.0%	0.0%
Asian	8	1	25.0%	50.0%	12.5%
Black or African American	1,922	518	30.5%	31.7%	27.0%
Hispanic (of any race)	300	101	42.2%	43.0%	33.7%
Native Hawaiian/Other Pacific Islander	0	0	0.0%	n/a	n/a
White	1,677	708	38.8%	42.3%	42.2%
Two or More	316	137	51.6%	35.9%	43.4%

Source: CFSR 4 Data Profile Context Data, Children's Bureau

Permanency Outcome 2: The Continuity of Family Relationships and Connections is Preserved for Children

In CFSR 3, Georgia was not in substantial conformity with Permanency Outcome 2 because the outcome was substantially achieved in 32% of the 90 applicable cases reviewed. Since CFSR 3, the state has demonstrated improvement in several items within this outcome measure, but not all. The state continues to struggle with parental engagement and supporting the relationships of children in foster care with their families.

Methodology

Georgia utilized quantitative data including descriptive statistics from the most recent, existing administrative data sources, and qualitative data obtained from interviews, surveys, and internal case reviews.

OSRI Item	Item Description	CFSR Round 3 Performance (2015)	QA Case Reviews (2023)
Item 7	Placement with Siblings	77%	88% (37/42)
Item 8	Visiting with parents and siblings in foster care	45%	27% (12/45)
	Mother: Frequency	54% (31/57)	34% (13/28)
	Mother: Quality	67% (33/49)	77% (23/30)
	Father: Frequency	52% (22/42)	56% (10/18)
	Father: Quality	68% (26/38)	80% (12/15)
	Sibling: Frequency	58% (15/26)	38% (9/24)
	Sibling: Quality	52% (12/23)	83% (15/18)
Item 9	Preserving Connections	39%	58% (35/60)
Item 10	Relative Placement	46%	57% (34/60)
	Concerted Efforts to Locate Maternal Relatives as Placement	30% (16/54)	51% (21/41)

	Concerted Efforts to Locate Paternal Relatives as Placement	20% (10/49)	34% (13/38)
Item 11	Relationship of child in care with parents	34%	10% (4/40)

Item 7: Placement with Siblings

In CFSR 3, Georgia received a rating of Area Needing Improvement because 77% of cases were rated as a strength. The Division has demonstrated improvements in the performance of this item. QA case reviews in 2023 show 88% (37/42) Strength statewide, with 82% in North District, 85% in South District, and 100% in Metro District.

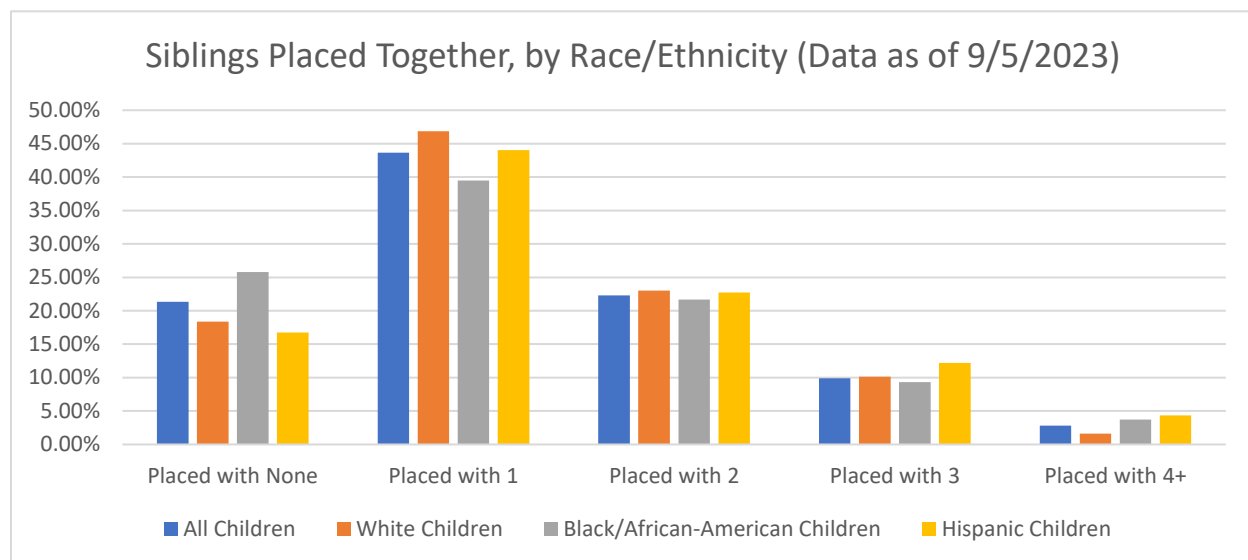
There is no reliable method of determining from data in Georgia SHINES which children in the same case should be considered as siblings for placement purposes. The data analyses below looked at all children in custody under age 18 on September 5, 2023, and considered all children in the same case as siblings. Primary reasons noted for sibling separation are due to disruptive or sexualized behaviors of the child(ren), special needs of the child(ren), or conflicting imperative to place the child(ren) with a relative. Case reports also note the separation of siblings is attributed to the lack of foster homes willing to take sibling groups.

Policy Highlight

Child Welfare Policy 10.20 describes requirements for placing siblings together. Staff should make reasonable efforts to place siblings removed from their home in the same foster care, kinship, or adoptive placement unless:

- a. Joint placement is contrary to the safety or well-being of any of the siblings due to unresolved physical, sexual, and/or emotional abuse among the siblings where therapy, with a safety plan in place, is not effective or appropriate as documented by a licensed clinician and approved by the County Director/Designee;
- b. Special needs of one or more children in the sibling group requires a specialized placement setting (e.g., documented medical, physical, cognitive or behavioral needs requiring residential treatment, hospitalization, juvenile detention, etc.);
- c. Siblings are placed or reside in another state.

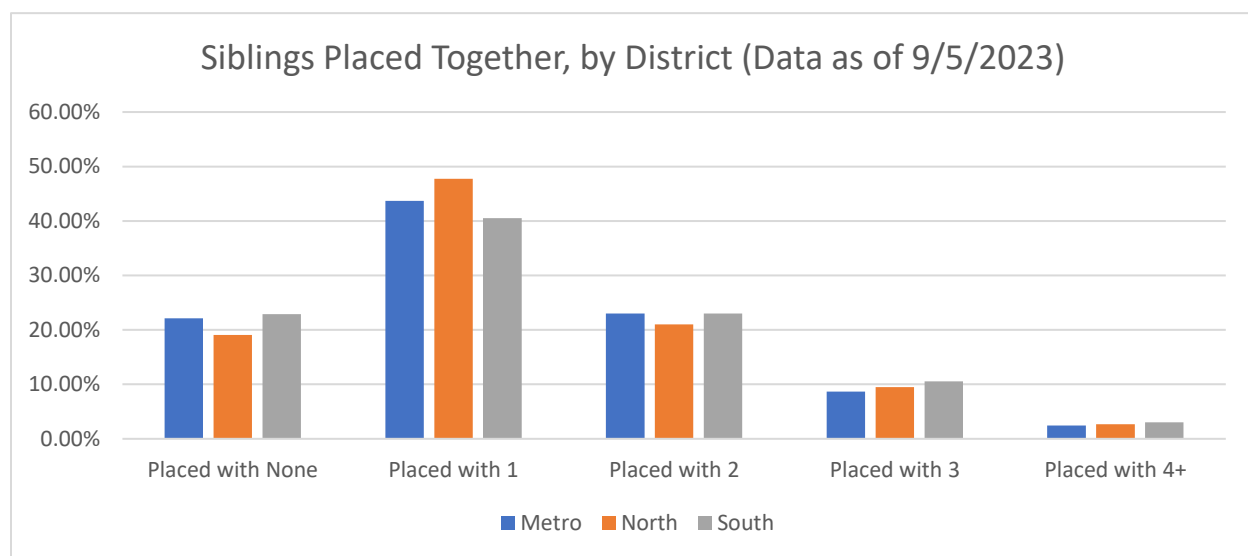
Figure 11: Siblings Placed Together, by Race/Ethnicity



Source: DFCS Data Unit, Georgia SHINES

The data suggests that Black children are more likely to be placed away from any siblings compared to White and Hispanic children, but also that they are more likely than White children to be placed with at least four siblings when they are part of a large sibling group.

Figure 12: Siblings Placed Together, by DFCS District



Source: DFCS Data Unit, Georgia SHINES

District level data on sibling placement shows that the North District performs slightly better than the Metro and South Districts at placing children in foster care with one sibling. The South District performs slightly better at placing children with two or more siblings.

Practice Supports

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. 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. 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. The Division's Complex Care Coordinator is working with regional leadership and placement providers to address permanency for larger sibling groups and children with multiple service needs such as mental health, medical fragility, and delinquent behaviors. Regional Supervisory Focus Groups are held quarterly to review each CFSR item, the practice supports and challenges, and to reinforce policy and best practice.

Item 8: Visiting with Parents and Siblings in Foster Care

In CFSR 3, Georgia received an overall rating of Area Needing Improvement for Item 8 because 45% of the 69 applicable cases were rated as a Strength. In 46% of the 26 applicable cases, the frequency and quality of visitation with sibling(s) in foster care was rated a Strength. In 51% of the 57 applicable cases, the frequency and quality of visitation with the child's mother was rated a Strength. In 50% of the 42 applicable cases, the frequency and quality of visitation with the child's father was rated a Strength.

The Division has not demonstrated improvements in the performance of this item. QA case reviews in 2023 show 27% (12/45) Strength statewide, with 50% in North District, 29% in South District, and 0% in Metro District. QA case reviews and CQI tools are continuing to support staff in identifying barriers to success on this item.

Item 9: Preserving Connections

To achieve success with items 9 and 10, Georgia is making efforts at every stage of the case to have an ongoing conversation with the child, parents, and relatives about who is

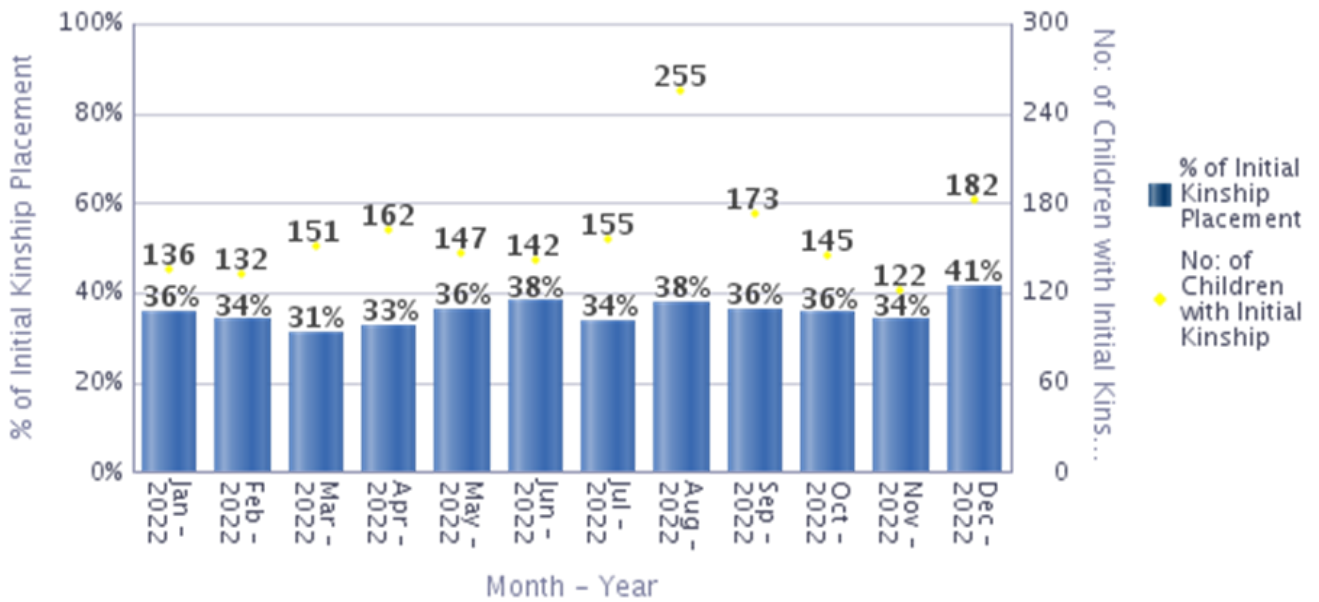
important to the child - to include teachers, coaches and other adults who may want to help mentor and support the child through their foster care journey. Staff are continuing to conduct diligent searches for connected individuals, including relatives and fictive kin, throughout the life of the case 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 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.

In CFSR 3, Georgia received an overall rating of Area Needing Improvement for Item 9 because 39% of the 87 applicable cases were rated as a Strength. The Division has demonstrated improvements in the performance of this item. QA case reviews in 2023 show 58% (35/60) Strength statewide, with 67% in North District, 57% in South District, and 53% in Metro District.

Item 10: Relative Placement

In CFSR 3, Georgia received an overall rating of Area Needing Improvement for Item 10 because 46% of the 85 applicable cases were rated as a Strength. The Division has demonstrated improvements in the performance of this item. QA case reviews in 2023 show 57% (34/60) Strength statewide, with 73% in North District, 60% in South District, and 33% in Metro District.

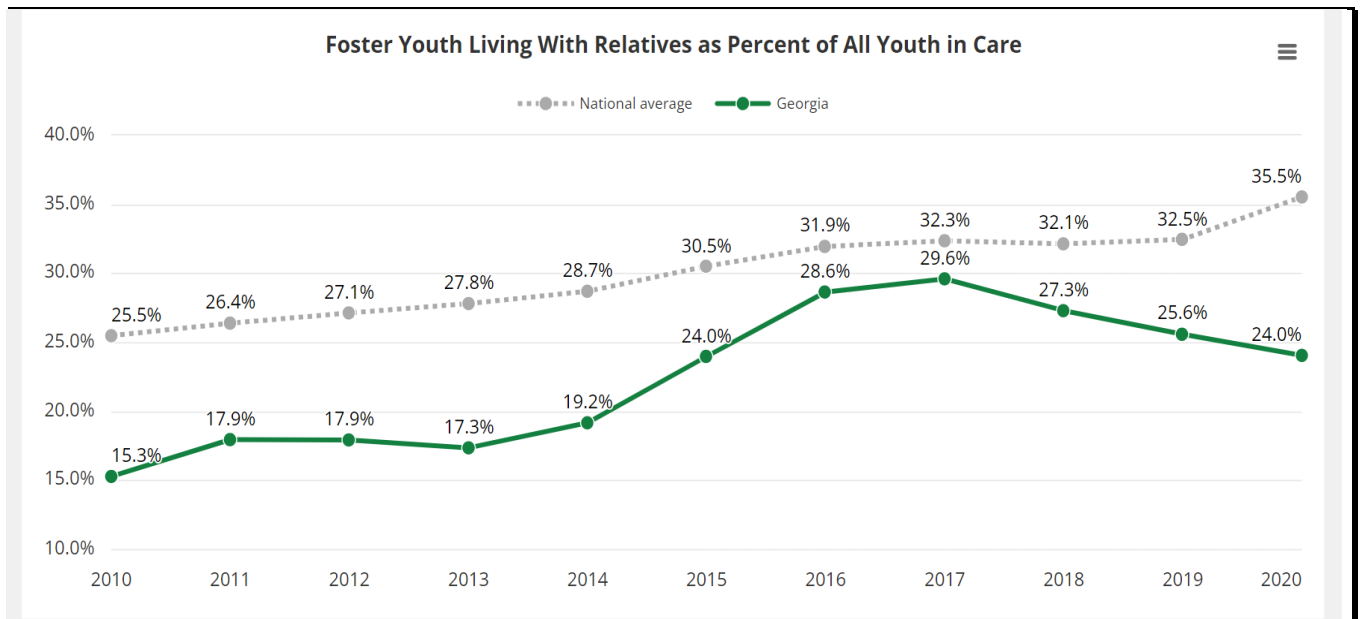
Figure 13: Children Placed in Kinship Homes Upon Entering Care (Jan - Dec 2022)



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

The below chart compares Georgia's percentage of foster children in a relative placement with the national average, from 2010 to 2020.

Figure 14: Percent of Children in Relative Placements



Source: AFCARS reported data, FosterCareCapacity.com (retrieved 10/17/2023)

Practice Supports

Diligent efforts to place with relatives or fictive 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's Caregiver Recruitment and Retention Unit, along with the Kinship Unit, are making significant efforts to recruit kin caregivers for youth in out of home placements. In 2022, the Division had eight Kinship Navigators working across the state, supported by six Kinship Coordinators and two Kinship District Managers. The state office employs 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 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 leaders facilitate a monthly statewide 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 participate in county staffings to address placement concerns and prevent disruptions. The kinship unit hosts monthly kinship caregiver

support webinars, as educational and behavioral health services remain critical to maintaining safe and stable kinship families.

Item 11: Relationship of Child in Care with Parents

In CFSR 3, Georgia received an overall rating of Area Needing Improvement for Item 11 because 34% of the 62 applicable cases were rated as a Strength. In 39% of the 57 applicable cases, the agency made concerted efforts to promote, support, and otherwise maintain a positive and nurturing relationship between the child in foster care and his or her mother. In 40% of the 40 applicable cases, the agency made concerted efforts to promote, support, and otherwise maintain a positive and nurturing relationship between the child in foster care and his or her father.

The Division has demonstrated no improvements in the performance of this item. QA case reviews in 2023 show 10% (4/40) Strength statewide, with 20% in North District, 10% in South District, and 0% in Metro District. The Division continues to struggle with adequately engaging parents and supporting them in maintaining relationships with their children while in foster care outside of visitation.

Supervisor Focus Groups are held quarterly in each region with CQI teams and QA reviewers, regional leadership, and supervisors. These focus groups reiterate the policy requirements and encourage staff to explore opportunities in the case to facilitate parent engagement, including the child's medical visits and

Policy Highlight

Child Welfare Policy 10.19 describes the frequency of parent-child visitation for young children (birth to five years of age) when reunification is the permanency plan in order to facilitate bonding and child well-being. Unless the court specifies another visitation arrangement, the minimum frequency for parent-child visitation involving younger children (birth to five years of age) with a permanency plan of reunification is:

- Children ages 0-2 visit with parents at least two times per week
- Children ages 3-5 visit with parents at least one time per week

extracurricular activities, particularly when the permanency goal is reunification.

Well-Being Outcome 1: Families Have Enhanced Capacity to Provide for their Children's Needs

In CFSR 3, Georgia was not in substantial conformity with Well-Being Outcome 1 because the outcome was substantially achieved in 26% of the 150 applicable cases reviewed.

Since CFSR 3, the state has demonstrated improvement in several items within this outcome measure, but not all. The state continues to struggle with parental engagement, including assessments and appropriate service provision, and supporting the relationships of children in foster care with their families. CQI reviews identified infrequent and poor-quality visits with parents as a key driver of performance in this item.

Methodology

Georgia utilized quantitative data including descriptive statistics from the most recent, existing administrative data sources, and qualitative data obtained from interviews, surveys, and internal case reviews.

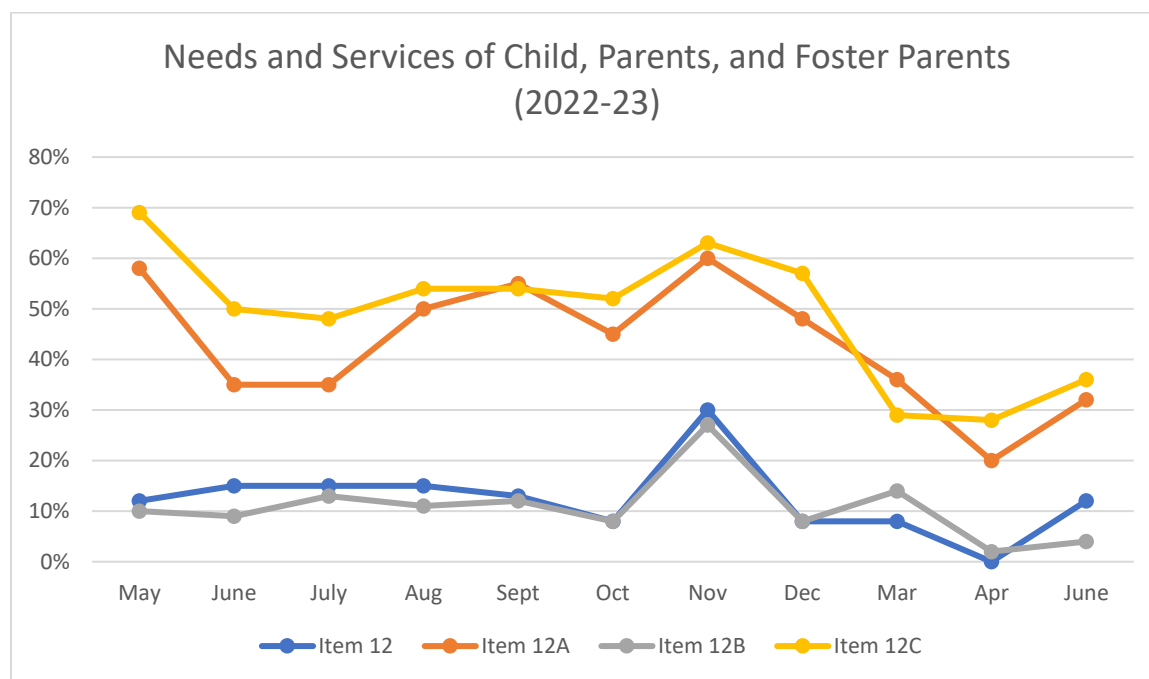
OSRI Item	Item Description	CFSR Round 3 Performance (2015)	QA Case Reviews (March-June 2023)
Item 12	Needs Assessments and Services to Children, Parents, and Foster Caregivers	Item 12: 25% 12A: 51% 12B: 30% 12C: 56%	Item 12: 5% 12A: 27% 12B: 6% 12C: 30%
Item 13	Parents and Children involved in Case Planning	Item 13: 48% of applicable FC cases	Item 13: 35% 24/68 FC cases
	Foster Care Cases	Children: 69%	Children: 71%
		Mothers: 46%	Mothers: 40%
		Fathers: 49%	Fathers: 23%
Item 14	Frequency and Quality of Visits between Caseworkers and Children	Item 14: 59%	Item 14: 25%
Item 15	Frequency and Quality of Visits between Caseworkers and Mothers/Fathers	Item 15: 31% Mothers: 35% Fathers: 31%	Item 15: 7% Mothers: 33% frequency 28% quality Fathers: 19% frequency 24% quality

Item 12: Needs Assessments and Services to Children, Parents, and Foster Caregivers

For Item 12, Georgia received a rating of Area Needing Improvement because 25% of the 142 applicable cases were rated as a strength.

- Item 12A was rated a strength in 57% of the 90 applicable foster care cases and 40% of the in-home services cases.
- Item 12B was rated a strength in 30% of the 71 applicable foster care cases and 20% of the in-home services cases.
- Item 12C was rated a strength in 56% of the 80 applicable foster care cases.

Figure 15: Needs and Services of Child, Parents, and Foster Parents (2022-23)



Source: QA Case Review Data, OMS (case reviews were paused in Jan-Feb 2023 to re-train staff)

The QA case review team utilized a process that selected cases from each of the three Division districts in alternating months between May 2022 and June 2023. Cases reviewed in 2022 used a 6-month PUR, while cases reviewed in 2023 used a 12-month PUR consistent with the CFSR process.

Case review data shows that Georgia consistently performed better on Items 12A (foster care) and 12C compared to Item 12B. The below charts describe the strength ratings for

assessments and services by case type (foster care or in-home family preservation services) and participant in 2022 and 2023.

2023 QA Case Review Findings

Case Type/Participant	Assessment	Services
Item 12A (child) FC	42/75 - 56%	17/65 - 26%
Item 12A (child) FPS	18/50 - 36%	4/46 - 9%
Item 12B (Mother) FC	6/58 - 10%	2/58 - 3%
Item 12B (Mother) FPS	7/49 - 14%	5/49 - 10%
Item 12B (Father) FC	4/47 - 9%	1/47 - 2%
Item 12B (Father) FPS	5/41 - 12%	2/41 - 5%
Item 12C Foster Parent	31/65 - 48%	24/65 - 37%

Source: OSRI data, Quality Assurance case reviews

2022 QA Case Review Findings

Case Type/Participant	Assessment	Services
Item 12A (child) FC	183/254 - 72%	115/233 - 49%
Item 12A (child) FPS	77/159 - 48%	47/143 - 33%
Item 12B (Mother) FC	42/186 - 23%	36/184 - 20%
Item 12B (Mother) FPS	41/156 - 26%	19/155 - 12%
Item 12B (Father) FC	14/143 - 10%	14/142 - 10%
Item 12B (Father) FPS	19/126 - 15%	9/122 - 7%
Item 12C Foster Parent	143/230 - 62%	124/227 - 55%

Source: OSRI data, Quality Assurance case reviews

CQI analyses with staff and stakeholders identified root causes for low performance on this item are 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.

Practice Supports

CQI teams have developed staffing guides and case manager checklists to enhance case managers' formal and informal assessments of children and families.

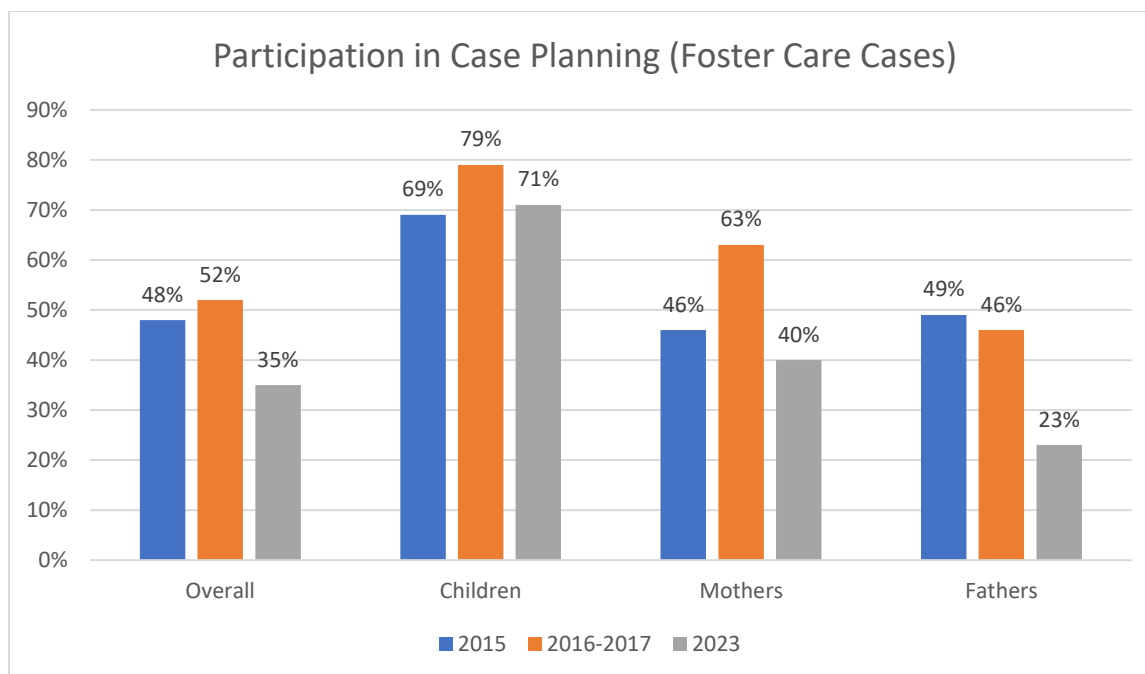
In 2023, the Division launched several technology tools to support staff and caregivers to improve performance of this outcome. Timeliness and quality are expected to increase in 2024 as these tools are utilized statewide.

- A newly created citizen portal is a dashboard linked to the agency's case tracking system, and allows parents, foster and relative caregivers, and CASA staff to document and monitor children's needs and service appointments. The portal will allow parents to submit any medical records or other documents needed for the child, and for users (parents, caregivers, case managers, and CASA) to communicate directly with each other on the needs of the child.
- The Argo Provider Portal replaces the current model of one-at-a-time phone/email service requests and correspondence between case managers and providers, often requiring multiple calls to identify a provider who has the capacity to provide a needed service. The Argo portal initiates a service authorization to multiple providers through the portal instead of sending individual requests. Case managers can also receive attachments from providers directly to their external documentation in Georgia SHINES. Early results show increased timeliness in the initiation of appropriate services for in-home supports.

Item 13: Parents and Children involved in Case Planning

In CFSR 3, Georgia received a rating of Area Needing Improvement because 42% of the 137 applicable cases were rated as a strength. Item 13 was rated as a strength in 48% of the 87 applicable foster care cases, and 30% of the applicable in-home services cases.

Figure 16: Participation in Case Planning



Source: OSRI data, Quality Assurance case reviews

Practice Supports

The most recent review found that the agency performed significantly better on case planning activities with children, compared to fathers and mothers. Child welfare policy 10.23 Case Planning describes requirements and procedures for staff to develop the case plan. Policy requires staff to schedule the family team meeting within 25 calendar days of the child’s entry into foster care. Guidance is also provided to assist staff in engaging non-custodial parents and incarcerated parents in case planning.

Item 14: Frequency and Quality of Visits between Caseworkers and Children

In CFSR 3, Georgia received a rating of Area Needing Improvement because 59% of the 150 applicable cases were rated as a strength. Item 14 was rated as a Strength in 74% of the 90 foster care cases and 37% of the 30 in-home services cases. The Division has not improved performance on this item, with 25% of 100 reviewed cases in 2023 rating a Strength. CQI analyses with staff and stakeholders identified infrequent and poor-quality visits often due to overworked case managers, and lack of understanding of the specific components of a quality visit, particularly for in-home family preservation cases.

Data reported in the annual Monthly Caseworker Visit reports show that case managers are meeting the “Every Child Every Month” goal to visit children in foster care at least

once per month, with more than half of those visits occurring in the child's residence, as required under PI-12-01.

	2017	2018	2019	2020	2021	2022
Children receiving monthly visits (%)	98	98	97	97	96	98
Numerator	142,369	154,742	148,538	3,107	121,841	119,716
Denominator	145,460	158,205	153,505	3,207	127,356	122,203
Children receiving visits in the home (%)	83	82	81	73	94	87
Numerator	118,415	126,671	119,967	2,277	115,116	104,153
Denominator	142,369	154,742	148,538	3,107	121,841	119,716

Source: <https://cwoutcomes.acf.hhs.gov/cwodatasite/> (Retrieved 10/13/2023)

The reporting population subject to the caseworker visits requirements includes all children under age 18 for at least the first day of the federal fiscal year (October 1) who have been in foster care for at least one full calendar month during the FFY.

Practice Supports

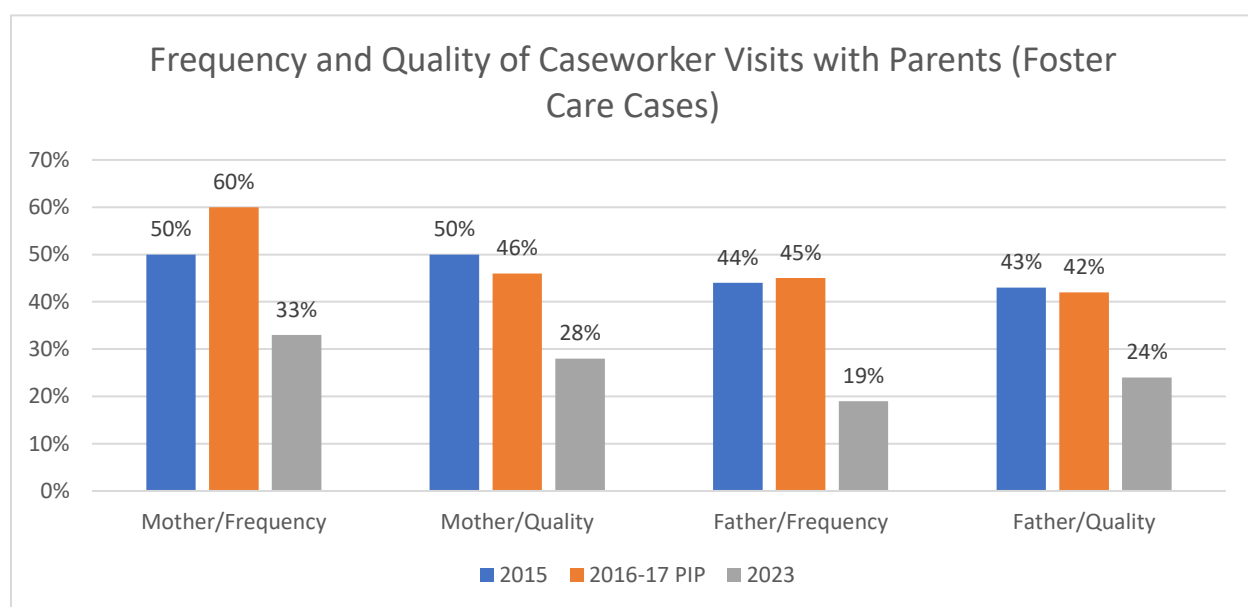
CQI teams are developing strategic tools for staff to use in preparation for quality child visits, emphasizing the difference between a quality visit and a “friendly” visit. QA Reviews have noted in cases where fidelity to the CQI strategy was maintained, the case rated a strength on items related to quality child engagement. This observation has reinforced the alignment of quality performance with CQI-developed engagement tools for case managers and supervisors.

Item 15: Frequency and Quality of Visits between Caseworkers and Mothers/Fathers

In CFSR 3, Georgia received a rating of Area Needing Improvement because 31% of the 132 applicable cases were rated as a strength.

- Item 15 was rated as a Strength in 33% of the 72 applicable foster care cases and 20% of the 30 applicable in-home services cases.
- In 35% of the 127 applicable cases, the agency made concerted efforts to ensure that both the frequency and quality of caseworker visitation with mothers were sufficient.
- In 31% of the 100 applicable cases, the agency made concerted efforts to ensure that both the frequency and quality of caseworker visitation with fathers were sufficient

Figure 17: Frequency and Quality of Caseworker Visits with Parents



Source: OSRI data, Quality Assurance case reviews

The chart above demonstrates a lower performance in 2023 case reviews compared to previous review periods, particularly for fathers. Overall, frequency and quality of visits are not strengths. Opportunities continue to exist for more robust diligent efforts to locate parents, and for contacts with parents to more fully address all areas of the case. Analysis of QA case review data revealed numerous fathers' whereabouts were unknown and efforts were not made to locate them, there were few attempts to engage with fathers,

and when fathers were incarcerated, the case managers had difficulties in setting up visits with them. CQI analyses with staff and stakeholders identified case manager practice that prioritized maternal engagement and delays in engaging fathers due to pending legitimation.

Practice Supports

The Division is exploring several strategies to improve parent engagement. Field Program Specialists, supervisor mentors, supervisory focus groups provide CFSR case review shadowing, policy guidance, and best practice coaching to frontline leaders. These resources are intended to help supervisors coach their case managers to improve outcomes. Feedback from frontline staff indicates they appreciate the one-on-one feedback and clarity about case specific questions. CQI teams review selected cases to assess the frequency and quality of visits that discuss safety concerns, case planning and goals, needed services, behaviors or mental health issues, and home environment.

CQI teams are developing strategic tools for staff to use in preparation for parent visits. 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 observation has reinforced the alignment of quality performance with CQI-developed engagement tools for case managers and supervisors.

Well-Being Outcome 2: Children Receive Appropriate Services to Meet their Educational Needs

Item 16: Children Receive Appropriate Services to Meet their Educational Needs

In CFSR 3, Georgia was not in substantial conformity with Well-Being Outcome 1 because the outcome was rated a strength in 54% of the 104 applicable cases reviewed. Since CFSR 3, the state has leveraged the 2020-2024 CFSP to implement new tools and resources targeting improvement in this outcome measure.

Methodology

Georgia utilized descriptive statistics from the most recent, existing administrative data sources, and qualitative data obtained from interviews, surveys, and internal case reviews.

OSRI Item	Item Description	CFSR Round 3 Performance (2015)	QA Case Reviews (2023)
Item 16	Educational Needs of the Child	54% 58% FC 39% IH	51% (40/768) North: 74% South: 38% Metro: 59%

The Division's CFSP goal included strategies to increase the percentage from 49% to 60% of children aged 0-5 who were enrolled in Early Head Start, Head Start, Pre-Kindergarten, or other quality rated childcare programs. The Division also set a CFSP goal to enhance the knowledge of case managers and support them in making decisions regarding the best available early childhood setting.

- Georgia SHINES: In CY2022, 85% of children aged 0-5 were enrolled in an early education setting.

Quarterly training is provided for DFCS staff, foster caregivers, and placement providers to provide information on the resources available from the Early Childhood Collaboration Unit (ECCU). The ECCU 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 Georgia Pre-K). With an emphasis on building and fostering relationships that support educational stability at an early age, the ECCU works collaboratively with the county DFCS offices, other state agencies, and external partners to ensure the

educational needs of this population are met. ECCU trainings also provide an overview of the Early Childhood Services Program and the key statewide early childhood care and education support services it offers. Participants are offered resources that will support them in caring for two unique populations: children under the age of five, and expectant and parenting youth.

In FY23, the Division's Educational Programming, Assessment and Consultation (EPAC) Unit provided 50 Regional Academies and 28 Statewide Academies. Regional Education Academies provide training and engagement opportunities in the counties and are facilitated by the regionally assigned 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. EPAC also reviews Individualized Education Plans (IEPs), averaging 80 per month, to ensure they are current and appropriately meeting the needs of the youth. EPAC data shows that 85% of reviewed IEPs are appropriate. In the event that the incomplete or inappropriate accommodations are affecting the youth's ability to learn or attend school, the Education Support Monitor will initiate a meeting with the case manager and/or school and schedule an IEP meeting to address the situation.

- Georgia SHINES: 2,640 of the 12,291 youth in care (21.5%) age 3-19 in CY2022 reported having an IEP.

Policy Highlight

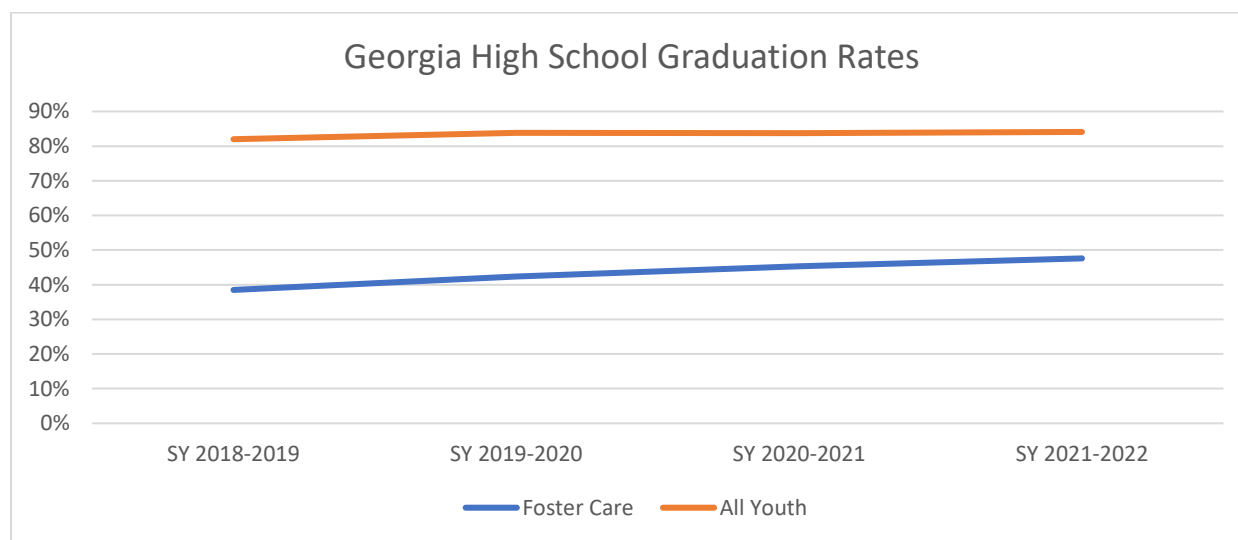
Child Welfare Policy 10.13 describes requirements for staff to ensure children from five years of age up until their 18th birthday receive an educational assessment and consultation via the DFCS Educational Programming, Assessment and Consultation (EPAC) Unit within 30 calendar days of entering foster care.

Staff must also ensure children in foster care from five years of age up until their 18th birthday are enrolled as full time elementary or secondary students or have completed secondary school (DFCS requirements are above the minimum age requirements for compulsory school attendance in Georgia), and maintain ongoing contact with each child's school to ensure the educational services being provided are appropriate and to monitor each child's academic performance, attendance, and conduct.

Graduation rates for youth in foster care have increased in recent years. The below chart demonstrates the graduation rates for youth in foster care statewide.

- Georgia Dept of Education: 47.6% of students in foster care graduated during the 2021-2022 academic school year (a 9% increase from the 2018-2019 school year).

Figure 18: Georgia High School Graduation Rates (2018-2022)



Source: Georgia Department of Education

Practice Supports

The Division's EPAC Unit has 14 regional Education Support Monitors (ESM), 73 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. A data-sharing agreement with the GA Department of Education allows ESMs 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. The Foster Care Point of Contact within each school system ensure timely and efficient communication with the Division, and 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.

HB 855 (2020) requires school systems to immediately and deliberately assess newly enrolled foster care students to determine whether exposure to trauma has had or is likely to have an adverse impact on the student's educational performance. Within 30 days of

a foster care student's enrollment or when an enrolled student enters a foster care placement, the school must coordinate with the student's Foster Care Case Manager or DFCS Regional Education Support Monitor to ensure the student is identified in the State Longitudinal Data System (SLDS) for continuity of care and services, and ensure consent is received from the current legal parent/guardian prior to beginning the screening. The Educational Impact Screener is an instrument that is completed by relevant parties (i.e., biological parents, former teachers, foster parents, and/or DFCS staff) with knowledge of the child's learning style and needs, mental and emotional wellbeing, characteristics a child might need in a teacher, and any additional information that may impact the educational setting. The results of the screener are reviewed, along with other relevant sources of data, such as academic records, attendance and discipline records, psychological or other evaluations, to identify resources to address the holistic needs of the student. Summary results are provided to all appropriate school and DFCS staff.

In 2023, the Division developed several technology tools to support staff and caregivers to improve performance of this outcome. The citizen portal dashboard will link to the agency's case tracking system, and allow parents, foster and relative caregivers, and CASA staff to document and monitor children's needs and educational supports. The portal will also allow parents to submit any academic records or other documents needed for the child, and for parents to communicate directly with the case manager and caregivers for the child. This technology is expected to be launched statewide in 2024.

Well-Being Outcome 3: Children Receive Adequate Services to Meet their Physical and Mental Health Needs

In CFSR 3, Georgia was not in substantial conformity with Well-Being Outcome 3 because the outcome was substantially achieved in 25% of the 135 applicable cases reviewed. Item 17 received an overall rating of Area Needing Improvement because 49% of the 119 applicable cases were rated as a Strength. Item 18 received an overall rating of Area Needing Improvement because 29% of the 101 applicable cases were rated as a Strength. Since CFSR 3, the state leveraged the 2020-2024 CFSP goals to implement new tools and resources targeting improvement in this outcome measure. Observed challenges for this outcome include insufficient collateral contacts, lack of timely or appropriate services, and lack of appropriate management of psychotropic medication for foster children.

OSRI Item	Item Description	CFSR Round 3 Performance (2015)	QA Case Reviews (March-June 2023)
Item 17	Physical Health of the Child	49% overall 53% FC 25% IH	40% (37/93)
Item 18	Mental/Behavioral Health of the Child	29% overall 32% FC 20% IH	13% (9/70)

Item 17: Physical Health Needs of the Child

In CFSR 3, Item 17 was rated a Strength in 53% of the 90 foster care cases and 25% of the 20 applicable in-home services cases. In 2023, QA reviews rated 40% of cases a Strength – district-level data are 39% in North, 36% in South, and 48% in Metro.

The Division implemented several CFSP strategies to address the performance of this outcome measure, including sponsoring quarterly training sessions for staff on available youth services, developing a Medicaid Navigation Guide for staff, youth, and community partners to understand their rights and eligibility status, and partnering with mobile health clinics to ensure youth have access to care when needed. The Wellness, Programming, Assessment and Consultation (WPAC) Unit meets quarterly with the Department of Public Health (DPH), the Department of Community Health (DCH), and Amerigroup to address barriers to services for youth in care. WPAC provides a monthly report to the county staff

on the numbers of overdue initial and ongoing health checks (including EPSDT, dental exams, developmental assessments, and trauma assessments).

Item 18: Mental/Behavioral Health Needs of the Child

In CFSR 3, Item 18 was rated a Strength in 32% of the 69 applicable foster care cases and 20% of the 20 applicable in-home services cases. In 2023, QA reviews rated 13% of cases a Strength – district-level data are 26% in North, 5% in South, and 14% in Metro.

Psychotropic Medications

In the first half of 2022, the Division's Medical Director completed 29 physician consultations. Physician consultations are 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 medications to those with two or more medications.

From March-August 2022, the Medical Director completed 61 medication management staffings for youth who were prescribed two (2) or more psychotropic medications and were listed on the Amerigroup's quarterly psychotropic medication report to WPAC. Amerigroup's change in reporting of psychotropic medications to the Georgia Department of Community Health (DCH) created reporting delays and prevented staffings from occurring in January and February 2022. In August 2022, the Medical

Policy Highlight

Child Welfare Policy 10.12 describes requirements for staff to refer each child five years of age and older for a trauma assessment within 10 calendar days of the child entering or re-entering foster care.

Case managers must collaborate with the Amerigroup Care Coordination Team (CCT) to refer a child to a licensed behavioral health provider for a behavioral health assessment if there is indication of a need for such an assessment, and collaborate with the Wellness, Programming, Assessment, and Consultation (WPAC) Unit to secure appropriate services to meet the needs of children identified with moderate risk behavioral health needs.

Director resigned from the Division, and medication management staffings have not reconvened.

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 within 24-48 hours.

Practice Supports

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 to 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.

In 2023, the Division developed several technology tools to support staff and caregivers to improve performance of this outcome. Timeliness and quality are expected to increase in 2024 as these tools are utilized statewide.

- A newly created citizen portal is a dashboard linked to the agency's case tracking system, and allows parents, foster and relative caregivers, and CASA staff to document and monitor children's needs and health appointments. The portal will allow parents to submit any medical records or other documents needed for the child, and for parents to communicate directly with the case manager and caregivers for the child. This resource will support foster parents to better care for youth with complex needs and ensure all their needs are met.
- The Argo Provider Portal replaces the current model of one-at-a-time phone/email service requests and correspondence between case managers and providers,

often requiring multiple calls to identify a provider who has the capacity to provide a needed service. The Argo portal initiates a service authorization to multiple providers through the portal instead of sending individual requests. Case managers can also receive attachments from providers directly to their external documentation in Georgia SHINES. Early results show increased timeliness in the initiation of appropriate services for in-home support.

The FY24 Governor's budget recommended additional mental/behavioral services for Georgia's youth and requested funds from the Legislature. The budget sought \$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.

[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.

- *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.
- *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.
- *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.

Section IV: Assessment of Systemic Factors

A. Statewide Information System

Item 19: Statewide Information System

In CFSR 3, Georgia was not in substantial conformity with the Systemic Factor of Statewide Information System. The one item in this systemic factor was rated as an Area Needing Improvement. Georgia has since made significant improvements in the timely entry and accuracy of key required data elements and rates this item as 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 Legal Status and Demographic characteristics are tracked on the Person Detail page. Demographic characteristics include the child's date of birth, sex, race, ethnicity, disability, and any medically diagnosed condition requiring special care. The Placement status which documents the location of the child is tracked on the Placements page. Permanency Goals are listed on the Case Plans page. Permanency includes the goals for placement, i.e., reunification, adoption, guardianship, APPLA, or not yet established. The Division assigns specialized staff – Performance Management Field Program Specialists (FPS) and Data Integrity Specialists (DIS) – to monitor these data fields monthly and ensure its accuracy and completeness.

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 staff provide training to case managers in each region on how to enter demographics, placements, and case plans correctly. The below chart demonstrates the accuracy and completeness of CFSR-required data elements in Georgia SHINES in each month of 2022 prior to being reviewed and corrected by the Data Integrity Specialists (DIS). After the DIS work with the case managers, the data accuracy and completeness reaches 100% in these measures.

Data Accuracy and Completeness

	Demographics	Legal Status	Placements	Permanency
Jan-22	99.90%	99.84%	98.16%	91.81%
Feb-22	99.93%	99.86%	98.59%	91.36%
Mar-22	99.93%	99.67%	98.20%	91.04%

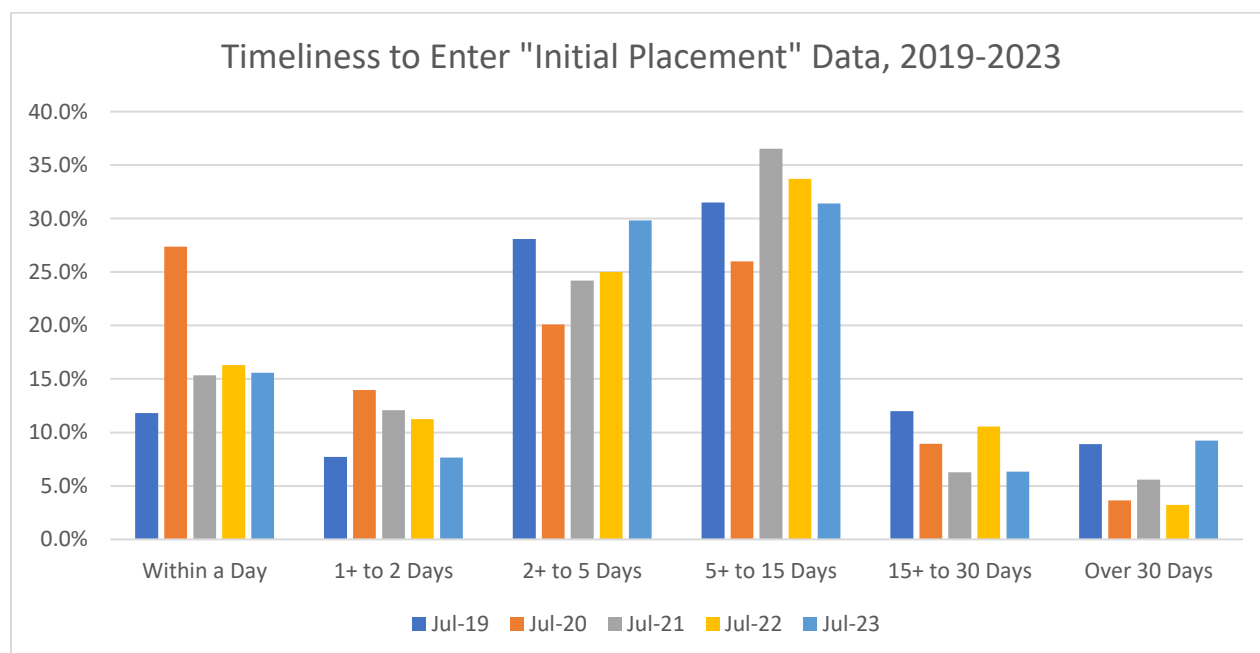
Apr-22	99.88%	99.78%	98.47%	91.14%
May-22	99.86%	99.76%	98.32%	91.42%
Jun-22	99.97%	99.59%	98.36%	92.25%
Jul-22	99.95%	99.66%	98.15%	92.35%
Aug-22	99.93%	99.76%	98.05%	91.81%
Sep-22	99.83%	99.36%	98.23%	92.24%
Oct-22	99.91%	99.62%	98.26%	92.61%
Nov-22	99.94%	99.70%	98.50%	92.90%
Dec-22	99.89%	99.77%	98.23%	92.52%

Source: DFCS Data Unit, Georgia SHINES

Data Entry Timeliness

The below chart demonstrates the number of days for case managers to enter Initial Placement data in Georgia SHINES. The analysis identified all children in care during the month of July of each year between 2019 and 2023. Initial Placement data were completed within 5 days of occurrence for approximately 50% of children in care.

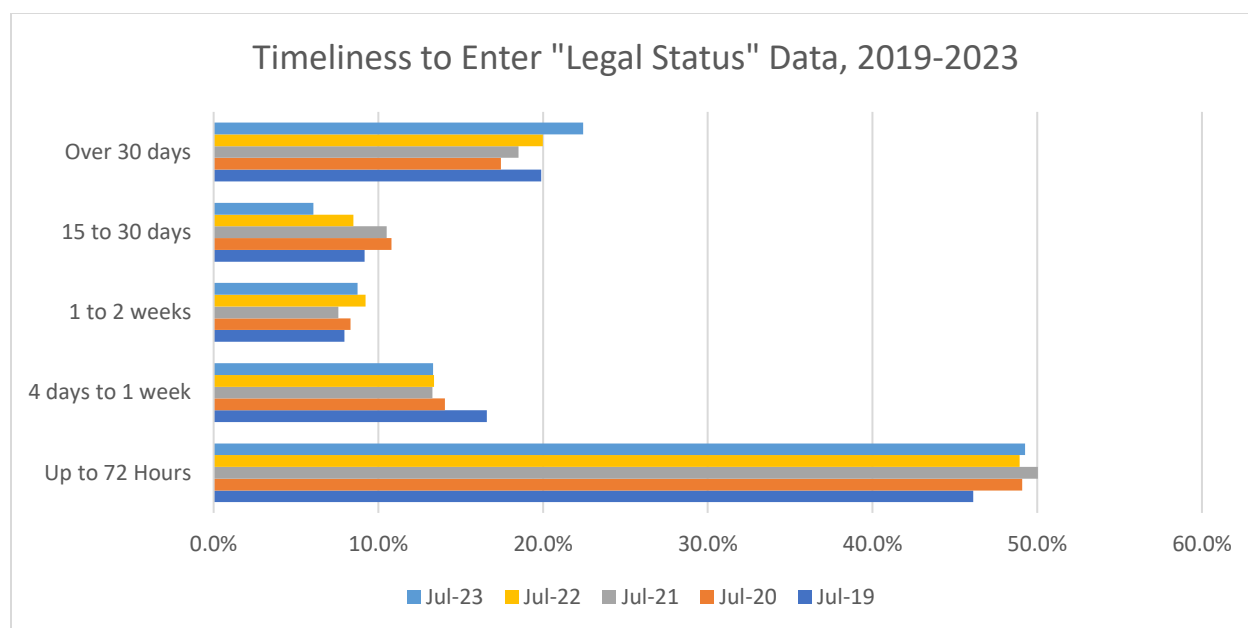
Figure 19: Timeliness of Entering “Initial Placement” Data



Source: DFCS Data Unit, Georgia SHINES

The below chart demonstrates the number of days for case managers to enter Legal Status data in Georgia SHINES. The analysis identified all children in care during the month of July of each year between 2019 and 2023. Legal Status data were completed within 72 hours of occurrence for approximately 50% of children in care.

Figure 20: Timeliness of Entering “Legal Status” Data



Source: DFCS Data Unit, Georgia SHINES

Practice Supports

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. 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 will contact the assigned case manager on each identified case with missing data and collaborate to address the issues. DIS will 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.

B. Case Review System

In CFSR 3, Georgia was not in substantial conformity with the Systemic Factor of Case Review System. Two of the five items in this systemic factor were rated as a Strength. The Division has since made significant improvements in partnering with legislators, attorneys, judges, and the Court Improvement Program to ensure the case review system is functioning appropriately.

The Division is developing a training manual for agency attorneys to ensure everyone is practicing consistently across the state. The attorney training will include requirements, guidance, and forms for all areas of dependency work so that agency attorneys will understand their role in quality child welfare practice. The training will also cover the roles of the case manager, CASA, caregivers, and judges to help attorneys identify opportunities for collaboration. This training manual and accompanying training videos will launch in 2024.

The Office of the Child Advocate offers online Guardian ad Litem (GAL) training. This training satisfies the pre-appointment training requirement of O.C.G.A. §15-11-104(f) for attorneys who intend to serve as GAL in Juvenile Court Dependency cases. Attorneys who complete the training will be eligible to receive 9 continuing legal education credits including 3 hours of trial credit and 1 hour of ethics credit. Georgia CASA's (Court Appointed Special Advocate) 40-hour preservice training curriculum has been approved as meeting the CAPTA requirement for non-attorney GALs. Training is conducted at the annual CASA meeting and throughout the year at various local CASA locations.

However, challenges continue to be observed in specific areas of this Systemic Factor.

Item 20: Written Case Plan

All states are required to have a written case plan for children who are placed in foster care. Case plans must be developed within a reasonable period as established by the state, but in no event later than 60 days from the child's removal from the home. In CFSR 3, Georgia received an overall rating of Area Needing Improvement. Georgia has continued to ensure a case plan is completed timely for children in care but struggles with engaging parents routinely in case planning.

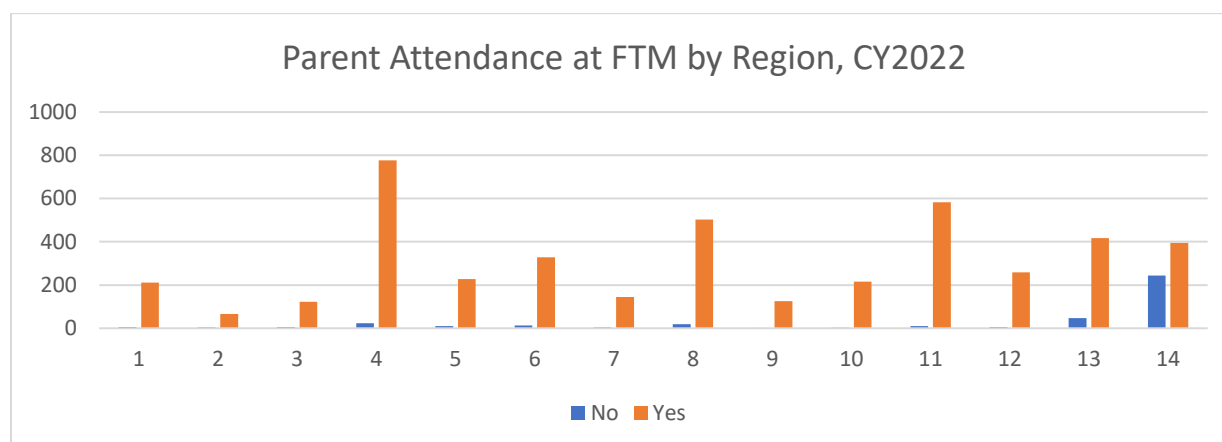
Methodology

Georgia utilized quantitative data including descriptive statistics from the most recent, existing administrative data sources, and qualitative data obtained from interviews, surveys, and internal case reviews.

Georgia SHINES data from CY2022 show that of the 14,517 children in care over 60 days, there were 14,276 with an approved case plan (98%).

Parental participation in case planning is usually documented in Family Team Meetings (FTMs) or Case Planning visits with the parent. Data quality on the FTM documentation is poor, likely due to the use of a free form text field in Georgia SHINES, which hinders the analysis of this metric. Georgia SHINES reports 4,767 FTMs in CY2022.

Figure 21: Parent Attendance at Family Team Meeting (FTM) by Region, CY2022

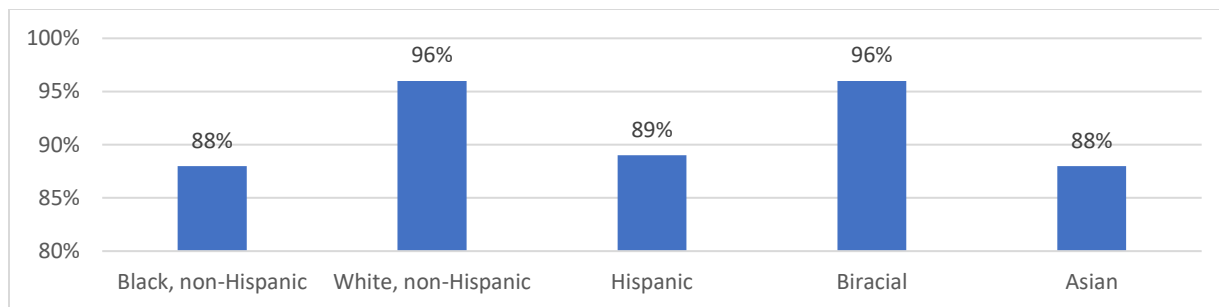


Source: DFCS, Georgia SHINES

The above chart demonstrates parent attendance and participation at the scheduled FTMs within each region during CY2022. In regions 1-13, nearly all FTMs had parents in attendance. In Region 14, over 200 parents did not attend the FTM but 400 did attend.

The below chart shows parent participation in Family Team Meetings by race/ethnicity. The data show that higher proportions of White, non-Hispanic parents and biracial (Black-White) parents participated in the FTM. Further exploration is warranted to determine if there are barriers to participation for parents of other racial/ethnic backgrounds.

Figure 22: Parent Attendance at FTM by Race/Ethnicity, CY2022

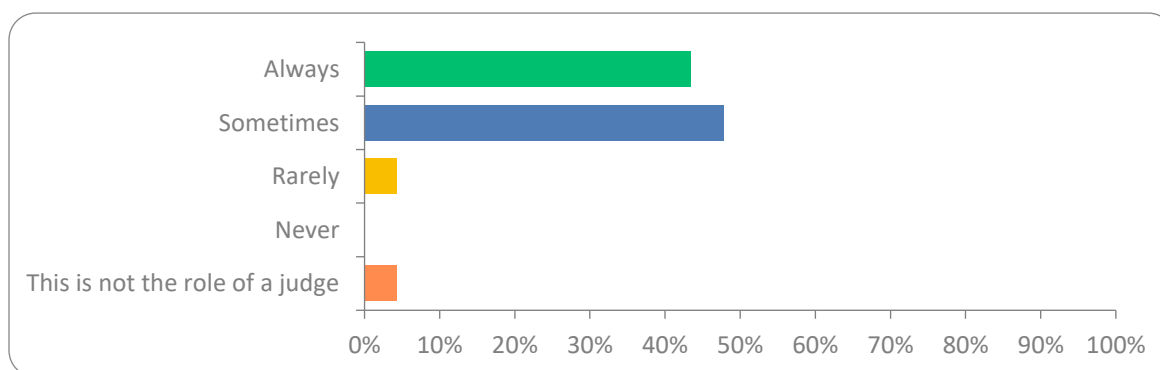


Source: DFCS, Georgia SHINES

The Division’s QA team evaluates the engagement of children and parents in the case planning process through CFSR Item 13. Cases reviewed between March-June 2023 for “child and family involvement in case planning” demonstrated the agency made concerted efforts to actively involve the child(ren) in the case planning process in 71% of applicable cases reviewed (36/51), mothers in 40% of applicable cases reviewed (21/52) and fathers in 23% of applicable cases reviewed (7/31).

In September 2023, Georgia’s Court Improvement Program (CIP) surveyed juvenile court judges and agency attorneys on the frequency of ensuring parent participation in case plan development. Contact information was optional, but responding circuits included Coweta, Southern, Cobb, Atlanta, Chattahoochee, and Augusta. Responding counties included Newton, Hall, Burke, Richmond, Troup, and Thomas. The below chart describes the frequency of ensuring parent participation in case plan development by judges and agency attorneys.

Figure 23: How Often Do You Ensure that Parents Have Participated in the Development of their Case Plan? (n=23)



Source: Judicial Stakeholder Survey, Court Improvement Program (Sept 2023)

Over 90% of the respondents said that they “Always” or “Sometimes” ensure parents have participated in the case plan development; one respondent noted that this is not the role of a judge. Respondent comments described testimony given by the case manager and/or the parent, and discussions on the level of parent participation and any noted barriers that limit participation. Respondents also noted that most of the time, the case plan is reviewed and the SAAG and the parent attorneys have already ensured the parents have participated in case plan development. If the parent does not agree with a part of the case plan, they are able to address it in court.

A similar survey was disseminated to agency attorneys in September 2023. Out of the 12 respondents, five reported that they “Always” or “Sometimes” ensure that parents have participated in the development of their case plan. Five respondents reported that was not the role of the agency attorney. Commenters noted that attorneys will usually inquire with the case manager at staffings to ensure parent participation occurred.

Practice Supports

Case managers receive regular notifications in Georgia SHINES for case plan due dates, which supports the 98% completion rate. However, parental case plan participation is not consistently documented. The Division is exploring opportunities to improve data collection for this item. QA review teams are scheduling quarterly focus groups with supervisors to discuss cases, review policy and best practice, and emphasize the importance of quality parental engagement. Supervisors are also invited to shadow QA case reviews to better understand how the case information is used to rate quality. Supervisors are discussing the need for parental engagement with case managers during monthly staffings. This work is ongoing.

Item 21: Periodic Reviews

Periodic reviews should be conducted at least once every 6 months. Periodic reviews help to evaluate whether parents are making progress with the case plan and progress toward permanency, as well as the safety and appropriateness of the placement. In CFSR 3, Georgia received an overall rating of Strength because children’s cases were reviewed by a court or administrative review panel no less frequently than once every six months. The state continues to demonstrate proficiency in the timeliness of periodic reviews and rates this item as a Strength.

Methodology

Georgia utilized quantitative data including descriptive statistics from the most recent, existing administrative data sources, and qualitative data obtained from interviews, surveys, and internal case reviews.

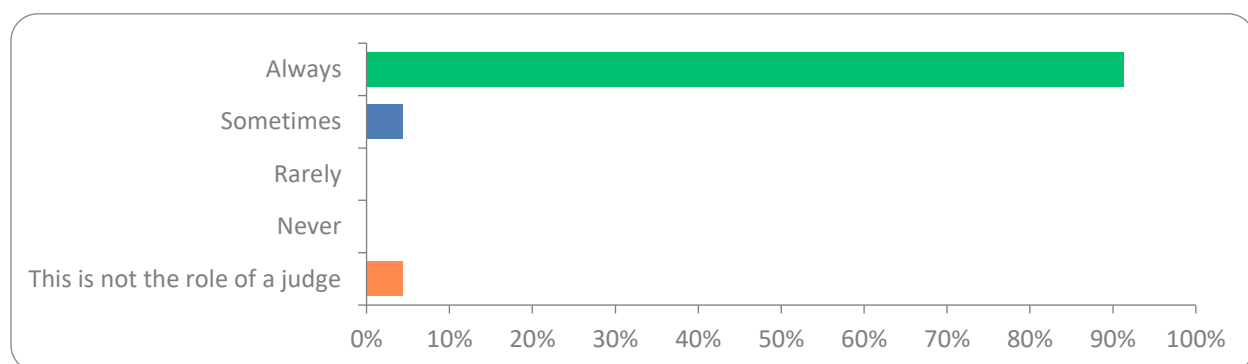
Data from Georgia SHINES demonstrate that out of the 10,617 children in care for at least six months as of June 2023, 9,568 timely periodic reviews/hearings (90%) were held.

The below chart shows the percentage of periodic case review hearings completed within six months from the date of entry and at least every six months thereafter as documented in Georgia SHINES.

2018	2019	2020	2021	2022	2023 (half-yr)
88%	89%	89%	89%	88%	90%

The September 2023 CIP judicial survey found that nearly all respondents ensured that the child’s case review is completed no less frequently than every six months. Respondent comments noted that reviews are sometimes scheduled more frequently, such as 60-90 days, three months, or four months.

Figure 24: How often do you ensure that children’s cases are reviewed no less frequently than every 6 months? (n=23)



Source: Judicial Stakeholder Survey, Court Improvement Program (Sept 2023)

A similar survey was disseminated to agency attorneys in September 2023. Out of the 12 respondents, 100% reported that they “always” ensure that children’s cases are reviewed no less frequently than once every six months.

Practice Supports

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. Although the Georgia

judiciary is suffering from a workforce shortage, especially in rural parts of the state, additional initiatives the judiciary is undertaking to improve access include deploying technology that allows remote conferencing and adding interpreters to help families with limited English proficiency or sensory impairment.

The Court Improvement Program (CIP) is meeting with judges, attorneys, and CASAs in all circuits to identify barriers to timely review hearings and obtain needed resources to ensure courts are adhering to the requirements. In the jurisdictions where the hearings are held timely, CIP is providing support and resources to continue this practice.

Item 22: Permanency Hearings

The first permanency hearing must be held within 12 months after a child enters out-of-home care. These hearings are to occur every 12 months thereafter until the child reaches permanency. In CFSR 3, Georgia received an overall rating of Strength because initial and subsequent permanency hearings were occurring in the first year, and subsequently every 12 months thereafter. The state continues to demonstrate proficiency in the timeliness of permanency hearings and rates this item as a Strength.

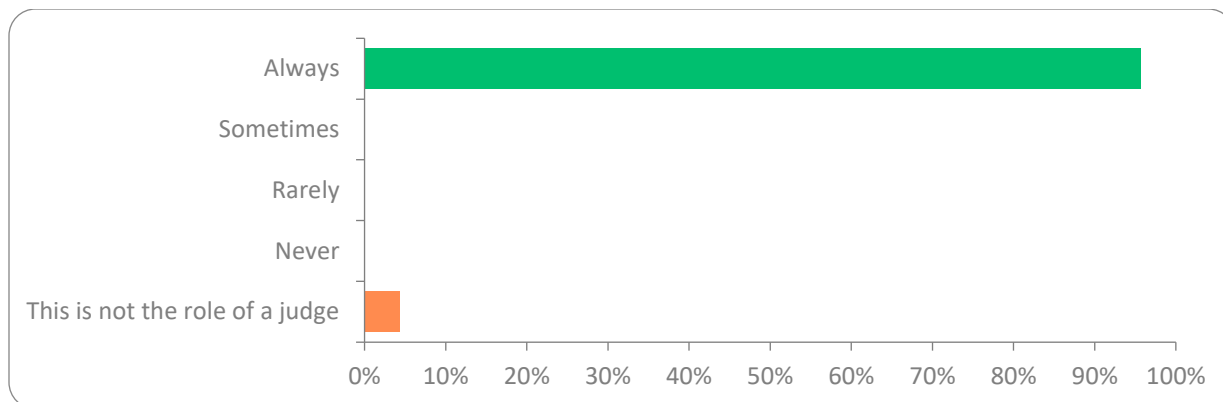
Data from Georgia SHINES demonstrate that out of the 8,148 children in care for at least 12 months as of June 2023, 8,127 timely permanency reviews (100%) were held. Georgia requires permanency hearings every six months following the initial hearing, which is shorter than the federal standard of 12 months.

The below chart shows the percentage of permanency hearings completed within 12 months from the date of entry (initial) or from the previous hearing (subsequent) as documented in Georgia SHINES.

2018	2019	2020	2021	2022	2023 (half-yr)
99%	99%	99%	99%	99%	100%

The September 2023 CIP judicial survey found that nearly all respondents ensured that the permanency hearings are completed no less frequently than every 12 months from the date entered foster care. Respondent comments noted that permanency hearings are typically scheduled for every six months, with a periodic review every 3-4 months.

Figure 25: How often do you ensure that permanency hearings are held no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter? (n=23)



Source: Judicial Stakeholder Survey, Court Improvement Program (Sept 2023)

A similar survey was disseminated to agency attorneys in September 2023. Out of the 12 respondents, 100% reported that they “always” ensure permanency hearings are held no later than 12 months from the date the child entered foster care, and no less frequently than once every 12 months thereafter. Commenters noted that the first permanency hearing for all children is docketed within nine months, regardless of age, and within every six months thereafter, and that permanency language is included in every order.

Practice Supports

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. Although the Georgia judiciary is suffering from a workforce shortage, especially in rural parts of the state, additional initiatives the judiciary is undertaking to improve access include deploying technology that allows remote conferencing and adding interpreters to help families with limited English proficiency or sensory impairment.

The Court Improvement Program (CIP) is meeting with judges, attorneys, and CASAs in all circuits to identify barriers to timely permanency hearings and obtain needed resources

to ensure courts are adhering to the requirements. In the jurisdictions where the hearings are held timely, CIP is providing support and resources to continue this practice.

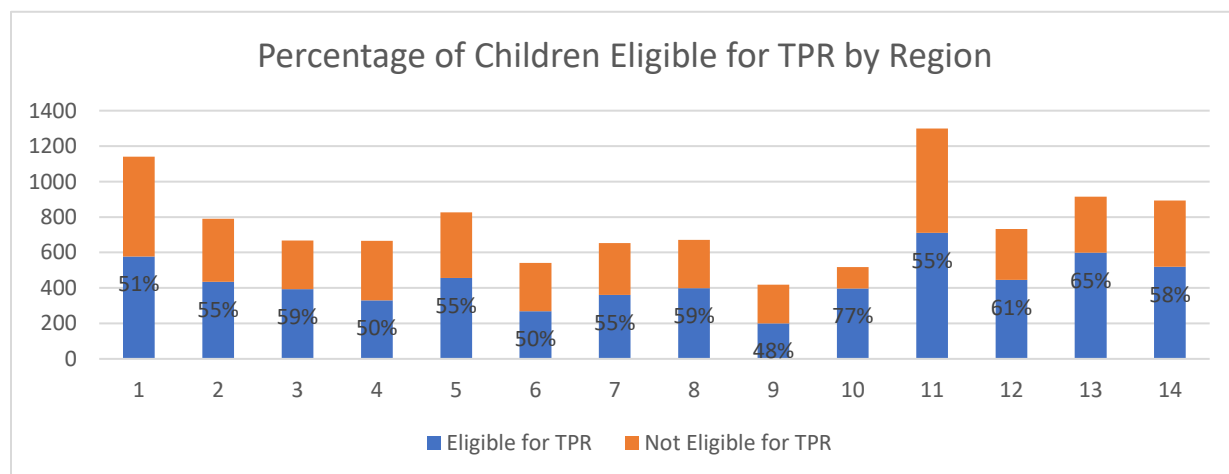
Item 23: Termination of Parental Rights

Parental rights may be voluntarily relinquished or terminated through a TPR proceeding. In cases of involuntary TPR, termination must be sought in accordance with ASFA requirements. In CFSR 3, Georgia received an overall rating of Area Needing Improvement. Georgia has continued to struggle in the timeliness of joining or filing a TPR for children who have been in care for 15 of the most recent 22 months or who meet other ASFA provisions (i.e., aggravated circumstances) and are not subject to an exception for filing for TPR.

Methodology

Georgia SHINES identified 10,735 children in foster care on the last day on CY2022. Of those, there were 6,096 who had been in care 15 of the most recent 22 months or otherwise met ASFA criteria. The chart below demonstrates the percentage of children eligible for TPR by region on the last day of CY2022. Most regions report around 50% of children in care are eligible for TPR (as 15 of 22 or other ASFA criteria), although Regions 10, 12, and 13 report higher than 60% of children eligible for TPR.

Figure 26: Percentage of Children in Care Eligible for TPR by Region, 12/31/2022

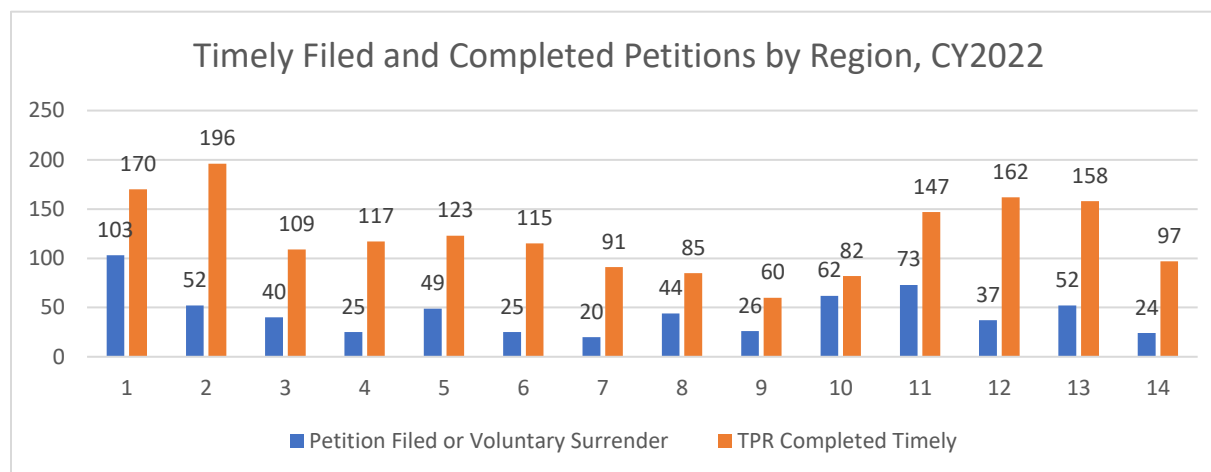


Source: DFCS Data Unit, Georgia SHINES

Georgia SHINES reported 632 petitions were filed and 1,712 petitions were completed for the 6,096 children in care who were eligible for TPR in December 2022 under the

ASFA criteria. The chart below demonstrates the numbers of the filed TPR petitions (or voluntary surrenders) and completed TPRs within each region.

Figure 27: Filed and Completed TPRs by Region, CY2022



Source: DFCS Data Unit, Georgia SHINES

While the state is making efforts to comply with the ASFA timelines, this has been a consistent pattern for several years. The Division is leveraging its CQI teams and strong partnership with CIP to identify the issues that negatively impact timely filing. Judicial stakeholder convenings are being leveraged to make improvements in these outcomes. The Division is developing a training manual for agency attorneys to launch in 2024 which will clarify roles and expectations around timely filing of TPR.

The below chart shows the average time, in months, from a child's entry into care to the finalization of the adoption.

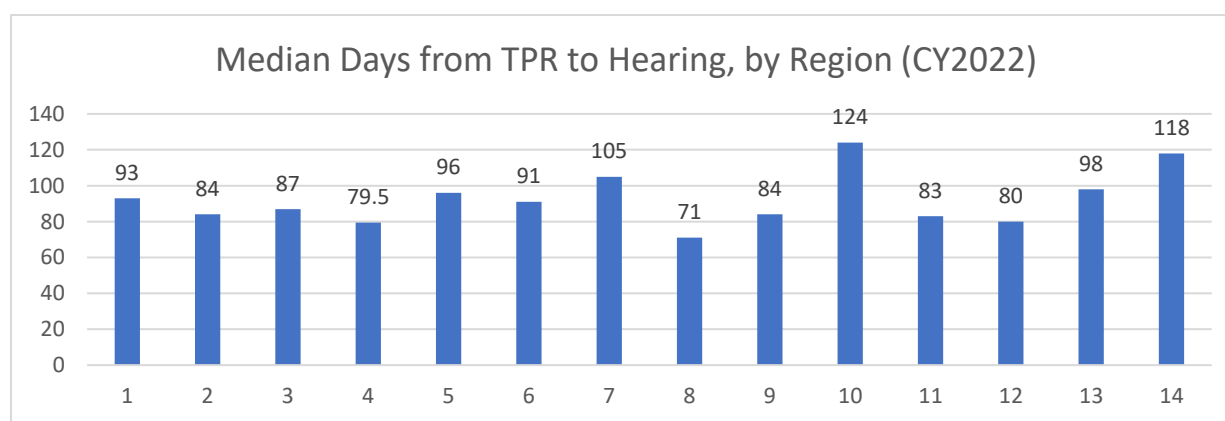
Year	Entry to First TPR	Entry to Second TPR	TPR to Adoption	Average Time to Adoption
2018	20.88	23.44	11.99	35.53
2019	21.22	24.66	12.73	37.34
2020	22.33	25.67	14.15	39.89
2021	24.63	27.8	13.82	41.6
2022	26.48	29.39	13.14	42.49

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 time in CY2022 between filing the TPR petition and hearing was 90 days, and the longest time was 357 days.

Race	TPR Petitions in 2022	Median	Max Days
Non-White	419	91	312
White	639	88	357
	1,058	90	357
Gender	TPR Petitions in 2022	Median	Max Days
F	529	87.5	357
M	529	90.5	312
	1,058	90	357

Georgia Code §15-11-301 requires that all TPR hearings shall be conducted within 90 days of the date a petition to terminate parental rights is filed. The variation in TPR petitions was minimal (3 days) when comparing White to Non-White children (range: 88-91 days) and genders (range: 87.5-90.5 days). The Division does not consider this observed variation in TPR to be a disparity. Regional differences are observed in the chart below. Regions 7, 10 and 14 report median days over 100. CQI review and analyses with CIP will be used to further explore the challenges faced by these regions.

Figure 28: Median Days from TPR to Hearing, by Region (n=1,058)



Source: DFCS Data Unit, Georgia SHINES

The state also struggles with documenting a compelling reason why TPR is not in the child's best interest. A random sample of 153 children meeting ASFA criteria was analyzed to identify the compelling reasons documented in the case record. The reviews were

conducted by the Regional Adoption Coordinators (RACs) in September 2023. The analyses found that the agency filed or joined TPR in a timely manner in 7/153 reviewed cases. In 15 reviewed cases, TPR was not applicable. Of the 131 cases where TPR was applicable but not filed, 19 cases indicated a compelling reason, and in 20 cases, the child was in the care of a relative and no compelling reason was needed. Further exploration will determine the specific barriers to successful performance on this item.

Practice Supports

[Child Welfare Policy 17.11 Termination of Parental Rights](#) describes the requirements and procedures for filing a petition for TPR. While the state is not meeting the ASFA timeframes for timely filing of TPR, sometimes due to the lack of an adoptive resource for the child, the state is meeting statutory requirements for timely TPR hearings. The Division is exploring this observed outcome and partnering with CIP and OCA to identify strategies for improvement. Ongoing training with staff will continue to emphasize quality documentation of compelling reasons for not filing TPR. OCA provides a Multi-Disciplinary Child Abuse and Neglect Institute (MDCANI) training statewide, focusing on requirements and expectations for judges, attorneys, CASAs, and case managers. The CJA Task Force has identified quality legal representation as its focus for 2021-2024 and has funded several initiatives to improve attorney training and mentoring. In 2024, the Division will partner with CIP and OCA to explore further increasing attorney recruitment and training. Considerations will include TPR training for judges and joint trainings for DFCS staff, attorneys, and courts.

Item 24: Notice of Hearings and Reviews to Caregivers

It is important to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care receive appropriate notifications that include their right to be heard for any reviews and hearings being held on behalf of the child(ren). In CFSR 3, Georgia received an overall rating of Area Needing Improvement due to information describing some of the methods used to notify caregivers of hearings and reviews. In interviews, stakeholders confirmed the use of the various methods but indicated that notification and right to be heard are inconsistent statewide. Georgia has since made improvements in the consistency of notification to caregivers and is developing tools to provide quantitative data. Georgia rates this item a Strength.

Georgia Code §15-11-109 states that “In advance of each hearing or review, DFCS shall give written notice of the date, time, place, and purpose of the review or hearing, including

the right to be heard, to the caregiver of a child, the foster parent of a child, any pre-adoptive parent, or any relative providing care for a child. The written notice shall be delivered to the recipient at least 72 hours before the review or hearing, except in the case of preliminary protective hearings or emergency hearings when such notice is not possible, by United States mail, e-mail, or hand delivery”.

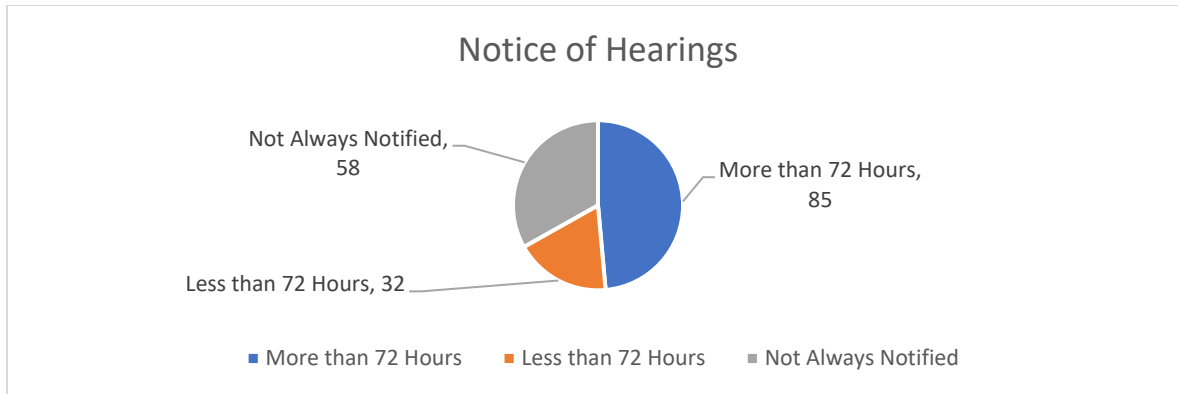
Each county has a process in place for providing notice to caregivers, which may be provided by the case manager, county administrator, or the agency attorney (SAAG), depending on the staffing resources available in that county. In most instances, the case manager will send the e-mail notice during the case staffing with the SAAG that occurs 10-14 days prior to the hearing. Although there is currently no tracking mechanism in place to generate reliable quantitative data, DFCS is currently partnering with the Court Improvement Program on an enhancement of the Court Process Reporting System (CPRS) to automatically generate caregiver notices using the caregiver’s contact information documented in the case record. This CPRS notification system is expected to begin in 2024. The system will serve an additional notice to caregivers to ensure that timely notifications are being made consistently across the state and serve as a monitoring tool to evaluate performance of this item.

Methodology

Georgia utilized qualitative data obtained from interviews, surveys, and internal case reviews to evaluate the functioning of this item.

In February 2023, the Division surveyed foster, adoptive, and kin caregivers at Georgia’s annual Adoption and Foster Parent Association of Georgia (AFPAG) conference. Attendees were asked to participate in a voluntary survey to learn more about their lived experiences with Georgia’s child welfare system. Nearly 200 individuals responded out of 500 attendees. Survey questions asked about the quality and availability of services, receiving notice of hearings and their right to be heard, their treatment in court, their access to case managers, CASAs and attorneys, and similar themes.

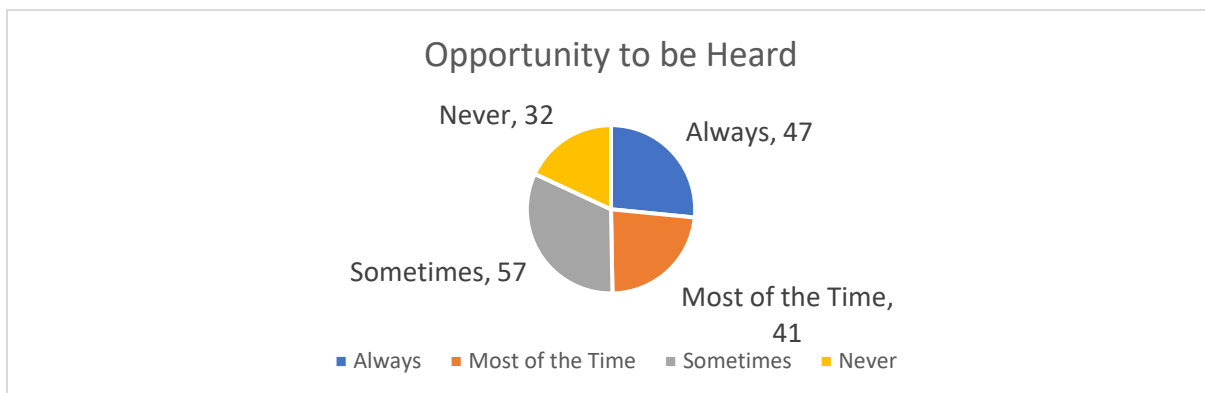
Figure 29: Caregivers Notice of Court Hearings (n=175)



Source: Caregiver Survey, AFPAG (2023)

Out of 175 AFPAG respondents who were able to answer the question about being notified timely of upcoming court hearings, 117 (67%) report receiving notice prior to the hearing. This is expected to increase significantly in 2024 after the CPRS system enhancements are completed.

Figure 30: Caregivers Opportunity to be Heard (n=177)

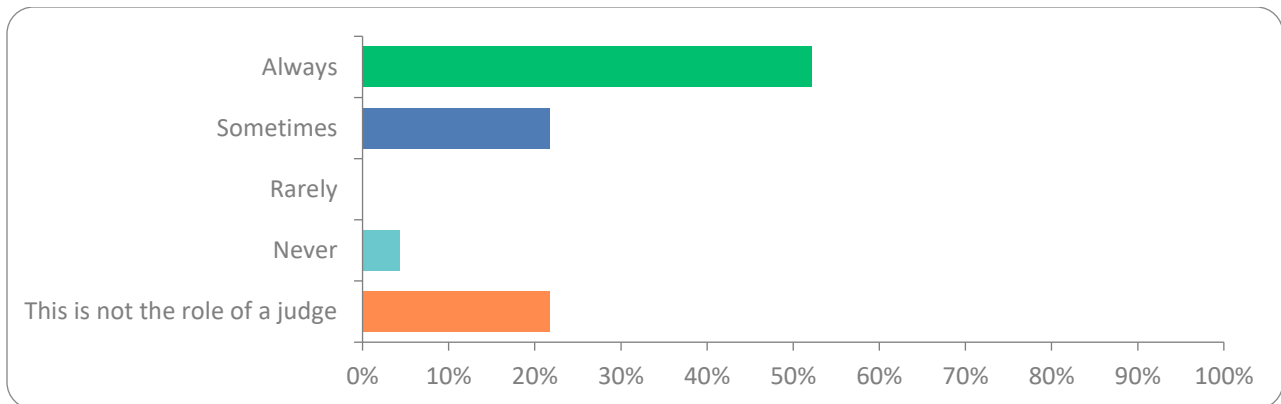


Source: Caregiver Survey, AFPAG (2023)

Out of 177 AFPAG respondents who were able to answer the question about being given an opportunity to be heard, 145 (82%) report having an opportunity to be heard.

In September 2023, Georgia’s Court Improvement Program (CIP) surveyed juvenile court judges and agency attorneys on the frequency and methodology of notice to youth and caregivers. Contact information was optional, but responding circuits included Coweta, Southern, Cobb, Atlanta, Chattahoochee, and Augusta. Responding counties included Newton, Hall, Burke, Richmond, Troup, and Thomas. The below chart describes the frequency of notice to caregivers by judges and agency attorneys.

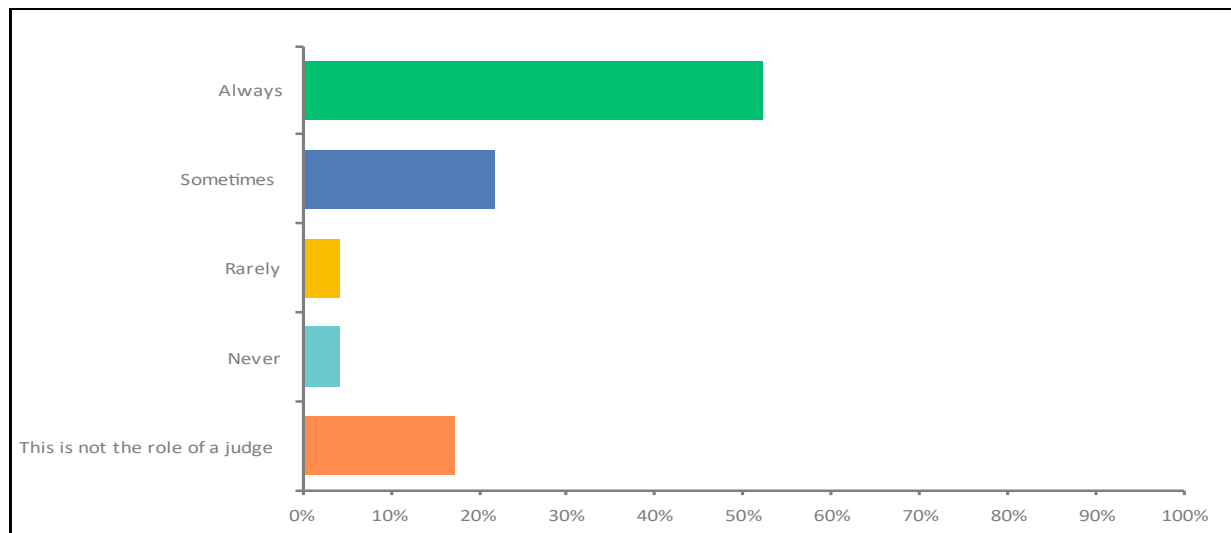
Figure 31: Notice to Caregivers on Upcoming Hearings (n=23)



Source: Judicial Stakeholder Survey, Court Improvement Program (Sept 2023)

Nearly 75% of the respondents said that they “Always” or “Sometimes” provide notice to caregivers on upcoming hearings; 22% noted that this is not the role of a judge. Respondent comments described notice as typically being provided by DFCS, the clerk of court, or the SAAG. Respondents also noted that at the conclusion of the hearing, the caregiver is provided with a written document of the next hearing date and time.

Figure 32: Notice to Children of Court Hearings (n=23)



Source: Judicial Stakeholder Survey, Court Improvement Program (Sept 2023)

Nearly 75% of the respondents said that they “Always” or “Sometimes” provide notice to the child on upcoming hearings; 17% noted that this is not the role of a judge. Respondents commented that notice is provided through the child’s attorney/GAL and the foster family (if they are present in court). Respondents also noted that upcoming hearing dates and times are announced in court and youth are encouraged to be present.

Practice Supports

[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.

[Child Welfare Policy 17.8 Caregiver's Right to be Notified and Heard](#) describes requirements and procedures for staff to provide notice of court hearings to foster parents, pre-adoptive parents, kin, or other persons or entities providing care for a child. Staff must provide notice at least 72 hours in advance of the review or hearing. Written notice must be provided by USPS mail, email, or hand-delivery. Verbal notice can be used when written notification cannot be provided.

C. Quality Assurance System

In CFSR 3, Georgia was in substantial conformity with the Systemic Factor of Quality Assurance System. The one item in this systemic factor was rated as a Strength. Georgia continues to rate this item as a Strength. The Division identifies the strengths and needs of the system through quality assurance and continuous quality improvement activities. The quality assurance (QA) and continuous quality improvement (CQI) systems continue to operate in every region of the state. The QA system has standards in place to evaluate the quality of services provided to children and families, including standards to ensure that children in foster care are provided quality services that protect their health and safety. The QA and CQI systems identify strengths and needs of the service delivery system and provide relevant reports to support program improvement efforts. The Division engages external stakeholders regularly and has processes in place to incorporate the voice of parents, children, resource parents, and providers in its CQI activities.

Item 25: Quality Assurance System

Child Death and Serious Injury Reviews

In 2018, Georgia DFCS joined the National Partnership for Child Safety (NPCS), a member-owned quality improvement collaborative aimed to reduce child maltreatment fatalities. Through this engagement, DFCS continues to promote and sustain a non-punitive, systemic, critical incident review process to learn from child deaths, near fatalities, and serious injuries. The review process is designed to support staff as they reflect on prior intervention efforts and reveals the system's story with the goal of improving communication at all levels.

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, 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). The SSIT is an assessment tool used to understand and

capture systemic factors, including service professionals and the child-serving macrosystem, and factors present in the family at the time of the critical incident. Reviewing these family and system domains help to determine what needs were present for the child and family when the critical incident occurred. The SSIT is a nationally recognized tool used to structure critical incident reviews and standardize their findings.

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 Critical Incident Review reports are prepared by the CDSI Unit quarterly and reviewed with agency leadership to continue advancing and sustaining a non-punitive, systemic critical incident review process to learn from child fatalities and serious injuries. Actionable domain items are recommended for further exploration by CQI teams to be used as a foundational starting point to target improvement strategies.

Quality Assurance Reviews

The Division's QA team conducts a CFSR-type case review process monthly, alternating between the North, South, and Metro districts, and uses the results to recommend program and practice improvements. Supervisory focus groups are scheduled after each region's cases are reviewed, so that supervisors and case managers can talk through the observed findings with their QA reviewers and regional CQI staff to explore opportunities for improvement. Georgia's regional CQI teams meet regularly to review performance data and develop tools and resources for improvement. Regional CQI teams also engage in staff training events like summits and roundtables to share data and best practice strategies. The Division developed a state-level CQI team in April 2022 to convene program leaders in exploration of child welfare performance metrics. The monthly meetings are used to review CFSR data, analyze performance within the regional or district level, and determine strategies for improving outcomes and reducing disparities.

The QA review process operates continuously in Georgia, and utilizes interviews with stakeholders, families, and children (if age and developmentally appropriate) along with case record reviews to assess the agency's performance on key practice indicators, including safety, permanency, and well-being and identify system strengths and areas needing improvement. The QA review process also evaluates the contribution made by local courts and service providers in producing those outcomes. The process is designed to mirror the federal Onsite Review Instrument (OSRI) to measure compliance with federal standards while incorporating Georgia-specific items to measure the fidelity to the policy during a specific Period Under Review (PUR). Cases are randomly selected in each of the three DFCS Districts, so that all districts are reviewed over four months. The QA

team reviews the South District over two months to ensure sufficient representation over the large number of counties (e.g., March: North, April: South, May: South, June: Metro). The QA review process culminates in a feedback session for each region where the review findings are presented to case managers and regional leadership. The sessions are highly interactive. Additionally, data and trends are provided to the state-level CQI team (comprised of regional and district directors, program directors, and C3 Coordinators) quarterly and are used by agency leaders to evaluate and address system issues that produce inequitable results for families and children.

In 2023, the QA Team reviewed 25 cases each month (15 FC/10 FPS), utilizing a 12-month period under review. Interviews were conducted with all case participants (case managers, supervisors, parents, children (if age appropriate), 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
- QA 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 can 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 QA trend reports. Each stakeholder is asked to rate the areas of their knowledge (e.g., service provision, legal). Not all stakeholders are able to provide feedback ratings on all areas, and if necessary, certain areas will be marked “N/A” for a particular stakeholder.

The Division’s CFSR Impact Plan continues the expectation that supervisors in all service areas will observe, or shadow, a QA review to increase their knowledge of the CFSR and their capacity to educate and coach staff in the practice principles represented by the CFSR. 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.

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 obtain 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.

Judicial/Court CQI

The Court Improvement Program (CIP) provides ongoing CQI support to courts by hosting a twice-yearly conference for judges, attorneys, and DFCS directors to evaluate performance data and make data-informed decisions. These convenings provide an in-depth exploration of selected outcome measures related to safety, permanency, and well-being. Attendees are encouraged to consider systemic factors that impact the observed outcomes specific to their counties and identify targeted strategies to address them. Court partners are encouraged to convene judicial stakeholder meetings quarterly to monitor regional performance outcomes through the [Fostering Court Improvement](#) website, where selected AFCARS and NCANDS data are accessible to the general public, as well as the [DHS data dashboard](#) for statewide and county-specific child welfare data. The regional C3 Coordinators – experts in the CFSP, CFSR, and CQI – are often invited to

these stakeholder meetings to support interpretation of CFSR data and facilitate strategic planning efforts.

CIP also provides CFSR data to its steering committee, the Supreme Court Committee on Justice for Children. The Committee, comprised of judges, legislators, DFCS staff, and child welfare stakeholders, meets five times each year. Select safety, permanency, and well-being data are provided at each meeting for review and analyses. The Committee is encouraged to identify systemic factors that impact the observed outcomes and identify targeted strategies to address them.

D. Staff and Provider Training

In CFSR 3, Georgia was not in substantial conformity with the systemic factor of Staff and Provider Training. None of the items in this systemic factor were rated as a Strength. Since CFSR 3, the state has enhanced its training programs and monitoring efforts, resulting in demonstrated improvement in all items within this systemic factor.

Methodology

Georgia utilized quantitative data including descriptive statistics from the most recent, existing administrative data sources, and qualitative data obtained from interviews, surveys, and internal case reviews.

Item 26: Initial Staff Training

In CFSR 3, Georgia received an overall rating of Area Needing Improvement for Item 26 based on data showing that a large percentage of public agency case managers did not complete initial training timely, and stakeholder concerns that the initial training was not adequate to prepare public agency case managers for their jobs. The Division ensures that initial training is provided to 100% of staff with case management responsibilities, and that all staff receive the established curriculum and targeted skill development of New Worker Training prior to receiving a caseload. Georgia finds this item to be a Strength.

The Division has streamlined the process of moving new case managers into training quickly and efficiently. The Human Resources department notifies the Training and Professional Development Unit twice each month of the number of newly hired staff and automatically registers new staff for the New Worker Training, resulting in increased participation and on-time completion. This process eliminates any delays for new staff receiving the required training courses.

The below chart describes the number of new case managers and the median number of days to complete the new worker training from 2019-2022. Median data were not recorded in CY2019, but available data show that most workers completed the training within the required 120 days.

Year	Number of New Workers	Median Days to Complete New Worker Training
CY2022	841	84

CY2021	499	75
CY2020	273	66
CY2019	524	93% completed within 120 Days

Source: DFCS Training and Professional Development Unit

Experiential knowledge is incorporated into the training environment. After completing New Worker Training, staff receive a provisional certification which allows them to work with a field practice coach and mentor on a small caseload of five cases and obtain hands-on training. That hands-on experience is then used in 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 conduct a home visit in a virtual space and debrief the experience with their class. The Division has received positive feedback on this this simulated experience and has fully integrated it into the new worker training.

Evaluations of New Worker Training are reviewed by the Training Unit and feedback is incorporated into future training courses. For example, feedback provided in 2022 suggested that staff would benefit from additional time learning Georgia SHINES, so the Training Unit shifted the curriculum and provided four additional hours of training on Georgia SHINES.

As part of the 2020-2024 CFSP, the Division partnered with the National Child Welfare Workforce Institute (NCWWI) on a 4.5 year “Workforce Excellence” project. One component of the project was the implementation of the Comprehensive Organization Health Assessment (COHA). The COHA is an approach to gathering qualitative and quantitative data to assess the organizational health of the child welfare agency. The COHA surveyed staff in 2019 and again in 2022 on a variety of workforce issues, including training.

The 2022 COHA results for “Recruitment and Selection” show that 70% of case managers (n=498) reported that the training they received when they were hired prepared them for the job, compared to 68% in the 2019 COHA survey (n=1,138).

Practice Supports

The Division also partners with several universities in Georgia to administer the Title IV-E Child Welfare Education and Training Program, a competitive stipend program designed to increase the number of current public child welfare employees with BSW and MSW degrees from colleges and universities. The program leverages title IV-E funds to prepare BSW and MSW graduates with the knowledge, skills and competencies

necessary for employment in the state's child welfare system, and increase the number of BSW and MSW job ready graduates who seek and obtain employment in DFCS child welfare positions.

In 2019, the Division applied for and was selected as a NCWWI Workforce Excellence (WE) site, the goal of which was to work together to cultivate innovative and inclusive organizational leadership, high-performing staff, and diverse partners who are prepared to pursue excellence and sustainable systemic change. DFCS leadership understood the importance of the workforce and committed to building, supporting, and sustaining a competent workforce. DFCS participated in the Comprehensive Organizational Health Assessment (COHA) in July 2019 and launched an Implementation Team and Action Teams to implement strategic efforts addressing identified challenges related to:

- Work conditions and benefits (including workload);
- Organizational culture and climate; and
- Inclusivity and racial equity.

Concurrent with these efforts, DFCS also partnered with the University of Georgia, Georgia State University, and Albany State University to support staff who wanted to continue to work while earning their MSW degree and launched the Leadership Influence for Tomorrow Academy (LIFT) to support mid-level managers and directors.

Efforts resulting from the Action Teams that were developed as part of the NCWWI Workforce Excellence project address concerns for field mentors and provide a variety of supports to new staff, including peer support groups and mentoring from longer-tenured case managers. The Division has implemented measures to recruit more qualified individuals, including pay increases and a career ladder, and has streamlined the onboarding process to move candidates quickly through the hiring process. The Division expects to see continued progress on this item.

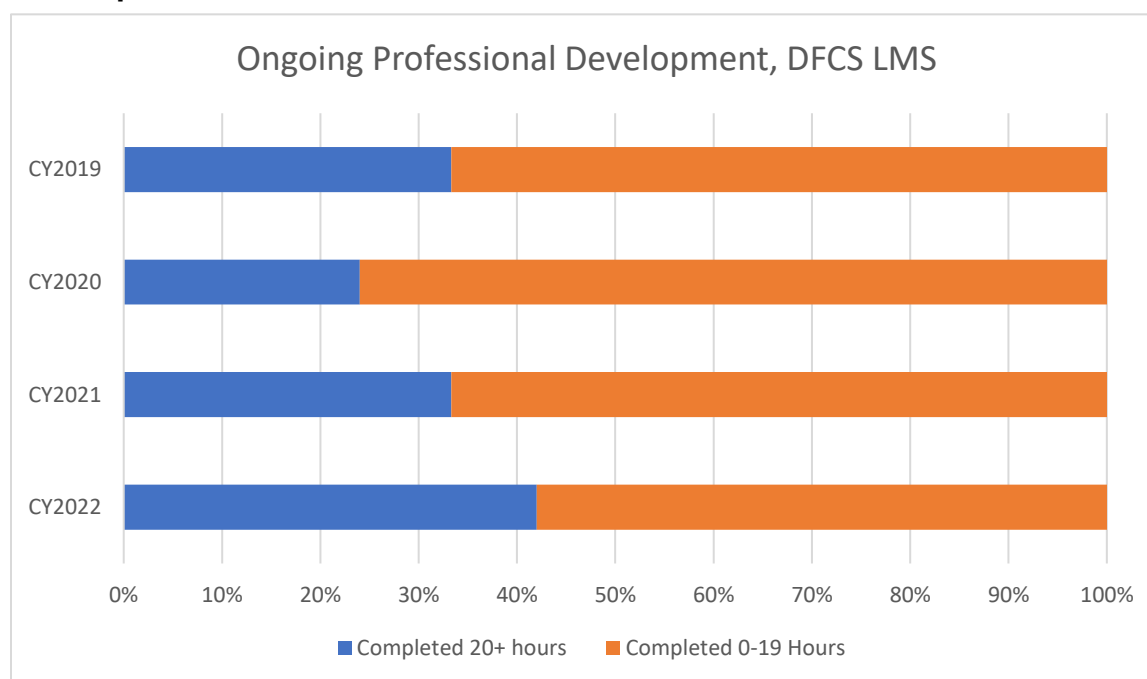
Item 27: Ongoing Staff Training

In CFSR 3, Georgia received an overall rating of Area Needing Improvement for Item 27 based on self-assessment data showing that there was no method for tracking the completion of ongoing training requirements for public agency staff. In interviews, stakeholders expressed concerns regarding staff's ability to access ongoing training and unclear expectations for ongoing training requirements for public agency staff. Currently, the Division ensures that professional development training opportunities are offered and available to 100% of staff and monitored regularly. Georgia finds this item to be a Strength.

DFCS staff are required to complete 20 hours of continuing professional development annually. The below chart describes the percentage of staff that have documented completing the required hours of ongoing training. During CY2022, the Learning Management System (LMS) reported 42% of staff completed 20+ hours of ongoing professional development. The Division has improved the LMS monitoring protocols to ensure regional leaders and supervisors can also review the courses attended by their staff. The Division recognizes a barrier to higher rates of training completion can be achieved with creating protected time for attending trainings.

While the reported percentage has increased in recent years, it dropped in 2020, likely due to the restrictions on in-person gatherings resulting from the COVID pandemic. The Division's efforts to develop virtual training opportunities in response to the in-person restrictions has helped to increase the number of staff who have participated in LMS offerings. The Division expects the rate of completion to continue increasing in CY2024.

Figure 33: Percent of Case Managers Completing Ongoing Professional Development Hours



Source: DFCS Learning Management System, Training and Professional Development Unit

LMS offers professional development, leadership training, and program training (e.g., CAPTA, ICPC, MEPA/IEPA). LMS also provides a record of learning for supervisors to monitor the course completion for their staff and track their course calendar to ensure they remain on track for the annual hours. In addition to these LMS training courses, staff often attend virtual conferences or summits offered by other agencies. Supervisors are

encouraged to contact the LMS registrar to ensure these events are included in the employee's record of learning.

The 2022 Comprehensive Organization Health Assessment (COHA) results on the metric for "Professional Development and Preparation for Work" showed that, of the case manager respondents (n=498), most agreed that the agency provides ongoing training that is relevant to their jobs (87%) and improves their ability to do their jobs (82%).

These strong findings indicate that most staff receive training that addresses the skills and knowledge needed to carry out their duties. The 2022 COHA results also noted that 77% of case managers agreed that their supervisor and the agency supports them in seeking out professional development training. A significant increase was noted from respondents on the quality and availability of trainings geared toward experienced staff and supervisors from 2019 to 2022 (69% and 74%, respectively), and toward working with families of different cultures/ethnicities (66% and 75%, respectively).

Practice Supports

The Division continues to implement a career path that requires staff to have met their ongoing training needs to move up the career ladder. 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). A 10% salary supplement is also offered to employees who have or obtain the Licensed Clinical Social Worker (LCSW) credential.

The DHS Workforce Council, which was developed out of the NCWWI Implementation Teams, is reviewing the actionable items from the COHA respondents to increase practice supports for ongoing workforce training. Several of those recommendations include efforts to improve "protected time" for staff to complete ongoing training. Training hours are available through conferences, summits, and agency-provided courses (both virtual and classroom-based formats). Credit is automatically applied for courses completed on the DFCS Learning Management System (LMS). Staff can also submit a request with their supervisor's approval that non-DFCS conferences or educational meetings be added to their transcript on LMS to ensure that they receive credit for participation. Regional C3 Coordinators provide education to staff and supervisors on the process to request professional development credits on the LMS portal. Transcripts can be monitored by staff and their supervisors through the LMS portal. Reminders are sent to supervisors for their staff who have not yet completed their hours.

The Training and Professional Development Unit is implementing a process to obtain more robust qualitative data on staff preparedness and training feedback. The Division expects the data to be available for reporting throughout the 2025-2029 CFSP period.

Item 28: Training for Foster and Adoptive Parents and Facility Staff

In CFSR 3, Georgia received an overall rating of Area Needing Improvement for Item 28 based on identified concerns with the effectiveness of the training to adequately prepare foster and adoptive parents to carry out their duties with regard to foster and adopted children in their homes, particularly as they encounter children with complex needs.

Georgia finds this item to be a Strength. The state provides initial and ongoing training that remains up to date and culturally competent for all prospective foster parents, adoptive parents, and other licensed caregivers and provides the skills and knowledge needed to carry out their duties. Required pre-service and ongoing trainings for DFCS caregivers are tracked and monitored by the Division. Required training for CPA and CCI staff is also tracked and monitored.

Caregiver Training

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. The Division has been successful at ensuring that training opportunities are provided to all caregivers and agency staff. Pre-service IMPACT classes are offered statewide to assist relatives and fictive kin who are required to become foster parents and complete the same training program unless they are ineligible. Currently, IMPACT trainings offered by CPAs are not tracked by the Division. DFCS caregivers that completed IMPACT pre-service in each calendar year: 349 in 2021, 463 in 2022, and 395 (as of September) in 2023.

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. The Division collaborated with caregivers and placement agencies to update training requirements in October 2022. Foster caregivers are now afforded more flexibility in obtaining those hours. Annual training hours can now be obtained from personal growth and development activities (e.g., counseling, support groups, stress management, nutrition, etc.) and can 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 staff must also verify that caregivers maintain current certification in Cardiopulmonary Resuscitation (CPR) and First Aid throughout the approval period for their foster home.

CPA caregivers who fail to meet the annual training requirement must complete a corrective action plan which outlines how they will make up the missed training hours; the plan is monitored by the CPA. 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. The OPM Monitoring team and OPM RD Team both monitor 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.

The Resource Development (RD) team ensures that foster caregivers have met the training requirements at their annual re-evaluation period and administers a survey on training and preparedness as part of the caregiver's annual Placement Preference Form. This form outlines all the diagnoses and behaviors the foster caregiver is willing to serve. RD staff also ensure that the caregiver's training is aligned with their stated placement preferences. The below table summarizes the foster parent experience related to training and preparedness. Over 90% of respondents agreed that the training offered to them helped meet the needs of the child(ren) in their care.

Tell us about your experience as a Foster Parent			
	Yes	No	Total
Did you feel confident in your ability to meet the needs of the child(ren) placed in your care?	84	2	86
Did you feel that your family was well matched with the child(ren) placed in your care?	76	6	82
Do you feel that you were offered support services to help you meet the needs of the child(ren) placed in your care?	71	12	83

Do you feel that you were offered training which could help you meet the needs of the child(ren) placed in your care?	76	7	83
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Source: DFCS Diligent Recruitment Plan, 2023

CPA providers are also required to administer 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. OPM's Monitoring Specialist (MS) is responsible for conducting random Safety Reviews of foster caregivers' homes. During the home reviews, the MS interviews the foster caregivers to ensure their needs are being met by the provider and that the caregiver can meet the needs of the children currently placed in the home.

Staff Training

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 completed the training in CY2023.

DFCS Office of Provider Management (OPM) monitors training compliance; when CPA 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. OPM works with the CPA to ensure untrained staff are removed from the Case Management role and reassigned to another position within the agency until training is completed.

The Division has made concerted efforts to provide training to support caregivers of children with complex needs. For example, in January 2023, the Division mandated autism awareness training through a partnership with [Behavioral Pediatrics Resource Center](#). This partnership was piloted in Region 12 before expanding to a statewide effort. The Division now requires autism training for foster parents (both public and private), DFCS case management staff, and RBWO provider case management staff. The Resource Center aims to improve resource availability and opportunities for education in rural Georgia. Data from the first quarter of CY2023 showed that 1,518 DFCS staff (71%), and 608 foster caregivers (21%) had completed the autism awareness training. In the second quarter (April – June 2023), the number of foster caregivers who had completed the training increased to 2,065 (51%). The Division continues to educate staff and caregivers on this requirement.

Practice Supports

The Division is preparing to offer the National Training and Development Curriculum (NTDC) to caregivers. The NTDC is a new curriculum based on research and input from experts, families who have experience with fostering or adopting children, and former foster and adoptive youth. It is a state-of-the-art classroom and online program that helps to prepare prospective foster and adoptive parents and provides access to information and resources needed to continue building skills once they have a child in their home.

For adoptive parents, the Division collaborates with the Georgia Center for Resource and Support to offer training opportunities for caregivers. The Center typically offers six live sessions per month and maintains a library of 256 on-demand training classes. The ADOPTS program with Bethany Christian Services offered 713 parent coaching sessions in CY2022. Bethany also provides parenting classes (via the Triple P model) and Question-Persuade-Refer (QPR) training to address suicide prevention behaviors. Attendees are encouraged to complete a post-training survey to provide feedback on the experience and recommendations for future trainings. Feedback results are typically positive, showing that caregivers believe the training has prepared them for their role.

Staff are encouraging Trust Based Relational Intervention (TBRI) training for caregivers, to support caring for youth with behavioral or complex needs. Staff are receiving positive feedback from caregivers who have participated in this training. TBRI practitioners with the University of Georgia are also attending judicial conferences to educate judges and attorneys on the model.

The Residential Child Care Licensing (RCCL) Training and Development Supervisor maintains a database to monitor 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 that is conducted by various subject matter experts within RCCL is monitored. Staff trainings are continuous and ongoing, conducted one-on-one or as a group, 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.

E. Service Array and Resource Development

In CFSR 3, Georgia was not in substantial conformity with the Systemic Factor of Service Array and Resource Development. None of the items in this systemic factor were rated as a Strength. Since CFSR 3, the state has demonstrated improvement in all items within this systemic factor. Georgia has invested in resources and supports to better identify in-home and out-of-home service needs of youth and families, and rates this systemic factor a Strength. The state has also expanded the use of technology to provide more individualized services.

Methodology

Georgia utilized quantitative data including descriptive statistics from the most recent, existing administrative data sources, and qualitative data obtained from interviews, surveys, and internal case reviews.

Item 29: Array of Services

In CFSR 3, Georgia received an overall rating of Area Needing Improvement for Item 29 based on findings in the statewide assessment, and confirmed in stakeholder interviews, indicating a need for basic services, service support, and mental/behavioral/emotional health services, especially substance abuse 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 trauma and health assessments 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

- The state has expanded its language access efforts. Providing meaningful access for those with Limited English Proficiency (LEP) and Sensory Impairment (SI) involves assessing language access needs statewide, recruiting interpreters, and training bilingual staff; developing a centralized data bank of language resources; translating vital forms and informational documents; forming partnerships with community groups for outreach and education; and,

implementing a procedure for monitoring services and resolution of complaints. The Department of Human Services has worked to remove barriers for all eligible program participants, including immigrant and mixed-status families.

- 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. DFCS 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.
 - The 2022 annual report on language and literacy outcomes for children by the [Commission on Deaf and Hard of Hearing](#) notes that approximately 2,500 children in Georgia are deaf/hard-of-hearing or deaf/blind. The majority of the school-age DHH children are attending schools in the metro Atlanta area, along with Chatham, Cobb, and Lowndes counties.

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 expanding 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. Three regions were identified for the pilot, and the Division is exploring opportunities to scale up to reach additional counties in 2024.
- 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. Georgia SHINES data show that 85% of DFCS-involved children age 0-5 were in an early education setting in CY2022. Under DECAL, families interact with two main units of the CAPS program. The Scholarship Administration unit works with new applicants to determine eligibility for the program and help select high quality childcare. The Family Support unit works with and advocates for families, helps families if their situation changes, assists families with renewing their benefits, and connects families with resources to help overcome obstacles to training or employment.

The Division is keeping more children safely in their own homes with the provision of in-home supportive services under the Family Support and Family Preservation programs.

- Family Support Services (FSS) are voluntary for the family if no safety issues have been identified. Families are identified for FSS through the DFCS Intake process, connected to partner agencies, and provided with supporting services and resources (e.g., counseling, housing assistance programs, financial/food assistance) that are individualized based on the observed and expressed needs of the family. Services are targeted to improve the family's food instability, housing insecurity, and/or employment stressors. FSS cases are limited to 45 days.
- Family Preservation Services (FPS) include in-home protective and treatment services that are aligned with the case plan goals, and can include assessments, safety interventions, linkages to formal and informal supports, and referrals to community-based services, which are individualized based on the observed and expressed needs of the family. FPS provides opportunities for the family to receive more intensive services to address the imminent risk of harm:
 - Homestead Services: short-term, intensive, and crisis-oriented services to stabilize and help families in need of intensive therapeutic intervention.
 - Wrap-Around Services: immediate crisis intervention services to provide therapeutic and/or clinical services to stabilize the child's placement.
 - Prevention of Unnecessary Placement (PUP) Services: designed to reduce risk factors contributing to maltreatment, including housing/financial assistance, temporary childcare services, counseling, emergency transportation needs, emergency medical/dental needs, psychiatric/psychological testing, drug screens, and substance abuse assessments.
 - Parent Aide Services: designed to stabilize families by using in-home and group parenting education to strengthen the parent-child bond, reduce social isolation, build trust, and help parents identify and respond to their children's needs.

2SLGBTQQIA+ services are available to youth across Georgia in the following areas.

- Housing
 - Chris 180 provides trans-friendly group homes and foster homes, and runs a housing program for homeless families and youth. Services are concentrated in Fulton and DeKalb counties, but some services are offered in other areas of the state
 - Trans Housing Atlanta offers direct assistance and resources for individuals experiencing homelessness, centered toward those who are transgender and gender non-conforming
 - Lost-n-Found Youth is an Atlanta-based nonprofit that works to end homelessness for all LGBTQ+ youth.
- Therapy
 - Banyan Tree Counseling offers LGBTQ+ affirming therapy on a sliding scale or with some out of network insurance providers
 - Resilient Wellness LLC provides individual and family therapy for queer youth and their families, and consultation for professionals seeking guidance on how to work with trans, nonbinary, gender non-conforming, and gender-expansive youth
 - North Georgia Cottage provides accessible, knowledgeable, and affirming support, referrals, and advocacy for LGBTQ survivors of abuse, trauma, and sexual violence. All counseling services are free of charge.
- Support Services
 - Multi Agency Alliance for Children is an LGBTQ+ affirming agency that provides support to youth in foster care with monthly family team meetings, care coordination, advocacy, service provision, and financial support. MAAC also offers a virtual LGBTQ support group for youth
 - The Trevor Project provides a 24/7 text line and hotline for youth in crisis
 - PFLAG provides caregiver support groups, which may assist foster parents struggling to accept the identity of children in their home. Chapters are located in Gwinnett, Fulton, and Clarke counties.
 - The National Foster Parent Association committee on LGBTQ families provides education and training to foster parents
 - Our Resilient Community is a queer-centered self-directed micro-school for students age 6-17 and provides queer sex education for youth, an LGBTQ friendly summer camp in Atlanta and Athens, community center, co-working space, and fellowship for LGBTQ individuals and allies and advocates.
- Health Care
 - Planned Parenthood provides primary care, testing and treatment of sexually transmitted infections (STI), gender-affirming medical care and hormone therapy, and other services. Services are available via telehealth or in-person in Fulton, Gwinnett, Cobb, and Chatham counties.

- Teen Matters provides free and confidential LGBTQ-affirming healthcare services which do not require parent or caregiver consent, including STI testing, contraception, education, pregnancy testing, and immunizations. Teen Matters has seven clinics located in five counties: two in Athens, one in Commerce, in Danielsville, Jefferson and Elberton. There is also a Teen Matters affiliated teen clinic called ACES in Monroe.
- QueerMed provides queer-affirming healthcare and counseling services, specializing in hormone replacement therapy
- Feminist Center provides healthcare for LGBTQ+ individuals

Each year, a statewide needs assessment survey is conducted by the Promoting Safe and Stable Families (PSSF) unit within the Prevention and Community Support Section. As part of DFCS strategic planning, and in preparation for the annual Statement of Need for PSSF, the state implements a comprehensive assessment of its statewide service array. The scope included service needs of families and children, availability and utilization of services and service gaps/opportunities. The assessment project was conducted in March 2023 and customized to different populations involved in the provision and utilization of services. This survey will be utilized over the next few years for several purposes:

- PSSF Statement of Need (SoN)
- The development of any new Child Abuse and Neglect Prevention Statements of Need from Prevention and Community Support
- Improving ongoing collaboration within state agencies and private organizations to better meet the needs of children and families in Georgia

Highlighted findings from the survey are below:

- Child mental, emotional, or behavioral issues, parent/caregiver mental or emotional health, and parent/caregiver substance abuse were the most common family characteristics that respondents felt were the reasons families typically become involved with child protective services.
- The most critical behavioral or mental health service priorities respondents identified were behavior management for children/youth, therapeutic services for children/youth, therapeutic services for parents/caregivers, and crisis intervention services.
- The respondents felt that the top “skill-development” service priorities needed to meet the needs of families and children/youth and were evidence-based parent education and life skills (such as household management, financial literacy, budgeting, and credit health). Respondents also felt that evidence-based home-visiting services, educational supports for parents/caregivers (such as job skills,

vocational skills, or GED completion), employment Supports for parents/caregivers (such as resume writing or interview coaching), and tutoring for children/youth were additional service priorities for the populations.

- Additional services and supports respondents felt were needed to meet the needs of children and families were mentoring services for parents/caregivers, support groups for parents/caregivers, support groups for children/youth, transportation, after-school enrichment activities/supervision for children/youth, and emergency childcare.

Based on respondents' experiences, the services and supports that they felt would reduce the likelihood of families having initial involvement with DFCS were:

- Therapeutic services for caregivers
- Therapeutic services for children
- Peer support, mentoring for parents/caregivers/youth
- Parent education, child development, attachment, age-appropriate behavior, and discipline
- Life skills training for parents/caregivers/youth, such as household and financial management, nutrition and health

Respondents identified the biggest challenges facing families that contributes to their ongoing involvement with child protective services are:

- Mental health challenges
- Lack of access to services in rural areas
- Substance abuse
- Domestic violence

In the past year, the respondents identified the following changes in the service needs of the families they work with as:

- Increase in complex mental health needs of children
- Increase in behavioral issues involving children/youth
- Increase in the need for short-term crisis intervention services
- Increase need for adoptive families who can meet the need for children with complex or high behavioral or mental health needs

PSSF services are tailored to meet the identified needs of the community. The SoN encourages applicants to provide funded services that meet the specific service needs recommended by the survey respondents. This process ensures that a range of

community support services are available, and that the services are targeted and individualized to address the specific strengths and needs of children and families.

The Division's Delivered Services Unit (DSU) provides a weekly provider directory for staff to quickly identify the currently available providers in their region, and the categories of service that the programs are authorized to provide (i.e., PUP, Homestead, Parent-Aide, Early Intervention, CCFA, or WRAP). Each of the Division's 14 regions has active and available providers for each category of service to minimize waitlists and delays in service provision. Provider recruitment efforts for 2024 will focus on expanding service providers in regions with the highest needs. Available services also include drug screens and DNA/paternity testing. DSU also provides regular training to staff on how to identify the appropriate service for the family and document the reason(s) for the service referral. This training ensures that the right referrals are made for the right reasons. Services should be initiated during the first week of initial contact with the family.

The Division collaborates with other state-level agencies to enhance the available services for children and families. The Department of Public Health (DPH) provides the following services for DFCS-involved children and families:

- 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.
- Evidence Based Home Visiting: provides strengths-based, family-centered assistance to new parents who need consistent, ongoing support during the first years of their child's life. Georgia utilizes three evidence-based models: Healthy Families Georgia, Nurse-Family Partnership, and Parents and Teachers. DFCS and DPH supported over 27 counties in CY2022 with grant funds to community home visiting programs to further support families with identifying needs and accessing services.
- [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, as well as other public health programs and community-based resources, including:
 - *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

- *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 Georgia children aged 18 - 24 months were screened for ASD.
- *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.
- *First Care* – a skilled nurse home visiting program available in select counties for premature and low birth weight infants

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 can ask questions and receive specific guidance on their needs directly from the individuals responsible for the programs. The [United Way of Greater Atlanta](#) is leading the [CareerReady ATL](#) effort to 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. The initiative is engaging 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.

The state has expanded opportunities to partner with recovery community organizations (RCO) to provide peer-based recovery support services for families experiencing substance abuse issues. Georgia Council for Recovery (GC4R) and Georgia Mental Health Consumer Network (GMHCN) with the support of Georgia's Department of Behavioral Health and Developmental Disabilities (DBHDD) have been at the forefront nationally in training and supporting local recovery peer leadership. Recovery Community Organizations driven and supported by these local leaders are emerging across Georgia. The Certified Addiction Recovery Empowerment Specialist (CARES) Academy was developed by the Georgia Council for Recovery to create a workforce of peers to provide recovery support services to the communities of Georgia. Funded by DBHDD, the CARES Academy is the first of its kind in the country to be Medicaid billable. At the 2022 APSR Joint Planning meeting, a recommendation was made to employ graduates of the CARES Academy as case management partners for DFCS-involved families experiencing substance abuse. Division leadership is currently exploring opportunities to further advance that effort toward a recovery-oriented system of care.

Health Services

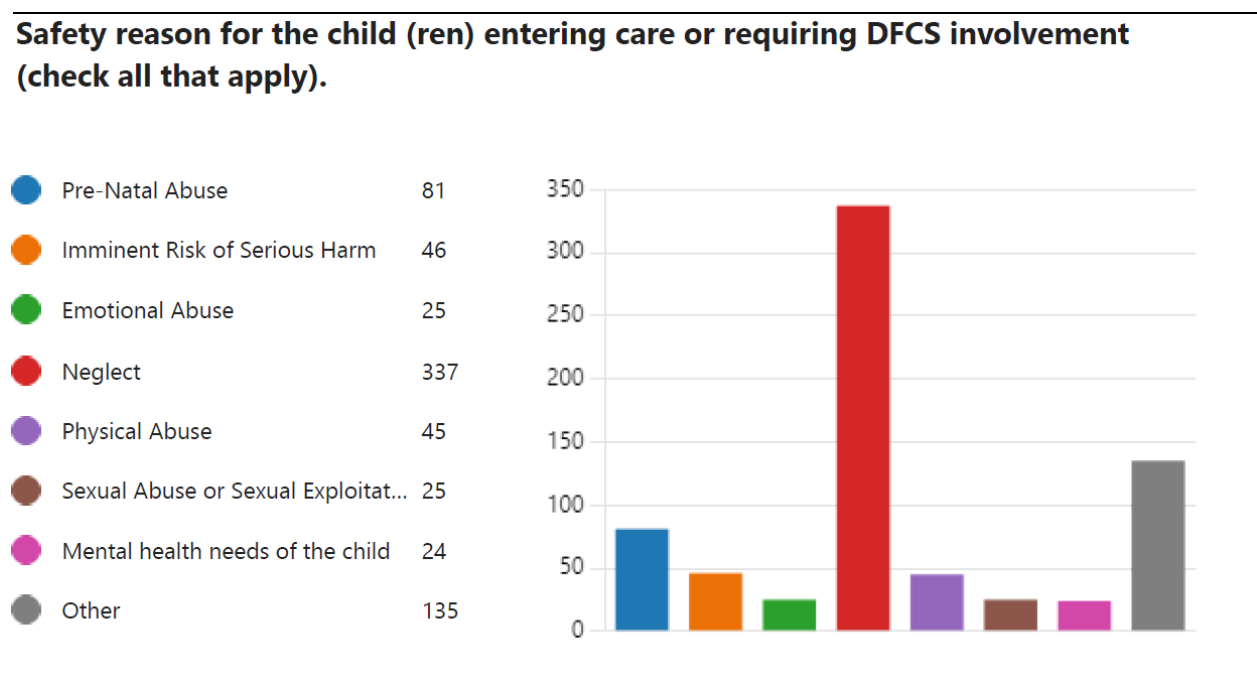
- The Division has expanded access to health services through telemedicine. Clients can connect with therapists and providers outside of their community using virtual visits, reducing the likelihood of transportation barriers or long wait lists. The Division has also expanded partnership opportunities 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.

The Division initiated a targeted case file review in 2023 to gather additional details on service availability and accessibility for youth and families. Cases were randomly selected from each region of the state. As of 10/3/2023, there were 511 cases reviewed, from the investigation, family support services, foster care, family preservation, and adoption program areas. The below charts describe the availability and accessibility of referred services for children and families.

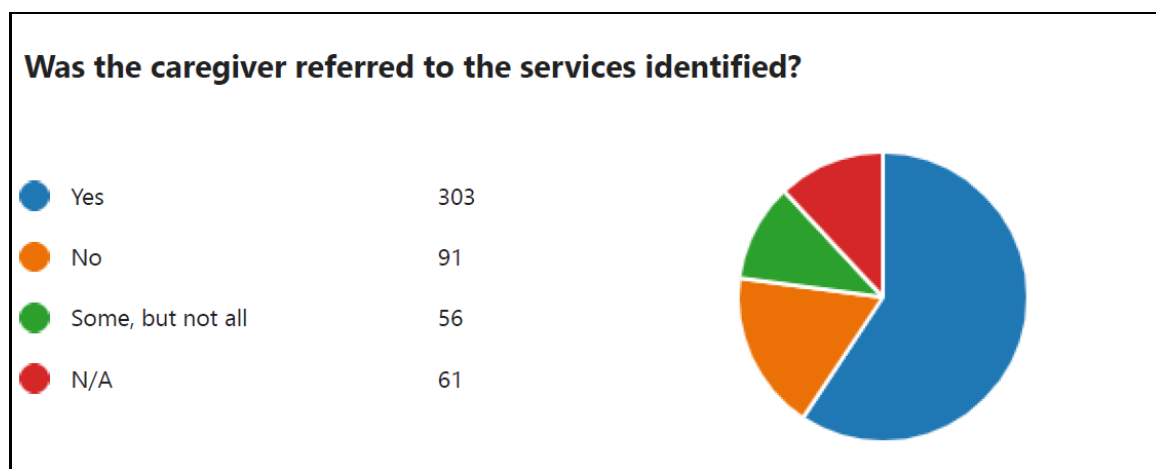
Figure 34: Safety Reason for DFCS Involvement (n=511)



Source: Random Sample Case Review, Georgia SHINES (CY2023)

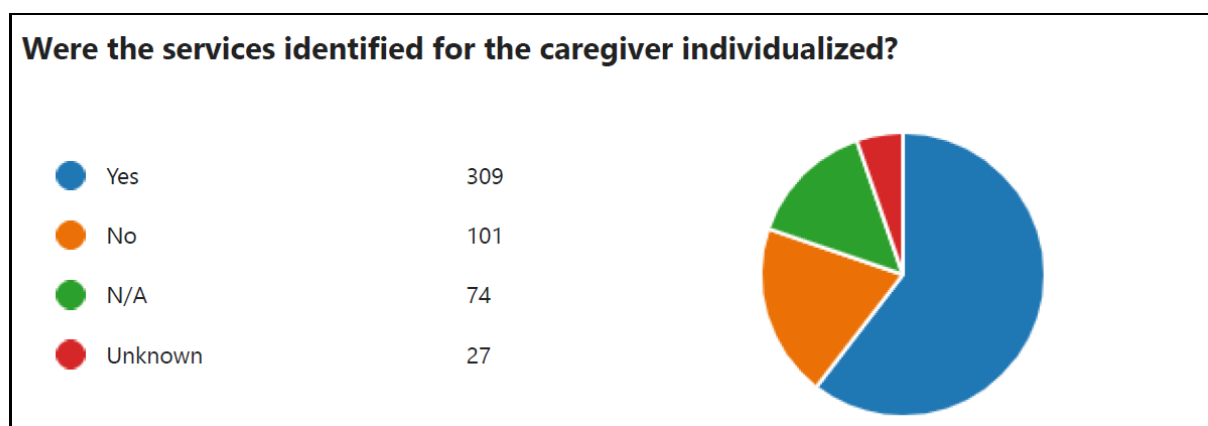
The data show that 337 of the 511 cases reviewed (66%) were related to neglect. This observation aligns with the statewide child welfare data reported on the [DHS Data Dashboard](#). Neglect is the highest category in maltreatment allegations each year.

Figure 35: Service Referrals to Caregiver (n=511)



Source: Random Sample Case Review, Georgia SHINES (CY2023)

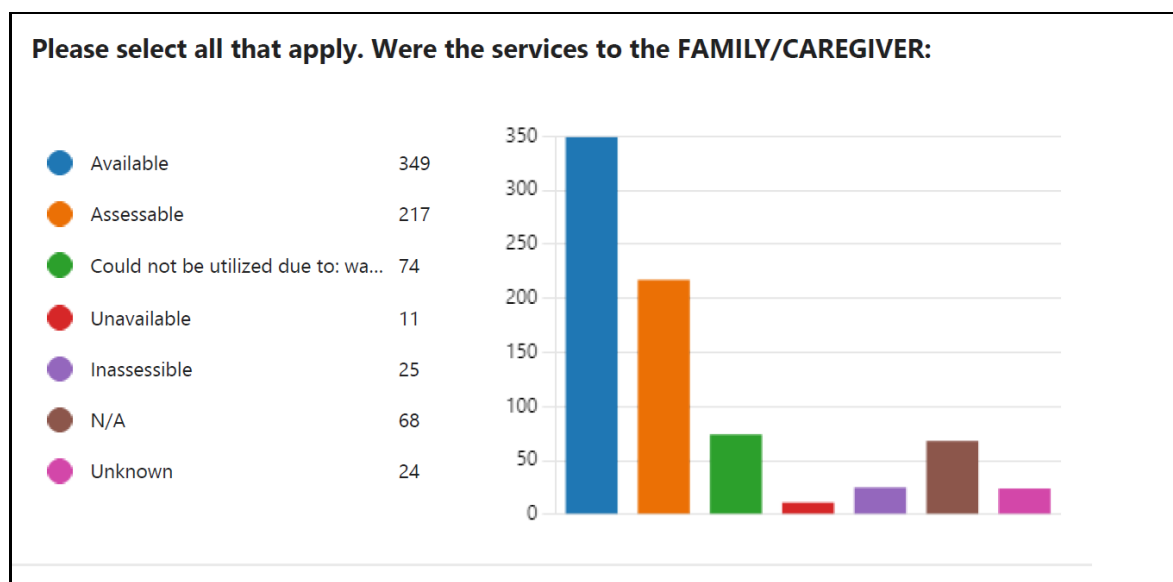
Figure 36: Individualized Services to Caregivers (n=511)



Source: Random Sample Case Review, Georgia SHINES (CY2023)

The charts above show that case reviewers noted 359 caregivers were referred for services and in 309 cases (86%), those service referrals were individualized to address their specific needs.

Figure 37: Service Availability/Accessibility to Caregiver (n=359)



Source: Random Sample Case Review, Georgia SHINES (CY2023)

In 349 of the 359 cases reviewed that included a referral for the caregivers (97%), the recommended services were available to the family or caregiver. Examples of referred services include psychological evaluations, individual therapy, drug screens, Babies Can't Wait, and early intervention. In 217 of the 359 cases reviewed (60%), the services were accessible. When services could not be utilized, it was generally due to waitlists, staff shortages, or parent refusal. File reviewers notes several examples of caregivers who completed the CCFA but refused any further service referrals.

Practice Supports

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 service delivery. Regular training is provided to staff on the ARGO portal and its functionality, through SHINES Shorts videos emailed communications from the development team, and staff development field program specialists.

Item 30: Individualizing Services

In CFSR 3, Georgia received an overall rating of Area Needing Improvement for Item 30 based on findings in the statewide assessment, and confirmed in stakeholder interviews, indicating challenges in individualizing services based on the quality of the Comprehensive Child and Family Assessments (CCFA) that inform service needs, lack of translation services, and inability to tailor services to meet the cultural needs of the state's diverse population.

The Division developed a survey to obtain feedback from people with lived experience on a variety of metrics relating to their involvement with the child welfare system. In December 2022, 81 youth responded to the survey; all were age 14-17 and currently in foster care. In February 2023, 186 foster and adoptive caregivers responded to the survey. The below table shows the responses for the service-related questions.

		Excellent/Good	Fair/Poor	Skipped/Unable to Answer the Question
YOUTH	How responsive was DFCS and other providers to your specific racial and cultural needs?	77%	16%	7%
	How well did DFCS and other providers make sure you received the services and supports you requested?	63%	35%	2%
	How satisfied are you with the services and supports offered to you by DFCS?	91%	5%	4%
CAREGIVERS	How responsive was DFCS and other providers to your specific racial and cultural needs?	72%	18%	10%

	How well did DFCS and other providers make sure you received the services and supports you requested?	59%	41%	0%
	How satisfied are you with the services and supports offered to you by DFCS?	75%	23%	2%

Source: DFCS Lived Experience Survey, Dec 2022 and Feb 2023

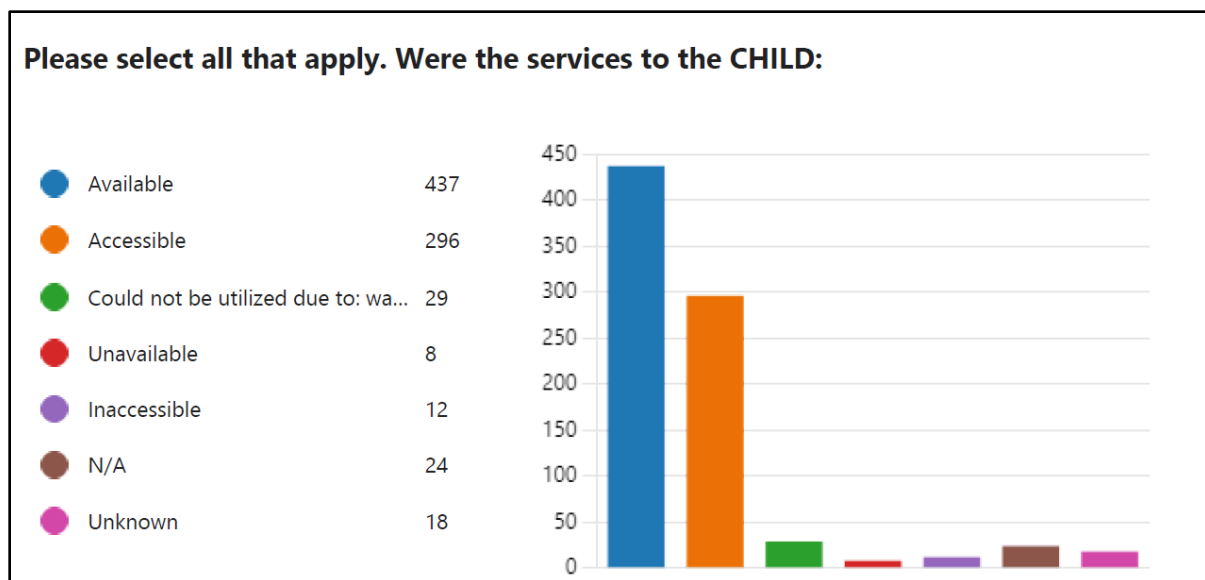
The September 2023 CIP judicial survey asked judges “how often do you ensure that the services provided to the child and family are appropriate and targeted to their specific needs”. 95% of respondents reported “Always” or “Sometimes”. Commenters noted that all services regarding therapy for parents and children are discussed at every hearing, and that the judge reviews the case plan and receives evidence as to services being provided. A Case Plan Dashboard is used in one respondent’s jurisdiction to track services.

In January 2023, the Division mandated autism awareness training through a partnership with [Behavioral Pediatrics Resource Center](#). This partnership was piloted in Region 12 before expanding to a statewide effort. The Division now requires autism training for foster parents (both public and private), DFCS case management staff, and RBWO provider case management staff. The Resource Center aims to improve resource availability and opportunities for education in rural Georgia.

The Georgia Department of Education provides access for DFCS case managers and Education Support staff to the [Department of Education \(DOE\) Statewide Longitudinal data \(SLDS\) dashboard](#). This dashboard allows staff to view historical education records including enrollment history, attendance, assessments, and grades, and current information such as school and special education services. In participating schools, Individual Education Plans can be assessed. DFCS Education staff also complete educational evaluations and connect youth to tutorial resources as needed.

The Division initiated a targeted case file review in 2023 to gather additional details on service availability and accessibility for youth and families. As of 10/3/2023, there were 511 cases reviewed, inclusive of investigation, family support services, foster care, family preservation, and adoption. The below charts describe the individualized services for children and families. Caregivers were referred for services in 359 cases, and children were referred in all 511 cases.

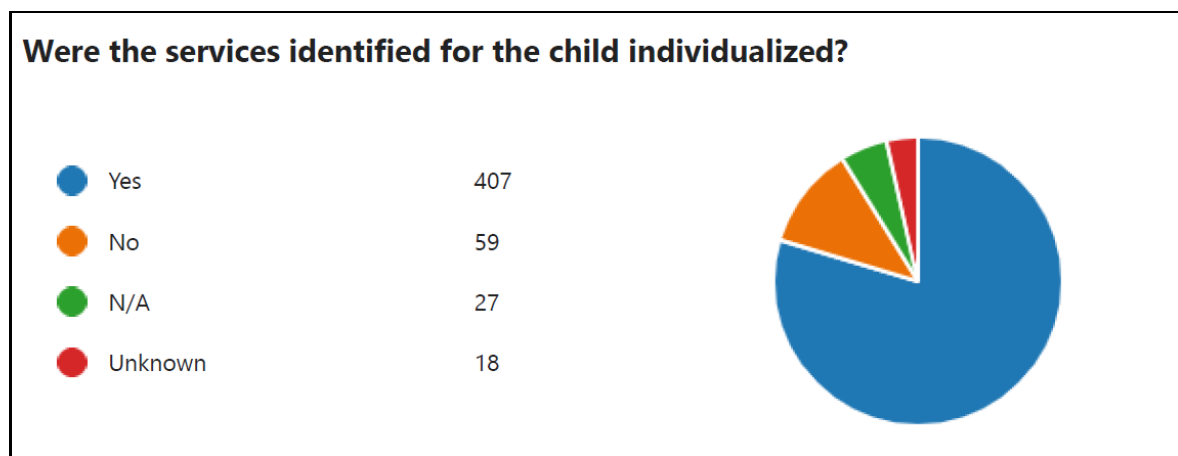
Figure 38: Service Availability/Accessibility to Child (n=511)



Source: Random Sample Case Review, Georgia SHINES (CY2023)

In 437 of the 511 cases reviewed (86%), the referred services were available, and in 296 cases (58%), the services were accessible. Examples of referred services included play/music therapy, substance abuse assessments, and individual therapy. The Division will conduct further review of the barriers to accessing services.

Figure 39: Individualized Services to Child (n=511)



Source: Random Sample Case Review, Georgia SHINES (CY2023)

Case reviewers noted that 407 of the service referrals for children were individualized to address their specific needs.

The data obtained from the lived experience surveys to youth and caregivers, and the random sample file reviews, show that the Division has made improvements in providing the right services that are available, accessible, and individualized. Department policy ensures that language access is available to families who have limited English proficiency or are sensory impaired, with more bilingual staff, and available forms and resources to communicate with children and families in the manner that they prefer. Providers are expanding access through telehealth services, to support children and families in rural or underserved areas. The ARGO portal will continue to enhance access to providers who can offer individualized services within 24-72 hours of the referral.

F. Agency Responsiveness to the Community

In CFSR 3, Georgia was found in substantial conformity with the Systemic Factor of Agency Responsiveness to the Community. Both items in this systemic factor were rated as a Strength. Georgia continues to proactively engage with stakeholders across the state in ongoing consultation to achieve the goals of the CFSP and to ensure the services under the CFSP are coordinated with benefits of other federally assisted programs serving the same population. Georgia rates this Systemic Factor as a Strength.

Methodology

Georgia utilized quantitative data including descriptive statistics from the most recent, existing administrative data sources, and qualitative data obtained from interviews, surveys, and internal case reviews.

Item 31: State Engagement and Consultation with Stakeholders Pursuant to the CFSP and APSR

In CFSR 3, this was rated a Strength due to the state's integration of CFSP, CQI, and CFSR through the C3 process and its Blueprint for Change that provided for ongoing and consistent engagement across the state. These efforts ensured that the major concerns of required stakeholders and community input and feedback on needs were included in the goals, objectives, and annual updates of the CFSP.

Agency leaders' Community Roadshows were a key feature during CFSR 3, but restrictions on in-person gatherings during the pandemic encouraged a shift to smaller, more intimate gatherings. The Commissioner of the Department of Human Services and agency leaders have regular engagement with the Council on Juvenile Court Judges and their membership, often focusing on implementing changes made to law after the legislative session and discussing potential changes before the legislative session. Agency leaders have routine contact with older youth (18+) in foster care to discuss details about their experiences including the highlights and challenges. Feedback from youth is used to inform policy and practice and ensure that that child welfare system is working to achieve better outcomes. The Commissioner regularly engages Children's Healthcare of Atlanta and other providers about issues related to the behavioral health needs of children in foster care and children served by DFCS. The Commissioner has also extended an invitation to the Hospital Association to add DFCS liaisons to other hospitals. The Commissioner, along with the Deputy Commissioner of Child Welfare and

the Chief of Staff have regular contact with Together Georgia and their members. Together Georgia is a network of child and family service providers dedicated to promoting the welfare of children and families across the state. The member agencies work together to create sustainable solutions for complex challenges facing vulnerable and at-risk populations. In August 2023, the Commissioner and agency leaders attended the Foster Stronger Coalition meeting, a group of faith-based organizations that serve or support the child welfare system across the state. The Commissioner and three county directors gave remarks during the event. Agency leaders continue to seek out opportunities to meet with child welfare stakeholders and engage them on strengths and barriers to successful child and family outcomes.

Agency leadership engages with sister state agencies in various meetings and to resolve case-specific issues regularly, including the Department of Behavioral Health and Developmental Disabilities, Department of Community Health, the Office of the Child Advocate, Department of Early Care and Learning, and the Department of Juvenile Justice. The Commissioner also participates in Supreme Court of Georgia's Justice 4 Children Committee, Safe Harbor Commissioner, and First Lady's Children's Cabinet.

Community members are permitted to participate in DHS Board meetings – the meetings are open to the public. The DHS board approves the budget proposals and makes rules for Residential Child Care Licensing (RCCL). There have been changes made through the board that impact DHS with rule changes; for example, the Board approved a change to CPA job education requirements for their supervisor roles. The changes aligned them with DFCS supervisor requirements.

The state continues to leverage the C3 Coordinators within each region to facilitate and expand stakeholder engagement and community input. Each of the 14 regional C3 Coordinators hosts at least one regionwide stakeholder meeting and four quarterly service array-focused meetings per year. In CY2022, several regions were held in-person meetings, while others remained virtual to provide more opportunity for participation from interested individuals. Participating stakeholders represent courts, school systems, state tribes, law enforcement, mental health and substance abuse, and state agency partners from Division of Child Support Services, Department of Behavioral Health and Developmental Disabilities (DBHDD), Department of Juvenile Justice (DJJ), and other agencies to discuss the region's performance on the CFSR reviews, service gaps and ongoing partnerships. Stakeholder meetings also invite former foster youth, parents with lived experience, and kin caregivers as attendees and/or presenters, depending on the meeting theme. These participants ensure that the voices of those served by the child welfare system remain prioritized in the discussion of needs and services. Meeting themes focus on a variety of topics, including youth aging out of care, supports for LGBTQ+ youth and caregivers, substance abuse recovery supports for parents, and prevention services to prevent entry to foster care. They also discuss policy, practices,

processes, and other issues/concerns. C3 Coordinators report feedback and outcomes from each meeting so the Division can implement programs and processes in the CFSP or APSR that reflect the stated needs. Feedback demonstrates that the stakeholder meetings have been helpful in creating a platform to share information and strengthen collaborations with community partners and providers.

Georgia's 2020-2024 CFSP included programs to expand kinship supports based on stakeholder meeting feedback from kin caregivers that more supports were needed to care for children in their homes. The state's CAPTA Plan includes priorities for quality legal representation based on stakeholder meeting feedback from judicial partners and CASAs that more child and parent attorneys are needed to facilitate timely permanency. The state's CAPTA grant is funding additional recovery community organizations to provide Plan of Safe Care services for substance exposed infants and their families based on stakeholder feedback that certified peer parents could assist caregivers with case plan completion and reunification.

The CQI process also relies on stakeholder engagement to analyze performance and develop strategies for improvement. The Division is leveraging greater utilization of regional CQI teams to implement both short- and long-term improvement strategies designed to assist supervisors and frontline case managers. 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". The Division facilitates ongoing CQI discussions with the Supreme Court of Georgia Committee on Justice for Children, the CASA Leadership Summit, the CAPTA Panel, and judicial stakeholder teams. The Court Improvement Program continues to embed CQI principles in quarterly meetings and annual court conferences to address safety, permanency, and well-being. In 2022, the Division initiated a leadership-level CQI team that meets monthly to explore the practice and performance related to the CFSR items and Statewide Data Indicators. This CQI team identifies specific strategies and specialized units that support positive performance outcomes and removes barriers to improvement.

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 Ubuntu Youth Engagement Collaborative Team, made up of the 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.

1. 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.
2. 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. Findings from the youth surveys are intended to inform stakeholders within the child welfare system and provide critical information that can be used to improve the placement process for youth.
3. The Division convened a workgroup with youth 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 observed that congregate care providers were more likely to have cell phone restrictions than foster homes. Youth feedback resulted in FY24 updates to the RBWO Minimum Standards.

The Division regularly invites input from parents and caregivers with lived experience. The [Adoption and Foster Parent Association of Georgia \(AFPAG\)](#) hosted their 50th annual conference in February 2023, which was attended by over 500 individuals. At each conference, the Division facilitates several presentations to the attendees and joins the

advisory board meetings. Feedback from the annual AFPAG conference is used to improve foster parent recruitment and retention programs. The Georgia Parent Advisory Council (GA PAC) was developed after CFSR 3 and currently has 12 council members representing 12 of the 14 DFCS Regions. The PAC includes birth parents, foster parents, and adoptive parents. The Division's goal is to have one parent advisory council member from each region for a total of 14 GA PAC members.

1. PAC members participate in and provide input to state or regional Child Abuse and Neglect Prevention Plan (CANPP) meetings.
2. PAC members are invited to participate in CAPTA Funding Opportunity 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.
3. PAC members present at child welfare conferences, regional leadership and stakeholder meetings, community engagement meetings, and have recorded training webinars for staff. The parent perspective training videos serve as additional opportunities to support parent advocacy and leadership. Parents with lived experience are also members in the state's CAPTA Panels, and use their knowledge to support efforts to improve the child welfare system.
4. In FY22, three PAC members 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.

Georgia has no federally recognized tribes but has three state-recognized tribes. DFCS continues to collaborate with the Georgia tribes. A designated member of the Policy and Regulations Unit (PRU) serves as the DFCS State Office Liaison for ICWA and meets regularly with the Lower Muscogee Creek (led by Marian McCormick), the Cherokee of Georgia Tribal Council (led by Frances Crews), and the Georgia Tribe of Eastern Cherokee (led by Rhonda Bennet and Glen Jones). 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 recent years, representatives of the Georgia Tribes have attended or presented at regional stakeholder meetings and APSR Joint Planning meetings. These meetings provide tribal leaders and DFCS leaders with opportunities for engagement and discussion on shared values and priorities. In 2022, the Liaison partnered with the Caregiver Recruitment and Retention Unit (CRRU) and Donald Kirkland, Vice Chair of the Georgia Council on American Indian Concerns, to explore expanding foster parent recruitment of tribal members. Meetings with regional CRRU teams were scheduled to

discuss specific efforts and potential for engaging the tribes in their respective regions. 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 Native American children by having members who are foster parents.

Item 32: Coordination of CFSP Services with Other Federal Programs

In CFSR 3, the CFSP was coordinated with services or benefits of other federal or federally assisted programs serving the same population, such as Head Start, Department of Housing and Urban Development programs, Temporary Assistance for Needy Families, education, behavioral health, and child support. The Division continues to regularly coordinate 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 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 DFCS 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 of Child Support Services (DCSS) within the Department of Human Resources serves as resource for DFCS case managers and communities to support non-custodial parents in caring for their children. The DCSS Fatherhood Program is well-regarded within the counties and holds monthly "fatherhood conversations" to provide individualized support and resources to interested parents, including emotional wellness training and accountability coaching. The most recent fiscal year data show that 4,588 Georgians received services from the program, 865 enrolled participants were referred to GED or short-term training programs, \$5.5 million collected, and financial support was provided to 10,585 children whose parents are enrolled. The DCSS Fatherhood Program partners with Omega Psi Phi fraternity, Georgia Department of Labor, Georgia Department of Corrections, the Technical Colleges of Georgia, the Department of Veterans Affairs, and the Goodwill Career Center.

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.

The Promoting Safe and Stable Families program (Title IV-B subpart 2 of the Social Security Act) provides federal child welfare funding, training, and technical assistance to help build state and community capacity to meet the needs of families at risk of child welfare intervention and families in crisis. The purpose of Promoting Safe and Stable Families (PSSF) is aligned with the broad federal policy goals of safety, permanency, and well-being, particularly maintaining children in their own homes, providing families with enhanced capacity to provide for their children's needs, and facilitating timely exits from foster care to reunification, adoption or guardianship. Funds are distributed to states based on the state's share of children in all states receiving Supplemental Nutrition Assistance Program (SNAP) benefits. In FY2023, 141 programs were selected from more than 180 proposals submitted. More than one-third of families utilizing PSSF services are referred by DFCS, and 27% are referred by the courts. Of the 5,418 families concluding services in FY23, 91% were able to meet their children's health and developmental needs.

The Division partners with the Atlanta Volunteer Lawyers Foundation to provide legal support for vulnerable families facing housing instability or unsafe housing conditions. Securing safe and stable housing can to reduce the need for child welfare system interventions or facilitate the return of a child from an out-of-home placement. DFCS also maintains 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 to ensure youth receive all the educational services required by the Department of Education (DOE).

After the 2020 legislative session when 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, the 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 provided 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. DFCS Education Support Monitors work closely with DOE staff to ensure students are assessed, and the results of those assessments are reviewed to determine the need for specialized services. 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.

G. Foster and Adoptive Parent Licensing, Recruitment, and Retention

In CFSR 3, Georgia was not in substantial conformity with the systemic factor of Foster and Adoptive Parent Licensing, Recruitment, and Retention. One of the four items in this systemic factor was rated as a Strength. Since CFSR 3, the state has demonstrated improvement in all items within this systemic factor and rates this as a Strength.

Item 33: Standards Applied Equally

In CFSR 3, Georgia received an overall rating of Area Needing Improvement for Item 33 based on information demonstrating the lack of a consistent, comprehensive approach to monitoring standards in DFCS-licensed homes. The state has implemented extensive measures to monitor compliance and ensure that licensing standards are applied equally 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.

Methodology

Georgia utilized quantitative data including descriptive statistics from the most recent, existing administrative data sources, and qualitative data obtained from interviews, surveys, and internal case reviews.

DFCS Resource Developers (RDs) complete comprehensive written evaluations of the overall quality and functioning of each approved caregiver on an annual basis that includes a recommendation for reapproval or disapproval. RDs also review the initial and re-evaluations completed by the RBWO private providers. No home shall have more than 12 months of approval. 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. A home cannot be approved without pre-service training or a medical and safety screening.

DFCS works in partnership with Child Placing Agencies (CPAs), which expands the number of placement family resources available to children in foster care. CPA caregivers who are to be considered for placement of children in DFCS custody must be approved, annually re-evaluated, and held accountable to and supported according to the Division's child welfare policies. Homes are regularly monitored by the Office of Provider Management (OPM) and Caregiver Recruitment and Retention Unit (CRRU) staff to ensure consistency across regions. OPM monitors CPAs and CCI, and CRRU monitors

DFCS homes. The below chart shows the number of total licensed foster homes, non-relative homes, and congregate care providers in Georgia.

	2018	2019	2020	2021	2022
Licensed Foster Homes	4,990	7,510	5,979	4,650	4,744
Non-Relative Foster Homes	5,101	5,486	4,927	4,373	4,279
Congregate Care Providers	n/a	566	656	n/a	388

Source: FosterCareCapacity.com (retrieved 10/17/2023)

Performance Based Placement (PBP) is a system of monitoring and data reporting that generates scores for RBWO providers. PBP scorecards are produced quarterly using providers' self-reported data, data from Georgia SHINES, and results from OPM monitoring activities. Scores are distributed to providers and posted publicly each quarter. DFCS case managers use provider scores to inform placement decisions. OPM uses provider scores to identify opportunities for technical assistance and training. Any PBP score below 70% is a failing grade and will require a Program Improvement Plan (PIP). A PIP is required whenever a provider fails to achieve at least a score of 70% in any of the overall review categories which are Safety, Permanency and Well-Being and/or if scores within those categories are below the 70% threshold.

The below chart demonstrates the number of scored programs in each quarter of FY2022-2023 that earned less than 70%.

	FY2023				FY2022			
	Q4	Q3	Q2	Q1	Q4	Q3	Q2	Q1
CCI	4/118	5/116	3/118	5/120	5/125	4/127	3/129	7/131
CPA	7/104	7/103	4/102	8/104	3/100	2/101	1/106	3/109
ILP	20/44	9/44	11/44	19/53	23/54	22/61	23/67	23/66
TLP	2/9	2/9	0/9	0/9	1/10	1/10	1/10	2/10

The Monitoring Specialists with OPM conducts Safety Checks twice each year of all providers. Safety Checks review all RBWO staff and CPA caregivers for five required safety check items:

1. Criminal Background Check
2. Pardons/parole history
3. Sex offender history
4. CPS history

5. Department of Corrections

OPM staff completed 100% of the 504 required Safety Checks in CY2022. Each Safety Check review looks at all five required safety check items and a Corrective Action Plan (CAP) is requested if there are any safety checks out of compliance. 240 CAPs were requested in CY2022 due to non-compliance with at least one of the safety check items. OPM does not collect data to show which safety checks were non-compliant for each Safety Check Review.

Practice Supports

The Residential Child Care Licensing (RCCL) Unit within the Office of the Inspector General inspects, monitors, and licenses Child Caring Institutions, Child Placing Agencies, Outdoor Child Caring Programs, Children's Transitional Care Centers, and Maternity Homes. RCCL policies clearly outline the procedure and requirements for licensing; these policies include specific provisions to limit potential bias and ensure that all qualified individuals seeking a license are approved. Chapter 290-9-2 of the state rules and regulations provides guidance for CPA organization and licensure, service provision, records maintenance, and enforcement. In SFY 2020, 321 facilities were regulated by RCCL, nine new licenses were approved for CCIs, and eight new licenses were approved for CPAs.

The DFCS Office of Provider Management (OPM) contracts with and monitors Child Caring Institutions' and Child Placing Agencies' provision of Room, Board and Watchful Oversight (RBWO) services. OPM utilizes multiple sources of data, including on-site and records reviews, and collateral report mechanisms to monitor providers' adherence

Policy Highlight

Child Welfare Policy 14.13 describes requirements for staff to monitor foster homes with a comprehensive written evaluation of the overall quality and functioning of each approved caregiver on an annual basis that includes a recommendation for re-approval or disapproval and the signature of the final approving authority.

The annual re-evaluation must be completed prior to the expiration of the current foster home approval. No home shall have more than 12 months of approval. All components of the re-evaluation must follow the Structured Analysis Family Evaluation (SAFE) and be completed by a home study practitioner (HSP) who is certified in the SAFE model. The HSP may be a certified DFCS staff member, Child Placing Agency (CPA) staff member or approved contractor. Annual foster home re-evaluations also include a safety screening on all adult household members, current first aid/CPR certification, and required continued parent development hours. Every five years, a fingerprint-based criminal history records check of the National Crime Information Center database on all caregivers and adult household members and a comprehensive medical evaluation is completed for primary and secondary caregivers.

to RBWO Minimum Standards and contractual obligations which direct performance expectations regarding the safety, permanency, and well-being of children. The foundational objective of OPM is to ensure that children placed in RBWO care are safe from abuse and neglect. OPM also provides training and technical assistance to providers to support their ability to meet quality of care and performance expectations.

The DFCS Child Welfare Policy Manual and Room Board and Watchful Oversight (RBWO) Minimum Standards follows and supports the DFCS mission and provides guidance to Child Caring Institutions (CCI) and Child Placing Agencies (CPA) contracted with DFCS. The RBWO Minimum Standards apply to all providers, with the exception of sections which apply specifically to only CCIs or CPAs. Compliance with all Residential Child Care (RCCL) rules and regulations are required of all providers that have entered a contract with DFCS. CPA foster homes follow the same child welfare policies as DFCS foster homes. Child Welfare Policy Chapter 14: Resource Development includes requirements and procedures to maintain licensing standards in accord with the model standards identified by the Secretary of Health and Human Services. Georgia SHINES is programmed to validate both State and Federal approval requirements. OPM conducts an annual audit to ensure providers are following their own policy and DFCS policy. A Performance Improvement Plan (PIP) is issued if the providers are not compliant.

Item 34: Requirements for Criminal Background Checks

In CFSR 3, Georgia received an overall rating of Strength for Item 34 based on data showing that criminal history background checks were conducted routinely statewide, and that policy was in place to support a case planning process that included provisions for addressing the safety of children in foster care and adoptive placements. DFCS continues to be successful in ensuring that the State complies with Federal requirements related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing safety of foster care and adoptive placements for children.

The safety of children in care is paramount. DFCS Child Welfare Policy and RBWO Minimum Standards uniformly outline the requirements for criminal background checks. Staff must conduct a check of the Georgia crime information databases on adult household members as needed when providing Child Protective Services (CPS), including when assessing Safety Resources and Temporary Alternatives to Foster Care, as well as a check of national and state crime information databases utilizing electronic fingerprinting (Live Scan) on any prospective foster and adoptive parent before the

applicant may be finally approved for placement of a child, regardless of whether foster care maintenance payments or adoption assistance payments are to be made on behalf of the child. This includes all adults (age 18 and over) residing in the home (permanently or temporarily) who have access to children placed in the home. The Office of the Inspector General (OIG) within the Department of Human Services is responsible for reviewing criminal background information and providing clearances on CPA families, CCI direct care staff, and CPA/CCI case support workers. OIG also provides criminal background checks for DFCS foster family homes determination if they may be approved to provide foster care.

Methodology

Georgia utilized quantitative data including descriptive statistics from the most recent, existing administrative data sources, and qualitative data obtained from interviews, surveys, and internal case reviews.

In CY2022, OPM identified 33 caregivers out of 270 (12%) who did not have the CRC completed by the expiration date. Caregivers are required to update the criminal background check during the annual re-evaluation period. When the re-evaluation is not completed timely, the home goes into unapproved status in SHINES. The caregiver(s) must have the criminal background check completed and submitted to OPM so that the home can be placed back into approval status. OPM has developed an alert process for Resource Development (RD) staff and CPA providers when there is a criminal background check coming due.

Practice Supports

Child Welfare Policy 19.8: Criminal Records Checks provides state and federal requirements for criminal background checks to approve foster and adoptive placements, 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 (CRC) have been entered prior to approving a home.

The kinship assessment requires criminal background clearances for all approved kinship placements. The Division provides a monthly report to field staff to support oversight and completion of the kinship assessment in Georgia SHINES. The report indicates unapproved placements that require attention. Several regions are developing specialized Kinship Units or have assigned Field Program Specialists to review unapproved placements and address compliance issues. CRCs for Georgia residents

typically take 24-48 hours. When the adult is from another state, the checks take longer, due to the difficulty in getting information returned from out of state.

Safety screenings are required for all RBWO providers and all CPA caregivers without exceptions. All RBWO provider staff and all CPA caregivers are required to meet the safety screening requirements to be employed or approved as a caregiver. New household members and youth reaching age 18 are also required to have a completed CRC. Alerts are generated in SHINES and sent to Resource Development staff and CPA providers on household youth nearing age 18 so that a CRC can be completed timely. Caregivers are routinely informed of the need to conduct CRCs on household members, whenever they join the household. This is prioritized during the on-boarding process and at annual re-evaluations. DFCS staff conduct random monitoring visits to CPA foster homes. If the household member's information is not matching the provider records, staff will alert the provider so that the information can be corrected.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

In CFSR 3, Georgia received an overall rating of Area Needing Improvement for Item 35 based on information that showed that Georgia did not have a comprehensive statewide diligent recruitment and retention plan. Stakeholders reported that some recruitment activities were occurring within regions and that demographic data were used to inform these efforts, but this was not occurring in a consistent and organized manner throughout the state. The Division now relies on the Caregiver Recruitment and Retention Unit (CRRU) and the Office of Provider Management (OPM) to align statewide efforts to recruit and retain foster and adoptive homes, and kinship caregivers. Georgia finds this item to be a Strength.

The development of the Statewide Kinship Unit and the kinship continuum has increased the number of children being placed with kin (biological relatives and fictive kin). CRRU and the Kinship Unit are working closely with the regions to ensure that kin caregivers are assessed and approved within 120 days of the child(ren) entering care. To expedite these timeframes, there are non-safety standards that can be waived to avoid barriers for permanency. Child Welfare Policy Chapter 22: Kinship was introduced in September 2020 and provides requirements and procedures for assessing and evaluating kinship homes, as well as financial reimbursements for kin caregivers.

Methodology

Georgia utilized quantitative data including descriptive statistics from the most recent, existing administrative data sources, and qualitative data obtained from interviews, surveys, and internal case reviews.

In CY2022, DFCS received 6,138 inquiries from prospective applicants across the state who expressed interest in becoming a foster or adoptive parent, or resource parent with DFCS. In addition, as reported from the Foster-Georgia website, 893 inquiries were received via 877-210-KIDS and 5,132 inquiries were received via fostergeorgia.com.

Demographics of Children and DFCS Foster Parents, and Foster/Adoptive Parent Inquiries

CY 2022	CHILDREN IN FOSTER CARE	APPROVED FOSTER PARENTS	FOSTER & ADOPTIVE PARENTS INQUIRIES
Male	5,442	2,648	2,258
Female	5,308	4,240	3,880
Age 0-6	4,895	n/a	n/a
Age 7-12	2,942	n/a	n/a
Age 13-17	2,913	n/a	n/a
Black/ African American	4,311	2,940	2,382
White	5,554	3,781	3,499
Any Race, Hispanic or Latino	774	152	202
Native American or Native Alaskan	13	10	7
Asian	13	19	30
Multiracial	853	55	41
Hawaiian or Pacific Islander	5	7	13
Undetermined	1	209	165

Source: GA SHINES and Fostergeorgia.com

Note: Information related to the prospective caregiver's gender is not recorded in Georgia SHINES at the time of the inquiry. Caregiver gender is reported after the family completes and submits the application.

Placement Types by Year

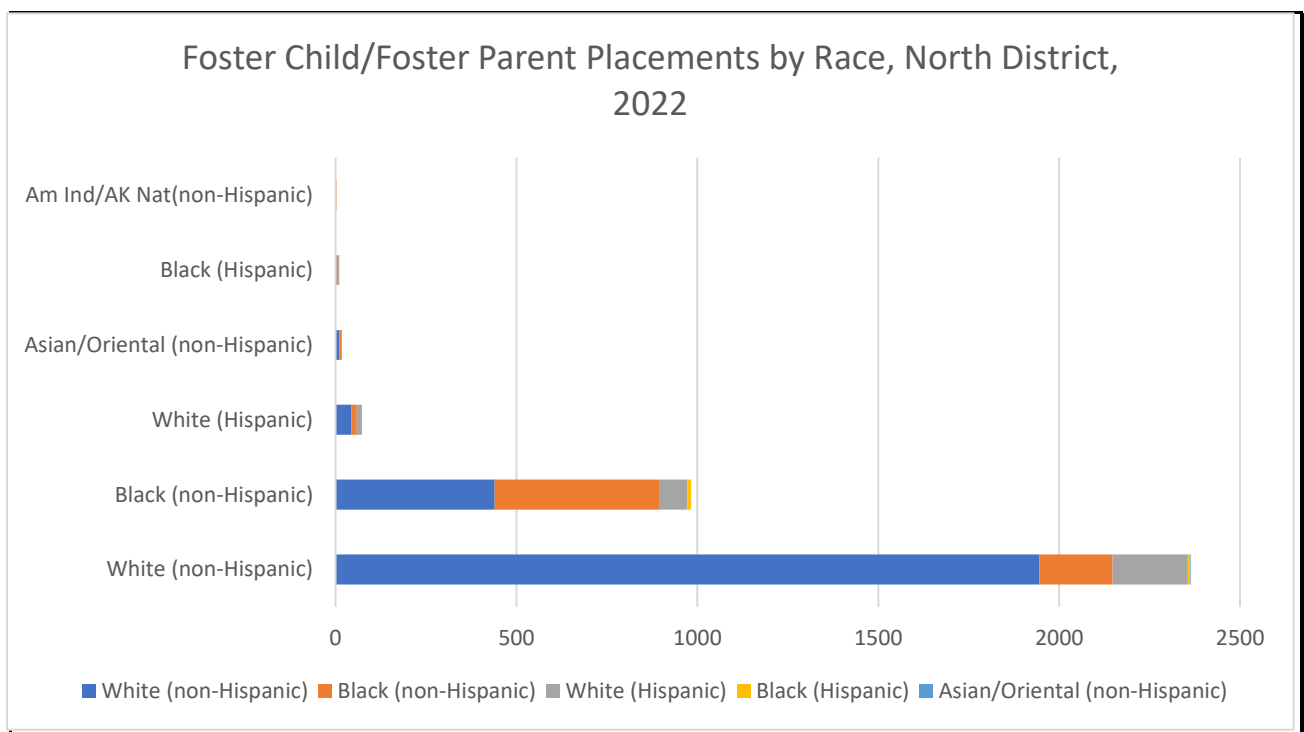
CY	Adoptive	Relative	DFCS Foster Home	Non-DFCS Foster Home	Institution
2015	1,131	6,869	12,782	7,469	5,292
2016	1,379	8,589	11,285	8,041	5,453

2017	1,526	9,249	12,019	8,501	5,374
2018	1,605	7,456	12,488	9,045	5,363
2019	1,862	6,610	11,400	9,529	4,988
2020	1,605	5,179	8,655	8,326	4,160
2021	1,565	4,635	8,924	8,661	3,743
2022	1,558	4,408	9,402	8,200	3,333

Children in care may have experienced multiple placement types throughout the course of the year. “Relative” includes kinship-relative, relative, relative-paid, relative-unpaid and kinship-fictive kin. DFCS Foster Home also includes Kinship Partnership Parents and Relative foster homes. “Institution” includes placement in a childcare institution.

The below charts demonstrate the diversity of available foster and adoptive homes for the children in the care for whom placements are needed.

Figure 40: Foster Child/Foster Parent Placements by Race, North District, 2022

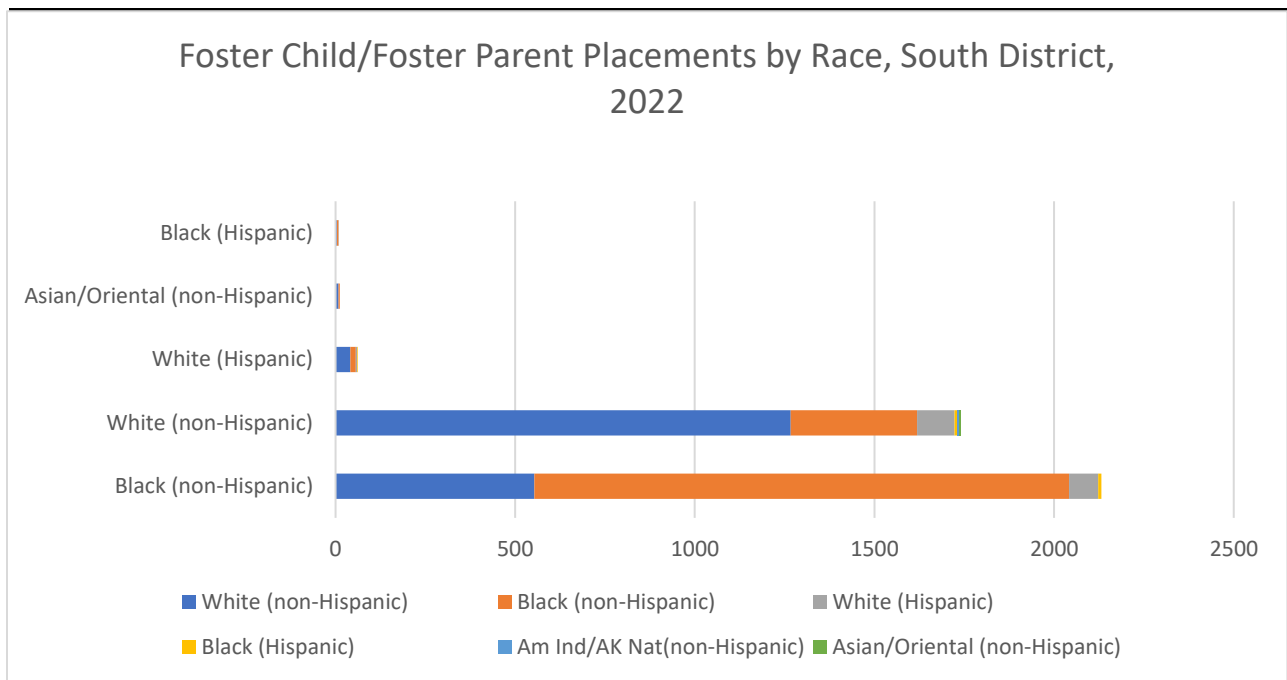


SOURCE: DFCS Data Unit, Georgia SHINES

Figure 1 shows the race/ethnicity of placements for children in care (y-axis) in the North District (Regions 1-5) in CY2022. Eighty percent (80%) of the 2,443 White, non-Hispanic children were placed with White, non-Hispanic caregivers, and 66% of the 686 Black, non-Hispanic children were placed with Black, non-Hispanic caregivers. The majority of

the 319 Hispanic children were placed with non-Hispanic caregivers (95%), and 50% of the four Asian youth were placed with Asian caregivers. The Division recognizes this opportunity to recruit additional Hispanic and Asian caregivers to serve as placement resources for this population of children.

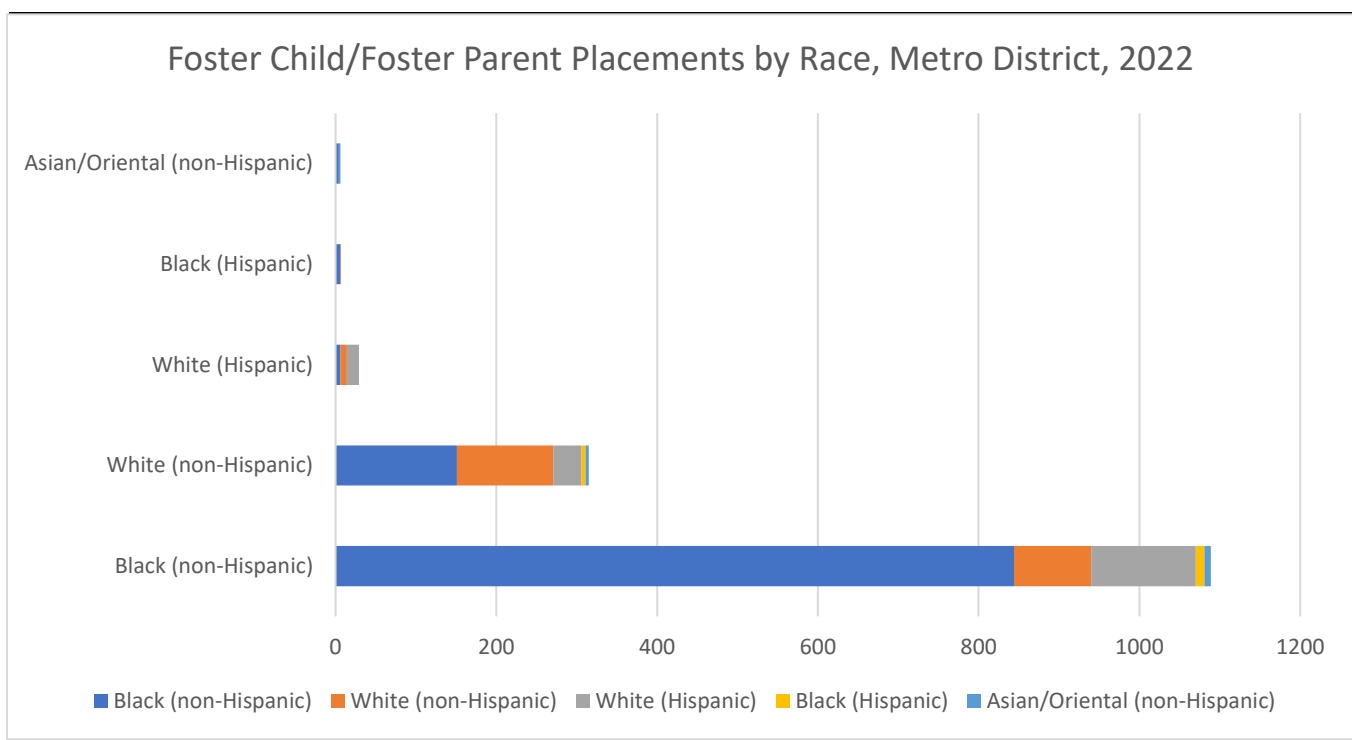
Figure 41: Foster Child/Foster Parent Placements by Race, South District, 2022



SOURCE: DFCS Data Unit, Georgia SHINES

Figure 2 shows the race/ethnicity of placements for children in care (y-axis) in the South District (Regions 6-12) in CY2022. Sixty-eight percent (68%) of the 1,873 White, non-Hispanic children were placed with White, non-Hispanic caregivers, and 80% of the 1,864 Black, non-Hispanic children were placed with Black, non-Hispanic caregivers. The majority of the 209 Hispanic children were placed with non-Hispanic caregivers (97%), and none of the four Asian children were placed with Asian caregivers. The Division recognizes this opportunity to recruit additional Hispanic and Asian caregivers to serve as placement resources for this population of children.

Figure 42: Foster Child/Foster Parent Placements by Race, Metro District, 2022



SOURCE: DFCS Data Unit, Georgia SHINES

Figure 3 shows the race/ethnicity of placements for children in care (y-axis) in the Metro District (Regions 13-14) in CY2022. Fifty-three percent (53%) of the 225 White, non-Hispanic children were placed with White, non-Hispanic caregivers, and 83% of the 1,011 Black, non-Hispanic children were placed with Black, non-Hispanic caregivers. The majority of the 196 Hispanic children were placed with non-Hispanic caregivers (92%), and 14% of the 14 Asian youth were placed with Asian caregivers. The Division recognizes this opportunity to recruit additional Hispanic and Asian caregivers to serve as placement resources for this population of children.

Practice Supports

Child Welfare Policy 14.6: Recruitment and Retention describes requirements and procedures for a statewide coordinated recruitment and retention plan that targets efforts to recruit caregivers who can meet the needs of specific categories of youth. 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, as well as recruiting caregivers who can care for youth with complex needs, older youth and teens, large sibling groups, and LGBTQ+ youth.

The Division has developed a plan to increase resource family homes and partnership family homes. On average, the time for a home approval is nine months; the target is

three to six months. Observed barriers to improved timeliness are related to lengthy processes, so the Division is taking steps to streamline this work. Child welfare policy is expected to be approved and released early in 2024.

Recruitment supports:

1. Streamline the paperwork process. Division leadership issued guidance requiring an attestation instead of formal documentation, and a physical exam completed within the past 12 months instead of obtaining a new exam.
2. Engage current caregivers to design strategies that improve the process.
3. Kinship caregivers can waive the requirement for pre-service training for up to 120 days. Standards related to safety may not be waived.

Retention support includes increased flexibility in obtaining the required annual minimum of fifteen hours of continued parent development by including personal growth and development activities. These hours can include counseling, stress management, support groups, and similar activities.

To ensure continued recruitment of caregivers that reflect the racial and ethnic diversity of children in care, OPM only considers 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 inquire about obtaining a contract with the Division as a placement resource. OPM developed recruitment materials in Spanish to reach a wider community of Spanish-speaking families. In CY2023, OPM allotted over \$500,000 in recruitment grants, so that providers can bring in new staff and explore beyond traditional recruitment activities. The Division plans to recruit an additional 240 foster homes with this effort. OPM reviews data regularly to identify the current demographics of children in care and determine the most appropriate use of recruitment resources to address the identified populations.

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

In CFSR 3, Georgia received an overall rating of Area Needing Improvement for Item 36 based on data that showed Georgia generally completed home study requests from other states within the 60-day time frame but did not have clear requirements and procedures for actively seeking placements for waiting children in cross-jurisdictional resources and was not proactive in seeking out these types of placement resources. 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. Georgia finds this item to be a *Strength*.

Methodology

Georgia utilized quantitative data from NEICE, descriptive statistics from the most recent, existing administrative data sources, and qualitative data obtained from interviews, surveys, and internal case reviews.

Cases are monitored weekly by ICPC staff to ensure timeliness. ICPC staff maintain a database of all cases and send monthly updates to regional CRRU staff that identify any home study requests that are approaching the 60-day overdue mark. CRRU teams are required to respond to ICPC with the requested progress updates on the overdue cases within five days of receiving the information. In many regions, CRRU staff have developed a Standard Operating Procedure manual to define the processes and timelines required to complete interjurisdictional home studies within the prescribed time frames. Regions with active SOPs in place and dedicated staff are able to adhere to the required timelines. ICPC also sends monthly updates to other states when overdue home studies are identified; however, responses are not always received within the requested five-day period.

ICPC Foster and Adoptive Home Study Requests

		CY2022	CY2021	CY2020
Georgia as Sending State	Number of ICPC home study requests sent to other states	302 -98 for Adoption -204 for Foster	265 -115 Adoption -150 foster	266 -103 Adoption -163 Foster
	Number of ICPC placements	138/302 (46%) -61 for Adoption -77 for Foster	107/265 (40%) -60 Adoption -47 Foster	139/266 (52%) -79 Adoptions -60 Foster
	Timely home study completed by other states	94/302 (31%)	93/265 (35%)	81/266 (30%)

Georgia as Receiving State	Number of ICPC home study requests received from other states	707 -184 for Adoption -523 for Foster	706 200 Adoption 506 Foster	702 209 Adoption 493 Foster
	Timely home study requests completed for other states	192/707 (27%)	178/706 (25%)	126/702 (18%)
	Number of ICPC placements	194/707 (27%) -58 for Adoption -136 for Foster	220/706 (31%) -76 Adoptions -144 Foster	140/702 (20%) -61 Adoption -79 Foster

Source: National Electronic Interstate Compact Enterprise (NEICE)

CQI analyses by staff and stakeholders identified barriers to successful performance that include lack of specialized staff in the regions to process ICPC requests, staff turnover, and competing priorities for overworked staff. These workforce issues are common in other states as well, and CQI analyses considered these to be the primary barriers that delay ICPC timeliness when Georgia is the sending state. In regions with a dedicated ICPC liaison and established protocol, the requests are sent and completed within the specified time frame.

Practice Supports

The Division utilizes the National Electronic Interstate Compact Enterprise (NEICE), which is an electronic case processing Information Technology solution that supports the administration of the Interstate Compact on the Placement of Children (ICPC) by exchanging data and documents across state jurisdictions electronically. NEICE assists the Division's ICPC staff with shorter processing times and reductions in paperwork and errors. ICPC staff also rely on NEICE for data and tracking reports. These supports help ICPC staff to communicate timeliness issues to Caregiver Recruitment and Retention Unit (CRRU) staff in the regions.

ICPC provides several opportunities for training and case consultation in the regions. An online training was developed for the Learning Management System (OCP789), which provides a full on-demand overview of the ICPC process. Roadshows are in-person trainings and provide a thorough description of ICPC regulations and timelines. The ICPC team delivered 16 roadshow trainings in CY2022, and nine roadshow trainings as of September 2023. Roadshows are available to DFCS staff as well as courts and CPA staff.

Georgia uses the following process to ensure interjurisdictional adoptions are timely and inclusive:

1. Division policy requires the initial referral for photo-listing services to be submitted at the time of the child life history registration, and no later than 30 days after becoming legally free for adoption.
2. Available children are placed on Georgia's photo-listing, the Adopt US Kids national database, in videos with Grant Me Hope and America's Kids Belong, Wendy's Wonderful Kids, and highlighted on Wednesday's Child through a partnership with Fox 5 TV.
3. Adoption Exchange consultants for the Division collaborate with CRRU and CPAs to host matching events, send monthly email blasts to in-state and out-of-state workers, and distribute information to relatives in other states.
4. 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. County staff have 15 business days to review the information. The child's information is shared with the family and a staffing is held with all relevant parties, including the Regional Adoption Coordinator (RAC).
5. 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.
6. O.C.G.A. §19-8-2 regulates the jurisdiction and venue of adoption proceedings and allows out of state families to finalize adoptions in Georgia or in their state of residence.

As a result of the photo-listing efforts, ten children were placed out of state for adoption in CY2022.