



## Department of Health and Human Services

*Administration For Children and Families*

*Region IV*

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Virginia Pryor  
Interim Director  
Georgia Division of Families and Children  
2 Peachtree Street, Suite 19-460  
Atlanta, Georgia 30303

Dear Director Pryor:

This letter acknowledges the receipt of Georgia's Child and Family Services Review (CFSR) Program Improvement Plan (PIP) first quarterly report. The state conducted the CFSR during the time period of April 1, 2016 through September 20, 2016. Following the review the CFSR Final Report, issued on January 7, 2016, identified the outcomes and systemic factors that were found to be out of substantial conformity. Per 45 CFR 1355.35(a), Georgia was required to develop a PIP to address these issues.

The state submitted a final version of the PIP on April 26, 2017, which was approved June 6, 2017. As negotiated with the state, the PIP effective date was April 1, 2017 with quarterly reporting required. The state must keep the Children's Bureau (CB) informed of progress and challenges associated with the implementation and achievement of PIP strategies, key activities and improvement goals via routine calls and onsite meetings throughout the PIP implementation period. The second quarterly report of progress was submitted to the CB on November 29, 2017, with follow-up calls to discuss the report held on December 8 and 15, 2017.

As Georgia completed the third quarter of implementation on December 31, 2017, we want to begin planning for the annual review of progress made and assess work left to be done during the fourth quarter. The month of March would be the ideal time to accomplish an onsite visit. CB has requested a planning call with your staff to be held during the month of January.

On November 11, 2017, Georgia submitted data to the CB indicating that the state had attained the numeric measurement goal for Items 4 (Stability of Foster Care Placement), 5 (Permanency Goal for Child), and 13 (Child and Family Involvement in Case Planning). The CB has reviewed the information provided and we concur that the goals for these three items have been successfully met. We remind the state that prior to rescinding the withholding associated with the CFSR outcomes comprising these measures, associated key activities of the PIP must also be completed.

The CB has determined that to date the state has fully completed 15 key activities. An additional 19 key activities require quarterly progress updates; therefore, will not be fully implemented until quarter eight. Recommendations for due date extensions for 11 key activities to allow sufficient time for implementation are further articulated in the attached document. We note that the Georgia PIP has 21

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key activities with a due date of completion in the final quarter of implementation. Of those, 13 require ongoing updates. These will be discussed in more detail during the annual onsite PIP visit.

We are pleased with the thoughtfulness to detail by which the state is approaching PIP related work. However, this is the second quarter of PIP implementation during which the Court Improvement Project (CIP) has not yet been engaged. We again urge the State to not only include the CIP in those activities which they are specifically part of, but in the overall PIP process. The CIP is a key stakeholder in the work to improve safety, permanency, and well-being for Georgia children. The CB also encourages the state to closely monitor case review results, particularly the six-month trend reports, as a means of tracking the degree to which PIP activities are achieving desired results and whether course corrections may be needed.

Attached is a copy of the PIP quarterly report that has been updated with CB determinations and the PIP Completion Tracking form that contains more detailed information related to key activities. If you have any questions regarding this or other related matters, please contact Shalonda Cawthon, Child Welfare Regional Program Manager, at (404) 562-2242 or by e-mail at [shalonda.cawthon@acf.hhs.gov](mailto:shalonda.cawthon@acf.hhs.gov). You may also contact Tracy Fava, Child and Family Program Specialist, at (404) 562-2843 or at [tracy.fava@acf.hhs.gov](mailto:tracy.fava@acf.hhs.gov).

Sincerely,

Shalonda Cawthon  
Child Welfare Program Manager  
Children's Bureau

cc: Linda Mitchell, Acting Supervisory Program Specialist, CFSR Unit, CB; Washington, DC  
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Steven Reed, Director of Quality Management; DFCS; Atlanta, GA  
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# Georgia Performance Improvement Plan (PIP) Child and Family Services Review (CFSR) Round 3 2<sup>nd</sup> Quarter Progress Report

State/Territory: Georgia	PIP Date(s) Submitted: April 26, 2017	PIP Date Approved: June 6, 2017
PIP Effective Date: April 1, 2017	End of PIP Implementation Period: March 31, 2019	End of Non-Overlapping Year: March 31, 2020
2 <sup>nd</sup> Quarter Progress Report Completion Date: November 21, 2017	2 <sup>nd</sup> Quarter Progress Report Date(s) Submitted: November 29, 2017	2 <sup>nd</sup> Quarter Progress Report Date Approved:
<b>Reporting Schedule and Format:</b> Georgia will implement its action plan (PIP) statewide. Georgia will report progress and outcomes on a quarterly basis. Reports will be submitted within 60 days of the completion of a quarter and will include updates on all strategies and key activities.		
<b>Part One: Goals, Strategies/Interventions and Key Activities</b>		
<b>Blueprint for Change</b> Adoption of a Practice Model that will serve as the foundation to keep children safe and strengthen families.		
<b>Goal I:</b> Improve the timeliness, quality, and utilization of child and family assessments throughout the child welfare continuum.		
<b>Safety Outcome Items 1, 3</b>		
<b>Strategy I: Safety Outcome 1</b> Implement an Initial Safety Assessment (ISA) to ensure all children/families receive timely initial safety assessments and cases are appropriately tracked to either investigations or family support.		
<b>2<sup>nd</sup> Quarter – Progress Overall</b> Georgia has completed the implementation of an Initial Safety Assessment and Fidelity Reviews throughout the state.		
<b>1<sup>st</sup> Quarter – Progress Overall</b> Georgia has completed the implementation of an Initial Safety Assessment and Fidelity Reviews throughout the state.		
<b>Key Activities</b>		<b>Projected Completion Quarter</b>
I.1.1 Develop and Implement training to support the ISA process by completing the following activities: <ul style="list-style-type: none"> <li>• Develop a one-day classroom training;</li> </ul>		Q 4

<ul style="list-style-type: none"> <li>• Develop Live Case Learning;</li> <li>• Instruction on what/how to document (where and by whom) with an emphasis on the person detail page and reminding staff to merge and relate;</li> <li>• Assess participants' knowledge of Maltreatment Codes;</li> <li>• Develop test items based on common errors such as using "lack of supervision" as a catch all when applying maltreatment codes;</li> <li>• Create a checklist for supervisors;</li> <li>• Create a checklist for case managers;</li> <li>• Utilize various training delivery methods, such as classroom, WebEx, and/or a combination of methods;</li> <li>• Create Transfer of Learning (TOL) activities</li> </ul>	
<p><b>Key Activity I.I.1 – 2<sup>nd</sup> Quarter Summary</b></p>	<p><b>Current Status</b></p>
<p>Appropriate staff was trained by September 2016. During the training, the staff were taught the policy, the process and provided with actual case examples to practice as a group. After this activity, staff were all able to properly identify the correct track assignment based on the case examples provided. This was a strong indication that staff are able to complete the ISA process correctly. Following the initial roll-out, several webinars were conducted, which provided additional knowledge of the Initial Safety Assessment process.</p> <p>As a part of implementation, a fidelity review process was established. This process, unfortunately, has uncovered gaps in executing the steps in case contact documentation. The identified gaps were not due to a lack of training, but primarily due to a gap in accountability for executing the documentation properly. We have a very refined fidelity review process, however we determined the need to partner with the leadership in the field to assure that what is prescribed in policy and taught in training is executed in case documentation. Georgia will be using the fidelity review process for monitoring the improvement of accountability and quality of the implementation of ISA policy.</p>	<p>Completed September 2016</p> <p>Complete (CB 12-17)</p>
<p><b>Key Activity I.I.1 – 1<sup>st</sup> Quarter Summary</b></p>	<p><b>Current Status</b></p>
<p>Georgia's Education and Training (E &amp; T) Unit began in March 2016 to develop its ISA one-day curriculum. The curriculum was completed and staff began training in July 2016. The objective of the course was for staff to learn, understand and demonstrate the new ISA Policy and Practice Procedures. During the training, the staff completed a Live Case Learning activity to demonstrate a transfer of learning to return to the county and apply the information to cases. The E &amp; T Unit completed the training of Social Services staff in September 2016. The E &amp; T Unit also offered several follow-up refresher webinars for staff. The webinars were well attended. The webinars were held on January 27, January 31, March 10, March 14, and March 20, 2017. Currently, staff have an online refresher available as needed or required by county supervisors and/or Field Practice Coach. During the training, staff are instructed on what and how to document cases with emphasis on the person detail page and staff members are reminded to merge and relate cases appropriately.</p> <p>In May 2016, the E &amp; T Unit developed a checklist for supervisors and case managers which</p>	<p>Completed September 2016</p> <p>Incomplete (CB 10-17)</p>

<p>was presented in each region by the Safety Practice Coaches. Appropriate staff was trained by September 2016. In May 2016, the checklist and ISA training was incorporated into the new case manager and supervisor's training. Therefore, the training components are complete. The monitoring of the transfer of learning and accountability will be complete using ISA fidelity reviews.</p>	
<p>I.1.2 Develop and implement an ISA fidelity monitoring and review process</p>	<p>Q 4</p>
<p><b>Key Activity I.1.2 – 2<sup>nd</sup> Quarter Summary</b></p>	<p><b>Current Status</b></p>
<p>The Fidelity Team continues to review its instruments that have been developed. Modifications to the tool as well as the onboarding of two new readers occurred during the quarter. As a result, no reports for 2<sup>nd</sup> quarter reviews had been released as of the submission of this report. The Team is on target for Quarter Four.</p>	<p><b>Ahead of Schedule In Progress (CB 12-17)</b></p>
<p><b>Key Activity I.1.2 – 1<sup>st</sup> Quarter Summary</b></p>	<p><b>Current Status</b></p>
<p>The Initial Safety Assessment (ISA) provides a comprehensive method for determining the level of intervention that may be required to ensure child safety. Instead of relying solely on the information received during an intake report, the case manager and supervisor, after a thorough assessment, together assign it to either an Investigation or Family Support track. An April 2017 review was completed to provide an understanding of the implementation of this portion of Georgia's practice model.</p> <p>The review was completed in April 2017 covering ISA's initiated in February 2017. A statewide random sample of 200 cases was generated. Nine cases were excluded from the review because they were assigned as an Investigation by the CICC and were replaced by cases from an oversample.</p> <p>There were six questions answered from the review of the ISA's initiated in February 2017. The questions were:</p> <ol style="list-style-type: none"> <li>1. Was a sufficient Initial staffing held with the assigned Case Manager to include a strategy for initial assessment?</li> <li>2. Was sufficient assessment information gathered by the Case Manager to support the safety determination and track assignment?</li> <li>3. Is there evidence that the Supervisor provided sufficient summary as to why the Case Managers justification summary supports/does not support the safety determination within 72 hours of the expiration assigned response time? (Is complete and thorough information provided to support the most appropriate track assignment decision)?</li> <li>4. Was the Safety Assessment completed by the Case Manager within 72 hours of the assigned response time?</li> <li>5. Is there evidence that the assigned FSS or Investigator continued the comprehensive assessment of child safety and family functioning, building upon information gathered in Intake and Initial Safety Assessment (ISA) by initiating the assessment within a timely manner?</li> </ol>	<p><b>Completed April 2017 Incomplete (CB 10-17)</b></p>

6. If the Case Manager who conducted the ISA is not completing the FSS/Investigation, is there evidence that the case transfer staffing information is sufficient to provide a clear understanding of the assessment findings?

The outcome of the review showed the following:

Practice Strengths:

- A documentation tool used by two different counties (Gwinnett & Walton) appeared to offer guidance for the completion and documentation of ISA's; and
- Improved practice and attention was given to timely completion of ISA's.

Practice Concerns:

Several of the below practice issues have the potential to undermine safety and the appropriateness of track assignments.

- Documentation of purposeful contacts should meet basic requirements as outlined in policy to provide a basis for safety and the subsequent track assignment;
- At times, track assignments are being made prior to the conclusion of assessments;
- The lack of documentation of history during the initial supervisory staffing leads to incomplete assessments with possible unaddressed safety concerns;
- Several examples were found where the explanation by an adult for an injury was chosen over that of a child without any further assessment completed; and
- Consistent misunderstanding of impending danger, and family functioning.

Recommendations:

Set meeting between Field Operations, Knowledge Management and Practice and Program Guidance and Kenny A. to comprehensively review findings from fidelity reviews and to collaboratively establish strategies to improve practice.

Since the review and recommendations were received by leadership, a meeting was held on June 29, 2017 and a decision was made to bridge the gaps between the outcome of the review and the practice by the counties. Actions were taken by E & T Unit to develop and train staff on completing the Impending Danger document, and support is being provided to county supervisors in several regions by the Fidelity Review Team and the Field Program Specialists. Reviews will continue to occur and support will be provided based on the outcomes.

<p><b>Strategy II: Safety Outcome 2</b> Implement monitoring activities to ensure the appropriate use of safety resources.</p>	
<p><b>2<sup>nd</sup> Quarter – Progress Overall</b> Georgia has implemented monitoring activities of safety resources.</p>	
<p><b>1<sup>st</sup> Quarter – Progress Overall</b> Georgia has implemented monitoring activities of safety resources.</p>	
<p><b>Key Activities</b></p>	<p><b>Projected Completion Quarter</b></p>
<p>I.II.1 Field operations staff will conduct frequent (no less than monthly) cadences of cases with children in Safety Resources over 45 days and ensure Safety Resources meets the approval standards outlined in agency policy by reviewing cases prior to cadences. Court-related barriers will be reported to Regional COI teams to address with court partners as needed and to the Court Improvement Project (CIP) for review and determination of their involvement in removing the barriers.</p>	<p>Q 1</p>
<p><b>Key Activity I.II.1 – 2<sup>nd</sup> Quarter Summary</b></p>	<p><b>Current Status</b></p>
<p>Each Region is now required to develop a written plan regarding their review of all Safety resources over 45 days. This plan will define their process and who are responsible for the reviews, responsibility of gathering the results of the reviews for their Region, responsibility for identifying trends and how they will be reviewed with feedback provided to the State and individual Counties. Trends will be discussed monthly with written feedback provided to the District Managers. When a Safety Resource case is reviewed at the county level, the barriers are to be listed and presented to their COI team. The COI team will make the determination regarding the appropriateness of sending the barrier to the CIP. The C3 Coordinator will be responsible for presenting the information to the CIP and tracking the number of cases presented and results. The effectiveness of the cadence calls will be measured through the monthly data. The review of cases will determine if the safety resource meets the standards outlined in agency policy. The Safety Services Unit will track the monthly data provided.</p>	<p><b>Implemented</b></p> <p><b>Recommend to move due date to Q8 (CB 12-17)</b></p>
<p><b>Key Activity I.II.1 – 1<sup>st</sup> Quarter Summary</b></p>	<p><b>Current Status</b></p>
<p>Children in Safety Resources over 45 days' data is shared each week as a part of the weekly conference call email which contains the slides and data for discussion on each week's call. Every DFCS Regional Director must join these weekly calls to complete follow up. The following information was sent to counties in an email directive –</p> <p>Attention should continue to be given to tracking children in safety resources placements 45+ days. It's essential that County Directors continue to review the list of children in SR placements 45+ days and verify that court action has been initiated. This activity is included on our Federal Performance Improvement Plan</p>	<p><b>Implemented/ Completed April-2017</b></p> <p><b>Incomplete: Quarterly reporting expected (CB 10-17)</b></p>

<p>(PIP) as discussed, this week at the statewide PIP training.</p> <p>For historical reference and comparison, the State had 485 children in Safety Resources as of 3/26/15. Over the last 24 months there has been a 71.5% decrease in the total number of children in Safety Resource Placements over 45 days. There were 152 children as of 1/4/17. As of 4/14/17 the State had 138 children in Safety Resource placements over 45 days in duration. However, due to a backlog of recent court petitions, as of June 30, 2017, Georgia has 259 children in Safety Resource placements over 45 days. County management is working with the local courts to improve the court actions being completed. No cases with court-related barriers have been reported to Regional CQI teams to address with court partners or to the Court Improvement Project (CIP) for review and determination of their involvement in removing the barriers.</p>	
<p>I.II.2 Update the GA SHINES Safety Resource Report to include the option of pulling by supervisor and include the assigned worker. Supervisors and County Directors will use the report to monitor, identify and remove barriers, and to reduce the number of cases over 45 days.</p>	Q 3
<p><b>Key Activity I.II.2 – 2<sup>nd</sup> Quarter Summary</b></p>	Current Status
<p>This report allows each county to know specifically the details of all of their Safety Resource placements on a daily basis. This report allows the counties quick identification on each child and case that is over 45 days.</p>	On Schedule On Track (CB 12-17)
<p><b>Key Activity I.II.2 – 1<sup>st</sup> Quarter Summary</b></p>	Current Status
<p>Georgia staff met on November 30, 2016 to begin addressing this key activity. The GA SHINES requirements were outlined during the meeting, and a timeline of March/April release was identified for the needed enhancements. The GA SHINES system has been updated with the option of reports to be pulled by supervisor and include the assigned case manager. Supervisors and County Directors are using the report to identify, monitor and remove barriers, reducing the number of children in care over 45 days. Training was held in May 2017 for the C3 Coordinators, Field Program Specialist, CQI Specialist and CQI Facilitators on how to pull the report from GA SHINES and use the information for monitoring. The individuals trained returned to the Regions and County and shared how to use the report with the staff. The County Directors' reviews and State Cadences are allowing staff the opportunity to identify any needed assistance, which has led to a reduction of the number of children in care over 45 days.</p>	Completed May 2017 Incomplete (CB 10-17)
<p>I.II.3 Develop a Safety Resource Approval Checklist for Supervisors to be used to ensure all elements are included in the Safety Resource Assessment for approval.</p>	Q 3
<p><b>Key Activity I.II.3 – 2<sup>nd</sup> Quarter Summary</b></p>	Current Status
<p>This form is based on policy and will be completed and then put in each case in SHINES</p>	Implemented



through external documents. We are reviewing the form for possible modifications to include a specific section for history and substance abuse.	On Track (CB 12-17)
<b>Key Activity I.II.3 – 1<sup>st</sup> Quarter Summary</b>	Current Status
The Safety Resource Approval Checklist was developed with input from Regional and County staff. Training was held in May 2017 for the C3 Coordinators, Field Program Specialist, CQI Specialist and CQI Facilitators on how to use the checklist to ensure that all elements needed for the Safety Resource Assessment are obtained prior to approval. The individuals trained returned to the Regions and County and shared how to use the checklist with the staff. The Safety Field Program Specialists are monitoring to ensure that supervisors are using the checklist prior to approval and they are ensuring the all needed information for approval is collected.	Completed May 2017 Incomplete (CB 10-17)
I.II.4 Identify and remove barriers to the Relative Care Assessment (RCA) and Safety Resource assessment and approval process.	Q 3
<b>Key Activity I.II.4 – 2<sup>nd</sup> Quarter Summary</b>	Current Status
Initial planning is just beginning for this key activity; therefore, no update is available at this time.	On Schedule
<b>Key Activity I.II.4 – 1<sup>st</sup> Quarter Summary</b>	Current Status
Initial planning is just beginning for this key activity; therefore, no update is available at this time.	On Schedule
I.II.5 Update GA SHINES to produce a report to track the completion of the RCA/Safety Resource assessment and other requirements. Supervisors and County Directors will use the report to monitor, identify and remove barriers, and to improve the timely completion of RCA/Safety Resource assessment.	Q 3
<b>Key Activity I.II.5 – 2<sup>nd</sup> Quarter Summary</b>	Current Status
We have had initial discussion regarding this activity. At this time, we are not able to complete this due to technical changes and conversions required in SHINES and the specific designs requirements for this report. We are reviewing the option of creating a different type of report through the LENSES dashboard that would provide more information specific to each program area. We are not able to provide a specific date for completion at this time. We are in the process of ongoing conversations to ensure that this report will capture the needed information that will have a positive impact.	On-Schedule  Due date extension needed (CB 12-17)
<b>Key Activity I.II.5 – 1<sup>st</sup> Quarter Summary</b>	Current Status
Initial planning is just beginning for this key activity; therefore, no update is available at this time.	On Schedule

<p><b>Goal II:</b> Meet the assessment and individualized needs of children, youth, and families through an enhanced and broadened array of services.</p>	
<p>Safety Outcome Items 2, 3/ Well-Being Outcome Items 12, 16, 17, 18/ Systemic Factors 29, 30</p>	
<p><b>Strategy I: Systemic Factor – Service Array</b> Implement targeted communication and collaboration activities to improve access to, and utilization of, the state's service array.</p>	
<p><b>2<sup>nd</sup> Quarter – Progress Overall</b> Georgia continues the implementation of targeted communication and collaboration activities to improve access to, and utilization of, the state's service array, which will improve meeting the assessment and individualized needs of children, youth, and families through an enhanced and broadened array of services.</p>	
<p><b>1<sup>st</sup> Quarter – Progress Overall</b> Georgia has begun implementation of targeted communication and collaboration activities to improve access to, and utilization of, the state's service array, which will improve meeting the assessment and individualized needs of children, youth, and families through an enhanced and broadened array of services.</p>	
<p><b>Key Activities</b></p>	<p><b>Projected Completion Quarter</b></p>
<p>II.I.1 Establish quarterly meetings in each Region with Agency Staff (County and Regional), pertinent stakeholders and service providers, to address service needs and availability of services to include: identifying needed services, determining and implementing method to develop or access identified services, monitoring to ensure that implemented services are effective.</p>	<p>Q 2</p>
<p><b>Key Activity II.I.1 – 2<sup>nd</sup> Quarter Summary</b></p>	<p><b>Current Status</b></p>
<p>The State C3 Coordinators will be meeting in December 2017 to establish a standardized quarterly report to be used by each Region during their meetings. The report will identify the service needs and availability of services. The report will be used to document the method to develop or access services, the implementation of services and monitoring to ensure that the services are effective. The report will be shared once it is completed. The C3 Coordinators and State Office staff continued during 2<sup>nd</sup> quarter to host meetings with stakeholders and service providers to inform them of the need for their participation in the quarterly meetings. During the meeting there continued to be service needs identified. A detailed update will be provided during 3<sup>rd</sup> quarter using reports information.</p>	<p><b>Implemented</b></p> <p><b>In Progress- Recommend due date extended to Q5 (CB 12-17)</b></p>
<p><b>Key Activity II.I.1 – 1<sup>st</sup> Quarter Summary</b></p>	<p><b>Current Status</b></p>
<p>The State has identified the C3 Coordinators as the point person for establishing quarterly meetings in each Region with Agency staff to address service needs and availability of services. Some of the services needs identified were the need to develop additional mental health services for children and families; develop community response to the current drug</p>	<p><b>On Schedule</b></p>

<p>epidemic and its community wide aspect and ownership; lack of providers for families; lack of foster parents and increasing foster care needs; increasing graduation rates; address school truancy; mentoring; and lack of transportation for families. In addition, Region 11 identified that their region is working on developing and maintaining improved communication between agencies and planning to complete cross trainings/meetings between DFCS and DJJ staff. A cross training/meeting has been scheduled for August for DFCS CMs and DJJ probation officers in Region 11. The state will be providing additional updates as the Regions and Counties continue their meetings with pertinent stakeholders and service providers to include: identifying needed services, determining and implementing methods to develop or access identified services, monitoring to ensure that implemented services are effective.</p>	
<p>II.1.2 Develop and distribute a statewide service directory that provides a listing of available contracted providers and identifies what behavioral-specific changes they target (including any safety threats they directly mitigate via service delivery).</p>	<p>Q 2</p>
<p><b>Key Activity II.1.2 – 2<sup>nd</sup> Quarter Summary</b></p>	<p><b>Current Status</b></p>
<p>Georgia’s Safety Unit is working with the C3 Coordinators to collect Agencies name, contact information and services provided to develop and distribute a statewide service directory. The initial information has been provided regarding the resources for each County. We are currently reviewing the resources to ensure that the directory is consistent for the types of services provided and to ensure that the information is correct and pertinent. We are contracting with a service provider who will organize the information provided so that the information is easily assessable and consistent. This process has taken longer than expected. We anticipate that our Resource Directory will be completed and available by March 2018. Once the Directory is completed notification will be sent to all county staff with instructions for obtaining the information. Each county office will be responsible for providing their C3 Coordinator with updated information on their resources on a monthly basis. This information will be provided to the Safety Services Unit so that the directory will be updated and current information maintained.</p>	<p><b>Behind Schedule</b></p> <p><b>Recommend due date extended to Q5 (CB 12-17)</b></p>
<p><b>Key Activity II.1.2 – 1<sup>st</sup> Quarter Summary</b></p>	<p><b>Current Status</b></p>
<p>Georgia’s Safety Unit is working with the C3 Coordinators to collect Agencies name, contact information and services provided to develop and distribute a statewide service directory. The directory will be available online for all counties to use. The directory will be released in Quarter 2.</p>	<p><b>On Schedule</b></p>
<p>II.1.3 Partner with Courts and Substance Abuse Providers to develop a protocol for working effectively with caregivers with substance abuse issues who are involved with DFCS to increase parental capacity and improve safety outcomes.</p>	<p>Q 2</p>

Key Activity II.I.3 – 2 <sup>nd</sup> Quarter Summary	Current Status
The feedback has been collected and is being incorporated into the plan along with updates regarding recent law changes, information on drug testing in substance abuse cases, family treatment court services, and drug testing in family treatment courts. We will establish a work group in January 2018 that will include our partners along with court representatives for a final review of the Protocol. We anticipate completion and implementation of the Substance Abuse Protocol in March 2018.	Behind Schedule  Recommend due date extended to Q5 (CB 12-17)
Key Activity II.I.3 – 1 <sup>st</sup> Quarter Summary	Current Status
Georgia's Safety Unit has met with Courts and Substance Abuse Providers and developed a protocol for working effectively with caregivers with substance abuse issues who are involved with DFCS to increase parental capacity and improve safety outcomes. The protocol was sent to counties and regional staff via the C3 Coordinators for feedback. The protocol was also released to the CASA Director for feedback. The feedback has been collected and is being incorporated. The final protocol will be released in Quarter 2.	On Schedule
<p><b>Strategy II: Well-Being Outcome 2</b></p> <p>Educational Programming, Assessment and Consultation (EPAC) team will conduct quarterly Education Academies that provide information to staff and external partners (stakeholders and caregivers) regarding educational entitlements, local educational processes, and advocacy. Additionally, Education Academies will provide information and best practices for case managers and supervisors as they engage with the local school system and academic centers for youth on their caseload.</p>	
<p><b>2<sup>nd</sup> Quarter – Progress Overall</b></p> <p>The Educational Programming, Assessment and Consultation (EPAC) team continues to work on having the Education Academies and have conducted some web-based and onsite trainings that provided information to staff and external partners (stakeholders and caregivers) regarding educational entitlements, local educational processes, and advocacy. Additionally, Education Academies have begun providing information and best practices for case managers and supervisors as they engage with the local school system and academic centers for youth on their caseload.</p>	
<p><b>1<sup>st</sup> Quarter – Progress Overall</b></p> <p>The Educational Programming, Assessment and Consultation (EPAC) team is ahead of schedule with the Education Academies and have conducted some web-based and onsite trainings that provided information to staff and external partners (stakeholders and caregivers) regarding educational entitlements, local educational processes, and advocacy. Additionally, Education Academies have begun providing information and best practices for case managers and supervisors as they engage with the local school system and academic centers for youth on their caseload.</p>	
Key Activities	Projected Completion Quarter
II.II.1 EPAC will implement one web-based Education Academy each quarter designed to support and enhance case manager, supervisor, and other direct service child welfare staff's understanding of educational support to youth in foster care. The regional and/or county will be identified in part by the following criteria:	Q 8

<ul style="list-style-type: none"> <li>• Large number of children/youth in foster care enrolled in the school district.</li> <li>• High percentage of suspensions/expulsions of children and youth in foster care.</li> <li>• Judicial partners support and prioritize educational outcomes.</li> <li>• School districts with a high or low graduation rates of foster youth.</li> <li>• Low rates of EPAC Referral.</li> </ul>	
<b>Key Activity II.II.1 – 2<sup>nd</sup> Quarter Summary</b>	<b>Current Status</b>
No update.	<b>Implemented On Track (CB 12-17)</b>
<b>Key Activity II.II.1 – 1<sup>st</sup> Quarter Summary</b>	<b>Current Status</b>
EPAC implemented two web-based Education Academies in Region 3. These online academies were designed to enhance the knowledge case managers, supervisors, and other direct service child welfare staff had regarding EPAC and Student Discipline. Region 3 was selected due to low EPAC Referral rates and high percentages of suspensions/expulsions. Other Regions and Counties will be trained as identified.	<b>Completed May 2017 Incomplete: Quarterly reporting required (CB 10-17)</b>
II.II.2 EPAC will implement two onsite Education Academies per quarter designed to support and enhance the case manager, supervisor, and other direct service child welfare staff's understanding of educational support to youth in foster care.	Q 8
<b>Key Activity II.II.2 – 2<sup>nd</sup> Quarter Summary</b>	<b>Current Status</b>
No update.	<b>Implemented On Track (CB 12-17)</b>
<b>Key Activity II.II.2 – 1<sup>st</sup> Quarter Summary</b>	<b>Current Status</b>
EPAC implemented several onsite Education Academies during the past quarter throughout the State of Georgia. These onsite academies were designed to increase the knowledge and skill sets of case managers, supervisors, and other direct service child welfare staff members.	<b>Completed May 2017 Incomplete: Quarterly reporting required (CB 10-17)</b>
II.II.3 EPAC will implement three annual onsite Education Academies specifically for foster parents and caregivers to provide additional guidance, clarification and best practices in supporting the academic needs of youth in their care.	Q 8
<b>Key Activity II.II.3 – 2<sup>nd</sup> Quarter Summary</b>	<b>Current Status</b>
No update.	<b>Implemented On Track (CB 12-17)</b>
<b>Key Activity II.II.3 – 1<sup>st</sup> Quarter Summary</b>	<b>Current Status</b>
EPAC implemented three onsite Education Academies specifically for foster parents and caregivers to provide additional guidance, clarification and best practices in supporting the academic needs of youth in their care in the past quarter.	<b>Completed May 2017 Incomplete: Quarterly reporting required</b>

**Strategy III: Well-Being Outcome 2**

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

**2<sup>nd</sup> Quarter – Progress Overall**

Georgia has not begun to monitor the Individualized Education Plans (IEP) for children/youth who have been referred to EPAC and ensuring that the IEPs are current and are monitored due to school not beginning until August 2017.

**1<sup>st</sup> Quarter – Progress Overall**

Georgia has not begun to monitor the Individualized Education Plans (IEP) for children/youth who have been referred to EPAC and ensuring that the IEPs are current and are monitored due to school not beginning until August 2017.

**Key Activities****Projected Completion Quarter**

II.III.1 EPAC Education Specialists (contractors) will conduct quarterly sample reviews of IEPs for youth who have been referred to EPAC and have IEPs to ensure the IEP is current/up-to-date and reflects the actual supports and services needed.

Q 8

**Key Activity II.III.1 – 2<sup>nd</sup> Quarter Summary****Current Status**

No update.

On-Schedule  
Delayed-Quarterly  
Reporting Required (CB  
12-17)

**Key Activity II.III.1 – 1<sup>st</sup> Quarter Summary****Current Status**

Initial planning is just beginning for this key activity; therefore, no update is available at this time.

On Schedule

II.III.2 In partnership with Georgia Court Appointed Special Advocate (CASA), EPAC Education Specialists, and the youth's case manager, EPAC will monitor educational assessment recommendations to ensure that they are addressed and implemented timely according the DFCS Social Services Policy (five business days). EPAC will monitor to ensure that the assessment recommendations include the documentation need to support youth who are in need of additional credit recovery.

Q 8

**Key Activity II.III.2 – 2<sup>nd</sup> Quarter Summary****Current Status**

No update.

On-Schedule  
Delayed- Further  
discussion with CB is

	needed (CB 12-17)
<b>Key Activity II.III.2 – 1<sup>st</sup> Quarter Summary</b>	Current Status
Initial planning is just beginning for this key activity; therefore, no update is available at this time.	On Schedule
<b>Strategy IV: Well-Being Outcome 3</b> Implement training and monitoring activities to ensure children and youth receive appropriate physical and mental health assessments, services, and medication monitoring.	
<b>2<sup>nd</sup> Quarter - Progress Overall</b> Georgia remains on schedule with the implementation of training and monitoring activities to ensure children and youth receive appropriate physical and mental health assessments, services, and medication monitoring.	
<b>1<sup>st</sup> Quarter - Progress Overall</b> Georgia is on schedule with the implementation of training and monitoring activities to ensure children and youth receive appropriate physical and mental health assessments, services, and medication monitoring.	
<b>Key Activities</b>	Projected Completion Quarter
II.IV.1 The Wellness Programming, Assessment, and Consultation (WPAC) Unit will implement four quarterly, web-based academies annually that will be designed to support and enhance case manager, supervisor, and other direct service child welfare staff's understanding of appropriate and timely health screening.	Q 8
<b>Key Activity II.IV.1 – 2<sup>nd</sup> Quarter Summary</b>	Current Status
No update.	Implemented No Progress Reported (CB 12-17)
<b>Key Activity II.IV.1 – 1<sup>st</sup> Quarter Summary</b>	Current Status
Web-Based Academies will consist of the WPAC Director and/or unit staff members and Amerigroup training on DFCS policy regarding initial EPSDT and Dental exams being completed within 10 days of entering care; and the Developmental and Trauma Assessments being completed within 30 days of entering into care. Training will cover Bright Futures guidelines on periodical health exams, and how to appropriately document outcomes of medical and dental visits; as well as, how to follow-up on doctors' recommendations. WPAC Director and Amerigroup Training Coordinator will be responsible for developing the four quarterly, web-based academies annually. The academies will be offered quarterly starting October 2017.  DFCS staff and external partners will be able to register online through <a href="http://www.iotis.org">www.iotis.org</a> . DFCS	On Schedule

<p>staff and external partners will be expected to attend and attendance will be monitored or tracked by the C3 Coordinators in each Region. DFCS WPAC Director will monitor who has registered and completed the web-based academies and provide this information to the C3 Coordinators to compare with a list of employees from each region to ensure that all staff attend timely. Each training will be recorded as well as a sign in sheet/log (through the online process) will be provided to the WPAC Director and made available if needed.</p>	
<p>II.IV.2 The WPAC Unit will implement four quarterly, mandatory regional and/or county intensive onsite coaching sessions annually for supervisors, administrator, and quality assurance staff to guide and support best practices related to ensure child and youth appropriate access to and monitoring of physical and behavioral health assessments and services. DFCS counties and regions will be determined by:</p> <ul style="list-style-type: none"> <li>• Population of children and youth boarding</li> <li>• Number of over follow up visits "coming due"</li> <li>• Number of cases "overdue"</li> <li>• Number in incomplete Medicaid application</li> <li>• Identified gaps of services providers</li> </ul>	Q 8
<p><b>Key Activity II.IV.2 – 2<sup>nd</sup> Quarter Summary</b></p>	<p><b>Current Status</b></p>
<p>No update.</p>	<p><b>Implemented</b> <b>No Progress Reported</b> <b>(CB 12-17)</b></p>
<p><b>Key Activity II.IV.2 – 1<sup>st</sup> Quarter Summary</b></p>	<p><b>Current Status</b></p>
<p>The mandatory regional/county onsite coaching sessions will consist of the WPAC Wellness Specialist providing onsite training addressing E-Form Completion, Georgia Health Information Network (GHIN) Portal, appropriately completing the Health tab in SHINES, Children’s 1st/Babies Can’t Wait training, as well as training on how to appropriately complete the Medicaid application tab in SHINES. These sessions will be provided quarterly to DFCS Case Managers, Supervisors, Administrators, and any staff responsible for ensuring physical and behavioral health needs are met. The academies will be offered quarterly starting October 2017.</p> <p>These sessions will not consist of an on-line registration, as they are face to face and managed by the Wellness Specialist assigned to each region. The Wellness Specialist will set up pre-approved dates with the regions and counties for the trainings. Trainings will take place at the local DFCS office for DFCS Case Managers, Supervisors, Administrators, and any staff responsible for ensuring physical and behavioral health needs are met. Wellness Specialist will keep a log/signature sheet of all the attendees. The information will be given to the C3 Coordinator to track the training and ensure that it is documented. The information will be shared with the training unit as needed.</p>	<p><b>On Schedule</b></p>



<p>II.IV.3 Work with Amerigroup (CMO) to create a monthly report of children and youth in foster care of children with “significant” health conditions (we will define “significant”).</p> <ul style="list-style-type: none"> <li>• Medical diagnosis</li> <li>• Date of birth</li> <li>• Assigned Primary Care Physician</li> <li>• County of custody</li> </ul>	Q 3
<p><b>Key Activity II.IV.3 – 2<sup>nd</sup> Quarter Summary</b></p>	<p><b>Current Status</b></p>
<p>The Well-Being Services Section Director and WPAC Program Manager are working in partnership with the Georgia SHINES Team to develop a report that captures “significant” health conditions, that are aligned with our current healthcare policy. The report will be ready for distribution by Qtr. 8</p>	<p><b>Implemented</b>  <b>In Progress, recommend extending due date (CB 12-17)</b></p>
<p><b>Key Activity II.IV.3 – 1<sup>st</sup> Quarter Summary</b></p>	<p><b>Current Status</b></p>
<p>The WPAC Director, Department of Community Health (DCH), Policy Unit Manager or staff members and the AMG Director will determine the definition for children with significant health conditions. The definition will be shared with Regional and County staff for feedback. Once finalized the definition will be released as the policy.</p> <p>The C3 Coordinators are currently working with the County staff to ensure that the health detail page is correctly filled out as well as health information is uploaded to external documents. This will be monitored by the Wellness Specialist pulling the overdue health data monthly. The Wellness Specialist will monitor the case watch page to ensure errors have been addressed in SHINES. If the information is not current in SHINES the Wellness Specialist will inform the Case Manager, Supervisor, County Director, Regional Director and the C3 Coordinator about having corrections completed.</p> <p>The WPAC unit will continue to collaborate with Amerigroup (CMO), policy, SHINES to ensure county staff are identifying and accurately documenting significant health conditions in SHINES so data can be collected. Reports will be issued monthly. Information will be shared with Case Manager, Supervisor, County Director, Regional Director and the C3 Coordinator to ensure they are addressing the children’s/youths’ significant health conditions in a timely manner.</p>	<p><b>On Schedule</b></p>
<p>II.IV.4 Distribute “Significant Health Condition Report” to regional directors, county directors, supervisors, C3 coordinators for staffing and assurance that appropriate services are accessed for children and youth. Bi-monthly follow up will occur on statewide Well-Being Services Cadence Calls.</p>	Q 8
<p><b>Key Activity II.IV.4 – 2<sup>nd</sup> Quarter Summary</b></p>	<p><b>Current Status</b></p>
<p>No update.</p>	<p><b>On-Schedule</b>  <b>Bi-monthly monitoring</b></p>

	required, Need to discuss further (CB 12-17)
<b>Key Activity II.IV.4 – 1<sup>st</sup> Quarter Summary</b>	<b>Current Status</b>
<p>The WPAC, Amerigroup, the Policy unit, and GA SHINES will meet to determine what is considered or identified as significant health conditions through Department of Public Health (DPH) and Amerigroup standards. The monthly report will be developed by the WPAC unit. The data which identifies children/youth with significant health conditions will be pulled through SHINES. On the 5<sup>th</sup> of each month, the WPCA unit will distribute the "significant health condition report" for staffing in each month beginning January 2018.</p> <p>The Supervisors and Field Program Specialists will meet to ensure the supervisors are having individual conferences with their Case managers and identifying and addressing the mentioned health related items. The Field Program Specialists will complete spot checks for their assigned counties to ensure information is updated in SHINES.</p> <p>The Regional Directors, County Directors, Supervisors and C3 coordinators will ensure that the staffing to assure appropriate services are accessible for children and youth are completed monthly. The supervisors and Field Program Specialist will ensure that the staffing information is documented in GA SHINES. The supervisors and Field Program Specialist will ensure that all health information for each children/youth is current in GA SHINES. Supervisors, Field Program Specialists, C3 coordinators and case managers, if necessary, will participate in the bi-monthly follow up Statewide Well-being Services Cadence calls to review the status and health of the children/youth beginning the First Quarter in 2018. The Wellness Programming Assessment and Consultation (WPAC) Wellness Specialist will provide monthly reports which will contain all data that identifies any overdue health information as well as identify the number of youth/child per region with significant health conditions. This information will be shared with the Regional Directors for follow-up if needed.</p>	On Schedule
II.IV.5 Distribute "Psychotropic Medications Report" to regional directors, county directors, supervisors, C3 coordinators for staffing and to assure appropriate services are accessed for children and youth. Bi-monthly follow up will occur on statewide Well-Being Services Cadence Calls.	Q 8
<b>Key Activity II.IV.5 – 2<sup>nd</sup> Quarter Summary</b>	<b>Current Status</b>
In process, no update.	<p>On-Schedule</p> <p>Bi-monthly follow up required, Need to discuss further (CB 12-17)</p>

Key Activity II.IV.5 – 1 <sup>st</sup> Quarter Summary	Current Status
<p>Georgia plans to begin in September 2017 to have the C3 Coordinators work with county staff to ensure that all children in care have their health information current in GA SHINES. The WPAC unit will work with Amerigroup (CMO); the Policy and GA SHINES units, regional and county staff to develop a monthly report of children and youth in foster care taking “psychotropic medications”. The WPAC unit will distribute the “psychotropic medications report” for staffing purposes by the 5th of each month. Supervisors and Permanency Field Program Specialists will ensure that monthly staffings to assure appropriate monitoring is being completed for children and youth taking the medication. The Regional Directors, County Directors, Supervisors, and Permanency Field Program Specialists will ensure that the information is documented in GA SHINES. County Directors, Supervisors, Permanency Field Program Specialists, and case managers, if needed, will participate in the bi-monthly follow up Statewide Well-being Services Cadence calls to review the status and health/medication of the children/youth.</p>	On Schedule
<p>II.IV.6 The Well-Being Director, Wellness Director, DHS Medical Director, and CMO Representative will meet quarterly to evaluate findings, monitor and review the County Director Review (which should contain elements related to children and youth in their county/region prescribed psychotropic medications) for fidelity to the established protocol and determine methods and strategies to support best practice for case managers and supervisors.</p>	Q 8
Key Activity II.IV.6 – 2 <sup>nd</sup> Quarter Summary	Current Status
In process, no update.	On Schedule
Key Activity II.IV.6 – 1 <sup>st</sup> Quarter Summary	Current Status
<p>By March 2018, the Well-Being Director, WPAC Director, PRO Director, DCH Representative, and CMO Representative will meet to establish the method to evaluate findings, monitor and review the County Director Reviews for the fidelity of the State Psychotropic Medication Protocol/Policy. The team will develop a method for sharing the evaluation information with the counties/regions, including strategies to support best practice. Training will be provided to the Social Services staff and monitoring will be completed by the WPAC unit bi-monthly. <b>The participants have been changed in Key Activity 6 due to DHS/DFCS no longer having a DHS Medical Director.</b></p>	On Schedule

**Goal III:**

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

Safety Outcome Item 3/Permanency Outcome Items 4, 5, 6, 7, 8, 9, 10, 11/Well-Being Outcome Items 12, 13, 14, 15/Systemic Factors 19, 20, 21, 22, 23, 24, 36

**Strategy I: Permanency Outcome 2**

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

**2<sup>nd</sup> Quarter – Progress Overall**

Georgia remains on schedule with executing a robust, sustainable system for the achievement of timely permanency.

**1<sup>st</sup> Quarter – Progress Overall**

Georgia is on schedule with executing a robust, sustainable system for the achievement of timely permanency.

Key Activities	Projected Completion Quarter
III.I.1 Assess and realign human resources in each Region for the purpose of designating positions to provide mentoring, monitoring, coaching, reporting and reviews of permanency cases to support timely achievement of permanency for all children in care.	Q 1
<b>Key Activity III.I.1 – 1<sup>st</sup> Quarter Summary</b>	<b>Current Status</b>
In July of 2016, positions were assigned to each Region for the purpose of providing mentoring, monitoring, coaching, reporting and reviews of permanency cases to support timely achievement of permanency for all children in care. The Permanency FPS are hired because of their subject matter expertise in a program, they are equipped from their years of experience as case managers and supervisors. However, State Office will have quarterly meetings to continue to provide training and information on how to monitor and improve outcomes. The meetings will also discuss any policy changes and new information on best practices. Additionally, the meetings will address barriers and barrier busters for improving permanency outcomes.	Completed July 2016 Complete (CB 10-17)
III.I.2 Implement a structured tool for utilization in supervisor case staffings to ensure that key practice activities are occurring (including practices outlined in Permanency Outcomes 1 and Permanency Outcome 2) to determine barriers to achieving permanency and identify needed action prior to permanency hearings. Court related barriers will be reported to Regional COI teams to address with court partners as needed.	Q 3

Key Activity III.I.2 – 2 <sup>nd</sup> Quarter Summary	Current Status
<p>Final edits were completed on the supervisory staffing tool and the tool was finalized in August 2017. All Permanency FPSs were trained on August 15, 2017. FPSs scheduled trainings for county supervisors and other county leadership during the month of September. Some trainings had to be rescheduled due to Hurricane and were held in October. The implementation plan is staggered and requires that 25% of all cases are staffed during the months of October, 50% in November, 75% in December, and 100% of all cases and full implementation of the staffing tool by February 1, 2018.</p> <p>Supervisors are to begin staffing cases with case managers using the staffing tool on the first 25% of placement cases and new cases beginning October 1, 2017. All case staffings provide action steps for case managers based on the staffing findings. Staffings will be uploaded into external documentation in SHINES. Each month the supervisor must review previous month action steps and follow up and address action steps from the previous month during the current month staffing. County Directors level up reviews will be utilized to review case staffings and follow up. Level Up reviews will be forwarded to Permanency FPS for tracking and identification of trends.</p> <p>In August, a meeting was held with Georgia SHINES staff to discuss adding the tool in SHINES. The SHINES team was to complete a GAP analysis and a follow up meeting was scheduled for October to discuss the implementation.</p>	<p><b>Implemented</b></p> <p><b>Recommendation to extend the due date to Q4 (CB 12-17)</b></p>
Key Activity III.I.2 – 1 <sup>st</sup> Quarter Summary	Current Status
<p>The Permanency Unit has developed a structured tool for supervisor case staffings. The tool was sent to counties and regional staff via the C3 Coordinators for feedback. The feedback has been collected and is being incorporated. The final tool will be released in Quarter 2.</p>	<p><b>Ahead of Schedule</b></p>
<p>III.I.3 Develop a permanency case consultation action plan template for use in cases where the children have reached the 13th month in care. The action plan and case consultation will incorporate Solution Based Casework and Permanency Roundtable principles.</p>	<p>Q 1</p>
Key Activity III.I.3 – 2 <sup>nd</sup> Quarter Summary	Current Status
<p>The training on the case consultation template was completed in August 2017 for the Permanency FPS. The template is aligned with SBC policy and will be conducted by the FPS by the child's 12<sup>th</sup> month in care.</p> <p>Additionally, for follow up, a consistent means to track action plan and trend reporting will be developed by December 1, 2017 and Permanency FPS will track for compliance, review for action plan follow up and report on trends.</p>	<p><b>Behind Schedule</b></p> <p><b>Complete (CB 12-17)</b></p>
Key Activity III.I.3 – 1 <sup>st</sup> Quarter Summary	Current Status
<p>Georgia elected to use the SBC case consultation action plan template for permanency cases where the children have reached the 13<sup>th</sup> month in care. The case consultation requires that the supervisor work along with the case manager develop an action plan for</p>	<p><b>Completed</b></p> <p><b>May 2017</b></p> <p><b>Incomplete: (CB 10-17)</b></p>

the children and family.	
III.I.4 The Placement & Permanency section in conjunction with Solution Based Casework staff will train Permanency Field Program Specialists, Mentor FPS, Well Being FPS, Regional Adoption Coordinators, Well Being Specialists, CQI Specialists and Solution Based Casework (SBC) Coaches to conduct and track Permanency Case Consultations.	Q 2
<b>Key Activity III.I.4 – 2<sup>nd</sup> Quarter Summary</b>	<b>Current Status</b>
Training was conducted in August 2017 on the case consultations action plan template. The Placement & Permanency section in conjunction with the SBC coaches, trained the Permanency Field Program Specialist who were charged with returning to their regions to train supervisors and higher. The regional training commenced in August and was completed in October 2017. The action plan template is aligned with SBC policy and was already part of the SBC training provided to the counties. This training was an iteration of the SBC model and focused on consistency in practice utilizing the Case Consultation Action Plan and staffing expectations to ensure positive transitions to permanency. The Placement & Permanency section utilized the FPS quarterly meetings to follow up on the progression of the training and made adjustments, as needed.	Completed August 2017  Completed (CB 12-17)
<b>Key Activity III.I.4 – 1<sup>st</sup> Quarter Summary</b>	<b>Current Status</b>
The Placement & Permanency section in conjunction with Solution Based Casework staff will train Permanency Field Program Specialists, and other staff on how to conduct and track Permanency Case Consultations. The training is schedule for August 2017. Updates on the training will be reported in Quarter 2.	On Schedule
III.I.5 Permanency Field Program Specialists (FPS) will identify cases where children have reached 13 months in care and lead permanency case consultations.	Q 4
<b>Key Activity III.I.5 – 2<sup>nd</sup> Quarter Summary</b>	<b>Current Status</b>
The Permanency Field Program Specialist will utilize the SHINES system to identify cases where children have reached the 12th month in care. To align with SBC practice children will receive the case consultation at the 12 <sup>th</sup> month. This will also allow for additional time for the regions to complete consultation for months where the volume is high. The high volume is a concern in many regions and, as a result, we have identified additional supports to assist with the facilitations of the case consultations. The staff will include Regional Adoption coordinators (RACs), Lead Administrators, Safety Field Program Specialist and Lead Supervisors will assist when needed. The tracking and monitoring of this process will be the responsibility of the Permanency Field Program Specialist. One identified challenge is the possibility of this activity being duplicative as SBC policy already requires a Case Consultation.	On Schedule  On Track (CB 12-17)
<b>Key Activity III.I.5 – 1<sup>st</sup> Quarter Summary</b>	<b>Current Status</b>
Initial planning is just beginning for this key activity; therefore, no update is available at this time.	On Schedule
III.I.6 Continuous Quality Improvement (CQI) Teams will analyze tracking data and outcomes on	Q 5

an ongoing basis to assess effectiveness of the Permanency Case Consultation strategy.	
<b>Key Activity III.I.6 – 2<sup>nd</sup> Quarter Summary</b>	<b>Current Status</b>
Initial planning is just beginning for this key activity. The Permanency Section met with the CQI Unit Manager on 9/28/17 and the Lead FPS on 10/11/17 to begin discussions specific to the analysis of the case consultation outcomes. There will be another meeting scheduled with members from the State CQI team to finalize the process.	<b>On-Schedule</b> <b>-Recommend to extend the due date to Q7 (CB 12-17)</b>
<b>Key Activity III.I.6 – 1<sup>st</sup> Quarter Summary</b>	<b>Current Status</b>
Initial planning is just beginning for this key activity; therefore, no update is available at this time.	<b>On Schedule</b>
III.I.7 The State CQI team will analyze permanency case consultation outcome data to determine the future scope of a Permanency Roundtable process focusing on those cases involving children without any actionable permanency plan. The team will generate a written strategy including parameters for identifying cases in need of full permanency roundtables rather than permanency case consultations.	Q 7
<b>Key Activity III.I.7 – 2<sup>nd</sup> Quarter Summary</b>	<b>Current Status</b>
Initial planning is just beginning for this key activity; therefore, no update is available at this time.	<b>On Schedule</b>
<b>Key Activity III.I.7 – 1<sup>st</sup> Quarter Summary</b>	<b>Current Status</b>
Initial planning is just beginning for this key activity; therefore, no update is available at this time.	<b>On Schedule</b>
III.I.8 A minimum of two (2) consultation staff per region will be trained in the full Permanency Roundtable model.	Q 8
<b>Key Activity III.I.8 – 2<sup>nd</sup> Quarter Summary</b>	<b>Current Status</b>
Initial planning is just beginning for this activity. The Placement section has identified the training resource who will be responsible for conducting the training. More discussion is needed to develop and finalize the statewide protocol for the training.	<b>On Schedule</b>
<b>Key Activity III.I.8 – 1<sup>st</sup> Quarter Summary</b>	<b>Current Status</b>
Initial planning is just beginning for this key activity; therefore, no update is available at this time.	<b>On Schedule</b>
III.I.9 Full Permanency Roundtables including follow up as specified in the Permanency Roundtable model will occur for cases where the children have reached the 13th month in care and there is no clear permanency path identified. Cases will be identified by the Supervisor or Permanency FPS. Permanency Case Consultations will continue for cases not in need of a full Permanency Roundtable.	Q 8

Key Activity III.I.9 – 2 <sup>nd</sup> Quarter Summary	Current Status
Initial planning is just beginning for this key activity; therefore, no update is available at this time.	On Schedule
Key Activity III.I.9 – 1 <sup>st</sup> Quarter Summary	Current Status
Initial planning is just beginning for this key activity; therefore, no update is available at this time.	On Schedule
III.I.10 Develop and implement a permanency timeline for utilization by field staff outlining state and federal requirements and best practices that are aligned with the Solution Based Casework (SBC) model.	Q 2
Key Activity III.I.10 – 2 <sup>nd</sup> Quarter Summary	Current Status
The Permanency Timeline requires revisions based on ACF feedback and the Placement section is reviewing the feedback for needed adjustments. However, the current process requires the form to be implemented at the initial FTM with the family. The counties were trained to incorporate the timeline into their discussions with the family to assist with reminding them of the need for timely permanency for children. This discussion should be held monthly with the parents as part of their monthly required contacts and case plan assessment. A copy of the timeline is provided to the parent after the discussion has taken place. The timeline is signed and uploaded into external documents. There will be additional discussions specific to ensuring this process is supportive and helpful to the parents.	Implemented Recommend extend due date to Q5 (CB 12-17)
Key Activity III.I.10 – 1 <sup>st</sup> Quarter Summary	Current Status
The Permanency Unit developed and implemented a permanency timeline. The tool was sent to counties and regional staff via the C3 Coordinators for feedback. The feedback has been collected and incorporated. The final tool has been released as policy.	Completed May-2017 Incomplete: (CB 10-17)
III.I.11 Conduct quarterly statewide meetings to provide ongoing support to increase the capacity of identified permanency specialists and to provide updates of policies, laws, and implementation of best practices. Permanency outcome data will be reviewed to assess improvements. Invite CIP staff to attend quarterly meetings or provide a report to CIP to ensure their awareness of updates of policies, laws, and implementation of best practices related to permanency.	Q 5
Key Activity III.I.11 – 2 <sup>nd</sup> Quarter Summary	Current Status
The Permanency Unit attended quarterly meetings on 5/17/2017, 7/13/2017, 10/4/2017, and facilitated a training for the FPS on 8/15/2017. A CASA volunteer attended the 10/4/2017 meeting. Topics covered in these meetings were policy updates, PIP implementation development, brainstorming sessions regarding the needs of the county that included recommendations for the permanency section, feedback discussions around the PIP items, and a review of the 24-month cohort of children in care and the need to develop a plan	Implemented Recommend extend due date to Q8, Quarterly Reporting Needed (CB 12-17)



towards permanency outcomes for these children.	
<b>Key Activity III.I.11 – 1<sup>st</sup> Quarter Summary</b>	<b>Current Status</b>
Initial planning is just beginning for this key activity; therefore, no update is available at this time.	On Schedule
<b>Strategy II: Systemic Factor – Information System</b>	
Implement monitoring processes to improve the documentation of child/youth information in GA SHINES.	
<b>2<sup>nd</sup> Quarter – Progress Overall</b>	
Georgia continues implementation of a monitoring processes to improve the documentation of child/youth information in GA SHINES.	
<b>1<sup>st</sup> Quarter – Progress Overall</b>	
Georgia has completed the implementation of a monitoring processes to improve the documentation of child/youth information in GA SHINES.	
<b>Key Activities</b>	<b>Projected Completion Quarter</b>
<p>III.II.1 Data Integrity Specialists (DIS) case review quarterly trend reports will be shared and reviewed by the following staff to ensure improvements in data quality:</p> <ul style="list-style-type: none"> <li>• C3 Coordinators;</li> <li>• Field Program Specialists;</li> <li>• Regional Directors</li> </ul> <p>The trend reports will include identified areas needing improvement as it relates to data reviews.</p>	Q 8
<b>Key Activity III.II.1 – 2<sup>nd</sup> Quarter Summary</b>	<b>Current Status</b>
The Data Integrity Specialists (DIS) case review quarterly trend reports are being shared and reviewed by C3 Coordinators, Field Program Specialists and Regional Directors to ensure improvements in data quality. The report was sent on August 15 <sup>th</sup> for 2 <sup>nd</sup> Quarter of the calendar year 2017 (April 2017 – June 2017).	Implemented Quarterly Reporting Required (CB 12-17)
<b>Key Activity III.II.1 – 1<sup>st</sup> Quarter Summary</b>	<b>Current Status</b>
The Data Integrity Specialists (DIS) case review quarterly trend reports are being shared and reviewed by C3 Coordinators, Field Program Specialists and Regional Directors to ensure improvements in data quality. The report was sent on July 17, 2017 for Quarter 1 of 2017 (January 2017 – March 2017).	Completed July 2017 Incomplete: Quarterly reporting required (CB 10-17)
III.II.2 Demonstrate improvement (by end of year 1 and year 2 of PIP) in timely and accurate	Q 8

<p>documentation of data in the areas of:</p> <ul style="list-style-type: none"> <li>• Demographic;</li> <li>• Person Characteristics;</li> <li>• Legal Status;</li> <li>• Placements</li> </ul>	
<p><b>Key Activity III.II.2 – 2<sup>nd</sup> Quarter Summary</b></p>	<p><b>Current Status</b></p>
<p>The DIS Unit reported on August 15<sup>th</sup> for Quarter 2 of the calendar year 2017 (April 2017 – June 2017), Georgia is now at 72%-demographics; 69%-Person Characteristics; 87%-Legal Status and 86%-Placements entered.</p> <p>The DIS information is reported quarterly by calendar year. During the second quarter of the PIP, Demographics and Person Characteristics has decreased slightly. The first quarter of the PIP, demographics started at 79%. The 2<sup>nd</sup> quarter, Demographics reduced to 72%. This is a 7% decrease. Person Characteristics decreased slightly by 2% from 71% to 69%. Legal status has remained the same at 87% for both quarters of the PIP. Placements increased by 1% from 85% in the first quarter to 86% in the second quarter.</p> <p>The DIS reads a minimum of 10 Data Reviews a month per region. The PIP data elements are captured on the DIS Data Reviews. In order to help increase the data elements, several activities have been implemented. When any of the data elements falls below 80%, the DIS will hold trainings in the region to help increase knowledge of how to document in Shines. The DIS will provide a monthly trend report of the Data Reviews to the Regional Directors, C3 Coordinators and Field Program Specialist by the 15<sup>th</sup> of each month. In addition to the trainings and sending out the trend report, the DIS will present the trend report quarterly at the CQI meetings. This will assist with implementing regional awareness.</p> <p>Several processes have been put in place in order to figure out what has caused a decrease in the data elements. A tracking form has been implemented to track the Data Review corrections. The Regional Directors and C3 Coordinators will be notified of non-compliance. DIS will document trainings held in the region on their monthly reports. This will be tracked by the DIS Manager for compliance. Fluctuations in the elements will be expected, but the DIS Manager will start monitoring if the decrease is a result of certain regions or if it is a Statewide issue based on the Data Reviews.</p>	<p><b>Implemented</b></p> <p><b>On Track (CB 12-17)</b></p>
<p><b>Key Activity III.II.2 – 1<sup>st</sup> Quarter Summary</b></p>	<p><b>Current Status</b></p>
<p>Georgia continues to work on improvement in timely and accurate documentation of data in the areas of demographic; person characteristics; legal status; and placements entered. During the Statewide Assessment, Georgia reported as of December 2014, the state was at 70%-demographic; 62%-person characteristics; 71%-legal status; and 88%-placements entered.</p> <p>The DIS Unit reported on July 17, 2017 for Quarter 1 of 2017 (January 2017 – March 2017), Georgia is now at 79%-demographic; 71%-person characteristics; 87%-legal status; and 97%-placements entered, which is an improvement in all areas. Georgia continue to work</p>	<p><b>Completed</b> <b>July 2017</b></p> <p><b>Incomplete: Quarterly reporting required (CB 10-17)</b></p>

on documentation.	
NOTE: Georgia DIS Unit also captures demographic and person characteristic data for both family preservation and foster care cases during their reviews, but for the PIP, the family preservation reviews have been removed; therefore, the trend information is only for foster care statewide.	
<b>Strategy III: Well-Being Outcome 1</b> Implement Solution Based Casework Practice Model Statewide.	
<b>2<sup>nd</sup> Quarter – Progress Overall</b>	
Georgia is ahead of schedule with the implementation of the rollout of Solution Based Casework (SBC) Practice Model Statewide and completing SBC Fidelity reviews.	
<b>1<sup>st</sup> Quarter – Progress Overall</b>	
Georgia is ahead of schedule with the implementation of the rollout of Solution Based Casework (SBC) Practice Model Statewide and completing SBC Fidelity reviews.	
<b>Key Activities</b>	<b>Projected Completion Quarter</b>
III.III.1 Complete roll out in Regions 1, 3, 13 and 14 by the end of 2016.	Q 1
<b>Key Activity III.III.1 – 1<sup>st</sup> Quarter Summary</b>	<b>Current Status</b>
Georgia completed the roll out of the Solution Based Casework Practice Model in Regions 1, 3, 13 and 14 in December 2016.	Completed December 2016 Complete (CB 10-17)
III.III.2 Fidelity reviews completed in Regions 1, 3, 13 and 14 to assess effectiveness of implementation.	Q 8
<b>Key Activity III.III.2 – 2<sup>nd</sup> Quarter Summary</b>	<b>Current Status</b>
The Fidelity Team continues to review its instruments that have been developed. Modifications to the tool as well as the onboarding of two new readers occurred during the quarter. As a result, no reports for 2 <sup>nd</sup> quarter reviews had been released as of the submission of this report. The Team is on target for Quarter Four.	Ahead of Schedule On Track (CB 12-17)
<b>Key Activity III.III.2 – 1<sup>st</sup> Quarter Summary</b>	<b>Current Status</b>
The fidelity reviews for Regions 1, 3, 13 and 14 is being completed in August 2017. The review also includes Regions 2 and 5. The review is currently in process; therefore, outcomes cannot be reported at this time. Outcomes of the review will be updated during the next quarter.	Implemented/ Ahead of Schedule
III.III.3 Complete roll out in Regions 2, 4, 5, 6, 7, 8, 9, 10, 11, and 12 by the end of 2017.	Q 5

Key Activity III.III.3 – 2 <sup>nd</sup> Quarter Summary	Current Status
Georgia has completed Solution Based Casework training in all DFCS regions. There were a few final make-up classes that commenced in October 2017. Regions, 1,2,3,4,5,6,7,8,9,11, 13 & 14 are well into the implementation phase. While only 6% of all staff have completed certification, the state is on target for full SBC certification by June of 2018.	Implemented/ Ahead of Schedule On Track (CB 12-17)
Key Activity III.III.3 – 1 <sup>st</sup> Quarter Summary	Current Status
Georgia has completed the roll out of the Solution Based Casework Practice Model in Regions 2 and 5 since 2017. The remaining Regions 4, 6, 7, 8, 9, 10, 11, and 12 trainings have been scheduled and will be completed by the end of Quarter 5 (June 30, 2018).	Ahead of Schedule
III.III.4 Fidelity reviews completed in Regions 2, 4, 5, 6, 7, 8, 9, 10, 11, and 12 to assess effectiveness of implementation.	Q 8
Key Activity III.III.4 – 2 <sup>nd</sup> Quarter Summary	Current Status
The Fidelity Team continues to review its instruments that have been developed. Modifications to the tool as well as the onboarding of two new readers occurred during the quarter. As a result, no reports for 2 <sup>nd</sup> quarter reviews had been released as of the submission of this report.	Ahead of Schedule
Key Activity III.III.4 – 1 <sup>st</sup> Quarter Summary	Current Status
The fidelity reviews for Regions 1, 3, 13 and 14 is being completed in August 2017. The review also includes Regions 2 and 5. The review is currently in process; therefore, outcomes cannot be reported at this time. Outcomes of the review will be updated during the next quarter. The review of other Regions 4, 6, 7, 8, 9, 10, 11, and 12 will be completed following training being completed.	Ahead of Schedule
<b>Blueprint for Change</b>	
Robust Workforce Development – To adopt a process for mentoring Supervisors and Case Managers.	

<p><b>Goal IV:</b> Establish a robust workforce.</p>	
<p><b>Systemic Factors 26, 27</b></p>	
<p><b>Strategy I: Systemic Factor – Staff and Provider Training</b> Develop and implement a competency-based child welfare learning academy that includes initial and ongoing training activities, mentoring, and monitoring processes.</p>	
<p><b>2<sup>nd</sup> Quarter – Progress Overall</b> Georgia remains on schedule with the implementation of a competency-based child welfare learning academy that includes initial and ongoing training activities, mentoring, and monitoring processes.</p>	
<p><b>1<sup>st</sup> Quarter – Progress Overall</b> Georgia is on schedule with the implementation of a competency-based child welfare learning academy that includes initial and ongoing training activities, mentoring, and monitoring processes.</p>	
<p><b>Key Activities</b></p>	<p><b>Projected Completion Quarter</b></p>
<p>IV.I.1 Redesign the new worker training curricula and certification process so that it is consistent with Georgia's Practice Model.</p>	<p>Q 2</p>
<p><b>Key Activity IV.I.1 – 2<sup>nd</sup> Quarter Summary</b></p>	<p><b>Current Status</b></p>
<p>The pilot of the Ga Child Welfare Training academy was completed in October 2017 with a total of 17 students participating. Evaluation of the pilot was completed through live face to face classroom observation, discussions with participants and reviews of test scores. Corrections based on evaluation are being made with a scheduled anticipated statewide rollout of February 2018.</p>	<p><b>Implemented On Track (CB 12-17)</b></p>
<p><b>Key Activity IV.I.1 – 1<sup>st</sup> Quarter Summary</b></p>	<p><b>Current Status</b></p>
<p>Education and Training has initiated the pilot of the new Ga Child Welfare Training Academy for new case managers, inclusive of tenets of Georgia's Practice Model. The pilot began in June 2017 and will run through September 2017. During the pilot, the content is under evaluation for revisions to testing, course material and field practice modifications. The purpose of the new curriculum is to move towards a more competency based training model, inclusive of a live simulation training, to improve on practice skills for new staff.</p>	<p><b>On Schedule</b></p>
<p>IV.I.2 Each region will monitor public staff to ensure completion of new worker training and certification within 120 days and the Office of Provider Management will monitor to ensure private staff completion of new worker training and certification within six months of employees' hire date.</p>	<p>Q 7</p>

Key Activity IV.1.2 – 2 <sup>nd</sup> Quarter Summary	Current Status
Education and Training continued to provide Keys and Track training to newly hired child welfare staff to assist in meeting this timeframe. There continues to be delays in timely staff certification, however the rollout of the new academy in February 2018 will help to manage this timeframe. One key component of the new academy is the removal of provisional certification. This change prohibits new staff from being assigned a caseload while they are in training.	Implemented On Track (CB 12-17)
Key Activity IV.1.2 – 1 <sup>st</sup> Quarter Summary	Current Status
Education and Training continued to provide Keys and Track training to newly hired child welfare staff under the current training and certification requirements. While most are able to get into new worker training within a reasonable time frame, staff having caseloads assigned to them during the reporting period continued to impact timely certification. In an effort to improve on this, regional leadership has been responsive to requests to reassign cases when concerns were brought to the attention of Education and Training staff. To improve on this issue of timely training and to improve on identified training needs, the curriculum and training requirements for new child welfare case managers are actively being revised. New requirements will not allow for staff to have caseloads while they are in training, require staff to be cross trained and provide controls around certification timeliness. The new curriculum has also been improved in the areas of Substance Abuse, CSEC, Domestic Violence, Interviewing, Documentation and the assessment of safety.	On Schedule
IV.1.3 Actively recruit and train additional field practice coaches.	Q 7
Key Activity IV.1.3 – 2 <sup>nd</sup> Quarter Summary	Current Status
Practice Model Coaches are identifying staff to serve as Field Practice Coaches as they work within DFCS regions to certify staff in Solution Based Casework. Many of our experienced staff are being promoted to supervisory positions. As a result, potential Field Practice Coaches are being promoted before being able to serve in this capacity. Education and Training will continue to work with the field to develop strategies to improve this strategy. The implementation of the Supervisor Mentor Program should have a positive impact on employee retention, which should help to increase the amount of qualified staff capable of serving in the capacity of Field Practice Coach.	Implemented On Track (CB 12-17)
Key Activity IV.1.3 – 1 <sup>st</sup> Quarter Summary	Current Status
Revisions to the Field Practice Coach program guidelines are underway.	On Schedule
IV.1.4 Strategically utilize current field practice coaches (determine gaps and share resources) in the field to provide mentoring throughout the certification process.	Q 7
Key Activity IV.1.4 – 2 <sup>nd</sup> Quarter Summary	Current Status
Practice Model Coaches are identifying staff to serve as Field Practice Coaches as they work within DFCS regions to certify staff in Solution Based Casework. Many of our	Implemented On Track (CB 12-17)

experienced staff are being promoted to supervisory positions. As a result, potential Field Practice Coaches are being promoted before being able to serve in this capacity. Education and Training will continue to work with the field to develop strategies to improve this strategy. The implementation of the Supervisor Mentor Program should have a positive impact on employee retention, which should help to increase the amount of qualified staff capable of serving in the capacity of Field Practice Coach.	
<b>Key Activity IV.1.4 – 1<sup>st</sup> Quarter Summary</b>	<b>Current Status</b>
Revisions to the Field Practice Coach program are currently underway as revisions are made to the new worker training curriculum. Turnover of veteran staff continues to be a barrier to increasing the number of Field Practice Coaches in the field. For staff who do not leave, many of them are moving into supervisor level roles. The agency recently took efforts to increase the salary for front line staff in hopes to improve on attracting more qualified child welfare staff and to retain current staff. As the workforce stabilizes, the pool of qualified staff for the Field Practice Program will increase.	<b>On Schedule</b>
IV.1.5 DFCS Education and Training will explicitly post annual training hour requirements for Social Services Staff and communicate the plan for monitoring requirements.	Q 8
<b>Key Activity IV.1.5 – 1<sup>st</sup> Quarter Summary</b>	<b>Current Status</b>
This task has been completed. Requirements are posted on the home page of <a href="http://www.gadfcs.org">www.gadfcs.org</a> .	Completed May 2017 <b>Complete: (CB 10-17)</b>
IV.1.6 Regional C3 Coordinators will be responsible for monitoring and tracking the completion of annual training requirements for staff in the field. Data will also be reported to Education and Training staff for state oversight.	Q 8
<b>Key Activity IV.1.6 – 2<sup>nd</sup> Quarter Summary</b>	<b>Current Status</b>
A report is now available in the DFCS LMS system for Regional C3 Coordinators to easily access data for their regions. A webinar was held during the quarter to teach C3 Coordinators how to monitor and enter data into the system. As a result of several agency initiatives, staff are meeting this outcome due to mandatory trainings. Some of these trainings include Solution Based Casework (16hrs), SBC for Supervisors (12hrs), Secondary Trauma for Case Managers (12hrs), Secondary Trauma for Supervisors (12hrs), Child Sexual Abuse and Exploitation (6.5hrs)	<b>Implemented</b> <b>On Track (CB 12-17)</b>
<b>Key Activity IV.1.6 – 1<sup>st</sup> Quarter Summary</b>	<b>Current Status</b>
This key activity is underway. A training is being scheduled to teach the C3 Coordinators how to access the system to run reports and add training hours for staff. Ongoing training for public child welfare staff during this period of review has been primarily focused on pre-requisite work and implementation of Georgia's Comprehensive Practice Model. In addition to the required classroom training for Solution Based Casework, there has also been an increased focus on Substance Abuse and Intimate Partner Violence training. While the state is in transition into a new practice model, this training targets our work with families	<b>On Schedule</b>

<p>regarding safety and wellbeing issues. And while ongoing training has primarily focused on areas related to the practice model, other course offerings continued to be provided for staff. Additional support in this effort is provided by the partnership between the Division and the GA State University Professional Excellence Program. Counties determine ongoing training needs for their staff and can make on-demand request for training delivery around a variety of topics.</p>	
<p>IV.I.7 Increase the number of ongoing Staff Development offerings and participation in the following areas:</p> <ul style="list-style-type: none"> <li>• Well-Being;</li> <li>• Substance Abuse;</li> <li>• Interviewing;</li> <li>• Safety Assessment; and</li> <li>• Permanency.</li> </ul>	Q 7
<p><b>Key Activity IV.I.7 – 2<sup>nd</sup> Quarter Summary</b></p>	<p><b>Current Status</b></p>
<p>Child Sexual Abuse and Exploitation, Secondary Trauma and Legal Training are being pushed for ongoing training hours in addition to Solution Based Casework. Education and Training is continuing to work with the Professional Excellence program to increase micro-learning courses to develop courses that address current performance trends while reducing out of office time for staff.</p>	<p><b>Implemented On Track (CB 12-17)</b></p>
<p><b>Key Activity IV.I.7 – 1<sup>st</sup> Quarter Summary</b></p>	<p><b>Current Status</b></p>
<p>Trainings are currently being identified for development. Currently, in addition to the practice model, Georgia is requiring staff to complete a 2-day course on secondary trauma. This course is being provided through our partnership with the Professional Excellence Program at Georgia State University. Additionally, a new interviewing module has been added to the Georgia Child Welfare Training academy along with simulation training to assist with the assessment of safety and use of the Family Functioning Assessment.</p>	<p><b>On Schedule</b></p>
<p style="text-align: center;"><b>Blueprint for Change</b></p> <p>To build consensus and collaboration among partners, staff and stakeholders.</p>	



**Goal V:**

Increase and strengthen foster and adoptive resources.

Permanency Outcome Item 4/ Well-Being Outcome Item 12/ Systemic Factors 28, 33, 35

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

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

**2<sup>nd</sup> Quarter – Progress Overall**

Georgia remains ahead of schedule with the development of training for enhancing the skills of DFCS and Child Placing Agency (CPA) resource development staff by increasing their job knowledge and their partnering efforts in the area of diligent recruitment.

**1<sup>st</sup> Quarter – Progress Overall**

Georgia is ahead of schedule with the development of training for enhancing the skills of DFCS and Child Placing Agency (CPA) resource development staff by increasing their job knowledge and their partnering efforts in the area of diligent recruitment.

Key Activities	Projected Completion Quarter
V.I.1 Develop a curriculum to train Resource Development DFCS and CPA case managers.	Q 3
<b>Key Activity V.I.1 – 2<sup>nd</sup> Quarter Summary</b>	Current Status
The Resource Development Track training curriculum has been developed and implemented.	Implemented Complete (CB 12-17)
<b>Key Activity V.I.1 – 1<sup>st</sup> Quarter Summary</b>	Current Status
The development of the new worker curriculum has begun. Staff from Education and Training, Resource Development Case Managers, Social Services Case Managers, Contract Curriculum Writers, Permanency/Adoptions Director, Policy Unit, Caregiver Recruitment and Retention Unit, Provider Management Unit, Child Welfare Quality Assurance Unit, and the Office of the Child Advocate have teamed up to develop the curriculum.  The Resource Development Track Training Sequence is as follows:  RECRUIT 2 Modules – (both piloted and now ready for roll out)  <ul style="list-style-type: none"><li>• Introduction to Resource Development; and</li><li>• Ready, Set, Recruit - is all about recruiting new Foster and Adoptive parents. Resource Developers must be able to speak confidently in public when representing the agency</li></ul>	On Schedule

<p>during recruiting activities. Participants will learn the basics of public speaking and presenting to different audiences by delivering their own short speech. Other skills needed for recruiting include teamwork and collaboration; networking.</p> <p><b>PREPARE</b>  IMPACT-FCP Pre-Service Training: Revision pending</p> <ul style="list-style-type: none"> <li>• IMPACT FCP is a pre-service training program used to prepare prospective foster and adoptive families for their role and to expose them to the basic skills and competencies needed to begin providing foster and adoptive care. IMPACT FCP involves an instructive approach to preparing families. The curriculum includes an assortment of visual aids, audio-visuals, role-play, and vignettes to support the acquisition of skills and competencies. Woven throughout the training will be applicable references to cultural and disciplinary issues related to caring for children in placement. Upon completion, participants must demonstrate at least minimal mastery and internalization of the skills and competencies presented; and</li> <li>• Family Evaluation Simulation /SHINES workshop.</li> </ul> <p><b>RETAIN – (1 pilot completed beginning of February 2017– second pilot end of April) - 2 Modules</b></p> <ul style="list-style-type: none"> <li>• Retain - Why do Foster Parents/Caregivers Quit? - Learning Objectives</li> <li>• Identify critical internal/external factors that contribute to Foster Parent attrition <ul style="list-style-type: none"> <li>○ Employ retention/ support strategies and identify agencies/services within respective communities that provide support services to Foster Parents/Caregivers; and</li> <li>○ Distinguish the differences between a professional supportive relationship and a personal supportive relationship between the foster parent and the DFCS staff. (Ethics and Enmeshment)</li> </ul> </li> <li>• Beyond the Basics <ul style="list-style-type: none"> <li>○ Differentiate between positive and negative retention; and</li> <li>○ Recognize the importance of assessing motivation to foster.</li> </ul> </li> </ul> <p>Feedback was received by Education and Training directly from course participants during the piloted sessions of each of the training modules. Feedback obtained from those pilot sessions was then incorporated into the training course revisions.</p>	
V.I.2 Roll-out training to resource development case managers through ETS (DFCS) and Office of Provider Management (CPAs).	Q 7
<a href="#">Key Activity V.I.2 – 2<sup>nd</sup> Quarter Summary</a>	<a href="#">Current Status</a>
The Resource Development Track training rolled out on September 2017. There was a total of 13 participants for the first session. All participants were current members of the DFCS Regional Resource Development Teams. Modules covered were “Recruit” and “Retain”. The training spanned over a two-week period beginning September 14. The training was	<b>Implemented</b> <b>On Track (CB 12-17)</b>

held in Macon, Georgia at the Methodist Home for Children Campus. The training is scheduled, coordinated, and facilitated by the Education and Training Section.	
<p><b>Key Activity V.I.2 – 1<sup>st</sup> Quarter Summary</b></p>	<p><b>Current Status</b></p>
<p>Education and Training will conduct all training. All course schedules will be announced on the Education and Training Website, and also through e-blasts from the Office of Communications to DFCS staff, and from the Office of Provider Management to all CPA providers. Course schedules for CPA provider registrations will be placed on GA+SCORE. For all new CPA Resource Development staff – all information will have to be entered into GA+SCORE and reminders will be sent for the staff to attend the training within four months of hire. For DFCS Resource Development (RD) new worker staff training sequence will commence upon completion of the Child Welfare Academy (formerly known as KEYS) and the Foster Care Training Track. The DFCS RD staff shall reach certification within six (6) months of hire.</p> <p>It will not be required that new foster care case managers complete the training. It is expected that the Education and Training Section Unit will report course attendance, pre- and post-assessment score trends, updates and changes of curriculum due to policy revisions.</p>	<p><b>On Schedule</b></p>
<p>V.I.3 Assess and revise the resource developer's job description and implement new performance management expectations.</p>	<p>Q 4</p>
<p><b>Key Activity V.I.3 – 2<sup>nd</sup> Quarter Summary</b></p>	<p><b>Current Status</b></p>
<p>Job descriptions for all Resource Development positions were distributed to DFCS field leadership for use in Performance Management Documents. The final version of the Resource Development job descriptions were reviewed with the Regional Teams at the Statewide Resource Development Quarterly meeting held June 28, 2017. They were discussed again during the Monthly statewide cadence on July 18, 2017 with the RD Team Leads as a reminder to include the language in PMF development. A reminder email was sent on September 19, 2017 to the Regional Directors, County Directors, and Regional Resource Development Team leads to include the language in Performance Management documents and expectations.</p>	<p><b>Implemented</b> <b>Recommend to extend due date to Q7 (CB 12-17)</b></p>
<p><b>Key Activity V.I.3 – 1<sup>st</sup> Quarter Summary</b></p>	<p><b>Current Status</b></p>
<p>The Resource Development Case Managers job descriptions were developed by the Caregiver Recruitment and Retention Unit in coordination with the Project Management Unit. The job descriptions will be shared with DFCS field leadership (County and Regional Directors) as well as Resource Development Team Leads by May 31, 2017 via email for feedback via a survey. Recommendations from feedback will be considered before final implementation of job descriptions and performance expectations. These base level job descriptions will be shared with Child Placing Agency (CPA) providers by the Office of Provider Management for feedback via GA+SCORE. CPA providers will be asked to</p>	<p><b>Ahead of Schedule</b></p>

<p>complete a similar survey regarding the job descriptions for feedback. The survey questions and responses will be provided as evidence of this solicitation. The job title for the RD case manager will be changed to “Caregiver Recruitment and Retention Specialist”.</p> <p>Caregiver Recruitment and Retention Unit Resource Development Staff will train the Resource Development case managers, supervisors and administrators on the job descriptions and performance expectations during a regularly scheduled Quarterly Meeting. The Office of Provider Management will train CPA providers at a Technical Assistance Meeting.</p> <p>The direct supervisors of the resource development staff will be responsible for monitoring their performance. There were changes to the RD Administrator job descriptions and performance expectations documents, and those have been included. Their title is proposed to be changed to Caregiver Recruitment and Retention Consultants.</p>	
<p>V.I.4 Facilitate at least two joint meetings a year for DFCS and CPAs to review, plan and strategize execution of the Diligent Recruitment Plan.</p>	<p>Q 8</p>
<p><b>Key Activity V.I.4 – 2<sup>nd</sup> Quarter Summary</b></p>	<p><b>Current Status</b></p>
<p>The second annual meeting is tentatively scheduled for December 12, 2017. This meeting is being coordinated by the Office of Provider Management with all RBWO providers. Upon solidifying a venue, OPM will advise of the location and meeting times. Notification of the meeting will be forwarded to the Regional RD Team Leads for participation.</p>	<p><b>Implemented On Track (CB 12-17)</b></p>
<p><b>Key Activity V.I.4 – 1<sup>st</sup> Quarter Summary</b></p>	<p><b>Current Status</b></p>
<p>Invitations will be sent to the 131 RBWO provider leadership and/or upper management staff (this includes CPA’s and CCI’s) and to the 14 Resource Development Team Leads representing each of the DFCS Regions. The meetings will be held in Macon, GA since it is a central location and will generally require only one-day travel for participants. The meetings will typically be held during the 2nd and 4th quarters of the year.</p> <p>A joint meeting between DFCS and CPA providers to review, plan, and strategize execution of the Diligent Recruitment Plan was July 14, 2016. It was held at the Methodist Home in Macon, GA from 10:00AM – 4:00PM. The first joint meeting for 2017 was held on April 13, 2017 at Hephzibah Children’s Home in Macon, GA from 9:30A-3:00 PM. A second meeting will be completed before the end of 2017.</p> <p>During the meetings, the participants had table discussion to identify ways in which they could collaborate to execute components of the Diligent Recruitment Plan, and how they could give additional support to birth families to support reunification. The teams discussed the establishment of a Memorandum of Understanding for their Regional Placement Resource Engagement Meetings, and how this could provide structure to their partnership.</p>	<p><b>On Schedule</b></p>

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

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

**2<sup>nd</sup> Quarter – Progress Overall**

Georgia is ahead of schedule with revision of the caregivers’ paperwork and increasing the support they receive during the approval process.

**1<sup>st</sup> Quarter – Progress Overall**

Georgia is ahead of schedule with revision of the caregivers’ paperwork and increasing the support they receive during the approval process.

Key Activities	Projected Completion Quarter
V.II.1 Redesign the approval paperwork packet to include PDF fillable options and eliminate redundancies in forms to be completed.	Q 7
<b>Key Activity V.II.1 – 2<sup>nd</sup> Quarter Summary</b>	<b>Current Status</b>
The paperwork redesign is being completed in coordination with the Office of Communications. A meeting was held on October 5 <sup>th</sup> to finalize revisions needed to the onboarding packet. Addendums were sent to the developer on 10/05/17 to be included in the revision. The developer advised that the packet would be delayed for initial development on October 18, 2017.	<b>Implemented On Track (CB 12-17)</b>
<b>Key Activity V.II.1 – 1<sup>st</sup> Quarter Summary</b>	<b>Current Status</b>
<p>A workgroup was convened on December 13, 2016 to review and revise the onboarding paperwork packet. A workgroup consisted of Caregiver Recruitment and Retention Unit Staff, Inquiry Response Case Managers, Resource Development Team Leads, and Caregiver Navigators (who also happen to be foster parents). Recommendations were made that reduced redundancies, and eliminated elements deemed unnecessary or inapplicable. The revisions were submitted to the Office of Communications Media and Graphics Design for aesthetic development and implementation of electronically fillable features.</p> <p>An initial iteration was developed and submitted to the CRRU Director for review, wherein additional revisions were made and a decision was made to create two packets, one for application, and one during the onboarding and assessment phase. The second iteration was returned to The Office of Communications on March 23, 2017 for a second revision. This iteration was returned on April 4, 2017, and shared on that same day with the Regional Resource Development Teams and the Permanency Unit for review and feedback. It was also sent to the Office of Provider Management to be shared with RBWO providers for</p>	<b>Ahead of Schedule</b>

<p>feedback. It was shared with the providers on that day via an Eblast on GA Score. The RBWO providers were provided a Survey Monkey link to provide feedback on the packet for inclusion in the next iteration.</p> <p>The packet was reduced to two versions, an application packet, and an onboarding packet. The application packet will include an introduction to the caregiver, a diagram of the onboarding process, and gather information necessary to begin the required preliminary safety screenings of the primary caregivers and other household members. The onboarding packet will contain assessments for both the primary and secondary caregiver (if applicable) and children who reside in the home. It will also include a couple's questionnaire and an ongoing training plan that will be completed in concert with the assessor conducting the family evaluation. Redundancies were removed from the packet that requested similar information from the applicant on several different forms. The recommendations from these internal and external stakeholders will be utilized to amend the packet to further reduce the burden to caregivers. The final packet will be returned to all parties for review after the final revisions are received from the Office of Communications.</p> <p>Full implementation is expected to occur by September 30, 2017. New foster care case managers will not be required to complete any training on the packet, nor is this recommended. Periodic quality assurance reviews completed by the resource development team leads will be utilized to assess adherence to the use of the packet.</p>	
<p>V.II.2 Establish the Caregiver Navigator "warm-line" program which will be manned by foster and adoptive parents; they will answer in-bound calls from veteran and prospective caregivers as well as proactively support caregivers going through the caregiver approval process.</p>	Q 7
<p><a href="#">Key Activity V.II.2 – 2<sup>nd</sup> Quarter Summary</a></p>	Current Status
<p>The Caregiver Navigator Warm Line was launched on June 27, 2017 when the Foster Georgia Inquiry line was initiated under State Operation. A team of 5 caregiver navigators answer calls when caregivers contact the line and select "Option 2" – to speak with a caregiver navigator.</p>	<p>Implemented Complete (CB 12-17)</p>
<p><a href="#">Key Activity V.II.2 – 1<sup>st</sup> Quarter Summary</a></p>	Current Status
<p>An instrumental recruitment strategy that the Division has sustained for several years is the Homes for Georgia's Kids (HGK) foster and adoptive parent inquiry line (877-210-KIDS). It is the first point of contact to obtain information about becoming a foster or adoptive parent. Georgia currently outsources the inquiry line with Bethany Christian Services for continued management of the toll-free line until state acquisition is secured. A Request for Proposal (RFP) was submitted to the Office of Procurement and Contracts (OPC) for the solicitation of potential vendors for the development of the Hosted Contact Center which would support the inbound calls platform for the inquiry line. The RFP was submitted to OPC on March 27, 2016 and was published on April 14, 2016. A review of the proposals was</p>	<p>Completed <del>June 2017</del> Incomplete CB (10-17)</p>

<p>conducted and a vendor (Platform 28) was selected in August 2016. The contract was developed by OPC in December 2016 and was fully executed in March 2017. The kickoff meeting for the development of the Scope of Work for the project was held with the vendor on April 12, 2017.</p>	
<p>V.II.3 Cease contracting out the management of the caregiver inquiry line; establish a state office team to answer the inquiry line.</p>	<p>Q 7</p>
<p><b>Key Activity V.II.3 – 1<sup>st</sup> Quarter Summary</b></p>	<p><b>Current Status</b></p>
<p>The projected implementation of the new “Foster Georgia Inquiry Line” is June 30, 2017. The ceasing of the contract with the current vendor (Bethany) is set to expire. A meeting was held with the current vendor, Bethany Christian Services, to discuss the transition of the line and the ceasing of the contract on January 26, 2017. It was agreed at that time that if the contract with the new vendor was executed timely by OPC that the services could transition by March 31, 2017. It was agreed that if this was not feasible that Bethany would continue the services until the new contract was secured and services were implemented. Due to the delays of receiving the contract with the new vendor, and the work that has to be completed to begin the services, the contract with Bethany will expire at the end of the contract date which is June 30, 2017.</p> <p>The state managed Foster Georgia Inquiry Line is going to be answered by a team of five Inquiry Response Case Managers (IRCM) and five part-time Caregiver Navigators. In FFY16, the team was hired and were placed under the supervision of the Caregiver Ombudsman within the Caregiver Recruitment and Retention Unit. The Inquiry Response Case Managers will respond to prospective applicants who desire to become caregivers. The Caregiver Navigators will provide support to current caregivers who need light mentoring and direction; as well as to prospective caregivers who are journeying through the onboarding process. A Program Manager will be hired in May 2017 to oversee the daily functioning of the Foster Georgia Inquiry Line and the five (5) Inquiry Response Case Managers. The Program Manager will oversee the daily processes of the Foster Georgia Inquiry Line to ensure that prospective applicants are transitioned through the onboarding process efficiently. The Program Manager will:</p> <ul style="list-style-type: none"> <li>• Manage the inquiry line and provides technical support to Inquiry Response Case Managers;</li> <li>• Monitor call responsiveness to reduce abandonment;</li> <li>• Ensure information packets and other information materials are sent to applicants within 2 business days;</li> <li>• Monitor Inquiry Response Case Manager’s transition of prospective applicants to their respective region to complete the onboarding process;</li> <li>• Ensure that prospective applicants are entered into GA SHINES within 48 hours;</li> <li>• Monitor case documentation in GA SHINES for timeliness, accuracy, and quality assurance;</li> </ul>	<p>Completed June 2017 Complete: (CB 10-17)</p>

<ul style="list-style-type: none"> <li>• Ensure case managers provide assistance to prospective caregivers through the application process;</li> <li>• Provides reports of Foster Georgia Inquiry line to Caregiver Recruitment and Retention Unit Manager; and</li> <li>• Provides technical support to Inquiry Response Case Managers • Ensure inquiries received via website are responded to within 48 hours.</li> </ul> <p>The Caregiver Ombudsman will continue to provide supervision to the five (5) Caregiver Navigators.</p> <p>The Foster Georgia Inquiry Line will be staffed by five (5) Caregiver Navigators. They are part-time staff who are also current foster and adoptive caregivers with the Division. The Caregiver Navigators provide light mentoring, guidance, and support to both prospective applicants and fully approved caregivers alike. They maintain contact with prospective applicants who have applied through the web-based inquiry form. Regional Resource Development staff also have the option to refer families to the Caregiver Navigator for follow up and support. The Navigator maintains contact with the family via telephone or email, until the point of approval.</p> <p>The <a href="http://www.fostergeorgia.com">www.fostergeorgia.com</a> website also has a chat feature used to engage visitors. This feature is also manned by the Caregiver Navigators. This is a customer service feature that aims to provide real-time engagement with site visitors to ease their navigation. It also allows the navigators to provide short social interaction with visitors who may have reached the site in error in search of other service related programs offered by the Division.</p>	
<p>V.II.4 Offer information sessions via webinars on an at least weekly basis by the state office Caregiver Recruitment and Retention Unit.</p>	<p>Q 7</p>
<p><a href="#">Key Activity V.II.4 – 1<sup>st</sup> Quarter Summary</a></p>	<p><a href="#">Current Status</a></p>
<p>On May 19, 2016, Georgia launched its website <a href="http://www.fostergeorgia.com">www.fostergeorgia.com</a> which serves as a public medium whereby information can be provided to both prospective and existing caregivers. Prospective applicants learn the various caregiver types, the onboarding process, gain access to representatives from their respective region, as well as the information session and IMPACT FCP Pre-Service training schedules. In June 2016, a web-based inquiry form was added onto the site allowing prospective caregivers to submit an inquiry directly from the site to the Division. The Inquiry Response Case Managers (IRCM) respond to all web-based inquiries within 24 hours, obtain additional information, and invite them to an Information Session. The IRCM then send all web-based inquiries to identified staff in their respective counties/regions to continue through the onboarding process. Upon establishment of the Foster Georgia Inquiry Line – the IRCM will be responsible for the following:</p> <ul style="list-style-type: none"> <li>• Answer the Caregiver Inquiry Line;</li> </ul>	<p>Completed September 2016 Complete (CB 10-17)</p>



<ul style="list-style-type: none"> <li>• Document Inquiries in Georgia SHINES;</li> <li>• Work with Caregiver Navigators in assisting Prospective Caregivers through the Approval Process; and</li> <li>• Facilitate weekly webinar Information Sessions.</li> </ul> <p>Georgia requires that all prospective caregivers attend an “Information Session” as part of the approval process. The Information Session provides a basic introduction of applicable DFCS policy to assist interested parties in making an initial decision about becoming a foster or adoptive parent. Subsequently, they can determine whether to continue the process. In September 2016, Georgia began offering webinar information sessions to prospective applicants who completed inquiries through the website. If applicants accept the invitation, the IRCM sends them a link to register for the upcoming session of their choice. The webinar information sessions are offered three times per week, twice on Tuesday (10AM and 6PM) and once on Saturday (10AM). The IRCM’s host the two-hour long webinar information sessions, and has experienced an 86% attendance rate of prospective applicants. The use of this medium was expanded to include families referred to attend the sessions by the regional teams. Those families are also sent a link to register for the webinar session. Upon conclusion of the session, the IRCM notifies the regional designee of the family’s attendance via email.</p>	
<p><b>Strategy III: Permanency Outcome 1</b> Strengthen the public and private agency placement operations system which includes the recruitment and retention of foster and group homes and utilization of those resources.</p>	
<p><b>2<sup>nd</sup> Quarter – Progress Overall</b></p> <p>Georgia remains on schedule with having Chapin Hall conduct a placement operations study of the state’s public and private agency system to obtain recommendations that will be used to strengthen the public and private agency placement operations system which includes the recruitment and retention of foster and group homes and utilization of those resources.</p>	
<p><b>1<sup>st</sup> Quarter – Progress Overall</b></p> <p>Georgia is on schedule with having Chapin Hall conduct a placement operations study of the state’s public and private agency system to obtain recommendations that will be used to strengthen the public and private agency placement operations system which includes the recruitment and retention of foster and group homes and utilization of those resources.</p>	
<p><b>Key Activities</b></p>	<p><b>Projected Completion Quarter</b></p>
<p>V.III.1 Execute a contract with Chapin Hall to conduct the placement operations study of the state’s public and private agency system. The study will focus on the following three areas:</p> <ul style="list-style-type: none"> <li>• A well-defined approach to contracting with private foster care service providers (CPAs and CCIs) including developing and maintaining a network of the appropriate scope and size to meet the current systems needs as well as developing an approach for matching</li> </ul>	<p>Q 2</p>

<p>children/youth to the appropriate placement.</p> <ul style="list-style-type: none"> <li>Improving outcomes for all children in foster and group care, particularly through placement with relatives, achieving permanency for young children, maintaining placement stability, and understanding the opportunity for improved outcomes in the context of the current performance based system.</li> <li>Developing an optimized approach to identifying child needs and matching them to appropriate services in the private array given the impact of the unbundling of placement and therapeutic services.</li> </ul>	
<b>Key Activity V.III.1 – 1<sup>st</sup> Quarter Summary</b>	<b>Current Status</b>
Georgia has executed a contract with Chapin Hall to conduct the placement operations study.	Completed June 2017 Complete (CB 10- 17)
V.III.2 Receive final report from Chapin Hall.	Q 3
<b>Key Activity V.III.2 – 2<sup>nd</sup> Quarter Summary</b>	<b>Current Status</b>
An extension was granted to receive the final report until December 2017. An update will be provided once the report is reviewed. Chapin Hall was granted an extension due to delays in executing a data sharing agreement and delays in receiving cost information and data for behavioral health services from the Department of Community Health (lead agency for Amerigroup contract).	On Schedule
<b>Key Activity V.III.2 – 1<sup>st</sup> Quarter Summary</b>	<b>Current Status</b>
Georgia is expected to receive the Chapin Hall study in Quarter 3.	On Schedule
V.III.3 Based on acceptance of recommendations, initiate implementation of recommendations.	Q 7
<b>Key Activity V.III.3 – 2<sup>nd</sup> Quarter Summary</b>	<b>Current Status</b>
An extension was granted to receive the final report until December 2017. An update will be provided once the report is reviewed.	On Schedule
<b>Key Activity V.III.3 – 1<sup>st</sup> Quarter Summary</b>	<b>Current Status</b>
The final report has not been received; therefore, no update on this key activity is available at this time.	On Schedule
V.III.4 Utilize the Practice Matters, Provider Leadership, and other partnership meeting venues to share information and discuss study results.	Q 8
<b>Key Activity V.III 4 – 2<sup>nd</sup> Quarter Summary</b>	<b>Current Status</b>
An extension was granted (until December 2017) to receive the final report. An update will be provided once the report is reviewed.	On Schedule

Key Activity V.III.4 – 1 <sup>st</sup> Quarter Summary	Current Status
The final report has not been received; therefore, no update on this key activity is available at this time.	On Schedule
<p><b>Strategy IV: Permanency Outcome 1</b>  Develop a universal application for Room, Board, and Watchful Oversight (RBWO) provider placements to improve efficiency in obtaining timely and appropriate placements for children.</p>	
<p><b>1<sup>st</sup> Quarter – Progress Overall</b>  Georgia has completed the development and implementation of the universal application for Room, Board, and Watchful Oversight (RBWO) provider placements.</p>	
Key Activities	Projected Completion Quarter
V.IV.1 Gather input from RBWO providers, Department of Juvenile Justice (DJJ) and Residential Child Care Licensing (RCCL) to determine what should be included in the universal applications based on program designation.	Q 4
Key Activity V.IV.1 – 1 <sup>st</sup> Quarter Summary	Current Status
<p>On February 20, 2017, the division deployed the Universal Application and Placement Referral Form. The revised tool was updated in a collaborative effort between the Placement and Permanency Section of the Division of Family and Children Services, Field Operations and RBWO Contracted Providers. The implementation of the Universal Application was developed as the singular document for review of RBWO Program Designations, Specialized Foster Care Per diems for DFCS Foster Homes and Placement referrals. Currently the Universal Application is being built out in the Division’s SHINES system according to specified requirements determined by the design workgroup. Full integration of the Universal Application in SHINES was completed on May 13, 2017.</p> <p>Feedback was received from:</p> <ul style="list-style-type: none"> <li>• Field Program Specialist Leads;</li> <li>• A select group of RBWO Providers;</li> <li>• PRO Team, OPM, CRRU; and</li> <li>• SHINES Unit.</li> </ul> <p>The feedback was incorporated into the application and sent for another round of feedback. The additional feedback was incorporated, final form was developed.</p> <p>Training was conducted:</p> <ul style="list-style-type: none"> <li>• In the Field via Technical Assistance Dates scheduled throughout this year with Counties/Regions;</li> <li>• FAQ posted on SCORE;</li> </ul>	<p>Completed  May 2017  Complete (CB 10-17)</p>

<ul style="list-style-type: none"> <li>• Cadence Call; and</li> <li>• Webinar trainings.</li> </ul> <p>Monitoring of the Universal Application is completed through GA+SCORE. All applications are uploaded into SCORE when submitting a request or referral to PRO Team. The PRO Specialists review applications and provide feedback on completing the application and sections not completed. The PRO Specialists captures the application decision in the Status/Disposition field.</p>	
V.IV.2 Develop first draft of the application.	Q 5
<a href="#">Key Activity V.IV.2 – 1<sup>st</sup> Quarter Summary</a>	<a href="#">Current Status</a>
See response above.	Completed May 2017 <b>Complete (CB 10-17)</b>
V.IV.3 Develop second draft of the application.	Q 6
<a href="#">Key Activity V.IV.3 – 1<sup>st</sup> Quarter Summary</a>	<a href="#">Current Status</a>
See response above.	Completed May 2017 <b>Complete (CB 10-17)</b>
V.IV.4 Publish the final application and implement use of the application.	Q 8
<a href="#">Key Activity V.IV.4 – 1<sup>st</sup> Quarter Summary</a>	<a href="#">Current Status</a>
See response above.	Completed May 2017 <b>Complete (CB 10-17)</b>

**PIP Completion Tracking**  
**Quarter 2**  
**07/01/17 – 09/30/17**

PIP Goal	Quarter Due	State Reports as Complete	CB Concurrence	CB Comments
Goal I: Improve the timeliness, quality, and utilization of child and family assessments throughout the child welfare continuum.				
Strategy I: Safety Outcome 1 Implement an Initial Safety Assessment (ISA) to ensure all children/families receive timely initial safety assessments and cases are appropriately tracked to either investigations or family support.				
I.1.1 Develop and Implement training to support the ISA process by completing the following activities: <ul style="list-style-type: none"> <li>• Develop a one day classroom training;</li> <li>• Develop Live Case Learning;</li> <li>• Instruction on what/how to document (where and by whom) with an emphasis on the person detail page and reminding staff to merge and relate;</li> <li>• Assess participants’ knowledge of Maltreatment Codes;</li> <li>• Develop test items based on common errors such as using “lack of supervision” as a catch all when applying maltreatment codes;</li> <li>• Create a checklist for supervisors;</li> <li>• Create a checklist for case managers;</li> <li>• Utilize various training delivery methods, such as classroom, WebEx, and/or a combination of methods;</li> </ul>	Quarter 4	Quarter 2          Quarter 1	Q2: Complete      Q1: Incomplete	Q2: Although work has been completed in initial training as required for this key activity, we caution the state to continue to provide targeted support to the regions based upon the review findings as stated in key activity 1.1.2. Additional training may be needed to fully implement this practice.  Q1: Based on review findings, enhancement to training may be needed. Technical requirements of the activity have been completed, but it doesn’t seem effective yet. We encourage the state to further develop transfer of learning activities that can be provided to staff outside of the classroom training. The CB will wait to call this key activity complete until there is more evidence regarding the effectiveness of the training.

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<ul style="list-style-type: none"> <li>• Create Transfer of Learning (TOL) activities</li> </ul>				
<p>I.I.2 Develop and Implement an ISA fidelity monitoring and review process</p>	<p>Quarter 4</p>	<p>Quarter 2-Ahead of Schedule</p> <p>Quarter 1</p>	<p>Q2: In Process: Quarterly reporting required</p> <p>Q1: Incomplete: Quarterly reporting expected</p>	
<p><b>Strategy II: Safety Outcome 2</b> Implement monitoring activities to ensure the appropriate use of safety resources.</p>				
<p>I.II.1. Field Operations staff will conduct frequent (no less than monthly) cadences of cases with children in Safety Resources over 45 days and ensure Safety Resources meets the approval standards outlined in agency policy by reviewing cases prior to cadences. Court-related barriers will be reported to Regional CQI teams to address with court partners as needed and to the Court Improvement Project (CIP) for review and determination of their involvement in removing barriers</p>	<p>Quarter 1</p>	<p>Quarter 2-Implemented</p> <p>Quarter 1</p>	<p>Q2: In process. The CB recommends extending the due date to Q8 as ongoing reporting is required.</p> <p>Q1: Incomplete: Quarterly reporting expected</p>	<p>Q2: The state reported on the call that little improvement has been seen statewide. Subsequent to the call we were provided with sample SR plans. We would like to see data from the monthly reports included in PIP progress reports. An update of the state's analysis of barriers and the extent to which court issues play a part is also needed. The state reports that to date, no cases have been referred to the CIP.</p> <p>Q1: We encourage the state to review for and collect data about the extent to which SR cases are following GA DFCS policy guidelines and then identify barriers to the appropriate application of current policy.</p> <p>We would also like to see collaboration between the courts and CIP with the agency in the identification and problem-solving regarding</p>

				court-related barriers. The CB appreciates the offer of Judge Bruce to help DFCS on sorting out issues in the identified jurisdictions with the most significant number of SR cases lasting more than 45 days.
I.II.2. Update the GA SHINES Safety Resource Report to include the option of pulling by supervisor and include the assigned worker. Supervisors and County Directors will use the report to monitor, identify and remove barriers, and to reduce the number of cases over 45 days.	Quarter 3	Quarter 2-On Schedule  Quarter 1	Q2: On track to be completed in Q3  Q1: Incomplete	Q2: The CB would still like to see a copy of the report which was requested in Q1.  Q1: Although the practice has been implemented, this strategy is a key component of the PIP. It's a way to strengthen practice and it needs to be monitored. We need to see the report. From information provided in the report and the subsequent call of 9-22-17, the CB is not getting a clear picture of how the supervisor's and county directors are using the report - there was more information provided about who monitors use of the report. The CB needs more information about how the report is being used by county directors/supervisors and would like to see an example report. It may be helpful to have another call with the people who use the report.
I.II.3 Develop a Safety Resource Approval Checklist for Supervisors to be used to ensure all elements are included in the Safety Resource Assessment for approval.	Quarter 3	Quarter 2-Implemented	Q2: On track to be completed in Q3	Q2: The state reports that more work is needed to ensure use of the checklist.

		Quarter 1	Q1: Incomplete	Q1: Before marking this key activity as complete, we would like to ensure a deeper installation of the process. We would also like to talk with people actually using the checklist for SR approval. The checklist lacks key pieces of information in order to make its use meaningful in the supervisor being fully informed to approve SR placements. Information such as CPS history, degree of substance abuse, etc. are components that should go into the decision as stated in policy.
I.II.5 Update GA SHINES to produce a report to track the completion of the RCA/Safety Resource assessment and other requirements. Supervisors and County Directors will use the report to monitor, identify and remove barriers, and to improve the timely completion of RCA/Safety Resource assessment.	Quarter 2	Quarter 2- On Schedule	Q2: The completion date for this key activity needs an extension.	Q2: The state has determined that a LENS Report would be more beneficial than a SHINES report and expect completion in the spring. The CB is open to renegotiating this key activity to be consistent with what the state has identified as the better solution.
<b>Goal II:</b>				
<b>Meet the assessment and individualized needs of children, youth, and families through an enhanced and broadened array of services.</b>				
Strategy I: Systemic Factor – Service Array				
Implement targeted communication and collaboration activities to improve access to, and utilization of, the state’s service array.				
II.I.1 Establish quarterly meetings in each Region with Agency Staff (County and Regional), pertinent stakeholders and service providers, to address service needs and availability of services to include: identifying needed services, determining and implementing method to develop or access identified services, monitoring to ensure that implemented services are effective.	Quarter 2	Quarter 2- Implemented	Q2: In process. The CB recommends extending the due date to Q5.  Q1: NA	Q2: The state is currently working on uniformity and consistency of the meetings. Since the state anticipates full implementation by Q4, extension of the due date to Q5 will allow for an extra quarter of monitoring to ensure the strategy is adequately addressed.  Q1: Would be good to think about identifying key data points and tracking mechanism for this piece –assessing waitlists for key services,



				reviewing utilization of community services, etc. The CB can discuss in more detail with the state as they continues with this
II.I.2 Develop and distribute a statewide service directory that provides a listing of available contracted providers and identifies what behavioral-specific changes they target (including any safety threats they directly mitigate via service delivery).	Quarter 2	Quarter 2- Behind Schedule	Q2: In process. The CB recommends extending the due date to Q5.	Q2: The state is currently working on development of the directory and will enlist the aid of a contractor.
II.I. 3 Partner with Courts and Substance Abuse Providers to develop a protocol for working effectively with caregivers with substance abuse issues who are involved with DFCS to increase parental capacity and improve safety outcomes.	Quarter 2	Quarter 2- Behind Schedule	Q2: The CB recommends extending the due date to Q5.	Q2: We are pleased that the state has delayed completion in favor of a quality product. We can extend the completion date so that it is consistent with the expected date of completion as described in the Q2 report. Please let us know if we can provide technical assistance to support this effort. It would be beneficial for us to see any drafts that have been completed to date.
<p>Strategy II: Well-Being Outcome 2</p> <p>Educational Programming, Assessment and Consultation (EPAC) team will conduct quarterly Education Academies that provide information to staff and external partners (stakeholders and caregivers) regarding educational entitlements, local educational processes, and advocacy. Additionally, Education Academies will provide information and best practices for case managers and supervisors as they engage with the local school system and academic centers for youth on their caseload.</p>				
II.II.1 EPAC will implement one web-based Education Academy each quarter designed to support and enhance case manager, supervisor, and other direct service child welfare staff's understanding of educational support to youth in foster care. The regional and/or county will be identified in part by the	Quarter 8	Quarter 2- Implemented  Quarter 1	Q2: On track- Quarterly Reporting needed  Q1: Incomplete: Quarterly reporting expected	Q2: The CB still desires to be included in an academy, please provide upcoming dates so that it can be scheduled.

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<p>following criteria:</p> <ul style="list-style-type: none"> <li>• Large number of children/youth in foster care enrolled in the school district.</li> <li>• High percentage of suspensions/expulsions of children and youth in foster care.</li> <li>• Judicial partners support and prioritize educational outcomes.</li> <li>• School districts with a high or low graduation rates of foster youth.</li> <li>• Low rates of EPAC Referral.</li> </ul>				
<p>II.II.2 EPAC will implement two onsite Education Academies per quarter designed to support and enhance the case manager, supervisor, and other direct service child welfare staff's understanding of educational support to youth in foster care.</p>	<p>Quarter 8</p>	<p>Quarter 2-Implemented</p> <p>Quarter 1</p>	<p>Q2: On track-Quarterly reported needed</p> <p>Q1: Incomplete: Quarterly reporting expected</p>	<p>Q2: The CB still desires to be included in an academy, please provide upcoming dates so that it can be scheduled.</p> <p>Q1: The Children's Bureau looks forward to attending an onsite Education Academy in the near future.</p> <p>In future reports, the state will specify dates/locations of the academies held during the reporting period.</p>
<p>II.II.3 EPAC will implement three annual onsite Education Academies specifically for foster parents and caregivers to provide additional guidance, clarification and best practices in supporting the academic needs of youth in their care.</p>	<p>Quarter 8</p>	<p>Quarter 2-Implemented</p> <p>Quarter 1</p>	<p>Q2: On Track-Quarterly reporting needed</p> <p>Q1: Incomplete: Quarterly reporting expected</p>	<p>Q2: The CB still desires to be included in an academy, please provide upcoming dates so that it can be scheduled.</p> <p>Q1: The Children's Bureau looks forward to attending an onsite Education Academy designed for foster parents/caretakers in the near future.</p> <p>The state will specify dates/locations of the academies held during the reporting period.</p>

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Strategy III: Well-Being Outcome 2				
Monitor the Individualized Education Plans (IEP) for children/youth who have been referred to EPAC and ensure the IEPs are current and are monitored through a coordinated team that includes the EPAC Education Specialists (contractors), DFCS Case Manager, Education Support Monitor (ESM), appropriate school system personnel and other key student support team members.				
II.III.1: EPAC Education Specialists (contractors) will conduct quarterly sample reviews of IEPs for youth who have been referred to EPAC and have IEPs to ensure the IEP is current/up-to-date and reflects the actual supports and services needed.	Quarter 8	Q2: On Schedule	Q2: Delayed	Q2: Quarterly sample reviews are required as part of this step. Although the step won't be complete until Q8, quarterly work as designated in the key activity, should have been occurring in both Q1 and Q2.
II.III.2: In partnership with Georgia Court Appointed Special Advocate (CASA), EPAC Education Specialists, and the youth's case manager, EPAC will monitor educational assessment recommendations to ensure that they are addressed and implemented timely according the DFCS Social Services Policy (five business days). EPAC will monitor to ensure that the assessment recommendations include the documentation need to support youth who are in need of additional credit recovery.	Quarter 8	Q2: On schedule	Q2: The state indicates a need for renegotiation.	Q2: It does not appear that this needs a formal renegotiation simply based on a shortage of CASAs. The CB will continue to discuss with GA to determine why the key work can't proceed.
Strategy IV: Well-Being Outcome 3				
Implement training and monitoring activities to ensure children and youth receive appropriate physical and mental health assessments, services, and medication monitoring.				
II.IV.1 The Wellness Programming, Assessment, and Consultation (WPAC) Unit will implement four quarterly, web-	Quarter 8	Quarter 2-Implemented	Q2: No progress reported in Q2.	Q2: None held in Q2. Has this been made a part of required new worker training? Please provide the schedule of when the academies are set to

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<p>based academies annually that will be designed to support and enhance case manager, supervisor, and other direct service child welfare staff's understanding of appropriate and timely health screening.</p>				<p>occur and then update the PIP report consistent with the schedule.</p>
<p>II.IV.2 The WPAC Unit will implement four quarterly, mandatory regional and/or county intensive onsite coaching sessions annually for supervisors, administrator, and quality assurance staff to guide and support best practices related to ensure child and youth appropriate access to and monitoring of physical and behavioral health assessments and services. DFCS counties and regions will be determined by:</p> <ul style="list-style-type: none"> <li>• Population of children and youth boarding</li> <li>• Number of over follow up visits "coming due"</li> <li>• Number of cases "overdue"</li> <li>• Number in incomplete Medicaid application</li> <li>• Identified gaps of services providers</li> </ul>	<p>Quarter 8</p>	<p>Quarter 2-Implemented</p>	<p>Q2: No progress reported in Q2.</p>	<p>Q2: No information has been provided to support the state's assertion of implemented.</p> <p>Has this been made a part of required new worker training? Please provide the schedule of when the academies are set to occur and then update the PIP report consistent with the schedule.</p>
<p>II.IV.3 Work with Amerigroup (CMO) to create a monthly report of children and youth in foster care of children with "significant" health conditions (we will define "significant").</p> <ul style="list-style-type: none"> <li>• Medical Diagnosis</li> <li>• Date of Birth</li> </ul>	<p>Quarter 3</p>	<p>Quarter 2-Implemented</p>	<p>Q2: In process. The CB recommends extending the due date.</p>	<p>Q2: Although work has begun for this step, the report has not yet been created.</p>

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<ul style="list-style-type: none"> <li>Assigned Primary Care Physician</li> <li>County of custody</li> </ul>				
II.IV.4 Distribute “Significant Health Condition Report” to regional directors, county directors, supervisors, C3 coordinators for staffing and assurance that appropriate services are accessed for children and youth. Bi-monthly follow up will occur on statewide Well-Being Services Cadence Calls.	Quarter 8	Quarter 2- On Schedule	Q2: The CB recommends a reconsideration of when the report will actually be in production and distributed.	Q2: The state reports that the Significant Health Conditions Report will be ready in Q8, but bi-monthly monitoring is required. Need to discuss further.
II.IV.5 Distribute “Psychotropic Medications Report” to regional directors, county directors, supervisors, C3 coordinators for staffing and to assure appropriate services are accessed for children and youth. Bi-monthly follow up will occur on statewide Well-Being Services Cadence Calls.	Quarter 8	Quarter 2- On Schedule	Q2:	Q2: Q2: Bi-monthly follow-up is required. Need to discuss further. Is this report in production?
<b>Goal III:</b> In support of the Practice Model, establish a value-based case practice which supports safety, permanency, family and youth engagement, and community connections.				
<b>Strategy I: Permanency Outcome 2</b> Build and execute a robust, sustainable system for the achievement of timely permanency. The strategy includes practice model case consultation methods, mentoring of field staff, ongoing tracking of outcomes and full Permanency Roundtables for cases without viable permanency options.				
III.I.1 Assess and realign human resources in each Region for the purpose of designating positions to provide mentoring, monitoring, coaching, reporting and reviews of permanency cases to support timely	Quarter 1	Quarter 1	Complete	The state reports that approximately 85% of the positions have been filled.

achievement of permanency for all children Quarter 1 in care.				
III.I.2 Implement a structured tool for utilization in permanency case staffings to ensure that key practice activities are occurring (including practices outlined in Permanency Outcomes 1 and Permanency Outcome 2) to determine barriers to achieving permanency and identify needed action prior to permanency hearings. Court related barriers will be reported to Regional CQI teams to address with court partners as needed.	Quarter 3	Quarter 2- Implemented  NA	Q2: The CB recommends extending the due date to Q4.  NA	Q2: The CB recommends a due date extension based on current feedback. The focus of this step is to ensure supervisors are adequately addressing key practice issues impacting permanency.  Q1: We would like to see a copy of the tool.
III.I.3 Develop a permanency case consultation action plan template for use in cases where the children have reached the 13th month in care. The action plan and case consultation will incorporate Solution Based Casework and Permanency Roundtables principles.	Quarter 1	Quarter 2- Behind Schedule  Quarter 1	Q2: Complete  Q1: Incomplete	Q2: The state indicates the work is “behind schedule, but the template required has been developed.  Q1: We will need to see a copy of the “SBC case consultation action plan template” before we can concur that this key activity is complete.
III.I.4 The Placement & Permanency section in conjunction with Solution Based Casework staff will train Permanency Field Program Specialists, Mentor FPS, Well Being FPS, Regional Adoption Coordinators, Well Being Specialists, CQI Specialists and Solution Based Casework (SBC) Coaches to conduct and track Permanency Case Consultations.	Quarter 2	Quarter 2- Completed	Q2: Complete	Q2:

III.I.5 Permanency Field Program Specialists (FPS) will identify cases where children have reached 13 months in care and lead permanency case consultations.	Quarter 4	Quarter 2- On Schedule	Q2: On Track	Q2: The CB wants to ensure that the state has a process in place to track these children and the consultations.
III.I.6 Continuous Quality Improvement (CQI) Teams will analyze tracking data and outcomes on an ongoing basis to assess effectiveness of the Permanency Case Consultation strategy.	Quarter 5	Quarter 2-On Schedule	Q2: The CB suggests extending the due date to Q7.	Q2: Completion of this step is predicated on the installation of the PCC.
III.I.10 Develop and implement a permanency timeline for utilization by field staff outlining state and federal requirements and best practices that are aligned with the Solution Based Casework (SBC) model.	Quarter 2	Quarter 2- Implemented  Quarter 1	Q2: The CB recommends extending the due date to Q5.  Incomplete	Q2: The CB recommends an extension to allow sufficient time for revision of the form to address family-friendly aspects of it. We further recommend that the state convene a group of birth parents as consultants.  Q1: The permanency timeline submitted by the state as several errors regarding the requirements for children having judicial reviews and permanency hearings. This needs to be corrected before we can concur that the key activity is complete. We also have concerns regarding how meaningful this tool as developed is for the purpose for which it was intended. Merely providing dates without the inclusion of key activities that are to occur as a part of the events is not helpful.
III.I.11 Conduct quarterly statewide meetings to provide ongoing support to increase the capacity of identified permanency specialists and to provide	Quarter 5	Quarter 2- Implemented	Q2: The CB recommends extending the due date to Q8.	Q2: The CB strongly recommends inclusion of the CIP at the earliest possible date to assist with this key activity.

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updates of policies, laws, and implementation of best practices. Permanency outcome data will be reviewed to assess improvements. Invite CIP staff to attend quarterly meetings or provide a report to CIP to ensure their awareness of updates of policies, laws, and implementation of best practices related to permanency.			Quarterly reporting is needed.	
Strategy II: Systemic Factor – Information System Implement monitoring processes to improve the documentation of child/youth information in GA SHINES.				
III.II.1. Data Integrity Specialists (DIS) case review quarterly trend reports will be shared and reviewed by the following staff to ensure improvements in data quality: <ul style="list-style-type: none"> <li>• C3 Coordinators;</li> <li>• Field Program Specialists;</li> <li>• Regional Directors</li> </ul>	Quarter 8	Quarter 1	Incomplete: Quarterly reporting expected	Q2: We would like to see a copy of this report.
III.II.2. Demonstrate improvement (by end of year 1 and year 2 of PIP) in timely and accurate documentation of data in the areas of: <ul style="list-style-type: none"> <li>• Demographic;</li> <li>• Person Characteristics;</li> <li>• Legal Status;</li> <li>• Placements</li> </ul>	Quarter 8	Quarter 2-Implemented  Quarter 1	Q2: On Track  Q1: Incomplete: Quarterly reporting expected	Q2: We are pleased that the state has initiated a response to the observed decrease in performance and are hopeful that these processes will help in uncovering root causes for the noted issues.
Strategy III: Well-Being Outcome 1 Implement Solution Based Casework Practice Model Statewide.				
III.III.1 Complete roll out in Regions 1, 3, 13 and 14 by the end of 2016.	Quarter 1	Quarter 1	Complete	



III.III.2 Fidelity reviews completed in Regions 1, 3, 13 and 14 to assess effectiveness of implementation.	Quarter 8	Quarter2- Ahead of Schedule	Q2: On Track	Q2: The state will need to include data from the fidelity reviews in the Q3 report.
III.III.3 Complete roll out in Regions 2, 4, 5, 6, 7, 8, 9, 10, 11, and 12 by the end of 2017.	Quarter 5	Quarter 2- Implemented/Ahead of Schedule	Q2: On Track	Q2:
<b>Goal IV: Establish a robust workforce.</b>				
<b>Strategy I: Systemic Factor – Staff and Provider Training</b> Develop and implement a competency-based child welfare learning academy that includes initial and ongoing training activities, mentoring, and monitoring processes.				
IV.I.1 Redesign the new worker training curricula and certification process so that it is consistent with Georgia’s Practice Model.	Quarter 2	Quarter 2- Implemented	Q2: On track	Q2:
IV.I.2 Each region will monitor public staff to ensure completion of new worker training and certification within 120 days and the Office of Provider Management will monitor to ensure private staff completion of new worker training and certification within six months of employees’ hire date.	Quarter 7	Quarter 2- Implemented	Q2: On Track	Q2: Data needs to be included regarding progress made in this area.
IV.I.3 Actively recruit and train additional field practice coaches.	Quarter 7	Quarter 2- Implemented	Q2: On Track	Q2:
IV.I.4 Strategically utilize current field practice coaches (determine gaps and share resources) in the field to provide	Quarter 7	Quarter 2: Implemented	Q2: On Track	Q2:

mentoring throughout the certification process.				
IV.I.5 DFCS Education and Training will explicitly post annual training hour requirements for Social Services Staff and communicate the plan for monitoring requirements.	Quarter 8	Quarter 1	Complete	
IV.I. 6 Regional C3 Coordinators will be responsible for monitoring and tracking the completion of annual training requirements for staff in the field. Data will also be reported to Education and Training staff for state oversight.	Quarter 8	Quarter 2-Implemented	Q2: On Track	Q2:
IV.I. 7 Increase the number of ongoing Staff Development offerings and participation in the following areas: <ul style="list-style-type: none"> <li>• Well-Being;</li> <li>• Substance Abuse;</li> <li>• Interviewing;</li> <li>• Safety Assessment;</li> <li>• Permanency</li> </ul>	Quarter 7	Quarter 2-Implemented	Q2: On Track	Q2:
<b>Goal V:</b>				
Increase and strengthen foster and adoptive resources.				
Strategy I: Systemic Factor – Staff and Provider Training Develop and implement a competency-based child welfare learning academy that includes initial and ongoing training activities, mentoring, and monitoring processes.				
V.1.1 Develop a curriculum to train Resource Development DFCS and CPA case managers.	Quarter 3	Quarter 2-Implemented	Q2: Complete	Q2:

V.I.2 Roll-out training to resource development case managers through ETS (DFCS) and Office of Provider Management (CPAs).	Quarter 7	Quarter 2-Implemented	Q2: On Track	Q2:
V.I.3 Assess and revise the resource developer's job description and implement new performance management expectations.	Quarter 4	Quarter 2-Implemented	Q2: The CB recommends extending the due date to Q7.	Q2:
V.I.4 Facilitate at least two joint meetings a year for DFCS and CPAs to review, plan and strategize execution of the Diligent Recruitment Plan.	Quarter 8	Quarter 2-Implemented	Q2: On Track	Q2:
Strategy II: Systemic Factor – Foster/Adoptive Parent Licensing, Recruitment and Retention Strengthen the caregiver approval process by reducing the paperwork burdens experienced by prospective caregivers and increasing the support they receive during the approval process.				
V.II.1 Redesign the approval paperwork packet to include PDF fillable options and eliminate redundancies in forms to be completed.	Quarter 7	Quarter 2-Implemented	Q2: On Track	Q2:
V.II.2 Establish the Caregiver Navigator “warm-line” program which will be manned by foster and adoptive parents; they will answer in-bound calls from veteran and prospective caregivers as well as proactively support caregivers going through the caregiver approval process.	Quarter 7	Quarter 2-Implemented  Quarter 1	Q2: Completed  Q1: Incomplete; More information is needed	Q2:  Q1: We need more information regarding the vendor. What role will they play? Is the platform fully operational?
V.II.3 Cease contracting out the management of the caregiver inquiry	Quarter 7	Quarter 1	Complete	

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line; establish a state office team to answer the inquiry line.				
V.II.4 Offer information sessions via webinars on an at least weekly basis by the state office Caregiver Recruitment and Retention Unit.	Quarter 7	Quarter 1	Complete	
<b>Strategy III: Permanency Outcome 1</b> Strengthen the public and private agency placement operations system which includes the recruitment and retention of foster and group homes and utilization of those resources.				
V.III.1 Execute a contract with Chapin Hall to conduct the placement operations study of the state's public and private agency system. The study will focus on the following three areas: <ul style="list-style-type: none"> <li>• A well-defined approach to contracting with private foster care service providers (CPAs and CCIs) including developing and maintaining a network of the appropriate scope and size to meet the current systems needs as well as developing an approach for matching children/youth to the appropriate placement.</li> <li>• Improving outcomes for all children in foster and group care, particularly through placement with relatives, achieving permanency for young children, maintaining placement stability, and understanding the opportunity for improved outcomes in the context of the current performance based system.</li> <li>• Developing an optimized approach to identifying child needs and matching</li> </ul>	Quarter 2	Quarter 1	Complete	

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them to appropriate services in the private array given the impact of the unbundling of placement and therapeutic services.				
<b>Strategy IV: Permanency Outcome 1</b> Develop a universal application for Room, Board, and Watchful Oversight (RBWO) provider placements to improve efficiency in obtaining timely and appropriate placements for children.				
V.IV.1 Gather input from RBWO providers, Department of Juvenile Justice (DJJ) and Residential Child Care Licensing (RCCL) to determine what should be included in the universal applications based on program designation.	Quarter 4	Quarter 1	Complete	
V.IV.2 Develop first draft of the application.	Quarter 5	Quarter 1	Complete	
V.IV.3 Develop second draft of the application.	Quarter 6	Quarter 1	Complete	
V.IV.4 Publish the final application and implement use of the application.	Quarter 8	Quarter 1	Complete	

Color Key:

- Green: Key activity is complete; additional reporting not required
- Red: Key activity not complete; further information and reporting required
- Blue: Quarterly reporting required
- Black: CB comments for an activity due in a subsequent quarter